



STRATEGIC PLAN

2021/22 - 2025/26

JOINT CLINICAL RESEARCH CENTRE 101 Lubowa Estates Off Entebbe Road





Joint Clinical Research Centre

Strategic Plan
2021/22 – 2025/26

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LIST OF ACRONYMS

ACTG	AIDS Clinical Trials Group	MOH	Ministry of Health
AHPC	Allied Health Professionals' Council	MOSTI	Ministry of Science Technology and Innovation
AIDS	Acquired Immuno-deficiency Syndrome	MOU	Memorandum of Understanding
ANC	Antenatal Care	MRC	Medical Research Council
APN	Assisted Partner Notification	MS	Microsoft
ART	Anti-Retroviral Therapy	MTCT	Mother to Child Transmission
ARV	Anti-Retroviral	NAV	Navision
BCC	Behavioural Change Communication	NCD	Non-Communicable Disease
BD	Business Development	NCST	National Council of Science and Technology
BDM	Business development Manager	NDP	National Development Plan
CAB	Community Advisory Board	NGO	Non-Governmental Organization
CAP	College of American Pathologists	NIH	National Institutes of Health
CCLAD	Community Client-Led ART Delivery	NNRTI	Non-Nucleocide Reverse Transcriptase Inhibitor
CCTV	Closed Circuit Television	NRHs	National Referral Hospitals
CD4	Cluster of Differentiation 4	NUMAT	Northern Uganda Malaria, AIDS TB Project
CDC	Centres for Disease Control and Prevention	OPD	Out-Patient Department
CDDP	Community Drug Distribution Point	OVC	Orphans and Vulnerable Children
CLV	Community Liaison Volunteer	PAD	Peripheral Arterial Disease
CME	Continuous Medical Education	PBFW	Pregnant and Breastfeeding Women
COVID	Corona Virus Disease	PCR	Polymerase Chain Reaction
CPHL	Central Public Health Laboratories	PEP	Post HIV Exposure Prophylaxis
CRO	Contract Research Organization	PEPFAR	US Presidential Emergency fund for Fighting HIV/AIDS
CROI	Conference on retroviruses and Opportunistic Infections	PEST	Political, Economic, Social and Technological factors
CRS	Catholic Relief Services	PFP	Private-for-Profit
CSSP	Customer Self-Service Portal	PHPs	Private Health Practitioners
CTU	Clinical Trials Unit	PLHIV	People Living with HIV&AIDS
CWRU	Case Western Reserve University	PMTCT	Prevention of Mother to Child Transmission of HIV
DAIDS	Division of AIDS	PNFPs	Private Not for Profit
DDL	Deputy Director Laboratory services	PP	Priority Populations
DED	Deputy Executive Director	PRESIDE	Presidential Scientific Initiative on Epidemics
DEXA	Dual Energy X-ray Absorptiometry	QA	Quality Assurance
DFA	Director Finance and Administration	QC	Quality Control
DLS	Director Laboratory services	QQT	Quantity, Quality and Time
DNA	Deoxyribonucleic Acid	RARA	Rapid Air-Jump RNA Assay

DTG	Dolutegravir	RASP	Research, Academia, Scientists, Professional Associations
ECG	Electrocardiogram	RBC	Red Blood Cells
ECHO	Echocardiogram	RCEs	Regional Centres of Excellence
ED	Executive Director	RCR	Responsible Conduct of Research
EDCTP	European and Developing Countries Clinical Trials Partnership	RHD	Rhematoid Heart Disease
ELISA	Enzyme Linked Immunosorbent Assay	RHITES	Regional Health Integration to Enhance Services
EQA	External Quality Assessment	RM	Resource Mobilization
ERP	Enterprise Resource Package	RRHs	Regional Referral Hospitals
ESP	Exclusion-based Sample Preparation	SANAS	South African national Accreditation System
FDA	Food and Drug Administration	SARS	Severe Acute Respiratory Syndrome
FHI	Family Health International	SCD	Sickle Cell Disease
FMIS	Financial Management Information System	SCE	Self-Coordinating Entity
FUNAS	Fellow of the Uganda National Academy of Science	SDG	Sustainable Development Goals
FY	Fiscal Year	SFI	Sustainable Financing Initiative
GBV	Gender Based Violence	SMC	Safe Male Circumcision
GDP	Gross Domestic Product	STAR-EC	Strengthening TB and AIDS Response – Eastern Region
GHS	Global Health Systems	STIs	Sexually Transmitted Infections
GoU	Government of Uganda	SUSTAIN	Strengthening Uganda’s Systems for Treating AIDS Nationally
HAART	Highly Active Antiretroviral Therapy	SW	Southwest
HCS	Health Centres	TAT	Turn Around Time
HCD	Human-Centered Design	TB	Tuberculosis
HCT	HIV Counselling and Testing	TCMPs	Traditional and Complementary Medicine Practitioners
HCV	Hepatitis C Virus	THALAS	Targeted HIV/AIDS and Laboratory Services
HDU	High Dependence Unit	TLD	Tenofovir Disoproxil, Lamivudine
HIVDR	HIV Drug Resistance	TOT	Trainer of Trainers
HQ	Head Quarters	TREAT	Timetable for Regional Expansion of Antiretroviral Therapy
HR	Human Resource	UAC	Uganda AIDS Commission
HSDP	Health Sector Development Plan	UBOS	Uganda Bureau of Statistics
HTS	HIV Testinf Services	UCSF	University of California at San-Fransisco
ICT	Information and Communication Technology	UGX	Uganda Shillings
ICU	Intensive Care Unit	UNAIDS	Joint United Nations Program on HIV/AIDS

IEC	Information Education and Communication	UNHRO	Uganda National Health Research Organisation
ISO	International Standards Organisation	URSB	Uganda Registry Services Bureau
IT	Information Technology	USA	United States of America
JCRC	Joint Clinical Research Centre	USAID	United States Agency for International Development
KHP	Kampala HIV Project	USD	United States Dollars
KP	Key Populations	USG	Unites States Government
LIMS	Laboratory Information Management System	UVRI	Uganda Virus Research Institute
LMK	Leadership Management Group	UWO	Western University, Canada
LPO	Local Purchase Order	VMMC	Voluntary Medical Male Circumcision
MARPs	Most At Risk Populations	WHO	World Health Organisation
MDA	Ministries Departments and Agencies		
MIS	Management Information System		
MMAS	Master of Management in Applied Sciences		
MMD	Multi-Month Dispensing		
MMR	Maternal Mortality Rate		

Word from the Chairman Board of Trustees

For the last 30 years, JCRC has been a front-line actor and partner in the HIV sector in Uganda, contributing significantly to practice and policy through research and care. JCRC also had the foresight to do research in areas other than HIV, thereby contributing greatly to the wider scope of healthcare and global health. Remaining a leader in research is fundamental to JCRC's future ambitions.

Over the same period in the face of a mature HIV epidemic, other topical health challenges have captured local and global attention, affecting the direction of resources at governmental and health implementing partner level. COVID-19 has become the single most disruptive health situation in centuries world-wide. Not only has JCRC been able to adapt to the changing landscape, but these changes have led JCRC to invest, innovate and re-position for relevance.

This 2021/26 strategic plan comes on the runway with major aspirations into new frontiers of health research and product development, responding to local and global health needs. In addition, JCRC has stepped forward strongly to lead national and regional health programs under USG funding mechanisms. It is very pleasing to note that JCRC has deliberately invested into networking and collaborations to marshal the needed synergy to implement this important strategic agenda, and JCRC will continue to lean on them to bridge any capacity gaps to consolidate its areas of strengths and to make entries to new and emerging frontiers of research, Biotechnology product development, training, and service.

This strategic plan substantiates the strategies and approaches that will support this bold agenda for growth. They were developed with the involvement and participation of every department and units of JCRC and were discussed up to the level of the Board of Trustees. The contextualization and response to local and global agenda sits perfectly with the focus of the vision and mission of JCRC.

With strong leadership, this plan will deliver bold new momentum for JCRC to take-off with confidence in this new growth agenda. I am therefore confident that JCRC is on an unstoppable growth trajectory quite unlike any period in our long history.

On behalf of the JCRC Board, I would like to appreciate with gratitude all our patient communities, for giving us the chance to serve them all this time, and to the GOU and its agencies that always create the framework for us to contribute to national and global development. And lastly, we appreciate all our partners, and collaborators locally and internationally. I urge all our staff to unleash all your efforts and commitment to implement our strategic agenda to deliver JCRC to our desired future, God bless JCRC.

Sincerely,

.....
Prof. Charles Ibingira
Chairman Board of Trustees

Word from the Executive Director

This 5-year strategic plan is yet another indication of what JCRC strives to achieve in the quest to serve Ugandans better. The strategic plan builds on the achievements of the past five years and considers the changing environment and trends in disease prevalence in the country. The plan is built around JCRC's core strategic areas of Research, Clinical Services, Laboratory Services and Training that are critical for the institutional contribution to strengthening the national Health systems.

Extensive consultations were conducted to ensure that the final product reflects both institutional and national aspirations. This new plan is a demonstration of JCRC's continued commitment to pursue a well-designed strategic direction and ensure consistent and reliable service delivery to our clients over the next five years.

I want to thank everyone who was involved in the review and updating of this plan. Special appreciation goes to members of staff who gave invaluable contributions during its development. Sincere gratitude goes to the consultants Michael Niyitegeka and Godfrey Bwanika for facilitating this process. I extend special appreciation to our Board Chairman and the members of the Board for their guidance and input during the review process.

As we embark on the new strategic plan, I recognize the support and contribution of our partners and funders towards the different initiatives and programs. Your commitment towards the work that we are involved in plays a significant role in enabling us accomplish what we are mandated to do. The communities that we work with make it possible for JCRC to achieve the results that we register, we commit to continue working with you all. To the entire JCRC management and staff I assure you of my untiring support towards enabling you achieve the milestones that you have set for the next five years.

Together we will achieve and surpass the targets that we have set out to do.

.....
Dr. Cissy Kityo Mutuluza
Executive Director

Executive Summary

The Joint Clinical Research Centre strategic plan 2021/22 – 2025/26 is premised on the aspirations of creating a self-sustaining organization with a robust business model. The strategic plan takes cognisance of the multiple realities that prevail in JCRC's current context reviewed at all levels.

At a global level there are emerging dynamics that are shaping the global clinical research industry. Global and national adjustments to accommodate COVID-19 related clinical work affected funding for other disease conditions. To respond to COVID-19, Uganda undertook significant investment and containment measures with far-reaching consequences, including two nation-wide lockdowns. While COVID-19 continues to stress the health sector in Uganda, it has awakened the need to invest in healthcare infrastructure.

However, there is evidence that the clinical research investment will continue growing until the year 2030 with an estimated Compound Annual Growth Rate of 8%. The clinical research market is becoming more competitive. This strategic plan comes at the time when COVID-19 is the major influencer of business decisions world-wide.

Over the next five years JCRC has identified five key drivers that will ensure that this strategic plan achieves its aspirations and that is: People, Processes, Technology, Investments and Pivoting to new business lines. These drivers will be enabled by three strong pillars that every directorate identified as critical to the sustained growth of JCRC. These pillars include Customer Orientation, Operational Agility and Service Orientation. These provide the framework of operation. The goal is that after five years the following will have been attained, Engaged Staff, Institutional Growth, Committed Partners, and great Impact/Outcomes of our interventions.

An elaborate implementation plan when established, will account for three critical variables, namely, institutional implementation framework, alignment of roles and responsibilities and fostering strategic institutional relationships with relevant Ministries, Departments and Agencies and partners. The [success factors](#) enumerated in this plan will be essential in ensuring that the plan attains its aspirations. A robust monitoring and evaluation framework is going to provide the appropriate accountability against the performance of this strategic plan. The participation of the Board of Trustees in monitoring and evaluating progress will be a key motivator of performance.

Finally, the success of the strategies and offerings proposed in this plan is dependent on the availability of funds, requisite skills/talent, and efficient processes. Funding for this Strategic Plan will be defined and categorized in the regular funding baskets as research funding, program funding, and revenue from the internal operations. Strategic investment of JCRC's own resources will insulate the institution to minimize exposure associated with reliance on donor funding.

1.0 About JCRC

The Joint Clinical Research Centre (JCRC) is an autonomous organization that was established in 1991 as a limited liability not-for-profit joint venture between the Uganda Ministry of Health (MoH), Ministry of Defence and Makerere University Medical School (now Makerere College of Health Sciences). The Centre was established to respond to the HIV/AIDS challenge which was at the peak by that time.

JCRC pioneered the use of Anti-Retroviral Therapy (ART) in sub-Saharan Africa as early as 1992 through a research project to determine the lowest effective dose of Zidovudine. Thereafter, JCRC set up a network model to increase access to ART in Uganda as a case study for the PEPFAR program. This model culminating into JCRC becoming the first recipient of a 7-year USAID/PEPFAR grant to expand access to ART in Uganda. JCRC has undertaken several landmark research trials that have influenced HIV/AIDS policies and treatment guidelines worldwide.

Over the years, JCRC has continued to expand her services offering and geographical presence in Uganda. As an organization it is structured along four directorates which in essence are the pillars of the organization. The directorates are Research, Clinical Services, Laboratory Services, and Finance and Administration. Training is fundamental and is incorporated into each of the Directorates. In governance and leadership, JCRC has a full constituted Board of Trustees as the highest governing body. Top management provides the strategic leadership while senior and managers oversee the routine operations of the organization.

JCRC headquarters are located off Entebbe Road at Lubowa in Wakiso district, approximately 10 kilometres from the capital city Kampala. JCRC currently has 6 Regional Centres of Excellence (RCEs) established in Mbale in the East, Fort Portal in the West, Mbarara in the Southwest, Gulu in the North and field offices in Lira and Kigezi region.

1.1 Immediate Past Performance (2020/2021)

JCRC has continued to register good performance in all directorates. The year 2020/21 had major challenges that impacted the performance of the organization especially the COVID-19 pandemic which disrupted activities in some critical areas. The restrictions that were imposed by the government to control the spread of the COVID-19 impacted on activities that required personnel movement. However, the COVID-19 pandemic equally presented new opportunities for JCRC, and these avenues continue to be explored into the future. Below are the highlights of the 2020/21 directorate performance.

1.1.1 Clinical Care Directorate

Clinical services are offered in various clinics at the HQ in Lubowa as well as RCEs. Patient care is also provided under the regional programs of RHITES_SW Project, RHITES_N Lango Project and the Kampala region HIV Project (KHP). Due to travel restrictions resulting from the COVID-19 pandemic, many patients experienced challenges accessing the clinics. However, JCRC was able to secure travel permits for staff and the Community Liaison Volunteers (CLVs) and these were able to reach and serve the clients. In addition, the clinic was able to innovate and deliver drugs and other necessities to patients by motorbike.

The clinical services at the HQ include Adult out-patients, Paediatric out-patients, In-patients Ward, specialized clinics for Tuberculosis, Cardiac, Apheresis, Sickle cell, Dental,

PMTCT as well as modern Pharmacy, Imaging, and private clinical services. The RCEs offer General clinical services alongside research.

The following services under the Clinical Care directorate are offered at the HQ in Lubowa.



Figure 1: Functional Sections/clinics of the Clinical Directorate

Uganda is close to achieving the set 90-90-90 targets set by UNAIDS and is set to achieve the fast-track 95-95-95 targets of MoH-Uganda by 2025. Uganda has 1.47 m people living with HIV of these 89% (**1.31m**) know their HIV status, and 83.67 % (1.23m) are on ARVs, while 75% (1.11m) are virally suppressed.

Kampala Region (Wakiso, Kampala) districts have **429,162** PLHIVs who know their HIV status of these almost all are on ART (99.92%), and 92.61% are virally suppressed. JCRC has the **3rd largest** Clinic among the Kampala Regional HIV Project partners with 13021 patients. The JCRC sub-award under the Kampala Region HIV Project continued to show progress towards targets despite the challenges associated with COVID-19. These targets are aligned to the UNAIDS fast track 95:95:95 targets.

Community programming under KHP was focused on men involvement and HIV self-testing among high-risk groups. The primary approaches for case finding were Assisted Partner Notification (APN) and peer driven HIV self-testing for high-risk groups. Both approaches were effective in linking positive screens for confirmatory testing, and newly diagnosed HIV positive persons to care. Future approaches will extend counselling into communities and strengthen differentiated service delivery, especially Community Client-led ART Delivery (CCLAD) and Community Drug Distribution Points (CDDP) for PLHIVs in care.

Under Prevention of Mother-to-child Transmission (PMTCT), the core strategies employed include monitoring the adherence and treatment of all adult women in care on ART, intensive monitoring of pregnant mothers, encouraging mothers to use the new Nevirapine Syrup, and additional follow up according to MOH guidelines.

During 2020, the clinical services below registered notable progress.

- i) Of the 13021 patients at JCRC, 12711 were active, while 481 (3.69%) were new patients added in the calendar year 2020. Females constituted 59.72% (7591/12711) of our patients, **5.81%** (736/12629) of were under 15 years, and **34.62 %** (4372/12629) are above 50 years of age. This was 19.33% (4372/22610) of all the PLHIVs above 50 years.
- ii) JCRC pioneered the use of 3rd line therapy in Sub-Saharan African in 2007 when it began to use some ARVs as salvage therapy. It was also instrumental in providing Technical Assistance to and setting up national 3rd line committee. The national 3rd line committee with support from JCRC has now been decentralized to the Regional Referral Hospitals. Currently JCRC has 32.77% (388/1184) of Uganda's 3rd line patients
- iii) The cardiology unit continued to offer services that are in tandem with industry standards. The services offered included ECG, ECHO, follow-up RHD patients, Follow-up studies K23, Train Health Workers, Doctors in Peripheral Arterial Disease (PAD). Over the year the clinic conducted 277 ECGs (188M, 89F); 114 RHD follow-ups (65, 49F) and conducted 27 referrals for ECHO and review by Cardiologists.
- iv) Staffing in the sickle cell clinic was strengthened to **three** doctors and **seven** nurses who were trained to carry out the apheresis procedures. A total of **112** patients were evaluated and sensitized about the apheresis procedure. All evaluated children 2-18 years were referred outward to access Trans Cranial Doppler Scan. **32** procedures were performed including **21** red blood exchange (RBC_X) and **9** plasma exchange procedures. Scheduled procedures for the year 2021 are expected to be 1100.
- v) The Atomic Energy Council licensed the new Digital X-Ray machine as fit for use, registering a major milestone for the Radiology department. An additional radiographer was hired, and this translated into improved delivery of imaging service at the department.
- vi) Dental clinic steadily continued to offer services as well as conduct outreach services. During 2020, the clinic carried out a three-day outreach and a total of 235 people were sensitized, 227 screened, 107 extractions made, and 13 dental fillings done.

USAID's Local Partner Health Services - Kigezi

VMMC: In FY21 Q3, 5,031 men were circumcised leading to a cumulative achievement of 91.4% against the annual target of 16,151. This good performance is attributed to the sustained mix of static and targeted outreaches among communities with high unmet need for circumcision. All VMMC sites complied with the MoH quality standards for VMMC with 90% being in the priority age band of 15-29 years. All the 28 sites were assessed for accreditation, 21 were certified and seven were conditionally certified.

KP Programming: By end of FY21Q3, annual targets for key KP/PP indicators had been achieved over and beyond; KP_Prev-153.5%, PP_Prev-162.4%, PrEP_New-118.3% and PrEP_Curr-161.2%. These improvements were made possible by sustained implementation of peer led outreaches to hotspots and focusing on updating the KP tracker. Following training of 9 district ToTs, onsite PrEP trainings were conducted reaching over 80 health workers at the eight focus facilities. The number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package improved from 52% to 89.7% following targeted onsite mentorships on GBV screening, documentation, and reporting.

HIV Self-testing: HTS_Self further increased from 86% to 196% following targeted onsite mentorships addressing health worker knowledge and reporting. HTS_Index_Pos further improved from 53% to 91% as result of sustained targeted mentorships and intensified ICT outreach activities.

ART initiation and management: In FY21Q3, an additional 600 HIV positive clients were initiated on ART bringing the number of active patients on ART to 28,980 representing 95% of annual target. The activity supported health facilities to implement proactive tracking of patients who miss appointment and those that experienced interruption in treatment; a total of 539 patients were returned to care. In addition, we supported all the 78 sites to implement eMTCT activities including provision of HIV/Syphilis testing in ANC/Labour and post-partum and provision of treatment for identified HIV positive PBFW. Good progress was made on transitioning of children, adolescents, and adults to TLD and/or DTG-based regimens and wiping out NNRTI-based regimens. There was also good progress on MMD from 62% in Q2 to 72 % in Q3 of patients receiving 3 or more months of refill.

GeneXpert: The project realized an improvement in GeneXpert utilization from 8 to 11 samples per day and this was attributed to weekly following up with the sites on timely reporting and utilization on the weekly performance for targeted support.

Logistics: The activity supported the roll-out of the new Enterprises Resources Package (ERP), and the Customer Self-Service Portal (CSSP) developed by National Medical Stores. A national TOT was conducted, and this was followed by cascade trainings at the health facilities. 100% coverage was realized during the training and all the health facilities managed to place their orders using the new system thus 100% ordering rate.

USAID Regional Health Integration to Enhance Services in North-Lango Region (RHITES-N Lango) Sub-grant to JCRC

HIV Testing and Linkage: The programmatic sub-goal was to Conduct weekly Index client testing/APN activities to aid identification of undiagnosed HIV cases at 29 supported health facilities. During the quarter, 21 facilities were supported to implement index testing across the 4 JCRC supported districts. 980 Indexes interviewed, 1642 sexual partners elicited (1.7 partners per index), 1301 tested for HIV, 384 new positives identified and 382 (99%) linked to care.

Differentiated Service Delivery: JCRC worked with other partners to support health facilities in running existing community drug distribution points (with effective adherence to MOH guidelines on COVID prevention), creation of CCLADs within CDDPs to reduce the numbers of clients that come to pick medicines from a given CDDP. 46 CDDPs were supported, a total of 1,945 clients served; 415 bled for viral load; 23 transitioned to TLD and 169 presumed for TB. In all, we were able to run existing community drug distribution points (CDDPS) and support door to door delivery of medicines for clients unable to get to care facilities.

Lost to follow-up and missed appointments: During the quarter, a total of 4,937 missed appointments and lost clients were identified and followed up, 3,720 (75%) of these were found and either returned or talked to and scheduled to return to care, 141 were passive transfers out while 52 of those followed up were found to have died and 275 (6%) were found to be active but not documented.

TB Services: During the quarter, all the 4 districts were supported to conduct TB contact tracing and TB screening in perceived community hot spots. A total of 501 new and relapsed TB cases were identified through these activities with 298 from TB contact tracing and 212 from community hot spot screening. In addition, community TB referral for diagnosis and treatment was done for 100% of presumptive cases.

eMTCT: Through implementation of eMTCT community activities to create awareness, link mothers to PMTCT, and track HIV exposed infants for testing, total of 647 babies were traced and bled for 1st, 2nd, or 3rd PCR, 226 received rapid HIV tests, 589 lost mothers followed and brought back and 746 mothers due for viral load monitoring were traced and bled during the quarter.

Viral Load Monitoring: To ensure clients due for viral load monitoring accessed viral load test, JCRC supported 21 health facilities from the 4 districts of Alebtong, Lira Otuke and Oyam to conduct community viral load bleeding through camps and door to door visits; A total of 7,593 clients were bled through “Mobile camps”, CDDPs and home visits and their samples referred to the national testing laboratories.

1.1.2 Research Directorate

Joint Clinical Research Centre (JCRC) as an institution plays a significant role in clinical research including ground-breaking research that informs policy and guidelines both locally and internationally. JCRC previously focused on HIV research, however in the recent past, it has expanded its research portfolio to include other health conditions prevalent in the region. By the end of 2020, JCRC had 29 active studies (17-HIV,3-COVID-19, 3-NCDs, 4-TB, 1 Hepatitis C Virus (HCV) and 1 Sickle Cell Disease (SCD)) whose results contributed to 28 peer-reviewed publications. By the end of 2020, 23 studies were at different stages of preparation to begin in 2021.

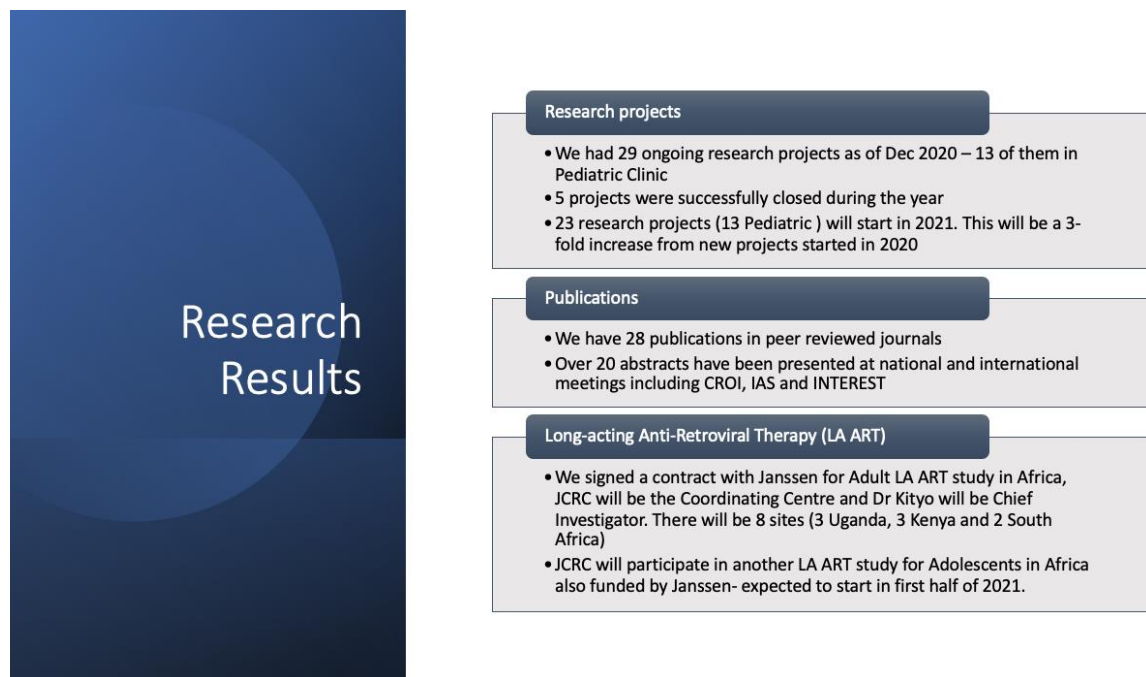


Figure 2: First set of results from the Research Directorate (2020)

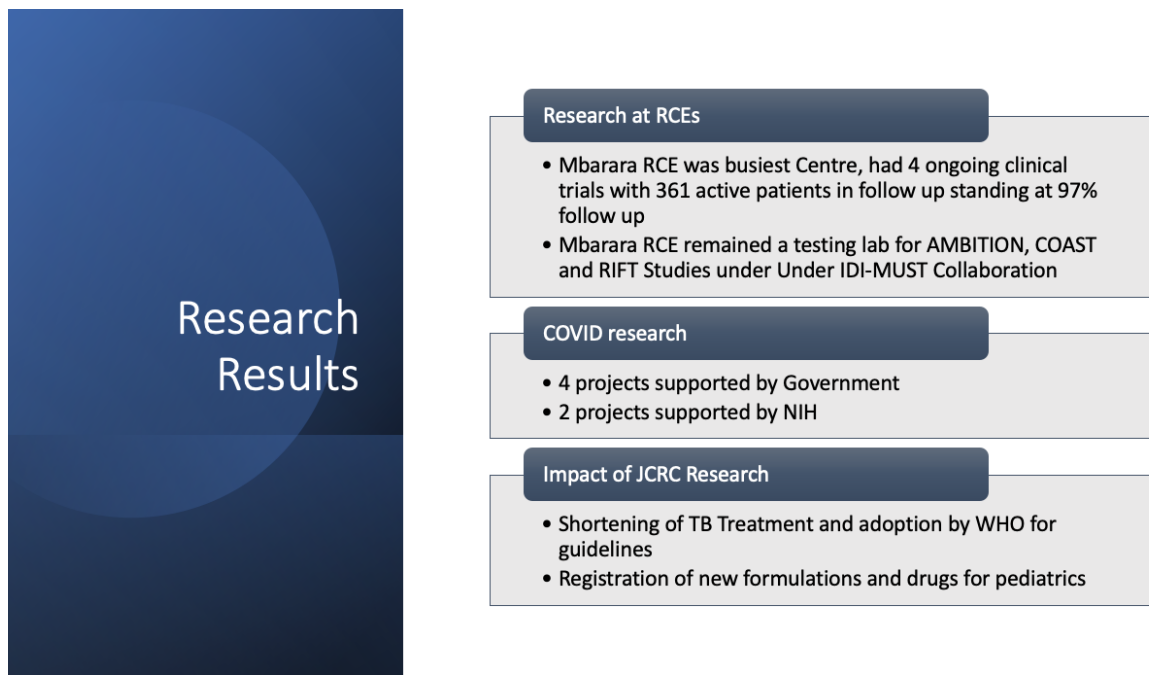


Figure 3: Second set of results from the Research Directorate (2020)

ACTG: JCRC has been part of the NIH funded AIDS Clinical Trials Group (ACTG) network for the last 14 years. Established in 1987, ACTG is the world’s largest and longest-running HIV clinical trials network. It conducts ground-breaking research to improve the treatment of HIV and its co-infections, including tuberculosis and viral hepatitis, as well as its co-morbidities. In the year 2020 after a thorough competitive process, JCRC was awarded a 7-year extension as a Clinical Research Site (CRS) working with Case Western Reserve University as the Clinical Trials Unit (CTU). The site continues to excel and is among the best ACTG network sites that consistently scores highly in terms of participant recruitment and data quality.

Long-Acting Anti-Retroviral: JCRC will be the sponsor for a multi-site, multi country study evaluating Long-Acting ART given once every 2 months compared to standard of care using a 3-drug regimen with Dolutegravir. The study is funded by Janssen and will take place in 8 clinical sites based in Uganda, Kenya, and South Africa. First patient to be enrolled is expected in 2021. This is a unique prospect for JCRC to be a trial sponsor and to demonstrate capacity at JCRC to lead, coordinate and deliver high quality research.

ODSSEY Trial: Two studies done at JCRC had policy implications in 2020. These were the ODSSEY Trial and the A5349 study. The ODSSEY trial found that once daily dolutegravir (DTG) was safe and efficacious in children, and it has since been approved for this use by the US Food and Drug Administration (FDA). The WHO has also used this data to make recommendations for DTG use in children > 20 kgs to use same dosage as adults and use of dispersible DTG tablets for children up to 3 kgs. While the A5349 Study, did find that 2PHZM/2PHM a 4-month TB treatment drug regimen was non-inferior to the 6-month current standard of care 2RHZE/4RH which had been the mainstay for TB treatment for the last 48 years.

Gene Therapy: JCRC invited and organized an international team from US to support translation of Gene Therapy and research in Uganda towards finding a CURE for Sickle Cell Disease (SCD) and HIV. The consortium comprises of key partners including Gates Foundation, Fred Hutchison, Caring Cross, Case Western Reserve University (CWRU), and

University of California San Francisco (UCSF). We are developing a proposal for implementing research on Gene Therapy in Uganda and have so far fundraised \$300,000.

COVID-19 Research: JCRC is actively involved in the fight against the COVID-19 pandemic and is researching to aid the return to normalcy. In 2020, four COVID-19 active studies were funded by Government through the Presidential Scientific Initiative on Epidemics (PRESIDE) and the Ministry of Science, Technology, and Innovation (MOSTI). These studies aimed to develop, validate, simple and Cost-effective Polymerase Chain Reaction (PCR) Assays for SARS-CoV-2 Diagnostics (RARA). The test was developed, subjected to validation, and once approved, it will be key in the fight against COVID-19 as it will be cheaper to do mass testing. This test also has potential for commercialization which may contribute to the sustainability of the institution.

1.1.3 Laboratory Services

The Laboratory continued to offer the exceptional standard of services that they have come to be known for, successfully maintaining the College of American Pathologist (CAP) accreditation continuously since 2016. In 2020, the laboratory team also supported Kabale Regional Referral Hospital Laboratory to attain SANAS Accreditation, as part of a health systems strengthening award. This was a big milestone for the public health system, and a demonstration of JCRC's capacity to undertake laboratory system strengthening programs.

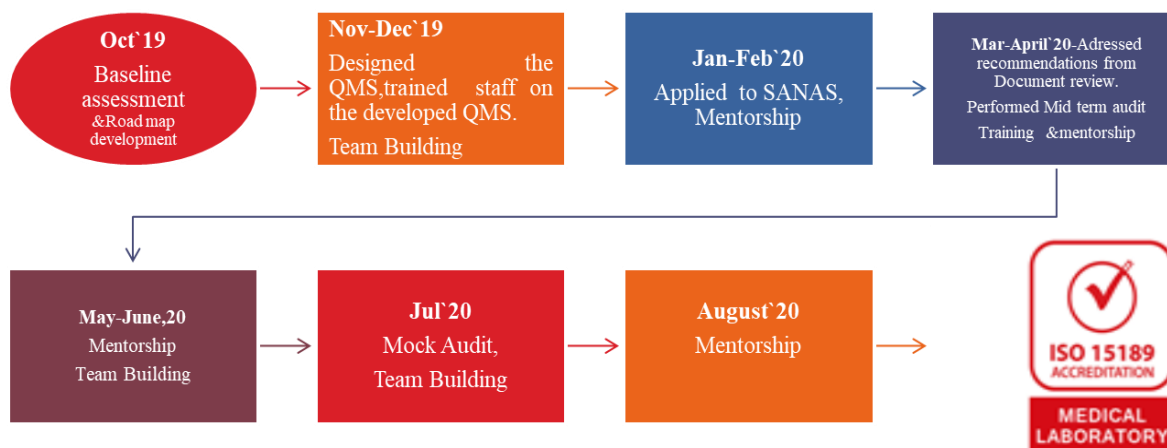


Figure 4: Process of SANAS accreditation for Kabale RRH Laboratory.

The laboratory remained a leader in the provision of HIVDR testing under the national ART program, completing 2259 tests in 2020. In addition, the laboratory continued to provide exceptional support to research and clinical functions and participate in innovative diagnostic product development, including the RARA COVID test kit. Various MOUs with entities requiring laboratory services were executed successfully. The laboratory provided critical back-up to Central Public Health Laboratories (CPHL) and Uganda Virus Research Institute (UVRI) for National COVID testing and completed 6500 tests in 2020.

1.1.4 Training Services

The training programs generally target different categories of local and international in-service professionals, policy makers, and University students at different levels. While trainings at JCRC have traditionally been conducted through in-person internships and attachments, due to COVID 19 restrictions, JCRC utilized virtual learning approaches.

The virtual field School: The first virtual field school between Canada and Uganda (July to August 2020) benefitted a total of 42 students pursuing Master of Management in Applied Sciences (MMASc.) under Global Health Systems (GHS) at Western University Canada. A selected team of 14 specialists from JCRC led the Executive Director, made video presentations on various subjects where JCRC has strength. A virtual video tour of JCRC facilities at Lubowa was developed and narrated by the field school coordinator for GHS in Uganda.

The JCRC Virtual Learning Centre: In 2020, JCRC continued to utilize the Virtual Learning Centre as an online e-Learning platform to target various stakeholders/trainees including healthcare providers, policy makers, and academia. The virtual learning focused on research, disease prevention, management and treatment of HIV/AIDS and other tropical infectious diseases. The virtual delivery included short training courses, annual HIV update meeting, Continuous Medical Education, platform for sharing case studies, health policy documents-guidelines and other training materials.

Responsible Conduct of Research (RCR) online course: This course, which introduces learners to the origin, rationale and meaning of RCR has attracted more than 420 trainees since 2019. This course is now being modified to be offered on the new JCRC e-learning platform.

The Annual HIV update meeting: The department successfully targeted clinicians, policy makers, researchers, and other persons in the HIV care and research space to attend the 12th Annual HIV update meeting from the 16th – 20th November 2020. The meeting accommodated UpToDate presentations made at conference on retroviruses and Opportunistic Infections (CROI). The 320 participants who attended were from the East African region (Rwanda, Kenya, South Sudan, and Tanzania) and partners from USA. In 2020, due to COVID restrictions, the 12th Annual HIV Update meeting was held virtually for the first time, demonstrating the potential to engage global experts directly and instantaneously for knowledge sharing.

Annual Cross CAB Network Forum: The department supported the JCRC Community Advisor Board (CAB) to convene the 15th Annual Cross CAB Network Forum. The two-day virtual event was held on 10th and 11th December 2020 attracting 120 people under eight CABs from key Biomedical Research Institutions in Uganda under the theme: “Engaging CAB in biomedical research during COVID -19 pandemic”.

The JCRC and Western University Research training collaboration: In 2020, both entities entered a formal collaboration in research and training for professional capacity development at both institutions. A memorandum of understanding was developed, paving way for a long-term agreement and an activity plan. It also provided room for the Longer-term arrangements and terms to address proposed new arrangement for Schulich Africa infrastructure at the JCRC. It is intended to result in a

consortium that includes partners in Africa and the Middle East with JCRC as coordinating centre.

1.1.5 Finance and Administration Directorate

The Finance and Administration Directorate covers 8 departments including Finance, Human Resources, Procurement, Stores, Estates, ICT, Transport and Security. These departments collectively contribute to institutional support and complement each other to achieve efficiency in this role.

JCRC continued to attract funding from five major sources.

- i. Competitive Research Grants
- ii. Institutional Research Collaborations
- iii. Competitive implementation Project Grants
- iv. Funding from GoU through Ministry of Health and PRESIDE
- v. Internally generated revenue.

The majority of JCRC's funds come from grants (I to iii, above) and Research grants form the core of this funding. JCRC also receives support from the Government of Uganda, recently including support to research and innovation. Going forward, JCRC is taking bold steps to strengthen internally generated revenue for sustainability as demonstrated in this plan.

The Finance and Administration Directorate faced significant challenges due to COVID-19, affecting grant/program revenue and privately generated revenue. The following high-level chart exhibits the revenue/expenditure performance for the year 2019/20.

It is important to note that although the proportion of grant income improved to 30% of total revenue, research continues to be the major contributing 56.7% of total revenue. About 9.5% of total revenue was generated from operating units, demonstrating potential for growth of this portfolio.

In 2020, the administration rolled out a Financial Information Management System (FMIS) to Kabale (RHITES-SW) project using Dynamics 365 Business Central, which the project fully utilized to manage and process financial data. The focus remains to achieve integration with the MS Dynamics NAV 2013 system being used at JCRC HQ in Lubowa.

The institutional infrastructures maintained and renovated included the Fort Portal RCE main building, Gulu RCE, Kitchen block at Lubowa and Repository building. Other facilities renovated include OPD Adult Clinic, OPD Paediatrics Clinic, and Ward building. A new Digital X-ray Machine was purchased to upgrade the level of imaging services. Construction of the second JCRC access road also commenced.

All ICT core infrastructure was maintained at industry standards, and some upgrades were made such as extending Optic fibre connectivity to the Radiology block. Internet connectivity was successfully extended to the Kabale RHITES-SW project office. The ICT and Security departments installed the CCTV system at the campus to enhance security. Overall JCRC has a very stable ICT infrastructure that enables it to operate and deliver uninterrupted services.

The human capital at JCRC continued to grow to effectively deliver our high-quality services and products. By August 2021, our staff structures were composed of 382 full-time staff (249 at HQ and 133 in the regions) and 317 part-time staff (50 at HQ and 267 in the regions) bringing the total to 699 employed staff. To effectively respond to anticipated business, we project to recruit an additional 135 full-time staff (20 at HQ and

115 in the regions) and 331 part time staff (5 at HQ and 326 in the regions). This will bring our total manpower clout to 1,170 staff (517 at HQ and 648 in the regions). In addition, a total of 10 existing staff were promoted to various positions of leadership in 2020.

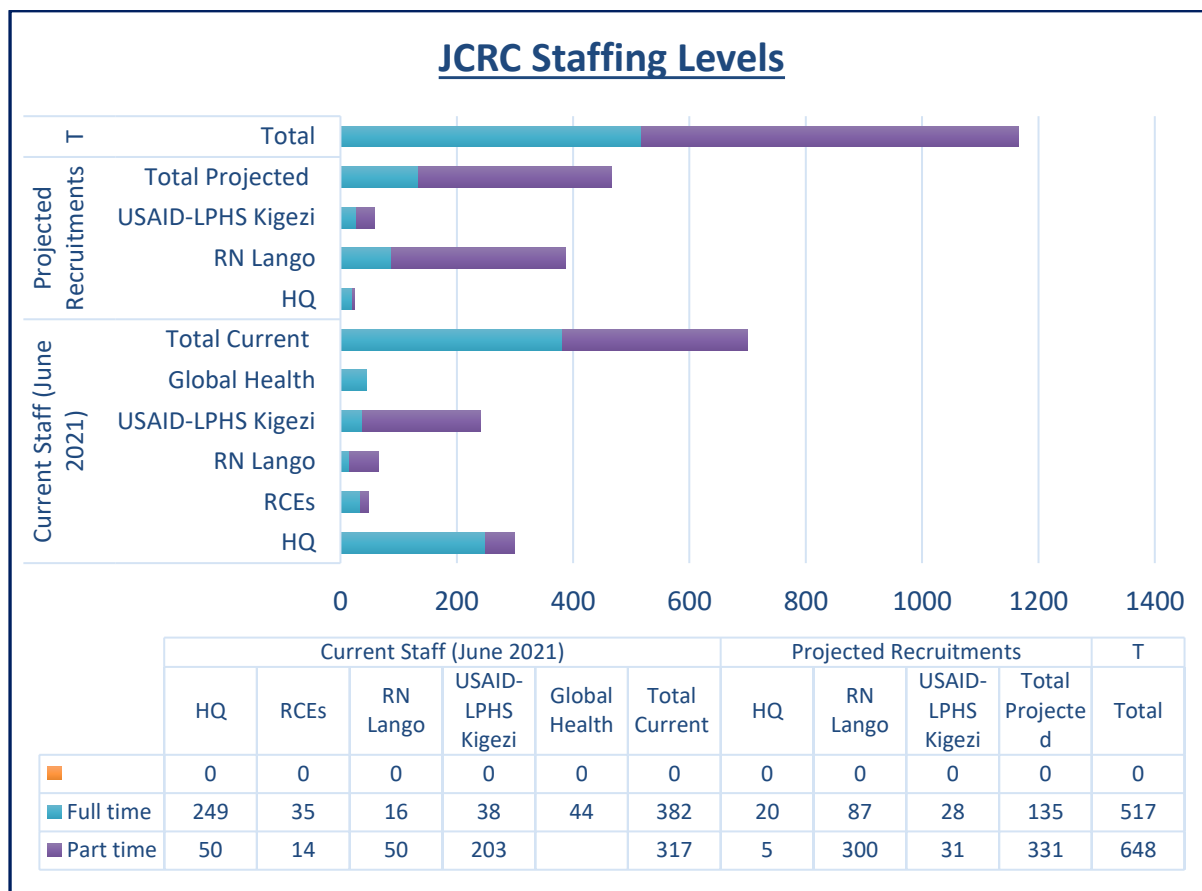


Figure 5: Graph showing JCRC staffing at June 2021, and projected up-coming staffing needs.

The Executive Director Dr Cissy Kityo also attained three distinct milestones. She was also inaugurated as Fellow of the Uganda National Academy of Science (FUNAS), elected alternate Chair to represent the constituency of the Research, Academia, Scientists, Professional Associations Self coordinating Entity - RASP SCE to the Coordinating Committee Board of the Global Fund, elected member of Advisory Board of Molecular Medicine Institute based in Boston and nominated to the International AIDS Society Global Scientific Strategy: Towards an HIV Cure - Scientific Strategy working group: Gene and cell-based therapies. Additionally, the Deputy Executive Director Dr Francis Ssali was appointed as Chair of the adult ART sub-committee and is a long-standing member of the ART technical working group at MOH.

2.0 SITUATIONAL ANALYSIS

This section presents the situation analysis of the internal and external factors that have a bearing on JCRC's mandate and operations with respect to the strategic direction of the next 5 years.

2.1 Global Perspective

The COVID-19 pandemic has and continues to shape the global health dynamics in unprecedented ways. According to [World Health Organization](#) as of 30th July 2021 there were a total of 196,553,009 confirmed cases, 4,200,412 deaths and approximately 3,839,816,032 vaccine doses administered. This has had devastating effect on different global frontiers. The [International Monetary Fund](#) estimates that approximately USD 28 Trillion has been lost in global economic output. Governments globally have had to re-align resources and prioritize funding for initiatives that could mitigate the negative impact of the pandemic.

Access to COVID-19 tests, medicines and vaccines is now a top priority for governments and organizations. Global leaders are keen to address national and sectoral best practices that will guarantee business continuity and economic health. Further to this, governments and institutions are establishing measures that will remain in place after the peak of the pandemic to enable system resilience and socio-economic well-being. Health research organizations like JCRC have opportunities to participate in solutions through innovation and research.

[Clinical Trials Arena](#) reported that due to COVID-19, big pharmaceutical companies racing for the COVID-19 vaccines and other therapeutics. There were over 397 therapeutics for COVID-19 in the discovery phase and 573 in the pre-clinical phase. The COVID-19 pandemic has created massive global effort centred around finding effective therapeutics and vaccines. However, other non-COVID diseases and therapeutic investments may experience limited access to funds, which may lead to Global Health consequences. In general, there is heightened need for strategic investment in infrastructure for clinical trials and studies addressing public health challenges in Africa.

In addition, HIV and TB are still global health concerns of significant importance affecting 37.7 million people in 2020¹, and sub-Saharan Africa carries a disproportionate burden affecting 25.7 million people². The US Government continues to be a major funder for HIV epidemic control globally, and in Uganda USG has also increased momentum for the Sustainable Financing Initiative (SFI). In collaboration with the Government of Uganda and relevant stakeholders, SFI activities focused on increasing domestic financing for the country's HIV response. SFI mobilized \$9 in domestic resources for HIV for every US dollar invested³. USAID is also a leading partner supporting GoU in expanding multi-drug resistant TB treatment and preventive therapy to PLHIVs⁴.

TB and other respiratory diseases remain a serious cause of death globally, including chronic obstructive pulmonary disease, Lower respiratory tract infections, Trachea, Bronchus, and Lung cancer⁵. The Global TB report of the WHO estimates that 10 million

¹ https://www.who.int/health-topics/hiv-aids#tab=tab_1

² <https://www.afro.who.int/health-topics/hivaids>

³ <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/sustainable-financing-initiative/uganda>

⁴ <https://www.usaid.gov/uganda/health-and-hiv>

⁵ <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>

people fell ill with TB in 2019 alone⁶ and 1.5 million people die from TB every year. Provisional notification numbers in 2021 have indicated significant disruption in case notification caused by COVID-19 pandemic probably affecting essential TB services⁷. Based on the recent WHO Uganda country cooperation strategy, Strategic Priority 3 focuses on scaling up of essential health services for communicable diseases, including HIV, Tuberculosis, Malaria and Viral Hepatitis⁸.

The growing burden of non-communicable diseases in Uganda also presents a potential area for research and implementation. In addition, various health development agencies have directed resources into research in areas like non-communicable disease, neglected tropical diseases, HIV, TB, Hepatitis, COVID as well as implementation research.

The funding environment for HIV, TB, and other diseases, as well as funding for health system strengthening is supported by health development agencies like USAID, CDC, Global Fund, EDCTP among others. A major opportunity lies in the transition by USAID from primarily working with international organizations to working directly with local organizations. JCRC will focus on strengthening partnerships with these agencies as a local organization and growing the portfolio of successfully implemented programs funded by these agencies.

Implications for JCRC

From the global situational analysis, it is important to note the growing need for clinical research and the role that research findings play in high-level decision-making and economic development. Building on experience in operating during the COVID-19 pandemic, JCRC must be prepared to collaborate widely to address existing and emerging global health issues.

The implications for JCRC are firstly, opportunities for further expansion in HIV, TB, COVID-19, and other disease, and secondly, threats from changing global health priorities and funding mechanisms. JCRC is well-placed to tap into advanced research in HIV, TB, COVID-19 and any emerging epidemic as outlined in this plan, because of well-developed research capabilities. JCRC also must undertake significant diversification, innovation, resource mobilization and investment to expand the scope of business and to shelter the institution against sudden changes in funding priorities.

2.2 Alignment to National Development Priorities

The third National Development Plan (NDP III) 2020/21-2024/25 is a strategic 5-year program-based planning tool for the Government of Uganda (GoU) that progressively builds towards the Uganda Vision 2040. The goal of NDP III is to have “Increased household incomes and improved quality of life of Ugandans”. This plan is being implemented under the theme of “Sustainable Industrialization for inclusive growth, employment and wealth creation.”

Following the programmatic approach of the NDP III to sectors of the economy, the core aspirations of JCRC are covered under three programs namely, Human capital development, Manufacturing and Digital transformation. Other programs like Tourism,

⁶ https://www.who.int/health-topics/tuberculosis#tab=tab_1

⁷ <https://www.who.int/teams/global-tuberculosis-programme/data>

⁸

https://apps.who.int/iris/bitstream/handle/10665/136975/ccsbrief_uga_en.pdf;jsessionid=D91E0486D1ED7C67C500862DD7FF2FEC?sequence=1

Oil and Gas and Environment do have areas of interest to general health care but do not directly address JCRC's aspirations as laid out in this strategic plan.

Based on the provisions of NDP III, JCRC is in perfect alignment with the GoU intentions to improve Human Capital, particularly in health care by investing in population health, nutrition, early childhood development, sanitation, and hygiene. Also, JCRC is well aligned to the GoU program on Manufacturing intended to support systems that nurture innovation and commercialization. Specifically, GoU intends to reduce the value of imported medical products and pharmaceuticals from USD 285.6m to USD 200m. This strategic plan lays out the interests of JCRC to have a bold footprint in the biomedical industrialization space within this strategic cycle. In addition, the GoU program on Digital Transformation includes plans to increase the use of ICT for acceleration of the entire economy, supporting digital transformation to various electronic services, particularly digital health. JCRC's plans to expand and innovate around the use of ICT solutions sits perfectly with GoU plans within this strategic cycle.

2.3 Alignment to National Health Sector priorities

The most eminent health sector priority in Uganda as of August 2021 is controlling the COVID-19 pandemic, which has disrupted every plan in the health sector since February 2020. These priorities include getting 22 million Ugandans vaccinated as soon as possible and increasing the capacity of the health system to adequately address medical management and hospitalization COVID-19.

The Health Sector Development Plan (HSDP) 2015/16-2019/20 has not been superseded by a new plan as of August 2021. This plan to which JCRC was aligned illustrated the context of global and regional health commitments and development agenda into which the plan was fitting. These include the SDGs (1,2,4,5 and 6), the Common Africa Position (CAP) of the African Union, the Uganda Vision 2040, the second National Development Plan (NDP II), and the second National Health Policy (NHP II).

Overall, JCRC was well-aligned to the MoH objective of contributing to the production of a healthy human capital for wealth creation. Specifically, within that objective JCRC was aligned to the HIV/AIDS and TB programs targeted for control within the Communicable disease prevention and control strategies. It is important to note that JCRC also recognizes and complies with other health sector policies plans and guidelines including the following

1. Uganda National Health Laboratory Services Policy (AHPC)
2. The First Uganda National Nursing and Midwifery Policy (MoH)
3. Uganda National eHealth Policy (MoH)
4. National Medical Equipment Policy
5. Uganda National Health Laboratory Services Strategic Plan (AHPC)
6. Strategic Plan for Uganda Medical and Dental Practitioners

The Health Sector Development Plan (HSDP) specifically sought to strengthen the health sector's competitiveness in the region through various health system strengthening approaches. JCRC is confident that the bold aspirations of this strategic plan, including diversified research, enhanced clinical services including national PEPFAR programs, expanded training programs, Gene therapy and biomedical industrialization present a unique bundle of value that when implemented, will bring the health sector closer to its unfulfilled aspirations.

2.4 PEST Analysis

2.4.1 Political:

The GoU has consistently demonstrated commitment to the fight against HIV/AIDS despite the resource constraints. The political will championed by the Head of State represents valuable social capital that enables institutions like JCRC forge strategic partnerships with relevant government agencies as well as international partners. The GoU has also vigorously supported scientific research and innovation intended to drive socio-economic transformation through industrialization of local innovation and home-grown solutions. GoU has specifically led the response to COVID-19 with public health, clinical and research and innovation approaches. Because public funds have been allocated to an increasing number of scientific initiatives, JCRC has had the opportunity to undertake 4 novel research studies in developing solutions for COVID-19 using GoU funds. In addition, the GoU has transitioned the ministry of Science Technology and Innovation (MOSTI) to the office of the President, for better coordination and accountability.

2.4.2 Economical:

The [National Development Plan III](#) has the health sector under the Human Capital Development Programme. Under this program the overall goal is to have increased productivity of the population for increased competitiveness and better quality of life. Among the key expected results is improved child and maternal outcomes, increase life expectancy. The NDP III sets out to achieve the following results.

- i) Reduce under 5 mortality from 64/1000 live births to 52/1000
- ii) Reduce MMR from 336/100,000 to 299
- iii) Increase life expectancy of the population from 63 to 70
- iv) Increase the proportion of the population accessing Universal Health Care from 44% in 2018 to 60% in 2025.

These are critical targets that are cross-cutting across the health value chain and requires multi-agency engagement and action.

The impact of COVID-19 on the economy has been substantial and this has slowed down the projected growth. [The Bank of Uganda](#) Economic Update of June 2021 indicates that the most recent data from Uganda Bureau of Statistics (UBOS) showed that the economy grew by 3.3% in FY 2020/21 compared to a revised growth of 3.0% in FY 2019/20 which is also lower than the earlier projected growth by the World Bank of 6.5% before the pandemic hit. The 3.3% growth was driven by agriculture and industry output, which grew by 3.5 % and 3.4% relative to the respective growth rates of 4.8% and 3.3% in FY 2019/20.

Uncertainty regarding COVID-19 and its potential effects on economic behaviour remains elevated, although less so now than at the onset of the pandemic when the prospects for effective vaccines were unclear. The economic outlook continues to be highly conditional on the availability of vaccines, the path of the virus and its new more contagious variants, and trade-off between continued efforts to mitigate spread of the virus and economic recovery.

2.4.3 Social:

Uganda's population is expected to continue growing over the next 10 years. It is now estimated that the average annual GDP growth rates will need to exceed 8% for Uganda

to have a chance of reaching lower middle-income status by 2030 (World Bank Economic Update February 2020). This puts pressure on existing facilities for public health care, thus creating opportunities for private healthcare. In addition, HIV&AIDS has attracted many actors – mostly government and non-governmental sector. The many actors mean a need for many services - mainly in terms of advanced diagnostics and referrals for specialized care. Given the current population structure with over 70% below the age of 30 years (UBOS; 2021) this means that this population is quite vulnerable given the increasing global influence on social behaviour. The global influence on social behaviour powered by technology has positive and negative impact on the social construct. Uganda is experiencing increased urbanization largely fuelled by the rural-urban migration. Majority of the youth are moving to the urban centres, and this is becoming a trend. Uganda is also struggling an increase in teenage pregnancies. Many young girls are becoming mothers at every age with limited capability to manage the responsibility of parenting. These changing dynamics will continue to test the established structures and call for agility within the service providers generally.

2.4.4 Technological:

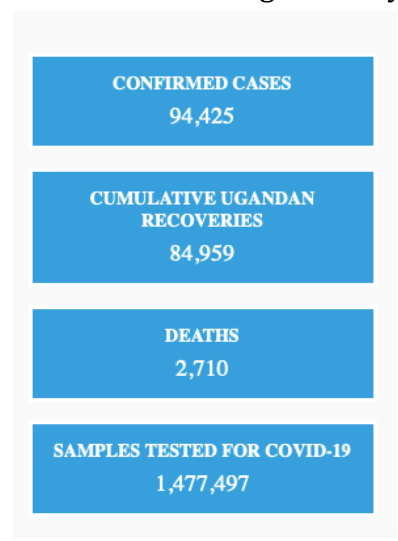
Technological innovations in different sectors continue to offer new approaches dismantling established standards and models, impacting every sector. The emergence of the 4th Industrial Revolution technologies is re-shaping the influence of technology on society. To a large extent technology is simplifying life.

The [Quarter two report 2021](#) Uganda Communication Commission report indicates that the number of Ugandans using technology devices continues to grow. Cellular subscriptions were 29million as of end of Q2 as compared to 28.4million as of end of Q1 2021, representing 68% penetration. Internet subscription as of end of Q2 2021 were 21.9 million. Overall, the ICT sector in Uganda is expected to grow in value terms to \$1.13billion by 2022. One significant development in the sector was the launch of the first independent and vendor neutral data center. This is massive infrastructure boost to our local ecosystem.

Globally WHO has recognized the critical role technology could play in the prevention, diagnosis, and treatment of disease particularly in developing countries. WHO has established the Global Initiative on Health Technologies to make the benefits of health technologies available, particularly to communities in resource-limited settings. In Uganda we continue to witness a number of eHealth solutions that are significantly revolutionizing health service delivery.

2.5 Overview of the Health Sector-Uganda

While the health sector in Uganda has not significantly changed in terms of structure and service delivery in the last two years or so, Uganda has had its fair share of the COVID-19 brunt. As of July 31, 2021, Uganda had registered a total of 94,425 COVID-19 cases and 2,710 deaths. The second wave of the COVID-19 has been extremely brutal forcing the country into the second national lockdown. The months of May, June and May 2021 have been the most severe months for Uganda during this pandemic period. The country has witnessed more infections and deaths during the same period. This has had



significant strain on the ailing health sector affecting other services for the citizens. Beyond access to health service limitations there has equally been significant shift of resources towards supporting the COVID-19 response mechanisms. The health budget has continued to grow with various supplementary budget requests to respond to the challenge at hand.

Whereas the real impact and magnitude is not yet fully established different media reports indicate the COVID-19 has had both negative and positive impact on the health sector. The “positive side” is that it has exposed the level of inadequacy of the health sector to support the country through a pandemic of this magnitude. As such there has been significant investment towards equipping facilities across the country with resources that were hither to not available like the establishment of Highly Dependent Units and ICUs. The negative side is that COVID has significantly impacted the livelihoods of millions of Ugandans who have been put out of the productive economy.

2.2.1 Health Service Delivery in Uganda

The structure of the healthcare service delivery has not changed over the course of 2019/20. The public and private sectors deliver health services in Uganda through a total of 6,937 health facilities. 45.16% (3,113) of these health facilities are public, 14.44% (1,002) are Private Not-For-Profit organisations (PNFPs), while 40.29% (2,795) are Private for Profit (PFPs) and 0.1% (7) are community owned facilities⁹.

JCRC being a non-profit entity within the HIV AIDS and medical research sub-sector, interacts with various public and private facilities and health providers. Because of its nation-wide footprint, JCRC engages other health providers and implementing partners through regional PEPFAR programs, community projects, research, and regular service delivery.

2.2.2 Health Care Financing

According to the Annual Health Sector Performance Report 2019/20, the health sector budget increased by 9.1% to UGX 2.589 trillion from UGX 2,373 trillion in FY 2018.19 although it remained at 7.2% of the total national budget. The increase was majorly for the enhancement of salaries for medical workers and inflows from external funding. Government of Uganda funding accounted to 57% and external funding the 43%. The reports indicate that overall, 89% of the budget was released compared to 80% in the previous FY. The overall budget absorption rate for the health sector stood at 96% despite the COVID-19 restrictions. This is largely attributed to the remarkable performance of externally funded projects at 91% from 84% the previous year.

It is worth noting that funding trends to the health sector by government financing have continued to improve amidst rising health care demand and costs. This means growth in privately funded health care demand. Household funding towards healthcare related expenses stands above 40%. By implication majority of the citizens are constrained and will be denied access to healthcare related services. Access to sophisticated healthcare like HIV/AIDS and resistant TB is largely enabled through the support of the donors.

The Ministry of Health developed Health Financing Strategy 2015/16-2024/25 whose vision is to establish a health financing system that responds to the dynamic aspirations of the health sector in Uganda. The goal of this strategy is to enable the attainment of Universal Health Coverage in Uganda through enabling the effective/efficient delivery of

⁹ <https://www.health.go.ug/hospitals/>

and access to the essential health services while reducing exposure to financial risk by 2025.

2.2.3 HIV & AIDS in Uganda

According to the Uganda AIDS Commission Fact Sheet 2020¹⁰ the total number of people living with of HIV (PLHIV) in Uganda by December 2019 was 1,460,000 as compared to 1,200,000 in 2010. The total number of new HIV cases reduced to 53,000 in 2019 compared to 94,000 in 2010. In addition, Uganda was among the 14 countries globally to achieve the 2nd and 3rd 90:90:90 targets, and significant progress was being made to attain the 1st 90 target.

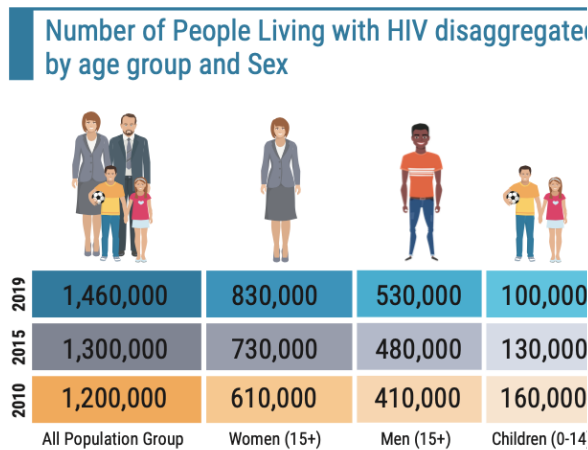


Figure 6: Number of PLHIV at beginning of 2020

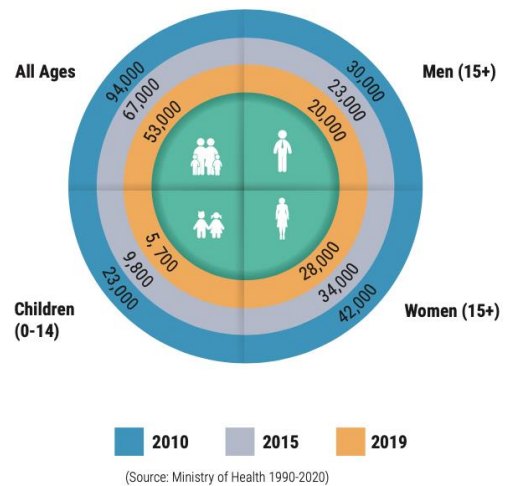
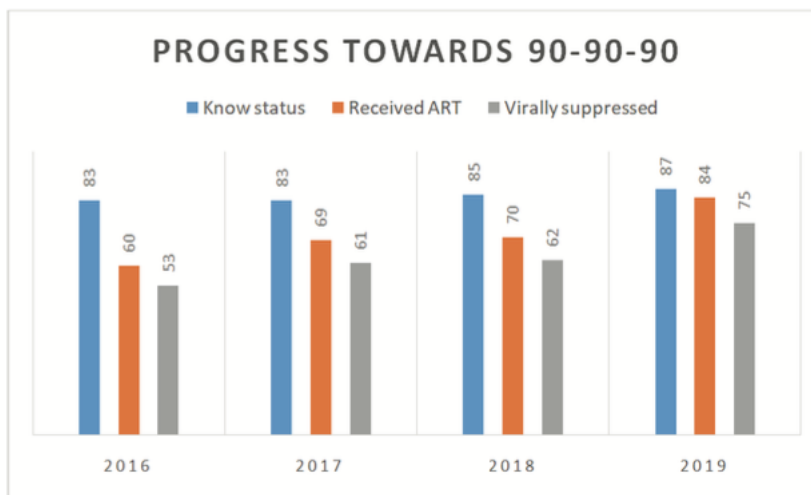


Figure 7: New HIV infections by age and sex at beginning of 2020



(Source: Ministry of Health 1990-2020)

Figure 8: Progress towards 90:90:90 at beginning of 2020

¹⁰ https://uac.go.ug/index.php?option=com_content&view=article&id=21:hiv-prevention-111&catid=8&Itemid=101

However, in September 2021 the UAC statistics¹¹ showed the 90:90:90 targets standing at 91:90:82 and this picture agrees with the UNAIDS 2020 factsheet¹².

HIV and AIDS Estimates

Adults and children living with HIV	1 400 000 [1 300 000 - 1 600 000]
Adults aged 15 and over living with HIV	1 300 000 [1 200 000 - 1 500 000]
Women aged 15 and over living with HIV	820 000 [760 000 - 910 000]
Men aged 15 and over living with HIV	490 000 [460 000 - 550 000]
Children aged 0 to 14 living with HIV	98 000 [88 000 - 110 000]
Adult aged 15 to 49 HIV prevalence rate	5.4 [5.1 - 5.8]
Women aged 15 to 49 HIV prevalence rate	6.8 [6.3 - 7.4]
Men aged 15 to 49 HIV prevalence rate	3.9 [3.3 - 4.2]

Figure 9: UNAIDS Uganda 2020 HIV AIDS Estimates

2.6 Internal Environment

This internal analysis comprises JCRC’s strengths – the capabilities and endowments that can be deployed to produce goods and services that meet or exceed clients’ expectations, and, weaknesses that include inadequacies and limitations that constrain the ability to fulfil clients expectations.

2.6.1 JCRC’s Strengths

JCRC Laboratory: JCRC enjoys international recognition for quality laboratory services demonstrated by the fact that JCRC laboratories are Certified by College of American Pathologists (CAP). JCRC Laboratories are also NIH-DAIDS and WHO certified, showing further assurance that the quality of results consistently meets international standards. JCRC will continue to leverage this strength to market Laboratory services and to access large research projects globally, regionally, and locally.

Abundant infrastructure: JCRC owns significant space (Land) and physical structures to support research, clinical services, and training. This infrastructure, especially located in Kampala can support all strategic services including an ultra-modern Clinic, Laboratory and Training Institute. JCRC has state of art infrastructure in four Regional Centres of Excellence (RCEs) countrywide which facilitate decentralized services delivery, increase visibility and act as satellite centres for clinical and research work.

JCRC has experienced and skilled staff: JCRC has a strong team of skilled and experienced staff that can deliver a full range of services. This core mass provides technical support to government (MoH) and other health Implementing Partners for holistic health system strengthening and local capacity building.

Excellent reputation: Over the years, JCRC has attained excellent reputation as a centre of excellence for research and clinical services especially in HIV/AIDS. This reputation

¹¹ https://uac.go.ug/index.php?option=com_sppagebuilder&view=page&id=1&Itemid=101

¹² <https://www.unaids.org/en/regionscountries/countries/uganda>

can be leveraged to attract new projects, establish new collaborations and new income generating opportunities and enhance JCRC competitiveness.

Regional coverage: With her wide network of RCEs spread across major regions of Uganda, JCRC can provide specialist and high-quality services to all parts of the country. With this wide coverage, she can compete for and implement nation-wide projects.

Extensive local and international networks & collaborations: Since inception, JCRC has worked with many partners; locally and internationally to advance HIV research, clinical services, and training. This big network enables JCRC to provide wide-ranging services and to tap into a greater scope of expertise across the world. The network also provides opportunities for Building local human resource capacity.

Ability to attract funding: Over the years JCRC has built the capacity and competence to attract funding from different sources. The funding supported the sustainability and growth of the organization.

2.6.2 JCRC's Weaknesses

Limited Internally Generated Resources: Although JCRC offers paid private services, there is a heavy reliance on donor funds for research and programs. This plan now provides for a structured well aligned business development and resource mobilization strategy to ensure that JCRC's own resources are increased and invested for sustainability.

Limited corporate visibility: JCRC specialized medical care and laboratory services have remained obscured from the wider public. The centre has continued to be known for HIV/AIDS research while concealing other medical and laboratory services available. This plan now provides strategies for [managing JCRC's brand and business relationships](#) for increased visibility. This plan also provides for the development and implementation of an effective marketing strategy that reveal JCRC's unique capacities while targeting suitable opportunities.

Limited data utilization: JCRC collects a lot of data while delivering services and products. However, this data has not been effectively utilized for research, operational and program improvements. This plan now provides for a strategy for data mining and utilization so that this data can inform research and service delivery.

Implementation mechanisms: JCRC needs to strengthen mechanisms to effectively translate plans into action. For the success of the strategic planning processes, there is need to strengthen operational planning processes as well as performance management systems so that the performance of directorates and departments can be assessed based on their commitments in the strategic plan. A robust [monitoring and evaluation](#) plan has been developed to support all directorates in the execution of this plan.

HR Capacity Gaps: With more projects in the pipeline, JCRC will recruit project-based staff, and this has implications on institutional stability, HR growth and knowledge management. The result is that a small number of core full-time technical staff become stretched in supporting the main centre of the organization. This has clear productivity challenges at the centre, but also exposes the best talent within the projects to attrition. This plan includes specific HR related strategies to address staff capacity building, distribution, retention, and satisfaction with the goal of creating the best structures to achieve the aspirations of this plan.

Stakeholder Management: As JCRC continues to grow, a structured approach to managing the various stakeholders is essential. This plan now provides for a systematic approach to managing business relationships, corporate collaborations, and the relevant ministries, departments, and agencies of government.

Translation of Research into Products: JCRC conducts research on a significant scale, and this research commonly results in publications and occasional influence on policy and practice. This plan includes opportunities for JCRC to advance beyond publications to become a contributor of solutions in the form of other products of research. Such products include physical products like test kits, reagents, commodities, and other products like Databases, software, Patents, Copyrights, and Methods.

3.0 STRATEGIES

3.1 Strategic Campus

For the 2021/22-2025/26 strategic cycle, JCRC will be guided by the following strategic campus

Vision: A vibrant self-sustaining Centre of Excellence in Medical Research, Health Care Services and Training.

Mission: To conduct quality medical research and training and to provide equitable sustainable HIV/AIDS care and other health care services in Uganda and Internationally.

Values:

- Integrity
- Compassion
- Mutual Respect
- Ownership
- Continuous Learning
- Excellence

Goals:

This strategic cycle will be guided by the following goals.

Goal 1: To strengthen local research capacity for evidence-based policy-making and affordable health solutions

Goal 2: To provide efficient, responsive client-centered clinical services

Goal 3: To develop laboratory's capacity for diagnostics, systems strengthening and product development

Goal 4: To lead development, coordinate & support delivery of diversified health programs to respond to local & global health challenges

Goal 5: To facilitate capacity building of human resource for responding to current and emerging health needs

Goal 6: To strengthen operational and management systems for effective and efficient service delivery

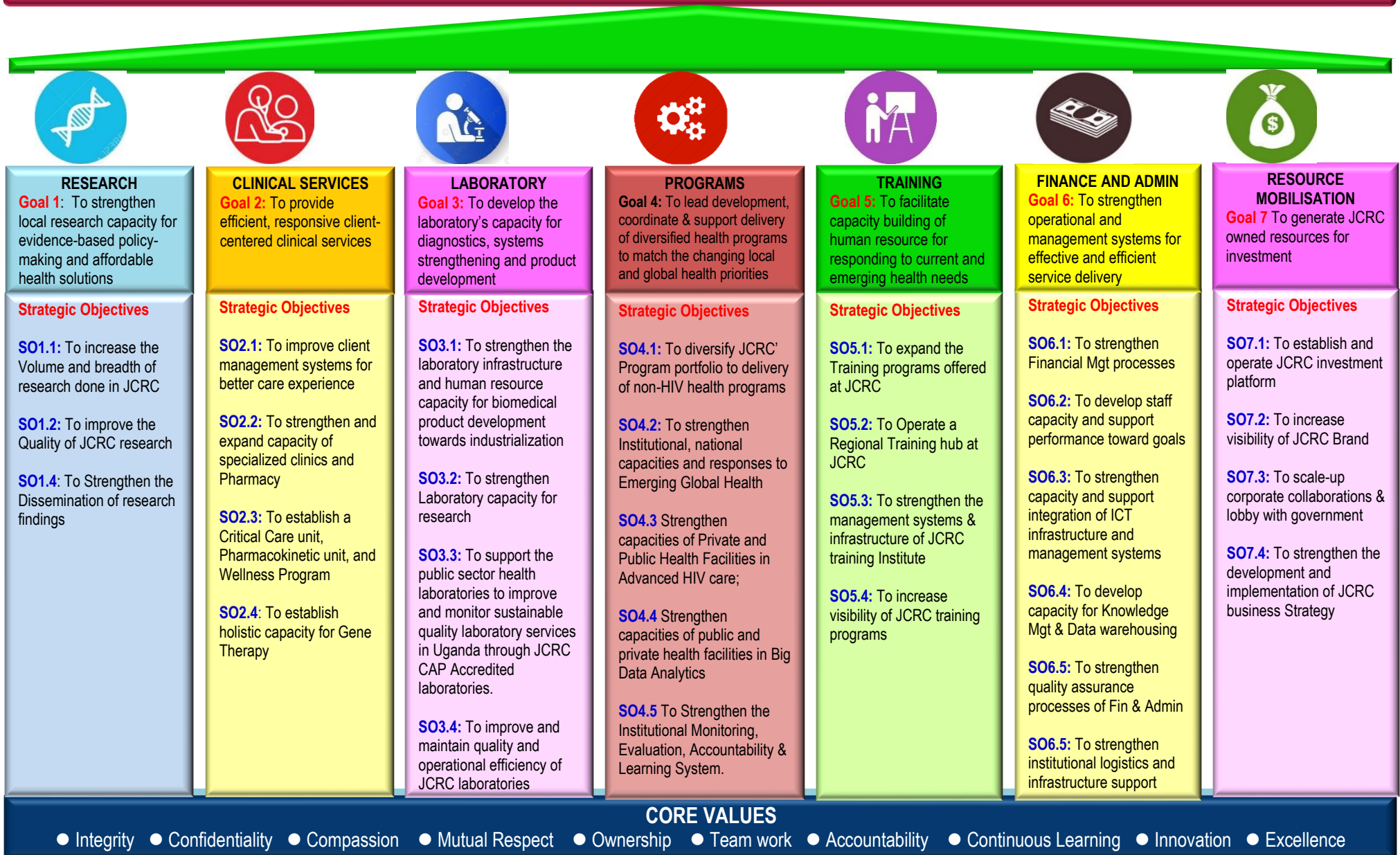
Goal 7: To generate JCRC owned resources for investment

Vision

A Vibrant self-sustaining Centre of Excellence in Medical Research, Training and Healthcare Services.

Mission

To conduct Quality Medical Research and Training, provide equitable and sustainable HIV/AIDS care and other health care services in Uganda and Internationally.



3.2 Strategies for the 2021/22-2025/26 Strategic Cycle

1. Research Directorate

Goal 1. To strengthen local research capacity for evidence-based policy-making and affordable health solutions

- SO1.1. To increase the volume of research done at JCRC:** The directorate will expand research footprint beyond the HIV/AIDS space by entering new collaborations and networks outside HIV. The directorate will also attract the expertise required to engage and sustain the competitive processes for winning non-HIV grants. Specifically, the directorate will; Equip JCRC staff with knowledge and skill in research (proposal writing, data mining); Establish enabling environment conducive for writing proposals (e.g. give 5% of research overheads to writing team; Diversify JCRC research portfolio to non-HIV fields; Establish new research collaborations; Strengthen capacity of JCRC to originate own research protocols; Strengthen capacity to write and submit winning research proposals
- SO1.2. To improve the quality of JCRC research:** To achieve this objective JCRC will; equip staff with knowledge and skills on research standards, ethics, research management, international best practices; Strengthen QC/QA office and functions of the directorate; Improve efficiency of functions of the directorate (streamline procedures, processes, develop SOPs); Strengthen monitoring, reporting and compliance in the directorate; Equip the research directorate with adequate staffing, equipment, infrastructure; the research policy, guidelines will be revised to address bottlenecks that stifle research. Furthermore, appropriate training programs will be sourced to build capacity of staff in research to improve quality and output of research. Appropriate systems upgrades will be made to accommodate a robust research database.
- SO1.3. To strengthen the dissemination of research findings:** This is critical output that will contribute to improving the visibility of JCRC to potential opportunities. The directorate seeks to go beyond publications to other research dissemination tools like newsletters, web-based research portal and engaging in research dissemination at national and global level, JCRC shall; Equip staff with knowledge and skill in research dissemination, publication, abstract writing, conference presentations; Establish enabling environment supportive of research dissemination (provide funds for first/last authors, funds for present abstract); Revise the JCRC Research policy to promote dissemination by JCRC staff (operationalize dissemination); Organize various platform for disseminating research eg. seminars, Conferences, update meetings; Utilize innovative mechanisms to disseminate research findings to both the scientific and non-scientific community.

2. Clinical Services Directorate

Goal 2. To provide efficient, responsive and client-centered clinical services

- SO2.1. To improve client management systems for better care experience:** The directorate will; Conduct Process-Flow Audit and Systems assessment to identify gaps, bottlenecks affecting quality service delivery; Equip clinical staff/support staff with relevant technical skills, managerial, customer care, new technologies; Streamline procedures & processes in all sub-units (SOPs, Guidelines, Turn Around Time, Information boards); Upgrade existing Client Management Systems/install new technologies. roll out e-health services including m-health, to enhance efficiency in client management and service delivery. Life-Care (mHealth) platform will be strengthened and mainstreamed to speed up linkage to

services and clinical data transfer. The service delivery models for clients on the HIV program will be increased to address community delivery of medicines and client led drug distribution approaches. Existing client flow systems will be improved to reduce on turnaround time and make service delivery more efficient. JCRC shall prioritize the retention of patients in care and prevention of new infections in key populations by scaling-up SMS technology, establishing flexi-hours. JCRC has a niche in managing Advanced HIV/AIDS disease. JCRC shall build capacity of its staff and other national referral services to manage HIV complications, and common OIs, implement online ordering of drugs, tele-consultations, online appointments, develop and launch an app-based over-the-counter medicines service.

S02.2. To strengthen and expand capacity of specialized clinics and Pharmacy: The directorate shall; Equip its staff with technical, managerial, customer care, technological skills; Improve infrastructure, facilities equipment, (install new equipment, technologies) in sub-units; Expand work-hours and work-days (roll-out flexi and after-hours, open up clinics on weekends and public holidays); Expand staffing levels to include hiring of consultants to meet the increase in clientele and workload; Strengthen partnerships with health services providers, corporates, academia; Conduct public, community, media campaigns to increase public awareness about JCRC clinical services and Pilot and fully roll-out DSDMs. JCRC seeks to increase turn-over of clients in all the units, immediate neighborhoods. The pharmacy will establish a private point of sale outlet. Services offered at radiology unit will expand to include cardiology and interventional radiology (biopsies) with the introduction of advanced Imaging using CT and DEXA scans. Dental services will be boosted to attract premium clients as well as address regular dental needs with higher turn-over. JCRC shall strengthen capacity of the Private clinic to generate unrestricted revenue, increase number of patients with ability to pay for private services. The re-branding JCRC image and diversification of clinical services shall be crucial to achieving this. JCRC shall also leverage its technical expertise to strengthen capacity of health workers in MOH facilities across regions to build effective and sustainable health systems. JCRC Technical and support staff shall be equipped with client management skills through trainings customer care, public relations while team-building initiatives shall be expanded to cover interpersonal skills. The range psychosocial and mental health services provided at JCRC shall be expanded to include provision of therapy, rehabilitation for drug and alcohol addicts.

S02.3: To establish a Critical Care unit, Pharmacokinetic unit, and Wellness Program: JCRC will; Equip staff with knowledge and skill in Critical Care, Pharmacokinetic and Wellness; Set up infrastructure, and equip the Critical Care unit, Pharmacokinetic & Wellness units; Streamline functions and procedures of the new units; Expand staffing levels to operate new frontier services to including hiring of consultants; Strengthen partnerships with partners, consumers of the new frontier services; Conduct public, community, media campaigns to increase public awareness about the new frontier services. Services offered by the Critical Care unit will address the increasing demand for critical care services for life-threatening injuries and illnesses, response to emerging diseases such as COVID-19. The marketing of the Wellness clinic will be scaled up to surrounding communities as it provides biological parameters, key tests, nutrition counseling and fitness to targeted categories and demography such as pregnant women, obese, malnourished, etc. Staff capacities in PK shall be strengthen to match national and international standards to meet demands. JCRC shall Improve its communication, increase engagement with the public by conducting media campaigns, conduct integrated community outreach activities, engage local leaders, introduce private counselling services and increase cooperate partnerships.

S02.4: To establish holistic capacity for Gene Therapy: JCRC shall establish a stem-cell transplant and gene therapy unit for therapeutic and research purposes. To achieve this JCRC support its staff to acquire knowledge in Gene Cell Therapy; set-up infrastructure,

procure & install equipment for Gene Cell Therapy; Streamline operational procedures for Gene Cell unit; expand staffing levels for the Gene Cell unit to include hiring of consultants; Strengthen partnerships with providers and consumers of Gene Cell Therapy services; Conduct public, community, media campaigns to increase public awareness about Gene Cell Therapy. Therapeutic apheresis will be scaled up for red blood cell exchange and plasma exchange. Clinical research in apheresis technology will be facilitated. While all directorate will support and contribute to the stem-cell transplant and Gene Therapy, its primary domicile will be in the Clinical Directorate. JCRC will partner with US health institutions to support translation of Gene Therapy and research in Uganda researching cure for Sickle Cell Disease (SCD) and HIV. Envisioned consortium partners comprise Gates Foundation, Fred Hutchison, Caring Cross, Case Western Reserve University (CWRU), and University of California San Francisco (UCSF).

3. Laboratory Directorate

Goal 3: To develop the laboratory's capacity for diagnostics, systems strengthening and product development

- S03.1: To strengthen laboratory infrastructure and human resource capacity for biomedical product development towards industrialization.** Over the next 5 years the laboratory directorate shall strengthen infrastructure and human resource capacity to initiate production of biomedical products that can be scaled-up to industrial level production which shall result in; development of numerous biomedical products, industrialization of select biomedical products, increased revenue from the Laboratory and increased collaborations with strategic partners including investors. To acquire this objective, JCRC shall specifically; Establish laboratory production units to include though not limited to; gene therapy, pathogen reduction, Liquid Nitrogen, Biorepository, Dry ice etc; Procure and install state of the art lab equipment; Attain and maintain accreditation and licenses (ISO 17025:2017, ISO 17045:2017, ISO 9001:2015) for its laboratory production units. To strengthen its human resource capacity, JCRC shall; increase lab staffing to appropriate levels and equip laboratory personnel with relevant technical skills to include biomedical product development and use of new technologies.
- S03.2 To strengthen Laboratory capacity for research:** For over last 20 years JCRC labs have been producing vast amount of lab data. Apart from it being used by clinical research and the care and treatment of patients not much of the data has been put to meaningful use. This is against the back-drop that many lab-based research could potentially have been conducted using this data. On the basis of this JCRC will purposefully strengthen capacities in laboratory-based research to attain the following results, see an increase in; number of laboratory-based research originated; number of lab-based research conducted using existing lab data; number of Lab-based Research grants applied for; number of JCRC grants written with the participation of Laboratory personnel; number of lab-based research disseminated locally and internationally. The strategic actions JCRC shall employ to attain these results include; Orientation of Laboratory personnel on the JCRC research policy; development and execution of a laboratory-specific research policy; Equipping of Lab staff with requisite knowledge and skills in research; Organization or participation of lab personnel in research dissemination meetings, conferences, symposium etc.
- S03.3. To support Uganda National Health Laboratory and Diagnostic services (UNHLS) to improve and monitor sustainable laboratory services in Uganda.** JCRC will contribute to strengthening the delivery of quality lab services across Uganda by developing human capacity and strengthening of systems public and private facilities. To

this effect it shall design and implement national and regional initiatives targeted towards achieve this objective JCRC will; Work with UNHLS to establish self-sustainable minimum laboratory services at the National, RRH, District, and Health Center Laboratories; Provide TA to UNHLS to develop, implement the National laboratory accreditation sustainability activities; Provide technical assistance (TA) to UNHLS to coordinate and implement the National Laboratory supply chain and equipment management; support UNHLS to implement a national LIMS Master Plan.

S03.4. To improve and maintain quality and operational efficiency in all JCRC laboratories

Over the next 5-years JCRC shall intensify efforts to operate state-of the art laboratories at Lubowa, Mbarara, Kabale, Fort Portal, Gulu sites that provide highest quality of services that not only match local and international standards but also exceed client expectations, The operation of high quality labs is expected to produce the following results; increased collaborations with strategic partners (in clinical and lab-based research, grants, projects); increased lab workloads, continuous acquisition and maintenance of accreditations from international accreditation bodies, improved laboratory services delivery; and reduced laboratory losses.

To improve and maintain the quality of its labs JCRC shall; Equip its lab personnel with technical knowledge and skills e.g. train on international laboratory related standards (CLIA Standards, CAP Standards, ISO/IEC 15189, 15190, 19011, 17025, 35001, 17045); Improve the existing laboratory quality management systems (LQMS), Good Clinical Laboratory Practice (GCLP) and Management Reviews; Conduct audits and inspections (accreditation and Sponsors); Acquire and maintain accreditation from international accreditation bodies for 3 JCRC laboratories; To increase strategic partnerships and expand collaboration opportunities in research, grants and projects JCRC shall attain and maintain laboratory accreditations.

To improve both operational efficiency and lab services delivery JCRC shall; improve and streamline laboratory operational processes (SOPs, Manuals, workflows, resources management); Equip lab staff with relevant management skills; expand laboratory test menu; Maintain equipment and replace obsolete ones; Conduct continuous mandatory trainings (Biorisk and Biosecurity Management, safety, Auditing Calibrations, etc) and procure proficiency testing (EQA) survey panels. To reduce laboratory losses JCRC shall; strengthen mechanism for monitoring laboratory loses; equip lab staff with knowledge and skills in Quantification and resource management; Improve planning, strengthen logistics and resources management.

4. Programs Directorate

Goal 4: To lead development, coordinate and support the delivery of diversified health programs to respond to local and global health challenges.

S04.1: Diversify JCRC' Program portfolio to delivery of non-HIV health programs. Over the 5-years JCRC will establish and strengthen its Programs Directorate. The mandate of the Programs Directorate among other will be to win, coordinate and deliver programs in the institution. To achieve this JCRC shall; Establish and operate a Programs Directorate, inclusive of the Grants Unit; Staff and Skill the Program Directorate human resource with relevant knowledge and skills; nurture and strengthen partnerships with international and local CSOs engaged in health interventions; Strengthen JCRC's capacity to win grant projects. Implement interventions focusing on NCDs, Diabetes and Cancer; Implement programs to strengthen delivery of Nutrition and Livelihood Services; Scale-up

interventions in maternal and Adolescent Sexual Reproductive Health Services; Initiate and scale-up interventions in Mental Health, Drug & Substance abuse services;

- S04.2: Strengthen capacities of public, private health facilities to respond to emerging Global Health Crises.** To achieve this objective, JCRC shall; Equip lab and health workers of public facilities with knowledge and technical skills in Global Health; Mobilize and equip leaders at local and national level for emerging global health crises and responses.
- S04.3 Strengthen capacities of Private and Public Health Facilities in Advanced HIV care;** Equip lab and health workers of public facilities with knowledge and technical skills HIV advanced care; Equip lab and health workers of public facilities with knowledge and skill in HIV and NCDs; Equip lab and health workers of public facilities with knowledge and skills in HIV and special groups.
- S04.4 Strengthen capacities of public and private health facilities in Big Data Analytics.** To achieve this objective, JCRC will; Equip JCRC personnel with competencies, knowledge, and skills in Big Data; Strengthen the capacity of MoH and Public health facilities on Big data and its use in operations research; Roll-out the use of big- data in clinical informatics, bioinformatics, population-based data; Equip relevant departments with technologies, equipment and accessories for big data
- S04.5 Strengthen the Institutional Monitoring, Evaluation, Accountability & Learning System.** A strong institutional M&E system shall result in; improved institutional performance; increased staff capacities in M&E; improved data management (collection to utilization); Improved knowledge management; increased generation, monitoring, accountability and reporting of results; and increased M&E support to JCRC projects and units. JCRC shall equip the M&E department with adequate staff and skills, support development of M&E Policy, guidelines; fund M&E annual M&E activities to include Data quality audits, support roll-out of new application e.g. GIS, data visualization dashboard; support supervision visits, capacity development initiatives, performance review activities; baseline, mid-term, reviews, surveys and evaluation exercises.

5. Training Department

Goal 5: To facilitate capacity building of human resources for responding to current and emerging health needs

- S05.1 To Expand Training Programs offered at JCRC:** Over the next 5 years the JCRC training department will grow its footprint in training of medical and other disciplines. JCRC will; Establish a legally registered Training Institute; Set-up a governance and management structure to manage the Institute; Equip the institute with infrastructure (library, lecture rooms, e-learning platforms, applications); Acquire and maintain staff (Lecturers, trainers and Support staff); Develop Course Curriculum, timetables, fees structure, educative material; Conduct targeted national campaigns to increase public awareness, interest & demand for JCRC courses; Build capacity of JCRC staff in technical and related areas for the effective delivery of quality services; Conduct trainings specialized short courses for external applicants (internships, placements.). The upgrade of the department to directorate shall constitute part of the strategic action.
- S05.2 To Operate a Regional Training hub at JCRC:** To achieve this objective the directorate will; Set-up infrastructure, system and personnel to operate the regional training Hub; Source, sign-up and nurture collaborative partnerships with training organizations; Conduct targeted regional campaigns to increase public awareness about training hub; Establish infrastructure for effective communication with external teaching/training

Institutes; Conduct trainings on range of specialized courses for regional clients. JCRC will strengthen collaborations and engage training institutions to tap into global reach and attract high value program exchange/mentorship. Furthermore, JCRC will link its training programs to international institutions who will tailor programs suitable for JCRC and national trainee pool, thereby increasing visibility of training opportunities on either side.

- S05.3 To strengthen management systems and infrastructure of JCRC as a training Institute** JCRC will; Equip the Training Institute with furniture and equipment; Install state of the art equipment and technologies such as E-learning platforms in the Institute; Establish streamlined management systems (procedures, manuals, guidelines) for quality service delivery; Equip staff with relevant technical and managerial skills and knowledge; Automate administrative and operational processes (registration, access pass, payments, assessments, interactive platforms); Establish and expand research and reference/study facilities; Strengthen performance management of the Institute. ICT solutions will be deployed to streamline administrative processes including student management (e.g. registration assessments, grading, information dissemination), finance management e.g. payments. Instructors shall be facilitated to utilize ICT for trainings. Training premise will be upgraded to accommodate changing needs of trainees including furniture and fittings for training rooms, private study spaces and ICT solutions for online programs.
- S05.4 To increase Visibility of JCRC training programs:** JCRC will execute marketing strategy to disseminate information about its training institute to potential beneficiaries to create demand and uptake of its courses. Public campaigns shall be conducted to increase public awareness of JCRC training programs and its impact among stakeholder and beneficiaries. Specifically, JCRC will; Develop and implement a marketing strategy for the Training Institute; Conduct public awareness campaigns (Institute visit, community meets, online platforms; Establish and grow networks and partnership with educational institution; Update the JCRC website with details about the Training Institute; Conduct assessments to determine public knowledge and client satisfaction about JCRC training programs.

6. Finance and Administration Directorate

Goal 6: To strengthen operational and management systems for effective and efficient service delivery

- SO 6.1 To strengthen Financial Management processes:** The directorate will standardize the financial systems to support overall resource management and to harmonize cost structures which will become a reference point for all outward grant applications businesses proposals.
- SO 6.2 To develop staff capacity and support performance towards goals:** The directorate will attract and retain diverse, agile, results-oriented, and skilled staff who will continuously grow their capabilities to address the mission. The directorate will align the current staff structure and staff projections to match the work to be undertaken under this strategic plan.
- SO 6.3 To strengthen capacity and support integration of ICT infrastructure and management systems:** The directorate will procure, update, customize and integrate sound, flexible, reliable, business tools and technologies designed to support internal processes at all sites country wide. System integration is expected to result in improved processes, cost-savings, and satisfied customers.

- S06.4 To develop capacity for Knowledge Management and Data warehousing:** The directorate will establish a comprehensive set of information management and communication mechanisms that capture, synthesize, and highlight internally generated knowledge. This will provide JCRC management and stakeholders with reliable information to make decisions.
- SO 6.5 To strengthen quality assurance processes:** To maintain the strong JCRC brand, existing quality assurance procedures and plans for financial, technical, and operational processes will be fully utilized, and new ones established. JCRC will aspire to higher quality standards than the peer market to retain a premium share of high-value customers.
- SO 6.6 To strengthen institutional logistics and infrastructure support functions:** Institutional support functions in all directorates will be strengthened to support the bold aspirations of this strategic plan. New staff, equipment, facilities, software, and where necessary new service providers will be sourced and utilized to fulfill this objective.

7.Resource Mobilization and Business Development

Goal 7: To generate JCRC's owned resources for investment

- SO 7.1 To establish and operate a JCRC investment platform;** JCRC will establish mechanisms to increase internally generated funds and evaluate sound avenues for investment for sustainability. They will create an investment vehicle separate from operations and evaluate products/services that have higher return on investment.
- SO7.2 To increase visibility of JCRC Brand.** This shall be achieved through management of the JCRC brand and business relationships: The directorate will establish a robust marketing and communication department to lead visibility and messaging about JCRC. Paid services and new products will be carried on the corporate brand, and target consumers of products/services will be reached through this outfit.
- SO7.3 To scale-up corporate collaborations and lobby with government:** The directorate will establish a corporate collaboration mechanism to structure corporate engagements. A lobbying framework will be established to manage governmental engagements.
- SO7.4 To strengthen the development and implementation of JCRC business Strategies:** Support will be provided to various departments, clinics, and sections in the undertaking of new work arrangements including through MOUs, contracts, agreements, and others, for the purpose of maximizing benefit to the institution. Support will be provided to teams developing proposals and other solicitations to ensure a water-tight business case in each instance.

3.3 New Frontiers

Based on strategic guidance and motivation provided by the Board and Executive Director at the beginning of the planning process, all directorates carefully selected New Frontiers to venture into within their specific technical spaces. Careful internal considerations were made within each directorate to determine the most feasible new ground to break. The following New Frontiers were agreed upon for implementation in this strategic cycle.

	New Frontiers	Description	Directorate	Lead Person
1	Wellness clinic	The wellness clinic will be housed in the private clinic and target the growing segment of health-conscious and affluent adults with wellness products and programs on a long-term basis.	Clinical	Director Clinical Services
2	Critical care unit	The Critical care Unit will be housed in the Ward, with capacity to offer specialized care to critically ill patients who may not need to be under intensive care.	Clinical	Director Clinical Services
3	Pharmacokinetic unit	This specialized research facility will be overseen by the Pharmacy department and will have the capacity to support critical research into the absorption, distribution, metabolism, and excretion of drugs against time, to determine the safe and effective therapeutic management of drugs for individual patients.	Clinical	Head Pharmacy
4	Advanced Imaging	The Imaging department will acquire a DEXA machine and a CT Scan to undertake advanced imaging and interventional radiology.	Clinical	Head Radiology
5	mHealth	We intend to initiate studies and innovation in the application of mobile technologies for patient care and research. We will build on the Life Care platform and provide new solutions.	Clinical, Research	Director Clinical Services
6	Non-HIV research	This is research in areas of health interest other than the field of HIV	Research	Director Research
7	Internally generated research	This refers to research generated or originated at JCRC-by-JCRC researchers	Research	Director Research
8	Biorepository and database	The current Freezer House will be transformed into a complete Biorepository unit, complete with a biological materials database	Laboratory	Director Laboratory Services
9	ICT solutions and applications in Training	The administration of training programs will be upgraded with the use of ICT tools, applications and solutions intended to improve efficiency and the scale and scope of training opportunities.	Training	Director Training
10	Volume of Training grants sent out annually	The number of training grants submitted annually is going to be increased to widely target potential partners and funders	Training	Director Training
11	Visibility drive	Investing in visibility of services and products will be a major aspect of business repositioning to ensure	RM & BD	RM & BD

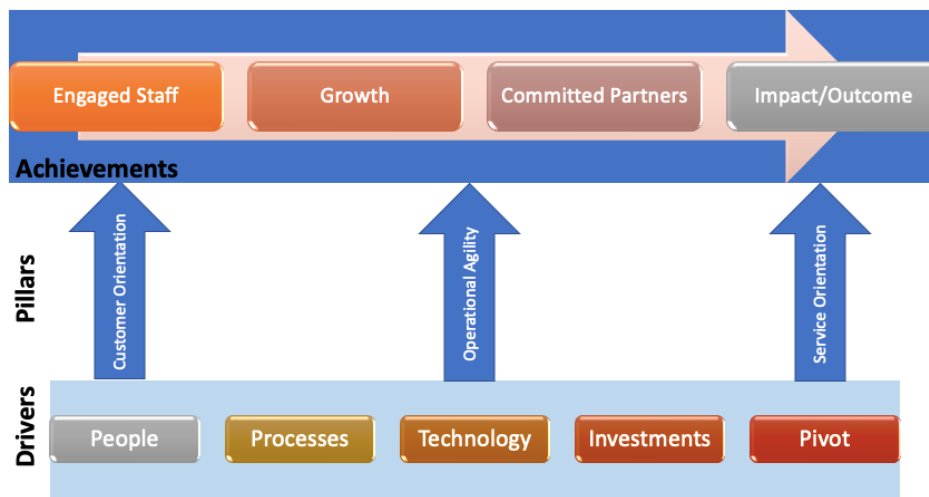
	New Frontiers	Description	Directorate	Lead Person
		potential customers are effectively targeted, furnished and supported to make purchase decisions in favour of JCRC. This will cover all aspects of Marketing and Communications.		
12	Investment platform (Holding company)	This platform will form an avenue for growing own revenue, attracting, and managing strategic investment and guiding investment decisions.	RM & BD	RM & BD
13	Gene Therapy and Bone Marrow transplant Centre	This will be a pioneer advancement in medical research in the region towards the cure of various diseases by targeting modifications at the gene level. A global coalition has already been assembled and infrastructure is being put in place.	General	Executive Director, Deputy Executive Director
14	Biomedical production and industrialization	This will focus on converting JCRC scientific innovations into bio-medical solutions and products at an industrial scale to meet demand in the Ugandan and regional market. The government of Uganda is a key stakeholder in this transformative development.	General	Executive Director, Business Development Manager

Management support is guaranteed in the approval of these new frontiers by the Board of Trustees, and in the eventual involvement of top management in ensuring all material and financial input is attained. Respective directorates and responsible persons will lead the development of operational plans to realize their planned new frontiers. Technical support in various areas will be sought by the lead persons to ensure that capacity gaps are closed, and synergies are utilized to achieve the desired goals.

Specific work plans and monitoring tools will be developed with technical support from the monitoring and evaluation office, with the intention of effective and efficient execution of these plans.

Implementation

The next five years are going to be pivotal in the growth of JCRC as a centre of excellence with global impact. To become a formidable player in this changing landscape, JCRC must evolve into a multi-faceted organization offering a **platform** for partnerships in various new fields to evolve and thrive. For this to happen, there is need to have an evolution plan that will enable JCRC achieve this goal. The need to reduce donor dependency requires a new thinking, approach, and business model. Given the current blended approach where research and service (for cost) are offered, it is imperative that the right alignment and structures are in place to take JCRC to the future. The JCRC strategic model is presented below.

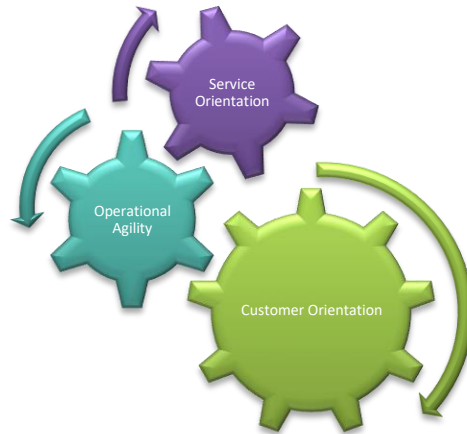


At the end of the five years this strategic plan aims to achieve the following.

1. **Growth:** across the organization is the desire to grow in all variables. All directorates have set out plans that show keenness to ensure that JCRC experiences sustainable growth in financial terms, footprint in the clinical research and care business, innovation, and product offering.
2. **Impact/Outcomes:** JCRC is committed to ensuring that every engagement at every touch point results into positive impact or outcome. This is essential in our service orientation and architecture. Being impact/outcome driven is critical to our approach in everything that we do.
3. **Engaged Staff:** the desire is to ensure that most of our staff are fully engaged and feel that their potential is being realized and achieved. Every member of staff should have access to institutional support to achieve career growth while working with JCRC. JCRC will be positioned as a learning organization and employer-of-choice for talented people keen to grow in their careers.
4. **Committed Partners:** every partnership will result in a beneficial and potentially sustained collaboration and engagement. At the core of our engagement strategy is the need to ensure that our partnerships arrive at their greatest potential and intended results. Committed partners will open other doors to new networks and opportunities for sustained growth.

3.4 Strategic Pillars

In executing this strategic plan, JCRC intends to adopt a new approach that will ensure that there is sustained growth across the organization. These three variables will be at the heart of our operations.



The three variables are in tandem at all the times and form the reference frame for our operations as an organization.

Customer Orientation: our design and development process will be hinged upon understanding and co-creating with our customers/clients. All directorates highlighted customer orientation as an area of focus for the next five years. Working with our customers to understand their need and desire will be the cornerstone of product and service development at JCRC. JCRC will adopt the Human Centred Design (HCD) approach to designing new services/ programs/ products. The HCD approach ensures that the starting point of every design process is the need of a customer or user of the service. The validation with the user ensures that the customer is an active participant in our business operations and not just user.

Operational Agility: JCRC is aware that we are currently operating in an environment that is very competitive and changing very fast. The COVID-19 pandemic has demonstrated how there can be massive shift within a very short-time in all spheres of life. The pandemic has significantly impacted the entire clinical research industry and value chain. Organizations that are thriving during this pandemic are those that have the agility to re-align their operations to take care of the emerging opportunities. JCRC desires to re-position as an agile organization that is responsive to the emerging opportunities. ***Our ability to swiftly repurpose our capability and competence will be one of the anchors that we will depend on to achieve the aspirations of this strategic plan.***

Service Orientation: JCRC is in the business of service to humanity. Aligning our operations to ensure that they have a service orientation is critical to this strategic plan. All directorates have set out plans that ensure there is operational efficiency that will result in reduced turnaround time. Time continues to be a competitive variable that defines organizations that are successful. JCRC will ensure that our service orientation provides a holistic experience that delivers the desired outcomes/impact irrespective of the point of interaction.

3.5 Strategic Drivers

JCRC has demonstrated over the years that it has the capability for continuous growth. However, to achieve the new heights requires that the institution anchor this strategic plan on five core drivers as identified through the strategic plan development process.

These five drivers have been identified as the foundation on which the realization of this strategic plan will be based.

The five drivers are shown below.

1. **People:** investing in the current staff as well as attracting new talent will be a critical driver in the realization of the new strategic plan. All Directorates identified the right people are critical to realizing the goals that have been set.
2. **Processes:** business process optimization is one other critical driver that has been identified by the directorates. The realization that if efficiency gains are to be realized it is important that the processes are well optimized to eliminate wastage is of paramount importance.
3. **Technology:** the need for automation was identified by all directorates. Integration of technology will be a critical driver in the realization of this strategic plan. Technology does provide appropriate leverage for entities to realize process optimization and enable attainment of efficiency gains.
4. **Investments:** across the entire organization is the need of strategic investments that will enable the organization open new frontiers that position JCRC as a prime partner clinic research and care organization in the country and region. These investments have been identified through a collaborative process of developing this strategic plan.
5. **Pivot:** Nearly all directorates have identified new products/services that could be offered off the current offering. Product pivoting enables the organization to realize optimum value out of a given existing product or process. The case in point is the clinic and laboratory offering private clinical care services to the paying clients.

3.6 Underlying Assumptions in the development of 2021/22 - 2025/16 Strategic Plan

The following assumptions motivated the development of this strategic plan;

1. JCRC will attract the required human capital and attain institutional capability and resources to implement research and programs
2. There will be sustainable funding support for HIV/TB programs by development partners like PEPFAR
3. JCRC will continue to attract funding from diversified sources to support new areas of research and programming
4. Uganda will continue to invest in e-health/m-health to facilitate the use of ICT for increased efficiency

3.7 JCRC Strategic Framework 2021/22-2025/26

Table 1: Strategic Framework

Driver	Laboratory	Research	Clinic	Finance & Admin	Training	Resource Mobilization
People	Training in gene therapy procedures	Establish modes of motivation for innovative staff. Train all staff in quality research conduct and management Establish a mentorship framework for junior staff.	Training in critical care Recruiting staff for Dental, Critical Care Unit, & Wellness Unit	Staff training plan Refresher ICT Training	Undertake administrative trainings	Recruiting technical recruitment
Processes	Optimize ESP Technology & establish viral load cut off for HIV drug resistance testing Reduce TAT CAP Accreditation	Strengthen the QA & QC in the internal clinical trial monitoring and regulatory unit. Update existing research policy	Improve client experience Improve pharmacy logistics management Strengthen dental and imaging services	Operationalize the HR Policy & Organizational structure Improve workplace Health & Safety Strengthen Financial Management Processes Establish a risk register Operationalize JCRC ICT Strategy Revamp website Renewal of clearing licence for JCRC	Publish annual catalogue of training programmes Submit 4 training grants Strengthen training collaborations Develop two online courses	Engage corporates for partnerships Technical support for strategic business decisions

				Implement procurement plan		
Technology	Enhance Lab management system	Improve and expand & maintain the data archiving system	Client Management systems Pharmacy stock management system	Operationalize Navision for HR Automate finance processes Knowledge Management systems Automate vehicle requisition process	Electronic training administrative processes enabled by ICT	
Investment	Antigen based ELISA diagnostic kits Dry Ice, Liquid Nitrogen & Oxygen Production Set up a biorepository and databank		Establish a critical care unit Establish a wellness program	Software licences Development of data warehouse system Procure time and attendance facility	Upgrade furniture and fittings in the training room	Manage JCRC's brand and business relationship
Pivoting	Biomedical industrialization, production of Dry Ice, Liquid Nitrogen & Oxygen	Non-HIV Research, Gene Therapy	Pharmacokinetic studies		UWO Collaboration for Continental hub	Investment platform for sustainability

3.8 Key Success Factors

For successful implementation of the JCRC strategic framework, attention will be paid to the following factors:

Strong top leadership: The leadership will keep JCRC in the top tier of the industry through business agility supported by latest industry knowledge, high-value networks, current technology, and constant innovation. Top leadership will also facilitate organization-wide commitment to this strategic plan by enforcing alignment of all operational plans and budgets to this strategic plan.

Competent and committed staff that is well motivated: most of the activities in this strategic plan will be directly implemented by JCRC staff at different levels of the organisation. Therefore, JCRC shall develop consistent and sustainable motivation strategies that keep staff morale high. This also involves being able to attract and retain competent staff that identify with JCRC values and corporate identity.

Prudent financial management: successful implementation of this plan is contingent upon being able to acquire sufficient financial and other resources. This is also coupled with being able to put in place more efficient mechanisms for effective resource allocation, utilisation, and accountability.

Organisational efficiency and coordination: Process efficiency will be key to smoother, faster, and cost-effective approaches to achieve the aspirations of this strategic plan. Various digital solutions and management information systems will be upgraded or adopted, and these platforms will require integration and administration. As such JCRC will utilize the best skills within the organization to achieve effective coordination and management intended to achieve results in the most efficient way. JCRC will also identify potential for growth among leadership ranks to maintain a crop of knowledgeable and intelligent decision-makers.

Strategic partnerships: JCRC by nature of her operations does not work in isolation. Hence, her success is dependent on being able to identify, pursue and harness partnerships, nationally and internationally, that are critical to the pursuit of her vision and mission.

Visibility and Competitiveness: JCRC competes with various organisations offering similar services as seen above. JCRC's success will therefore depend to a large extent on her visibility and excellence of service delivery (in both design and execution). JCRC therefore needs to Leverage ICT most especially the emerging technologies under the 4IR. These are drastically changing healthcare delivery across the world. The use of new media as a marketing channel will increase her visibility and competitiveness in provision of especially, Laboratory, clinical, research and training services.

4.0 Key Strategic Considerations

In the process of developing this strategic plan there were critical potentially game-changing ideas that emerged but could not get accommodated in any specific directorate. These critical game-changers are key to the realization of this strategic plan goals and aspirations. The following require consideration by the decision makers.

- 1. JCRC Enterprise:** Various new frontiers with commercial potential have been proposed in this strategic plan. The outstanding ground-breaking ideas proposed herein are Gene Therapy and Biomedical Industrialization. For the new frontiers to achieve their commercial potential, it is important that appropriate adjustments are made to organizational structures to take on a business paradigm. While services will continue under programs or private clientele, the business positioning will ensure effective achievement of return on investment. JCRC enterprise therefore refers to the business/commercial arm which will also address the investment interests of the organization. The decisions and processes regarding this position will be guided by the Board.
- 2. Establish Business Development Directorate:** as an interim intervention elevating the current Resource Mobilization and Business Development function into a Directorate would give the business function the clout and authority to provide appropriate leadership in this role. The rationale is that there already ongoing business initiatives that require significant business development support if JCRC is to realize full potential from the ongoing initiatives. Critical in this directorate will be the marketing and communication function.
- 3. Improved Training Function:** There are bold new aspirations proposed under training in this strategic cycle, including digitization and systemization of administrative processes, expanded programs and courses, utilization of ICT tools and solutions to support interactive learning and assessment, as well as the bold new research and training collaboration with Western University Canada that will lead to a continental hub of vibrant exchange. Management will provide guidance on pursuing the establishment of a training institute. The volume and quality of training is expected to increase in this strategic cycle, and appropriate planning, restructuring and support will be required.

It is envisaged that if these are given due consideration, they will contribute significantly to the internal reorganization to effectively achieve the aspirations of this this strategic plan.

5.0 IMPLEMENTATION PLAN

The implementation of this strategic plan is going to require an appropriate execution strategy that will be reviewed on a quarterly basis. The mandate of overseeing the execution of this strategic plan will be in the office of the Executive Director to give this plan the required administrative support. Additionally, the following will be essential in ensuring that the strategic plan attains its desired aspirations.

1. **Institutional Implementation Structure:** an institutional implementation structure will be put in place to oversee the execution of this strategic plan. The structure will comprise of different directorates to ensure that there is appropriate representation while key decisions are taken. Critical in this structure will be the Monitoring and Evaluation and Finance and Administration functions.
2. **Alignment of Roles and Responsibilities:** this strategic plan makes structural proposals that will require alignment of roles and responsibilities where possible. To attain the desired outcomes from this strategic plan the Human Resources department should undertake a human resource audit to ascertain capacity gaps and at the same time align the roles with accompanying responsibilities.
3. **Fostering Strategic Relationships with MDAs & Development Partners:** the successful implementation of this strategic plan will largely depend on how well we invest in managing the strategic relationships with key government Ministries, Departments and Agencies as well as development partners. This is going to require strategic investment in terms of structure, coordination, and collaboration. There will be need for appropriate strategic alignment with some of the partners to ensure that there is strategic fit on both ends.

5.1 Strategic Plan Financing Strategy

The financing strategy for this strategic plan is going to be multi-pronged given the nature of activities that will be implemented. Over the last year program financing has significantly grown and has the potential to continue growing. It is important that an appropriate financing model is established to ensure that there is sustained growth. The current structure of having about 56% of the budget financed through research work and about 30% come through the programs funding ought to be recalibrated putting into consideration the revenue stream that provides return on investment. With the desire to grow the enterprise side of JCRC it is important to target growing this revenue stream from 9.5% to about 20% over the next five years. That ensures that there is a level of freedom and flexibility to invest in what is most attractive. JCRC needs to actively grow her footprint on contract research. This currently does not stand out in our reporting, but we should aim to grow this to about 10% of all income earned. This implies that research and program financing will be at 35% each.

6.0 RESULTS FRAMEWORK

The results framework presents the high-level outcomes that the strategic plan should deliver over the 5-year Period. These high-level results form the basis upon which top management and the Board of JCRC can be able to track the strategic direction.

Table 11 below indicates the strategic results to be achieved as well as how they can be measured:

Table 2: Results Framework

Hierarchy of Objectives	Expected Results	Means of Verification (MoV)	Assumptions
Vision (overall Goal): A vibrant self-sustaining Centre of Excellence in Medical Research, Training and Health Care Services	<ul style="list-style-type: none"> Increased research publications JCRC medical services scaled up Strengthening short term Training program 	<ul style="list-style-type: none"> JCRC Annual Reports MoH Annual Reports 	Provided the political and operating environment remains stable and conducive
Mission (purpose): To conduct quality medical research, training and to provide equitable sustainable HIV/AIDS care and other health care services in Uganda and internationally	<ul style="list-style-type: none"> Increased number of research conducted (locally generated and collaborative) Scale up of HIV & AIDS services Increased provision of private medical services Increased scope of JCRC training courses and programmes 	<ul style="list-style-type: none"> JCRC Annual reports 	
Strategic outcomes:			
1.0. To strengthen local research capacity for evidence-based policy-making and affordable health solutions	<ul style="list-style-type: none"> Increased number of research projects (locally generated and collaborative) being conducted at JCRC Increased number of research publications being disseminated by JCRC 	<ul style="list-style-type: none"> JCRC Monthly, Quarterly & Annual Reports Medical Research Journals and magazines Conference publications/proceedings 	<ul style="list-style-type: none"> Research partners remain willing and committed to partnering with JCRC
2.0. To provide efficient, responsive and client centred clinical services	<ul style="list-style-type: none"> Increased scope of clinical services including private care provided by JCRC Increased utilisation of clinical data for research and service improvement 	<ul style="list-style-type: none"> JCRC Clinic Monthly, Quarterly & Annual Reports Health Sector Reports 	<ul style="list-style-type: none"> MOH and other partner continue working with JCRC in the provision of clinical services
3.0 To develop the laboratory's	<ul style="list-style-type: none"> Increased scope of lab services provided by 	<ul style="list-style-type: none"> JCRC Lab Monthly, 	<ul style="list-style-type: none"> Willingness of

Hierarchy of Objectives	Expected Results	Means of Verification (MoV)	Assumptions
capacity for diagnostics, systems strengthening and product development	JCRC include research and Private services <ul style="list-style-type: none"> • Increased utilisation of lab data for research and service improvement • Improved quality of lab services 	Quarterly & Annual Reports <ul style="list-style-type: none"> • National Health Laboratory Services Report • Accreditation Certificates 	stakeholders to utilise JCRC lab infrastructure
4.0 To facilitate capacity building of human resources for responding to current and emerging health needs	<ul style="list-style-type: none"> • Increased scope of JCRC training courses and programmes • JCRC programmes accredited by national agencies • Strengthening short term Training program 	<ul style="list-style-type: none"> • JCRC Training Unit Monthly, Quarterly & Annual Report • Accredited programmes 	<ul style="list-style-type: none"> • Willingness of stakeholders to send trainees to JCRC
5.0 To strengthen operational and management systems for effective and efficient service delivery	<ul style="list-style-type: none"> • Functional well aligned organization structure • Efficient ICT systems • Productive and motivated human resources • Improved communication flow across JCRC • Efficient and effective decision making at JCRC • Efficient supply chain management systems • Functional business continuity systems at JCRC 	<ul style="list-style-type: none"> • JCRC Reports 	<ul style="list-style-type: none"> • A conducive internal environment that favours transformation- adapts and adopts change
6.0 To generate JCRC owned resources for investment	<ul style="list-style-type: none"> • Sufficient Funds generated from multiple sources (internally and externally) • Balanced budget 	<ul style="list-style-type: none"> • JCRC Monthly, Quarterly & Annual Financial Reports 	<ul style="list-style-type: none"> • Willingness and commitment of partners to provide funding opportunities to JCRC

7.0 Monitoring and Evaluation of the Strategic Plan

7.1 Introduction

A monitoring and evaluation system is required to measure and evaluate the level of implementation, performance, achievement of the results that a strategic plans bring to organisations. The M&E framework facilitates early detection of problems and reduces the likelihood of failure during implementation. M&E also, explains why a strategy is or is not working, and suggests corrective strategies.

Good planning combined with effective M&E plays a critical role in improving the effectiveness and efficiency of organizations. Good planning helps organisation develop meaningful results, while strong M&E helps organizations learn from past successes and challenges and inform decision making so that current and future initiatives are better able to improve performance of organizations. An annual M&E budget shall be developed to enable the implementation of M&E activities such as; Routine Data Quality audits, M&E Capacity development, performance review meetings, (dept and directorate levels), printing of Performance Reports, Field support supervision visits. This section describes how monitoring, evaluation, and reporting will be conducted by JCRC during implementation of this strategic plan.

7.2 Linking M&E and Annual Performance

The Strategic Plan M&E framework provides a basis to directorates for taking ownership of the implementation process for achievement of results. Each directorate will develop annual work plans and operational manuals that are aligned to this strategic plan. The departments shall use directorate targets to develop their targets, which in turn will form the basis for setting performance targets for each individual staff. The performance of section, department, project will be monitored continuously and evaluated at the end of every year against annual targets. All key stakeholders will support the system by timely providing all data to enable comprehensive reporting on the performance of JCRC.

7.3 Monitoring

Monitoring will be an ongoing activity by all JCRC staff to track the use of inputs and production of outputs, and to some degree also track intermediate outcomes. Through monitoring, use of resources will be tracked by implementing departments, which at times will necessitate revision of work plans. Monitoring of the JCRC strategic plan will be the responsibility of heads of department coordinated the M&E department. The M&E department will provide technical support, facilitate capacity building in M&E, coordinate the collection of data, analysis and reporting. Performance review meetings will be held every quarter with staff and HODs and with Directors and Managers to review progress

Monitoring is instrumental and must be clearly separated from evaluations. Monitoring will be conducted quarterly to provide opportunities to assess progress of operations towards achievement of outputs and outcomes which exercise will be spearheaded by the M&E department and reported to the Board. Information from monitoring reports will inform improvements or improve plans and feeds into the design and implementation of evaluation. Some key questions that we seek to answer while monitoring include the following:

- Are the pre-identified outputs being produced as planned and efficiently?
- What are the issues, risks, and challenges that we face or foresee that need to be considered to ensure the achievement of results?
- What decisions need to be made concerning changes to the already planned work in subsequent stages?
- Will the planned and delivered outputs continue to be relevant for the achievement of the envisioned outcomes?
- Are the outcomes we envisaged remaining relevant and effective for achieving the overall Centre priorities, goals, and impacts?
- What are we learning?

7.4. Reporting

Each RCE, grant Project, departments will produce Monitoring reports every quarter that will be compiled at Directorate level and submitted to senior management for review and submission to the Board. The M&E department of JCRC will be responsible and shall lead the collection and compilation of the institutional quarterly, bi-annual and annual reports. To enhance the performance of the board, the board secretariat will develop a work-plan that specifies key undertakings of the board on an annual basis. The board key undertakings will include statutory meetings, special meetings, selected activity monitoring, and joint engagements with technical staff. At all levels, there will be a narrative strategic plan implementation report plus a summary table that will be developed and filled once every six months. Contents of the narrative report will include, but not to be limited to:

- a) The approved plan objectives and their target indicators at the relevant levels.
- b) Achievements in terms of targets, the deviations in the planned targets and activities.
- c) Constraints in the implementation of the Strategic Plan and any internal and external factors which have affected implementation.
- d) Proposed remedial actions and the proposals for solving the problems faced clearly indicating the planned activities to be carried out in the next period (six months and one year depending on the nature of the report).

There will be two Bi-annual reports per year, one covering the period July to December and the other from January through June. When reporting on implementation of the January through June report, HoDs will report the achievements and constraints of the whole year. Thus, the report ending December will be composed of the six-month report. The following table is proposed to guide reporting on the progress of the implementation of the strategic plan on a quarterly basis

Table 3: Progress implementation report of the Five-Year Strategic Plan.

Strategic objectives	Strategic actions	Planned activities	Targets	Achievements			Planned remedial action
				Performed activities	Targets achieved	Reasons for Deviation	

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I	RESEARCH DIRECTORATE	OUTCOME	INDICATOR	Baseline (2021)	Target (21-25)	Source	Frequency	Responsible
GOAL 1	To strengthen local research capacity for evidence-based policy-making and affordable health solutions							
SD 1.1	To increase the Volume of research in JCRC	Increased volume of research in JCRC	No. of new studies started in JCRC per year	12	40	Direct. Report	Quarterly	Director Research
		Growth in revenue from Research	Amount of revenue generated by Research per year	48	88	Direct. Report	Quarterly	Director Research
		JCRC research portfolio diversified	No. of new non-HIV research won by JCRC per year	3	10	Direct. Report	Quarterly	Director Research
SD 1.2	To improve the Quality of JCRC research	Increased research collaborations with JCRC	No. of new research collaborations signed per year	5	20	Direct. Report	Quarterly	Director Research
		Improved regulatory compliance/performance	% of studies with major/critical deviations/violations	7%	2%	Direct. Report	Quarterly	Director Research
		Increased use of JCRC research findings (for policy & practice)	No. of research whose findings adopted to policy/practice	0	5	Direct. Report	Quarterly	Director Research
SD 1.3	To Strengthen Dissemination of research findings	Contribute to body of scientific evidence and knowledge	No. of research products produced per year by JCRC	15	50	Direct. Report	Quarterly	Director Research
		Public becomes more aware of JCRC, its research capability	% of public aware about JCRC research	25%	40%	Direct. Report	Quarterly	Director Research
2	CLINICAL SERVICES DIRECTORATE							
GOAL 2	To provide efficient, responsive client-centered clinical services							
SD 2.1	To improve client management systems for better care experience	Improved efficiency of clinics/ <u>depts</u> , under the directorate	% of clinics that attain their average Patient waiting time	50%	95%	Direct. Report	Quarterly	Director Clinic
		Increased client satisfaction with services provision	% of clients satisfied with service delivery of clinics	65%	95%	Survey report	Biannually	Director Clinic
		Growth in number of clients accessing clinical services	No. of individuals accessing specialized clinical services	5,700	10,000	Direct. Report	Quarterly	Director Clinic
SD 2.2	To strengthen and expand capacity of specialized clinics and Pharmacy	Wider range of specialized services provided by JCRC	No. of specialized clinical services provided at JCRC	11	20	Direct. Report	Quarterly	Director Clinic
		Improved delivery of quality clinical services	Average Treatment success rate for select conditions	75%	95%	Direct. Report	Quarterly	Director Clinic
		Increased attainment of national epidemic control targets	% of select national epidemic targets achieved	89%	98%	Direct. Report	Quarterly	Director Clinic
		Increased revenue generated by the clinical directorate	Amount of revenue generated by the clinical directorate	1.5B	3B	Direct. Report	Quarterly	Director Clinic
SD 2.3	To establish a Critical Care unit, Pharmacokinetic unit, and Wellness Program	Increased accessed of clients to new frontier services	No. of individuals accessing new frontier services per year	0	1,000	Direct. Report	Quarterly	Director Clinic
		Increased revenue generated by new frontier services	Amount of revenue generated by new frontier services	0	1B	Direct. Report	Quarterly	Director Clinic
		New research that make use of new frontier services won	No. of research utilizing new frontier services won per year	0	5	Direct. Report	Quarterly	Director Clinic
SD 2.4	To establish holistic capacity for Gene Therapy	Increased accessed to Gene Cell Therapy services	No. of individuals accessing Gene Cell Therapy per year	0	20	Direct. Report	Quarterly	Director Clinic
		Growth in revenue generated by Gene Cell Therapy Unit	Total revenue generated by Gene Cell Unit per year	0	1.5B	Direct. Report	Quarterly	Director Clinic
		Collaborations and partnerships in Gene Therapy enhanced	No. of new collaborations with GNT partners started per year	1	2	Direct. Report	Quarterly	Director Clinic
3	LABORATORY DIRECTORATE							
GOAL 3	To develop the lab's capacity for diagnostics, systems strengthening, product development							
SD 3.1	To strengthen lab infrastructure & human resource capacity for biomedical product <u>depts</u> , towards industrialization	Development of numerous biomedical product(s)	No. of Biomedical product(s) developed	0	3	Direct. Report	Quarterly	Lab Director
		Industrialization of some biomedical products	No. of Biomedical products industrialized	0	3	Direct. Report	Quarterly	Lab Director
		Increased revenues from sale of biomedical product	Annual revenue generated from biomedical product	0	1B	Direct. Report	Quarterly	Lab Director
		Increased collaborations with strategic partners	No. of collaborations with strategic partners established	3	8	Direct. Report	Quarterly	Lab Director
SD 3.2	To strengthen Laboratory capacity for research	Origination of numerous laboratory-based research	No. Laboratory-based research originated by JCRC staff	0	4	Direct. Report	Quarterly	Lab Director
		Laboratory data utilized to conduct lab-based research	No. of publications produced from JCRC Lab-based research	1	5	Direct. Report	Quarterly	Lab Director
			No. of research conducted using existing JCRC Lab data	1	4	Direct. Report	Quarterly	Lab Director
		Lab-based Research grants applied for	No. of lab-based research grants applied for	0	4	Direct. Report	Quarterly	Lab Director
		Increased participation of Lab Directorate in grants writing	No. of grants written with participation of lab personnel	1	3	Direct. Report	Quarterly	Lab Director
SD 3.3	To support the public sector health lab to improve and monitor sustainable quality lab services in Uganda through JCRC CAP Accredited labs	Improved Lab Quality services (thru Certification, Accreditation)	No. of Accredited public sector Laboratories	29	90	Direct. Report	Quarterly	Lab Director
		Serviced well-maintained public-sector Laboratories equipment	No. of biomedical engineers trained	4	15	Direct. Report	Quarterly	Lab Director
		Improved Bio-risk management system in public health facilities	No. of TOTs and Auditors trained in Laboratory Bio-risk <u>mgmt</u>	5	30	Direct. Report	Quarterly	Lab Director
		Improved NHLOS supply chain and logistics management	No of laboratories enrolled on the national QA dashboard LIMS	33	90	Direct. Report	Quarterly	Lab Director
SD 3.4	To improve & maintain quality and operational efficiency in all JCRC laboratories	International Accreditation from bodies acquired & maintained	No. of Accreditation certificates acquired	1	3	Direct. Reports	Quarterly	Lab Director
		Collaboration and partnership opportunities increased	No. of collaborative research, grants and projects	10	50	Direct Report	Quarterly	Director Clinic
		Improved quality of laboratory service delivery	% of lab clients satisfied with laboratory service delivery	90%	>95%	Direct Report	Quarterly	Director Clinic
		Reduced laboratory losses	Reduced annual loss rate	5%	< 3%	Direct Report	Quarterly	Director Clinic

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4 PROGRAMS DIRECTORATE								
GOAL 4 To lead development, coordinate & support delivery of diversified health programs to match the changing local and global health priorities								
SD 4.1	Diversify JCRC Program portfolio to delivery of non-HIV health programs	Growth in non-HIV/TB programs implemented by JCRC	No. of Non-HIV/TB proposals submitted by JCRC per year	0	20	Direct Report	Quarterly	Programs Director
		Increase in revenue from non-HIV/TB programs	Amount of income raised per year from non-HIV/TB programs	0	28	Direct Report	Quarterly	Programs Director
		Increase in visibility of JCRC in Non-HIV/TB service delivery/programs	No. of new partnerships in Non-HIV/TB area by JCRC per year	5	10	Direct Report	Quarterly	Programs Director
SD 4.2	Strengthen Institutional, national capacities, responses to Emerging Global Health	Health facility staff equipped with knowledge in Emerging Global Health	No. of health facilities trained in Emerging Global Health per year	0	10	Direct Report	Quarterly	Programs Director
		Increase collaborations of JCRC with partners in emerging Global Health	No. of new collaborations on emerging Global Health signed per year	0	2	Direct Report	Quarterly	Programs Director
		Increase response of JCRC to emerging global health	No. of emerging global health initiatives JCRC engaging in per year	0	2	Direct Report	Quarterly	Programs Director
SD 4.3	Strengthen capacities of public, private health facilities in advanced HIV care	Increase collaboration of JCRC with public/private health facilities	No. of health facilities engaged by JCRC in HIV advanced care avg	0	10	Direct Report	Quarterly	Programs Director
		Health facility staff equipped with knowledge & skill advanced HIV care	No. of health facilities trained in advanced HIV care per year	0	5	Direct Report	Quarterly	Programs Director
		Better management and referral of 3 rd line patients by health facilities	No. of advanced HIV care patients referred from other health facilities	89	500	Direct Report	Quarterly	Programs Director
SD 4.4	Strengthen capacities of public and private health facilities in Big Data Analytics	Increase collaboration of JCRC with health facilities in Big Data Analytics	No. of Big Data Analytic initiatives JCRC is engaged in per year	0	10	Direct Report	Quarterly	Programs Director
		Increase use of Big Data Analytics by public/private health facilities	No. of health facilities reporting use of Big Data Analytics per year	0	10	Direct Report	Quarterly	Programs Director
		Health facility staff equipped with knowledge & skill in Big Data Analytics	No. of health facilities trained in Big Data Analytics per year	0	10	Direct Report	Quarterly	Programs Director
SD 4.6	Strengthen the Institutional Monitoring, Evaluation, Accountability & Learning System.	Enhance institutional performance and delivery of quality results	% of JCRC directorates achieving their quarterly performance targets	10%	98%	Direct Report	Quarterly	Programs Director
		Improve reporting and accountability (Board, shareholders, donors)	No. of institution performance reports produced per year	3	6	Direct Report	Quarterly	Programs Director
		Staff capacities in MGE, monitoring and documentation strengthened	% of JCRC directorates/RCEs submitting quarterly reports in time	20%	100%	Direct Reports	Quarterly	Programs Director
6 TRAINING								
GOAL 6 To facilitate capacity building of human resources for responding to current and emerging health needs								
SD 6.1	To expand the Training programs offered at JCRC.	Increase accessed to trainings conducted by JCRC	No. of individuals trained by JCRC (avg Training Institute)	2,500	6,000	Direct Report	Quarterly	Director Training
		Increase in trainings conducted in JCRC Training Institute	No. of trainings conducted in JCRC Training Institute	300	600	Direct Report	Quarterly	Director Training
		Increase in revenue generated by the JCRC Training Institute	Amount of revenue generated by JCRC Training Institute	50M	300M	Direct Report	Quarterly	Director Training
SD 6.2	To Operate a Regional Training hub at JCRC	Increase enrollment of learners for other EA nations	No. of foreign students enrolling into JCRC training	3	50	Direct Report	Quarterly	Director Training
		Increase external institutions collaborating with JCRC	No. of external training institutes collaborating with JCRC	1	20	Direct Report	Quarterly	Director Training
		Variety of external training resources, materials, accessed	Variety of external trainings resources accessed	0	30	Direct Report	Quarterly	Director Training
SD 6.3	To strengthen management systems & infrastructure of training Institute	Improve efficiency and performance of the institute	% of annual performance targets achieved.	0	95%	Direct Report	Quarterly	Director Training
		Improve quality of trainings conducted by the Institute	Turn-Around Time of key functions of Training Institute	0	90%	Direct Report	Quarterly	Director Training
		Stakeholders satisfied with JCRC training program	% of Stakeholders satisfied with JCRC training program	0	95%	Direct Report	Quarterly	Director Training
SD 6.4	To increase visibility of JCRC training programs	Public becomes more aware about JCRC training programs	% of respondents aware about JCRC training institute	10%	80%	Direct Report	Quarterly	Director Training
		Growth in local Institutions collaborating with JCRC	No. of local training institutes collaborating with JCRC per year	1	5	Direct Report	Quarterly	Director Training
6 FINANCE & ADMINISTRATION								
GOAL 6 To strengthen operational and management systems for effective and efficient service delivery								
SD 6.1	To strengthen Financial Management Processes	Quality financial information produced (for accountability)	% of financial reports that meet set quality standard	80%	100%	Direct Report	Quarterly	Director Finance
		Standardized/Harmonized financial avg system put in place	% of stand-alone financial systems integrated to JCRC system	0%	100%	Direct Report	Quarterly	Director Finance
		Improve cost-allocation and budget management.	% of Institutional expenses that are linked to income source	95%	100%	Direct Report	Quarterly	Director Finance
		Increase participation of finance in JCRC resource mobilization.	% of resource mobilization initiatives finance participated in.	85%	100%	Direct Report	Quarterly	Director Finance
SD 6.2	To strengthen capacities of JCRC Human Resource	Improve Institutional performance	% of JCRC Strategic Plan Annual Targets achieved	85%	100%	Direct Report	Quarterly	Director Finance
		Increase Staff productivity	Average Staff Appraisal ratings	3.3	3.7	Direct Report	Quarterly	Director Finance
		Increase competency of JCRC staff (knowledge and skill)	% of staff who attain >70% in annual competency assessment	40%	95%	Direct Report	Quarterly	Director Finance
SD 6.3	To strengthen Institutional ICT capacities, support systems and functions	Improve process flow of information	% of key processes of depts including reporting automated	10%	60%	Direct Report	Quarterly	Director Finance
		Improve Institutional data management (capture, archive)	% of digital data tools developed	5%	80%	Direct Report	Quarterly	Director Finance
		Improve efficiencies of departments of the directorate	Average Turn Around Time of key processes in each dept .	(-/-) 5	0	Direct Report	Quarterly	Director Finance
		Cost-savings attained due to use of developed ICT applications	No. of ICT solutions that demonstrate cost-saving developed	0	5	Direct Report	Quarterly	Director Finance
SD 6.4	To develop capacity for Knowledge Management and Data warehousing	Increase production of knowledge management products	No. of Knowledge management products produced per year	3	10	Direct Report	Quarterly	Director Finance
		Improve archiving of Institutional Data and Information	Fully established Institutional warehousing operational	0	1	Direct Report	Quarterly	Director Finance
		Increase Visibility of JCRC	% of Survey respondents knowledgeable about JCRC	40%	90%	Direct Report	Quarterly	Director Finance
SD 6.5	To strengthen quality assurance processes of the directorate	Identification and Mitigation of risks at department level	% of total risks identified in the departments mitigated	65%	90%	Direct Report	Quarterly	Director Finance
		Quality service delivery by all departments of the directorate	% of depts meeting standards for Quality Service delivery	65%	95%	Direct Report	Quarterly	Director Finance
SD 6.6	To strengthen institutional logistics and infrastructure support functions	Client satisfaction attained efficient and effective service delivery	% of Clients satisfied with delivery of services by JCRC	60%	95%	Direct Report	Quarterly	Director Finance
		Value-for-Money Transactions in all operations of the Institute	% of annual transaction that attain value for money	60%	100%	Direct Report	Quarterly	Director Finance

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7 RESOURCE MOBILIZATION DIRECTORATE								
GOAL 7 To generate JCRC owned resources for investment								
SD 7.1	To establish and operate JCRC investment platform	JCRC investments established	No. of JCRC investments established per year	0	1	Direct Report	Quarterly	Director Finance
		Revenue generated from/by JCRC investments	Amount of Revenue generated by JCRC investments per year	0	500M	Direct Report	Quarterly	Director Finance
		Investment Partnerships established with corporate companies	No. of established investment partnerships with companies per year	0	2	Direct Report	Quarterly	Director Finance
SD 7.2	To increase visibility of JCRC Brand	Increased visibility of the JCRC brand	No. of public awareness campaigns conducted per year	0	2	Direct Report	Quarterly	Director Finance
		Increased knowledge and awareness of the public about JCRC	% of public knowledgeable about JCRC brand	20%	95%	Direct Report	Quarterly	Director Finance
		Growth in business opportunities, partnerships and clientele	No. of new business clientele signed up JCRC per year	5	10	Direct Report	Quarterly	Director Finance
SD 7.3	To scale-up corporate collaborations & lobby with government	Increased support from corporates to JCRC health Initiatives	No. of Gene therapy patients supported by Corporate per year	0	10	Direct Report	Quarterly	Director Finance
		Increased support from government to JCRC health Initiatives	Monetary value of support received from government per year	250M	2B	Direct Report	Quarterly	Director Finance
		Increased partnership with corporates and government units	No. of engagements with corporates/government units per year	15	120	Direct Report	Quarterly	Director Finance
SD 7.4	Strengthen development implementation of JCRC business Strategy	Mutually benefiting quality partnerships signed with strategic Partners	% of MoU developed with input of the Business development unit	30%	100%	Direct Report	Quarterly	Director Finance
						Direct Report	Quarterly	Director Finance
						Direct Report	Quarterly	Director Finance

7.5 Evaluation

Monitoring, evaluation at JCRC is an integral part of program management and a critical management tool. Evaluation complements monitoring by providing independent and in-depth assessment of what worked and what did not work, and why this was the case. It is mandatory that all initiatives at JCRC are evaluated. This is intended to provide feedback that can be used to improve programming, policy, and strategy and to capture the unintended results and consequences of a research and development initiatives.

JCRC will hire external evaluators to evaluate undertakings that are implemented to determine the achieve the expected results . The external evaluators will be consultants having the expertise to design and establish evaluation tools that are used to monitor all aspects of the activities outlined for the implementation of the entire strategic plan. As such, there will be two types of evaluation of the Strategic Plan implementation process: once every two and a half years and another one at the end of the five years using external evaluation teams. The mid-term and terminal evaluations will have similar ToRs and will focus on:

- a) Assessing the reasons for success or failure of specific aspects of the Strategic Plan
- b) Assessing whether the Plan is achieving its objectives and targets
- c) Assessing the adequacy of resources mobilized to implement the Strategic Plan.

The evaluation process will also consider the collaboration between the evaluators and stakeholders to strengthen the capacity of JCRC to ensure credibility and transparency in the implementation of activities of the plan. By doing this, individuals in the evaluation process will continue to be empowered for the logical conclusion of the implementation of the activities.

8.0 Cost Projections (High-level)

During the preparation of this five-year cost projection, various assumptions were made as follows.

1. The financing strategy as explained in section 5.1 of the current strategic plan shall be realized and therefore JCRC would be able to realize the required funding to finance this 5-year strategic plan.
2. The rate of growth of research studies per year shall continue to grow by at least 8 new research studies per year to be implemented together with the ongoing research protocols.
3. The current field office operations in Lango and Kigezi transition activity shall continue to be financed by USAID /PEPFAR for the next 4 years.
4. Significant reductions in annual budgets may be experienced at the end of PEPFAR funding i.e., year 4 and 5.
5. JCRC has assumed it will continue to attract and maintain the support of several donors to its programs. Its sustainability strategies rely on the diversification of the funding base so that more donors are attracted into its fold.
6. Financial Sustainability Resources will be mobilized through engaging more development partners and strengthening internal revenue generation. Cost containment strategies and risk management interventions will be developed to sustain the organization.
7. Government shall continue to finance research, innovation, and product development.
8. The five (5) year strategic finance projections have been done with the first year 2021-2022 Annual budget as per its base line.

9. To achieve the anticipated efficiencies and continued growth in the next five years, it will be more than inevitable and necessary to invest in innovation and new technologies.
10. We have projected the Operational costs will grow at a rate of 10% throughout the five-year projected period.
11. Governance and Management costs have been projected to grow at a rate of 10% over the five years to care for inflation changes.
12. Personnel costs – These will be anticipated to change by 15% due to the expected change in number and the cost-of-living adjustments.
13. All budgets under each of the six (6) Strategic Plan have been budgeted with a 15% projected growth every after a year.
14. We do anticipate a heavy capital expenditure investment in Year 1- This is aligned to the start of PEPFAR /USAID new funding. Over the period of subsequent 4 years – Yr. 2-4. Investment in capital expenditure shall run and grow with a 0.8% growth. We do not expect to invest in the last year of the plan since this will be a year for planning for the net strategic plan.

Below is the five (5) year Strategic Financial Projections for the period 2021-2026.

PROJECTED EXPENDITURE LINES	Period Costs in UGX (000,000)					Total Projected
	21/22	22/23	23/24	24/25	25/26	
Office Operational Costs	7,102	7,813	8,594	9,453	10,399	43,361
Governance And Management	206	227	249	274	302	1,258
Personnel Costs	18,546	21,328	24,527	28,206	32,437	125,044
STRATEGIC GOALS (See section 3.4)						
Goal 1: Research	16,000	18,400	21,160	24,334	27,984	107,878
Goal 2: Clinical Services	1,198	1,378	1,585	1,823	2,096	8,080
Goal 3: Laboratory Services	2,047	2,354	2,707	3,114	3,581	13,803
Goal 4: Training	289	376	489	635	826	2,615
Goal 5: Resource Mobilization	70	81	93	106	122	472
Goal 6: Finance and Administration	1,118	1,286	1,478	1,700	1,955	7,537
Capital Expenditure	2,396	1,917	1,533	1,227		7,073
TOTAL PROJECTED EXPENDITURE	48,972	55,160	62,415	70,872	79,702	317,121