

Securing the future

IFAKARA HEALTH INSTITUTE STRATEGY 2013–18



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Acronyms

BOT	Board of trustees
FBIS	Facility-based information system
CKO	Chief knowledge officer
CHRO	Chief human resources officer
COO	Chief operations officer
ConRO	Contract research organisation
CRO	Chief research officer
CSS	Clinical surveillance system
EHES	Environmental health and ecological sciences
FBIS	Facility based information system
HDSS	Health and demographic surveillance system
HIV	Human immunodeficiency virus
HMIS	Health management information system
HSS	Health system strengthening
IHI	Ifakara Health Institute
IRB	Internal review board
IRIS	Immune reconstitution inflammatory syndrome
IT	Information technology
ITN	Insecticide treated net
LLIN	Long-lasting insecticide-treated net
MMAM	(Sw.) Primary health services development plan
MDG	Millennium development goal
P4P	Pay for performance
PCR	Polymerase chain reaction
QA	Quality assurance
PMTCT	Prevention of mother-to-child transmission
SAVVY	Sample vital registration with verbal autopsy
SPD	Sentinel panel of districts
TB	Tuberculosis
TG	Thematic group
TGL	Thematic group leader

Executive Summary

This new strategy stays true to IHI's fundamental vision, mission and values. By the end of the period, IHI will become a world-class research institute, producing work of consistent quality, relevance and public health impact. In selected areas of study, we aspire to global research leadership.

The subtitle "*Securing the Future*" reflects our determination to raise our international stature and to establish long-term financial viability. The latter will require a range of actions, including: overhauling project pricing; improved financial monitoring and accountability; strategic fund-raising for investment, and greater efficiency of support operations.

The new strategy is arranged under six headlines:

- **Research:** Improve research relevance, quality, productivity and impact through structural and procedural changes in research management, governance and scientific capacity.
- **Operations:** Streamline support operations to make them more responsive, efficient and effective.
- **Renewal:** Strategic human resource management to build up scientific, technical and managerial capability for the long-term and strengthen personnel administration.
- **Knowledge:** Enhance data management systems, improve analytic capability, strengthen knowledge management and emphasise knowledge translation and communication.
- **Governance:** Establish Board-level sub-committees for Finance, Science, Human Resources and Knowledge and attract additional board members.
- **Sustainability:** Manage the pace of growth; mobilize substantial funding for institutional investment and establish strategic partnerships.

Our research agenda for 2013-18 will be organized into six thematic groups. Four of these are carried forward from the previous strategy. Two new thematic groups [Impact Evaluation and Policy Translation & Delivery] respond respectively to a growing demand to measure the program progress and impact, and to catalyse the uptake of new knowledge and approaches. To avoid competition with other national research institutions, IHI will either collaborate jointly with them or identify separate niches. All thematic groups will forge strategic partnerships to help build IHI's capability.

Every thematic group will re-shape its project portfolio and priorities, guided by:

- national and international research priorities,
- scientific developments and opportunities,
- potential public health impact in Tanzania and beyond,
- IHI's comparative advantage and synergy
- combination of “familiar” and “exploratory” science.

Thematic Groups and research priorities

Biomedical Science Genetics, molecular biology, immunology and histopathology of diseases of public health importance. Disease focus: malaria, TB, HIV, Sexually-transmitted infections, staphylococcal disease, viral circulation and non-malarial fevers. Custodian of laboratory assets and provider of lab services to other Thematic Groups.

Environmental Health and Ecological Sciences Entomology, ecology, biology, health geography, biostatistics & mathematical modeling. Disease focus: malaria & other mosquito-borne pathogens, water & sanitation related diseases, zoonotic disease. Custodian of entomological research assets. Houses Malaria Competence Centre.

Interventions Clinical trials phase 1b, 2, 3 to test safety, efficacy, equivalence, effectiveness, pharmacovigilance of drugs, diagnostics & vaccines in the human population. Disease focus: malaria, TB, HIV. Custodian of clinical trials facilities and lead on establishment of Contract Research Organisation capability.

Health Systems Multi-disciplinary studies of health system performance including service delivery; quality, effectiveness and equity; health financing, human resources, governance & accountability and social determinants of health. Particular focus on maternal, neonatal and child health services.

Impact Evaluation Monitor and evaluation of pilot initiatives, national programs and changes in population health and demographics. Custodian of Health and Demographic Surveillance, Facility Based Information System and SAVVY (Sample Vital Registration with Verbal Autopsy).

Policy Translation and Delivery Catalyse uptake and effective implementation of policy changes, interventions or new approaches. Explore, devise and test scalable, replicable implementation models and tools.

By the end of this strategy period, IHI will have substantially greater capability, research output and international reputation. Its financial, human and infrastructure resource foundations will be “fit for the future”, while ensuring that growth in budget and payroll is manageable. Operational support services will be more professional, responsive and efficient. The Institute's major focus on research will be complemented by a valued “service” role and a significant contribution to developing national skills and expertise.

Introduction

Ifakara Health Institute's **vision** remains unchanged: *To be a centre of excellence and innovation in health research and development, aiming at maximizing population health gain.*

Our **mission** also remains the same as the previous strategy period: *To develop and sustain a district-based health research institute capable of generating new knowledge and information for public health policy and action.*

Following our strategic review in 2012, it is clear that our vision and mission still reflect the needs and aspirations of our funding partners, collaborators, clients, and other stakeholders.

We are guided by a number of core **values** in our priorities and way of working:

To adhere to the spirit and practice of Essential National Health Research as the basis for research relevance and applicability, guided by national and global research and development priorities.

- To adhere to the Code of Ethics for health research and to international best practice in research Ethics and Safety.
- Commitment to the highest technical standards in all research undertaken.
- Commitment to full transparency and communication with communities and individuals who participate as research subjects.
- To make maximum use of research data gathered, including effective dissemination and communication of all research findings and promotion of the uptake of the same by relevant stakeholders.
- To be in partnership with, and accountable to, the Tanzanian Government, research funders, collaborators and other IHI funding partners in a spirit of responsibility, transparency and integrity.
- To uphold the highest standards of financial integrity and value for money.
- To respect the dignity and welfare of all IHI staff, and encourage professional development.

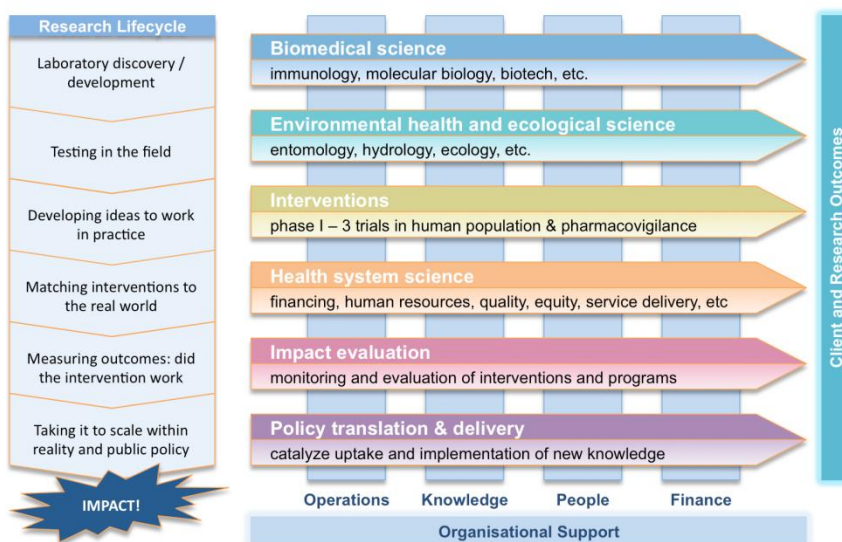
Overview

The strategic review undertaken in 2012 identified a number of clear opportunities for IHI’s future development. It also identified a number of core issues in IHI’s structure and approach that, once taken, will unlock the potential of our staff and create the conditions for future, sustainable development.

The strategic outlook is conceptualized in Figure 1. The scope of our research portfolio extends over the full research lifecycle. It is sub-divided into six Thematic Groups, each of which have set out clear medium term objectives and priorities. Collectively, these represent our **Research Scope and Priorities**.

Our entire research portfolio cannot be delivered effectively without cross-cutting organization support services. Under our new organization structure these are divided into four pillars: Operations, Knowledge, People and Finance. Accordingly, we have set out a number of objectives, spanning the four pillars as well as the overarching issues of governance and sustainability. Collectively, these represent our **Corporate Strategic Objectives**.

Figure 1: IHI Business Matrix: Research & Institutional Support



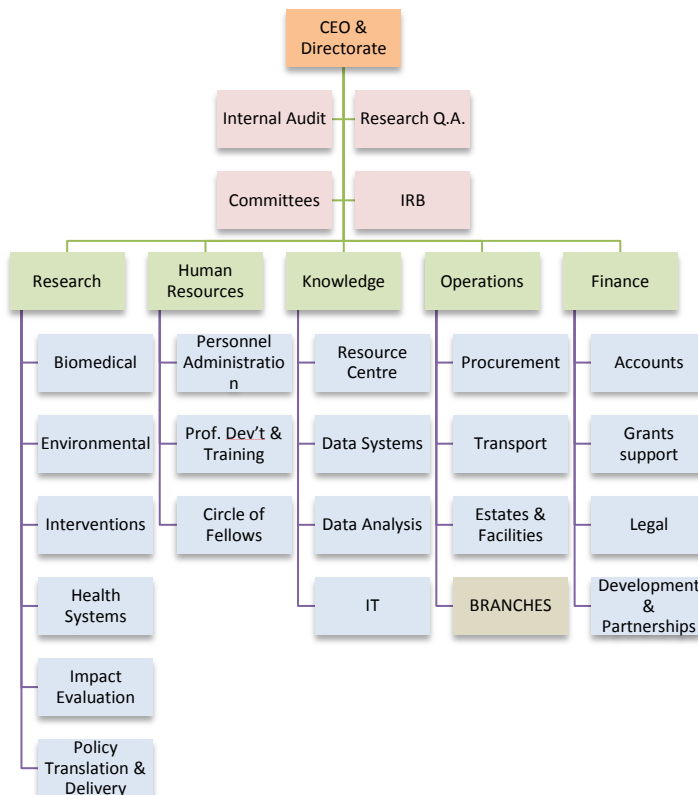
Before proceeding to describe the strategic objectives and research priorities, the following section [**Organisation**] describes the thinking behind the new organogram and how it is expected to contribute to improved efficiency.

Organisation

The new organization structure of IHI is depicted below. The overall purpose of the re-structuring is to:

- Simplify the organogram, improve management oversight and increase performance-orientation and accountability.
- Create a management and coordination structure for research, training and services using Thematic Groups (TG).
- Ensure seamless operations support across all branches.
- Enable researchers to focus on research, supported by professional administrative services.

Figure 2: IHI Organisation Chart



The **Chief Research Officer (CRO)** is responsible for providing strategic guidance, leadership and oversight of all IHI’s research. Thematic Group Leaders (TGLs) report to the CRO and are in turn responsible for oversight of all projects and activities assigned to their Thematic Groups. The number and scope of Thematic

Groups is intended to “flex” to be able to accommodate sub-division or addition, as research activities evolve. The CRO and TGLs are accountable for all aspects of portfolio performance: prioritizing research ideas, winning new grants, project implementation and deliverables, publication and knowledge products, profit and loss, strategic allocation of personnel and management of research assets and platforms.

The **Human Resources** division is responsible for all aspects of strategic human resource management. Improved personnel administration systems (including performance management) will be the purview of one unit. The Training unit will co-ordinate professional development across the Institute, supported and guided by the Training Committee. It will also be responsible for IHI’s inputs to the MSc. Public Health Research. The Circle of Fellows provides for a body of *associate* staff [not on payroll] that may be called upon for short or longer-term assignments.

The **Knowledge** division houses four units: Data Systems, Data Analysis, Resource Centre and Information Technology (IT). Data systems will provide end-to-end data management services to projects, including data hosting and archiving. Data analysis will encourage secondary analysis and knowledge synthesis through expert advice, internal training and research. The Resource Centre will focus on public relations and communication of knowledge to various audiences through diverse channels. The IT Unit is responsible for providing IHI-wide information technology infrastructure and services (network, storage, security, backup, applications, hardware, user support).

The **Operations** division is responsible for procurement and stores; transport management, and estates maintenance and management (including construction projects). Operations will be the hub of improved administrative policies and processes. It will also be the principle link to Branches, ensuring a seamless operation of support functions in the branches across all disciplines. Branches will be led by professional administrators in order to allow senior researchers to focus on research rather than administration.

The **Finance** division has four main areas of responsibility. Accounts unit manages all financial transactions and produces internal management reports as well as final accounts. Grants management provides pricing/budgeting support for new proposals, monitors project milestones/disbursement tranches and assures delivery on reporting requirements. A new “Development” unit will be responsible for fund-raising and shaping strategic partnerships for resource mobilization. The legal function will be responsible for contracting, legal compliance and other legal advice and services for the Directorate. Internal Audit is responsible for continual audit program and reports directly to the Chief Executive Director and the Board.

Corporate Strategic Objectives

Our corporate objectives are arranged under six headings (Figure 3).

Figure 3: Corporate strategy headlines

01	Research	Increase the relevance, quality, quantity and impact of our research, managed through accountable thematic groups
02	Organisation	Increase organisational effectiveness through restructuring and improvements in infrastructure, technology, productivity and process efficiency
03	Renewal	Strengthen professional development and performance management to build a high-performing talent base
04	Knowledge	Strengthen knowledge management systems to catalyze research, enable knowledge synthesis and promote communications
05	Governance	Reinforce governance arrangements to increase institutional quality and long-term viability
06	Sustainability	Create the human, financial and infrastructure foundations for a sustainable future

RESEARCH

Increase the relevance, quality, quantity and impact of our research.

This will be pursued through a number of inter-related actions, including:

- Creation of six Thematic Groups whose task it is to refine research directions and priorities; quality-control new proposals; track project implementation; recommend strategic investment in research infrastructure; build human resource capacity; forge strategic partnerships; monitor budget performance and be accountable for productivity and the profit and loss of their group as a whole. This represents a major devolution of authority and responsibility and is intended to release potential for investigator-led research while enhancing synergy, quality, productivity and accountability. Thematic groups will also be the custodians of research infrastructure. They will be responsible for the proper management of these facilities in order to maximize their utility for research and assure continued financial viability.
- Creation of a Board-level scientific committee that will provide strategic guidance and accountability for IHI's research choices and performance.
- Increasing [through recruitment and professional development] the number and proportion of senior scientists who are able to

work independently, supervise projects, mentor, publish and win new grants.

- The possibility of establishing a Contract Research Organisation (ConRO) arm will be actively explored, as a means of generating revenue through rapid throughput trials.
- IHI will also seek opportunity for multi-country work in the Africa region and globally through partnership with other organisations.

The success of this new approach should be evident in an increase in the number, mean impact factor and citation rate of IHI publications, demonstrable influence on public health policies and practice, increased cost-recovery on research infrastructure, and enhanced human capability conduct research.

ORGANISATION

Increase organisational effectiveness through restructuring and improvements in infrastructure, technology, productivity and process efficiency

As described in the previous section, the structural reorganisation is expected to simplify and streamline reporting lines, devolve authority and improve accountability. It is also expected to dissolve the artificial divide between “projects” and “core” and to put in place a business model in which IHI is financially viable without depending on “core grants”.

Key actions required to improve operational efficiency over the period are summarized below:

- Fill all senior management positions [Directors and Unit Heads] and refine the structure and role of new units.
- Re-design and automate business processes to make them more effective and responsive, improve control, save costs and reduce administrative workload.
- Spearhead a planning and budgeting process that requires “management by objectives” at all levels of the organization.
- Strengthen procurement and inventory management systems with particular focus on speed, quality and value for money.
- Improve management of transport and logistics to provide better service at lower cost. Strengthen estates management including facilities maintenance and new construction.
- Estates & Facilities management with a view to better services and higher efficiency. Takes lead role on infrastructure / construction project management.

RENEWAL

Strengthen professional development and performance management to build a high-performing talent base.

Human resource management is elevated to a Director-level position, reflecting the centrality of human talent in IHI's business. The "renewal" of IHI's staff mix refers to raising the median level of skills and qualifications, nurturing talent and improving individual and team productivity across the Institute. Key objectives include:

- Appoint Chief Human Resources Officer (CHRO), develop a detailed workplan for Human Resources and restructure the Professional Development department accordingly.
- Attain excellence in personnel administration and put in place a new payroll and human resources information system.
- Deploy a performance management system to transform culture and motivation, focus on results and guide professional development.
- Create positive "career development" paths, raise professional standards and enable professional networking and coaching.
- Create a "talent strategy" to grow and sustain excellence in research and operations.

The CHRO will be the focal point for coordinating investment in training IHI staff. In addition, it will coordinate IHI's contributions to the proposed MSc. Public Health Research, expected to take off in FY 2014/15.

KNOWLEDGE

Strengthen knowledge management systems to catalyze research, enable knowledge synthesis and promote communications

Creation and dissemination of knowledge is central to IHI's business, as is effective sharing and exchange of information and expertise within the Institute. The new strategy calls for strengthening all aspects of knowledge management in order to support research, catalyse knowledge synthesis and share findings with diverse audiences. Key strategic objectives include:

- Data systems. Introduce standard data policies, procedures and increase data management oversight. Introduce tools for real-time data capture, monitoring and cleaning. Centralise secure data storage and archiving systems to encourage re-use of data sets.

- Knowledge synthesis. Encourage secondary analysis, data triangulation and data mining. Spread analytical expertise through expert advice and training. Assure timely production of standard analytic reports from IHI's surveillance systems (HDSS, SPD).
- Communication. Strengthen systems for effective information storage, retrieval and exchange across IHI. Embed dissemination in all of our research work. Support effective communication and knowledge translation through diverse channels with target audiences.

GOVERNANCE

Reinforce governance arrangements to increase institutional quality and sustainability.

We propose to expand the size of the Board of Trustees (BOT), increasing the number of members with networks and expertise beneficial to the Institute. In addition, governance will be strengthened through creation of Board-level sub-committees to guide choices and oversee performance in the financial and scientific domains.

- Achieve net expansion of +4 members on the BOT, with particular focus on individuals who will bring relevant expertise and networks.
- Establish Board sub-committees for Science and Finance.
- Harmonize institutional donor oversight with the sovereign governance responsibilities of the Board.
- Creation of Internal Audit, reporting direct to Chief Executive Director and the Board.

SUSTAINABILITY

Create the human, financial and infrastructure basis to assure a sustainable future for IHI.

IHI's future success is not guaranteed. A critical mass of new leadership material is required; a financial reserve and sustainable model needs to be attained, and suitable physical infrastructure is needed. Some of the key strategies include:

- Investment in people [already described under renewal.
- Price research to move towards full-cost recovery and ensure that operations costs remain affordable.

- Develop fund-raising capacity (earmarked grants for institutional development, philanthropic sources, “retail” fund-raising)
- Develop partnerships for:
 - Investment in joint research platforms & facilities,
 - increased utilization (and revenue stream) of IHI assets,
 - Secondment of senior scientists to IHI for rapid capacity-building.
- Explore commercialization of research through:
 - Establishment of “contract research” capability,
 - Commercialization of intellectual property.

Research Scope and Priorities

IHI aspires to become a world-class research institute, producing work of consistent quality, relevance and public health impact. In selected areas of study, we aspire to global research leadership. The quality of our work, our people and our research platforms should make IHI one of the “partners of choice” for research funders and collaborators.

Our research portfolio composition will be progressively refined over the coming period. It may include many projects in the “research mainstream”. However, it should also include some “high risk – high return” science where IHI is ahead of the global public health community either in the questions it is addressing, or the approaches it is testing. The portfolio evolution should also aim to diversify financial risk by avoiding over-reliance on a small number of research funders.

Our research agenda for 2013-18 will be organized into six thematic groups.

- Biomedical Sciences
- Environmental Health and Ecological Sciences
- Interventions
- Health Systems
- Impact Evaluation
- Policy Translation and Delivery

The first four of these are carried forward from the previous strategy, while the last two are new. *Impact Evaluation* responds to a growing demand for progress and impact measurement. *Policy Translation & Delivery* aims to catalyse the uptake of new knowledge and approaches.

In preparation for the new strategy period, each thematic group has undertaken a thorough analysis of public health challenges; state of knowledge; national and international demand for research; IHI comparative advantage, and opportunities for synergy. Through this process, every group has identified the areas of research that should be continued or expanded, as well as new areas where new research proposals will be targeted. More detailed group profiles follow below.

BIOMEDICAL SCIENCES

The Biomedical Science group focuses primarily on generating new scientific knowledge on the disease determinants and developing novel approaches to combat diseases of public health importance. It does so via a range of laboratory studies to further understanding of the pathogenesis, diagnosis and management of diseases. The group includes a wide range of disciplines including medical microbiology, chemistry, haematology, histopathology, molecular biology, cytology, virology, and immunology. Ultimately the objective of the group is to discover, develop and understand the potential of drug targets, vaccine candidates and diagnostic tools. The primary diseases of interest are malaria, tuberculosis and HIV/AIDS. New areas for exploration include disease co-morbidity, diabetes, correlates of vaccine protection and re-emergent/neglected tropical diseases. The group contributes a significant number of core assets to IHI's portfolio. These include:

- Modern laboratories at Bagamoyo and Ifakara with facilities to undertake nucleic acid works, clinical haematology and chemistry, parasitology, microbiology, histopathology, molecular biology and immunology.
- Specialized facilities, including high throughput mass array analyzer, high multiplex real-time PCR systems (CFX96), and Biosafety Level 3 laboratory facilities for virology and bacterial assessments.
- Researchers with a wide range of disciplines in biosciences, including 6 PhDs, 9 Masters, 5 PhD candidates, 7 MSc candidates, 15 other professional scientific staff, and 14 laboratory technicians at various levels.

Examples of ongoing and prospective work

Immunological Interplay between diseases of poverty and Helminth Infection
Epidemiology & molecular monitoring of HIV drug resistance
Correlates of protection against infectious diseases e.g. malaria, TB and HIV
Immune reconstitution inflammatory syndrome (IRIS) and its relation to HIV and associated non-communicable diseases including cancer
Development and validation of new diagnostics assays
Early infants HIV diagnosis and Prevention of mother-to-child transmission (PMTCT) and optimized TB diagnosis
Surveillance and research on emerging and re-emerging pathogens including Dengue, Chikungunya, and Rift Valley Fever and Rabies

ENVIRONMENTAL HEALTH AND ECOLOGICAL SCIENCES

EHES works on the premise that an improved understanding of environmental *determinants of diseases and disease transmission* will enable the design of effective interventions relevant to Tanzania and other low/middle income countries. The group will *build on* deep knowledge and experience in mosquito-borne disease; *further develop* work in water, sanitation and hygiene-related diseases, and *explore* new areas of research into neglected tropical infectious diseases, including zoonotic diseases.

The group will focus on three outputs: generate new knowledge for improved understanding of the biology, ecology and transmission of infectious disease; develop new and improved methods for disease control, and develop improved methods of disease surveillance.

Key research assets of the group include:

- laboratories for molecular identification of disease vectors,
- multiple large screen houses within which we conduct semi-field experiments with live mosquitoes,
- the world's only self-sustaining colony of malaria vectors,
- several experimental huts specially constructed to enable evaluation of indoor vector control interventions as well as ecological and behavioural studies on disease vectors,
- Well-maintained laboratory colonies of malaria vectors, *Anopheles gambiae sensu stricto*, *Anopheles funestus* and *Anopheles arabiensis* in insectaries in Ifakara and Bagamoyo,
- a viable working relationship with communities in both rural and urban Tanzania, especially in the Kilombero valley and in Dar es Salaam, where we have been conducting mosquito studies for more than a decade,
- A committed professional staff of 14 PhD level scientists working within the group, 12 PhD students, 5 Masters level scientists and at least 20 undergraduate level research officers.

Examples of ongoing and prospective work

Integrated entomological monitoring of the transmission of mosquito borne diseases such as Malaria, Lymphatic Filariasis and Rift Valley Fever.

Development and evaluation of new and complementary tools for malaria prevention, namely, spatial mosquito repellents, odour-baited mosquito control devices, juvenile insect hormone analogues, mosquito-killing fungi, zoonophylaxis (using insecticide-treated cattle) and mosquito larval control using soil bacteria granules (*Bacillus thuringiensis*).

Monitoring the useful life of LLINs, evaluation of combinations of LLINs and IRS, assessment of mosquito behavioural responses to control measures and mathematical modelling of impact of interventions.

Evaluation of mosquito control products and determination of optimum product profiles for commercial companies and organizations.

Establishment of a malaria vector control competence centre that will collate and disseminate timely evidence on best practices to accelerate prospects for malaria elimination.

INTERVENTIONS

This group focuses on development and evaluation of clinical interventions against diseases of public health importance. The group conducts clinical trials (safety, efficacy, equivalence, effectiveness) to test drugs, vaccines, diagnostics and procedures. It also carries out surveillance and field epidemiology research to gather information on disease pattern and determinants. There is a growing need for evidence of performance of new clinical intervention efficacy in African populations, although very few centres have the capacity to meet this demand. There is also an emerging opportunity to undertake contract research in the private as well as the public sectors. The key outputs of the group will be diagnostic tools, drugs and vaccines, behavioural interventions and clinical surveillance findings. There are clear synergies between the Interventions and Biomedical groups, so their research agendas are closely aligned.

The group is well positioned in this field due to a number of strategic assets:

- A reputable, highly skilled team of scientists with over 15 years of clinical trials experience, including 6 PhD level, 5 PhD students, 4 Masters level scientists, 6 undergraduate level research officers plus clinical and technical personnel.
- Clinical research infrastructure and associated surveillance in Ifakara and Bagamoyo; dedicated Phase 1 clinical trial facility in Bagamoyo; joint

ventures with other hospitals (e.g. Mwananyamala, Ocean Road Cancer Institute).

- Quality-assured clinical laboratories in Bagamoyo and Ifakara; associated biomedical sciences support (immunology, molecular biology, etc) and secure insectaries for malaria transmission studies.
- Strong working relationship with communities in both rural and urban Tanzania, especially in Bagamoyo and the Kilombero valley.

Examples of current and prospective work

New pharmaceutical and biological products (including traditional remedies) for treatment and prevention of priority diseases in Africa (ie malaria, tuberculosis, and HIV/AIDS).

Malaria transmission blocking products to facilitate elimination of malaria.

New tools for prevention and treatment of non-communicable disease focusing on hypertension, diabetes, cancer and nutrition disorders.

New diagnostics for priority communicable and non-communicable diseases of interventions, focusing on point of care and appropriate technology.

Assessment of determinants of diseases from the clinical perspective (with Biomedical and EHES groups), and occurrence of new clinical conditions.

Establish a contract research management and quality oversight unit to support internal and external clinical trials implementation and training.

Research and training to providers on improvements in quality of care including hospital hygiene, clinical algorithms in resource poor settings, safety, etc.

Conduct bioequivalence studies for assessment of generic and improved pharmaceuticals and biological.

HEALTH SYSTEMS SCIENCE

Successful delivery of proven interventions depends on strong health systems. Even without introduction of new technologies, health systems improvement may bring about major improvements in health care quality, access and equity. There is strong demand for dependable, context-sensitive evidence on health systems since governments and donors are constantly seeking ways to improve service delivery and health outcomes. The key outputs expected are: a) better understanding of key system constraints and their effects; b) identification, refinement and testing of system improvement strategies. The group's work is closely aligned with Impact Evaluation (formal assessment of impact) and with

Policy Translation and Delivery (replication of proven system interventions at scale). IHI is well positioned to undertake health systems research owing to the following assets:

- In-depth understanding of the organization, functioning and context of the health systems.
- Wide range of relevant disciplinary expertise, including health economics, public health, public administration, health care management, epidemiology, sociology, etc.
- Research platforms (FBIS, SAVVY) that can measure the effects of health system factors on outputs and outcomes.

Examples of current and prospective work

Service delivery at point of care: quality improvement methodologies; drugs and medical supplies; technologies etc.

Health human resources: production, deployment, retention, skills, motivation & performance.

Health financing: health insurance, universal coverage, equity in health care financing & benefit distribution, health care purchasing.

Governance: responsiveness & accountability of service providers & health care administration.

Social determinants of health: understanding fundamental factors that mediate access to services and health outcomes.

IMPACT EVALUATION

Impact Evaluation is a new thematic group that will monitor and evaluate pilot initiatives, national programs and changes in population health status. It responds to a growing demand for measuring results of interventions and investments in the health sector. The group is custodian of HDSS, FBIS and SAVVY. It will seek opportunities to undertake assessments of progress in service delivery capability, program implementation and the individual and combined impact on population health. The group thus aims to create unambiguous evidence for action through:

- Prospective monitoring and evaluation of interventions to see what is working, and why.
- Post-hoc evaluation of intervention impact and factors affecting outcomes.

- Economic evaluation of health interventions or service delivery models.
- Continual surveillance of health and demographic status and their determinants (through HDSS, SAVVY) and service delivery (through FBIS).

Areas of focus will be closely aligned to both the Health Systems and Policy Translation & Delivery groups and may also draw upon discoveries and developments in the Biomedical, Environmental and Interventions groups. The same range of assets (disciplinary expertise, knowledge of context, research platforms) will also be brought to bear.

Examples of current and prospective work

Evaluation of health financing initiatives including insurance and results-based financing.

Impact of malaria interventions (on survival and on intermediate outcomes such as ITN use, treatment targeting, etc.).

Monitoring and evaluation of program scale-up (e.g. Maternal & child health services, HIV/AIDS services).

Identification of social determinants of health and their impact.

Innovations in surveillance and evaluation methodologies.

Multi-country comparative evaluations.

POLICY TRANSLATION AND DELIVERY

IHI's core mission is to maximize population health gain. A critical component of this mission is therefore policy delivery – a focus on putting solutions to work at national scale. The group will draw from the existing pool of IHI expertise, including the circle of fellows. Three four outputs of this group will be:

- Increase use of research products to achieve public policy objectives.
- Accelerated delivery of policy interventions at national or regional scale.
- Methodologies and toolkits for implementation.
- Influence on public policy in order to increase prospects for delivery.

Examples of current and prospective work

The scope and focus of work is still under refinement. However, it is likely to include work related to:

Health management information systems.

Pay-for-performance and results-based financing.

Health equity, health in all policies and inter-sectoral action for health development.

Scale up of innovations in maternal, newborn and child health.

Innovations in addressing the health workforce crisis in Tanzania and elsewhere.

Collaborative research synthesis and knowledge translation across thematic groups [with Knowledge Division].

Policy engagement throughout the research cycle to promote uptake of research products.

Securing the future

By the end of the strategy period, IHI will become a world-class research institute, producing work of consistent quality, relevance and public health impact. In selected areas of study, we aspire to global research leadership.

The strategy aims to put in place the conditions for long-term success. Through investments in human capacity, IHI will build the foundations for future research achievement as well as a pool of talent for future leadership, management and administration. Financial conditions for sustainability will be attained through overhauling project pricing, improved financial monitoring and accountability, strategic fund-raising for investment, and greater efficiency of support operations. Our administrative processes will become faster, cheaper and more effective. Funds permitting, we shall construct suitable premises for research and administration in the decades ahead. The quality, relevance and strategic focus of our research will be raised through well-functioning thematic groups, improved research management procedures and stronger research governance. More effective knowledge management will enhance both research and administration. We shall share our expertise through contributions to training as well as through a deliberate emphasis on communication, knowledge translation and catalyzing implementation.

The strategy period will be characterized by a focus on results and by accountability for performance at all levels of the organization. Progress will be monitored against specific objectives from year to year – which will in turn be central to the planning and budgeting process.

Through successful implementation of this strategy and a relentless focus on results, we hope to *Secure the Future*.