Strategic Plan 2018-2023



Impact on Public Health

...committed to Excellence and High Technical Standards

... contributing to Community Welfare











# Strategic Plan 2018-2023

















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## **Table of Contents**

Ackr	nowledgement	iv
Exec	cutive Summary	٧
1.	Overview of the strategy	1
2.	Mission, vision and values	3
3.	Five-year aspiration	5
4.	Strategic focus	9
	4.1. Value chain participation	10
	4.2. Research focus	10
	4.3. Thought leadership	11
	4.4. Funding model	11
	4.5. Geography (operations)	11
	4.6. Geography (partnerships)	12
	4.7. Stakeholders	12
5-	Sources of competitive advantage	13
6.	Strategic imperatives	15
	6.1. Strengthen engagement with key stakeholders	17
	6.2. Unlock financial resources to drive own research agenda	17
	6.3. Cultivate world class science-enabling environment	17
	6.4. Leverage research platforms to maximise scientific	
	discovery	17
	6.5. Support translation of knowledge to deepen impact	17
7-	Strategic initiatives	19
	7.1. Enabling initiatives:	19
	7.2. Incremental improvement initiatives:	19
	7.3. Step change (commercialisation) initiatives:	20
	7.4. Top five initiatives:	22
	7.5. Other top ten initiatives:	22
	7 D. CITTLET TOD 15 INITIATIVES.	22

### Acknowledgement

The Ifakara Health Institute (IHI)'s Strategic Plan 2018-2023 has been developed through robust desktop research and analysis, and a broad process of consultation with IHI's leadership, employees and key stakeholders for over one year from early 2017 to mid-2018. The journey for developing the strategy started at the 2017 Annual Scientific Retreat in Ifakara where all staff got the opportunity to contribute their ideas on which strategic direction to pursue.

We are grateful to INNOVA, a subsidiary of Aurum Institute from South Africa, who guided the strategy development process in a very professional manner. Their insights and knowledge in both health and business industries have been very helpful in the final strategy document.

Let me once again take this opportunity to acknowledge the full participation throughout the process of all stakeholders including the IHI leadership, employees, funding and other partners. Your honest opinions were useful at the time when we critically reviewed the Institute's performance in the past 5 years, and re-strategized for the next 5 years.

Honorati Masanja, Chief Executive Director, IHI

The strategy has been developed through robust desktop research and analysis, and a broad process of consultation with IHI's leadership, employees and key stakeholders for over one year.









### **Executive Summary**

### Impact on Public Health

The Ifakara Health Institute (IHI)'s Strategic Plan 2018-2023 has been developed in the context of four strategic principles, which are: enhanced and sustainable impact; galvanized and aligned activity to achieve five-year aspiration; driving full potential in the core business; and optimal allocation of IHI's resources. Specifically, the strategic principles are designed to enable the Institute attain sustainability in the near and far future while retaining excellence and high technical standards.

IHI exists to improve the health and wellbeing of people within the region as embedded in the organization's mission, vision and values. We seek to develop and sustain a district-focused health research institute capable of generating new knowledge and information for public health policy and action. In so doing we envision IHI becomes a center of excellence and innovation in health research and development, aiming at maximizing population health gains. We do all these while upholding the values of transparency, responsibility, integrity, respect, and initiative.

IHI aspires to become the leading health research institute in the region in the next five years. This aspiration has been packaged into six contributing themes: sustainable and enabling funding; regional and global influence;

participation across the value chain; addressing key health challenges; achieving a brand that requires no introduction; and translatable knowledge and innovation.

To achieve this aspiration, we have identified five strategic imperatives that will unlock the potential of the institute and enhance its impact on health and wellbeing of the people in Tanzania and the region. The five strategic imperatives are: strengthening stakeholder engagement; unlocking financial resources to drive own research agenda; cultivating a world class science-enabling environment; leveraging research platforms to maximise scientific discovery; and supporting translation of knowledge to deepen impact.

We have identified and prioritized a set of initiatives for key program areas that we shall implement to realize the five strategic imperatives. The program areas include stakeholder engagement (donor relationship management, peer collaboration, policy dialogue and advocacy); talent acquisition, retention and development; training services (accredited courses, sabbaticals); cost optimization (overhead and direct costs); internal communications, culture, alignment and engagement; and implementing health system innovations to improve the health and wellbeing of the people.

IHI has identified five strategic imperatives that will unlock the potential of the institute, journey it towards its five-year aspiration and, ultimately, enhance its impact on health and wellbeing in Tanzania and the region

The strategy galvanises five years of activity around a shared aspiration - a picture of what the organisation must look like in five years











# Overview of the Strategy

The plan has been developed in the context of four strategic principles.

### Principle 1

## Guarantee enhanced and sustainable impact

Ultimately, IHI's impact must be seen in relation to its mission to improve the health and wellbeing of people within the region. Enhancing this remains the primary goal of the strategic plan.

However, isolating IHI's specific contribution requires assessment through several relevant lenses across the value chain from the development of translatable knowledge through research to improved health outcomes.

### Principle 2

## Galvanises and aligns activity to achieve a bold 5-year aspiration

IHI's strategy galvanises five years of activity around a shared aspiration – a picture of what the organisation must look like in five years.

While specific priorities and initiatives will change year-on-year, they must all ultimately drive towards realisation of the shared aspiration.

### Principle 3

### Drive full potential in the core business

IHI has the greatest probability of achieving enhanced and sustainable

impact by focusing on its "core business", before expanding into adjacent or related areas or activities.

The core business is where the organisation has the strongest capabilities, where it competes best for funding, where stakeholder relationships are most aligned and beneficial, and ultimately, where the impact of Ifakara's activities is maximised.

The core business is not to be confused with non-profit sector terminology that refers to shared service functions and associated overhead costs as core.

### Principle 4

### Optimal allocation of IHI's resources

It is the belief of the current leadership team that the strategic plan represents the optimal allocation of IHI's resources (financial and people) to maximise the organisation's impact. The organisation must therefore ensure alignment of its people and budgets with the strategy and its prioritised focus areas, activities and initiatives.

Building on these principles, the strategy includes the following aligned components:

 Reinforcement of mission, vision and values IHI's impact must be seen in relation to its mission to improve the health and wellbeing of people within the region. Enhancing this remains the primary goal of the strategic plan

### Strategic principles:

- 1. Enhanced and sustainable impact
- 2. Galvanizes and aligns activity to achieve five-year aspirations
- 3. Driving full potential in the core business
- 4. Optimal allocation of IHI's resources

Isolating IHI's specific contribution requires assessment through several relevant lenses across the value chain from the development of translatable knowledge through research to improved health outcomes

## Articulation of five-year aspiration

- Definition of strategic focus and related adjacencies
- Identification of sources of competitive advantage
- Clarification of key strategic imperatives
- Translation of imperatives into a prioritised set of specific,

### actionable initiatives

IHI remains committed to a five-year strategic planning cycle with formal annual reviews. However, to respond with agility to market volatility and new challenges and opportunities that present, components of the strategy will also be reviewed more frequently. This will be incorporated into the agendas of management's existing monthly/quarterly meetings.

### Strategic principles:

- 1. Enhanced and sustainable impact
- 2. Galvanizes and aligns activity to achieve five-year aspirations
- 3. Driving full potential in the core business
- 4. Optimal allocation of IHI's resources







2

# Mission, vision and values

IHI exists to improve the health and wellbeing of people within the region. This is embedded in the organisation's mission, vision and values.



We share information and results widely; we keep our teams and stakeholders informed on issues that may affect them directly or indirectly

Why IHI exists:
"We exist to improve
the health and
wellbeing of people"

We value flexibility; we use initiative to solve problems; we encourage creativity and innovation

### Mission

To develop and sustain a districtfocused health research institute capable of generating new knowledge and information for public health policy and action

### Vision

To be a centre of excellence and innovation in health research and development, aiming at maximising population health gains

### Values

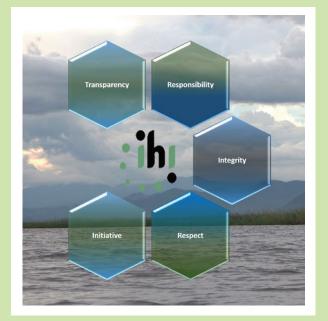
IHI's desired behaviours and culture are characterised by five core values:

- Transparency: We share information and results widely; we keep our teams and stakeholders informed on issues that may affect them directly or indirectly
- Responsibility: We take ownership of our objectives; we accept responsibility and accountability; we don't make

- excuses; we help others to ensure that results are achieved
- Integrity: We proudly uphold the values of honesty, truthfulness and sincerity, while remaining fair and ethical in all our doings and situations
- Respect: We treat each other with courtesy, kindness and empathy; we respect diversity and dignity
- Initiative: We value flexibility; we use initiative to solve problems; we encourage creativity and innovation

IHI may benefit from refreshing the mission to reflect the simplified purpose of the organisation and the impact it seeks to achieve, and further aligning the vision with the team's long-term aspiration.

Why IHI exists:
"We exists to
improve the health
and wellbeing of
people"







3

# Five-year aspiration

Ifakara aspires to become the leading health research institute in the region over the next five years.



Strengthen public engagement and actively participate in the policy pathway

### What IHI wants to

- Regional leadership, global influence
   Sustainable, enabling funding model
- Participation across the value chain
- Addressing priority health challenges Translatable knowledge and
- innovation

This aspiration has been packaged into six contributing themes (see Figure 1).

Figure 1: Key themes contributing to IHI's five-year aspiration



Establish a regionally recognised brand requiring no introduction

Reinforce brand
associations of quality
research and impact in
people's lives

Further unpacking these themes, within five years, IHI aspires to:

- Achieve regional leadership and global influence in health research
  - Consolidate position of leadership within Tanzania
  - Achieve stakeholder recognition for regional leadership
    - This broadened geographic aspiration is justified by the strong similarities in health challenges and sources of funding across the region
  - Influence health policy determination locally and across global platforms
- Secure sustainable and enabling sources of financing
  - Pursue both grant~ and commercially funded health research activities

- Generate sufficient core~ and surplus funding enabling Ifakara to:
  - > Pursue its own (investigator-initiated) research agenda
  - > Build capacity in attractive adjacent research areas
  - > Optimize performance and maintain high quality within the core areas
  - > Sustain the organisation and retain talent between research projects
- Address priority health challenges within Tanzania and the region
  - Consolidate existing resources and partnerships to reinvigorate efforts on corebusiness areas
  - Adopt a prioritised, but multifocal approach addressing both "surviving" and "thriving"





- elements of health
- Respond to changing disease burdens
- Enhance cross-discipline capability
- Partner to strengthen delivery capabilities and capacity
- Develop translatable knowledge and innovative mechanisms to leverage it
  - Generate translatable and/or accumulative knowledge that is useful to communities
  - Leverage knowledge to address capacity gaps in the health and research workforce
  - Fast track commercialisation of research findings and intellectual property
  - Improve communication of Ifakara research findings to audiences other than other scientists
- Deepen participation across the value chain, from basic science and innovations to validation and translation, to ensure impact
  - Strengthen and reinforce the bridge between knowledge generation and impact, e.g. through:
    - > Implementation and operations research
    - Improved partnerships with organisations that focus on

- commercialisation, advocacy, training and other components of the value chain
- Post-graduate training and training of implementers
- > Commercialisation of Ifakara-owned or Ifakaraborrowed intellectual property
- Provide partner expertise in implementation
- Strengthen public engagement and actively participate in the policy pathway, e.g. through:
  - > Participation in local and international expert committees
  - > Development of policy briefs and regular meetings with government officials and parliamentarians
- Build a strong brand presence with associations of quality and impact
  - Establish a regionally recognised brand requiring no introduction, i.e. Ifakara
  - Reinforce brand associations of quality research and impact in people's lives
  - Ensure active and consistent branding through multichannel marketing
  - Be recognised as a preferred employer in the health sector.



Deepen participation across the value chain, from basic science and innovations to validation and translation, to ensure impact

## What IHI wants to achieve in 5 years:

- Regional leadership, global influence
- Sustainable, enabling funding model
- Participation across the value chain
- Addressing priority health challenges
- Translatable knowledge and innovation

Focusing resources (people and financial) first on the core business and then on closely related adjacent areas is the blueprint for growth



- Strategic focus

  70% to the core business

  20% to related adjacencies

  10% to experimentation







4

# Strategic focus

It has already been established that IHI has the greatest probability of achieving enhanced and sustainable impact by focusing on the core business, i.e. where the organisation has the strongest capabilities, where it competes best for funding, and where stakeholder relationships are most aligned and beneficial.

Focusing resources (people and financial) first on the core business and then on closely related adjacent areas is the blueprint for growth.

Adjacencies provide opportunity for growth once prospects within the core begin to see diminishing returns. Furthermore, they allow for expansion into areas where the core business' assets can still be strongly leveraged for competitive advantage, e.g. relationships, capabilities, infrastructure, brand, etc., thereby increasing the probability of success.

The fast pace of technology evolution, and generally increased levels of global political and economic volatility and uncertainty justify a commitment of some resources to experimentation in non-core areas, to develop viable future avenues for growth.

Informed by best practice, IHI's target allocation of resources (people and financial) across these areas commits:

- 70% to the core business
- 20% to related adjacencies
- 10% to experimentation

IHI's core focus and related adjacencies have been defined across seven dimensions:

Value chain participation



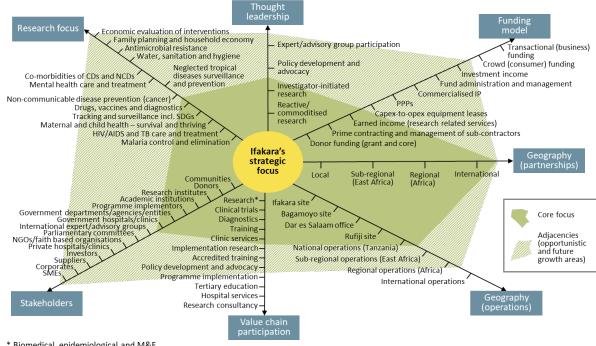
- Research focus
- Thought leadership
- Funding model
- Geography (operations)
- Geography (partnerships)
- Stakeholders

The focus across these dimensions is summarised in Figure 2 and explored in more detail in the ensuing content.

Adjacencies provide opportunity for growth once prospects within the core begin to see diminishing returns

The fast pace of technology evolution, and generally increased levels of global political and economic volatility and uncertainty justify a commitment of some resources to experimentation in noncore areas

Figure 2: IHI's core focus and related adjacencies



\* Biomedical, epidemiological and M&E

### 4.1 Value chain participation

IHI is a health research institute primarily focused on biomedical and epidemiological studies, trials of drugs and vaccines, diagnostics, health systems research, and monitoring and evaluation. The organisation also provides diagnostics, training and clinic related services in support of their research and trials activities.

Related adjacencies providing opportunities for growth include implementation/operational research, becoming an accredited training institute for both scientists and health care workers, and playing a more intentional role in health policy development.

### 4.2 Research focus

IHI has a multi-focal and cross-discipline approach to research, prioritised in the following areas:

- Elimination and control of malaria
- Care and treatment of HIV/ AIDS, TB and associated co-morbidities
- Maternal and child health with a focus on survival and thriving
- Data tracking and surveillance, including monitoring for sustainable development goals
- Drugs, vaccines and diagnostics

These areas have been informed by regional health priorities, sources of funding, IHI's reputation, key scientists' primary fields of study and IHI's existing research platforms.

Related adjacent research areas include:

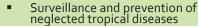
> Non-communicable disease prevention (particularly cancer)

Strategic focus

70% to the core business

- 20% to related adjacencies
- 10% to experimentation





- Mental health care and treatment
- Co-morbidities of communicable and noncommunicable diseases
- Water, sanitation and hygiene
- Antimicrobial resistance
- Family planning and household economy
- Economic evaluation of interventions

### 4.3 Thought leadership

As far as possible, IHI will seek to drive the agenda within the chosen research focus areas. This will enhance the relevance and context-specific application of the knowledge generated.

Over time IHI will increase its focus on policy development and advocacy, and participation in expert/advisory groups, ultimately to achieve greater influence and impact.

### 4.4 Funding model

Historically, IHI has relied on donor funding, in the form of both grant funding (direct funding and indirect funding or IGR (internally generated revenue)) and core contributions (overhead allocations and programme partner support). Moving forward, IHI will work firstly to sustain and build these key income streams and secondly, to diversify sources.

Accessing grant funding remains a core focus area for the organisation; however, going forward, this will be approached in a more strategic and coordinated manner. In addition to project specific grants, the institute will pursue long-term bilateral partnerships that guarantee co-funding for specific initiatives.

Additionally, IHI will actively target opportunities to grow prime contracting/management of subcontractors (to achieve greater

overhead contribution), and generate earned income from research related activities and services. These will require the institute to adopt a more commercial mindset in targeting customers.

Private sector partnerships and capex-to-opex leases are innovative mechanisms to address capex requirements going forward, particularly with reference to upgrading the organisation's physical infrastructure and equipment. These will be explored in more detail as part of specific initiatives, e.g. the commercialisation of clinical trials and laboratory services.

Other funding sources that may take longer to access include commercialisation of intellectual property, donor fund management and administration, and generation of investment income (e.g. through endowments or the purchase of treasury bonds). These will be explored in due course.

### 4.5 Geography (operations)

IHI team members currently operate from four institute-owned sites and numerous other sites, mostly within Tanzania.

Operations on owned sites are located in Ifakara, Bagamoyo, Dar es Salaam (Mikocheni) and Rufiji. Ifakara owns additional land in Dar es Salaam (Kigamboni) and Dodoma, but this is currently unutilised. The organisation does not intend to expand its property portfolio beyond the existing footprint over the duration of the strategic plan, however further investment/ development of the land is envisaged. The organisation is also considering alienation of unutilised portions of the portfolio through leasing or subdivision and subsequent sale.

Research activities on sites not owned by the institution extends across numerous districts in Tanzania, and this will continue to be a key operational modality for Ifakara going forward.



As far as possible, IHI will seek to drive the agenda within the chosen research focus areas. This will enhance the relevance and context-specific application of the knowledge generated

Over time IHI will increase its focus on policy development and advocacy, and participation in expert/advisory groups, ultimately to achieve greater influence and impact

Regional operations outside of Tanzania are seen as an adjacency and are currently limited to one site, i.e. Bioko Island, Equatorial Guinea; however, this is anticipated to grow over the period.

IHI therefore still very much aspires to remain the leading Tanzanian health research organisation, and to grow regional leadership and global influence.

### 4.6 Geography (partnerships)

IHI has operated with strong international partnerships since inception. Going forward, local, regional and international partnerships will all continue to be a core focus for the institute.

A full spectrum of partnerships and collaborations will be leveraged to e.g. supplement capabilities, enhance geographic coverage, access new sources of funding and strengthen brand through association.

### 4.7 Stakeholders

IHI operates within a large and complex stakeholder environment. Key stakeholders include:

- The communities in which the institute works in rural and urban settings
- Funding partners (grant funders and programme partners)

- Collaborators including other research institutes, academic institutions and programme implementers
- Government departments/ agencies/entities particularly the Ministry of Health, Community Development, Gender, Elderly and Children and COSTECH (Commission for Sciences and Technology)
- Local health facilities (mostly government hospitals/clinics and the private health facilities)
- Training Institutions, which are our main source of workforce.

Implementation of the strategic plan also requires IHI to strengthen engagement with adjacent and increasingly important stakeholder groups, including:

- International expert/advisory groups
- Regional blocks e.g. East African Community and Health Organisations across the region
- Parliamentary committees
- Private hospitals/clinics
- Corporates, particularly pharmaceuticals companies
- Investors
- Suppliers.

IHI has operated with strong international partnerships since inception. Going forward, local, regional and international partnerships will all continue to be a core focus for the institute





# Sources of competitive advantage

It has already been established that IHI's peers should be considered not only as potential collaborators, but also as competitors.



Strong access to communities, having built up their trust over many projects/years

### Competitive advantage

- High quality scientists
- Strong research track-record
- Strong partnerships and collaborations
- Independence
- relative to local peers
  Compelling history
- and legacyAttractive career development
- opportunities
   Eminent alumni



of differentiation, or sources of competitive advantage is required. As a collaborator, the institute's point of maximum contribution (optimal role) must be clear; equally, as a competitor, Ifakara must be clear on how it will beat the competition.

In both contexts, a clear understanding

External and internal stakeholders believe IHI's key differentiators include:

- Strong access to communities, having built up their trust over many projects/years
- Well-established and renowned scientists
- Range and quality of research assets, including:
  - Mosquito research facilities, notably the Mosquito City, the VectorSphere and the Vector Control Product Testing Unit
  - Chronic Diseases Care and Treatment Clinics in Ifakara and Dar es Salaam
  - Clinical Trial Facility in Kingani
  - Laboratory infrastructure (including the BSL-2+ laboratory) in Bagamoyo and Ifakara
  - Biobanks in Ifakara and Bagamoyo
  - HDSS sites

### Additional differentiators include:

- Strong track record of winning competitive research funding by IHI scientists
- Strong research track-record
- Strength of partnerships and collaborations
- Political independence relative to local peers
- Compelling history and legacy
- Attractive career development opportunities
- Eminent alumni network

Governance structures, and financial and administrative systems and controls were greatly improved over the previous strategy cycle. These are seen by external stakeholders as an asset to the institute.

IHI's five strategic imperatives are to:

- Strengthen engagement with key stakeholders
- Unlock financial resources to drive own research agenda
- Cultivate a world class scienceenabling environment
- Leverage research platforms to maximise scientific discovery and innovation
- Support translation of knowledge to deepen impact.

### Competitive advantage

- High quality scientists
- Strong research track-record
- Strong partnerships and collaborations
- Independence relative to local peers
- Compelling history and legacy
- Attractive career development opportunities
- Eminent alumni network mentation





6

# Strategic imperatives

IHI has identified five strategic imperatives that, if executed well, will unlock the potential of the institute, journey it towards its five-year aspiration and, ultimately, enhance its impact on health and wellbeing in Tanzania and the region.



Strengthening engagement with key stakeholders will enhance the institute's relevance, visibility and recognition

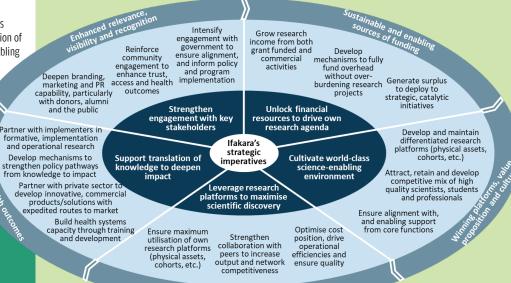
# What IHI plans to do in the next 5 years? • Strengthen

- Strengthen stakeholder engagement.
- Unlock financial resources to drive own research agenda.
- Cultivate a world class science-enabling environment.
- Leverage research platforms to maximise scientific discovery
- Support translation of knowledge to deepen impact.

These imperatives are summarised together with their related objectives in Figure 3.

### Figure 3: Ifakara's strategic imperatives





Differentiated research outputs

Imperatives have been tested against a DuPont disaggregation of return on equity repurposed for the non-profit sector (see Figure 4).

This exercise highlights the importance of four levers in maximising the institute's impact per unit of funding:

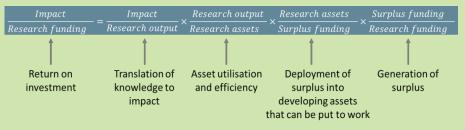
- Generation of surplus funding
- Deployment of surplus funding into developing assets that can be put to work (i.e. used to generate

research outputs)

- Enhancing asset utilisation and efficiency to maximise research outputs
- Translation of knowledge (research outputs) to impact (tangible health outcomes)

Each of these levers is addressed by the set of strategic imperatives identified by IHI.

Figure 4: Conceptual disaggregation of return on investment



Source: Adapted from DuPont disaggregation of ROE

A world-class science enabling environment requires winning research platforms, attractive value propositions for external and internal stakeholders, and aligned, enabling support



### 6.1 Strengthen engagement with key stakeholders

Strengthening engagement with key stakeholders will enhance the institute's relevance, visibility and recognition.

To achieve this, IHI will work to:

- Reinforce community engagement to enhance trust, access and health outcomes
- Intensify engagement with government to ensure alignment, and inform policy and program implementation
- Deepen branding, marketing and PR capability, particularly with donors, alumni and the public

# 6.2 Unlock financial resources to drive own research agenda

Differential impact is built on the foundation of sustainable and enabling sources of funding.

IHI will diversify its sources of income:

- Grow research income from both grant funded and commercial activities
- Develop mechanisms to fully fund overhead without over-burdening research projects
- Generate surplus to deploy to strategic, catalytic initiatives

### 6.3 Cultivate world class scienceenabling environment

A world-class science enabling environment requires winning research platforms, attractive value propositions for external and internal stakeholders, and aligned, enabling support.

IHI will invest to:

- Develop and maintain differentiated research platforms (physical assets, cohorts, etc.)
- Attract, retain and develop a competitive and regionally

- representative mix of high quality scientists, students and professionals
- Ensure alignment with, and enabling support from core functions

# 6.4 Leverage research platforms to maximise scientific discovery

Generating differentiated research outputs requires full use of IHI's research platforms and collaborations, coupled with an ongoing commitment to quality, efficiency and disciplined management of costs.

IHI will therefore:

- Ensure maximum utilisation of own research platforms (physical assets, cohorts, etc.)
- Strengthen collaboration with peers to increase output and network competitiveness
- Optimise cost position, drive operational efficiencies and ensure quality

# 6.5 Support translation of knowledge to deepen impact

To have an impact, IHI's research outputs must be translated into tangible health outcomes.

The institute will work with multiple stakeholders to reinforce this linkage:

- Develop mechanisms to strengthen policy pathways from knowledge to impact
- Partner with implementers in formative, implementation and operational research
- Strengthen health systems through training to healthcare providers
- Partner with the private sector to develop innovative, commercial products/solutions with expedited routes to market.





### What IHI plans to do in the next 5 years?

- Strengthen stakeholder engagement.
- Unlock financial resources to drive own research agenda.
- Cultivate a
   world class
   science-enabling
   environment
- Leverage research platforms to maximise scientific discovery.
- Support translation of knowledge to deepen impact.



Initiatives have been categorised as enabling, incremental improvement or step change

### What IHI will do to implement the strategy?Stakeholder

- engagement programmes.
- Co-ordinated grant
- Talent acquisition, retention and development
- programme
  Commercial, grant
  funded clinical trials.
  Train scientists,
  healthcare workers.
- Engagement programme.
- Cost optimization programme.
- Hire key personnel. Design, implement health system innovations.









7

# Strategic initiatives

Strategic priorities (imperatives and objectives) have been translated by the team into a set of specific, executable initiatives.

Initiatives have been categorised as enabling, incremental improvement or step change initiatives depending on their ability to enhance IHI's impact:

- Enabling initiatives: Initiatives
  which, while not directly
  increasing impact and/or financial
  sustainability, act as building blocks
  or enablers of other initiatives
- Incremental improvement initiatives: Core business related initiatives with potential for improvement in impact and/or financial sustainability
- Step change (commercialisation) initiatives: Core business or adjacency related initiatives with sizeable potential for enhanced impact and/or financial sustainability, and often requiring investment

29 potential initiatives were identified during the strategy development process. However, it is envisaged that, over the 2018-2023 period, more initiatives will be added to the set. Initiatives identified to date, in no specific order, include:

### 7.1 Enabling initiatives:

 Co-ordinated grant acquisition plan (e.g. research focus, donor/PI mapping, targets/ milestones)

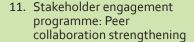
- Activity-based costing analysis (enabling overhead justification and revised crosssubsidisation model)
- Recruitment of key personnel: Principal investigator(s) (with existing international networks)
- 4. Recruitment of key personnel: Marketing manager/executive
- Recruitment of key personnel: Fundraising manager/ executive
- 6. Recruitment of key personnel: Business development and commercialisation executive
- 7. Talent acquisition, retention and development programme
- Internal communications, culture, alignment and engagement programme
- 9. External marketing, brand building and PR programme

## Incremental improvement initiatives:

 Stakeholder engagement programme: Donor relationship management (and retention) 29 potential initiatives were identified during the strategy development process While all initiatives align to the strategy, it is not practically feasible to implement all 29 simultaneously

# What IHI will do to implement the strategy?

- strategy?
   Stakeholder engagement programmes.
- Co-ordinated grant acquisition plan.
- Talent acquisition, retention and development programme
- Commercial, grant funded clinical trials.
- Train scientists, healthcare workers.
- Engagement programme.
- Cost optimization programme.
- Hire key personnel.
- Design, implement health system innovations.



- 12. Stakeholder engagement programme: Community engagement
- Stakeholder engagement programme: Policy dialogue and advocacy
- 14. Cost optimisation programme: Direct costs
- 15. Cost optimisation programme: Overheads

# 7.3 Step change (commercialisation) initiatives:

- Clinical trials v2.0 (e.g. commercial and grant funded trials, PPP funded infrastructure enhancement, process/service outsource provision to peer trials facilities)
- 17. Lab services v2.0 (e.g. commercial and grant funded services, access to latest technology / equipment through capexto-opex supplier agreements, improved systems and support functions)
- 18. HDSS v2.o (e.g. birth cohorts, CD and NCD indicators, technology enabled data collection, paid access to collaborators and private organisations)
- 19. Cohorts v2.o (e.g. linked TB and HIV cohorts, enhanced data management systems, paid access to collaborators and private organisations)
- 20. Biobank v2.0 (e.g. scale biobanking services to regional peers and collaborators)
- 21. Product/service innovation and commercialisation (e.g.

- application process, innovation stage / gate pipeline, incubation / support)
- Design and implementation of health system innovations to improve health and well-being
- Training services: Scientists (e.g. accredited courses, PI sabbaticals, conferencing/ workshops)
- 24. Training services: Healthcare workers (e.g. accredited courses, conferencing/ workshops/ seminars)
- Land use optimisation:
   Bagamoyo rental / sub-division and disposal
- 26. Land use optimisation: Kigamboni disposal
- 27. Land use optimisation: Dar es Salaam head office development
- Finance and administration services (e.g. prime contracting, donor fund management, business process outsource provision)
- 29. Other process/service outsource provision (e.g. QA/QC, data collection/ management/ systems, M&E, institutional ethics review)

While all initiatives align to the strategy, it is not practically feasible to implement all 29 simultaneously. Initiatives have therefore been prioritised using the following criteria:

### Potential impact:

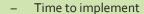
- Magnitude of impact
- Financial upliftment
- Enabling of other initiatives

### • Ease of implementation:

- Current capability/capacity
- Complexity/interdependencies
- Required investment



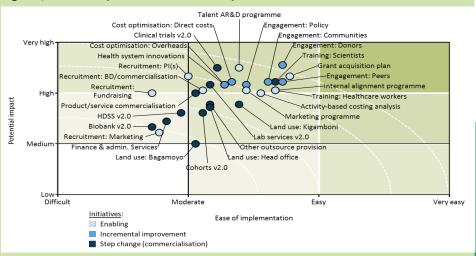




- Likelihood of success:
  - Core business alignment
  - Level of competition/barriers to entry
- Competitive advantage
- Risks

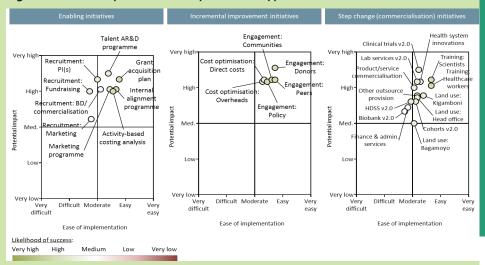
Summary results of the initial prioritisation are shown in Figure 5 and Figure 6 below.

Figure 5: Initiative prioritisation summary



Source: Management survey

Figure 6: Initiative prioritisation by initiative type



Source: Management survey



IHI will reprioritise the list over time as initiatives are fully implemented, and as new initiatives are added to the list Initiatives have been prioritised using the following criteria: potential impact, ease of implementation, and likelihood of success

What IHI will do to implement the strategy?

- Stakeholder engagement programmes.
- Co-ordinated grant acquisition plan.
- Talent acquisition, retention and development programme
- Commercial, grant funded clinical trials.
- Train scientists, healthcare workers.
- Engagement programme.
- Cost optimization programme.
- Hire key personnel.
- Design, implement health system innovations.

More detailed results are presented in Appendix D of the full version of the Strategic Plan.

IHI's top 15 initiatives in order of priority include (note: EI = enabling initiative, III = incremental improvement initiative, SCI = step change initiative):

### 7.4 Top five initiatives:

- III: Stakeholder engagement programme: Donor relationship management (and retention)
- El: Co-ordinated grant acquisition plan (e.g. research focus, donor/Pl mapping, targets/ milestones)
- EI: Talent acquisition, retention and development programme
- III: Stakeholder engagement programme: Peer collaboration strengthening
- SCI: Clinical trials v2.0 (e.g. commercial and grant funded trials, PPP funded infrastructure enhancement, process/service outsource provision to peer trials facilities)

### 7.5 Other top ten initiatives:

- SCI: Training services:
   Scientists (e.g. accredited courses, PI sabbaticals, conferencing/workshops)
- III: Stakeholder engagement programme: Community engagement
- SCI: Training services:
   Healthcare workers
   (e.g. accredited courses,
   conferencing/workshops/
   seminars)
- EI: Internal communications, culture, alignment and engagement programme

 III: Stakeholder engagement programme: Policy dialogue and advocacy

### 7.6 Other top 15 initiatives:

- III: Cost optimisation programme: Direct costs
- El: Activity-based costing analysis (enabling overhead justification and revised crosssubsidisation model)
- EI: Recruitment of key personnel: Principal investigator(s) (with existing international networks)
- III: Cost optimisation programme: Overheads
- SCI: Design and implementation of health system innovations to improve health and well-being

IHI will reprioritise the list over time as initiatives are fully implemented, and as new initiatives are added to the list.

The team will package the initiatives for implementation by fully dimensioning/clarifying:

- Initiative ownership/ responsibility
- Teaming (people requirements)
- Anticipated impact
- Budgets (incremental income, direct and indirect costs, working capital and capex)
- Timelines and milestones
- Dependencies
- Performance measures
- Risks/mitigation

In so doing, the initiative plans will translate the strategy into action from day one.

22



### **IHI HISTORY**



The beginning

A visit to Ifakara by zoologist Dr. Rudolf Geigy from Switzerland in 1949 marked the beginning of over 50-year history of IHI. Geigy [1920-1995], a scientist from the Swiss Tropical Institute in Basel, sought a fieldwork location for researching on tropical diseases. Eight years later, he opened the Swiss Tropical Institute Field Laboratory (STIFL) there.

The name "Ifakara" refers to "a place you go to die", a reflection of the historically high burden of disease in the area, before major control efforts started.

### **Transformation**

In the years after the 1961 independence, STIFL played a central role in training medical officers who could serve the country after independence. The government mandated STIFL to play the role through the Rural Aid Centre, which was designed to undertake the assignment.

Tanzania adopted the nationalization policy in 1970s which championed transferring of public institutions into the hands of Tanzanians. The policy set the stage for the integration of STIFL into a government agency – National Institute for Medical Research (NIMR) in 1990.

The following year, STIFL was renamed 'Ifakara Centre' and made an affiliate of NIMR

In 1996, it was made a trust and renamed, 'Ifakara Health Research and Development Centre (IHRDC). This name lasted until 2008 when it was changed to the current one of 'Ifakara Health Institute.'

### Flowering era

From the 1990s onward, IHI received an influx of funding and prestigious awards for excellence in health research. In 2008, it received the Prince of Asturias Award – a series of annual prizes awarded in Spain by the Prince of Asturias Foundation to individuals, entities or organizations from around the world who make notable achievements in the fields of sciences, humanities and public affairs.

The aim is to encourage and promote scientific, cultural and humanistic values that form part of mankind's universal heritage. In 2010, IHI received the (Tanzania) National Award for Science and Technology.

#### **New Era**

The first Tanzanian science director, Dr. Andrew Kitua, was appointed in 1993. His successors: Dr. Hassan Mshinda and Dr. Salim Abdulla, built strong teams that took the institute to the high level of excellence, extending operations of the institute to other regions.

In 2009, the institute extended its wings by opening a new branch in the Tanzania's colonial era capital, Bagamoyo. And three years later, in 2012, Kingani Training Center and Clinical Trials facilities were built.

The sitting Chief Executive Director, Dr. Honorati Masanja, was appointed in 2016.



