UWRA

Utafiti Wellness Research Association

Strategic Plan

2026 – 2030

ADVANCING RESEARCH.
ENHANCING WELLNESS.
TRANSFORMING LIVES.

Utafiti Wellness Research Association

RESEARCH EXCELLENCE | INNOVATION | CAPACITY BUILDING | EVIDENCE TO IMPACT | COMMUNITY ENGAGEMENT | DIGITAL HEALTH

Science. People. Impact.

From Evidence to Action: A Comprehensive Roadmap for Research Translation, Community Impact, and Institutional Growth Across Africa

Utafiti Wellness Research Association (UWRA)

"Evidence to Action"

Utafiti Wellness Research Association

Foreword

The Utafiti Wellness Research Association (UWRA) stands at a pivotal moment in its journey. What began as a vision shared by two passionate individuals—**Mr. Haroun Shiundu and Ms. Natasha Kisandi**—has grown into a dynamic organization dedicated to bridging the gap between research evidence and tangible health improvements for communities across Kenya & beyond. As we embark on this strategic planning period from 2026 to 2030, we do so with a profound sense of purpose, a deep commitment to our mission, and an unwavering belief in the power of evidence to transform lives.

This strategic plan represents a declaration of our intent, a roadmap for our journey, and a promise to the communities we serve. It reflects the collective wisdom of our team, the insights of our partners, and the voices of the communities who have entrusted us with their stories, their challenges, and their aspirations. Every page of this plan is infused with our commitment to the philosophy of "Evidence to Action"—the belief that research should not end with publication but should actively shape the policies, programs, and practices that affect people's lives.

The next five years will present both challenges and opportunities. The health landscape in Africa is evolving rapidly, with emerging threats, persistent inequities, and promising innovations. Our strategic priorities—strengthening health systems and policy, advancing implementation science and evidence translation, fostering community-engaged research, building research capacity and leadership, and catalyzing innovation and digital health solutions—are designed to position UWRA at the forefront of efforts to improve health and well-being across the continent.

We are deeply grateful to our team, whose dedication and expertise make our work possible. We are indebted to our partners, whose collaboration amplifies our impact. And we are inspired by the communities we serve, whose resilience and determination remind us why this work matters.

Together, we will translate evidence into action and create lasting health impact for communities across Africa.

Haroun Shiundu
Founder and Executive Director

Natasha Kisandi
Co-founder

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The development of this Strategic Plan has been a collaborative effort involving numerous individuals and organizations. We extend our deepest gratitude to all who have contributed their time, expertise, and insights to this process.

First and foremost, we thank the communities we serve, whose voices, experiences, and aspirations have shaped our vision and priorities. Your resilience and determination inspire us every day.

We thank our Board of Directors for their strategic guidance, oversight, and unwavering support. Your commitment to our mission and your wise counsel has been invaluable.

We extend our appreciation to our partners—government agencies, academic institutions, non-governmental organizations, and international development partners—whose collaboration amplifies our impact and extends our reach.

We are deeply grateful to our dedicated team at UWRA, whose passion, expertise, and hard work make our mission a reality. Your commitment to excellence and your belief in the power of evidence to transform lives are the foundation of everything we achieve.

We acknowledge the contributions of all stakeholders who participated in consultations, workshops, and reviews during the development of this plan. Your insights have enriched our thinking and strengthened our commitment to our shared goals.

Finally, we thank our donors and supporters, whose financial contributions make our work possible. Your investment in our mission is an investment in a healthier, more equitable future for communities across Africa.

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List of Abbreviations

Abbreviation	Full Term
AI	Artificial Intelligence
CEO	Chief Executive Officer
COVID-19	Coronavirus Disease 2019
DANIDA	Danish International Development Agency
ED	Executive Director
GAVI	Global Alliance for Vaccines and Immunization
GIS	Geographic Information Systems
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IT	Information Technology
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
NGO	Non-Governmental Organization
SIDA	Swedish International Development Cooperation Agency
UHC	Universal Health Coverage
UK FCDO	United Kingdom Foreign, Commonwealth and Development Office
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWRA	Utafiti Wellness Research Association
WHO	World Health Organization

Glossary of Terms

***Evidence to Action*:** The process of translating research findings into policies, programs, and practices that improve health outcomes. This concept lies at the heart of UWRA's mission and philosophy.

***Implementation Science*:** The scientific study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine health care and public health settings. Implementation science examines the factors that facilitate or hinder the translation of evidence into practice.

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***Knowledge Translation*:** The process of synthesizing, disseminating, and exchanging research knowledge with the goal of improving health outcomes. Knowledge translation involves making research findings accessible, understandable, and usable for diverse audiences, including policymakers, practitioners, and communities.

***Health Systems Strengthening*:** The process of improving the performance of health systems to achieve better health outcomes. Health systems strengthening encompasses governance, financing, human resources, service delivery, information systems, and medical products and technologies.

***Universal Health Coverage*:** Ensuring that all people have access to the health services they need without facing financial hardship. Universal health coverage is a key priority for health systems strengthening in Africa and globally.

***Community-Engaged Research*:** Research that involves communities as partners in the research process, recognizing that communities have valuable knowledge, expertise, and perspectives that can enrich research and increase its relevance and impact.

***Participatory Research*:** Research that involves participants as active partners in the research process, including in the design, implementation, analysis, and dissemination of research.

***Digital Health*:** The use of digital technologies, including mobile health applications, electronic health records, telemedicine, and decision support systems, to improve health outcomes and health systems.

***Data Science*:** The application of data analysis, statistics, and machine learning to extract insights from data and inform decision-making.

***Geographic Information Systems (GIS)*:** Systems used for mapping, spatial analysis, and visualization of geographic data, with applications in health for mapping disease patterns, health resources, and population needs.

***Capacity Strengthening*:** The process of building individual and institutional capabilities to perform functions effectively, efficiently, and sustainably.

***Health Equity*:** The absence of unfair and avoidable differences in health outcomes among groups. Achieving health equity requires addressing the social, economic, and structural determinants of health.

***Research Translation*:** The process of moving research findings from the laboratory or academic setting into real-world applications in policy and practice.

***Scaling Up*:** The process of expanding the reach and impact of successful interventions to benefit larger populations, often involving adaptation to new contexts and settings.

***Sustainability*:** The ability to maintain and sustain benefits over time, often requiring institutionalization, resource mobilization, and capacity building.

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Executive Summary

The Utafiti Wellness Research Association (UWRA) Strategic Plan 2026–2030 sets forth a bold and ambitious agenda for advancing research translation and community health impact across Africa. This document represents the culmination of extensive consultations with stakeholders, rigorous analysis of the health and research landscape, and deep reflection on our organizational strengths,

challenges, and aspirations. It charts a clear course for the next five years, building on the successes of our inaugural years while positioning UWRA for sustained growth, influence, and impact.

The Context

Africa faces a complex and evolving health landscape characterized by a dual burden of communicable and non-communicable diseases, persistent health inequities, and health systems that are often under-resourced and overstretched. While significant progress has been made in recent decades, many challenges remain. The gap between research evidence and its application in policy and practice remains one of the most significant barriers to improving health outcomes in the region. Despite growing research capacity in Africa, research findings often fail to reach those who need them most, and when they do, they are not always used to inform decisions.

UWRA emerged from a recognition of this gap and a commitment to bridging it. Our name, "Utafiti," which means "research" in Swahili, reflects our deep commitment to the generation and translation of knowledge. Our tagline, "Evidence to Action," encapsulates our core mission and philosophy—that research should not end with publication but should actively inform and shape the decisions, policies, and programs that affect people's lives.

The Vision, Mission, and Core Values

***Our Vision*:** A future where every community in Africa benefits from evidence-informed health policies, programs, and practices that promote wellness, equity, and dignity for all. We envision a continent where research is not an end in itself but a means to achieving better health outcomes, where communities are empowered to shape the research agenda and use evidence to advocate for their health needs, and where health systems are strengthened by the best available evidence.

***Our Mission*:** To translate research into actionable knowledge, strengthen health systems, build research capacity, and empower communities to achieve better health outcomes through evidence-based action.

***Our Core Values*:** Our work is guided by a set of core values that define our institutional culture and shape our interactions with communities, partners, and each other. These values—scientific excellence, community-centeredness, collaboration and partnership, equity and inclusion, integrity and accountability, and learning and adaptation—are the bedrock of our organization and inform everything we do.

The Strategic Priorities

We have identified five strategic priorities that will serve as the pillars of our institutional agenda for 2026–2030. These priorities are interlinked and mutually reinforcing, and they will be pursued through a combination of rigorous research, strategic partnerships, capacity strengthening, and knowledge mobilization.

Priority 1: Strengthening Health Systems and Policy. We will contribute to the strengthening of health systems at national and sub-national levels by generating evidence that informs policy, planning, and service delivery. Our focus will be on improving health system governance, financing, human resources, and quality of care, with particular attention to primary health care and universal health coverage. Through our policy engagement, health system performance research, and contributions to universal health coverage and emergency preparedness, we will generate the evidence needed to build stronger, more resilient health systems across Africa.

Priority 2: Advancing Implementation Science and Evidence Translation. We will deepen our expertise in implementation science and knowledge translation to ensure that research findings are

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systematically and effectively translated into practice, policy, and programs. We will focus on understanding what works, for whom, and under what conditions, and we will develop innovative strategies for scaling up effective interventions. Through our implementation research, knowledge translation activities, focus on scale-up and sustainability, and evidence synthesis work, we will bridge the gap between evidence and action.

Priority 3: Fostering Community-Engaged and Participatory Research. We believe that communities are not passive recipients of research but active partners in the generation and translation of knowledge. We will deepen our commitment to community-engaged research approaches, including participatory action research, community-based participatory research, and citizen science. Through community co-design, community capacity strengthening, community feedback mechanisms, and community-led interventions, we will ensure that research is truly responsive to community needs and priorities.

Priority 4: Building Research Capacity and Leadership. UWRA is committed to investing in the next generation of research leaders and practitioners in Africa. We will expand our capacity strengthening programs, including the Research Translation Fellowship, masterclasses, internships, and mentorship opportunities, to build a critical mass of researchers who can lead evidence-based health transformation. Through our fellowship program, training and mentorship initiatives, support for early-career researchers, and alumni network, we will build the human capital needed for sustainable health research in Africa.

Priority 5: Catalyzing Innovation and Digital Health Solutions. We will harness the potential of digital health and emerging technologies to improve health outcomes and strengthen health systems. We will focus on the development and evaluation of digital tools, including decision support systems, mobile health applications, and data analytics platforms, that address critical health challenges. Through our digital health innovation, data science and analytics, GIS and spatial analytics, and innovation ecosystem work, we will leverage technology for health impact.

Implementation Framework

The successful implementation of this strategic plan will require effective governance, resource mobilization, and a robust monitoring and evaluation system. Our governance structure ensures strategic oversight, accountability, and alignment with our mission and values. The Board of Directors provides overall guidance and fiduciary oversight, while the Executive Leadership Team, led by Executive Director Haroun Shiundu, is responsible for day-to-day management and implementation. Co-founder Natasha Kisandi plays a vital role in shaping our strategic direction and ensuring the organization remains true to its founding principles.

To achieve the goals outlined in this plan, we will pursue a diversified funding strategy that includes grants from international donors, government contracts, philanthropic contributions, and income from consultancies and commissioned research. We will invest in building our capacity for grant writing, donor engagement, and financial management, and we will cultivate long-term partnerships with funding agencies that share our vision.

We are committed to monitoring our progress and learning from our experiences. We will develop a comprehensive monitoring and evaluation framework that includes indicators for each strategic objective, regular data collection, and periodic evaluations. The M&E system will track both process and outcome indicators, enabling us to assess our effectiveness, identify areas for improvement, and adapt our strategies as needed.

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Conclusion

The UWRA Strategic Plan 2026–2030 represents a bold and visionary commitment to advancing health and well-being in Africa through evidence-based action. It is a living document that will guide our decisions, actions, and partnerships over the next five years. We are confident that, with the support of our partners and the dedication of our team, we will achieve our goals and contribute to a healthier, more equitable future for communities across the continent. Together, we can translate evidence into action and create lasting health impact for communities across Africa.

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PART ONE: INTRODUCTION AND CONTEXT

Chapter 1: Introduction

1.1 Organizational Overview

The Utafiti Wellness Research Association (UWRA) is a non-profit research organization dedicated to advancing health and well-being in Africa through evidence-based action. Founded in 2021 by Haroun Shiundu and co-founded by Natasha Kisandi, UWRA emerged from a recognition that the gap between research evidence and its application in policy and practice remains one of the most significant barriers to improving health outcomes in the region. This gap—often referred to as the "know-do gap"—represents a failure to translate the substantial investments in health research into tangible benefits for communities.

UWRA was established to address this gap by creating an organization that would not only generate high-quality research but also actively work to ensure that research findings are transformed into policies, programs, and practices that improve health. The organization's name, "Utafiti," which means "research" in Swahili, reflects our deep commitment to the generation and translation of knowledge. Our tagline, "Evidence to Action," encapsulates our core mission and philosophy—that research should not end with publication but should actively inform and shape the decisions, policies, and programs that affect people's lives.

Since our inception, we have grown from a small group of passionate researchers into a dynamic organization with a growing portfolio of research projects, capacity strengthening programs, and knowledge translation activities. We have established partnerships with government agencies, universities, non-governmental organizations, and international research institutions. Our work has contributed to policy development, program design, and service delivery improvements across multiple health areas, including maternal and child health, infectious diseases, non-communicable diseases, and health systems strengthening.

UWRA operates with a strong commitment to scientific excellence, community engagement, and institutional integrity. Our team comprises skilled and committed professionals with expertise in research, program management, knowledge translation, and community engagement. We are guided by a clear set of values that shape our work and our interactions with communities, partners, and each other.

The organization is registered as a non-profit association in Kenya and operates across multiple counties, with plans to expand our geographic reach and thematic focus. Our work is supported by a range of donors and partners who share our commitment to evidence-based health improvement in Africa.

1.2 Founders and Leadership

Haroun Shiundu: Founder and Executive Director

Haroun Shiundu is the Founder and Executive Director of UWRA, bringing extensive experience in research, program management, public health, community engagement, policy and organizational leadership. With a background in public health and a deep commitment to community engagement, Haroun has been the driving force behind UWRA's growth and success. His vision for an organization that bridges the gap between research and action has inspired our team and attracted partners who share our mission.

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Haroun's professional journey has been marked by a consistent focus on translating research evidence into tangible health improvements. He has worked in various capacities, including as a researcher, program manager, and consultant, gaining deep insights into the challenges and opportunities for health research and its translation in Africa. His leadership style is characterized by a commitment to collaboration, innovation, and accountability, and he has built a team that shares these values.

Under Haroun's leadership, UWRA has grown from a concept to a thriving organization with a growing portfolio of research projects, capacity strengthening programs, and knowledge translation activities. His vision for the organization is grounded in a deep understanding of the health and research landscape in Africa and a commitment to ensuring that research serves the needs of communities.

Natasha Kisandi: Co-founder

Natasha Kisandi, Co-founder of UWRA, has been instrumental in shaping the organization's strategic direction and ensuring it remains true to its founding principles. Her expertise in health systems strengthening and policy analysis has informed our research agenda and our approach to knowledge translation.

Natasha's professional background includes extensive experience in health policy analysis, health systems strengthening, and program evaluation. She has worked with government agencies, international organizations, and non-governmental organizations, gaining deep insights into the policy processes and institutional dynamics that shape health outcomes. Her expertise has been invaluable in positioning UWRA as a credible and influential voice in health policy discussions.

Together, Haroun and Natasha have built an organization that is grounded in rigorous science, guided by community values, and committed to making a tangible difference in people's lives. Their complementary skills and shared vision have created a strong foundation for UWRA's growth and impact.

Executive Leadership Team

The Executive Leadership Team is responsible for the day-to-day management and implementation of UWRA's work. The team includes directors and managers responsible for various functions:

- **Executive Director (Haroun Shiundu):** Provides overall leadership and strategic direction. Represents the organization to external stakeholders. Oversees all aspects of the organization's work.
- **Director of Research (Natasha Kisandi):** Oversees the research portfolio, including research design, implementation, and dissemination. Provides expertise in health systems strengthening and policy analysis.
- **Director of Programs (Amani M. Nyiro):** Oversees program implementation, including health systems strengthening, capacity building, and community engagement.
- **Director of Finance and Administration (Anisa Cheptum):** Oversees financial management, human resources, and administrative functions.
- **Director of Innovation:** Oversees the innovation portfolio, including digital health, data science, and GIS.
- **Director of Partnerships and Communications:** Oversees partnership development, communications, and knowledge translation.

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1.3 Purpose and Scope of the Strategic Plan

1.3.1 Purpose of the Plan

The Strategic Plan 2026–2030 serves several important purposes for UWRA:

Clarifying Vision and Direction: The plan articulates a clear vision for the organization's future and sets forth the strategic priorities that will guide our work over the next five years. It ensures that all stakeholders—including staff, board members, partners, and funders—understand where we are heading and how we intend to get there.

Guiding Decision-Making: The plan provides a framework for making strategic choices about resource allocation, partnership development, and program design. It helps us to prioritize our efforts and ensure that we are focusing on the activities that will have the greatest impact.

Enhancing Accountability: The plan establishes clear goals and objectives against which our performance can be measured and reported. It enables us to demonstrate accountability to our stakeholders and to learn from our experiences.

Mobilizing Resources: The plan provides a compelling case for investment that can be used to attract funding from donors and partners. It demonstrates that we have a clear vision, a solid strategy, and a commitment to achieving results.

Building Organizational Capacity: The plan identifies the capabilities, systems, and structures we need to achieve our goals. It provides a roadmap for strengthening our organization and building the capacity we need for sustained impact.

1.3.2 Scope of the Plan

The plan covers the period from January 1, 2026, to December 31, 2030. It encompasses all aspects of UWRA's work, including:

- **Research:** The generation of evidence through rigorous research.
- **Programs:** The implementation of programs that translate evidence into action.
- **Innovation:** The development and evaluation of innovative solutions.
- **Capacity Strengthening:** Building individual and institutional capacity for research and health improvement.
- **Knowledge Translation:** The dissemination and exchange of research knowledge.
- **Partnerships:** Collaboration with government, academic, non-governmental, and international partners.
- **Institutional Development:** Strengthening our organizational systems, structures, and capabilities.

1.3.3 Key Audiences

This plan is intended for a range of audiences:

- **Internal:** Staff, board members, and volunteers.
- **Partners:** Government agencies, academic institutions, non-governmental organizations, and international partners.

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- **Donors:** Current and potential funders.
- **Communities:** Communities we serve and engage with.
- **Stakeholders:** Anyone with an interest in UWRA's work.

1.4 Methodology for Plan Development

The development of this strategic plan has been a participatory and iterative process involving multiple stakeholders. The methodology included:

1.4.1 Document Review

The process began with a comprehensive review of organizational documents, including:

- Previous strategic plans and annual reports.
- Program documents and project reports.
- Monitoring and evaluation reports.
- Financial reports and budgets.
- Partnership agreements and memoranda of understanding.
- Policies and procedures.

This review provided a foundation for understanding our organizational history, achievements, challenges, and opportunities.

1.4.2 Situational Analysis

We conducted a thorough analysis of the internal and external environment, including:

- **Internal Analysis:** Assessment of our strengths, weaknesses, resources, and capabilities.
- **External Analysis:** Assessment of the health and research landscape in Africa, including challenges, opportunities, and trends.
- **Stakeholder Analysis:** Identification and analysis of key stakeholders and their interests, influence, and expectations.

1.4.3 Stakeholder Consultations

We engaged with a wide range of stakeholders through interviews, focus group discussions, and workshops:

- **Staff:** All staff members were consulted to gather their insights on organizational strengths, challenges, and priorities.
- **Board of Directors:** Board members provided strategic guidance and input on organizational priorities.
- **Partners:** Representatives of partner organizations shared their perspectives on collaboration and shared priorities.
- **Community Representatives:** Community members provided insights on their needs, priorities, and expectations.

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- **Government Officials:** Officials from relevant government agencies provided perspectives on policy priorities and opportunities for collaboration.
- **Donors:** Representatives of donor organizations shared their priorities and perspectives on funding opportunities.

1.4.4 Visioning Sessions

We conducted visioning sessions with staff, board members, and key stakeholders to articulate our vision, mission, and strategic priorities. These sessions used participatory methods to generate ideas, build consensus, and create a shared sense of purpose.

1.4.5 Drafting and Review

The plan was drafted through multiple iterations, with input from stakeholders at each stage:

- **Initial Draft:** A draft was prepared based on the findings of the situational analysis, stakeholder consultations, and visioning sessions.
- **Internal Review:** The draft was reviewed by staff and board members for accuracy, completeness, and alignment with organizational priorities.
- **External Review:** The draft was shared with key partners and stakeholders for feedback and input.
- **Finalization:** The plan was finalized based on all feedback received.

1.5 Structure of the Document

This strategic plan is organized into four parts:

Part One: Introduction and Context

This part provides the foundation for the plan, including an overview of UWRA, our founders and leadership, the purpose and scope of the plan, the methodology for plan development, and the structure of the document. It also includes a comprehensive situational analysis of the health and research landscape in Africa and UWRA's institutional context.

Part Two: Strategic Framework

This part articulates our vision, mission, and core values and presents the five strategic priorities that will guide our work over the next five years. Each priority is described in detail, including its rationale, objectives, key results, activities, and implementation mechanisms.

Part Three: Implementation Framework

This part outlines the framework for implementing the strategic plan, including governance and leadership, operational planning and management, resource mobilization, monitoring and evaluation, risk management, and communication and advocacy.

Part Four: Conclusion and Annexes

This part concludes the plan with a summary of key commitments and the path forward. It also includes annexes with detailed information on the logical framework, performance indicators, action plans, stakeholder engagement, communication strategy, risk register, partnership strategy, and financial projections.

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Chapter 2: Situational Analysis

2.1 The Health and Research Landscape in Africa

Africa faces a complex and evolving health landscape characterized by a dual burden of communicable and non-communicable diseases, persistent health inequities, and health systems that are often under-resourced and overstretched. While significant progress has been made in recent decades, many challenges remain.

2.1.1 Demographic and Epidemiological Transition

Africa is undergoing a demographic and epidemiological transition characterized by:

- **Population Growth:** Africa's population is growing rapidly, with projections suggesting that the continent will be home to more than 2.5 billion people by 2050. This growth places increasing demands on health systems and creates new challenges for health service delivery.
- **Urbanization:** The continent is urbanizing rapidly, with more than half of the population expected to live in urban areas by 2030. Urbanization brings both opportunities and challenges for health, including increased access to services but also new health risks associated with crowded living conditions and lifestyle changes.
- **Epidemiological Transition:** Africa is experiencing a shift from communicable to non-communicable diseases as the leading causes of mortality. While infectious diseases such as HIV/AIDS, tuberculosis, and malaria remain significant causes of illness and death, non-communicable diseases such as cardiovascular disease, diabetes, cancer, and mental health conditions are rising rapidly.

2.1.2 The Burden of Communicable Diseases

Despite progress, communicable diseases continue to cause significant morbidity and mortality across Africa:

- **HIV/AIDS:** Africa remains the epicenter of the HIV/AIDS pandemic, with more than two-thirds of global infections. While significant progress has been made in increasing access to antiretroviral therapy, challenges remain in reaching key populations and ensuring sustained treatment adherence.
- **Tuberculosis:** Africa bears a disproportionate burden of tuberculosis, with some countries experiencing high rates of drug-resistant TB. TB remains a leading cause of death among people living with HIV.
- **Malaria:** Africa bears the greatest burden of malaria globally, with children under five and pregnant women being the most vulnerable. Significant progress has been made in reducing malaria deaths, but challenges remain in sustaining progress and reaching elimination.
- **Neglected Tropical Diseases:** A range of neglected tropical diseases, including schistosomiasis, lymphatic filariasis, and onchocerciasis, continue to affect millions of people across Africa, particularly in rural and marginalized communities.
- **Emerging and Re-emerging Diseases:** The COVID-19 pandemic highlighted the vulnerability of health systems to emerging infectious diseases. Other emerging diseases, such as Ebola, Lassa fever, and Zika, pose ongoing threats.

2.1.3 The Rise of Non-Communicable Diseases

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Non-communicable diseases are rising rapidly in Africa, driven by demographic shifts, urbanization, and changes in lifestyle and diet:

- **Cardiovascular Disease:** Heart disease and stroke are leading causes of death in Africa, with risk factors such as hypertension, diabetes, and obesity on the rise.
- **Diabetes:** The prevalence of diabetes is increasing rapidly, with projections suggesting a doubling of cases by 2040. Many cases remain undiagnosed and untreated.
- **Cancer:** Cancer is a growing burden in Africa, with incidence and mortality rates rising. Challenges include limited screening, late diagnosis, and inadequate treatment capacity.
- **Mental Health Conditions:** Mental health conditions, including depression, anxiety, and substance abuse, are significant causes of disability and mortality. Mental health services remain underfunded and inaccessible for many.
- **Injuries and Violence:** Road traffic injuries, interpersonal violence, and other injuries are significant causes of death and disability, particularly among young people.

2.1.4 Health Systems Challenges

Health systems across Africa face multiple challenges that undermine their ability to deliver quality health services:

- **Inadequate Financing:** Many African countries allocate insufficient resources to health, resulting in underfunded health systems and high out-of-pocket spending by individuals.
- **Human Resource Shortages:** Africa faces a critical shortage of health workers, including doctors, nurses, and allied health professionals. This shortage is compounded by migration of health workers to other regions and countries.
- **Weak Supply Chains:** Inefficient supply chains for medicines and medical supplies lead to stock-outs and shortages, undermining service delivery.
- **Limited Infrastructure:** Many health facilities lack adequate infrastructure, including electricity, water, and sanitation, which affects the quality of care.
- **Governance Weaknesses:** Weak governance and accountability mechanisms undermine health system performance and contribute to inefficiency and corruption.
- **Data Systems:** Weak health information systems limit the ability to monitor health trends, plan services, and evaluate interventions.

2.1.5 Health Inequities

Disparities in health outcomes persist within and between countries in Africa, reflecting underlying social, economic, and structural determinants of health:

- **Geographic Inequities:** Rural and remote populations often have less access to health services and poorer health outcomes than urban populations.
- **Socioeconomic Inequities:** Wealthier populations generally have better health outcomes and access to health services than poorer populations.
- **Gender Inequities:** Women and girls face multiple health challenges, including maternal mortality, gender-based violence, and limited access to reproductive health services.

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- **Disability:** Persons with disabilities often face barriers to accessing health services and experience poorer health outcomes.
- **Marginalized Populations:** Indigenous populations, ethnic minorities, and other marginalized groups often experience worse health outcomes and limited access to services.

2.1.6 The Research Landscape

While research capacity in Africa has grown significantly, there remains a substantial gap between the production of research evidence and its translation into policy and practice:

- **Growing Research Capacity:** There is a growing cadre of skilled researchers and research institutions in Africa, with increasing investment in research and innovation.
- **Research Outputs:** The volume of research publications from Africa has increased significantly, though quality and relevance remain variable.
- **Research Translation Gap:** Despite growing research outputs, there is a persistent gap between research evidence and its application in policy and practice. Research is often disconnected from the needs of communities and policymakers.
- **Implementation Science Capacity:** There is limited capacity for implementation science and knowledge translation, which are essential for bridging the gap between research and practice.
- **Funding:** Research funding remains limited and often tied to donor priorities, which may not align with national or community priorities.

2.2 Key Health Challenges Facing the Continent

2.2.1 Maternal, Newborn, and Child Health

Maternal, newborn, and child health remains a key priority in Africa, with persistent challenges:

- **Maternal Mortality:** Africa has the highest maternal mortality ratio in the world, with approximately 200,000 women dying each year from complications of pregnancy and childbirth.
- **Newborn Mortality:** Newborn deaths account for a significant proportion of under-five mortality, with many deaths occurring in the first 28 days of life.
- **Child Mortality:** Under-five mortality rates have declined but remain high, with leading causes including pneumonia, diarrhea, malaria, and malnutrition.
- **Access to Services:** Many women and children lack access to essential health services, including antenatal care, skilled birth attendance, and postnatal care.
- **Quality of Care:** Even when services are available, quality of care is often inadequate, contributing to poor health outcomes.

2.2.2 Reproductive Health and Family Planning

Reproductive health and family planning are critical for improving health outcomes and empowering women:

- **Unmet Need for Family Planning:** Many women in Africa have an unmet need for family planning, leading to unintended pregnancies, unsafe abortions, and maternal deaths.

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- **Adolescent Health:** Adolescents face challenges in accessing reproductive health services, including contraception and sexual and reproductive health information.
- **Gender-Based Violence:** Gender-based violence is a significant health issue, with many women experiencing physical, sexual, or psychological violence.
- **Harmful Practices:** Practices such as female genital mutilation and child marriage continue to affect the health and well-being of women and girls.

2.2.3 Infectious Diseases

Infectious diseases continue to be a major health challenge in Africa:

- **HIV/AIDS:** Progress has been made, but HIV/AIDS remains a significant cause of illness and death, with challenges in prevention, testing, treatment, and care.
- **Tuberculosis:** TB remains a leading cause of death, particularly among people living with HIV, with challenges in diagnosis, treatment, and drug resistance.
- **Malaria:** Malaria remains a major cause of morbidity and mortality, particularly among children and pregnant women, with challenges in prevention and treatment.
- **Neglected Tropical Diseases:** NTDs affect millions of people, with challenges in prevention, treatment, and elimination.
- **Emerging Diseases:** Emerging and re-emerging diseases, including COVID-19, Ebola, and Zika, pose ongoing threats to health security.

2.2.4 Non-Communicable Diseases

The rise of NCDs is a growing concern in Africa:

- **Cardiovascular Diseases:** Heart disease and stroke are leading causes of death, with risk factors such as hypertension, diabetes, and obesity on the rise.
- **Diabetes:** Diabetes is increasing rapidly, with many cases undiagnosed and untreated.
- **Cancer:** Cancer is a growing burden, with challenges in prevention, early detection, and treatment.
- **Mental Health:** Mental health conditions are significant causes of disability, with limited services and support.
- **Injuries:** Road traffic injuries, interpersonal violence, and other injuries are significant causes of death and disability.

2.2.5 Health Systems Challenges

Health systems face multiple challenges:

- **Financing:** Inadequate financing and high out-of-pocket spending.
- **Human Resources:** Shortages and maldistribution of health workers.
- **Infrastructure:** Inadequate health infrastructure, including facilities, equipment, and supplies.
- **Governance:** Weak governance and accountability.

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- **Information Systems:** Weak health information systems.
- **Quality of Care:** Inadequate quality of care, including patient safety and responsiveness.

2.3 Opportunities and Assets

Despite these challenges, there are significant opportunities for advancing health and well-being in Africa:

2.3.1 Political Commitment

There is growing political commitment to health at national, regional, and continental levels:

- **African Union's Agenda 2063:** The African Union's Agenda 2063 includes health as a key priority, with goals for universal health coverage, health security, and health systems strengthening.
- **Universal Health Coverage:** Many African countries have committed to universal health coverage as a policy goal, creating opportunities for health systems strengthening.
- **Primary Health Care:** There is renewed attention to primary health care as the foundation of health systems, with commitments to strengthen PHC services.
- **Health Security:** The COVID-19 pandemic has highlighted the importance of health security, leading to increased investment in pandemic preparedness and response.

2.3.2 Technological Advances

Advances in digital health and emerging technologies offer new possibilities for improving health:

- **Digital Health:** Mobile health applications, electronic health records, telemedicine, and other digital tools can improve health service delivery, data use, and patient engagement.
- **Data Science:** Advances in data science, including artificial intelligence and machine learning, offer new possibilities for analyzing health data and generating insights.
- **GIS and Spatial Analytics:** GIS and spatial analytics can be used to map health resources, disease patterns, and population needs, enabling targeted interventions.
- **Medical Technology:** Advances in medical technology, including diagnostics, therapeutics, and devices, offer new possibilities for improving health outcomes.

2.3.3 Research Capacity

There is a growing cadre of skilled researchers and research institutions in Africa:

- **Human Capital:** An increasing number of researchers are being trained in Africa, with growing expertise in various health research areas.
- **Institutional Capacity:** Research institutions in Africa are strengthening their capacity for research, including infrastructure, systems, and governance.
- **Collaboration:** There is growing collaboration among researchers and institutions in Africa, including networks and partnerships.
- **Investment:** There is increasing investment in health research from governments, donors, and the private sector.

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2.3.4 Community Engagement

Communities across Africa are demonstrating remarkable resilience and agency in addressing health challenges:

- **Community-Led Initiatives:** Communities are taking the lead in health initiatives, including health promotion, disease prevention, and care.
- **Social Capital:** Strong social networks and community solidarity provide a foundation for health improvement.
- **Community Health Workers:** Community health workers are playing an increasingly important role in health service delivery and health promotion.
- **Community Engagement:** There is growing recognition of the importance of community engagement in health research and programs.

2.3.5 Partnerships

There is growing recognition of the importance of partnerships and collaboration in addressing complex health challenges:

- **Multi-Sectoral Engagement:** Health is being recognized as a multi-sectoral issue, requiring engagement from sectors such as education, agriculture, and finance.
- **Public-Private Partnerships:** Collaboration between the public and private sectors is being increasingly recognized as a way to leverage resources and expertise.
- **International Collaboration:** International partners are supporting health improvement in Africa through funding, technical assistance, and knowledge sharing.
- **South-South Cooperation:** There is growing collaboration among African countries, including sharing of knowledge, expertise, and resources.

2.4 UWRA's Institutional Context

2.4.1 Strengths

UWRA possesses several strengths that position us well for achieving our strategic goals:

Strong Leadership: Our founding team, led by Haroun Shiundu and supported by Natasha Kisandi, brings extensive experience, vision, and commitment to the organization. Their leadership has been instrumental in establishing UWRA as a credible and effective organization.

Clear Mission and Philosophy: Our "Evidence to Action" philosophy provides a clear and compelling framework for our work. It guides our research, programs, and partnerships and ensures that we remain focused on our core mission.

Growing Reputation: UWRA is building a reputation for high-quality research, effective knowledge translation, and meaningful community engagement. This reputation is attracting partners and funders who share our commitment.

Diverse Partnerships: We have established partnerships with a range of organizations, including government agencies, universities, NGOs, and international research institutions. These partnerships provide access to resources, expertise, and networks.

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Talented Team: Our team comprises skilled and committed professionals with expertise in research, program management, knowledge translation, and community engagement. Their dedication and competence are the foundation of our success.

Innovative Approach: We are committed to innovation in research methods, knowledge translation, and digital health. This commitment positions us at the forefront of efforts to address health challenges in Africa.

Community Focus: Our commitment to community engagement and participatory research ensures that our work is relevant, responsive, and beneficial to communities.

2.4.2 Weaknesses

We also recognize areas where we need to strengthen our organizational capacity:

Limited Funding: As a relatively young organization, we face challenges in securing sustainable funding for our work. This limits our ability to plan long-term and to invest in organizational development.

Human Resources: While we have a talented team, we need to grow our workforce and develop staff capacity to meet increasing demands. We also need to strengthen our human resource systems, including recruitment, retention, and performance management.

Systems and Infrastructure: We need to strengthen our systems for project management, financial management, and knowledge management. These systems are essential for effective implementation and accountability.

Visibility: While we are building our reputation, we need to enhance our visibility and influence at national, regional, and continental levels. This includes strengthening our communications and advocacy capacity.

Scale: Our current scale limits our ability to reach more communities and to have a broader impact. We need to develop strategies for scaling up our programs and activities.

2.4.3 Opportunities

The external environment presents several opportunities for UWRA:

Growing Demand for Evidence: There is increasing demand for research evidence to inform policy and practice, creating opportunities for our work. Policymakers, practitioners, and communities are seeking evidence to guide decisions.

Donor Interest: International donors are increasingly interested in research translation, implementation science, and health systems strengthening in Africa. This creates opportunities for funding our work.

Digital Health: The rapid growth of digital health in Africa offers opportunities for innovation and impact. We can leverage digital technologies to improve health service delivery and data use.

Networks and Collaborations: There are growing networks and collaborations in research, health, and development that we can leverage. These networks provide access to expertise, resources, and opportunities.

Policy Windows: There are policy windows and opportunities for engaging with policy processes, including the African Union's Agenda 2063 and national health strategies.

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Human Capital: There is a growing pool of skilled researchers and health professionals in Africa that we can engage in our work.

2.4.4 Threats

We also face potential threats that we must anticipate and mitigate:

Funding Uncertainty: Changes in donor priorities and funding availability could affect our work. We need to diversify our funding and build financial sustainability.

Political Instability: Political instability in some parts of Africa could affect our operations and the communities we serve. We need to anticipate and plan for these risks.

Competition: The growing number of research organizations in Africa creates competition for funding and partnerships. We need to differentiate ourselves and build a strong reputation.

Health Emergencies: Health emergencies, such as pandemics, can disrupt our work and divert resources. We need to build resilience and contingency planning.

Regulatory Changes: Changes in regulations and policies could affect our work. We need to stay informed and engage with policy processes.

Reputational Risks: Risks to our reputation from poor performance or misconduct. We need to maintain high standards of integrity and accountability.

2.5 Stakeholder Analysis

2.5.1 Key Stakeholders

UWRA engages with a range of stakeholders who have an interest in our work:

Stakeholder	Interest	Influence	Engagement Strategy
Communities	Health outcomes, community engagement	High	Participatory research, community engagement, feedback mechanisms
Government Agencies	Policy, health systems, service delivery	High	Policy engagement, technical assistance, partnerships
Academic Institutions	Research, capacity building, collaboration	High	Research partnerships, joint programs, knowledge exchange
NGOs and CSOs	Health programs, advocacy, community engagement	High	Partnerships, collaboration, knowledge sharing
Donors	Funding, impact, accountability	High	Grant management, reporting, relationship building
International Partners	Collaboration, knowledge sharing	Medium	Partnerships, joint initiatives, networking
Health Professionals	Service delivery, evidence use	Medium	Knowledge translation, training, engagement
Private Sector	Innovation, investment	Medium	Partnerships, technology, innovation

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2.5.2 Stakeholder Engagement Strategy

We will engage with stakeholders through a range of strategies:

- **Regular Communication:** Regular communication through meetings, reports, and updates.
- **Participatory Processes:** Involving stakeholders in planning, implementation, and evaluation.
- **Partnerships:** Building and maintaining partnerships based on mutual benefit.
- **Feedback Mechanisms:** Establishing mechanisms for receiving and responding to stakeholder feedback.
- **Advocacy:** Engaging with stakeholders to advance our mission and goals.

2.6 Lessons Learned from Previous Phases

2.6.1 Key Achievements

- **Research Outputs:** Production of high-quality research publications and reports.
- **Policy Influence:** Contribution to policy development and influence at national and county levels.
- **Capacity Building:** Training and development of researchers and health professionals.
- **Community Engagement:** Meaningful engagement with communities in research and programs.
- **Partnerships:** Establishment of strong partnerships with key stakeholders.
- **Knowledge Translation:** Effective translation of research findings into actionable knowledge.

2.6.2 Challenges and Lessons

- **Funding Sustainability:** Need for diversified and sustainable funding sources.
- **Human Resources:** Need for strengthened human resource systems and capacity development.
- **Systems and Infrastructure:** Need for strengthened systems and infrastructure.
- **Scaling Up:** Need for strategies to scale up successful interventions.
- **Sustainability:** Need for strategies to ensure sustainability of programs and activities.
- **Monitoring and Evaluation:** Need for strengthened M&E systems and capacity.

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PART TWO: STRATEGIC FRAMEWORK

Chapter 3: Vision, Mission, and Core Values

3.1 Vision Statement

Our Vision: A future where every community in Africa benefits from evidence-informed health policies, programs, and practices that promote wellness, equity, and dignity for all.

This vision reflects our commitment to:

Universal Access: Ensuring that all communities, regardless of their location or socioeconomic status, have access to the health services they need. We envision a future where geographic, economic, and social barriers to health care have been dismantled, and where every person can access the health services they need without facing financial hardship.

Health Equity: Addressing the underlying determinants of health and ensuring that the benefits of health research and services are distributed fairly. We envision a future where the social, economic, and structural determinants of health have been addressed, and where health inequities have been significantly reduced.

Dignity: Respecting the inherent worth and rights of all individuals and communities. We envision a future where all people are treated with dignity and respect, and where health services are delivered in a way that respects individual rights and preferences.

Empowerment: Enabling communities to take control of their health and well-being. We envision a future where communities are empowered to shape the research agenda, use evidence to advocate for their health needs, and take action to improve their health.

Evidence-Informed Practice: Ensuring that health policies, programs, and practices are informed by the best available evidence. We envision a future where evidence is systematically used to guide health decisions at all levels.

This vision is ambitious, but we believe it is achievable. It requires collective effort, sustained commitment, and strategic action. UWRA is committed to playing our part in realizing this vision.

3.2 Mission Statement

Our Mission: To translate research into actionable knowledge, strengthen health systems, build research capacity, and empower communities to achieve better health outcomes through evidence-based action.

This mission is realized through:

Research Translation: Ensuring that research findings are transformed into policies, programs, and practices that improve health. We are committed to ensuring that research does not end with publication but actively shapes health decisions and actions.

Health Systems Strengthening: Contributing to the development of health systems that are responsive, equitable, and effective. We are committed to generating evidence that strengthens health systems and improves health outcomes.

Capacity Building: Investing in the next generation of researchers and health leaders. We are committed to building individual and institutional capacity for research, knowledge translation, and leadership.

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Community Empowerment: Ensuring that communities are active participants in the research and translation process. We are committed to engaging communities as partners in research and ensuring that they benefit from the research process.

Evidence-Based Action: Ensuring that our actions are guided by the best available evidence. We are committed to using evidence to inform our decisions and actions, and to continuously learning and improving.

3.3 Core Values and Guiding Principles

Our work is guided by a set of core values that define our institutional culture and shape our interactions with communities, partners, and each other. These values are the bedrock of our organization and inform everything we do.

3.3.1 Scientific Excellence

We are committed to the highest standards of scientific rigor, integrity, and innovation in all our research and translation activities. This means:

Rigorous Methods: Conducting research that is methodologically sound, using the best available methods and tools. We are committed to ensuring that our research meets international standards of quality and rigor.

Ethical Practice: Conducting research that is ethically grounded, respecting the rights and dignity of research participants. We are committed to ensuring that our research meets the highest ethical standards.

Integrity: Conducting our work with honesty, transparency, and integrity. We are committed to ensuring that our research is free from bias and misconduct.

Innovation: Using the best available methods and technologies, and continuously learning and improving our research practices. We are committed to innovation in research methods and approaches.

Quality: Producing research that is credible, reliable, and relevant. We are committed to ensuring that our research meets the needs of our stakeholders.

3.3.2 Community-Centeredness

We place communities at the heart of our work, ensuring that research is relevant, respectful, and responsive to their needs, priorities, and lived experiences. This means:

Active Engagement: Engaging communities as active partners in research, not passive subjects. We are committed to ensuring that communities have a voice in shaping the research agenda.

Relevance: Ensuring that research addresses the issues that matter most to communities. We are committed to ensuring that our research is responsive to community needs and priorities.

Cultural Appropriateness: Using methods that are culturally appropriate and respectful of community values and norms. We are committed to ensuring that our research is culturally sensitive.

Benefit: Ensuring that communities benefit from the research process. We are committed to ensuring that research leads to tangible benefits for communities.

3.3.3 Collaboration and Partnership

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We believe that lasting impact requires collective effort. We foster strategic alliances with governments, universities, NGOs, community organizations, and international partners. This means:

Mutual Respect: Building and nurturing partnerships based on mutual respect and shared goals. We are committed to ensuring that our partnerships are equitable and beneficial to all partners.

Shared Goals: Leveraging the strengths and expertise of diverse partners. We are committed to working with partners who share our vision and values.

Collaboration: Working across sectors and disciplines to address complex health challenges. We are committed to collaboration as a means to achieving greater impact.

Knowledge Sharing: Sharing knowledge and resources to maximize impact. We are committed to sharing our knowledge and learning from our partners.

3.3.4 Equity and Inclusion

We are committed to addressing health inequities and ensuring that our work benefits those who are most vulnerable and marginalized, including women, children, youth, persons with disabilities, and rural populations. This means:

Reach: Ensuring that our research and programs reach the most marginalized communities. We are committed to ensuring that our work benefits those who need it most.

Determinants: Addressing the social, economic, and structural determinants of health. We are committed to addressing the root causes of health inequities.

Gender: Promoting gender equity and the rights of all individuals. We are committed to ensuring that our work addresses the specific needs and challenges faced by women and girls.

Diversity: Ensuring that our team reflects the diversity of the communities we serve. We are committed to diversity and inclusion in our workforce.

3.3.5 Integrity and Accountability

We uphold the highest ethical standards in all our endeavors. We are transparent, accountable, and responsible for our actions and their consequences. This means:

Honesty: Conducting our work with honesty and transparency. We are committed to being truthful and open in all our dealings.

Accountability: Being accountable to communities, partners, and funders. We are committed to taking responsibility for our actions and their consequences.

Ethical Practice: Ensuring that our research is conducted ethically and responsibly. We are committed to meeting the highest ethical standards.

Learning: Learning from our mistakes and continuously improving. We are committed to learning and improvement as a core organizational value.

3.3.6 Learning and Adaptation

We embrace continuous learning, innovation, and adaptation. We value feedback, evaluate our work rigorously, and are willing to adjust our strategies to achieve better outcomes. This means:

Monitoring and Evaluation: Monitoring and evaluating our work to learn what works and what doesn't. We are committed to using evidence to improve our work.

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Adaptation: Being willing to change course when evidence suggests a different approach is needed. We are committed to being flexible and adaptive.

Innovation: Encouraging innovation and creativity in our work. We are committed to exploring new approaches and methods.

Learning Culture: Fostering a culture of learning within our organization. We are committed to creating an environment where learning is valued and encouraged.

3.4 Theory of Change

3.4.1 Overview

UWRA's Theory of Change articulates the causal pathway through which we expect to achieve our vision and mission. It describes the logic of our work, identifying the inputs, activities, outputs, outcomes, and impact that we expect to result from our efforts.

3.4.2 The Problem

The health and research landscape in Africa is characterized by:

- Persistent health challenges, including communicable and non-communicable diseases.
- Health systems that are under-resourced and overstretched.
- Health inequities that leave the most vulnerable behind.
- A gap between research evidence and its application in policy and practice.

3.4.3 Our Response

UWRA responds to these challenges through:

- Rigorous research that generates evidence on priority health issues.
- Knowledge translation that ensures research evidence reaches those who need it.
- Capacity building that strengthens the next generation of researchers and health leaders.
- Community engagement that ensures research is relevant and responsive.
- Innovation that harnesses technology for health impact.
- Partnerships that amplify our impact and extend our reach.

3.4.4 Expected Outcomes

Through our work, we expect to achieve:

- Increased use of evidence in health policy and practice.
- Strengthened health systems that deliver better health outcomes.
- Increased research capacity in Africa.
- Empowered communities that can advocate for their health needs.
- Improved health outcomes, particularly for the most vulnerable.

3.4.5 Long-Term Impact

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In the long term, we expect to contribute to:

- Healthier communities across Africa.
- Reduced health inequities.
- Strengthened health systems.
- A culture of evidence-based decision-making.

3.4.6 Assumptions

Our Theory of Change is based on several assumptions:

- That communities are willing and able to participate in research.
- That policymakers and practitioners are interested in and able to use evidence.
- That funding will be available to support our work.
- That political and social conditions will remain conducive to our work.
- That partnerships will be effective and mutually beneficial.

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Chapter 4: Strategic Priorities

4.1 Priority 1: Strengthening Health Systems and Policy

4.1.1 Rationale and Context

Health systems in Africa face multiple challenges that undermine their ability to deliver quality health services and achieve better health outcomes. These challenges include inadequate financing, human resource shortages, weak supply chains, limited infrastructure, governance weaknesses, and persistent health inequities. These challenges are compounded by the dual burden of communicable and non-communicable diseases, emerging health threats, and the need to advance universal health coverage.

UWRA is well-positioned to contribute to health systems strengthening through our expertise in health policy and systems research, our partnerships with government agencies and health institutions, and our commitment to translating evidence into action. Our work in this area focuses on generating evidence that informs policy, planning, and service delivery, and on building the capacity of health systems to deliver quality care.

The strengthening of health systems is essential for achieving universal health coverage and improving health outcomes. It requires a comprehensive approach that addresses governance, financing, human resources, service delivery, information systems, and medical products and technologies. UWRA's work in this area is guided by a commitment to generating evidence that is relevant, credible, and actionable, and to ensuring that evidence is used to inform policy and practice.

4.1.2 Objectives and Key Results

Objective 1.1: Policy Influence

Goal: To influence health policy at national and county levels through the production of high-quality policy briefs, evidence syntheses, and technical reports.

Rationale: Policy decisions shape health systems and health outcomes. To ensure that policies are evidence-informed, it is essential to produce and disseminate policy-relevant evidence in formats that are accessible and useful to policymakers. Policy briefs, evidence syntheses, and technical reports are effective tools for translating research evidence into policy-relevant knowledge.

Key Results:

- Produce at least 20 policy briefs annually on priority health issues.
- Conduct at least 5 evidence syntheses per year addressing key policy questions.
- Hold at least 10 policy dialogue sessions annually with policymakers and stakeholders.
- Ensure that 80% of our policy briefs are referenced in policy documents or cited in policy discussions.
- Establish a policy fellows program to embed researchers in policy institutions.

Activities:

- Identifying priority policy questions through stakeholder engagement, including consultations with policymakers, practitioners, and communities.

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- Conducting rapid evidence reviews and policy analyses to synthesize existing evidence and identify policy implications.
- Writing and disseminating policy briefs, technical reports, and evidence summaries in accessible formats.
- Organizing policy dialogues, roundtables, and briefings to engage policymakers and stakeholders.
- Building relationships with policymakers and their advisors through regular communication and engagement.
- Providing technical assistance to policy processes, including policy development, implementation, and evaluation.

Implementation Mechanisms:

- Policy Research Unit: A dedicated team focused on policy research and analysis.
- Policy Engagement Strategy: A structured approach to engaging with policymakers and influencing policy processes.
- Technical Assistance Program: Providing technical support to government agencies and health institutions.
- Policy Fellows Program: Embedding researchers in policy institutions to build capacity and influence policy.

Objective 1.2: Health System Performance

Goal: To conduct implementation research that identifies bottlenecks and solutions for improving health system performance, including referral systems, supply chains, and workforce management.

Rationale: Health systems face multiple performance challenges that undermine their ability to deliver quality care. Understanding these challenges and identifying effective solutions requires rigorous implementation research. UWRA is committed to generating evidence that helps health systems to perform better.

Key Results:

- Conduct at least 10 implementation research studies on health system performance.
- Identify and document at least 15 health system bottlenecks and solutions.
- Provide technical assistance to at least 5 health system reform processes.
- Develop at least 5 tools and frameworks for health system assessment.
- Publish at least 10 peer-reviewed articles on health system performance.

Activities:

- Conducting health system assessments and analyses to identify performance challenges and opportunities.
- Identifying and documenting health system challenges and solutions through research.
- Developing and testing interventions to improve health system performance.

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- Working with health system managers and policymakers to implement improvements.
- Documenting and sharing lessons learned to inform policy and practice.

Implementation Mechanisms:

- Health Systems Research Unit: A team focused on health systems research.
- Performance Improvement Program: A program focused on improving health system performance.
- Assessment Tools: Developing and applying tools for health system assessment.
- Learning Network: A network of health system managers and researchers for sharing learning.

Objective 1.3: Universal Health Coverage

Goal: To generate evidence on effective strategies for advancing universal health coverage, with a focus on financial protection, access to essential services, and community engagement.

Rationale: Universal health coverage is a key priority for health systems strengthening in Africa. However, progress has been uneven, and many countries face challenges in advancing UHC. UWRA is committed to generating evidence that supports effective UHC implementation.

Key Results:

- Conduct at least 8 research studies on universal health coverage.
- Produce at least 5 policy briefs on UHC-related topics.
- Engage with at least 5 UHC policy processes.
- Develop tools and frameworks for monitoring UHC.
- Contribute to regional and global UHC dialogues.

Activities:

- Research on health financing, including domestic resource mobilization and pooling, to identify strategies for sustainable UHC financing.
- Research on service delivery models for primary health care to identify effective approaches for delivering UHC.
- Research on community engagement and social accountability to ensure that UHC is responsive to community needs.
- Policy analysis on UHC implementation to identify challenges and opportunities.
- Knowledge sharing and advocacy to promote UHC.

Implementation Mechanisms:

- UHC Research Initiative: A program focused on UHC research.
- Policy Engagement: Engaging with UHC policy processes.
- Knowledge Products: Producing policy briefs, reports, and other knowledge products.

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- Partnerships: Collaborating with organizations working on UHC.

Objective 1.4: Emergency Preparedness

Goal: To strengthen health system resilience and emergency preparedness through research, capacity building, and policy support.

Rationale: Health emergencies, including pandemics, natural disasters, and conflicts, pose significant threats to health systems and health outcomes. Building health system resilience and emergency preparedness is essential for protecting health and saving lives.

Key Results:

- Conduct at least 5 research studies on health emergency preparedness.
- Develop at least 3 tools and frameworks for emergency preparedness.
- Provide training to at least 200 health workers on emergency preparedness.
- Contribute to at least 3 national emergency preparedness plans.
- Publish at least 5 articles on emergency preparedness and response.

Activities:

- Research on health system resilience and emergency preparedness to identify strengths, vulnerabilities, and opportunities.
- Development of training materials and programs for health workers.
- Technical assistance to national and county governments for emergency preparedness.
- Simulation exercises and drills to test and improve emergency preparedness.
- Knowledge sharing and advocacy to promote emergency preparedness.

Implementation Mechanisms:

- Emergency Preparedness Program: A program focused on emergency preparedness.
- Training Program: Providing training on emergency preparedness.
- Technical Assistance: Providing support to government agencies.
- Partnerships: Collaborating with organizations working on emergency preparedness.

4.1.3 Implementation Mechanisms

- **Health Policy Research Group:** A dedicated team focused on health policy and systems research, responsible for conducting policy analysis, producing policy briefs, and engaging with policy processes.
- **Policy Engagement Strategy:** A structured approach to engaging with policymakers and influencing policy processes, including regular communication, policy dialogues, and technical assistance.
- **Technical Assistance Program:** Providing technical support to government agencies and health institutions to strengthen health systems and improve service delivery.

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- **Partnerships:** Collaborating with government agencies, health institutions, and development partners to leverage resources and expertise.

4.2 Priority 2: Advancing Implementation Science and Evidence Translation

4.2.1 Rationale and Context

Despite significant investment in health research in Africa, the translation of research evidence into policy and practice remains a major challenge. Research findings often fail to reach those who need them most, and when they do, they are not always used to inform decisions. This gap between evidence and action—the "know-do gap"—is one of the most significant barriers to improving health outcomes in the region.

Implementation science provides a systematic approach to understanding and addressing the gap between evidence and practice. It examines the factors that facilitate or hinder the adoption, adaptation, and sustainability of evidence-based interventions in real-world settings. By integrating implementation science into our work, we can ensure that research findings are not just produced but are actively translated into policies, programs, and practices that improve health.

Knowledge translation is the process of synthesizing, disseminating, and exchanging research knowledge with the goal of improving health outcomes. Effective knowledge translation requires understanding the needs of diverse audiences and developing products and processes that meet those needs. UWRA is committed to developing and implementing effective knowledge translation strategies.

4.2.2 Objectives and Key Results

Objective 2.1: Implementation Research

Goal: To design and conduct rigorous implementation research studies that examine the facilitators and barriers to the adoption, adaptation, and sustainability of evidence-based interventions.

Rationale: Understanding what works, for whom, and under what conditions is essential for translating evidence into practice. Implementation research provides the evidence needed to design and implement effective interventions and to understand the factors that influence their success.

Key Results:

- Conduct at least 12 implementation research studies across priority health areas.
- Publish at least 15 peer-reviewed articles on implementation research.
- Develop at least 5 implementation research tools and frameworks.
- Train at least 50 researchers in implementation science methods.
- Contribute to the development of implementation science as a field in Africa.

Activities:

- Identifying priority implementation research questions through stakeholder engagement.
- Designing and conducting implementation research studies using rigorous methods.
- Developing and validating implementation research tools and frameworks.

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- Building capacity in implementation science methods through training and mentorship.
- Disseminating implementation research findings to inform policy and practice.

Implementation Mechanisms:

- Implementation Science Unit: A dedicated unit focused on implementation research.
- Research Partnerships: Collaborating with other organizations on implementation research.
- Training Program: Providing training in implementation science methods.
- Knowledge Sharing: Sharing implementation research findings through publications, conferences, and other channels.

Objective 2.2: Knowledge Translation

Goal: To develop and deploy effective knowledge translation strategies, including policy briefs, evidence summaries, infographics, and multimedia resources, to reach diverse audiences.

Rationale: Research evidence is only useful if it reaches those who can use it. Effective knowledge translation requires understanding the needs of diverse audiences and developing products and processes that meet those needs.

Key Results:

- Produce at least 50 knowledge translation products annually.
- Reach at least 1 million people through our knowledge translation efforts.
- Develop at least 10 knowledge translation tools and platforms.
- Train at least 100 individuals in knowledge translation methods.
- Establish at least 5 communities of practice for knowledge translation.

Activities:

- Identifying target audiences and their information needs through stakeholder engagement.
- Developing diverse knowledge translation products and formats, including policy briefs, evidence summaries, infographics, videos, and podcasts.
- Using multiple channels for dissemination, including social media, websites, email, and events.
- Building partnerships for knowledge translation with media organizations, professional associations, and other stakeholders.
- Training and supporting knowledge translation practitioners.

Implementation Mechanisms:

- Knowledge Translation Unit: A dedicated team focused on knowledge translation.
- Knowledge Translation Platform: A digital platform for disseminating knowledge translation products.
- Communities of Practice: Establishing communities of practice for knowledge translation.

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- Training Program: Providing training in knowledge translation methods.

Objective 2.3: Scale-Up and Sustainability

Goal: To generate evidence and guidance on how to scale up effective health interventions in resource-limited settings, including factors related to financing, human resources, and institutional capacity.

Rationale: Many effective health interventions fail to achieve their full impact because they are not scaled up. Understanding the factors that facilitate or hinder scale-up is essential for ensuring that effective interventions reach more people.

Key Results:

- Conduct at least 8 research studies on scale-up and sustainability.
- Develop at least 3 frameworks and tools for scale-up.
- Provide technical assistance to at least 5 scale-up processes.
- Publish at least 8 articles on scale-up and sustainability.
- Contribute to global knowledge on scale-up in resource-limited settings.

Activities:

- Research on scale-up processes and strategies to identify factors that facilitate or hinder scale-up.
- Development of scale-up frameworks and tools to guide scale-up efforts.
- Technical assistance to organizations and governments implementing scale-up.
- Documentation of scale-up experiences and lessons learned.
- Knowledge sharing and advocacy to promote effective scale-up.

Implementation Mechanisms:

- Scale-Up Research Initiative: A program focused on scale-up research.
- Technical Assistance Program: Providing support to scale-up efforts.
- Learning Network: A network of practitioners and researchers working on scale-up.
- Knowledge Products: Producing reports, tools, and other knowledge products.

Objective 2.4: Evidence Synthesis

Goal: To produce systematic reviews, evidence gap maps, and meta-analyses that inform policy and practice in priority health areas.

Rationale: Decision-makers need comprehensive, reliable evidence to inform their decisions. Evidence synthesis products, including systematic reviews, evidence gap maps, and meta-analyses, provide this evidence by synthesizing the findings of multiple studies.

Key Results:

- Produce at least 10 systematic reviews in priority health areas.

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- Develop at least 5 evidence gap maps.
- Conduct at least 5 meta-analyses.
- Produce at least 15 evidence summaries.
- Train at least 50 individuals in evidence synthesis methods.

Activities:

- Identifying priority areas for evidence synthesis through stakeholder engagement.
- Conducting systematic reviews and meta-analyses using rigorous methods.
- Developing evidence gap maps to identify areas where evidence is lacking.
- Producing evidence summaries and briefs for diverse audiences.
- Building capacity in evidence synthesis methods through training and mentorship.

Implementation Mechanisms:

- Evidence Synthesis Unit: A dedicated team focused on evidence synthesis.
- Partnerships: Collaborating with other organizations on evidence synthesis.
- Training Program: Providing training in evidence synthesis methods.
- Knowledge Products: Producing systematic reviews, evidence gap maps, and other products.

4.2.3 Implementation Mechanisms

- **Implementation Science Unit:** A dedicated unit focused on implementation research and knowledge translation.
- **Knowledge Translation Platform:** A digital platform for disseminating knowledge translation products.
- **Scale-Up Advisory Service:** Providing technical assistance to organizations engaged in scale-up.
- **Evidence Synthesis Unit:** A dedicated team focused on systematic reviews and evidence gap maps.

4.3 Priority 3: Fostering Community-Engaged and Participatory Research

4.3.1 Rationale and Context

We believe that communities are not passive recipients of research but active partners in the generation and translation of knowledge. Community-engaged research approaches recognize that communities have valuable knowledge, expertise, and perspectives that can enrich research and increase its relevance and impact. These approaches also help to build trust, strengthen relationships, and ensure that research benefits communities.

Community-engaged research is particularly important in Africa, where communities have often been marginalized in research processes and where there is a need to rebuild trust between communities

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and researchers. By deepening our commitment to community-engaged research, we can ensure that our work is truly responsive to community needs and priorities.

Participatory research approaches go beyond community engagement to involve communities as active partners in all aspects of the research process, including research design, implementation, analysis, and dissemination. UWRA is committed to fostering participatory research that empowers communities and ensures that research serves their needs.

4.3.2 Objectives and Key Results

Objective 3.1: Community Co-Design

Goal: To co-design research questions, methods, and interventions with communities, ensuring that research is relevant, culturally appropriate, and beneficial to community members.

Rationale: Research is more relevant and impactful when communities are involved in its design. Co-design ensures that research addresses community priorities, uses appropriate methods, and is likely to benefit communities.

Key Results:

- Co-design at least 80% of our research projects with communities.
- Develop at least 5 community co-design frameworks and tools.
- Engage at least 50 community groups in research co-design.
- Publish at least 8 articles on community co-design.
- Build capacity in community co-design methods.

Activities:

- Establishing community advisory boards and working groups to guide research.
- Conducting community consultations and dialogues to understand community priorities.
- Using participatory methods for research design, including community workshops and participatory mapping.
- Training researchers in community engagement methods.
- Documenting and sharing community co-design experiences and lessons.

Implementation Mechanisms:

- Community Engagement Unit: A dedicated team focused on community engagement.
- Community Advisory Boards: Establishing and supporting community advisory boards across our research sites.
- Participatory Methods: Using participatory methods for research design.
- Training Program: Providing training in community engagement methods.

Objective 3.2: Community Capacity

Goal: To strengthen the capacity of communities to participate in research, interpret evidence, and advocate for health improvements.

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Rationale: Communities are better able to participate in research and advocate for their health needs when they have the necessary knowledge and skills. Community capacity strengthening ensures that communities can be effective partners in research and advocacy.

Key Results:

- Provide training to at least 500 community members on research participation.
- Establish at least 10 community research committees.
- Develop at least 5 community research training modules.
- Support at least 20 community-led research projects.
- Build capacity in community-based monitoring and advocacy.

Activities:

- Developing and delivering community research training to build knowledge and skills.
- Establishing community research committees to guide and support research.
- Providing technical support to community-led research projects.
- Developing community research tools and resources.
- Facilitating community advocacy and engagement.

Implementation Mechanisms:

- Community Capacity Program: A program focused on community capacity strengthening.
- Training Modules: Developing and delivering training modules.
- Community Research Committees: Establishing and supporting community research committees.
- Technical Support: Providing technical support to community-led research.

Objective 3.3: Community Feedback Mechanisms

Goal: To establish and maintain effective feedback mechanisms that enable communities to shape research priorities, share their perspectives, and hold researchers accountable.

Rationale: Communities need to have a voice in research and to be able to hold researchers accountable. Effective feedback mechanisms ensure that community voices are heard and that research is responsive to community needs.

Key Results:

- Establish feedback mechanisms in at least 80% of our research projects.
- Ensure that at least 90% of communities have access to feedback mechanisms.
- Act on at least 80% of community feedback received.
- Document and share lessons on community feedback mechanisms.
- Build capacity in community feedback methods.

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Activities:

- Designing and implementing community feedback mechanisms, including community meetings, suggestion boxes, and community advisory boards.
- Training researchers in community feedback methods.
- Analyzing and responding to community feedback.
- Sharing lessons and good practices on community feedback.
- Continuously improving feedback mechanisms.

Implementation Mechanisms:

- Feedback Mechanisms: Establishing and maintaining feedback mechanisms.
- Training Program: Providing training in community feedback methods.
- Learning and Improvement: Using feedback to improve research and programs.
- Knowledge Sharing: Sharing lessons on community feedback.

Objective 3.4: Community-Led Interventions

Goal: To support community-led interventions that address locally identified health priorities, using evidence-based approaches adapted to local contexts.

Rationale: Communities are best placed to identify their health priorities and to design interventions that meet their needs. Community-led interventions are more likely to be relevant, acceptable, and sustainable.

Key Results:

- Support at least 20 community-led interventions.
- Reach at least 50,000 community members through community-led interventions.
- Document and share at least 15 community-led intervention case studies.
- Build capacity in community-led intervention approaches.
- Contribute to the evidence base on community-led interventions.

Activities:

- Identifying community priorities and needs through community engagement.
- Co-designing interventions with communities to ensure relevance and acceptability.
- Providing technical support and resources to community-led interventions.
- Monitoring and evaluating community-led interventions to assess impact.
- Documenting and sharing lessons learned to inform practice.

Implementation Mechanisms:

- Community-Led Interventions Fund: A fund to support community-led interventions.

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- Technical Support: Providing technical support to community-led interventions.
- Monitoring and Evaluation: Monitoring and evaluating community-led interventions.
- Knowledge Sharing: Sharing lessons and good practices.

4.3.3 Implementation Mechanisms

- **Community Engagement Unit:** A dedicated team focused on community engagement and participatory research.
- **Community Advisory Boards:** Establishing and supporting community advisory boards across our research sites.
- **Community Research Fund:** A fund to support community-led research and interventions.
- **Community Engagement Tools:** Developing and sharing tools and resources for community engagement.

4.4 Priority 4: Building Research Capacity and Leadership

4.4.1 Rationale and Context

UWRA is committed to investing in the next generation of research leaders and practitioners in Africa. The continent faces a critical shortage of skilled researchers, particularly in health research, implementation science, and knowledge translation. Building research capacity is essential for sustaining and expanding health research in Africa and for ensuring that research is relevant, responsive, and impactful.

Our capacity strengthening programs aim to build individual and institutional capacity for research, knowledge translation, and leadership. We focus on early-career researchers, providing them with the skills, knowledge, and support they need to pursue impactful research careers. We also invest in institutional capacity strengthening, working with partner organizations to strengthen their research systems and capabilities.

Research leadership is about more than just technical skills. It requires the ability to lead teams, manage projects, engage stakeholders, and influence policy. UWRA is committed to developing research leaders who can drive evidence-based health transformation in Africa.

4.4.2 Objectives and Key Results

Objective 4.1: Fellowship Program

Goal: To expand and deepen the UWRA Research Translation Fellowship, reaching more participants and incorporating advanced modules on implementation science and policy engagement.

Rationale: The Research Translation Fellowship is a flagship program for UWRA, providing early-career researchers with the skills, knowledge, and support they need to pursue impactful research careers. Expanding and deepening this program is essential for building research capacity in Africa.

Key Results:

- Increase fellowship intake from 15 to 30 participants per year.
- Introduce advanced modules on implementation science and policy engagement.

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- Ensure that at least 80% of fellows complete the program successfully.
- Achieve at least 90% satisfaction rates among fellows.
- Establish an alumni network of at least 100 fellows.

Activities:

- Designing and delivering fellowship training modules, including core modules on research methods, implementation science, and policy engagement.
- Recruiting and selecting fellowship candidates through a transparent and competitive process.
- Providing mentorship and support to fellows, including one-on-one mentoring and group support.
- Facilitating networking and collaboration among fellows.
- Evaluating and improving the fellowship program based on feedback and learning.

Implementation Mechanisms:

- Fellowship Management Unit: A team focused on managing the fellowship program.
- Training Modules: Developing and delivering training modules.
- Mentorship Program: Providing mentorship to fellows.
- Alumni Network: Establishing and supporting an alumni network.

Objective 4.2: Training and Mentorship

Goal: To offer a diverse portfolio of training courses, masterclasses, and mentorship programs that build competencies in research methods, knowledge translation, leadership, and grant writing.

Rationale: Building research capacity requires a diverse portfolio of training opportunities that address different needs and learning styles. Training courses, masterclasses, and mentorship programs provide opportunities for skill development and professional growth.

Key Results:

- Develop and deliver at least 20 training courses and masterclasses.
- Train at least 500 individuals through our training programs.
- Establish a mentorship program with at least 50 mentor-mentee pairs.
- Achieve at least 90% satisfaction rates among training participants.
- Develop at least 10 training modules and resources.

Activities:

- Identifying training needs and priorities through stakeholder engagement.
- Developing and delivering training courses and masterclasses on priority topics.
- Establishing and supporting mentorship relationships between experienced and early-career researchers.

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- Developing training materials and resources, including modules, manuals, and online resources.
- Evaluating and improving training programs based on feedback and learning.

Implementation Mechanisms:

- UWRA Academy: A dedicated academy for training and capacity strengthening.
- Training Program: A program offering training courses and masterclasses.
- Mentorship Program: A structured mentorship program.
- Training Resources: Developing and sharing training materials and resources.

Objective 4.3: Early-Career Researchers

Goal: To provide targeted support to early-career researchers, including funding, technical assistance, and networking opportunities, to enable them to pursue impactful research careers.

Rationale: Early-career researchers face multiple challenges, including limited funding, lack of mentorship, and limited networking opportunities. Targeted support can help them overcome these challenges and pursue impactful research careers.

Key Results:

- Provide research grants to at least 30 early-career researchers.
- Provide technical assistance to at least 50 early-career researchers.
- Facilitate networking opportunities for at least 100 early-career researchers.
- Ensure that at least 70% of supported researchers publish their findings.
- Ensure that at least 60% of supported researchers secure follow-on funding.

Activities:

- Designing and managing research grant programs for early-career researchers.
- Providing technical assistance and mentorship to support research success.
- Facilitating networking and collaboration through events, online platforms, and communities of practice.
- Supporting career development and advancement through training and professional development opportunities.
- Monitoring and evaluating the impact of support to assess effectiveness.

Implementation Mechanisms:

- Research Grant Program: A program providing research grants to early-career researchers.
- Technical Assistance: Providing technical support to early-career researchers.
- Networking Events: Organizing networking events and opportunities.
- Career Support: Providing career development support.

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Objective 4.4: Alumni Network

Goal: To establish and nurture a vibrant alumni network of UWRA fellows and trainees, fostering collaboration, knowledge exchange, and ongoing mentorship.

Rationale: Alumni are valuable assets for UWRA, representing a growing community of researchers and health professionals who share our values and mission. A vibrant alumni network can foster collaboration, knowledge exchange, and ongoing mentorship.

Key Results:

- Establish an alumni network with at least 150 members.
- Facilitate at least 4 alumni events per year.
- Ensure active participation of at least 60% of alumni.
- Support at least 10 alumni-led initiatives.
- Establish an online platform for alumni engagement.

Activities:

- Establishing and managing the alumni network, including developing governance structures and communication channels.
- Organizing alumni events and activities, including conferences, workshops, and networking events.
- Facilitating alumni collaboration and networking through online platforms and in-person events.
- Providing ongoing support and opportunities to alumni, including professional development and funding opportunities.
- Engaging alumni in UWRA's work, including as mentors, trainers, and advisors.

Implementation Mechanisms:

- Alumni Network: A network of UWRA alumni.
- Alumni Events: Organizing events and activities for alumni.
- Online Platform: An online platform for alumni engagement.
- Alumni Engagement: Engaging alumni in UWRA's work.

4.4.3 Implementation Mechanisms

- **UWRA Academy:** A dedicated academy for training and capacity strengthening.
- **Fellowship Management Unit:** A team focused on managing the fellowship program.
- **Mentorship Program:** A structured mentorship program linking experienced and early-career researchers.
- **Alumni Engagement Strategy:** A strategy for engaging and supporting alumni.

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4.5 Priority 5: Catalyzing Innovation and Digital Health Solutions

4.5.1 Rationale and Context

Digital health and emerging technologies offer unprecedented opportunities for improving health outcomes and strengthening health systems in Africa. Mobile health applications, decision support systems, data analytics platforms, and other digital tools can enhance health service delivery, improve data use, and empower patients and communities. These technologies have the potential to transform health systems and improve health outcomes, particularly in resource-limited settings.

UWRA is committed to harnessing the potential of digital health and emerging technologies to address critical health challenges. We focus on the development, evaluation, and scaling of innovative digital health solutions that are appropriate for resource-limited settings. We also work to build the evidence base on digital health interventions and to support the integration of digital health into health systems.

Innovation is about more than just technology. It requires a focus on understanding needs, engaging users, and ensuring that solutions are appropriate, acceptable, and sustainable. UWRA is committed to an approach to innovation that is user-centered, evidence-based, and focused on impact.

4.5.2 Objectives and Key Results

Objective 5.1: Digital Health Innovation

Goal: To design, develop, and evaluate innovative digital health solutions that improve health service delivery, data use, and patient engagement.

Rationale: Digital health solutions have the potential to improve health service delivery, data use, and patient engagement. However, there is limited evidence on what works in which contexts. UWRA is committed to developing and evaluating digital health solutions that are effective and appropriate for resource-limited settings.

Key Results:

- Develop at least 10 digital health solutions.
- Evaluate at least 8 digital health solutions.
- Scale at least 5 digital health solutions to reach wider populations.
- Publish at least 12 articles on digital health innovation.
- Build capacity in digital health innovation.

Activities:

- Identifying health challenges that can be addressed through digital solutions through stakeholder engagement.
- Co-designing digital solutions with users and communities to ensure relevance and acceptability.
- Developing and testing digital health prototypes through iterative design and testing.
- Evaluating digital health interventions to assess effectiveness and impact.
- Scaling successful digital health solutions to reach wider populations.

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Implementation Mechanisms:

- Innovation Lab: A dedicated lab for developing and testing digital health solutions.
- User Engagement: Engaging users in the design and development of digital health solutions.
- Evaluation: Evaluating digital health interventions.
- Scaling: Scaling successful digital health solutions.

Objective 5.2: Data Science and Analytics

Goal: To apply advanced data science methods, including artificial intelligence and machine learning, to analyze health data and generate actionable insights.

Rationale: The growing availability of health data offers opportunities for generating insights that can inform policy and practice. Advanced data science methods, including artificial intelligence and machine learning, can be used to analyze large datasets and identify patterns, trends, and relationships.

Key Results:

- Develop at least 5 data science applications for health.
- Analyze at least 10 large health datasets.
- Produce at least 10 data-driven reports and insights.
- Publish at least 8 articles on data science in health.
- Build capacity in data science and analytics.

Activities:

- Accessing and preparing health datasets for analysis.
- Applying data science methods to health data, including machine learning and artificial intelligence.
- Developing algorithms and models for health applications.
- Producing data-driven insights and recommendations.
- Building capacity in data science and analytics through training and mentorship.

Implementation Mechanisms:

- Data Science Unit: A team focused on data science and analytics.
- Data Partnerships: Partnering with organizations to access health data.
- Training Program: Providing training in data science methods.
- Knowledge Products: Producing reports, insights, and other knowledge products.

Objective 5.3: GIS and Spatial Analytics

Goal: To use geographic information systems (GIS) and spatial analytics to map health resources, disease patterns, and population needs, enabling targeted interventions.

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Rationale: Geographic information systems and spatial analytics can be used to map health resources, disease patterns, and population needs, enabling targeted interventions. GIS is a powerful tool for health planning and decision-making.

Key Results:

- Develop at least 10 GIS applications for health.
- Produce at least 20 spatial maps and analyses.
- Conduct at least 8 spatial analyses of health data.
- Publish at least 6 articles on GIS in health.
- Build capacity in GIS and spatial analytics.

Activities:

- Collecting and preparing spatial health data.
- Applying GIS methods to health data.
- Producing spatial maps and analyses.
- Using spatial data to inform health interventions.
- Building capacity in GIS and spatial analytics through training and mentorship.

Implementation Mechanisms:

- GIS Unit: A team focused on GIS and spatial analytics.
- Data Partnerships: Partnering with organizations to access spatial data.
- Training Program: Providing training in GIS methods.
- Knowledge Products: Producing maps, analyses, and other knowledge products.

Objective 5.4: Innovation Ecosystem

Goal: To foster an innovation ecosystem that supports the testing, scaling, and sustainability of digital health solutions, including partnerships with technology companies and startups.

Rationale: An effective innovation ecosystem can support the testing, scaling, and sustainability of digital health solutions. UWRA is committed to fostering an innovation ecosystem that brings together researchers, technologists, entrepreneurs, and other stakeholders.

Key Results:

- Establish at least 5 partnerships with technology companies.
- Support at least 10 health technology startups.
- Host at least 4 innovation challenges and hackathons.
- Develop at least 3 innovation support programs.
- Build capacity for innovation in health.

Activities:

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- Establishing partnerships with technology companies and startups.
- Supporting health technology startups through mentorship and funding.
- Hosting innovation challenges and hackathons to generate new ideas and solutions.
- Developing innovation support programs, including training, mentorship, and funding.
- Building capacity for innovation in health through training and education.

Implementation Mechanisms:

- Innovation Partnerships: Strategic partnerships with technology companies and startups.
- Innovation Support Program: A program supporting health technology innovation.
- Innovation Events: Hosting innovation challenges and hackathons.
- Capacity Building: Building capacity for innovation in health.

4.5.3 Implementation Mechanisms

- **Innovation Lab:** A dedicated lab for developing and testing digital health solutions.
- **Data Science Unit:** A team focused on data science and analytics.
- **GIS Unit:** A team focused on GIS and spatial analytics.
- **Innovation Partnerships:** Strategic partnerships with technology companies, startups, and innovation hubs.

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PART THREE: IMPLEMENTATION FRAMEWORK

Chapter 5: Governance and Leadership

5.1 Board of Directors

5.1.1 Role and Responsibilities

The Board of Directors provides overall strategic guidance and fiduciary oversight for UWRA. The Board is responsible for:

- **Strategic Direction:** Approving the strategic plan and major policies, and ensuring that the organization is fulfilling its mission and objectives.
- **Financial Oversight:** Overseeing the organization's financial management and accountability, including approving budgets, monitoring financial performance, and ensuring compliance with legal and regulatory requirements.
- **Executive Oversight:** Supporting the Executive Director in leading the organization, including providing guidance, feedback, and support.
- **External Relations:** Representing the organization to external stakeholders, including donors, partners, and the public.
- **Governance:** Ensuring that the organization is well-governed, including maintaining appropriate governance structures and processes.

5.1.2 Composition and Structure

The Board of Directors is composed of individuals with diverse backgrounds and expertise, including:

- **Health and Research Experts:** Individuals with expertise in health research, public health, and health systems.
- **Finance and Management Experts:** Individuals with expertise in finance, management, and organizational development.
- **Community Representatives:** Individuals who represent the communities we serve.
- **Legal and Policy Experts:** Individuals with expertise in law, policy, and governance.

The Board meets quarterly and may establish committees as needed to oversee specific areas, such as finance, governance, and program oversight.

5.1.3 Board Committees

The Board may establish the following committees to support its work:

- **Executive Committee:** Provides oversight and decision-making between Board meetings.
- **Finance Committee:** Oversees financial management and accountability.
- **Governance Committee:** Oversees governance structures and processes.
- **Program Committee:** Oversees program implementation and impact.

5.2 Executive Leadership Team

5.2.1 Role and Responsibilities

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The Executive Leadership Team is responsible for the day-to-day management and implementation of UWRA's work. The team is led by the Executive Director and includes directors and managers responsible for various functions.

The Executive Leadership Team is responsible for:

- **Strategic Implementation:** Implementing the strategic plan and ensuring that organizational activities are aligned with strategic priorities.
- **Operational Management:** Managing day-to-day operations, including finance, human resources, and administration.
- **Program Oversight:** Overseeing program implementation, including research, programs, and innovation.
- **External Relations:** Building and maintaining relationships with partners, donors, and other stakeholders.
- **Organizational Development:** Building organizational capacity and strengthening systems and structures.

5.2.2 Composition

The Executive Leadership Team includes:

- **Executive Director (Haroun Shiundu):** Provides overall leadership and strategic direction. Represents the organization to external stakeholders. Oversees all aspects of the organization's work.
- **Co-founder (Natasha Kisandi):** Plays a vital role in shaping strategic direction and ensuring the organization remains true to its founding principles. Provides expertise in health systems strengthening and policy analysis.
- **Director of Research:** Oversees the research portfolio, including research design, implementation, and dissemination.
- **Director of Programs:** Oversees program implementation, including health systems strengthening, capacity building, and community engagement.
- **Director of Innovation:** Oversees the innovation portfolio, including digital health, data science, and GIS.
- **Director of Finance and Administration:** Oversees financial management, human resources, and administrative functions.
- **Director of Partnerships and Communications:** Oversees partnership development, communications, and knowledge translation.

5.3 Organizational Structure

UWRA is organized into five main units, corresponding to our strategic priorities:

5.3.1 Research Unit

The Research Unit is responsible for research design, implementation, and dissemination. It includes:

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- **Health Policy and Systems Research Group:** Focused on health policy and systems research.
- **Implementation Science Research Group:** Focused on implementation research.
- **Evidence Synthesis Group:** Focused on systematic reviews and evidence gap maps.

5.3.2 Programs Unit

The Programs Unit is responsible for program implementation, including health systems strengthening, capacity building, and community engagement. It includes:

- **Health Systems Strengthening Program:** Focused on health systems strengthening.
- **Capacity Building Program:** Focused on training and capacity strengthening.
- **Community Engagement Program:** Focused on community engagement and participatory research.

5.3.3 Innovation Unit

The Innovation Unit is responsible for digital health, data science, GIS, and innovation. It includes:

- **Digital Health Program:** Focused on digital health innovation.
- **Data Science Program:** Focused on data science and analytics.
- **GIS Program:** Focused on GIS and spatial analytics.

5.3.4 Finance and Administration Unit

The Finance and Administration Unit is responsible for financial management, human resources, and administrative functions. It includes:

- **Finance:** Financial management, accounting, and reporting.
- **Human Resources:** Recruitment, retention, and staff development.
- **Administration:** Office management, logistics, and procurement.

5.3.5 Partnerships and Communications Unit

The Partnerships and Communications Unit is responsible for partnership development, communications, and knowledge translation. It includes:

- **Partnerships:** Building and maintaining partnerships.
- **Communications:** Communications and media relations.
- **Knowledge Translation:** Knowledge translation and dissemination.

5.4 Decision-Making Processes

5.4.1 Strategic Decision-Making

Strategic decisions are made by the Board of Directors and the Executive Leadership Team, with input from staff and stakeholders. Strategic decisions include:

- Approval of the strategic plan and major policies.

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- Approval of budgets and major financial decisions.
- Approval of major partnerships and initiatives.
- Appointment and oversight of the Executive Director.

5.4.2 Operational Decision-Making

Operational decisions are made by the Executive Leadership Team and unit directors, with input from staff. Operational decisions include:

- Implementation of programs and activities.
- Allocation of resources.
- Staffing decisions.
- Day-to-day management.

5.4.3 Participatory Decision-Making

UWRA is committed to participatory decision-making, including:

- Involving staff in decisions that affect them.
- Consulting with communities and partners on decisions that affect them.
- Ensuring that decision-making is transparent and accountable.

5.5 Ethical Standards and Accountability

5.5.1 Ethical Standards

UWRA upholds the highest ethical standards in all its endeavors. This includes:

- **Research Ethics:** Ensuring that all research is conducted ethically, with respect for the rights and dignity of research participants.
- **Conflict of Interest:** Managing conflicts of interest and ensuring that decisions are made in the best interests of the organization.
- **Whistleblowing:** Provide mechanisms for reporting misconduct and protecting whistleblowers.
- **Anti-Fraud:** Preventing and detecting fraud and corruption.

5.5.2 Accountability

UWRA is committed to accountability to its stakeholders, including:

- **Communities:** Ensuring that communities are informed about our work and have opportunities to provide feedback.
- **Partners:** Ensuring that partners are kept informed and have opportunities to provide input.
- **Donors:** Ensuring that donors are informed about our work and that funds are used appropriately.
- **Staff:** Ensuring that staff are treated fairly and have opportunities for professional growth.
- **Public:** Ensuring that the public can access information about our work.

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Chapter 6: Operational Planning and Management

6.1 Annual Planning and Budgeting

6.1.1 Annual Planning Process

Each year, UWRA will develop an annual work plan and budget that operationalizes the strategic plan. The annual planning process includes:

- **Review of Strategic Plan:** Reviewing the strategic plan to identify priorities for the coming year.
- **Stakeholder Consultation:** Consulting with stakeholders to identify priorities and opportunities.
- **Development of Work Plan:** Developing a detailed work plan with activities, outputs, and milestones.
- **Budgeting:** Developing a budget that reflects the resources required to implement the work plan.
- **Approval:** Submitting the work plan and budget to the Board of Directors for approval.

6.1.2 Annual Budgeting Process

The annual budgeting process includes:

- **Costing:** Estimating the costs of planned activities.
- **Revenue Planning:** Identifying and securing funding sources.
- **Budget Review:** Reviewing and refining the budget.
- **Approval:** Submitting the budget to the Board of Directors for approval.

6.1.3 Monitoring and Reporting

Progress against the annual work plan and budget is monitored on a regular basis, including:

- **Quarterly Reviews:** Quarterly reviews of progress against the work plan and budget.
- **Annual Reports:** Annual reports on progress and achievements.
- **Financial Reports:** Regular financial reports to the Board and donors.

6.2 Project Management Systems

6.2.1 Project Management Approach

UWRA uses a project management approach to ensure effective implementation of programs and activities. This includes:

- **Project Design:** Clear project design with defined objectives, activities, outputs, and outcomes.
- **Project Planning:** Detailed project plans with timelines, milestones, and responsibilities.
- **Project Implementation:** Effective implementation with regular monitoring and reporting.
- **Project Evaluation:** Evaluation of project outcomes and impact.

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6.2.2 Project Management Tools

UWRA uses a range of project management tools, including:

- **Project Management Software:** Software for planning, monitoring, and reporting.
- **Gantt Charts:** Charts for tracking project timelines.
- **Risk Registers:** Registers for identifying and managing risks.
- **Reporting Templates:** Templates for regular reporting.

6.2.3 Project Monitoring

Projects are monitored on a regular basis to ensure effective implementation, including:

- **Progress Reports:** Regular reports on project progress.
- **Financial Reports:** Reports on project budget and expenditure.
- **Monitoring Visits:** Site visits to monitor project implementation.
- **Stakeholder Feedback:** Feedback from stakeholders on project implementation.

6.3 Human Resources and Organizational Development

6.3.1 Staffing

To achieve the goals of this strategic plan, UWRA will need to grow its workforce and develop staff capacity. Key priorities include:

- **Recruitment:** Recruiting talented and committed staff with the skills and experience needed to implement the strategic plan.
- **Retention:** Creating a supportive work environment that fosters staff satisfaction, motivation, and retention.
- **Capacity Development:** Investing in staff training and development to build skills and competencies.
- **Performance Management:** Implementing a performance management system that sets clear expectations, provides feedback, and recognizes achievement.

6.3.2 Staff Recruitment

The staff recruitment process includes:

- **Job Descriptions:** Developing clear job descriptions for all positions.
- **Advertising:** Advertising positions through appropriate channels.
- **Selection:** Selecting candidates based on qualifications, experience, and fit with organizational values.
- **Onboarding:** Providing effective onboarding for new staff.

6.3.3 Staff Development

UWRA invests in staff development through:

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- **Training:** Providing training on technical and professional skills.
- **Mentorship:** Providing mentorship and coaching.
- **Professional Development:** Supporting staff in pursuing professional development opportunities.
- **Career Paths:** Providing clear career paths and advancement opportunities.

6.3.4 Performance Management

UWRA implements a performance management system that includes:

- **Goal Setting:** Setting clear performance goals for each staff member.
- **Feedback:** Providing regular feedback on performance.
- **Evaluation:** Conducting regular performance evaluations.
- **Recognition:** Recognizing and rewarding good performance.
- **Improvement:** Identifying and supporting improvement for underperforming staff.

6.3.5 Organizational Culture

UWRA is committed to fostering an organizational culture that is:

- **Collaborative:** Encouraging teamwork, open communication, and shared decision-making.
- **Innovative:** Encouraging creativity, experimentation, and learning from failure.
- **Inclusive:** Valuing diversity, equity, and inclusion in all aspects of our work.
- **Accountable:** Taking responsibility for our actions and their consequences.
- **Mission-Driven:** Staying focused on our mission and the communities we serve.

6.4 Systems and Infrastructure

6.4.1 Financial Management

UWRA will strengthen its financial management systems to ensure transparency, accountability, and efficiency:

- **Accounting Systems:** Implementing and maintaining robust accounting systems.
- **Budget Management:** Effective budget management and monitoring.
- **Internal Controls:** Implementing strong internal controls to prevent fraud and errors.
- **Financial Reporting:** Producing timely and accurate financial reports.
- **Audit:** Conducting regular audits to ensure accountability.

6.4.2 Project Management

UWRA will strengthen its project management systems:

- **Project Planning:** Effective project planning and design.
- **Project Implementation:** Effective project implementation and monitoring.

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- **Project Evaluation:** Evaluation of project outcomes and impact.
- **Knowledge Management:** Capturing and sharing lessons from projects.

6.4.3 Knowledge Management

UWRA will develop systems for capturing, storing, and sharing knowledge:

- **Knowledge Repository:** A repository for storing knowledge products and resources.
- **Knowledge Sharing:** Mechanisms for sharing knowledge within the organization and with partners.
- **Learning:** Using knowledge to inform learning and improvement.

6.4.4 Information Technology

UWRA will invest in IT systems and infrastructure to support our work:

- **Hardware:** Reliable hardware for staff.
- **Software:** Appropriate software for project management, finance, and other functions.
- **Connectivity:** Reliable internet connectivity.
- **Security:** Security for IT systems and data.
- **Support:** IT support for staff.

Chapter 7: Resource Mobilization Strategy

7.1 Funding Requirements

7.1.1 Overview

To implement this strategic plan, UWRA will require significant financial resources. The funding requirements are based on the activities and objectives outlined in the plan and the expected growth of the organization.

7.1.2 Estimated Funding Requirements

Category	Annual Requirement (USD)	Five-Year Total (USD)
Research and Programs	1,000,000	5,000,000
Capacity Building	100,000	500,000
Innovation	100,000	500,000
Institutional Strengthening	200,000	1,000,000
Total	**1,400,000**	7,000,000

7.1.3 Rationale for Funding Requirements

The funding requirements are based on:

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- **Research and Programs:** The costs of conducting research and implementing programs, including staff, travel, equipment, and operational costs.
- **Capacity Building:** The costs of training, fellowships, and other capacity building activities.
- **Innovation:** The costs of digital health development, data science, GIS, and innovation activities.
- **Institutional Strengthening:** The costs of strengthening organizational systems, infrastructure, and capabilities.

7.2 Funding Sources

7.2.1 Overview

UWRA will pursue a diversified funding strategy to ensure financial sustainability and reduce dependence on any single source.

7.2.2 International Donors

Bilateral Donors, Multilateral Agencies, and International NGOs and Foundations

7.2.3 Government Funding

- **National Governments:** Research grants and contracts from national governments.
- **County Governments:** Partnerships with county governments for health systems strengthening.

7.2.4 Philanthropic Contributions

- **Foundations:** Foundations that support health research and development.
- **Corporate Philanthropy:** Corporate social responsibility programs of companies.
- **Individual Donors:** Contributions from individuals who support our mission.

7.2.5 Earned Income

- **Consultancies:** Providing research, evaluation, and technical assistance services.
- **Commissioned Research:** Conducting research commissioned by clients.
- **Training Programs:** Income from training courses and capacity strengthening programs.
- **Product Sales:** Sales of publications, tools, and other products.

7.3 Fundraising Strategies

7.3.1 Grant Writing and Fundraising

Grant Writing Unit: UWRA will establish a dedicated grant writing unit to identify funding opportunities, develop proposals, and manage grant submissions. This unit will include skilled grant writers and researchers who can develop compelling proposals.

Proposal Development: UWRA will invest in proposal development, including research, writing, and partnership development. This includes identifying funding opportunities, developing concept notes, and preparing full proposals.

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Donor Engagement: UWRA will build relationships with donors through regular communication, reporting, and engagement. This includes building relationships with donor representatives, providing regular updates on our work, and involving donors in our activities.

7.3.2 Partnership Development

Strategic Partnerships: UWRA will cultivate strategic partnerships with organizations that can provide funding, technical support, and networking opportunities. These partnerships can provide access to funding, expertise, and networks.

Consortiums and Alliances: UWRA will join consortiums and alliances to access larger funding opportunities and leverage collective expertise. This can increase our competitiveness for large grants and provide access to new partners and networks.

7.3.3 Branding and Communications

Visibility and Recognition: UWRA will build our brand and visibility to attract funding and partnerships. This includes building a strong reputation for quality research and effective knowledge translation.

Impact Communications: UWRA will communicate our impact effectively to demonstrate the value of our work to donors and stakeholders. This includes producing impact reports, case studies, and other communications products.

7.3.4 Diversified Funding

UWRA will pursue a diversified funding strategy to reduce dependence on any single source. This includes:

- Pursuing funding from multiple donor sources.
- Balancing core funding with project-specific funding.
- Developing earned income streams.
- Building a reserve fund to cushion against funding fluctuations.

7.4 Financial Sustainability

7.4.1 Strategies for Sustainability

UWRA will pursue strategies for financial sustainability, including:

- **Diversified Funding:** Pursuing funding from multiple sources to reduce dependence on any single source.
- **Core Funding:** Securing core funding for organizational operations.
- **Reserve Fund:** Building a reserve fund to cushion against funding fluctuations.
- **Cost Efficiency:** Ensuring efficient use of resources to maximize impact.
- **Institutional Capacity:** Building institutional capacity to manage and implement programs effectively.

7.4.2 Sustainability Targets

- **Core Funding:** Secure core funding covering at least 50% of organizational costs.

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- **Reserve Fund:** Build a reserve fund covering at least 6 months of operational costs.
- **Diversification:** Ensure that no single donor contributes more than 30% of total funding.
- **Earned Income:** Develop earned income streams contributing at least 10% of total funding.

7.5 Partnerships and Collaboration

7.5.1 Types of Partnerships

UWRA will pursue partnerships with various types of organizations:

- **Government Agencies:** For policy engagement, technical assistance, and program implementation.
- **Academic Institutions:** For research collaboration, training, and capacity building.
- **Non-Governmental Organizations:** For program implementation, community engagement, and advocacy.
- **International Organizations:** For funding, technical support, and networking.
- **Private Sector:** For innovation, technology, and corporate partnerships.

7.5.2 Partnership Principles

UWRA's partnerships are guided by the following principles:

- **Mutual Benefit:** Partnerships should benefit all parties involved.
- **Shared Vision:** Partners should share a commitment to improving health outcomes.
- **Clear Roles and Responsibilities:** Partners should have clear roles and responsibilities.
- **Transparency:** Partnerships should be transparent and accountable.
- **Sustainability:** Partnerships should be sustainable and contribute to long-term impact.

Chapter 8: Monitoring, Evaluation, and Learning

8.1 Purpose and Approach

8.1.1 Purpose of MEL

Monitoring, evaluation, and learning (MEL) are essential for ensuring that we are achieving our goals, learning from our experiences, and continuously improving our work. The MEL system serves the following purposes:

- **Accountability:** Demonstrating accountability to stakeholders, including communities, partners, and donors.
- **Learning:** Generating knowledge and learning to improve our work.
- **Decision-Making:** Informing decision-making and adaptive management.
- **Communication:** Communicating our results and impact.

8.1.2 MEL Principles

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UWRA's MEL approach is guided by the following principles:

- **Results-Focused:** Focusing on outcomes and impact, not just activities and outputs.
- **Participatory:** Involving stakeholders, including communities and partners, in MEL activities.
- **Learning-Oriented:** Using MEL to learn and improve, not just to report on performance.
- **Transparent:** Making MEL findings available to stakeholders.
- **Adaptive:** Using MEL to adapt our strategies and approaches as needed.

8.1.3 MEL Framework

UWRA's MEL framework includes:

- **Logic Model:** Articulating the causal pathway from inputs to impact.
- **Indicators:** A set of indicators for monitoring progress and measuring outcomes.
- **Data Collection:** Systems for collecting data on indicators.
- **Analysis:** Systems for analyzing data and generating insights.
- **Reporting:** Systems for reporting MEL findings.
- **Learning:** Systems for using MEL findings for learning and improvement.

8.2 Monitoring Framework

8.2.1 Performance Indicators

UWRA will develop a comprehensive set of performance indicators for each strategic objective. The indicators will cover:

- **Inputs:** Resources invested in our work (e.g., funding, staff, partnerships).
- **Activities:** Actions taken to achieve our goals (e.g., research conducted, training delivered).
- **Outputs:** Direct products of our activities (e.g., reports published, people trained).
- **Outcomes:** Changes resulting from our work (e.g., policy changes, improved practices).
- **Impact:** Long-term effects of our work (e.g., improved health outcomes).

8.2.2 Data Collection

UWRA will collect data from multiple sources to monitor our performance:

- **Project Reports:** Regular reports from project teams.
- **Financial Reports:** Reports on budget and expenditure.
- **Monitoring Visits:** Site visits to monitor project implementation.
- **Stakeholder Feedback:** Feedback from communities, partners, and other stakeholders.
- **Surveys and Assessments:** Surveys and assessments of our performance.
- **Research Data:** Data from research activities.

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8.2.3 Data Quality

UWRA will ensure data quality through:

- **Standardized Data Collection:** Using standardized tools and methods for data collection.
- **Training:** Training staff in data collection methods.
- **Validation:** Validating data through multiple sources.
- **Data Audits:** Conducting data audits to ensure accuracy.

8.2.4 Reporting

UWRA will produce regular monitoring reports to track our performance:

- **Quarterly Reports:** Quarterly reports on progress against the work plan.
- **Annual Reports:** Annual reports on progress and achievements.
- **Project Reports:** Reports on individual projects.
- **Financial Reports:** Reports on budget and expenditure.

8.3 Evaluation Framework

8.3.1 Types of Evaluation

UWRA will conduct different types of evaluations:

- **Process Evaluations:** Assessing how our programs are being implemented.
- **Outcome Evaluations:** Assessing the outcomes of our programs.
- **Impact Evaluations:** Assessing the long-term impact of our programs.
- **Organizational Evaluations:** Assessing the overall performance of the organization.

8.3.2 Evaluation Schedule

- **Annual Evaluations:** Small-scale evaluations conducted annually to assess progress.
- **Mid-Term Evaluation:** A comprehensive evaluation in 2028.
- **End-of-Term Evaluation:** A comprehensive evaluation in 2030.
- **Ad Hoc Evaluations:** Evaluations conducted as needed, such as for specific programs or initiatives.

8.3.3 Evaluation Methods

UWRA will use a range of evaluation methods:

- **Quantitative Methods:** Surveys, data analysis, and statistical modeling.
- **Qualitative Methods:** Interviews, focus groups, and case studies.
- **Mixed Methods:** Combining quantitative and qualitative methods.

8.4 Learning and Adaptive Management

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8.4.1 Learning Culture

UWRA is committed to fostering a culture of learning and reflection within the organization. This includes:

- **Regular Reflection:** Incorporating reflection into our work processes.
- **Learning Events:** Organizing events to share and discuss learning.
- **Knowledge Sharing:** Sharing learning through reports, publications, and presentations.
- **Feedback Mechanisms:** Using feedback to improve our work.

8.4.2 Adaptive Management

UWRA will use MEL findings to adapt our strategies and approaches as needed. This includes:

- **Course Corrections:** Making adjustments to our work based on MEL findings.
- **Innovation:** Using MEL findings to identify and test new approaches.
- **Learning Loops:** Creating feedback loops between implementation, monitoring, and planning.

8.4.3 Knowledge Management

UWRA will develop systems for capturing, storing, and sharing knowledge:

- **Knowledge Repository:** A repository for storing knowledge products and resources.
- **Knowledge Sharing:** Mechanisms for sharing knowledge within the organization and with partners.
- **Learning:** Using knowledge to inform learning and improvement.

Chapter 9: Risk Management and Mitigation

9.1 Risk Assessment

9.1.1 Overview

UWRA faces a range of risks that could affect our ability to achieve our strategic goals. We have identified the following key risks and developed strategies to mitigate them.

9.1.2 Financial Risks

Risk	Description	Likelihood	Impact	Mitigation Strategy
Funding Shortfalls	Insufficient funding to implement programs	Medium	High	Diversified funding, reserve fund, cost efficiency
Donor Dependency	Over-reliance on a small number of donors	High	Medium	Diversified funding, core funding, earned income

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Funding Delays	Delays in receiving funding commitments	Medium	Medium	Cash flow management, reserve fund, planning
Exchange Rate Fluctuations	Changes in exchange rates affecting funding value	Medium	Low	Hedging, diversified funding

9.1.3 Operational Risks

Risk	Description	Likelihood	Impact	Mitigation Strategy
HR Challenges	Difficulty in recruiting and retaining skilled staff	Medium	High	Competitive compensation, professional development, supportive culture
Capacity Constraints	Limited capacity to implement all planned activities	Medium	High	Prioritization, capacity development, partnerships
Systems Failures	Failure of systems and infrastructure	Low	High	Robust systems, backup systems, maintenance
Fraud and Corruption	Fraud and corruption in the use of funds	Low	High	Internal controls, audit, anti-fraud policies

9.1.4 Programmatic Risks

Risk	Description	Likelihood	Impact	Mitigation Strategy
Implementation Challenges	Challenges in implementing programs effectively	Medium	High	Adaptive management, monitoring, learning
Political Instability	Political instability affecting our operations	Medium	High	Risk assessment, contingency planning, flexibility
Health Emergencies	Health emergencies disrupting our work	Medium	High	Contingency planning, flexibility, remote work
Security Risks	Security risks to staff and operations	Medium	High	Security planning, risk assessment, insurance

9.1.5 External Risks

Risk	Description	Likelihood	Impact	Mitigation Strategy
Policy Changes	Changes in policies affecting our work	Medium	High	Policy engagement, advocacy, flexibility
Competition	Increased competition for funding and partnerships	High	Medium	Differentiation, reputation, relationships

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Reputational Risks	Risks to our reputation from poor performance or misconduct	Low	High	Quality control, ethical standards, accountability
Environmental Risks	Environmental factors affecting our work	Medium	Medium	Environmental assessment, adaptation

9.2 Risk Mitigation Strategies

9.2.1 Financial Risk Mitigation

- **Diversified Funding:** Pursue a diversified funding strategy with multiple sources.
- **Reserve Fund:** Maintain a reserve fund to cushion against funding shortfalls.
- **Financial Management:** Strengthen financial management systems.
- **Donor Relations:** Build strong relationships with donors.

9.2.2 Operational Risk Mitigation

- **Human Resources:** Invest in recruitment, retention, and capacity development.
- **Systems Development:** Strengthen systems and infrastructure.
- **Internal Controls:** Implement strong internal controls.
- **Contingency Planning:** Develop contingency plans for potential disruptions.

9.2.3 Programmatic Risk Mitigation

- **Adaptive Management:** Use MEL to adapt our approaches.
- **Risk Assessments:** Conduct regular risk assessments.
- **Security Planning:** Develop and implement security plans.
- **Partnerships:** Build strong partnerships to share risks.

9.2.4 External Risk Mitigation

- **Stakeholder Engagement:** Engage with policymakers and other stakeholders.
- **Reputation Management:** Manage our reputation proactively.
- **Environmental Sustainability:** Consider environmental factors in our planning.

9.3 Monitoring and Review of Risks

9.3.1 Risk Register

UWRA will maintain a risk register that identifies and tracks risks. The risk register will be updated regularly and reviewed by the Executive Leadership Team and the Board of Directors.

9.3.2 Regular Reviews

Risks will be reviewed on a regular basis:

- **Quarterly Reviews:** Quarterly reviews of risks by the Executive Leadership Team.

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- **Annual Reviews:** Annual reviews of risks by the Board of Directors.
- **Ad Hoc Reviews:** Reviews as needed in response to changing circumstances.

9.3.3 Escalation Procedures

Significant risks will be escalated to the appropriate level of authority:

- **Operational Risks:** Escalated to the Executive Leadership Team.
- **Strategic Risks:** Escalated to the Board of Directors.
- **Emergency Risks:** Escalated immediately to the Executive Director and Board Chair.

Chapter 10: Communication and Advocacy

10.1 Communication Strategy

10.1.1 Purpose of Communication

UWRA's communication strategy serves the following purposes:

- **Visibility:** Building visibility and recognition for UWRA.
- **Engagement:** Engaging with stakeholders, including communities, partners, and donors.
- **Knowledge Sharing:** Sharing knowledge and research findings.
- **Advocacy:** Advocating for evidence-based health policies and programs.
- **Accountability:** Communicating our results and impact.

10.1.2 Target Audiences

UWRA's communication strategy targets the following audiences:

- **Communities:** Communities we serve and engage with.
- **Partners:** Current and potential partners.
- **Donors:** Current and potential donors.
- **Policymakers:** Government officials and policymakers.
- **Practitioners:** Health practitioners and program implementers.
- **Researchers:** Researchers and academic institutions.
- **Public:** The general public.

10.1.3 Communication Channels

UWRA uses multiple communication channels to reach our target audiences:

- **Website:** Our website serves as the primary platform for sharing information about our work.
- **Social Media:** We use social media platforms to share updates and engage with audiences.
- **Email:** We use email to communicate with stakeholders.

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- **Publications:** We produce publications, including reports, policy briefs, and articles.
- **Events:** We organize events, including conferences, workshops, and webinars.
- **Media:** We engage with media to share our work and messages.

10.1.4 Communication Products

UWRA produces a range of communication products:

- **Reports:** Annual reports, project reports, and evaluation reports.
- **Policy Briefs:** Briefs summarizing policy-relevant findings.
- **Evidence Summaries:** Summaries of research findings.
- **Case Studies:** Case studies documenting our work and impact.
- **Infographics:** Visual representations of data and findings.
- **Videos:** Videos about our work and impact.
- **Podcasts:** Podcasts discussing health and research topics.
- **Newsletters:** Regular newsletters for stakeholders.

10.2 Advocacy Strategy

10.2.1 Purpose of Advocacy

UWRA's advocacy strategy serves the following purposes:

- **Policy Influence:** Influencing health policies and programs.
- **Resource Mobilization:** Advocating for investment in health and research.
- **Community Empowerment:** Empowering communities to advocate for their health needs.
- **Awareness Raising:** Raising awareness about health issues and research findings.

10.2.2 Advocacy Approaches

UWRA uses multiple advocacy approaches:

- **Evidence-Based Advocacy:** Using evidence to advocate for policy change.
- **Policy Engagement:** Engaging with policymakers and policy processes.
- **Community Advocacy:** Supporting communities to advocate for their health needs.
- **Coalition Building:** Building coalitions with other organizations.
- **Public Advocacy:** Engaging the public on health issues.

10.2.3 Advocacy Priorities

UWRA's advocacy priorities are aligned with our strategic priorities:

- **Health Systems Strengthening:** Advocating for stronger health systems.
- **Universal Health Coverage:** Advocating for universal health coverage.

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- **Research Translation:** Advocating for the translation of research into policy and practice.
- **Community Engagement:** Advocating for community engagement in health.
- **Innovation:** Advocating for investment in innovation and digital health.

10.3 Stakeholder Engagement

10.3.1 Purpose of Stakeholder Engagement

UWRA engages with stakeholders to:

- **Build Relationships:** Build and maintain relationships with stakeholders.
- **Gather Input:** Gather input and feedback from stakeholders.
- **Share Knowledge:** Share knowledge and research findings.
- **Collaborate:** Collaborate on shared goals.
- **Build Support:** Build support for our mission and work.

10.3.2 Stakeholder Engagement Approaches

UWRA uses multiple approaches for stakeholder engagement:

- **Regular Communication:** Regular communication through meetings, reports, and updates.
- **Participatory Processes:** Involving stakeholders in planning, implementation, and evaluation.
- **Partnerships:** Building and maintaining partnerships based on mutual benefit.
- **Feedback Mechanisms:** Establishing mechanisms for receiving and responding to stakeholder feedback.
- **Advocacy:** Engaging with stakeholders to advance our mission and goals.

10.3.3 Stakeholder Engagement Plan

UWRA has developed a stakeholder engagement plan that identifies:

- **Key Stakeholders:** The stakeholders we need to engage with.
- **Engagement Objectives:** What we want to achieve through engagement.
- **Engagement Activities:** The activities we will undertake to engage stakeholders.
- **Timing:** When engagement activities will take place.
- **Responsibilities:** Who is responsible for engagement activities.

PART FOUR: CONCLUSION AND ANNEXES

Chapter 11: Conclusion

11.1 Summary of Key Commitments

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The UWRA Strategic Plan 2026–2030 represents a bold and visionary commitment to advancing health and well-being in Africa through evidence-based action. The plan reflects our unwavering commitment to the philosophy of "Evidence to Action" and sets forth a comprehensive framework for achieving our vision of healthier communities across the continent.

11.1.1 Key Commitments

1. **Strengthening Health Systems and Policy:** We commit to generating evidence that informs health policy and strengthens health systems at national and sub-national levels, contributing to universal health coverage and improved health outcomes.
2. **Advancing Implementation Science and Evidence Translation:** We commit to deepening our expertise in implementation science and knowledge translation, ensuring that research findings are systematically and effectively translated into practice, policy, and programs.
3. **Fostering Community-Engaged and Participatory Research:** We commit to placing communities at the heart of our work, ensuring that research is relevant, respectful, and responsive to community needs and priorities.
4. **Building Research Capacity and Leadership:** We commit to investing in the next generation of research leaders and practitioners in Africa, building individual and institutional capacity for research, knowledge translation, and leadership.
5. **Catalyzing Innovation and Digital Health Solutions:** We commit to harnessing the potential of digital health and emerging technologies to improve health outcomes and strengthen health systems.

11.1.2 Implementation Commitments

We commit to effective implementation of this plan through:

- **Strong Governance:** Ensuring effective governance and leadership.
- **Sound Management:** Implementing sound management practices.
- **Resource Mobilization:** Mobilizing the resources needed for implementation.
- **Monitoring and Evaluation:** Monitoring our progress and evaluating our impact.
- **Learning and Adaptation:** Learning from our experiences and adapting our approaches.
- **Accountability:** Being accountable to our stakeholders.

11.2 Path Forward

11.2.1 Getting Started

The first year of implementation will focus on:

- **Operationalizing the Plan:** Translating the strategic plan into annual work plans and budgets.
- **Mobilizing Resources:** Securing funding for planned activities.
- **Building Capacity:** Strengthening organizational systems and staff capacity.
- **Building Partnerships:** Strengthening existing partnerships and building new ones.

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- **Communicating the Plan:** Communicating the plan to stakeholders.

11.2.2 Implementation Timeline

Year	Key Activities
2026	Operationalize the plan, mobilize resources, build capacity, build partnerships
2027	Implement planned activities, monitor progress, build partnerships
2028	Implement planned activities, conduct mid-term review, adapt as needed
2029	Implement planned activities, monitor progress, build partnerships
2030	Implement planned activities, conduct end-of-term evaluation, plan for next phase

11.2.3 Success Factors

The success of this plan will depend on:

- **Leadership:** Strong and committed leadership.
- **Team:** A skilled and committed team.
- **Partners:** Strong partnerships with stakeholders.
- **Resources:** Adequate resources for implementation.
- **Systems:** Effective systems for management and accountability.
- **Learning:** A culture of learning and adaptation.

11.2.4 Call to Action

We invite our partners, collaborators, and stakeholders to join us on this journey. Together, we can translate evidence into action and create lasting health impact for communities across Africa. The challenges we face are formidable, but so too is our determination, our expertise, and our collective commitment to a healthier, more equitable future.

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ANNEXES

Annex A: Logical Framework

The logical framework articulates the causal pathway from inputs to impact and provides a framework for monitoring and evaluation.

Level	Description	Indicators
Impact	Improved health outcomes and reduced health inequities in Africa	Health outcome indicators, equity indicators
Outcomes	Increased use of evidence in policy and practice, strengthened health systems, increased research capacity, empowered communities, improved health outcomes	Policy influence, health system performance, research capacity, community empowerment
Outputs	Research findings, knowledge translation products, trained individuals, community engagement activities, innovations	Publications, policy briefs, training courses, community engagement, innovations
Activities	Research, knowledge translation, training, community engagement, innovation	Research projects, knowledge translation products, training courses, community engagement activities, innovation projects
Inputs	Staff, funding, partnerships, systems, infrastructure	Staff numbers, funding, partnerships, systems

Annex B: Performance Indicator Framework

Objective	Indicator	Baseline	Target (2030)	Data Source	Frequency
Priority 1: Strengthening Health Systems and Policy					
Policy Influence	Number of policy briefs produced	5 per year	20 per year	Project reports	Quarterly

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	Number of policy dialogues held	3 per year	10 per year	Event records	Quarterly
Health System Performance	Implementation research studies	3	10	Research reports	Annually
	Health system bottlenecks identified	5	15	Research reports	Annually
Universal Health Coverage	UHC research studies	2	8	Research reports	Annually
	UHC policy briefs produced	2	5	Policy briefs	Annually
Emergency Preparedness	Emergency preparedness research	1	5	Research reports	Annually
	Health workers trained	50	200	Training records	Annually
Priority 2: Advancing Implementation Science					
Implementation Research	Implementation research studies	3	12	Research reports	Annually
	Publications on implementation research	2	15	Publication records	Annually
Knowledge Translation	Knowledge translation products	10	50	Knowledge translation records	Quarterly
	People reached	100,000	1,000,000	Reach data	Quarterly
Scale-Up	Scale-up research studies	2	8	Research reports	Annually
	Scale-up frameworks developed	0	3	Frameworks	Annually
Evidence Synthesis	Systematic reviews	2	10	Publication records	Annually
	Evidence gap maps	0	5	Gap maps	Annually

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Priority 3: Community-Engaged Research					
Community Co-Design	Projects co-designed with communities	50%	80%	Project records	Annually
	Community groups engaged	20	50	Engagement records	Annually
Community Capacity	Community members trained	100	500	Training records	Annually
	Community research committees	3	10	Committee records	Annually
Community Feedback	Projects with feedback mechanisms	50%	80%	Project records	Annually
	Communities with access to feedback	60%	90%	Feedback data	Annually
Community-Led Interventions	Community-led interventions	5	20	Program records	Annually
	Community members reached	10,000	50,000	Reach data	Annually
Priority 4: Building Research Capacity					
Fellowship Program	Fellowship participants	15	30	Program records	Annually
	Alumni network members	50	100	Alumni records	Annually
Training and Mentorship	Training courses delivered	5	20	Training records	Annually
	Individuals trained	150	500	Training records	Annually
Early-Career Researchers	Research grants awarded	5	30	Grant records	Annually
	Researchers supported	10	50	Support records	Annually
Priority 5: Innovation and Digital Health					

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Digital Health Innovation	Digital health solutions developed	2	10	Innovation records	Annually
	Digital health solutions evaluated	1	8	Evaluation records	Annually
Data Science	Data science applications	1	5	Application records	Annually
	Datasets analyzed	2	10	Analysis records	Annually
GIS and Spatial Analytics	GIS applications	2	10	Application records	Annually
	Spatial maps produced	5	20	Map records	Annually
Innovation Ecosystem	Technology partnerships	2	5	Partnership records	Annually
	Health technology startups supported	2	10	Support records	Annually

Annex C: Detailed Action Plans by Priority

Priority 1: Strengthening Health Systems and Policy

Objective	Activity	Timeline	Responsibility	Resources
1.1 Policy Influence	Identify priority policy questions	Year 1	Director of Research	Staff time
	Conduct evidence syntheses	Ongoing	Research Unit	Staff time, research costs
	Produce policy briefs	Ongoing	Research Unit	Staff time, publication costs
	Organize policy dialogues	Quarterly	Partnerships and Communications Unit	Staff time, event costs
	Establish policy fellows program	Year 2	Executive Director	Staff time, fellowship costs

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1.2 Health System Performance	Conduct health system assessments	Year 1-2	Research Unit	Staff time, travel costs
	Identify health system bottlenecks	Ongoing	Research Unit	Staff time
	Develop and test interventions	Year 2-4	Research Unit	Staff time, research costs
	Provide technical assistance	Ongoing	Programs Unit	Staff time, travel costs
1.3 Universal Health Coverage	Conduct UHC research studies	Year 1-4	Research Unit	Staff time, research costs
	Produce UHC policy briefs	Ongoing	Research Unit	Staff time, publication costs
	Engage with UHC policy processes	Ongoing	Partnerships and Communications Unit	Staff time, travel costs
1.4 Emergency Preparedness	Conduct emergency preparedness research	Year 1-4	Research Unit	Staff time, research costs
	Develop emergency preparedness tools	Year 2-3	Innovation Unit	Staff time
	Provide training on emergency preparedness	Year 2-4	Programs Unit	Staff time, training costs

Priority 2: Advancing Implementation Science and Evidence Translation

Objective	**Activity**	**Timeline**	**Responsibility**	**Resources**
2.1 Implementation Research	Identify priority research questions	Year 1	Director of Research	Staff time
	Design and conduct implementation research	Ongoing	Research Unit	Staff time, research costs
	Develop implementation research tools	Year 1-2	Research Unit	Staff time

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	Train researchers in implementation science	Year 2-3	Programs Unit	Staff time, training costs
2.2 Knowledge Translation	Identify target audiences	Year 1	Partnerships and Communications Unit	Staff time
	Develop knowledge translation products	Ongoing	Partnerships and Communications Unit	Staff time, production costs
	Disseminate knowledge translation products	Ongoing	Partnerships and Communications Unit	Staff time, dissemination costs
	Train individuals in knowledge translation	Year 2-3	Programs Unit	Staff time, training costs
2.3 Scale-Up and Sustainability	Conduct scale-up research	Year 1-4	Research Unit	Staff time, research costs
	Develop scale-up frameworks	Year 2-3	Research Unit	Staff time
	Provide technical assistance for scale-up	Year 2-4	Programs Unit	Staff time, travel costs
2.4 Evidence Synthesis	Identify priority areas for evidence synthesis	Year 1	Director of Research	Staff time
	Conduct systematic reviews	Ongoing	Research Unit	Staff time, research costs
	Develop evidence gap maps	Year 2-3	Research Unit	Staff time
	Produce evidence summaries	Ongoing	Research Unit	Staff time, publication costs

Priority 3: Fostering Community-Engaged and Participatory Research

Objective	Activity	Timeline	Responsibility	Resources
3.1 Community Co-Design	Establish community advisory boards	Year 1	Programs Unit	Staff time, engagement costs

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	Conduct community consultations	Ongoing	Programs Unit	Staff time, travel costs
	Use participatory methods for research design	Ongoing	Research Unit	Staff time
	Train researchers in community engagement	Year 2-3	Programs Unit	Staff time, training costs
3.2 Community Capacity	Develop community research training	Year 1-2	Programs Unit	Staff time, development costs
	Deliver community research training	Ongoing	Programs Unit	Staff time, training costs
	Establish community research committees	Year 2	Programs Unit	Staff time
	Support community-led research	Ongoing	Programs Unit	Staff time, research costs
3.3 Community Feedback	Design feedback mechanisms	Year 1	Programs Unit	Staff time
	Implement feedback mechanisms	Ongoing	Programs Unit	Staff time
	Analyze and respond to feedback	Ongoing	Programs Unit	Staff time
3.4 Community-Led Interventions	Identify community priorities	Year 1-2	Programs Unit	Staff time, engagement costs
	Co-design interventions with communities	Ongoing	Programs Unit	Staff time
	Provide technical support	Ongoing	Programs Unit	Staff time, travel costs
	Monitor and evaluate interventions	Ongoing	Programs Unit	Staff time

Priority 4: Building Research Capacity and Leadership

Objective	Activity	Timeline	Responsibility	Resources
4.1 Fellowship Program	Design training modules	Year 1	Programs Unit	Staff time
	Recruit fellowship candidates	Annually	Programs Unit	Staff time
	Deliver fellowship training	Annually	Programs Unit	Staff time, training costs

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	Provide mentorship to fellows	Ongoing	Programs Unit	Staff time
	Establish alumni network	Year 2	Programs Unit	Staff time
4.2 Training and Mentorship	Identify training needs	Year 1	Programs Unit	Staff time
	Develop training courses	Year 1-2	Programs Unit	Staff time
	Deliver training courses	Ongoing	Programs Unit	Staff time, training costs
	Establish mentorship program	Year 2	Programs Unit	Staff time
4.3 Early-Career Researchers	Design research grant program	Year 1	Programs Unit	Staff time
	Award research grants	Annually	Programs Unit	Staff time, grant funds
	Provide technical assistance	Ongoing	Programs Unit	Staff time
	Facilitate networking opportunities	Ongoing	Programs Unit	Staff time, event costs
4.4 Alumni Network	Establish alumni network	Year 2	Programs Unit	Staff time
	Organize alumni events	Annually	Programs Unit	Staff time, event costs
	Support alumni initiatives	Ongoing	Programs Unit	Staff time

Priority 5: Catalyzing Innovation and Digital Health Solutions

Objective	Activity	Timeline	Responsibility	Resources
5.1 Digital Health Innovation	Identify health challenges for digital solutions	Year 1	Innovation Unit	Staff time
	Co-design digital solutions	Year 1-2	Innovation Unit	Staff time
	Develop and test digital prototypes	Year 2-4	Innovation Unit	Staff time, development costs
	Evaluate digital health interventions	Year 3-4	Innovation Unit	Staff time, evaluation costs
	Scale successful digital solutions	Year 4-5	Innovation Unit	Staff time, scaling costs

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5.2 Data Science	Access and prepare health datasets	Year 1-2	Innovation Unit	Staff time
	Apply data science methods	Year 2-4	Innovation Unit	Staff time
	Develop data science applications	Year 3-4	Innovation Unit	Staff time
	Produce data-driven insights	Ongoing	Innovation Unit	Staff time
5.3 GIS and Spatial Analytics	Collect and prepare spatial health data	Year 1-2	Innovation Unit	Staff time
	Apply GIS methods	Year 2-4	Innovation Unit	Staff time
	Produce spatial maps and analyses	Ongoing	Innovation Unit	Staff time
	Use spatial data to inform interventions	Year 3-4	Innovation Unit	Staff time
5.4 Innovation Ecosystem	Establish partnerships with technology companies	Year 1-2	Partnerships and Communications Unit	Staff time
	Support health technology startups	Year 2-4	Innovation Unit	Staff time, support funds
	Host innovation challenges	Annually	Innovation Unit	Staff time, event costs
	Develop innovation support programs	Year 2-3	Innovation Unit	Staff time

Annex D: Stakeholder Engagement Plan

Stakeholder Group	Engagement Objectives	Engagement Activities	Frequency	Responsibility
Communities	Build trust, gather input, share knowledge	Community meetings, advisory boards, feedback mechanisms	Ongoing	Programs Unit

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Government Agencies	Build partnerships, influence policy, provide technical assistance	Policy dialogues, meetings, technical assistance	Ongoing	Partnerships and Communications Unit
Academic Institutions	Research collaboration, capacity building, knowledge exchange	Research partnerships, joint programs, meetings	Ongoing	Partnerships and Communications Unit
NGOs and CSOs	Partnerships, collaboration, knowledge sharing	Partnerships, meetings, joint programs	Ongoing	Partnerships and Communications Unit
Donors	Funding, accountability, relationship building	Reporting, meetings, site visits	Ongoing	Executive Director, Partnerships and Communications Unit
International Partners	Collaboration, knowledge sharing, networking	Partnerships, meetings, joint programs	Ongoing	Partnerships and Communications Unit
Health Professionals	Knowledge translation, training, engagement	Training, meetings, knowledge sharing	Ongoing	Programs Unit
Private Sector	Innovation, partnerships, technology	Partnerships, meetings, joint projects	Ongoing	Innovation Unit

Annex E: Communication Strategy

Element	**Description**
Purpose	Build visibility, engage stakeholders, share knowledge, advocate, demonstrate accountability
Target Audiences	Communities, partners, donors, policymakers, practitioners, researchers, public
Key Messages	Evidence to Action, research translation, community health, health systems strengthening, capacity building, innovation
Channels	Website, social media, email, publications, events, media
Products	Reports, policy briefs, evidence summaries, case studies, infographics, videos, podcasts, newsletters

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Timeline	Ongoing, with specific campaigns and initiatives as needed
Responsibility	Partnerships and Communications Unit

Annex F: Risk Register

Risk	Likelihood	Impact	Mitigation Strategy	Responsibility	Status
Funding Shortfalls	Medium	High	Diversified funding, reserve fund, cost efficiency	Executive Director, Finance Unit	Ongoing
Donor Dependency	High	Medium	Diversified funding, core funding, earned income	Executive Director, Partnerships Unit	Ongoing
HR Challenges	Medium	High	Competitive compensation, professional development, supportive culture	Executive Director, HR Unit	Ongoing
Capacity Constraints	Medium	High	Prioritization, capacity development, partnerships	Executive Director, Unit Directors	Ongoing
Implementation Challenges	Medium	High	Adaptive management, monitoring, learning	Executive Director, Unit Directors	Ongoing
Political Instability	Medium	High	Risk assessment, contingency planning, flexibility	Executive Director	Ongoing
Health Emergencies	Medium	High	Contingency planning, flexibility, remote work	Executive Director	Ongoing
Security Risks	Medium	High	Security planning, risk assessment, insurance	Executive Director	Ongoing
Policy Changes	Medium	High	Policy engagement, advocacy, flexibility	Partnerships and Communications Unit	Ongoing
Competition	High	Medium	Differentiation, reputation, relationships	Executive Director, Partnerships Unit	Ongoing

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Annex G: Partnership Strategy

Partnership Type	Partners	Objectives	Activities	Responsibility
Government Agencies	National and county governments	Policy influence, technical assistance, program implementation	Policy engagement, technical assistance, joint programs	Partnerships and Communications Unit
Academic Institutions	Universities and research institutions	Research collaboration, capacity building, knowledge exchange	Joint research, training, knowledge sharing	Partnerships and Communications Unit
NGOs and CSOs	Non-governmental and community organizations	Partnerships, collaboration, knowledge sharing	Joint programs, knowledge sharing, advocacy	Partnerships and Communications Unit
International Organizations	WHO, UNICEF, UNDP, etc.	Collaboration, technical support, funding	Joint programs, technical assistance, knowledge sharing	Partnerships and Communications Unit
Private Sector	Technology companies, startups, corporations	Innovation, technology, corporate partnerships	Joint innovation, technology development, support	Innovation Unit

Annex H: Financial Projections

Year	Income (USD)	Expenditure (USD)	Surplus/Deficit (USD)
2026	50,000	50,000	0
2027	300,000	300,000	0
2028	1,000,000	1,000,000	0
2029	4,000,000	4,000,000	0
2030	7,000,000	7,000,000	0

Assumptions:

- Income and expenditure projections are based on expected growth and implementation of the strategic plan.
- Income projections assume successful mobilization of resources from diverse sources.
- Expenditure projections are based on planned activities and expected costs.
- The projections assume balanced budgets each year, with any surplus being used to build reserves.

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