

INFECTIOUS
DISEASES

ADOLESCENT
HEALTH

MENTAL
HEALTH

MATERNAL &
CHILD HEALTH

NON-COMMUNICABLE
DISEASES

ENVIRONMENTAL
HEALTH

NEGLECTED
TROPICAL
DISEASES

CLIMATE
CHANGE



HEALTH
SYSTEMS
STRENGTHENING

STRATEGIC PLAN



2026 - 2030

Tanzania Health Promotion Support (THPS)

Strategic Plan (2026-2030)

Table of Contents

Abbreviations and Acronyms	iii
Foreword.....	viii
Statement from the Executive Director	x
Acknowledgements	xii
Executive Summary	xiv
Introduction	2
Background and Overview of Tanzania Health Promotion Support (THPS)	2
Rationale for the Third Strategic Plan (2026 – 2030)	2
Objectives of the Strategic Plan	3
Strategic Planning Process and Methodology	3
Structure of the Strategic Plan	4
Context and Situational Analysis.....	7
Global and Regional Health Context	7
Country Health Context.....	11
PESTEL Analysis	14
Analysis of Resource Availability and Capacity.....	15
Stakeholder Analysis and Partnerships	16
Analysis of Strengths, Opportunities, Aspirations and Results.....	26
Strategic Direction and Approach	29
Vision, Mission and Core Values.....	29
Strategic Goal and Objectives (2026-2030)	30
Theory of Change	32
Strategic approaches	32
Key Result Area 1: Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) ..	35
Key Result Area 2: Global Health Security and Emerging Diseases	37
Key Result Area 3: Infectious Diseases and Neglected Tropical Diseases	39
Key Result Area 4: Non-Communicable Diseases and Mental Health	41
Key Result Area 5: Health Promotion, Risk Communication and Community Engagement.....	44
Key Result Area 6: Social Welfare Protection and Psychosocial Support System	46
Key Result Area 7: Climate Change, Environment and Health.....	48
Key Result Area 8: Sustainable Financing and Risk Management	50
Key Result Area 9: Digital Innovation, Artificial Intelligence and Systems Strengthening	53

Pamoja Tunaboresha Afya

Key Result Area 10: Institutional Governance and Organizational Capacity	58
Monitoring, Evaluation Accountability and Learning.....	C0
The Purpose of MEAL	63
Result Framework	63
Monitoring and Evaluation Plan	63
Data Collection data management and technical program supportive supervision	64
Adaptive Management and Learning	65
Knowledge Management	65
Strategic Communications and Visibility	67
Appendices	6y
Appendix 1: Five Year Strategic Plan Matrices for THPS.....	6y
Appendix 2: Results Framework for THPS Strategic Plan (2026 – 2030)	yT
Bibliography	95

Abbreviations and Acronyms

Abbreviation/Acronym	Definition
ACTs	Artemisinin-Based Combination Therapies
aDSM	Active Drug Safety Monitoring
Africa CDC	Africa Centres for Disease Control and Prevention
AGYW	Adolescent Girls and Young Women
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ANC	Antenatal Care
AUDA-NEPAD	African Union Development Agency-New Partnership for Africa's Development
BEmONC	Basic Emergency Obstetric and Newborn Care
CDC	Centres for Disease Control and Prevention
CECAP	Cervical Cancer Prevention program
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHF	Community Health Fund
CHMT	Council Health Management Team
CHW	Community Health Worker
CRG	Community Rights and Gender
CSOs	Civil Society Organizations
CSR	Corporate Social Responsibility
DALYs	Disability-Adjusted Life Years
DCEA	Drug Control and Enforcement Authority
DHFF	Direct Health Facility Financing
DHIS2	District Health Information System (v2)
DPs	Development Partners
DQA	Data Quality Assessment / Data Quality Assurance
DST	Drug Susceptibility Testing
EBS	Event-Based Surveillance
ECHO	Extension for Community Healthcare Outcomes
ECSA-HC	East, Central and Southern Africa Health Community
ED	Executive Director
EID	Early Infant Diagnosis
e-IDSR	Electronic Integrated Disease Surveillance and Response

Pamoja Tunaboresha Afya

eLMIS	Electronic Logistics Management Information System
FFARS	Facility Financial Accounting and Reporting System
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GHS	Global Health Security
GoTHoMIS	Government of Tanzania Hospital Management Information System
HCW	Health Care Worker
HEF	Health Equity Fund
HFGC	Health Facility Governing Committee
HIM	Health Information Management
HIMS	Health Management Information Systems
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HMIS	Health Management Information Systems
HP-RCCE	Health Promotion, Risk Communication and Community Engagement
HPV	Human Papillomavirus
HRH	Human Resources for Health
HRHIS	Human Resource for Health Information System
ICAP	International Center for AIDS Care and Treatment Programs
IDSR	Integrated Disease Surveillance and Response
IFA	Iron and Folic Acid (supplements)
IHR	International Health Regulations
IMPACT	Information, Mobilized for, Performance, Analysis and Continuous Transformation
IPC	Infection Prevention and Control
IPs	Implementing Partners
IPTp	Intermittent Preventive Treatment for pregnant women
KCMCo	Kilimanjaro Christian Medical College
KCMU	Kilimanjaro Christian Medical University
KCRI	Kilimanjaro Christian Research Institute
KM	Knowledge Management
KRA	Key Result Area
KVP	Key and Vulnerable Populations
LGA	Local Government Authority
LGAs	Local Government Authorities

Pamoja Tunaboresha Afya

LLINs	Long-Lasting Insecticidal Nets
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAT	Medical Association of Tanzania
MDA	Mass Drug Administration
MDH	Management and Development for Health
MDR-TB	Multidrug-Resistant Tuberculosis
MEAL	Monitoring, Evaluation, Accountability and Learning
MEL	Monitoring, Evaluation, and Learning
MeLSAT	Medical Laboratory Scientists Association of Tanzania
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MoCDGEC	Ministry of Community Development, Gender, Elderly and Children (Zanzibar)
MoCDGWSG	Ministry of Community Development, Gender, Women and Special Groups
MoH	Ministry of Health
MPox	Monkeypox
MSD	Medical Stores Department
MUHAS	Muhimbili University of Health and Allied Sciences
NACOPHA	National Council of People Living with HIV/AIDS
NASHCoP	National AIDS, STIs, Hepatitis Control Programme
NCDs	Non-Communicable Diseases
DOT	Directly Observed Therapy (TB/HIV services)
NEMC	National Environment Management Council
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
NMNAP II	Tanzania National Multisectoral Nutrition Action Plan (phase II)
NPHL	National Public Health Laboratory
NSA	Non-State Actors
NSHP	National School Health Programme
NTD	Neglected Tropical Disease
NTDs	Neglected Tropical Diseases
NTLP	National TB and Leprosy Programme
OPD	Outpatient Department
PAT	Pharmaceutical Association of Tanzania
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief

Pamoja Tunaboresha Afya

PESTEL	Political, Economic, Social, Technological, Environmental, Legal (analysis)
PHC	Primary Health Care
PLHIV	People Living with HIV
PMO	Prime Minister's Office
PMO-RALG	Prime Minister's Office – Regional Administration and Local Government
PNC	Postnatal Care
PPE	Personal Protective Equipment
PST	Pharmaceutical Society of Tanzania
QI	Quality Improvement
RAS	Regional Administrative Secretary
RCCE	Risk Communication and Community Engagement
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SBC	Social and Behaviour Change
SCM	Supply Chain Management
SDG	Sustainable Development Goal
SDR	Single Dose Rifampicin
SMC	Seasonal Malaria Chemoprevention
SOAR	Strengths, Opportunities, Aspirations, Results
SOPs	Standard Operating Procedures
SP	Strategic Plan
SRA	Star Rating Assessment
SRH	Sexual and Reproductive Health
SWOT	Strengths, Weaknesses, Opportunities, Threats (analysis)
TACAIDS	Tanzania Commission for AIDS
TANA	Tanzania Nurses Association
TASAF	Tanzania Social Action Fund
TASWO	Tanzania Social Workers Association
TB	Tuberculosis
THIS	Tanzania HIV and Malaria Survey
THPS	Tanzania Health Promotion Support
TMDA	Tanzania Medicines and Medical Devices Authority
TOC	Theory of Change

Pamoja Tunaboresha Afya

UHC	Universal Health Coverage
UHI	Universal Health Insurance
UMB	University of Maryland Baltimore
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNEP	United Nations Environment Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITAID	International drug purchase facility
VACS	Violence Against Children Survey
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZDCEA	Zanzibar Drugs Control and Enforcement Authority



Dr Rumishaeli Shoo

Chairperson.
THPS – Governing Board

“

We recognize that the success of this plan will depend on the collective efforts of all stakeholders including government institutions, development and implementing partners, civil society, the private sector, academia, and communities themselves.

...

Foreword

The launch of the Tanzania Health Promotion Support (THPS) Strategic Plan 2026 – 2030 marks an important milestone in our continued commitment to improving the health and well-being of the people of Tanzania and beyond. This plan provides a clear and forward-looking roadmap for addressing the country’s evolving health challenges while advancing a vision of a healthier, more resilient, and more equitable society.

Guided by national priorities and global health commitments, the strategy focuses on strengthening health outcomes across the life course. It places particular emphasis on improving reproductive, maternal, newborn, child and adolescent health; enhancing preparedness and response to infectious disease threats and public health emergencies; and addressing the growing burden of non-communicable diseases alongside mental health needs. Central to this vision is the promotion of health literacy and healthy behaviors, empowering individuals and communities to take an active role in safeguarding their own well-being.

The plan also recognizes that sustainable health improvements depend on strong primary health care (PHC) linked to social support systems, resilient communities, and responsive health services. It therefore prioritizes strengthening the PHC in the country, support for vulnerable populations, adaptation to the health impacts of climate change, and continued progress toward Universal Health Coverage. Equally important is the commitment to financial sustainability, effective risk management, and efficient use of resources to ensure that gains achieved are maintained and expanded over time.

From a governance perspective, the Governing Body is confident that this strategy reflects both ambition and realism. It builds on the solid foundation established in previous years while positioning THPS to respond effectively to emerging challenges and opportunities. Strengthened institutional leadership, accountability, and partnerships will be essential to achieving the desired results.

Pamoja Tunaboresha Afya

We recognize that the success of this plan will depend on the collective efforts of all stakeholders including government institutions, development and implementing partners, civil society, the private sector, academia, and communities themselves. Together, we can accelerate progress toward a health system that is robust, inclusive, and accessible to all Tanzanians.

On behalf of the Governing Body, I commend the management team, staff, partners, and stakeholders who contributed to the development of this strategy. We are confident that its implementation will deliver meaningful and lasting improvements in the health and prosperity of our nation

Dr Rumishaeli Shoo

Chairperson

THPS – Governing Body



Dr Redempta Mbatia
Executive Director
THPS

“

The success of this strategy depends on collective action. We call upon government institutions, communities, civil society, the private sector, academia, and development partners to work with us in translating this vision into measurable results.

• • •

Statement from the Executive Director

As we conclude the implementation of our Strategic Plan (2021–2025), I reflect with great pride on the progress we have made together in improving the health and well-being of Tanzanians. Over the past five years, Tanzania Health Promotion Support (THPS), working in close partnership with the Government of Tanzania, communities, civil society, and development partners, has expanded access to essential health services across the country.

Our collective efforts have strengthened prevention, care, treatment, and support for HIV, tuberculosis, reproductive, maternal, newborn, child and adolescent health, non-communicable diseases, and emerging public health threats, bringing services closer to underserved and vulnerable populations. We have also advanced the integration of mental health and psychosocial support into primary healthcare, contributing to reduced stigma and improved quality of life for individuals and families. Most important THPS strengthened health systems and community systems across all regions of the United Republic of Tanzania. These achievements reflect the dedication of our staff, the resilience of communities, and the strength of our partnerships.

Building on this foundation, I am pleased to present the THPS Strategic Plan for 2026–2030. This plan responds to a rapidly evolving public health landscape characterized by changing disease patterns, emerging threats, climate challenges, emerging of technological driven health solutions through Artificial Intelligence (AI) and shifting financing environments. It reaffirms our commitment to strengthening a resilient, equitable, and sustainable health system that ensures every Tanzanian can access quality services and live a healthy, productive life. This ambitious vision comes at a time when Tanzania and the global health landscape are experiencing significant shifts in public health priorities, financing, and emerging health threats.

Over the next five years, THPS will prioritize improving maternal, newborn, child, and adolescent health

Pamoja Tunaboresha Afya

outcomes; strengthening capacity to prevent, detect, and respond to infectious disease outbreaks and public health emergencies; and addressing the growing burden of non-communicable diseases while expanding access to mental health services. We will intensify efforts to promote health literacy and healthy behaviors through community engagement, recognizing that informed communities are essential for sustainable health gains. In collaboration with government and partners, we will also strengthen social protection and community support systems for vulnerable populations and enhance resilience to the health impacts of climate change and environmental degradation. Embedded in this is our renewed focus to strengthen primary health care systems.

Ensuring financial sustainability and effective risk management will underpin all our work, alongside continued efforts to strengthen institutional governance, leadership, and accountability. We remain committed to supporting a health system that is strong, inclusive, and accessible to all people, regardless of location or socioeconomic status. In partnership with communities and national stakeholders, we will also contribute to accelerating progress against neglected tropical diseases and other persistent health challenges affecting marginalized communities.

The success of this strategy depends on collective action. We call upon government institutions, communities, civil society, the private sector, academia, and development partners to work with us in translating this vision into measurable results. Together, we can build on past achievements, respond effectively to emerging challenges, and secure lasting health improvements for current and future generations.

With renewed determination and partnership, I am confident that the THPS Strategic Plan 2026–2030 will deliver transformative and sustainable health gains for Tanzania.

Dr. Redempta Mbatia
Executive Director - THPS



Mr George Anatory
Chief Operations Officer
THPS

“

We thank every partner named and those unnamed—health workers, local leaders, and community volunteers who show up daily to support our work. We move forward together, measuring success not by reports, but by healthier lives across Tanzania.

• • •

Acknowledgements

The Tanzania Health Promotion Support (THPS) Strategic Plan III (2026-2030) stands on the shoulders of a wide community of partners whose wisdom, resources, and perseverance shape our shared mission: equitable, resilient health systems that leave no one behind. We offer our deepest gratitude to each category of collaborators below, recognizing that this plan is as much theirs as it is ours.

First, we thank our Government Partners, whose stewardship anchors all progress. The Ministry of Health, the Prime Minister’s Office – Regional Administration and Local Government, and the Tanzania Commission for AIDS have provided policy clarity and operational space. Regional Health Management Teams and Council Health Management Teams translated national vision into local action, while the National Institute for Medical Research and the Medical Stores Department kept science and supply chains at the forefront. An exceptional appreciation to the civil society and community representatives who shared the reality of the ground, providing practical insights to ensure access to services and quality are improved. Their commitment to joint planning and data transparency remains the backbone of this strategy.

We reserve special recognition for the Governing Body, THPS Management, and Staff—three pillars whose daily judgment and commitment turn strategy into service. We thank our Governing Body for the foresight, stewardship, and rigorous oversight that keep THPS anchored to its mission and accountable to the communities we serve. We also extend our gratitude to the Management Team; we acknowledge the operational discipline and adaptive leadership that translate policy into programs, align resources with priorities, and nurture partnerships across government and civil society. In the same regard, we acknowledge the THPS staff—at headquarters, in the regions, and at the last mile: your technical skill, integrity, and relentless focus on quality are the reason our plans have impact.

We are profoundly grateful to our Funding and

Pamoja Tunaboresha Afya

Development Partners for investing in Tanzanian leadership. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the Centres for Disease Control and Prevention (CDC) and for United States Agency for International Development (USAID) offered sustained financing and technical accompaniment. The Global Fund, Gavi, the United Nations family (WHO, UNICEF, UNAIDS), and the World Bank have complemented these investments with catalytic grants and global expertise. Their insistence on accountability and country ownership sharpened our priorities and expanded our reach.

Our Academic and Research Partners pushed us to ask harder questions. We thank Muhimbili University of Health and Allied Sciences (MUHAS), Kilimanjaro Christian Medical University College (KCMUCo), the National Institute for Medical Research (NIMR), and international collaborators who opened laboratories, classrooms, and datasets to joint inquiry. Their evaluations and implementation-science work turned field challenges into learning—and learning into improved practice.

To our Civil Society and Community Partners—networks of people affected by the diseases of focus (e.g. HIV, TB) key-population-led organizations, women's and youth groups, and faith-based health providers—we owe honesty and momentum. You met us in clinics and villages, flagged blind spots, and co-designed solutions that respect dignity and culture. This plan's emphasis on person-centered services, stigma reduction, community engagement and monitoring reflects your voice on every page.

Finally, we acknowledge Private Sector and Implementing Partners: logistics firms, digital-health innovators, financial institutions such as CRDB and non-governmental implementers who strengthened last-mile delivery, data systems, and quality management. Your operational agility helped us adapt quickly and deliver reliably.

THPS offers this plan in the spirit of mutual responsibility. We thank every partner named and those unnamed—health workers, local leaders, and community volunteers who show up daily to support our work. We move forward together, measuring success not by reports, but by healthier lives across Tanzania. We also thank our consultant, Dr. Selemani Mbuyita for the technical leadership in the development of this strategic plan.

George Anatory

Chief Operations Officer

Executive Summary

The THPS Strategic Plan 2026 - 2030 lays out a comprehensive roadmap designed to significantly boost health and well-being across Tanzania and beyond. This ambitious plan zeroes in on ten crucial Key Result Areas, each meticulously crafted to tackle specific health challenges and fortify the nation's health infrastructure. By successfully hitting these outlined goals, THPS is committed to cultivating a healthier, more resilient, and equitably served population.

Central to this effort is improving the health and survival rates for mothers, newborns, children, and adolescents, thereby establishing a strong foundation for future generations. Concurrently, the plan aims to significantly enhance Tanzania's capacity to prevent, detect, and respond effectively to infectious disease outbreaks and public health emergencies, ensuring the safety of communities. A key focus also lies in reducing the burden of communicable and non-communicable diseases and expanding access to quality mental health services, promoting a more holistic sense of well-being for everyone. Furthermore, the strategy seeks to boost health literacy and encourage the adoption of healthy behaviors within communities, ultimately leading to improved public health outcomes through informed choices and active participation. In addition, the strategy will strive to sustain and expand efforts leading to responding to the challenges of neglected tropical diseases in the country. The above will hinge on strong health and community systems, beginning with primary health care.

Supporting the most vulnerable, the plan includes strengthening social welfare and psychosocial support systems to protect individuals and foster mental well-being, paving the way for a more supportive and inclusive society. Recognizing the evolving environmental landscape, efforts will also be directed towards enhancing the resilience of communities and health systems against the health impacts of climate change and environmental degradation. To ensure long-term effectiveness, the plan focuses on improving the financial sustainability of the health sector and implementing robust risk management strategies for health programs.

Ultimately, this strategic vision is about building a more robust, equitable, and accessible health system capable of delivering top-tier services to all Tanzanians, thereby creating a truly resilient and responsive healthcare infrastructure. Underlying all these initiatives is a commitment to strengthening institutional governance, leadership, and operational efficiency, investing in high yield public health interventions within THPS and its partner organizations, which will optimize resource use and programmatic excellence. Finally, a strong and integrated Monitoring, Evaluation, Accountability, and Learning (MEAL) framework will guarantee data-driven decision-making, transparency, and continuous learning, maximizing impact across every area of the program. As five years is a long period of time, a midterm evaluation will be conducted at the end of the third year of implementing this strategic plan to inform progress and adjust accordingly for efficiency and relevance.

Introduction

This section provides an overview of the strategic plan, including its purpose, scope, and guiding principles.

Introduction

Background and Overview of Tanzania Health Promotion Support (THPS)

Tanzania Health Promotion Support (THPS) is a local non-governmental organization that was founded in 2011 under Tanzania's NGO Act of 2002 and the Zanzibar Societies Act no. 6 of 1995. Since then, THPS has maintained its mission of collaborating with the Tanzanian Government, in both mainland Tanzania and Zanzibar to promote health through health system strengthening, improving quality of health services, access and equity through prevention, care, treatment, research and innovation. THPS engagement with the Governments is through the two Ministries of Health in the two sides of the United Republic of Tanzania but works closely with other relevant ministries especially those focusing on gender, youth, and community development, local government, and Home Affairs. THPS has also engaged with key government agencies/departments for specific programs including the National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS); the Drug Control and Enforcement Authority (DCEA), the Government Chemist Laboratory Authority (GCLA), Tanzania Commission for AIDS (TACAIDS) among others.

Over 15 years, THPS's scope of work has focused on addressing various major public health issues, including:

- Combating communicable diseases and emerging outbreaks like HIV/AIDS, Tuberculosis, COVID-19, and Mpox.
- Improving reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services.
- Tackling non-communicable diseases, specifically integrating hypertension care and preventing cervical cancer.
- Mitigating barriers to health access by addressing gender-based violence (GBV) and violence against children.
- Strengthening laboratory, pharmaceutical services and health management information systems (HMIS), and
- Promoting innovations through research and public health evaluations.

THPS envisages a Tanzanian society where everyone has an equal opportunity to receive quality health services as per national and international standards. Its overall goal is to innovatively provide comprehensive support for health services delivery through health promotion, prevention, care, treatment and research throughout the United Republic of Tanzania in collaboration with the Ministries of Health of Mainland and Zanzibar as well as with other relevant ministries at national, regional, district and community levels. To achieve this, the organization works to support the Government efforts by reinforcing health and community systems, working with communities, government bodies, private sector, academic institutions, development partners, and other non-governmental groups.

Rationale for the Third Strategic Plan (2026 – 2030)

The development of this third Strategic Plan (2026 - 2030) follows a successful completion of implementing THPS's second Strategic Plan (2021-2025). While successes were recorded and achievements reaped, the past five years produced learning that necessitates re-examining the organizational core business and strategizing anew. Over the past five years, THPS has experienced significant changes, including organizational growth, a broader range of programs and donors, new public health challenges (like COVID-19, Mpox, and Ebola), shifts in the political and donor funding

Pamoja Tunaboresha Afya

landscape and donor commitments, an increase in stakeholders and their expectations, and evolving staff structure and capabilities. THPS has also expanded its research and evaluation efforts to contribute more meaningfully to public evidence.

With the significant decrease in global health funding and Tanzania's increased focus on domestic resources to combat public health threats, THPS's operating model must adapt accordingly. Furthermore, new local policy commitments such as Tanzania's Universal Health Coverage (UHC), Universal Health Insurance (UHI), and Vision 2050, alongside global initiatives like the WHO Pandemic Agreement (endorsed at the 78th World Health Assembly), require THPS to align its strategy to address relevant public health threats within and beyond Tanzania. The WHO Pandemic Agreement which aims to improve international coordination for pandemic prevention, preparedness, and response, building on lessons from the COVID-19 pandemic to create a safer and more equitable world against future pandemics add the necessity to revisit the organizational focus.

Objectives of the Strategic Plan

THPS developed this SP III with the following objectives:

Overall objectives

1. Establish the main goals for THPS in key result area¹ with a focus on prevention, treatment, care, research and innovation.
2. Create plans to achieve the organizational goals in collaboration with the government and other partners.
3. Identify, gather and utilize resources to support the attainment of these goals.

More specifically, the strategic planning aims to:

1. Prioritize the many issues that THPS will address.
2. Pinpoint, define, and consolidate the specific efforts and resources required to execute the chosen strategies.
3. Lay down the fundamental principles and guidelines to enhance the organization's operations.
4. Outline the methods and approaches that will ensure THPS and its partners work towards shared objectives.
5. Define desired results, outputs, and outcomes through established targets and milestones.
6. Tap into sustainable funding sources, mostly national driven initiatives to address the change in global funding landscape
7. Anticipate potential risks and challenges and develop mitigation strategies based on an assessment of the environment, allowing for prompt adaptation to changes.

Strategic Planning Process and Methodology

The approach used in crafting this strategic plan involved a multi-faceted methodology, integrating quantitative and qualitative analyses, extensive stakeholder consultations, and an iterative process to define the strategic direction and actionable goals for the organization.

The process involved seven steps in ensuring that both information gathering and stakeholder consultations are contributing to the development of this SP. These included the following procedures and steps (Table 1)

¹ The Key result areas are defined under section 3.2.1

Pamoja Tunaboresha Afya

Table 1: Methodological Approach Used in Developing the SP

Methodological Step	Purpose	Activities
Inception and Planning	Developing a common understanding for the overall process of developing SP III	- Review Terms of Reference and project documents. - Submit a detailed inception report that sets out methodology, timeline, tools, and key deliverables. - Hold a kick-off meeting with THPS leadership to confirm expectations and logistics.
Review of Strategic Plan II (2020 to 2025)	Revisiting findings of End Term Evaluation of SP II to identify any gap	- Analyze the SP II end-term review report and internal performance documents. - Identify achievements, challenges, missed targets, and cross-cutting themes. - Generate a summary of lessons to inform the new strategic direction.
Situational and Strategic Analysis	Conducting additional desk review to fill in any information gap	- Conduct SWOT, PESTLE, and stakeholder landscape analysis. - Assess policy, programmatic, and funding contexts. - Identify emerging trends and shifts relevant to THPS.
Stakeholder Engagement and Consultation	To validate the situation analysis findings and solicit additional opinions and recommendations from broad spectrum of partners and stakeholders	- Design and execute the stakeholder engagement plan. - Conduct consultation sessions with staff and key stakeholders (partners and government). - Synthesize and validate insights with THPS
Strategy Design and Drafting	Crafting the first draft of THPS –SP III (2026 -2030)	- Draft the Strategic Plan III, including Vision, Mission, and Core Values, Strategic goals and Key Result Areas, Operating model implications and risk management - Stakeholder engagement framework
Monitoring Framework and Costing	Developing Monitoring, Evaluation, Accountability and Learning Framework	- Develop an implementation matrix with timelines, responsibilities, and indicators. - Design a monitoring, reporting, and learning framework that supports tracking and adaptation. - Propose financial sustainability and resource mobilization strategies
Finalization and Strategic Rollout Support	Finalizing SP III after final internal consultation and THPS Board approval	- Incorporate feedback from staff, senior management, and board members. - Deliver the final plan with supporting communication materials, including a strategy summary, slide deck, and rollout brief.

Structure of the Strategic Plan

This Strategic Plan is structured to provide a comprehensive roadmap for the future of THPS endeavours, meticulously organized into eleven key sections excluding preamble sections. The Introduction, Background, Approach and Methodology, lays the groundwork by outlining the context, rationale, and the systematic process used to develop this plan. Following this foundational overview, the plan delves into specific thematic areas, starting with Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), the Global Health Security, Infectious and Emerging Diseases (including Neglected Tropical Diseases), focusing on preparedness and response to widespread health threats which is then succeeded by the Non-Communicable Diseases and Mental Health section which highlights THPS' strategies to combat chronic conditions and promote mental well-being.

Pamoja Tunaboresha Afya

THPS's commitment to community well-being is detailed in Health Promotion, Risk Communication and Community Engagement section which outlines how the organization will foster healthy practices and clear communication. The section on Social Welfare Protection and Psychosocial Support System addresses the holistic support needed for vulnerable populations while recognition of the interconnectedness of health and environment is addressed in the Climate Change, Environment and Health section. The plan then pivots to operational sustainability and effectiveness with Sustainable Financing and Risk Management and Health System Strengthening, which outlines the organization's approach to building robust health infrastructures. Finally, the plan concludes with Institutional Governance and Organizational Capacity to ensure effective leadership and operational strength, and Monitoring, Evaluation, Accountability and Learning (MEAL), which details how THPS will track progress, ensure accountability, and adapt strategies for continuous improvement.

Context and Situational Analysis

This section analyzes the internal and external environment, highlighting key opportunities, challenges, and trends influencing implementation.

Context and Situational Analysis

Global and Regional Health Context

1. Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH)

Globally, significant progress has been made in reducing maternal and child mortality, yet stark disparities persist. In 2023, an estimated 260,000 maternal deaths occurred worldwide, representing a 40% reduction since 2000, progress has stalled since 2015, and current rates (about 712 deaths each day, with 70% of these in Sub-Saharan Africa) are insufficient to meet the Sustainable Development Goal (SDG) of fewer than 70 maternal deaths per 100,000 live births by 2030.

Newborn health remains a critical focus area globally, with significant strides made but persistent challenges. While the global under-5 mortality rate has significantly decreased, neonatal mortality (deaths within the first 28 days of life) still accounts for a substantial proportion of these deaths. In 2023, approximately 2.3 million newborns died globally, representing nearly half of all under-5 deaths. The vast majority of these neonatal deaths occur in low-income countries, particularly in Sub-Saharan Africa and South Asia. The leading causes of newborn deaths are preventable or treatable conditions, including prematurity, intrapartum-related complications (birth asphyxia), infections (like sepsis and pneumonia), and congenital anomalies where 75% of deaths occur due to these causes which occur within the first week of life. Despite advancements in maternal and child health, access to quality antenatal care, skilled birth attendants, and postnatal care for both mother and newborn remain uneven, leading to many newborns not receiving the life-saving interventions they need.

Under-five Children's health constitutes another important arm of RMNCAH. Child mortality has also declined dramatically, with global under-5 deaths falling from 12.6 million in 1990 to 5.5 million in 2020, and further to 4.8 million in 2023. However, a concerning projection suggests that child mortality may rise for the first time this century as from 2025. Most under-5 deaths (80%) still occur in Sub-Saharan Africa and South Asia. Many of these deaths are due to preventable causes like pneumonia, diarrhoea, and malaria with malnutrition as underlying factor.

Adolescent health, particularly concerning sexual and reproductive health (SRH) as well as mental health services, remains a critical global concern, with significant disparities in access and outcomes. Annually, around 12 million girls aged 15-19 years and at least 777,000 girls under 15 years give birth in developing regions, often with limited access to skilled care, contributing to higher risks of complications and mortality for both mother and child. Unintended pregnancies and unsafe abortions continue to be major challenges, with approximately 15% of the global burden of disease in adolescents (10-19 years) attributed to mental disorders, which can be exacerbated by SRH issues. While there have been efforts to improve access to family planning and comprehensive sexuality education, many adolescents still face barriers such as restrictive laws, cultural norms, lack of confidentiality, and insufficient youth-friendly services, hindering their ability to make informed decisions about their sexual and reproductive lives.

Overall, while there have been remarkable improvements in RMNCAH indicators over the past decades, significant inequities persist, and ongoing efforts are crucial to meet global health targets and ensure every individual has access to quality care.

2. Global Health Security & Infectious and Emerging Diseases

In the last two decades, the world has witnessed a persistent and escalating threat from infectious

Pamoja Tunaboresha Afya

diseases, encompassing both re-emerging pathogens and novel ones. Between 1996 and 2023, over 3,000 global infectious disease outbreaks were reported, with countries like the Democratic Republic of Congo (272 events), China (254 events), and Saudi Arabia (202 events) experiencing the highest frequencies. The increased global connectivity and human interaction leave no country safe.

Influenza remains a significant global burden, being the most frequently reported disease with 771 outbreaks, followed by Ebola (342 outbreaks) and MERS-CoV (305 outbreaks). Other notable ongoing threats include the HIV/AIDS pandemic, which has accounted for 45 million deaths as of 2025, and the seventh cholera pandemic, causing an estimated 1.4-9.3 million cases and 21,000–143,000 deaths annually.

Emerging diseases with high case fatality rates pose a severe risk; for instance, the Marburg virus has a case fatality rate of nearly 77%, and Ebola at 63%. Vector-borne diseases are also a growing concern, with the 2023 global dengue outbreak resulting in 5 million cases and 5,000 deaths. Measles, a vaccine-preventable disease, has seen a concerning resurgence, with a 20% increase in cases in 2023, totalling 10.3 million worldwide and 107,500 deaths, largely due to declining vaccination rates. New outbreaks are constantly emerging. To address this trend and pattern, global health security depends on robust surveillance, rapid detection, and coordinated international response mechanisms to mitigate the spread and impact of these diverse and evolving threats.

3. Non-Communicable Diseases and Mental Health

Non-Communicable Diseases (NCDs) represent a profound and escalating global health challenge, responsible for the majority of deaths worldwide. In 2021, NCDs caused at least 43 million deaths, accounting for 75% of all non-pandemic-related deaths globally. This burden disproportionately affects low- and middle-income countries, where 82% of the 18 million premature deaths (before age 70) from NCDs occur.

The four main NCDs — cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes — account for 80% of all premature NCD deaths. Cardiovascular diseases alone claimed over 19 million lives in 2021, followed by cancers (10 million), chronic respiratory diseases (4 million), and diabetes (over 2 million, including kidney disease deaths). Key risk factors like high blood pressure, dietary risks, tobacco use, physical inactivity, harmful alcohol use, and air pollution significantly contribute to this burden. For example, high systolic blood pressure was the leading attributable risk factor for NCDs, contributing to 12.8% of age-standardized DALYs in 2021.

Mental health disorders are also a pervasive global issue, with significant and increasing impact. In 2023, 15% of the world's population experienced a mental disorder. Mental disorders ranked among the top 10 leading causes of health loss worldwide, moving from 12th place in 1990 to 5th place in 2023.

4. Health Promotion, Risk Communication and Community Engagement

Health promotion, risk communication, and community engagement are crucial pillars in addressing global health challenges, especially in an era marked by complex health crises and widespread misinformation. Effective health promotion involves empowering individuals and communities to increase control over their health, encompassing various strategies from education to environmental support. Studies show that interventions combining different approaches and strategies for community engagement, such as consensus-building (utilized in 90.5% of interventions in one review study) or

Pamoja Tunaboresha Afya

conflict strategies, tend to achieve higher levels of community involvement. Similarly, the World Bank has also highlighted that investing in health promotion, particularly nutrition interventions, could save 6.2 million children's lives and prevent 980,000 stillbirths over the next decade. Overall, while quantitative metrics for the direct impact of HP-RCCE can be complex to isolate, the widespread adoption of these strategies and their success in specific contexts underscore their vital role in public health. Globally, there's a growing recognition that sustained behavioural change is key to preventing NCDs and managing infectious diseases.

On the other hand, risk communication involves real-time exchange of information, advice, and opinions between experts and people facing health threats, allowing for informed decision-making and protective behaviours. The COVID-19 pandemic vividly demonstrated the critical role of timely, accurate, and transparent risk communication in shaping public response, fostering trust, and mitigating disease spread. Misinformation and disinformation, often amplified by social media, continue to be significant barriers to effective public health responses.

Closely linked to health promotion and risk communication is the community engagement which ensures that health interventions are culturally appropriate, accessible, and sustainable, fostering ownership and participation. This approach is vital for vaccination campaigns, outbreak response, and the implementation of long-term health programs. The global landscape demands innovative approaches to reach diverse populations, address health literacy gaps, and build resilient communities capable of responding to evolving health threats.

5. Social Welfare Protection and Psychosocial Support System

Globally, millions of individuals and families face vulnerabilities due to poverty, conflict, displacement, natural disasters, and health crises, necessitating robust social welfare protection and psychosocial support systems. Social protection programs, such as cash transfers, food assistance, and social insurance, are vital safety nets, yet coverage remains uneven, particularly in low-income countries. For instance, in many developing regions, a significant portion of the population lacks access to any form of social protection, leaving them exposed to economic shocks and hindering their ability to access essential services like healthcare and education.

Beyond economic support, the psychosocial well-being of affected populations is a growing concern. Exposure to trauma, violence (including gender-based violence and violence against children), chronic stress, and loss contributes to a high burden of mental health issues, such as depression, anxiety, and post-traumatic stress disorder. Globally, humanitarian crises alone leave millions needing mental health and psychosocial support. The long-term impacts of such trauma can perpetuate cycles of poverty and instability, underscoring the need for integrated support systems that address both material and psychological needs. Strengthening these systems involves not only providing direct services but also building community capacity for resilience and peer support, fostering safe environments, and advocating for policies that protect vulnerable groups.

6. Climate Change, Environment and Health

Climate change is globally recognized as the greatest threat to human health in the 21st century. Its impacts are widespread and diverse, affecting air quality, food and water security, vector-borne diseases, and mental health. Rising global temperatures contribute to more frequent and intense heatwaves, leading to heat-related illnesses and deaths, particularly among vulnerable populations. Air

Pamoja Tunaboresha Afya

pollution, exacerbated by climate factors and fossil fuel combustion, is responsible for approximately 7 million premature deaths annually worldwide, increasing the risk of respiratory and cardiovascular diseases.

Changes in weather patterns and precipitation are altering the geographical distribution and transmission seasons of vector-borne diseases like malaria and dengue fever, expanding their reach to new populations. Droughts and floods compromise food and water supplies, leading to malnutrition, waterborne diseases, and displacement. Climate-related disasters also inflict significant psychological trauma, contributing to mental health burdens. The World Health Organization estimates that between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea, and heat stress alone. Protecting public health requires urgent global action to mitigate climate change, build climate-resilient health systems, and implement adaptation strategies.

7. Sustainable Financing and Risk Management

The global health landscape is characterized by persistent challenges in sustainable financing and effective risk management, which are critical for achieving universal health coverage and responding to health crises. Many low- and middle-income countries struggle with insufficient domestic funding for health, relying heavily on external aid which has proved to be unpredictable. This often results in underfunded health systems, inadequate infrastructure, and shortages of essential medicines and healthcare workers.

The COVID-19 pandemic exposed significant weaknesses in global health financing mechanisms, highlighting the need for increased investment in preparedness, surveillance, and response capacities. Estimates suggest that the annual financing gap for global health security preparedness alone is in the tens of billions of dollars. Furthermore, the rising burden of NCDs, coupled with aging populations in many regions, places increasing pressure on health budgets.

Effective risk management in health involves not only financial planning for emergencies but also strategic allocation of resources to prevent disease, promote health, and build resilient systems. This includes investing in primary healthcare, strengthening supply chains, and developing innovative financing models. Sustainable financing strategies aim to mobilize diverse resources, improve efficiency in spending, and ensure equitable access to health services, protecting populations from catastrophic health expenditures and unexpected health threats.

On the other hand, embedding local manufacturing of essential supplies—such as IV fluids, gloves, rapid-diagnostic kits, and basic generics—into Tanzania’s health-system risk management shifts the country from reactive stock-outs to predictable resilience. By anchoring production in regional hubs and linking them to the Medical Stores Department’s demand-planning, the system buffers global supply shocks, cuts lead times, and preserves foreign-exchange reserves. Quality assurance tied to TMDA, pooled procurement to guarantee volumes, and technology transfer with vocational institutes keep standards high and costs competitive. The result is a “health-security buffer”: routine needs met locally, with national emergency reserves and distribution protocols that can flex quickly during outbreaks or seasonal spikes—turning supply continuity into a core pillar of Tanzania’s health-risk strategy. As part of risk management, THPS will maintain a Strategic Risk Register that identifies key risks, mitigation actions, responsible leads, and early warning indicators.

Country Health Context

Tanzania's health sector has made notable strides in improving healthcare outcomes, with key indicators showing progress in recent years. The country has implemented various initiatives to strengthen its health system, focusing on expanding access to quality healthcare services, enhancing health infrastructure, and improving human resources for health. The most recent development and launching of the Universal Health Insurance marks the country's commitment to improving equitable access of health care in the country.

Despite these efforts, challenges persist, including a high burden of communicable diseases, maternal and child health issues, non-communicable diseases and neglected tropical diseases. Access to quality health care is also limited due to high costs resulting to out-of-pocket expenses that become burdens to families. While the UHI is expected to counteract this effect, some segments of the populations are unlikely to improve their access equitably. The Government had developed the Health Equity Fund (HEF) which is expected to cater for the vulnerable populations including the poor but the national estimation of 1.46 million beneficiaries is deemed to leave out many of the needy population.

This section provides an overview of Tanzania's health sector linked with the social welfare sector, highlighting their performance, key achievements, and areas requiring attention to inform policy decisions and guide future interventions.

1. Primary Health Care, Health Promotion, Nutrition, and Early Child Development

Primary Health Care (PHC) is vital for Tanzania, serving over 90% of the population. Tanzania has made progress in health infrastructure, constructing over 300 new facilities from 2021 to 2023. Between the same span of years, 18,418 health care workers were hired. Urban hospitals have seen more upgrades than rural ones, leading to disparities. There is also an increase in health financing over the last decade, with health expenditure growing from 6.5% of GDP in 2015 to 8.1% in 2022. The government is the primary financier at 41%, followed by development partners at 34% and households at 22%. Various mechanisms like the Health Basket Fund and National Health Insurance Fund are in place to enhance access to essential services.

However, the primary health care in particular and the health system as a whole face several challenges. The PHC is challenged with limited access to clean water and electricity as well as lack of adequate human resources for health (gap estimated at 280,000 for all cadres) and equipment, resulting in underutilization challenges such as fragmentation, inequity, and dependence on donor funding persist, with low enrolment in community health funds. Delays in fund disbursement and weak domestic resource mobilization impede effective health service delivery.

As equity of access to health services improves, maternal mortality decreased from 556 in 2016 to 104 per 100,000 live births in 2022 alongside improved institutional delivery coverage which reached 85.8% in 2023. Caesarean section rates vary widely across regions. Adolescent health remains a challenge, with 27% of girls aged 15–19 having begun childbearing. Geographic and socioeconomic disparities hinder access to quality services, especially in rural areas. Integration of adolescent health into RMNCAH is insufficient, and cervical cancer prevention efforts are limited. Tanzania's maternal health achievements are linked to community health worker mobilization and facility incentives, but issues like low early antenatal care uptake and uneven distribution of skilled personnel persist.

Malnutrition is a significant public health issue in Tanzania, particularly among children under five,

Pamoja Tunaboresha Afya

with an average stunting rate of 31.8% as of 2022 with varying regional burdens from 56.9% (in Iringa region) to below 30% (in Kilimanjaro region). Although this has decreased from 42% in 2010, underweight prevalence is at 12% and wasting at 3.5%. Interventions like vitamin A supplementation and deworming have improved, yet challenges in breastfeeding and complementary feeding remain, especially in low-income families. The Tanzania National Multisectoral Nutrition Action Plan (NMNAP II) aims for a coordinated approach across sectors, but funding is heavily reliant on donors.

Equally important are the digital health initiatives. As a country, Tanzania has moved from paper-heavy reporting to a policy-backed digital ecosystem: the 2019-2024 Digital Health Strategy and the government's hospital management system (GoTHoMIS) sit alongside DHIS2-based national dashboards and specialized tools for laboratories, HRH, training institutions, and facility registries. These platforms have expanded real-time aggregate reporting, supported monitoring at regional referral hospitals, and created a backbone for data use at the Ministry of Health. There are several notable achievements heightened by availability of national standards, rollouts to hundreds of facilities, and a public National Health Portal that centralizes indicators.

2. Preventive Care and Disease Control (Communicable and Non-Communicable)

According to the 2022-2023 Tanzania HIV Impact Survey (THIS), Tanzania has made notable strides in managing communicable diseases, meeting UNAIDS 95-95-95 targets for HIV with a 4.4% prevalence among adults, Malaria remains a challenge in some regions. Tuberculosis control has improved: the most recent data show that Incidence has decreased by 40% to 183 new TB cases per 100,000 populations in 2023 compared with 306 cases in 2015. Similarly, death have decreased by almost 68% to 18,400 TB deaths (HIV-positive and negative) in 2023, from 58,000 deaths in 2015. In addition, notification rate rose by 16% since 2015 with 2022 peak at 165/100,000. The highest reporting TB regions are Dodoma, Temeke MC, Tanga, Mwanza, and Morogoro. The improvement is also marked by treatment success rate where 96% for cases notified in 2023 (above the 90% target) were successfully treated. These results are linked with improved coverage of TB services where 5,597 facilities provide treatment of which 1,859 offer diagnostics. However, multidrug-resistant TB poses ongoing challenges. The country has also tackled Neglected Tropical Diseases through mass drug administration campaigns.

Non-communicable diseases are increasing from 10.9% to 12.7% from 2019 to 2023. Urban areas are particularly affected due to lifestyle changes, although rural regions are also experiencing upward trends. The National Strategy for NCDs (2021–2026) seeks to enhance risk factor management and treatment, yet services remain centralized and underfunded, with less than 5% of health spending directed towards NCDs. Public awareness is low, and behaviour change initiatives are fragmented. To counter-effect these challenges, there is a need for the country to address social determinants of health, both, at individual and country level. To achieve this, there is a need to identify and implemented targeted health promotion interventions for all age categories using multisectoral approaches.

3. Health Security and Emerging Diseases

Tanzania's outbreak-control landscape has sharpened after successive shocks: the COVID-19 pandemic exposed gaps in real-time surveillance, lab capacity, and risk communication—prompting a post-2021 revamp of the Emergency Operations Centre, decentralized RT-PCR² hubs, and community-health-worker alert networks; the 2022-23 Mpox alerts (though not large wave) reinforced cross-border screening at airports and the value of rapid case definitions shared through the Africa CDC, leading to updated

2 RT-PCR = reverse-transcription polymerase chain reaction

Pamoja Tunaboresha Afya

Integrated Disease Surveillance and Response (IDSR) training for clinicians; and Ebola preparedness (drawing on regional 2018-21 experiences) spurred formal simulation exercises, stockpiling of personal protective equipment (PPE), and formal MoH–PORALG protocols for safe burial and contact tracing. Together these events pushed Tanzania toward integrated IDSR-digital reporting, more regular national After-Action Reviews, and a policy shift that treats outbreak readiness as routine primary-care business—not ad-hoc crisis mode.

4. Specialized Health Services and Quality of Care

The healthcare system in Tanzania is expanding with a focus on improving secondary and tertiary care through investments in hospitals and specialized services. As a country, Tanzania is determined to become a leading hub for super-specialised medical services, that meet national needs and attract medical tourism by investing in infrastructure, adopting cutting-edge technologies and prioritising inclusivity. However, access remains unequal, especially for rural populations facing logistical challenges and costs. Infrastructure improvements are hindered by maintenance issues and staff shortages, leading to underutilization of facilities; For example, until 2023, the country had only about 350 biomedical engineers. The government estimate calls for more than 9,000 biomedical engineers to meet the demand. On the other hand, fragmented referral systems cause congestion in higher-level hospitals. Systemic reforms are essential to ensure that healthcare investments lead to improved outcomes for all Tanzanians.

Tanzania has initiated a quality improvement (QI) initiative through the Star Rating Assessment (SRA) system, evaluating public primary health care facilities on performance metrics. Generally, Quality Improvement initiatives are gaining traction in Tanzania’s health system, although the picture is mixed. On the improvement side, national campaigns and different assessments have helped drive a 68% drop in under-five mortality, an 80% cut in maternal deaths (2016-2022), as well as a 96% TB treatment-success rate. Facility-level QI teams now report better data quality and patient-safety practices. However, functionality gaps persist: only 41.6% of primary-care Quality Improvement Teams regularly conduct self-assessments with national tools, and many districts still struggle with incomplete reporting, uneven staff training, and limited resources.

5. Health Commodities, Diagnostics, Technology, and Infrastructure

Health commodity availability achieved above 90% essential medicine availability in public facilities by 2025 with no recorded availability disparity between urban and rural facilities due to MSD’s direct facility commodity delivery modal. On the other hand, 80% of regional hospitals have basic imaging services, efforts to enhance the cold chain for vaccines face challenges, especially in rural areas with stock out, Digital systems like the electronic Logistics Management Information System (eLMIS) are in place but struggle in areas with poor infrastructure. Low domestic production of health commodities exposes the system to external shocks. The rollout of eLMIS has improved stock visibility, but fragmentation and reliance on donor-driven supply chains hinder integration.

6. Health Workforce

Tanzania has increased its health workforce from about 108,000 in 2016 to over 150,000 by 2023, yet the health worker-to-population ratio is still low at 11.2 per 10,000, significantly below the WHO’s recommended 44.5. The government has recruited over 18,418 health workers from 2021 to 2023, particularly in underserved areas, but faces challenges such as shortages of specialized professionals, geographical staffing disparities, and bureaucratic recruitment processes. Training quality is inconsistent,

Pamoja Tunaboresha Afya

and inadequate funding hampers recruitment and retention. Tanzania's situation shows that simply expanding the workforce is not enough without addressing deployment and retention.

Notable achievement is marked in the Health Information System (HIS), with over 95% of public health facilities utilizing the District Health Information System (DHIS2) as of 2023. This system enables real-time access to health data and aids in planning and performance monitoring. Complementary systems like the Human Resource for Health Information System (HRHIS) and the Facility Financial Accounting and Reporting System (FFARS) have enhanced workforce management and financial tracking. The National eHealth Strategy (2020–2025) encourages data standardization and interoperability for a resilient digital ecosystem. However, challenges such as incomplete reporting, connectivity issues, and limited human resource capacity impede effectiveness. Despite improvements in data collection and analysis through DHIS2, systemic limitations and the lack of a unified digital investment plan present risk.

7. Leadership, Governance and Accountability

Tanzania's health sector governance has been evolving with a focus on decentralization, transparency, and citizen participation. The Direct Health Facility Financing (DHFF) initiative empowers public health facilities to manage funds directly, enhancing local decision-making. Digital systems support budget tracking and fiscal discipline. Health Facility Governing Committees (HFGCs) and Council Health Management Teams (CHMTs) are crucial for governance, with many facilities having active HFGCs engaged in planning and community engagement. Despite advancements, challenges such as inconsistent coordination and insufficient resources and technical capacity hinder progress. The DHFF has shown that direct financing can enhance local ownership, but decentralization requires robust capacity-building.

PESTEL Analysis

A PESTEL analysis was conducted to provide a critical framework for understanding the external environment in which THPS will be operating. During development of this strategic plan, PESTEL analysis (Figure 1) involved systematically examining Political, Economic, Social, Technological, Environmental, and Legal factors to identify opportunities and threats. This comprehensive assessment ensures that the strategic direction is informed by a thorough understanding of the broader context, enabling more resilient and adaptive planning.

Figure 1: PESTEL analysis with regards to the context in which THPS – SP III will be implemented



Analysis of Resource Availability and Capacity

As THPS embarks at implementing this strategic plan, the following (Table 2) are the available baseline resources to facilitate both managerial and technical functions. THPS resources at any point in time are relative to the number and type of projects being implemented. In the past 5 years 2020- 2025, THPS implemented seven (7) projects funded through PEPFAR, USAID, CDC, The Global Fund, and CRDB reaching all the regions of the URT. Through these projects THPS accessed resources amounting to TZS 406 billion with a range of minimum TZS 42 billion in 2021 to a maximum of TZS 114 billion in 2024. THPS is very well seasoned to efficient project startups and programming, including working with subrecipients (R/CHMTs, FBOs, NGOs,) and grassroot civil society organizations. At the end of each project implementation there is a very well-structured disposition plan based on agreements with our various funders. THPS acknowledges the instituted USG funding changes in 2025 which resulted in severe reduction of resources for some projects, leading us to have focus only in life saving interventions.

Table 2: THPS Resources as of 2026

	Type of Resource	Requirements (#/year)	Status of Availability	Gap	Remarks
A	Human resources				
1.1	Management	5	5	0	- The identified human resource gaps are largely attributable to recent shifts in the funding landscape, which necessitated the scaling down or closure of several programs. - These changes resulted in staff retrenchment and a subsequent restructuring of the organizational framework to align available human resources with ongoing and prioritized programmatic activities.
1.2	Technical/ Program Staff	203	135	68	
1.3	Supporting/ Operations Staff	91	64	27	
B	Physical resources				
3.1	Office space	6 offices	6 offices	0	- Office Space: Current office space is sufficient to support ongoing operations. Optimal utilization and maintenance of existing facilities will be sustained, subject to continued funding that allows program implementation at the current scale. - Buildings: Not applicable, as operations are conducted within leased office facilities. - Furniture: Adequate and fully available to support current operational needs.
3.2	Buildings	-	-		
3.3	Furniture	Available	Available		
3.4	Vehicles	48	47	1	
3.5	Motorcycles	221	221	0	

Pamoja Tunaboresha Afya

					The current vehicle fleet largely supports program implementation and operational mobility across project sites. However, a gap of one vehicle has been identified due to increased operational demands.
C	ICT related resources				
4.1	Physical Servers	5	4	1	- While most ICT infrastructure meets current operational needs, one additional physical server is required to accommodate increasing data processing and storage demands. - These resources are currently adequate, with no immediate gaps identified. Future needs are anticipated primarily in relation to routine replacement cycles rather than expansion. - A gap of one conferencing facility exists due to increased reliance on virtual meetings and hybrid work modalities.
4.2	Virtual Servers	15	15	0	
4.3	Databases	13	13	0	
4.4	Applications	24	24	0	
4.5	Networking Components	18	18	0	
4.6	Laptop Computers	269	269	0	
4.7	Desktop computers	468	468	0	
4.8	Printers/Scanners	13	13	0	
4.9	TVs/Screens	12	12	0	
4.10	Conferencing Facilities	7	6	1	

Stakeholder Analysis and Partnerships

Table 3 below provides a summary of stakeholder analysis with their potential influence on the successful implementation of the strategic plan.

Table 3: Stakeholder analysis and partnership

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
National Government, Regional Administration and Local government Authorities (LGAs) and Communities		
1.	Ministries of Health (Mainland and Zanzibar)	- Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) - Global Health Security and Emerging Diseases - Infectious Diseases and Neglected Tropical Disease - Non-Communicable Diseases and Mental Health - Health Promotion, Risk Communication and Community Engagement - Social Welfare Protection and Psychosocial Support System - Climate Change, Environment and Health - Sustainable Financing and Risk Management - Health System Strengthening (laboratory, HMIS, SCM) constitute expected areas of collaboration between MoH and Non-State Actors (NSA)

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
2.	National AIDS, STIs, Hepatitis Control Programme (NASHCoP)	- HIV prevention, care and treatment services programming - Most at-risk populations (MARPS) programming including scale-up of PrEP services - HIV testing services (HTS) including scale-up of HIV self-testing - Integration of HIV, STI, TB, NCD and hepatitis services - Strategic information and surveillance - Capacity building of healthcare providers - Community systems strengthening - Guideline implementation and policy support - Operational research and innovation - Commodity security and supply chain support
3.	National TB and Leprosy Programme (NTLP)	- TB/HIV collaborative activities - Active TB case finding - TB preventive therapy (TPT) - Strengthening TB diagnosis - Treatment initiation and adherence support - Community awareness and health promotion on TB symptoms, stigma reduction, early health-seeking behaviour, and treatment completion. - Capacity building of healthcare workers - Monitoring, evaluation, and data use i.e. strengthening TB surveillance, reporting systems, and routine data use for program improvement. - Infection prevention and control (IPC) - Supply chain support for TB commodities - Operational research and program learning i.e. conducting implementation research and evaluations to inform policy and improve TB and TB/HIV interventions.
4.	National Public Health Laboratory (NPHL)	- Strengthening laboratory systems - HIV laboratory services e.g. collaboration in scaling up HIV viral load testing, early infant diagnosis (EID), and other laboratory monitoring services for people living with HIV. - TB laboratory services - Laboratory quality assurance and accreditation - Specimen referral and transport systems - Capacity building for laboratory personnel - Disease surveillance and outbreak response - Data management and laboratory information systems - Supply chain management for laboratory commodities - Operational research and innovation i.e. collaborating on research initiatives to improve diagnostic services, laboratory utilization, and public health responses.
5.	Medical Store Department (MSD)	- Supply chain management for HIV, TB, and other health commodities - Forecasting and quantification of health commodities - Strengthening last-mile distribution systems - Commodity stock monitoring and reporting i.e. supporting the use of LMIS to track stock status, consumption trends, and prevent stock-outs or expiries. - Capacity building of facility and district staff on supply chain systems - Emergency commodity redistribution and buffer stock management - Quality assurance and pharmacovigilance - Integration of new health products and technologies - Data-driven decision making for commodity security - Support for donor-funded health commodity programs

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
6.	Chief Government Chemist Laboratory Agency (GCLA)	• Early detection of GBV/VAC cases • Community awareness of forensic evidence • Training of HCWs on quality sampling and transportation of forensic evidence • Operational research and evidence generation • Data sharing and reporting
7.	National Drug Control and Enforcement Authority (DCEA) – Tanzania Mainland and Zanzibar Drugs Control and Enforcement Authority (ZDCEA)	• Substance use prevention among youth and vulnerable populations • Harm reduction interventions for people who inject drugs (PWID) • Behavioural and social change communication (SBC) • Capacity building and training i.e. training of CHWs, peer educators, and enforcement personnel on substance abuse prevention, HIV risk reduction, and referral pathways. • Community engagement and mobilization • Re-integration of PWUD and PWID into society • Policy and advocacy support • Monitoring, evaluation, and research • Integration with HIV, TB, NCDs and other health services • Cross-border collaboration and knowledge sharing i.e. best practices, harmonizing approaches between DCEA and ZDCEA, and supporting joint initiatives.
8.	Ministry of Community Development, Gender, Women and Special Groups (Tanzania Mainland) and Ministry of Community Development, Gender, Elderly and Children (Zanzibar)	• Support for orphans and vulnerable children, cash transfer etc • Violence prevention and Response/Gender Based Violence Prevention and response • Community engagement and social behaviour change (SBC) • Adolescent and youth development programs • Mental health and psychosocial support • Protection and inclusion of people with disabilities and other special groups • Capacity building for community development officers and social welfare workforce • Policy implementation and advocacy • Economic empowerment programs for women and vulnerable groups
9.	National Bureau of Statistics (NBS)	• Collaboration in the design, planning, and implementation of national population-based surveys and research studies to generate high-quality evidence for policy and programming. • Strengthening national capacity in data collection, management, analysis, dissemination, and utilization through technical assistance, training, and application of standardized statistical and public health methodologies. • Joint efforts to support evidence-based planning, monitoring, and evaluation of health, social welfare, child protection, HIV/AIDS, and violence prevention programs through integration and use of national statistical data. • Collaboration in dissemination of survey findings, production of policy briefs and reports, and promotion of data-driven decision-making to improve the wellbeing and protection of children, adolescents, and vulnerable populations in Tanzania.

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
10.	Ministry of Home Affairs (Police and Prisons)	- Supporting access to HIV testing, ART, TB screening, and prevention services for inmates and prison staff - Drug use harm reduction and HIV prevention - Health services for police, immigration, & prison personnel e.g. workplace HIV prevention - Data sharing and surveillance i.e. collaboration on monitoring and reporting HIV, TB, and other health indicators within correctional and law enforcement settings - Capacity building for prison and law enforcement officers i.e. training on HIV prevention, stigma reduction, human rights, and referral pathways for health services. - Reintegration and continuity of care for released inmates - Community safety and public health collaboration - Support to anti-human trafficking and protection programs i.e. collaboration on identification and support of vulnerable individuals affected by trafficking, violence, or exploitation, linking them to health and social services
11.	Prime Minister's Office Regional Administration and Local Government (PMO-RALG)	- Health program implementation at regional and council levels i.e. coordination with R/CHMTs to implement HIV, TB, and community health programs - Emergency and outbreak response coordination - Strengthening primary healthcare systems - Planning and integration of health interventions in local government plans - Community health systems strengthening - Capacity building for local government staff in program monitoring using digital systems - Data management and use for decision-making - Supportive supervision and quality improvement - Community engagement and social mobilization i.e. working with ward, village, and community leadership structures to increase awareness and uptake of health services
12.	Regional Administrative Secretaries (RAS) including RHMT, CHMT, Council Executive Directors	- Health program planning and coordination - Data-driven decision-making - Capacity building for local government staff in program monitoring using digital systems - Supportive supervision and mentorship - Community engagement and mobilization - Health system strengthening - Performance monitoring and accountability - Emergency preparedness and response - Policy and guideline dissemination i.e. assisting RAS, RHMT, and CHMT teams in cascading national policies, SOPs, and technical guidance to facilities and communities. - Resource mobilization and partnership facilitation - Integration with local governance structures e.g. VDC/WDC, community health committees
13.	Communities at the centre: LGAs at Ward and Village levels, Health service users, Community Gatekeepers.	- Collaboration with the ward and village leaders, leveraging their authority and influence to mobilize communities, facilitate health program implementation, and ensure local ownership and support for initiatives across all thematic areas. - Person-centred health services, ensuring their voices inform program design, delivery of high-quality care, and ongoing feedback for continuous improvement and accountability across all health interventions as well as advance co-designing and co-delivery. - Community led monitoring of health and social services - Engage community gatekeepers, such as traditional healers, religious leaders, and women's group leaders, to gain trust, disseminate health messages effectively, and navigate cultural nuances for sensitive topics like RMNCAH and GBV prevention.

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
14.	Tanzania Commission for AIDS (TACAIDS)	- Implementation of the National Multisectoral Strategic Framework for HIV and AIDS - Future for AIDS Trust Fund and sustainability of the HIV response - Coordination of multisectoral HIV responses - Community engagement and social behavior change (SBC) - Designing and implementing targeted interventions for most at-risk populations - Monitoring, evaluation, and reporting - Operational research and learning - Capacity building for civil society and community structures - Advocacy and policy dialogue - Support for national HIV campaigns and commemorative events
15.	National Environment Management Council (NEMC)	- Environmental health promotion - Water, sanitation, and hygiene (WASH) interventions - Monitoring environmental and climate impacts on health - Capacity building and training - Advocacy for environmentally sustainable health practices - Community mobilization for environmental compliance - Data sharing and research collaboration - Integration of environmental messaging into health programs - Addressing climate change interventions including environmental health surveillance
Development Partners (DPs)		
16.	United States Government Agencies (USG agencies) e.g., CDC Tanzania, Department of State, Foreign Office Assistance (FOA), Peace Corps	- Service Delivery e.g. strengthening delivery of HIV prevention, testing, treatment, and retention services for general, and most at-risk populations, expanding DSD models and supporting integration of HIV services with maternal, neonatal, child health (MNCH), and reproductive health programs. - Empowering of health workforce e.g. training and mentorship for healthcare providers, peer educators, and community health workers. - Strengthening and harmonisation of Health Information Systems e.g. supporting robust data collection, reporting, and monitoring; - leveraging digital platforms for tracking service delivery, commodity use, and client outcomes as well as conducting operational research and program evaluations to inform evidence-based interventions. - Access to essential medicines and commodities e.g. strengthening supply chain systems for HIV test kits, antiretroviral drugs, PrEP, and MNCH commodities. Coordinating with CDC and DoS-supported procurement and logistics systems to ensure uninterrupted commodity availability and supporting community-level distribution strategies to increase accessibility for remote and high-risk populations. - Health Financing in line with the America First Strategy and G2G i.e. leveraging USG funding mechanisms (CDC, PEPFAR, Department of State programs) to scale community-based HIV prevention and care programs and co-designing cost-effective interventions and sustainability strategies for long-term HIV service delivery. - Supporting grants management and financial accountability aligned with USG standards. - Leadership and governance e.g. strengthening local, regional, and national coordination of HIV and community health initiatives. - Joint planning, policy advocacy, and guideline development for most at risk population programming - Enhancing public-private partnerships including faith-based organizations (FBOs) - Global health security (GHS) and overall systems strengthening

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
17.	United Nations Agencies (UNICEF, UNHCR, UNEP, and UNAIDS)	• Collaborating to implement HIV prevention strategies, including oral PrEP, ART adherence support, and community-based HIV testing for key and vulnerable populations. • Working to strengthen supply chain management, community mobilization, and uptake of essential MNCH services. • Piloting and scaling innovative digital tools, mobile health platforms, and data-driven interventions for health service delivery. • Partnering with UNHCR to provide HIV services, psychosocial support, sexual and reproductive health, and health education to refugee camps and displaced communities. • Collaborating with UNEP to promote sustainable community health initiatives, waste management, and environmental protection practices that affect public health outcomes. • Social behaviour change (SBC) campaigns i.e. joint community engagement initiatives with UN agencies to address stigma, misinformation, and harmful social norms affecting health service uptake. • Capacity building and technical assistance i.e. training community health workers, peer educators, and program implementers on best practices, data collection, and program monitoring in collaboration with UN agencies. • Policy support and advocacy which include advising and supporting national and subnational government policies in line with UN frameworks on HIV, MNCH, gender equality, and social inclusion. • Monitoring, evaluation, and operational research such as conducting collaborative studies and program evaluations with UN agencies to generate evidence for improving program effectiveness.
18.	World Health Organization (WHO)	• Health systems strengthening i.e. joint efforts to improve supply chain management, data systems, and service delivery for maternal, neonatal, child, and adolescent health. • Strengthening HIV/AIDS prevention and treatment programs • Technical guidance and policy support • Capacity building and training e.g. training healthcare workers, CHWs, and THPS staff on WHO-recommended interventions and health promotion strategies. • Monitoring, evaluation, and research • Outbreak preparedness and response e.g. joint engagement in disease surveillance, emergency response, and community-level health interventions during epidemics or public health emergencies. • Health promotion and community engagement and risk communication • Integration of services • Advocacy and policy dialogue
19.	African Union Development Agency – New Partnership for Africa's Development (AUDA-NEPAD)	• Strengthening regional health systems • Advancing interventions geared to adolescents and youth welfare • Advancing epidemic control (HIV, TB, and emerging pandemics) • Promoting local manufacturing and supply chain resilience for health commodities • Scaling digital health and community-led service delivery models across AU members

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
20.	East, Central, and Southern Africa Health Community (ECSA-HC)	- Implement regional initiatives in HIV, TB, and maternal, newborn, and child health (MNCH). - Capacity building and training e.g. joint training programs for health workers, community health volunteers, and program managers across member states. - Health systems strengthening - Knowledge sharing and best practices - Policy development and advocacy e.g. collaboration on regional policies, guidelines, and frameworks that promote HIV prevention, sexual and reproductive health, and community-based health services. - Research and operational studies - Community engagement and social behaviour change (SBC) - Regional coordination and networking e.g. participation in ECSA-HC forums, workshops, and technical working groups to align programs with regional health priorities.
21.	Other Implementing Partners and like minded organizations e.g. National Council of People Living with HIV (NACOPHA), Management and Development for Health (MDH), ICAP, Ifakara Health Institute (IHI), Baylor Tanzania, Amref Health Africa, Deloitte Consulting, PACT Tanzania, Jhpiego Tanzania, Family Health International (FHI360), Christian Social Services Commission (CSSC), Engender Health, Benjamin Mkapa Foundation, UMATI, EGPAF, Henry Jackson Foundation (HJF), JSI and others	- Resource mobilization and advocacy - HIV prevention, care, and treatment programs - Collaborating to provide SRH, family planning, and maternal health services alongside HIV interventions. - Capacity building and technical assistance e.g. training health workers, peer educators, and community volunteers on HIV, SRH, GBV, and behavioural change communication. - Community engagement, risk communication and mobilization - Data sharing, research, and learning - Gender and violence prevention and response interventions - Youth-focused interventions - Mental health and psychosocial support - Innovation and digital health solutions e.g. collaborating on technology-driven tools for client follow-up, virtual education, and adherence support.
Universities and Academia		
22.	Muhimbili University of Health and Allied Sciences (MUHAS)	- Support for special projects and grants i.e. collaborating on grant applications, project implementation, and innovation in health promotion, disease prevention, and behavioural science interventions. - Joint implementation of research and evidence generation - Capacity building and training i.e. providing internships, mentorships, and on-the-job training for MUHAS students/residents in community health, HIV programs, and public health interventions. - Monitoring and evaluation support e.g. collaborative development of M&E tools, data analysis, and reporting to strengthen program effectiveness and research outputs. - Implementation of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations. - Technical assistance and advisory support e.g. THPS providing field-level insights and operational data to inform MUHAS curricula, research agendas, and public health policy recommendations. - Integration of research into policy and practice

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
23.	Kilimanjaro Christian Medical University College (KCMUCo)	- Capacity building and training i.e. providing internships, mentorships, and on-the-job training for KCMUCo students/residents in community health, HIV programs, and public health interventions. - Support for special projects and grants i.e. collaborating on grant applications, project implementation, and innovation in health promotion, disease prevention, and behavioural science interventions. - Joint implementation of research and evidence generation - Monitoring and evaluation support e.g. collaborative development of M&E tools, data analysis, and reporting to strengthen program effectiveness and research outputs. - Implementation of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations. - Technical assistance and advisory support e.g. THPS providing field-level insights and operational data to inform KCMUCo curricula, research agendas, and public health policy recommendations. - Integration of research into policy and practice
24.	Kilimanjaro Christian Research Institute (KCRI)	- Joint implementation of research and evidence generation including clinical trials - Support for special projects and grants i.e. collaborating on grant applications, project implementation, and innovation in health promotion, disease prevention, and behavioural science interventions. - Capacity building and training - Implementation of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations. - Integration of research into policy and practice
25.	University of Maryland Baltimore (UMB)	- Joint implementation of research and evidence generation including clinical trials - Support for special projects and grants i.e. collaborating on grant applications, project implementation, and innovation in health promotion, disease prevention, and behavioural science interventions. - Capacity building, training, monitoring and evaluation - Implementation of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations. - Integration of research into policy and practice
26.	University of Washington	- Research, evaluation, and promoting data use as well as joint grants and proposal writing. - Capacity building, training, monitoring and evaluation - Designing of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations
27.	University of Minnesota	- Research, evaluation, and promoting data use as well as joint grants and proposal writing. - Capacity building, training, monitoring and evaluation - Designing of Innovative health interventions - Knowledge sharing and dissemination e.g. co-hosting workshops, seminars, and conferences to share findings, best practices, and evidence-based recommendations
Private Sector including financial institutions, Media and Faith-Based Organizations (FBOs)		

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
28.	Financial Institutions (including CRDB Bank, Sanlam Allianz Insurance and others)	• CSR initiatives and funding partnerships to fund or co-sponsor facility and community-based health and social protection projects. • Financial literacy and inclusion programs for most at-risk populations (MARPS) • Livelihood and income-generating support e.g. partnerships to provide microloans, savings schemes, or financial products that empower women, youth, and other vulnerable groups. • Health financing initiatives • Digital financial services adoption i.e. promoting mobile banking, cashless transactions, and insurance products among communities to increase accessibility and reduce economic barriers for improved access to health services. • Public-private campaigns for social impact such as co-branded campaigns for health promotion, HIV prevention, GBV awareness, and other social development initiatives. • Capacity building and training e.g. training community volunteers and THPS staff on financial management, risk reduction, and linking communities to financial services.
29.	Faith-Based Organizations	• Partnering to provide comprehensive prevention, care and treatment services for infectious diseases and NCDs within communities • Community mobilization and sensitization by leveraging FBO networks to promote health awareness, reduce stigma, and encourage uptake of infectious diseases, NCDs and MNH services. • Behavioural change communication i.e. integrating faith leaders in campaigns addressing risky behaviours, gender norms, and prevention of sexual and gender-based violence. • Youth engagement and mentorship • Support for vulnerable populations e.g. orphans, street children, people with disabilities, and other marginalized groups through faith-based social services. • Mental health and psychosocial support • Capacity building for faith leaders and community volunteers especially on health promotion, referral pathways, and psychosocial support • Community health outreaches and campaigns • Advocacy and policy support by engaging FBO networks to support public health policies, gender equality initiatives, and social protection programs.
30.	Media	• Health promotion campaigns, Behaviour change communication (BCC) i.e. co-developing content that encourages positive health behaviours, reduces stigma, and addresses myths and misinformation. • Community mobilization, advocacy and public awareness e.g. amplifying policy messages, gender equality initiatives, and social protection programs to influence public opinion and mobilize support. • Media capacity building • Monitoring and evaluation of campaigns e.g. collecting feedback through media engagement metrics and community response to improve messaging strategies. • Storytelling and human-interest features such as showcasing success stories from communities, beneficiaries, and health programs to inspire behaviour change and community participation. • Digital and social media engagement • Rapid response and risk communication e.g. collaborating during health emergencies to provide timely, accurate, and trusted information to the public

Pamoja Tunaboresha Afya

SN	Name of Stakeholder	Area of Collaboration/ Specific Information Focus
Professional Associations		
31.	MeLSAT: Medical Laboratory Scientists Association of Tanzania TASWO: Tanzania Association of Social Workers PST: Pharmaceutical Society of Tanzania. TANNA: Tanzania National Nurses Association PAT: Paediatric Association of Tanzania MAT: Medical Association of Tanzania	• Capacity building and training of health professionals e.g. partnering to deliver continuous professional development, workshops, and trainings. • Advocacy and policy engagement e.g. joint efforts to influence health policies, guidelines, and standards of practice in line with national health priorities. • Research collaboration and evidence generation e.g. conducting operational research, implementation science studies, and data collection to inform evidence-based programming and policy decisions. • Quality improvement in service delivery e.g. working together to strengthen clinical and community-based services, including mentorship, supportive supervision, and adherence to professional standards. • Community health promotion and awareness campaigns e.g. mobilizing association networks to support SBC initiatives, community outreach, and health education targeting key and vulnerable populations. • Professional networking and knowledge sharing e.g. facilitating forums, conferences, and webinars for sharing best practices, innovations, and lessons learned in public health and social services. • Support for mentorship and pre-service training e.g. collaborating with associations to mentor students and new health professionals and integrating practical field exposure into training programs. • Emergency preparedness and response e.g. coordinating with professional associations for rapid deployment of skilled personnel during health emergencies or disease outbreaks. • Promotion of ethical practice and professional standards e.g. supporting associations in reinforcing codes of conduct, ethical guidelines, and patient-centered approaches in health service delivery.

Pamoja Tunaboresha Afya

Analysis of Strengths, Opportunities, Aspirations and Results

Table 4 below summarize strengths and opportunities that may influence and or affect implementation of the proposed strategies and the corresponding interventions and activities included in this strategic plan.

Table 4: Strengths, Opportunity, Aspirations and Results (SOAR) Analysis

Strengths	Opportunities	Aspirations	(Potential) Results
Established Local Presence and Expertise: THPS has a deep understanding of the local context, cultural nuances, and community needs which is crucial for effective program implementation and sustainability.	Timeliness with the Universal Health Insurance (UHI) Implementation: Tanzania is rolling out a mandatory UHI scheme, aiming to cover all citizens, including provisions for low-income households and chronic diseases. This presents a massive opportunity for THPS to integrate its services, advocate for vulnerable populations, and potentially deliver services through the new UHI framework.	Become a Leading National Voice in Health Policy Advocacy: Leveraging its expertise and partnerships, THPS will aspire to play an even more prominent role in shaping national health policies, ensuring that community-level needs and evidence-based practices are integrated into strategic planning.	Improved Health Outcomes for Vulnerable Populations: Significant reductions in maternal and child mortality, control of HIV and TB epidemics, and improved management of NCDs due to enhanced access to quality, integrated health services.
Strong Partnerships: THPS works closely with key government ministries, including the Ministries of Health (MOH) and the President's Office – Regional Administration and Local Government (PORALG), Ministries of community development, Ministry of Home Affairs, government agencies NBS, OCGS, TACAIDS. Also has strong working relationship with Academia (MUHAS, KCMCo), and development partners (PEPFAR, CDC and others).	Climate Change and Health Linkages: The World Bank highlights Tanzania's vulnerability to climate change and its potential impact on health, including increased poverty and disease burden. THPS's focus on Climate Change, Environment and Health aligns with a growing need to integrate climate resilience into health strategies, a nascent but critical area for development.	Innovate in Integrated Health Service Delivery: Aspirations will include pioneering models that seamlessly blend RMNCAH, infectious disease control, NCD management, and social welfare, using technology to optimize reach and impact, especially under the UHI framework.	Strengthened and More Resilient Health Systems: Health facilities and community health structures will have improved capacity for service delivery, data management, and response to health emergencies and environmental challenges.
Comprehensive Programmatic Scope: THPS's work spans critical areas such as HIV/AIDS, Tuberculosis, RMNCAH (Reproductive, Maternal, Newborn, Child, and Adolescent Health), Emerging disease outbreaks, prevention of Gender-Based Violence (GBV), and health management information systems (HIMS).	Increased national attention on Non-Communicable Diseases (NCDs) and Mental Health: There's a national focus on addressing the rising burden of NCDs and promoting preventive care. THPS's work in NCDs and Mental Health can be significantly expanded given this priority, including health promotion and community engagement strategies.	Establish a Model for Climate-Resilient Health Systems: THPS will aim to develop and implement replicable programs that effectively address the health impacts of climate change, serving as a national or even regional example for building resilient health communities	Increased Community Engagement and Health Literacy: Communities will be more empowered through effective health promotion, risk communication, and psychosocial support, leading to greater adoption of healthy behaviours and timely health-seeking.

Pamoja Tunaboresha Afya

• Experience with Major Donor-Funded Projects: THPS is implementing projects funded by significant international partners like PEPFAR/ CDC, Global Fund hence demonstrating its capacity to manage and deliver on large-scale, impactful initiatives.	• Regional Hub for Medical Tourism and Specialized Care: Tanzania is positioning itself as a regional leader in specialized medical care (e.g., cardiac care, cancer treatment) and medical tourism. While THPS focuses on primary and community health, opportunities exist to support referral pathways, community awareness, and prevention efforts that complement these specialized services.	• Achieve Sustainable Self-Sufficiency and Local Leadership: THPS aspires moving towards greater financial resiliency to become a financially stable and sustainable organization through diversification of funding sources, diversification of programs and working to be part of government initiatives for health programs sustainability.	• Enhanced Equity in Health Access: The most vulnerable populations, including women, children, adolescents, and those in remote areas, will experience more equitable access to essential health services, aligning with the goals of Universal Health Coverage.
• Focus on System Strengthening: THPS's goal explicitly includes "strengthening of health and community systems for comprehensive quality health services," indicating a strategic approach beyond direct service delivery to building lasting capacity within Tanzania's healthcare infrastructure. It has Robust HMIS capacity including extensive technical assistance to the MOH, functional developed in-house systems that facilitate real timely use of data for program monitoring and improvement.		• Foster a Culture of Data-Driven Decision Making: THPS aspires to strengthen national capacities in monitoring, evaluation, and learning, ensuring that all health interventions are informed by robust data and contribute to continuous improvement.	• Evidence-Based Policy Influence: THPS's robust monitoring, evaluation, accountability, and learning (MEAL) framework will generate credible data and lessons, directly informing and influencing national health policies and strategies for greater impact and efficiency
• Well-established institutional capacity with good governance and leadership which have led to » Credibility and trust » Operational efficiency » Program sustainability scalability and adaptability » Attraction and Retention of Talent			

Strategic Direction and Approach

This section outlines the organization's vision, mission, strategic objectives, and overall implementation approach.

Strategic Direction and Approach

Vision, Mission and Core Values

The THPS's vision, mission and core values are provided to articulate the fundamental purpose and core business of THPS Tanzania, defining why the organization exist and what it aims to achieve for the people of Tanzania.

Vision

A healthy Tanzanian society where every individual has equal opportunity of accessing high quality health services.

Mission

THPS promotes and supports equitable, high quality, accessible and sustainable health services for the Tanzanian society and beyond, through partnership with the government, local and international organizations, civil society, the private sector and the local communities.

Core Values

Our core values (Figure 2) are the fundamental beliefs and principles that guide THPS Tanzania's actions, decisions, and culture. They are the bedrock of our identity, reflecting what we stand for and how we commit to operating. These values inspire our team, foster trust with our partners and communities, and ensure that our pursuit of a healthier Tanzania is always conducted with integrity, compassion, and excellence.



Figure 2: THPS Core Values

Strategic Goal and Objectives (2026-2030)

Goal

To innovatively provide comprehensive support for health services delivery through health promotion, prevention, care, treatment and research throughout the United Republic of Tanzania in collaboration with the Ministries of Health of Mainland and Zanzibar as well as with other relevant ministries at national, regional, district and community levels.

Strategic Objectives

In 2021, THPS reviewed its core constitutional objectives. The revised strategic objectives remain applicable to this third strategic plan (2026 -2030). They include:

1. To facilitate comprehensive, family-focused, and patient-centered prevention, care, treatment, and support for HIV/AIDS, TB, Malaria and other infectious and non-infectious diseases in Tanzanian communities.
2. To enhance human resources for health, community resources, and civil society through capacity-building efforts like mentorship, training, and supportive supervision.
3. To collaborate with the government and other partners to create an appealing work environment for health providers, encouraging recruitment and retention of skilled personnel in remote areas.
4. To implement evidence-based health programs through research, clinical trials, and monitoring and evaluation of family and public health initiatives.
5. To promote the meaningful involvement of individuals infected and affected by public health threats, using sustainable service delivery mechanisms, including community-led programs.
6. To encourage healthier lifestyles within communities through intensified health promotion efforts.
7. To attract and keep a highly skilled and motivated team within Tanzania Health Promotion Support.
8. To strengthen existing health and community systems, which is crucial for delivering quality healthcare

These constitutional objectives set the ground and basis for developing consecutive THPS Strategic Plan in every five years.

Desired Strategic Results

THPS will implement the constitutional goal and objectives aligned to the key result areas (KRA) that are detailed under section 4. The targeted strategic results include:

KRA 1: Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition:

Results: Improved health and survival rates for mothers, newborns, children, and adolescents across Tanzania.

KRA 2: Global Health Security and Emerging Diseases:

Results: Enhanced national capacity to prevent, detect, and respond effectively to infectious disease outbreaks and public health emergencies.

Pamoja Tunaboresha Afya

KRA 3:	Infectious Diseases and Neglected Tropical Diseases
Results:	Reduced burden of infectious diseases and neglected tropical diseases through improved access and integrated prevention, treatment, and control services for the Tanzanian population.
KRA 4:	Non-Communicable Diseases and Mental Health:
Result:	Reduced burden of non-communicable diseases and improved access to quality mental health services for the Tanzanian population.
KRA 5:	Health Promotion, Risk Communication and Community Engagement:
Results:	Increased health literacy and adoption of healthy behaviours among communities, leading to improved public health outcomes.
KRA 6:	Social Welfare Protection and Psychosocial Support System:
Results:	Strengthened social welfare and psychosocial support systems to protect vulnerable individuals and promote mental well-being.
KRA 7:	Climate Change, Environment and Health:
Results:	Enhanced resilience of communities and health systems to the health impacts of climate change and environmental degradation.
KRA 8:	Sustainable Financing and Risk Management:
Results:	Improved financial sustainability of the institution, including effective risk management strategies for health programs.
KRA 9:	Digital Innovation, Artificial Intelligence and Systems Strengthening:
Results:	Systems capable of supporting delivery of robust, equitable and accessible high-quality services to all Tanzanians through digital transformation and artificial intelligence.
KRA 10:	Institutional Governance and Organizational Capacity:
Results:	Strengthened institutional governance, leadership, and operational efficiency within THPS and its partner organizations.

Target groups

The diversity of THPS's broad scope of work, offers an opportunity to reach a diverse array of target groups. These include women of reproductive age, expectant mothers, newborns, children, and adolescents through RMNCAH programmatic services. The scope of work further ensures reaching individuals affected by or at risk of infectious diseases like HIV/AIDS and TB. The focus on NCDs and Mental Health extends services to patients with chronic conditions and those requiring psychosocial support. Furthermore, efforts in Health Promotion, Social Welfare, and Climate Change engagement aim to benefit entire communities, vulnerable populations, and marginalized groups susceptible to health disparities and environmental impacts. Ultimately, by strengthening the health system, THPS indirectly serves all Tanzanian citizens who rely on accessible, quality healthcare.

Pamoja Tunaboresha Afya

Target areas

THPS will implement its programs guided by this SP III (2026-2030) across all regions of the United Republic of Tanzania.

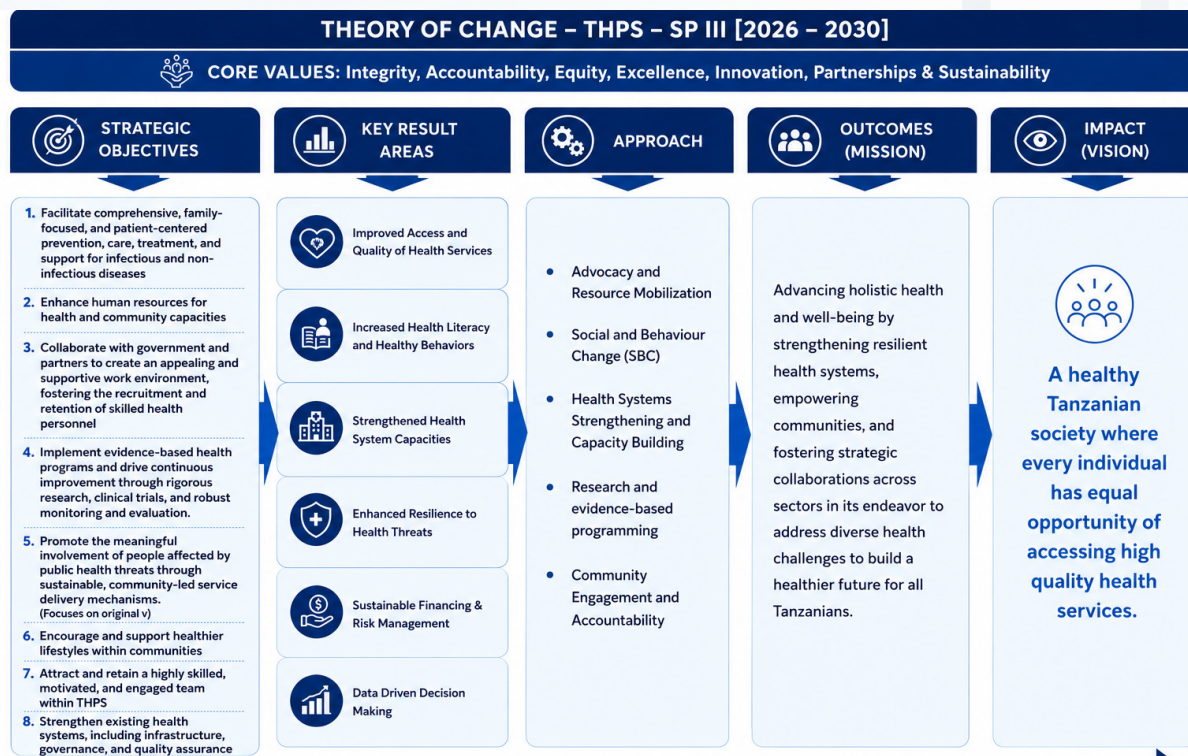


Figure 3: THPS's theory of change

Strategic approaches

To effectively achieve our mission and realize our vision, THPS will employ a set of interconnected strategic approaches. These approaches represent the fundamental methods through which we will deliver our programs, engage with stakeholders, and drive sustainable impact, ensuring our efforts are comprehensive, evidence-based, and deeply rooted in the communities we serve. The following approaches will therefore be employed:

- Advocacy and Resource Mobilization:** This approach involves actively engaging policymakers, donors, and other key stakeholders to influence health policies, secure essential funding, and foster an enabling environment for health initiatives. It ensures that THPS's work is supported and integrated into broader national health agendas.
- Social and Behaviour Change (SBC):** The use of SBC will focus on understanding and influencing individual and community behaviors related to health. Through targeted communication strategies, educational campaigns, and community dialogues, this approach aims to encourage healthier practices, reduce stigma, and promote the uptake of vital health services.
- Health and Community Systems Strengthening and Capacity Building:** THPS will encompass efforts to improve the overall functionality and resilience of the health system. It includes building the capacity of health workers and community structures through training and mentorship, improving infrastructure, enhancing supply chain management, meaningful engagement with civic society and optimizing health information systems to ensure quality service delivery.

Pamoja Tunaboresha Afya

4. **Research and Evidence-Based Programming:** This approach will be used in partnership with academia and other relevant entities to foster the use of data, scientific research, and best practices to inform the design, implementation, and evaluation of all THPS programs. It involves conducting research to generate evidence including implementation science, participating in clinical trials, and systematically monitoring program outcomes to ensure effectiveness and continuous improvement.
5. **Community Engagement and Accountability:** This approach is used to ensure that communities are not just beneficiaries but active participants and decision maker in their health journey. It involves fostering strong relationships with community leaders, civil society and members, empowering them to identify their health needs, co-create solutions, and hold health service providers accountable for quality and responsiveness.

Strategic Priorities & Interventions

This section presents the key strategic priorities, focus areas, and interventions that will guide implementation during the strategic period.

Strategic Priorities and Interventions

This section outlines the core strategic priorities that will guide THPS's efforts and resource allocation over the coming five years. These priorities have been carefully identified through a comprehensive analysis of our current environment, stakeholder needs, and our overarching vision. For each strategic priority, the SP defines specific, actionable interventions designed to translate THPS's strategic intent into tangible outcomes, fostering sustainable growth and achieving the planned organizational objectives.

Key Result Area 1: Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH)

Problem analysis

Tanzania has made significant strides in reducing maternal and child mortality, demonstrating strong political will and strategic investments in its health infrastructure. However, despite the recorded advancements, challenges persist in ensuring equitable access and comprehensive RMNCAH services. While vaccination coverage isn't explicitly detailed in the provided results, the focus on strengthening health systems, improving CEmONC services, and increasing health infrastructure suggests an ongoing effort to improve broader health outcomes. Adolescent health services and family planning are also being addressed, with initiatives like youth-friendly clinics and increased access to contraceptive supplies. However, concerns remain regarding the equity of access, with some communities experiencing delays in seeking care and financial barriers to private healthcare. The disparity in newborn survival rates between high-income countries and Tanzania also highlights the need for continued investment and tailored interventions, especially for low birth weight and premature neonates.

HIV programming is deeply integrated within Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) initiatives globally, driven by the understanding that a holistic approach improves health outcomes for individuals and communities. However, the implementation faces a number of challenges and barriers including shortage of staff, lack of up-to-date knowledge, and limited access to health information.

Additionally, for service delivery the challenges span from limited integration of HIV, Syphilis, Hepatitis testing with RMNCAH services, gaps in Cervical Cancer Prevention (CECAP) services for non-PLHIV, Inadequate BEmONC and CEmONC implementation and Low HPV vaccination and AGYW programming coverage.

There are also health system and infrastructure issues leading to limited space and privacy. Other system factors include fragmented services and information systems for supply chain issues, delayed diagnosis and loss to follow-up, centralized testing and delayed results such as delays in delivering Early Infant Diagnosis (EID). On the other hand, some of the factors are attributable to the client and social-culture issues including stigma and discrimination, financial constraints: in accessing health services, myths, misconceptions and male partner involvement. Beyond all these challenges are policy and funding related factors including reduced donor funding and limited domestic resources. Shifting priorities to disease outbreaks like COVID-19, Mpox etc. which leads to a shift of governmental attention and policy implementation

Pamoja Tunaboresha Afya

Strategic Outcome

Improved RMNCAH outcomes through integrated services and strengthened programming by 2030.

Strategies

Table 5: Strategies and interventions for RMNCAH

Strategies	Interventions
Supporting improvement of Health System Infrastructure and Services	• Improve Comprehensive Emergency Obstetric and Newborn Care (CEmONC): Focus on enhancing facilities, equipment, and trained personnel for emergency obstetric and newborn care services to reduce maternal and newborn mortality. The recently constructed Neonatal care unit at Kwimba District Hospital through collaboration with Doris Mollel foundation offers a good example. • Increase Health Infrastructure: Expand and upgrade healthcare facilities, especially in underserved communities, to improve access to services. • Strengthen Supply Chains and Information Systems: Optimize the logistics for health supplies, including contraceptives and diagnostic materials, and integrate health information systems for better data management and service delivery.
Enhancing Equitable Access to RMNCAH Services	• Address Financial Barriers: Implement policies or programs to mitigate the financial burden on individuals seeking healthcare, particularly for private services and specialized care like for low birth weight and premature neonates. • Reduce Delays in Seeking Care: Develop community-level interventions and awareness campaigns to encourage timely access to healthcare services. • Implement Tailored Interventions for Vulnerable Groups: Design and implement specific programs for low birth weight and premature neonates to improve their survival rates, drawing lessons from high-income countries. • Advocate for Scale up of HPV vaccination and AGYW programming. • Advocate for awareness of early childhood development in the community and among HCW. • Train HCWs on integrated RMNCAH services. • Improve nutrition programming for pregnant women and children. • Expand adolescent-friendly health services.
Optimize HIV Programming within RMNCAH	• Address Staff Shortages and Knowledge Gaps: Invest in training and recruitment of healthcare professionals, ensuring they have up-to-date knowledge on integrated HIV and RMNCAH services. • Improve Service Integration and Patient Pathways: Create streamlined and non-fragmented service delivery models, improving linkage and retention in care (e.g., preventing loss to follow-up, ensuring prompt EID results). • Enhance Space, Privacy, and Confidentiality: Upgrade facility infrastructure to provide adequate space and privacy for patients accessing HIV and RMNCAH services, reducing discomfort and stigma. • Advocate for Decentralization of Testing and Expedite Results: Move towards more localized testing options and implement systems for faster delivery of diagnostic results, such as Early Infant Diagnosis (EID).
Address Socio-Cultural and Client-Related Barriers	• Address Stigma and Discrimination: Implement public health campaigns and healthcare provider training to reduce stigma and discrimination associated with HIV and RMNCAH services. • Promote social protection mechanisms for the disadvantaged groups: Develop social protection mechanisms or subsidies to help clients overcome financial constraints in accessing essential health services. • Promote Health Literacy and Dispel Myths: Conduct community education programs to counteract myths and misconceptions about health services and encourage informed decision-making. • Encourage Male Partner Involvement: Develop strategies to actively engage male partners in RMNCAH and HIV services, recognizing their critical role in family health.

Pamoja Tunaboresha Afya

Strategies	Interventions
Ensure Sustainable Funding and Policy Prioritization	- Diversify Funding Sources: Actively seek alternative funding channels and increase domestic resource allocation to compensate for reduced donor funding. - Maintain Policy Focus on RMNCAH and HIV: Advocate for sustained governmental attention and policy implementation for RMNCAH and HIV programming, even amidst new public health crises like disease outbreaks

Key Result Area 2: Global Health Security and Emerging Diseases

Problem analysis

Tanzania has registered several improved health outcomes such as meeting HIV 95-95-95 targets. However, it still grapples with health-security gaps. Key challenges include inadequate and unevenly distributed health workforce (especially rural), infrastructure and digital shortfalls (paper records, weak EBS support, limited labs and specimen transport, inadequate molecular platforms), and resource constraints that hamper surveillance. There are also specific disease examples that strain the system's resilience and surge capacity during public health emergencies: diabetes, hypertension, and cervical cancer—all requiring routine screening, continuous medication, and lab follow-up that are hampered by staff shortages and weak digital/health-facility systems.

Beyond HRH and technological gaps are the coordination and cross-border challenges: Despite efforts to strengthen cross-border disease control, unsynchronized funding and porous borders pose significant risks for disease transmission. Differences in preparedness, resources, and response capacities among neighboring countries create coordination challenges. Integrating traditional medicine into formal health systems also presents challenges, though efforts are underway to address this. At the end of the care and service delivery pipeline is the challenge of Public Trust and Community Engagement: Public skepticism and concerns about the feasibility and implementation of new health initiatives, such as universal health insurance, and the practicalities of new directives, like prioritizing treatment over finances in hospitals, indicate a need for improved public trust and communication. The stigma associated with survivors of outbreaks like Marburg Virus Disease can also hinder response efforts. Despite all the efforts, Tanzania remains vulnerable to emerging and re-emerging infectious diseases, particularly zoonotic, climate-sensitive, and cross-border threats, underscoring the need for strengthened preparedness, early detection, and rapid response systems in line with the International Health Regulations (IHR 2005).

Strategic Outcome

Enhanced national and subnational capacity, under government leadership, to sustainably prevent, detect, and respond effectively to infectious disease outbreaks and public health emergencies through strengthened surveillance, laboratory systems, workforce and multisectoral coordination by the end of 2030.

Strategies and Interventions

Epidemic preparedness and surveillance

Pamoja Tunaboresha Afya

Table 6: Strategies and interventions for Epidemic preparedness and surveillance

Strategies	Interventions
Strengthening Surveillance and Early Warning Systems:	- Scale up event-based surveillance and management, including risk assessments and drills at entry points. - Support the Government to Implement an electronic Integrated Disease Surveillance and Response (e-IDSR) system based on DHIS2, to include an AI-powered alert triage system to reduce alert processing time from 36 hours to almost instantaneous. - Integrate data collection systems and building capacity for predictive surveillance and modelling. - Implement community-based surveillance using various channels, including SMS messages from the public and health workers, to report potential disease cases. - Support strengthening of feedback loops to ensure surveillance data informs timely public health decision-making at facility, district, and national levels hence enabling enable surge capacity during outbreaks.
Enhancing Laboratory Networks and Diagnostics:	- Improve specimen referral and transportation capacity across all health sectors. - Contribute to reinforcing One Health biosafety and biosecurity and scaling up national quality standards. - Support the government to expand testing capacity, operationalizing molecular and point-of-care testing, and upgrading genomic sequencing facilities. - Strengthen laboratory systems to effectively monitor and confirm diseases with epidemic potential. - Support development of sustainable laboratory workforce, maintenance plans, and surge testing capacity during public health emergencies.
Building a Skilled Health Workforce and Community Engagement	- Support improvement of International Health Regulations (IHR) and emergency capacity across sectors. - Scale-up field epidemiology trainings and developing the community health workforce. - Train community and civil society members, including traditional healers, on recognizing and responding to epidemic symptoms and encouraging adherence to expert protocols. - Enhance risk communication and community engagement (RCCE), particularly through various channels to ensure timely and trusted communication. - Support the Government to implement the Infodemic Management Strategy and Standard Operating Procedures (SOPs) - Leverage community networks, such as bodaboda (motorcycle drivers), to disseminate health education. - Conduct public health campaigns to educate the public on preventive measures like hand hygiene and avoiding contact with symptomatic individuals.
Infection Prevention and Control (IPC):	- Support review of IPC guidelines and standards, upgrading training materials, and improving IPC governance and practice at national and health facility levels to match the global standards. - Scale up IPC programs in public and private health facilities and improving monitoring of IPC program performance and surveillance of healthcare-associated infections - Support linkage of IPC surveillance data with outbreak detection and response mechanisms
Supporting government-led implementation of One Health Approach	- Support development of roadmap and action plan for implementing the One Health Approach involving multi-sectors. - Establish stronger working relations and partnerships with non-health ministries including Ministry of Livestock and Fisheries, and other relevant offices.

Pamoja Tunaboresha Afya

Strategies	Interventions
Selectively implement the National Action Plan for Antimicrobial Resistance (AMR) programming	Establishing surveillance sites for both human and animal health to monitor the emergence and prevalence of AMR Invest in research and development to address knowledge gaps and identify new interventions. Advocate for integration of AMR surveillance into existing Integrated Disease Surveillance and Response (IDSR) frameworks to enhance data collection and reporting. Promote the responsible use of antimicrobials by healthcare professionals through guidelines, training, and continuous professional development programs. Raise awareness and understanding of AMR among healthcare workers, students, and the general community. Take leadership in strengthening the regulatory framework for the quality, safety, and efficacy of medicines, including antimicrobial agents, to ensure appropriate use and combat substandard products

Key Result Area 3: Infectious Diseases and Neglected Tropical Diseases

Problem Analysis

Tanzania has recorded significant achievements in fighting infectious diseases. It has pushed HIV toward the 95-95-95 targets (4.4% adult prevalence) and raised TB treatment success to 96%, while malaria prevention (LLINs, seasonal chemoprevention) has cut under-five admissions in many districts. Gains rest on expanded CHW networks and the Health Vacancies Portal, but the system still struggles with rural HRH shortages, paper-based surveillance, and patchy lab capacity—making real-time outbreak detection and drug-resistance monitoring uneven. An emerging threat are the escalating new HIV infections among Adolescent Girls and Young Women (AGYW). THIS 2022-2023 frames AGYW (15-24) as an emerging hotspot even as overall incidence falls. The survey found HIV prevalence at 1.3% for AGYW—more than double the 0.6% for males—and an annual incidence of 3.3 per 1,000 AGYW versus essentially zero for young men

On the other hand, the country has continued to prioritize response to Neglected Tropical Diseases (NTD): Mass drug administration reached >70% coverage for lymphatic filariasis and onchocerciasis in endemic zones, and school-based deworming covers most primary pupils. However, for many years NTD programmes have relied on donor campaigns, with limited integration into routine primary-care services; vector-control and safe-water investments lag, and post-MDA surveillance is weak—leaving gaps in sustaining elimination and in detecting recrudescence hotspots.

Strategic Outcome

Reduced burden of infectious diseases and neglected tropical diseases through improved access and integrated prevention, treatment, and control services for the Tanzanian population by the end of 2030.

Strategies and Interventions

Strategies and Interventions for HIV, TB, and Leprosy, Malaria and NTD

Table 7: Strategies and interventions for HIV, TB and Leprosy, Malaria and NTD

Pamoja Tunaboresha Afya

Strategies	Interventions
Closing the “Missing Cases” Gap	- Scale up active case finding, especially in underserved, hard-to-reach, and vulnerable populations (e.g. mining communities, prisons, urban slums and hard-to-reach areas). - Strengthen community-based surveillance and case-finding via CHWs, grass root CSOs, former patients, and peer networks. - Expand diagnostic capacity further (mWRDs, point of care diagnostics, mobile radiography, computer-aided X-ray), particularly in peripheral and rural health facilities.
Enhancing Quality & Integration	- Deepen Quality Improvement mechanisms: ensure QI models are institutionalized, digitalize registers, reduce staff turnover, and build mentorship systems. - Strengthen integration with other health services: HIV, NCDs (especially diabetes), maternal-child health, nutrition, to provide holistic TB care. - Introduce/adapt patient-centered care models (e.g., differentiated care, community-based treatment, digital adherence tools).
Scaling Up TB-Drug-Resistance Management	- Expand DST coverage to all bacteriologically confirmed TB, including the use of next-generation diagnostics. - Strengthen treatment capacity for MDR-TB, including decentralized DR-TB care, psychosocial support, adherence, and monitoring of side-effects (aDSM). - Leverage new shorter, safer DR-TB regimens (if WHO-recommended), and plan for sustainable procurement.
Improving Pediatric & Adolescent TB Services	- Strengthen case-finding among children, AGYW, AGYB: integrate TB screening into child health services (IMCI, RCH, nutrition), expand diagnostic capacity (gastric aspiration, stool-based diagnostics if feasible). - Develop adolescent-specific strategies: leverage the schools through the national school health program (NSHP), peer networks, and youth-friendly services to improve detection, adherence, and prevention. - Deploy mobile TB-screening and treatment-support teams to out-of-school youth hubs—markets, vocational workshops, and informal sports clubs. This could be implemented in partnership with peer educators, so asymptomatic adolescents are identified early, linked to adolescent-friendly DOT, and offered socioeconomic support (such as transport vouchers, nutrition packs) to complete therapy. - Implement preventive therapy by scaling-up TB preventive treatment (TPT) among children and adolescents exposed and other high-risk groups, eg., miners, prisoners, etc.
Sustaining integration of malaria control into primary-healthcare and community systems	- Sustain and maintain scale up efforts of universal access to long-lasting insecticidal nets (LLINs) and targeted indoor residual spraying in high-transmission districts. - Strengthen community-case management: CHWs equipped with rapid-diagnostic tests and ACTs for prompt diagnosis and treatment. - Deploy seasonal malaria chemoprevention (SMC) and intermittent preventive treatment for pregnant women (IPTp) where epidemiology supports it.
Addressing Social Determinants & Economic Barriers	- Expand social protection mechanisms: income support, transport reimbursement, and conditional cash transfers to reduce catastrophic costs. - Address stigma, rights, and gender barriers through community mobilization, legal frameworks, and CRG (community rights and gender) interventions.
Sustaining Leprosy Elimination & Transmission Interruption	- Intensify active case-finding in endemic districts; ramp up contact tracing. - Scale up Post-Exposure Prophylaxis (PEP) (e.g., SDR) to all eligible contacts, with sustainable supply and integration. - Capacity building: train new leprosy clinicians, provide refresher training, and institutionalize leprosy expertise in primary care. - Disability prevention: strengthen early detection of grade 2 disability, provide self-care education, social support, and rehabilitation. - Reduce stigma: community awareness campaigns, integrate leprosy services into general health care to normalize care-seeking.

Pamoja Tunaboresha Afya

Strategies	Interventions
Health System Strengthening & Sustainability	- Strengthen supply chain management & logistics systems: fully digitalize LMIS, improve quantification and forecasting, prevent stock-outs through use of IMPACT team approach, and use of electronics inventory management system for proper management of TB commodities within the national supply systems. - Strengthen financial transparency and accountability (audit, budgeting, domestic financing). - Build capacity at sub-national levels (regional, district) for planning, management, and data use.
Monitoring, Evaluation & Research	- Strengthen M&E: real-time data systems, dashboards, feedback loops to inform course corrections. - Institutionalize operational research: support local studies on interventions (e.g., mobile diagnostics, community care, PEP), and ensure uptake of findings. - Build capacity for implementation science: embed learnings into scale-up strategies.
Multi-sectoral & Partnerships Engagement	- Formalize multi-sectoral coordination (mining sector, local government, civil society, private sector) to reach high-risk populations. - Engage private health providers, pharmacies, and drug shops in TB/leprosy detection and referral. - Advocate for domestic resource mobilization to reduce dependence on external donors; explore innovative financing (social health insurance, public-private partnerships).
Mainstream and Integrate Equity, Human Rights & Gender initiatives	- Implement rights-based, gender-transformative programming: ensure services are accessible, non-discriminatory, and responsive to the needs of women, children, and key populations. - Strengthen legal frameworks & policies addressing discrimination, protect confidentiality, enhance community empowerment.
Mainstream NTD control into routine primary-care and district health packages	- Institutionalize annual mass drug administration (MDA) for lymphatic filariasis, onchocerciasis, and soil-transmitted helminths through schools and community health workers, with coverage monitoring in DHIS2. - Integrate NTD screening and case management into PHC visits (e.g., hydrocele referral, trachoma trichiasis surgery) and strengthen related lab capacity. - Scale WASH and vector-control measures—safe water, sanitation, and hygiene promotion in endemic wards plus targeted snail/control for schistosomiasis—to cut transmission alongside drugs.

Key Result Area 4: Non-Communicable Diseases and Mental Health

Problem analysis

At a higher-level synthesis, NCDs and mental health in Tanzania is at growth stage. These two arms of the service delivery are striving to draw attention and win prioritization. Currently, the two dimensions of service delivery are challenged with several drawbacks including:

Inadequate Resources: There are significant financial and human resource constraints. This includes insufficient funding for NCDs and mental health, a shortage of trained healthcare professionals (psychiatrists, mental health nurses, psychologists), and a lack of essential diagnostic tools and medicines, particularly at the primary care level. In some instances, even basic diagnostic equipment for physical conditions comorbid with mental illness is missing.

Weak Policy Implementation and Governance: While national NCDs and mental health policies exist, their implementation is often weak due to low financial allocation and inadequate human resources. There is also a lack of strong evidence that a comprehensive mental healthcare system is being provided,

Pamoja Tunaboresha Afya

and mental health services are often too hospital-centric without adequate outreach.

Low Public Awareness and High Stigma: A poor understanding of mental illness among the general public and caregivers is prevalent, leading to stigma, abandonment of patients, and disputes over treatment modalities. This often results in delays in seeking appropriate care, with many turning to traditional healers first. Public education and awareness campaigns for NCDs are also often lacking or unevenly implemented across regions.

Limited attention to mental health among health care providers. Tanzania's health workforce is chronically overstretched, and that translates into poor mental-health outcomes. WHO's Mental Health Atlas notes Tanzania has fewer than 1 psychiatrist per 100,000 people and minimal occupational-health support for staff, while surveys in similar low-resource settings routinely find burnout and depression rates above 30-40% among clinicians.

Limited Infrastructure and Outreach: There is a lack of dedicated psychiatric wards, limited space for mental health services in general hospitals, and worn-out facilities. Outreach services for mental health are either non-existent or severely hampered by a lack of budget and transport, making it difficult to follow up with patients in the community.

Data and Monitoring Gaps: Incomplete documentation and record-keeping for NCD screening activities make it difficult to track trends and assess the impact of interventions. Data is often recorded manually, which is prone to incompleteness and human error.

Generally, there is low community awareness and understanding of the NCDs and its associated health impacts and limited access to comprehensive palliative care services, particularly for patients with chronic, life-limiting conditions. In addition, mental health services remain limited, with low awareness, inadequate resources, and insufficient integration into primary health care. This limited awareness spans to the healthcare providers as well, resulting to delayed recognition of early symptoms.

Strategic Outcome

Reduced burden of non-communicable diseases and improved access to quality mental health services for the Tanzanian population by 2030.

Strategies and Interventions

Table 8: Strategies and interventions for NCDs and Mental Health

Strategies	Interventions
Community Awareness and Engagement Campaigns:	• Promote healthy lifestyles: Conduct regular campaigns through media and community gatherings to educate on healthy dietary habits, the importance of physical activity, and NCDs risk factors. This includes school-based health education for adolescents to foster healthy behaviors early on through the national school health programs (NSHP). • Reduce stigma and encourage help-seeking: Implement campaigns that normalize conversations about mental health, encouraging individuals including HCWs to seek support and distinguish between baseline traits and concerning behaviors. • Utilize peer educators and community health workers: Train community members as peer educators for mental health and NCDs to facilitate identification, basic counseling, and treatment adherence, especially in low-resource settings.
Strengthening Primary Healthcare Integration:	• Integrate NCDs and mental health services: Support the integration of NCDs prevention and management, along with mental healthcare, into existing primary healthcare services, ensuring a holistic approach to patient care. This includes integrating mental health into chronic disease management. • Improve access to diagnostics and essential medicines: Work to strengthen diagnostic capabilities at the primary care level for early detection of NCDs and mental health conditions, and advocate for consistent supply and access to essential medicines. • Train healthcare workforce: Provide training for primary healthcare teams, including doctors, nurses, and community health workers, on integrated approaches to NCDs and mental health, including early detection, management, and referral pathways.
Screening, Early Detection, and Referral Systems:	• Organize community-based screening events: Conduct regular screening for common NCDs like hypertension, diabetes, and obesity, alongside mental health screenings, with appropriate counseling and referrals for newly diagnosed individuals. During the events, parents and caregivers will receive education on recognizing warning signs and responding to psychiatric emergencies among children and adolescents. • Establish clear referral pathways: Ensure that individuals identified with NCDs or mental health conditions through screening are effectively linked to specialists and receive continuous care and follow-up. • Leverage technology for monitoring and follow-up: Implement digital record-keeping systems for patient progress and long-term data tracking, which is especially important for chronic NCDs. • Strengthen the partnership between THPS and Tanzania Diabetic Association and expand collaborations to include community-screening network that embeds diabetes risk checks into THPS's TB/FP outreach, trains peer educators to refer high-risk clients to free HbA1c testing, and creates a shared digital registry for follow-up—backed by quarterly coordination meetings and pooled donor funding to align targets
Targeted Interventions for Vulnerable Groups and Specific Settings:	• Workplace wellness programs: Collaborate with other organizations to implement mental health support programs for employees, such as psychological check-ups and stress management techniques, advocating for safe and supportive work environments. • Youth-focused initiatives: Develop mental health education programs in schools and youth organizations, focusing on stress management, emotional regulation, and fostering a safe environment for open conversations about mental wellbeing. • Support for correctional facilities: Implement mental health programs in correctional facilities, training inmates as peer educators and providing psychological support for both inmates and staff, addressing systemic stressors like stigma and overcrowding

Key Result Area 5: Health Promotion, Risk Communication and Community Engagement

Health Promotion, Risk Communication, and Community Engagement (HP-RCCE) is a cornerstone domain of THPS core business. THPS recognizes that effective health outcomes are deeply intertwined with informed, empowered, and actively engaged communities. THPS commits to fostering a culture of health through proactive communication, tailored health education, and robust community participation. By strategically addressing health risks and promoting preventative behaviours, THPS will strive to build resilience, enhance health literacy, and ensure that the organization's health initiatives are not only well-received but also sustained through strong partnerships and local ownership.

Problem analysis

Health Promotion: Implementing effective health promotion programming in Tanzania faces numerous interconnected challenges. Historically, there has been a reliance on a top-down “health education” approach, which is often perceived as didactic and has fallen short of expected outcomes. This highlights a fundamental gap in shifting from mere information dissemination to empowering community-driven action and fostering genuine behavioural change. Significant financial barriers exist, making access to essential medications, medical care, and other medical supplies difficult for many, especially the rural population. The situation is further compounded by a broader lack of resources, including adequate infrastructure and trained technical staff. Sociocultural factors also play a critical role, including medication hesitancy due to limited or inaccurate knowledge, beliefs, and stigma surrounding certain health topics (e.g., sexual and reproductive health, menstruation etc.). Additionally, there's a limited inclusion of this area in continuous professional development for healthcare providers. While there are efforts to strengthen health systems, including digital health initiatives, the complexity of factors influencing social and behavioural outcomes, coupled with the presence of multiple actors and programs, creates coordination challenges and can lead to inconsistent implementation.

Risk Communication: Like health promotion efforts, the implementation of effective risk communication programming faces several critical gaps and challenges. A significant hurdle is the limited public awareness and understanding of risks and their mitigation strategies, often compounded by poor communication channels and information sharing, particularly between authorities and communities. There's also a pervasive lack of trust in official information and institutions, fuelled by past experiences of misinformation, inefficiencies or perceived inequities, which can lead to scepticism and hinder the adoption of advised protective behaviours. Furthermore, resource constraints, including inadequate funding, insufficient technical capacity, and a shortage of trained personnel, limit the reach and quality of risk communication initiatives. This is often exacerbated by the absence of tailored, culturally relevant communication strategies that consider local languages, beliefs, and existing community-based networks, leading to messages that are not well-received or acted upon.

Community Engagement: Implementing effective community engagement in health programming in Tanzania faces significant social and health system challenges. Socially, barriers include low community awareness and suboptimal involvement in health governance structures. There are also entrenched social norms, such as male dominance in household decision-making, which

Pamoja Tunaboresha Afya

limit women's access to healthcare. From a health system perspective, inadequate services, including shortages of essential medicines and health workers, undermine trust and engagement. High transport costs to health facilities, especially in rural areas with poor road networks, and issues with the implementation of cost sharing mechanisms and how the vulnerable populations are accommodated further restrict access for vulnerable populations. Additionally, a lack of financial resources and management capacity within community health committees hinders their functionality and ability to meaningfully participate in health planning.

Strategic Outcome

Increased health literacy and adoption of healthy behaviours among communities, leading to improved public health outcomes by 2030.

Strategies

Table 9: Strategies and Interventions for Health Promotion, Risk Communication and Community Engagement

Strategies	Interventions
Health Promotion	
Implementing Educational Initiatives:	- Implement comprehensive education and awareness campaigns on diseases preventive measures including but not limited to, healthy lifestyle choices, recurrent medical examination, proper health seeking behaviors, and disease management. Examples include campaigns like "5-A-Day" to encourage fruit and vegetable consumption or "Know Your Numbers" for blood pressure and cholesterol, educational campaigns, school-based health education, and digital health promotion initiatives. - Promote self-care interventions, acknowledging individuals as active participants in their health, and ensuring quality, evidence-based products and interventions. - Implement routine reorientation of health promotion models: Developing care models that encourage disease prevention and health promotion, integrating these concepts into healthcare settings, and ensuring access to preventive services like immunization and screenings. - Advocacy for increased accessibility to quality screening services e.g. Mammography, Prostatic Specific Antigens (PSA tests), etc.
Strengthening Governance and Policies	- Advocate for policies that support healthy behaviors, such as clean air regulations, alcohol control policies, or improved food labeling. - Improve access to safe environments, like sidewalks, promote physical activity, and reduce risk factors for chronic diseases and advocate for creating supportive environments that make healthy choices accessible and affordable for everyone. - Advocate for "Health in All Policies" (HiAP) approaches to enable inclusion of policies that address tobacco, alcohol, physical activity, and diet, as well as promoting intersectoral action. - Inclusion of Facility based Home Care and Rehabilitation in the Public and Private Health Facilities.
Implementing Health Promotion Initiatives as Tailored Programs	- Develop programs tailored to specific populations, such as fall prevention for the elderly, mental health support for adolescents, or prenatal care for pregnant women. - Capacitate Community Health Workers (CHWs) and Health Care Workers (HCWs) to implement care models that encourage disease prevention and health promotion by integrating these concepts into healthcare settings and ensuring access to preventive services like immunization and screenings. - Implement activities, events and functions that will promote specific focus on key health areas, including Healthy Diets, Physical Activity, Mental Health, Obesity Prevention, Non-Communicable Diseases (NCDs) and Self-Care - Promote and improve community engagement in planning and implementing health initiatives to ensure cultural relevance and tailored solutions including fostering multisectoral partnerships for broader impact

Pamoja Tunaboresha Afya

Strategies	Interventions
Risk Communication	
Linking Health Promotion Initiatives with Risk Communication Attributes	• Influence building a culture of Transparency and Honesty to build trust: Promote a culture and practice of communicating quickly, frequently, and with transparency and honesty. • Implement community engagement and social listening: to actively listen and respond to public concerns and involve communities in the communication process. • Implement capacity building initiatives to support the country, regions and Local Government Authorities (LGAs) to establish policies, by-laws, strategies, and plans for risk communication. • Promote “Tailored and Culturally Appropriate Messaging” including developing and disseminating risk communication products in different formats and relevant local languages. • Promote multi-sectoral coordination and one voice to ensure communication is coordinated with partners and other stakeholders communicate with a single, consistent voice.
Community Engagement	
Adapting and Implementing Participatory Approaches:	• Actively involve communities in the planning, implementation, and monitoring of health responses using already existing community governance structures • Form local task teams comprising trusted leaders, religious representatives, and youth and women’s group members for specific activities that require quick actions.
Capacity Building and Support	• Support and build on the efforts of local networks, such as churches, teachers, grassroots’ CBOs and vendors, to improve community confidence. • Provide training and support systems for community members (e.g., community health workers) to improve health services and health education. • Provide regular training and technical support to Civil Society Organizations (CSOs) working in communities (Including knowledge on data management, communication skills etc).
Leveraging Technology and Innovation:	• Integrate digital platforms and social media for health information dissemination, peer support, and behavior change. • Utilize mobile applications, wearable devices, and telehealth services for personalized health monitoring, real-time feedback, and remote access to healthcare resources. • Implement call center initiative • Call center for people at risk • Advocacy for increased health promotion sessions in the popular radio and Televisions stations • Training of Journalists on the basic principles of various diseases promotion.

Key Result Area 6: Social Welfare Protection and Psychosocial Support System

Problem analysis

Tanzania’s social welfare and psychosocial support system faces persistent structural, financial, and systemic challenges that limit its ability to effectively respond to growing mental health needs and the high burden of gender-based violence (GBV) and violence against children (VAC). The recently completed second Tanzania Violence Against Children and Youth Survey (VACS 2024) implemented by Tanzania Health Promotion Support (THPS) found that one in nine females (11.3%) and about one in twenty males (4.8%) experienced sexual violence in their lifetime and, four out of ten females (41.5%) and more than one in three males (35.3%) experienced any form of violence during their lifetime. Despite ongoing efforts, the sector remains chronically underfunded, with many households relying on out-of-pocket payments and approximately 89% of social welfare financing depends on foreign development

Pamoja Tunaboresha Afya

funds, raising concerns about sustainability and ownership. Mental health conditions are increasingly prevalent, with an estimated 7% of the population affected by depression and nearly 3.6% affected by anxiety disorders, driven by social, economic and public health stressors. However, access to services remains limited due to critical shortage of trained mental health professionals, weak referral systems, poor integration of mental health into primary healthcare and persistent stigma that delays help seeking and early intervention especially in rural and underserved communities. The burden of GBV and VAC remains high with survivors often lacking timely access to integrated psychosocial, medical, legal and social welfare services. One Stop Centres are unevenly distributed and inadequately resourced, limiting comprehensive survivor support. Children and Adolescents are particularly vulnerable with approximate 2.6 million orphaned children, largely due to HIV/AIDS and poverty facing heightened risks of psychosocial distress abuse and social exclusion. Caregivers often lack the skills and the support needed to provide appropriate psychosocial care, while adolescent and youth specific psychosocial services remains fragmented and insufficiently integrated within facility and community settings. Additionally, large segments of the population including informal workers, rural communities, persons with disabilities and other vulnerable groups remain excluded from social protection programs due to administrative barriers, Limited awareness, and weak intersectoral coordination, further exacerbating inequities in access to psychosocial and social welfare services integration across different services.

Strategic Outcome

Strengthened, inclusive and sustainable social welfare and psychosocial support systems that protect vulnerable populations, prevents and respond to GBV and VAC and promotes mental well-being across the life course by 2030.

Strategies

Table 10: Strategies and interventions for Social Welfare Protection and Psychosocial Support System

Strategies	Interventions
Implementing Community-Based Mental Health and Psycho –Social Support (MHPSS)	- Strengthen community self-help mechanisms using culturally appropriate approaches, including faith-based groups, peer support groups, youth clubs, women's groups, and traditional community structures - Establish adolescent –friendly community safe spaces that provide structured psychosocial support, life skills, peer counseling and referral for mental health, GBV and VAC cases. - Train community health workers, social welfare officers youth volunteers and para social workers in basic MHPSS, interventions and psychological first aid and GBV/VAC survivor support - Integrate MHPSS into HIV programs, adolescent health platforms, school health programs and community-based programs and structures
Integrated Service delivery	- Integrate MHPSS and social welfare services into primary healthcare service delivery points (including OPD, RCH, HIV, TB, and adolescent health services). - Strengthen referral pathways between health, social welfare, education justice and community systems especially for GBV and VAC survivors - Advocate for integration of MHPSS into broader health, education, and protection services including making basic clinical mental healthcare available at all healthcare facilities. - Strengthen Multisectoral GBV/VAC response models, ensuring access to medical care, psychosocial support, legal aid and social protection - Advocate for incorporating psychosocial support into school programs, child protection services, and gender-based violence (GBV) response.

Pamoja Tunaboresha Afya

Strategies	Interventions
Strengthening Social Safety Nets for Vulnerable Populations	- Support effective implementation of the national Health Equity Fund (HEF) within Universal Health Insurance (UHI) to reduce financial barriers for vulnerable households. - Advocate and strengthen cash transfers (implemented by TASAF), food programs, and support for specific groups like the elderly, widows, and persons with disabilities. - Link social protection beneficiaries to livelihood, skills development, and youth employment programs to reduce long-term dependency
Capacity Building and Workforce Development	- Identify, train and supervise non-specialized workers (social workers, community volunteers etc.) to deliver first aid - psychological interventions and case management in contexts where specialized mental health professionals are scarce. - Capacitate HCWs in primary health care level to deliver social welfare and psychosocial support in an integrated manner with other domains of health care. - Advocate for a MHPSS ECHO training module for the in-service healthcare providers and social service professionals - Strengthen supportive supervision, mentoring, and task-shifting models to expand service coverage in underserved areas
Promoting Mental Health and Reducing Stigma:	- Support the government to review existing protocols, guidelines, and job aids for delivering social welfare protection and psych-social support. - Conduct scheduled public awareness campaigns and educational programs targeting stigma, harmful social and gender norms, child abuse and mental health myths. - Link social welfare and psychosocial support initiatives with mental health programming - Promote youth-led and survivor-led advocacy platforms to amplify voices and improve service uptake.
Child and Family-Centered Support	- Promote Positive parenting programs that strengthen caregiver-child relationships and prevent violence, neglect and emotional harm - Promote and scale up Early Childhood Development psychosocial interventions targeting children exposed to poverty, violence or family disruption - Strengthen and institutionalize adolescent and youth responsive psychosocial support including safe spaces for adolescent boys and girls, life skills and mental health literacy, substance abuse prevention and Peer counseling and mentorship programs) - Strengthen the initiative of "One Stop centres" for GBV services at district level across the country. - Integrate psychosocial support into humanitarian and emergency response systems, including for climate shocks, displacement, and disease outbreaks.

Key Result Area 7: Climate Change, Environment and Health

Tanzania faces growing public health and socio-economic threats from climate change and environmental degradation. The nation is vulnerable to extreme weather events like droughts and floods, and rising temperatures. These worsen health issues such as vector-borne (malaria, dengue) and waterborne diseases (cholera) and increase food insecurity by harming agriculture. Deforestation and pollution further degrade vital natural resources. An integrated, multi-sectoral approach is crucial to build community and health system resilience, protecting Tanzanians' health and future. Through this strategic plan THPS is committed to contribute to such national efforts.

Problem analysis

Environmental health factors such as availability of safe water, safe human excreta, solid and liquid waste disposal facilities, health care waste management, practicing good personal, domestic and food hygiene, occupational health and safety including disease vector control and at the same time promoting behavioural change and practices to improve hygiene and sanitation are major determinants of health outcomes. The Environmental Health, Health Promotion and Disease Prevention efforts must therefore seek to promote the above environmental health factors. Poor hygiene and other environmental health

Pamoja Tunaboresha Afya

factors which are often linked to disease and poverty are the major causes of ill health in Tanzania.

Climate change has significant impacts on human health, environment and health service delivery. The increase in temperatures has an influence on the geographical range of diseases e.g. vector borne (i.e. malaria) water borne (i.e. diarrhea) and food borne related illnesses. Climate patterns such as El Nino result into flooding which exacerbates the spread of waterborne diseases like cholera, typhoid and dysentery. The Tanzania's health sector has already experienced some of these risks and impacts of climate change; hence the need to pay adequate attention to climate change and related issues. As a country, Tanzania is putting emphasize and prioritizes provision of adequate resources for environmental health and climate change programmes and the private sector shall be mobilised to be involved in these activities. However, there are several gaps in community awareness, leadership, coordination, resourcing the interventions and tracking outcomes and impact.

Strategic Outcome

Enhanced resilience of communities and health systems to the health impacts of climate change and environmental degradation by 2030.

Strategies and Interventions

Table 11: Strategies and interventions for Climate change and environmental health

Strategies	Interventions
Environment and Health	
Advocate and promote improved sanitation and hygiene based on relevant global and regional commitments	• Conduct home improvement campaigns and establish model health facilities/villages in identified areas. • Sensitize political, religious and cultural leaders on the importance of sanitation and hygiene promotion. • Implement relevant Hygiene and Sanitation programs and campaigns at the HFs and community level. • Train staff in the Environmental Health Division and the private sector on emerging technologies dealing with the promotion of sanitation and hygiene. • Support and encourage LGAs/RHMT/CHMTs and communities to formulate/enforce by-laws and guidelines on environmental health and ensure that they are enforced. • Sensitize local governments on formulation and implementation of environmental health by-laws and guidelines. • Train and sensitize LGA (RHMT/CHMT) and communities in the development and implementation of environmental health by-laws and guidelines. • Train/Sensitize law enforcers on new by-laws and ordinances. • Support and advocate for food hygiene and safety, safe water chain and hand washing with soap and mass hand washing campaigns. • Support dissemination of the food hygiene and safety, safe water chain and hand-washing guidelines. • Support local governments to enforce food hygiene and safety, safe water chain and hand-washing standards • Working with likeminded civil society and empower grass root community organizations in sensitizing communities on negative health impact of climate change, and environment.
Strengthening the capacity of public and private health care providers in health care waste management.	• Sensitize health workers and private health care providers in health care waste management. • Provide required and appropriate facilities to health facilities in the primary health care levels for health care waste management.

Pamoja Tunaboresha Afya

Strategies	Interventions
Environment and Health	
Strengthen Country capacity in managing electronic, and hazardous chemical waste disposal	- Collaborate with relevant Government agencies e.g. Government Chemist Laboratory Agency (GCLA) and NEMC to address electronic, and hazardous chemicals waste disposal through evidence-based mechanisms - Generate evidence based, innovative and affordable best practices for environmental waste control - Ensure waste storage sites are equipped to handle hazardous materials, including secondary containment, proper labeling, and fire, explosion, and leakage prevention systems.
Climate Change	
Streamline climate change and improve adaptation within the health sector	- Support development of guidelines on streamlining climate change in the health sector to improve adaptation to climate change impacts. - Sensitize staff across all levels of the health system (national regional, primary healthcare, facilities and community) on climate change and adaptation. - Work closely with relevant authorities to develop early warning systems and disseminate weather forecasts to health managers to improve preparedness and response. - Coordinate climate change response interventions in health sector and collaborate with relevant line ministries and agencies.

Key Result Area 8: Sustainable Financing and Risk Management

To ensure the long-term viability and impact of THPS's mission, this section outlines our comprehensive approach to Sustainable Financing and Risk Management. It details strategies for diversifying funding streams, optimizing resource allocation, and fostering financial resilience to support our strategic objectives. Concurrently, it addresses the proactive identification, assessment, and mitigation of potential risks – financial, operational, and reputational – safeguarding our assets and enabling uninterrupted progress towards a healthier future.

Problem analysis

The Tanzanian health sector grapples with significant challenges and gaps in sustainable financing and risk management, hindering its progress towards universal health coverage. Fragmented funding sources, often reliant on donor contributions and out-of-pocket payments, undermine effective planning and create volatility. Despite efforts like Direct Health Facility Financing (DHFF), resource constraints persist, leading to shortages of essential medicines and medical supplies, and concerns about the equitable distribution of funds. Risk management is further complicated by weak financial accountability, rigid internal controls that limit facilities' autonomy, and a compliance-driven budget evaluation system that often overlooks critical aspects of equity, quality, and efficiency in service delivery. Additionally, the National Health Insurance Fund (NHIF) faces sustainability risks due to projected expenditures surpassing income, with a significant portion of costs allocated to non-communicable diseases and the elderly, necessitating careful evaluation of increasing premiums versus reducing benefit packages. In the realm of introduction of UHI, some misgivings by the Tanzanian stakeholder community should not be ignored. While UHI promises financial protection and universal access through pooled risk to cut out-of-pocket shocks and expand primary-care use, bottlenecks persist: Learning from NHIF and Community Health Fund (CHF) implementation, lagging enrolment in the informal sector, accreditation gaps in rural facilities, and weak digital claims/verification systems that slow reimbursement and equity are likely to occur calling for proactive response.

Although these challenges affect the health sector and the health system as a whole, THPS is equally affected. As the donor funding volume diminishes, THPS ability to deliver its planned program of work

Pamoja Tunaboresha Afya

is also constrained.

Strategic Outcome

Improved financial sustainability to support the health and social welfare sectors and effective risk management strategies for health and social welfare programs by 2030.

Strategies and Interventions

Overall, THPS will maintain a Strategic Risk Register that identifies key risks, mitigation actions, responsible leads, and early warning indicators. Table 12 provides a summary of main strategies and interventions to achieve the desired outcome cited above.

Table 12: Strategies and interventions for Sustainable Financing and Risk Management

Strategies	Interventions	Risk Assessment and Mitigation Strategies
Short Term Priority Strategies and Interventions		Risk Assessment and Mitigation Strategies
Leveraging existing windows of funds	- Lobby and leverage from AIDS Trust Fund (ATF) - Leveraging local investors and foundations - Leveraging on Philanthropy funds - Leveraging on Diaspora financial support - Lobby and leverage from the private sector Corporate Social Responsibility (CSR) portfolios - Strengthen Public-Private Partnership for potential financial support - Leverage resources directed to Local government through R/CHMTs - Leveraging on Universal Health Insurance - Leveraging on partnerships and alliances - Develop social contracting guidelines for CSOs	Risk 1: AIDS Trust Fund / disease-specific windows: - High dependency risk. ATF allocations swing with donor priorities; if HIV funding plateaus or shifts to treatment-focused grants, THPS TB/FP activities could lose earmarked cash. - Mitigation: negotiate multi-year MOUs that ring-fence a proportion for cross-cutting HSS work. Risk 2: Local investors, philanthropy, diaspora, CSR: - Medium volatility. Tanzanian philanthropy is growing but project-driven; diaspora flows are remittance-linked and sensitive to exchange-rate shocks. CSR budgets often follow corporate profit cycles. - Mitigation: bundle these into a pooled "Health Innovation Fund" with clear Return on Investment (ROI) metrics to smooth episodic spikes. Risk 3: PPP and local-government resource leverage: - Medium-high implementation risk. R/CHMT budgets are erratic and tied to central transfers; PPP contracts require legal-capacity THPS may lack. Risk of delayed disbursement and alignment mismatches. - Mitigation: co-design simple service-delivery contracts with measurable outputs before funds move. Risk 4: Universal Health Insurance (UHI) leverage: - High uncertainty. UHI rollout is still nascent; reimbursement rates for THPS-delivered prevention services are undefined. If THPS positions itself as a provider, payment delays could strain cash flow. - Mitigation: pilot fee-for-service vouchers in one region to generate evidence before scaling. Risk 5: Partnerships/alliances & CSO social-contracting guidelines: - Low-to-medium risk. Guidelines are enabling but non-binding; partnerships can dilute accountability if roles aren't coded. - Mitigation: draft a THPS-led consortium charter with exit clauses and audit triggers

Pamoja Tunaboresha Afya

Strategies	Interventions	Risk Assessment and Mitigation Strategies
Short to Medium Term Priority Strategies and Interventions		
Donor funding	- Strengthen and sustain good relationship with potential donors. - Build capacity of THPS staff in developing competitive grant proposals - Diversify potential donors from traditional THPS donors in the database. - Programs diversification - Establish/ strengthen niche programs - Strategic partnerships in responding to various multi-country calls for funding within THPS capabilities	Risk 1: Relationship-maintenance & proposal capacity: - Low-medium risk. Building grant-writing skills is controllable, but success still hinges on donor cycles; staff turnover could erode capacity—need succession planning. - Mitigation: Institutionalize grant-writing SOPs and a rolling training calendar; cross-train at least two staff per portfolio and keep a proposal “bank” of concept notes ready for rapid adaptation Risk 2: Donor diversification: - Medium risk. Moving beyond traditional big donors (e.g. PEPFAR/Global Fund) opens new streams, yet each new donor brings different reporting regimes and priorities; over-extension can stretch M&E systems. - Mitigation: Map donors against a simple risk-matrix, cap any single donor at ≤30% of budget, and stagger application cycles so renewal dates don’t cluster Risk 3: Program diversification / niche programs: - Medium-high risk. New niches (e.g., adolescent mental health) attract grants but may drift from THPS’s core TB/FP brand, confusing partners and raising implementation costs. - Mitigation: Vet new niches through a board-approved “strategic fit” checklist (aligns with THPS mission, uses existing staff, leverages current data systems) before pursuing funds Risk 4: Strategic multi-country consortia: - High risk. Joint bids increase award size but add coordination overhead, currency risk, and dependency on lead partners—if the consortium collapses, THPS loses budgeted income. - Mitigation: Negotiate THPS-led sub-grants with clear deliverables, maintain own backup national proposal, and secure advance-payment clauses to buffer consortium cash-flow delays
Long Term Priority Strategies and Interventions.		

Pamoja Tunaboresha Afya

Strategies	Interventions	Risk Assessment and Mitigation Strategies
Investing in potential avenues of income generating	- Establish Subsidiary Companies/Joint Ventures to generate finances for program support - Investing the excess (surplus) funds in different investment schemes such as government bonds, mutual funds, real estate, shares. - Developing a strong research, development and innovation unit	- Risk 1: Subsidiary/joint ventures - Risk: Medium-high – THPS's non-profit governance and thin commercial expertise raise risk of losses and mission drift. - Mitigation: Create an independent board with private-sector members, limit exposure to ≤15% of reserves, and run pilots (e.g., lab-service joint venture) with clear profit-repatriation clauses. - Risk 2: Investing surpluses (bonds, funds, real estate, shares) - Risk: Medium – Market volatility and low liquidity could tie up funds needed for programs; real-estate projects face Tanzanian land-title delays. - Mitigation: Adopt a conservative IPS: 70% government bonds, 30% diversified mutual funds; ban direct property purchases until reserves exceed 12 months of operating costs. - Risk 3: R&D/innovation unit - Risk: Low-medium – Up-front staff and equipment costs may outpace grant-backed patents or products, creating a cash sink. - Mitigation: Anchor the unit to donor-funded implementation research with earmarked cost-recovery, and require each project to have a pathway-to-scale budget before launch

Key Result Area 9: Digital Innovation, Artificial Intelligence and Systems Strengthening

For more than a decade, systems strengthening has been central to THPS's work. The success and sustainability of all programs depend on systems that can deliver accessible, equitable, high-quality and people-centred services. Tanzania's changing health needs, climate-related risks, emerging diseases and financing pressures require stronger systems that can adapt, learn and respond effectively.

Digital innovation and Artificial Intelligence (AI) can improve how services including within the health sectors are planned, delivered and monitored. They can strengthen disease surveillance, clinical and program decision-making, laboratory and supply-chain management, service continuity and access to care. Their use must, however, be guided by national priorities, reliable data, interoperability, cybersecurity, data protection, ethical standards and human oversight.

During this Strategic Plan, THPS will promote responsible digital transformation and meaningful AI application across all program areas and strengthen the core health system building blocks. THPS will work with government, communities, health workers, academic institutions and technology partners to design, test and scale solutions that are useful, inclusive, affordable and sustainable. All digital health and AI interventions will align with Government of Tanzania policies, approved platforms, enterprise architecture, interoperability standards and regulatory requirements.

This KRA is aligned with Tanzania's Health Sector Transformation Plan (HSTP) 2026-2031, specifically the Health Information and Research thematic area in order to respond effectively to national priorities. THPS will support the Government's vision of an integrated, secure, interoperable, and data-driven health information ecosystem that supports evidence-based decision-making and Universal Health Coverage.

Pamoja Tunaboresha Afya

Key HSTP priorities guiding this KRA include:

- Operationalization of the National Digital Health Governance Framework
- Implementation of the National Health Information Exchange (NHIE/Muongano)
- Institutionalization of Routine Data Quality Assessments (RDQAs)
- Strengthening integrated surveillance systems (eIDSR) and One Health approaches
- Governance and ethical use of emerging technologies including AI
- Establishment of sustainable health research and innovation mechanisms
- Strengthening risk communication and rumour management systems

Problem Analysis

1. Health Information Systems, Digital Innovation and Artificial Intelligence

Tanzania has invested in electronic medical records, DHIS2, laboratory information systems and other digital platforms including Afya eHMS/GoTHOMIS, eLMIS, HRHIS, eIDSR and CHIS. However, fragmented systems, limited interoperability, poor data quality, delayed reporting and weak use of information continue to affect planning and decision-making. Full operationalization of the National Health Information Exchange (NHIE/Muongano) and integration across these platforms remains incomplete, limiting the creation of a single, trusted source of health information. Routine Data Quality Assessments (RDQAs) are not yet institutionalized at all levels, and data use committees at regional, council and facility levels require strengthening.

Digital innovation and AI offer opportunities in surveillance, diagnostics, clinical decision support, forecasting and program management, but adoption is constrained by infrastructure gaps, limited readiness, cybersecurity risks, weak sustainability planning and limited local technical capacity.

2. Service Delivery, Infrastructure, Equipment and Laboratory Systems

Health service delivery continues to face challenges, especially in rural and underserved areas. Inadequate infrastructure, shortages of essential equipment, weak maintenance systems and limited diagnostic capacity affect service quality and access. Although laboratory systems and sample transportation have improved, gaps remain in biosafety, quality assurance, equipment uptime, specimen integrity and timely diagnosis. Limited use of telemedicine, digital referral systems and decision-support tools also restricts access to specialised services.

3. Risk Communication and Community Engagement

Effective risk communication, community engagement and rumour management are essential for public trust and responsive health systems. However, systematic community feedback mechanisms, digital rumour tracking and social listening systems remain underdeveloped. Misinformation and limited community participation affect health-seeking behaviour and program effectiveness.

4. Health Workforce

Tanzania continues to experience shortages and uneven distribution of skilled health workers. High workloads, limited professional development and retention challenges affect service quality. The growing use of digital systems also requires health workers and managers to strengthen their skills in

Pamoja Tunaboresha Afya

digital health, data use, cybersecurity and the responsible application of AI.

5. Access to Essential Medicines and Pharmacy Services

Access to essential medicines is affected by weak forecasting, supply-chain disruptions, stock-outs, poor storage conditions and shortages of pharmaceutical personnel. Digital logistics systems, automated stock monitoring and data-driven forecasting can improve commodity availability and reduce wastage, but these systems require reliable data, connectivity, maintenance and user support.

6. Health Financing and Resource Efficiency

The health sector faces limited and unpredictable financing, dependence on external funding and high out-of-pocket expenditure. Weak financial management and inefficient resource allocation can reduce program sustainability. Better use of evidence, digital financial systems, strategic purchasing and domestic resource mobilization is needed to improve efficiency, accountability and value for money.

7. Leadership, Governance and Accountability

Strong leadership and governance are essential for resilient health systems. Challenges remain in coordination, accountability, policy implementation and use of evidence. Digital health and AI create additional governance needs related to data ownership, privacy, cybersecurity, procurement, interoperability, clinical safety, algorithmic bias, human oversight and accountability.

8. Research and Innovation

While Tanzania has a National Health Research Agenda, health research remains underfunded (less than 1% of health budget), limiting generation and translation of locally relevant evidence. Knowledge translation mechanisms—including policy briefs, technical briefs, and research partnerships—require strengthening to accelerate evidence-to-policy translation.

9. Equity, Inclusion and Sustainability

Digital transformation may widen inequalities when solutions depend on reliable internet, electricity, smartphones or high digital literacy. Rural communities, persons with disabilities, women, young people and other underserved groups may be excluded. Digital solutions also create long-term costs for licensing, hosting, maintenance, equipment replacement and technical support. Equity, accessibility, total cost of ownership, local capacity and transition planning must therefore be considered from the start.

Strategic Objective

To strengthen resilient, integrated and digitally enabled systems that improve the quality, equity, efficiency and sustainability of health services.

Strategic Outcome

A resilient, equitable and digitally enabled health system that delivers high-quality, people-centred and sustainable services through stronger system building blocks, responsible innovation and evidence-based decision-making by 2030.

Table 13 summarizes the strategies and priority interventions that will be used to achieve this outcome.

Pamoja Tunaboresha Afya

Strategies and Priority Interventions

THPS will implement four mutually reinforcing strategies. Digital innovation, technologies and AI, research, equity, partnership and sustainability will be applied across all strategies.

Strategies	Interventions
1. Strengthen Integrated Service Delivery, Infrastructure and the Health Workforce	• Support integrated, people-centred service delivery models across priority program areas. • Strengthen referral, linkage, follow-up and continuity-of-care systems across levels of care. • Support appropriate use, maintenance and lifecycle management of infrastructure, equipment and laboratory systems. • Strengthen laboratory quality management, biosafety, sample transportation and diagnostic networks. • Support workforce planning, mentorship, supportive supervision, performance improvement and retention initiatives. • Build health-worker and manager competencies in digital health, data use, cybersecurity and responsible AI. • Expand telemedicine and remote consultation where they are appropriate, safe and aligned with national guidance. • Support operationalization of integrated national digital health platforms, including Afya eHMS/GoTHOMIS, eLMIS, HRHIS, eIDSR, and CHIS, and their integration through the National Health Information Exchange (NHIE/Muongano). • Strengthen community health information systems (CHIS) and community feedback mechanisms as part of integrated service delivery. • Support risk communication and community engagement, including digital rumour tracking and social listening systems aligned with the national public health communication strategy.

Pamoja Tunaboresha Afya

Strategies	Interventions
2. Strengthen Health Information Systems, Digital Transformation and Responsible AI	- Support the Ministry in operationalizing and enforcing the National Digital Health Governance Framework to strengthen coordination, accountability and harmonization of digital health initiatives. - Support implementation of the National Health Information Exchange (NHIE/ Muungano) and Health Data Utility (HDU) API to enable secure, real-time interoperability among DHIS2, Afya eHMS/GoTHOMIS, eLMIS, HRHIS, eIDSR, CHIS and other national platforms. - Support integration of surveillance, laboratory and community information systems into a coordinated surveillance ecosystem using eIDSR and One Health approaches. - Institutionalize Routine Data Quality Assessments (RDQAs) across all levels and establish or strengthen data use committees at national, regional, council and facility levels. - Support implementation of integrated dashboards and performance scorecards to strengthen monitoring, accountability and decision-making. - Improve data quality, timely reporting, data exchange, dashboards and use of information for decisions. - Assess user needs, workflows, digital readiness, equity and total cost of ownership before selecting or developing solutions. - Co-design digital solutions with government, health workers, communities and other intended users. - Identify priority AI use cases and apply a phased approach: readiness assessment, validation, pilot testing, safety and effectiveness review, and scale-up where justified. - Ensure AI-assisted decisions retain appropriate human oversight and clear accountability. - Strengthen cybersecurity, data protection, access controls, data-sharing agreements, business continuity and disaster recovery. - Promote accessible, low-bandwidth and offline-capable solutions and retain non-digital alternatives where needed. - Strengthen the functionality, use and interoperability of national and program health information systems.
3. Strengthen Medicines, Supply Chains, Health Financing and Operational Resilience	- Digital Innovation and Emerging Technologies - Support the Ministry's implementation of a national framework for governance, adoption and ethical use of emerging technologies, including AI, Big Data, Internet of Things (IoT), and Blockchain. - Support priority AI use cases in disease surveillance, clinical decision support and program management, ensuring alignment with national AI framework and ethical standards. - Collaborate with the Ministry of Health on digital health innovation and research, including through the Health Research and Innovation Fund once established. - Strengthen forecasting, procurement, storage, distribution, dispensing and rational use of medicines and commodities. - Improve digital logistics management, stock monitoring and data-driven commodity forecasting. - Support domestic resource mobilization, strategic purchasing, budgeting and evidence-based resource allocation. - Strengthen digital financial management, accountability, efficiency and value for money. - Assess financing, licensing, hosting, maintenance, replacement and local support requirements before scaling digital solutions. - Develop sustainability, transition and maintenance plans for supported systems and innovations

Pamoja Tunaboresha Afya

Strategies	Interventions
4. Strengthen Leadership, Governance, Research, Innovation and Learning	• Strengthen leadership, coordination, accountability and stakeholder engagement at national and subnational levels. • Support implementation of national policies, standards, enterprise architecture and interoperability requirements. • Develop or strengthen governance for data ownership, privacy, cybersecurity, digital procurement, ethical AI and clinical safety. • Support health research governance and coordination, including collaboration with sectoral ministries to strengthen research functions. • Support establishment of a sustainable Health Research and Innovation Fund to support priority health research aligned with the National Health Research Agenda. • Strengthen evidence synthesis and dissemination through policy briefs, technical briefs and peer-reviewed articles. • Strengthen research partnerships with universities, research institutions and development partners. • Conduct implementation research and independent evaluation of priority system, digital health and AI interventions. • Monitor unintended effects, including bias, exclusion, increased workload, alert fatigue and technology-related errors. • Document and share lessons and support scale-up only where interventions are useful, safe, effective, equitable and affordable. • Strengthen partnerships with government, communities, academic institutions, professional bodies and technology partners. • Promote responsible equipment lifecycle management and environmentally sound disposal of electronic waste.

Expected Outcomes

- Integrated service-delivery, referral, laboratory and diagnostic systems strengthened.
- Health workers and managers equipped with relevant system, digital and data-use competencies.
- Functional, secure and interoperable health information systems strengthened and used for decision-making.
- Priority digital health and AI solutions assessed, safely piloted, evaluated and scaled where appropriate.
- Medicines, supply-chain, financing and operational-resilience systems strengthened.
- Governance, cybersecurity, data protection, business-continuity and sustainability mechanisms strengthened.
- Evidence generated and used to improve policy, programs and system performance.
- Risk communication, community engagement and rumour management systems strengthened.

Key Result Area 10: Institutional Governance and Organizational Capacity

Governance and Leadership

Strong leadership and effective governance are the foundation of any successful endeavour. THPS relies on a well-structured, strong and experienced leadership to realize its strategic vision and mission. This section outlines THPS's commitment to fostering a culture of accountability, transparency, and ethical

Pamoja Tunaboresha Afya

decision-making, ensuring that our leadership structures are robust and our governance frameworks empower us to achieve our goals with integrity and impact.

The Founders

THPS expresses its pride for having a strong team of six Founders who are well experienced, committed and passionate to the success of the organization. Through this SP III, the Founders in collaboration with the ordinary members shall continue to:

- Set and sustain the Vision and Strategic Mission of the Organization.
- Sustain efforts to make the organization grow
- Be a think tanks for fundraising and financial stewardship
- Guide the organization through team building and THPS culture
- Promote organizational adaptability and resilience with the changing global, regional and country contexts

The Governing Board

THPS Governing Board constitutes nine members. The members are well experienced with a mix of competences in various fields including; public health, maternal and child health, reproductive and sexual health, judiciary, human rights, business and financial management, policy, research, health system, management, HIV/AIDS/TB, audit, internal control and risk management.

The Governing Board is an integral part of this strategic plan. Aligned with THPS vision, mission and values it will continue with its main role of supporting the organization and provide governance and leadership oversight, direction and purpose.

Overall Role of Governing Board

The Governing Board will provide an overall oversight role of implementation of the Strategic Plan including monitoring results. A Strategic Plan Oversight Dashboard will be developed to track 10–12 key indicators across all KRAs to support strategic monitoring.

Specific Roles of Governing Board

Specifically, Governing Board will guide the organization to:

- Determine vision and mission and be its custodian
- Set reviews and guides the Organizational strategy and participates in its development
- Ensure that Strategic Plan is in accordance with the vision and mission of the organization
- Evaluate the progress of strategic objectives (in strategic plan) achievement.
- Ensure adequate organizational resources, evaluates the effectiveness of organizational services.
- Lead in resource mobilization by setting fundraising goals and strategies.
- Review audit report and ensures actions to recommended and current findings or query
- Enhances public image and visibility of the organization
- Ensure legal and ethical integrity and maintains accountability

Management and Coordination

Management Team of the Organization is led by the Executive Director (ED) and is responsible for day-to-day management of THPS. This includes managing the resources and applying them to meet the goals and objectives of the organization. The Management team reports to the Governing Board on a biannual basis.

Pamoja Tunaboresha Afya

The ED is supported by the Extended Leadership Group constituting of various directors and team leads who collaborates closely with various dedicated teams on the ground. Collectively they provide oversight and direction, ensuring that the organization's efforts align with our shared vision of a healthy society where everyone has access to quality healthcare and contributes positively to socio-economic development.

Departments and Units

Illustratively, the organization structure follows the following hierarchal arrangement:

1. Governing Board

2. Executive Management

- Executive Director
- Chief Director of Operations
- Director of Programs.
- Director of Strategic Information
- Director of Human Resources.

3. Extended Leadership: Includes Associate Directors for specialized areas including:

- Chiefs of Party of existing projects
- Procurement and Logistics
- Technical Support
- Community HIV Intervention Services
- Information Technology
- Finance and Administration
- Sub granting & partnerships
- Project Lead
- Communiactions and Advocacy

4. Operational Structure: THPS is structured to provide direct support to regional and district health teams. It operates through:

- **Regional Project Management**
- **Technical Departments:** Teams focused on specific health areas, including HIV/AIDS, TB, Maternal, Newborn, and Child Health (MNCH), laboratory services, and health management information systems (HIMS).
- **Sub-grantee Management:** THPS supports 60+ sub-grantees, including Council Health Management Teams (CHMTs), Regional Health Management Teams (RHMTs), Faith-based organizations (FBOs) and civil society organizations to foster sustainable health service delivery.

5. Technical Staff: THPS supports a large workforce deployed across health facilities in Tanzania, including data officers, clinicians, nurses, laboratory technologists, and community health workers (peer educators and outreach workers).

Strategic Outcome

Strengthened institutional governance, leadership, and operational efficiency within THPS and its partner organizations to achieve its constitutional objectives by 2030.

Leadership and Governance Strategies

1. Resource Mobilisation Strategies

Implementation of THPS objectives in its areas of focus will require considerable amounts of financial resources for THPS and partner organisations. In the new funding landscaping, THPS will have to work closely with government agencies to leverage funds from various sources; private sector, and philanthropies in support of its functions. This strategic plan forms the basis of resource mobilisation. Strategies and interventions for this are included under KRA 7 (Sustainable Financing and Risk Management):

2. THPS Personnel and Staffing

Our personnel are the cornerstone of THPS's success. This part of the strategic plan describes our strategic approach to attracting, developing, and retaining a high-performing and diverse workforce. By focusing on robust staffing models, continuous professional development, and a supportive work environment, we aim to cultivate a team capable of driving our mission forward and adapting to future challenges.

Table 14: Strategies and interventions for leadership and governance

Strategies	Interventions
Improving HR policy and guidelines responsive to evolving country context	- Assess and review THPS's organization Policy and Procedures on HR as per THPS HR Manual. - Strategically recruit and retain qualified, committed and capable human capital
Improving staff management, motivation and performance	- Improve and maintain staff compensation and benefits - Develop and implement staff training and capacity building plan - Establish Internal staff mentoring programs through internal attachment to highly skilled and experienced employees for knowledge and skills transfer - Implement a reward system as an incentive to promote staff performance - Create opportunities for growth and development of staff by investing in team skills and career progression - Design and implement initiatives to accommodate clear communication and expectations. - Conduct staff performance evaluation with well-designed tool to establish staff performance gaps and address them accordingly
Promoting Innovation for human resource development and performance	- Review and sustain the Comprehensive Electronic Human Resource Management system - Implement and maintain Workplace safety and risks for employees - Promote strategic Talent Acquisition and Development focusing on identifying and developing skills dynamically rather than just filling roles - Leverage Technology and Artificial Intelligence (AI) in HR. - Promote cross-functional collaboration and agile HR structures hence breaking down silos between HR functions and encourage cross-functional teams

3. General Management Strategies

Pamoja Tunaboresha Afya

The success of THPS will depend on its strength as an organization in all dimensions of management and leadership. Concerted efforts to strengthen and capacitate internal systems, processes and human resource capabilities required to effectively support organization's ability to implement this strategic plan are needed. This strategic outcome is therefore developed to ensure that the organization is optimally equipped to deliver its objectives for the next 5 years and beyond. Within the next five years THPS aims to achieve a strengthened institutional capacity in resource mobilization and efficient management of resources (human, financial and material) to sustainably attain goals of its mission by 2030.

Table 15: Strategies and interventions for General Management Functions

Strategies	Interventions
Strengthening of internal operational systems and technical expertise	Review and implement effective Operational System and Technical Excellence
Strengthening of corporate governance and accountability in all levels of the organization	Enhance Oversight and Accountability for Organizational results
Strengthening the organization's ability to engage with partners to leverage on their capabilities (financial and technology) to deliver its objectives.	Enhance partnership and sustainable funding base
Improving organization visibility	Establishing effective communication structures

Monitoring, Evaluation, Accountability & Learning

This section describes the framework for tracking progress, measuring results, promoting accountability, and supporting continuous learning.

Monitoring, Evaluation Accountability and Learning

The Monitoring, Evaluation, Accountability and Learning (MEAL) describes the systemic approach that THPS will anchor this plan in evidence and course-correction. It sets out how we will track indicators in real time, evaluate what works (and what doesn't), ensure transparent reporting to communities and partners, and feed lessons back into programming—so targets are measured, bottlenecks are named, and adaptations happen while implementation is under way, not after.

The Purpose of MEAL

The main purpose of the Monitoring, Evaluation, Accountability and Learning is to ensure that THPS is able to generate quality information by designing tools or templates for data collection, developing, and defining organizational indicators, analysing the data and subsequent use of information by different stakeholders for planning, improving performance, learning and accountability

Result Framework

The Result Framework—appended as Appendix 2—maps THPS's theory of change into a clear hierarchy: impact goals (e.g., reduced disease burden, stronger PHC), linked outcomes (service coverage, quality, workforce capacity), and measurable outputs with baselines, targets, and lead indicators. Organized in a logical framework matrix, it ties each result to responsible units, data sources, and review cadences, giving the plan a single, traceable blueprint for monitoring progress and joint accountability.

Monitoring and Evaluation Plan

Programmatic Monitoring and guiding principle (Transparency and data Integrity)

All routine tracking will be led by the principle of transparency and data integrity. Programme data will be collected against standard operating procedures, validated at source, and openly shared with key stakeholders (MoH, partners, and community boards) so that performance claims can be verified and corrective action taken without delay.

Monitoring Indicators Matrix

The Results Framework (Appendix 2) is linked with the indicator matrix to allow quick reference to measured interventions, outputs and outcomes. The indicator matrix lists each key result (coverage, quality, workforce, financing) alongside baseline, 2026-2030 targets, data source, frequency, and accountable unit. It keeps indicators SMART, avoiding duplication with HMIS, and flags "tracer" metrics for desired time-bound dashboards.

Methods for Conducting Monitoring

THPS will ensure that monitoring practices yield data that serve both country and organizational needs and requirements. To be able to achieve this, THPS will employ multiple monitoring methods including:

1. Routine HMIS/DHIS2 reporting: aligning THPS information system with the Government systems linked to facility registers that will enable extraction of monthly indicators, with built in validation

Pamoja Tunaboresha Afya

rules.

2. Supportive supervision and spot checks using structured checklists, direct observation, and on site record verification.
3. Field audits and data quality reviews where periodic abstraction of registers and community scorecard cross checks to catch drift.
4. Surveys and sentinel surveillance where periodic household or facility surveys will be conducted based on program/project requirement but linked and focused on disease sentinel sites for trends HMIS can miss.
5. Participatory reviews involving quarterly performance review meetings and community feedback mechanisms that triangulate numbers with frontline experience.

Accountability and Learning Roles and Responsibilities

Roles of the MEAL Unit/focal person

- Host all data and ensure security.
- Ensure quality of data through institutional data quality (DQA) assessment procedures
- Development of tools and templates for reporting and data collection
- Conduct all M&E activities as included in this MEAL plan
- Provide technical advice and support to Program officers and implementing partners to demonstrate achievements, share lessons and document their contribution to the outcomes
- Tracking program/project progress and performance using means of data collection
- Review reports (quarterly, semi-annual and annually) according to project needs and requirements.
- Support other program/staff in managing, analysing, synthesizing and interpreting program/project data to produce various information products.
- Liaise with external consultants to ensure that reports are of good quality

Roles of Management/Program/Project Staff

- Conduct monitoring activities as planned to generate data
- Participate in data collection, data sorting, analysis, synthesis and interpretation
- Participate in using data to produce routine reports and other forms of information products.
- Track project progress with support from M&E officer

From time to time, THPS will commission consultants to support implementation of MEL plan. Specifically, this will be required for

- Conducting end-term evaluation of the project
- Conducting mini studies/surveys as per emerging needs.
- Operational research

Data Collection data management and technical program supportive supervision

Generation of data will be through:

- Routine data from programs/activities being implemented on monthly, quarterly and annual

Pamoja Tunaboresha Afya

report basis

- Mini studies/surveys conducted by THPS research unit or sub-contractors (Consultants).

Data Analysis

Three types of data analyses will be conducted. These include:

- Commissioned data analysis whereas THPS management can order specific data analyses for a particular purpose (such as developing advocacy message)
- Analysis tailored to donor reporting requirement
- Program/project own reporting requirements as per program/project planned activities monitoring.

Assessments and Evaluations

Based on program/project requirements, evaluations (Baseline, mid-term and end line) will be conducted. To ensure effective executions of evaluations and assessments, programs/projects will allocate funding as part of implementing SPIII. Inclusive, this SPIII will also be subjected to Mid-term and end-term evaluations.

Data Quality assurance

Data-quality improvement works as a cycle: set standards (definitions, tools, SOPs), assess regularly (consistency checks, completeness audits, spot-re-abstraction), fix gaps (feedback, mentorship, system tweaks), and govern progress (DQ dashboards, accountability routines, and quarterly review meetings). Embedding checks at entry, analysis, and reporting—plus a culture where staff see data use—keeps accuracy, timeliness, and completeness moving up.

The M&E officer will develop data quality procedures and standards for THPS to which all staff shall comply to. Data quality assessment will comprise and follow the developed DQA procedures as approved by THPS management.

Adaptive Management and Learning

The M&E officer will lead all departments and units including the management to develop learning questions. A culture of being informed by the generated data and use data to make both managerial and technical decision will be promoted. Performance appraisal of management and staff will be measured using the extent to which management and staff are informed by the organisation own data through knowledge management strategies.

Knowledge Management

Data generated through program implementation only becomes valuable when it is systematically analysed, interpreted, and translated into actionable insights that inform decision-making, learning, and policy influence. THPS will institutionalize a structured Knowledge Management (KM) approach to ensure that evidence generated from its interventions is effectively synthesized, documented, and disseminated to key stakeholders to demonstrate results, inform adaptive programming, and influence health policy and practice.

Pamoja Tunaboresha Afya

The following mechanisms will be used to generate, package, and share learning:

Publications

The M&E unit working with the Research department and various program staff will ensure that, the data generated from the implementation of various activities are published in peer review journals that THPS may find appropriate and relevant. Partnerships will be established with reputable journals including the Pan Africa Medical Journal, the Tanzania Health Research Journal and other similar bodies.

Editorials

THPS will strategically produce a flagship organizational newsletter, develop and periodically update a comprehensive generic organizational brochure, and prepare well-curated editorials for publication in established journals. These products will be used to synthesize and interpret program data, communicate organizational mandate and impact, highlight emerging trends, share practical implementation lessons, and influence discourse on priority health and development issues, positioning THPS as a trusted thought leader in public health, health systems strengthening, and community-led interventions.

Reports

Monthly, quarterly, semi-annual and annual, special events or activity and annual projects reports will be developed and disseminated by the program staff, the MEAL officer, the M&E unit and other stakeholders involved in the program.

Presentations

THPS will maintain participation in national and international conferences and conduct presentations to share learning from the implementation of its various programs and activities. These should constitute additional avenues for conducting advocacy on issues identified and implemented by the organization. Forums can include

- Annual Joint Sector Reviews
- In-country Annual Scientific Conferences
- Regional and Global Conferences

Webinars

THPS and its stakeholders/partners will make use of different Webinar platforms within and beyond Tanzania to disseminate the learning from the implementation of its program of work.

THPS Website and Social media sites

THPS will strengthen its website as the central repository for organizational knowledge, learning products, and public communications. Website content will be strategically complemented by social media platforms such as Facebook, X and Instagram to expand reach, enhance visibility, and promote timely dissemination of evidence, success stories, and advocacy messages.

Strategic Communications and Visibility

This section outlines approaches for enhancing organizational visibility, stakeholder engagement, and strategic communication.

Strategic Communications and Visibility

Effective strategic communication is critical to the successful implementation of THPS Strategic Plan III (2026–2030). Communication is not only a dissemination function but a strategic enabler that supports program delivery, stakeholder engagement, resource mobilisation, accountability, learning, and institutional sustainability. Lessons from the implementation of Strategic Plan II (2021–2025) demonstrate that limited visibility and under-resourcing of communications constrained THPS’s ability to systematically and optimally document results, influence policy discourse, engage stakeholders, and demonstrate value for money to donors and partners.

Strategic Objective

To institutionalize strategic communication as a core function of THPS, fully integrated into planning, implementation, monitoring, learning, advocacy, and resource mobilisation across all strategic results areas by 2030.

Strategic Approaches

- Integrate strategic communication planning into all program and project design processes
- Position communications as a cross-cutting function supporting advocacy, SBC, research uptake, and health systems strengthening
- Strengthen internal coordination between programs, MEAL, and Communications to ensure timely generation and dissemination of evidence
- Use data-driven storytelling to demonstrate impact, influence policy, and mobilize resources

Key Interventions

- Develop and implement a costed THPS Strategic Communications and Visibility Strategy (2026–2030) aligned to SP III
- Institutionalize mandatory communication plans and budgets within all programs and projects
- Strengthen the capacity of the Communications Unit to support implementation at all levels
- Systematically document and package program results through success stories, policy briefs, multimedia products, and digital platforms
- Enhance THPS brand visibility and thought leadership through coordinated engagement with media, government, donors, and communities

Expected Outcomes

- Improved visibility of THPS programmatic results and institutional contribution
- Increased uptake of evidence for policy influence and advocacy
- Stronger stakeholder engagement and public accountability
- Enhanced donor confidence and resource mobilisation
- Improved internal learning and organizational coherence

Appendices

This section contains supplementary information, tools, frameworks, and supporting reference materials.

Appendices

Appendix 1: Five Year Strategic Plan Matrices for THPS

#	Strategies	##	Interventions	Programmatic Activities
1.1	Supporting improvement of Health System Infrastructure and Services	1.1.1	1. Results Area 1: Improving Reproductive, Maternal, Child, Neonatal and Adolescent Health (RMNCAH) Improve Comprehensive Emergency Obstetric and Newborn Care (CEmONC)	Focus on enhancing facilities, equipment, and trained personnel for emergency obstetric and newborn care services to reduce maternal and newborn mortality.
		1.1.2	Increase Health Infrastructure:	Expand and upgrade healthcare facilities, especially in underserved communities, to improve access to services.
		1.1.3	Strengthen Supply Chains and Information Systems:	Optimize the logistics for health supplies, including contraceptives and diagnostic materials, and integrate health information systems for better data management and service delivery.
		1.2.1	Address Financial Barriers:	Implement policies or programs to mitigate the financial burden on individuals seeking healthcare, particularly for private services and specialized care like for low birth weight and premature neonates
		1.2.2	Reduce Delays in Seeking Care:	Develop community-level interventions and awareness campaigns to encourage timely access to healthcare services.
1.2	Enhancing Equitable Access to RMNCAH Services	1.2.3	Implement Tailored Interventions for Vulnerable Groups:	Design and implement specific programs for low birth weight and premature neonates to improve their survival rates, drawing lessons from high-income countries.
		1.2.4	Advocate for Scale up HPV vaccination and AGYW programming.	• Policy & financing push: Mobilize Ministry of Health, parliamentarians and donors to adopt a national HPV-vaccination scale-up plan (school-based delivery, budget line, supply-chain guarantees) and • Integrate AGYW sexual-reproductive-health services into the primary-health-care package. • Community & youth-platform engagement: Work with schools, religious leaders, women's groups and AGYW peer networks to co-design demand-generation campaigns, address vaccine hesitancy, and roll out combined HPV-vaccination and life-skills/ HIV-prevention outreach in high-burden districts
		1.2.5	Train HCWs on integrated RMNCAH services.	• Cascade competency-based workshops: develop a national RMNCAH integration curriculum and run regional training-of-trainers sessions so HCWs learn to deliver family-planning, antenatal, post-natal, newborn and adolescent services in one coordinated visit. • On-site mentorship & quality-improvement support: deploy mentor teams to health facilities for bedside coaching, job-aids and routine performance reviews to reinforce integrated care protocols and troubleshoot gaps.

Pamoja Tunaboresha Afya

1.3	1.2.6	Improve nutrition programming for pregnant women and children.	Scale up facility- and community-based counseling: train HCWs and CHWs to deliver integrated maternal nutrition, breastfeeding and complementary-feeding counseling, supported by job-aids and growth-monitoring tools at ANC, delivery and under-5 clinics. Strengthen supply and social-protection links: ensure continuous availability of IFA supplements, fortified foods and therapeutic products while connecting vulnerable pregnant women and caregivers to cash-transfer or food-voucher schemes for sustained dietary improvement
	1.2.7	Expand adolescent-friendly health services.	Adapt and equip facilities: support the Government to renovate youth corners in health centers with private counseling spaces, flexible hours and peer-educator staffing; establish adolescent-service standards and a monitoring checklist. Build provider capacity and demand: train HCWs in adolescent communication, confidentiality and rights-based care, and launch school/community outreach campaigns that inform teens about available services and reduce stigma.
1.4	1.3.1	Address Staff Shortages and Knowledge Gaps:	Invest in training and recruitment of healthcare professionals, ensuring they have up-to-date knowledge on integrated HIV and RMNCAH services.
	1.3.2	Improve Service Integration and Patient Pathways:	Create streamlined and non-fragmented service delivery models, improving linkage and retention in care (e.g., preventing loss to follow-up, ensuring prompt EID results).
	1.3.3	Enhance Space, Privacy, and Confidentiality:	Upgrade facility infrastructure to provide adequate space and privacy for patients accessing HIV and RMNCAH services, reducing discomfort and stigma.
	1.3.4	Advocate for Decentralization of Testing and Expedite Results:	Move towards more localized testing options and implement systems for faster delivery of diagnostic results, such as Early Infant Diagnosis (EID).
1.5	1.4.1	Address Stigma and Discrimination:	Implement public health campaigns and healthcare provider training to reduce stigma and discrimination associated with HIV and RMNCAH services.
	1.4.2	Promote social protection mechanisms for the disadvantaged groups:	Develop social protection mechanisms or subsidies to help clients overcome financial constraints in accessing essential health services.
	1.4.3	Promote Health Literacy and Dispel Myths:	Conduct community education programs to counteract myths and misconceptions about health services and encourage informed decision-making
	1.4.4	Encourage Male Partner Involvement:	Develop strategies to actively engage male partners in RMNCAH and HIV services, recognizing their critical role in family health.
	1.5.1	Diversify Funding Sources:	Actively seek alternative funding channels and increase domestic resource allocation to compensate for reduced donor funding.

Pamoja Tunaboresha Afya

Ensure Sustainable Funding and Policy Prioritization	1.5.2	Maintain Policy Focus on RMNCAH and HIV:	Advocate for sustained governmental attention and policy implementation for RMNCAH and HIV programming, even amidst new public health crises like disease outbreaks
Results Area 2: Global Health Security and Emerging Diseases			
2.1	2.1.1	Scale up event-based surveillance and management,	Conduct scheduled risk assessments and drills at entry points.
	2.1.2	Support the Government to Implement an electronic Integrated Disease Surveillance and Response (e-IDSR) system based on DHIS2,	Design and introduce AI-powered alert triage system to reduce alert processing time from 36 hours to almost instantaneous.
	2.1.3	Integrate data collection systems and building capacity for predictive surveillance and modeling.	Create a unified digital DHIS2 module with analytics training: link facility, lab and community reporting into one real-time platform, Train district surveillance officers in dashboards and basic predictive-modeling to flag outbreaks early
	2.1.4	Implement community-based surveillance using various channels,	Design and introduce SMS messages from the public and health workers, to report potential disease cases.
2.2	2.2.1	Improve specimen referral and transportation capacity across all health sectors.	Deploy a CHW-led reporting network that captures alerts via SMS, WhatsApp and paper forms, feeding directly into the district IDSR system for real-time verification and response
	2.2.2	Contribute to reinforcing One Health biosafety and biosecurity, and scaling up national quality standards.	Map referral routes and contract motorcycle couriers for specimen transport.
	2.2.3	Support the government to expand testing capacity, operationalizing molecular and point-of-care testing, and upgrading genomic sequencing facilities.	Conduct joint One Health biosafety workshops and adopt national QA standards.
	2.2.4	Strengthen laboratory systems to effectively monitor and confirm diseases with epidemic potential.	Install GeneXpert/POC devices and refurbish the national sequencing lab.
2.3	2.3.1	Support improvement of International Health Regulations (IHR) and emergency capacity across sectors.	Implement weekly external quality assessments for epidemic-prone pathogens.
	2.3.2	Scale-up field epidemiology trainings and developing the community health workforce.	Run IHR self-assessment and gap-filling drills in high-risk districts. Expand FETP-Frontline courses for district officers and CHWs.

Pamoja Tunaboresha Afya

2.4	Infection Prevention and Control (IPC):	2.3.3	Train community and civil society members, including traditional healers, on recognizing and responding to epidemic symptoms and encouraging adherence to expert protocols.	Hold community-healer trainings on case recognition and referral.
		2.3.4	Enhance risk communication and community engagement (RCCE), particularly through various channels to ensure timely and trusted communication.	Produce radio/WhatsApp messages tested with local leaders for rapid RCCE.
		2.3.5	Support the Government to implement the Infodemic Management Strategy and Standard Operating Procedures (SOPs)	Draft and field-test infodemic SOPs within district rapid-response teams.
		2.3.6	Leverage community networks, such as bodaboda (motorcycle drivers), to disseminate health education.	Engage bodaboda unions to carry printed health alerts to remote stops.
		2.3.7	Conduct public health campaigns to educate the public on preventive measures like hand hygiene and avoiding contact with symptomatic individuals.	Launch brief hand-hygiene spot campaigns at markets and transport hubs.
		2.4.1	Support review of IPC guidelines and standards, upgrading training materials, and improving IPC governance and practice at national and health facility levels to match the global standards.	Update IPC manuals and cascade trainings to all facility staff.
		2.4.2	Scale up IPC programs in public and private health facilities and improving monitoring of IPC program performance and surveillance of healthcare-associated infections	Introduce monthly IPC checklists and public dashboards.
2.5	Taking proactive leadership in implementing One Health Approach	2.5.1	Develop roadmap and action plan for implementing the One Health Approach involving multi-sectors.	Convene multi-sector working group to draft a One Health roadmap.
		2.5.2	Establish stronger working relations and partnerships with non-health ministries including Ministry of Livestock and Fisheries, and other relevant offices.	Sign MoUs with Livestock/Fisheries ministries for joint planning.
2.6	Selectively implement the National Action Plan for Antimicrobial	2.6.1	Establishing surveillance sites for both human and animal health to monitor the emergence and prevalence of AMR	Set up sentinel AMR sampling sites in human and animal clinics.
		2.6.2	Invest in research and development to address knowledge gaps and identify new interventions.	Fund operational research on local resistance patterns.

Pamoja Tunaboresha Afya

Resistance (AMR) programming	2.6.3	Advocate for integration of AMR surveillance into existing Integrated Disease Surveillance and Response (IDSR) frameworks to enhance data collection and reporting.	Embed AMR case forms into IDSR reporting tools.
	2.6.4	Promote the responsible use of antimicrobials by healthcare professionals through guidelines, training, and continuous professional development programs.	Issue antimicrobial-stewardship guidelines and audit trainings.
	2.6.5	Raise awareness and understanding of AMR among healthcare workers, students, and the general community.	Run school and radio AMR awareness spots.
	2.6.6	Take leadership in strengthening the regulatory framework for the quality, safety, and efficacy of medicines, including antimicrobial agents, to ensure appropriate use and combat substandard products	Support regulator to audit medicine outlets and ban substandard antimicrobials
Results Area 3: Infectious Diseases and Neglected Tropical Diseases			
3.1 Closing the "Missing Cases" Gap	3.1.1	Scale up active case finding, especially in underserved, hard-to-reach, and vulnerable populations (e.g., mining communities, prisons, urban slums and hard-to-reach areas).	Scale up active case finding: Deploy mobile screening teams with GeneXpert to mining camps, prisons and urban slums quarterly.
	3.1.2	Strengthen community-based surveillance and case-finding via CHWs, former patients, and peer networks.	Strengthen community-based surveillance: Equip CHWs and peer volunteers with SMS reporting tools for presumptive TB alerts.
	3.1.3	Expand diagnostic capacity further (mWRDs, point of care diagnostics, mobile radiography, computer-aided X-ray), particularly in peripheral and rural health facilities.	Expand diagnostic capacity: Install mWRDs and digital X-ray units in all rural dispensaries.
3.2 Enhancing Quality & Integration	3.2.1	Deepen Quality Improvement mechanisms: ensure QI models are institutionalized, digitalize registers, reduce staff turnover, and build mentorship systems.	Deepen Quality Improvement: Roll out digital registers and monthly mentorship visits for QI teams.
	3.2.2	Strengthen integration with other health services: HIV, NCDs (especially diabetes), maternal-child health, nutrition, to provide holistic TB care.	Strengthen integration with other services: Add TB screening to HIV, diabetes and ANC clinics.

Pamoja Tunaboresha Afya

		3.2.3	Introduce/adapt patient-centered care models (e.g., differentiated care, community-based treatment, digital adherence tools).	Introduce patient-centered care: Pilot community-based TB treatment with digital adherence support.
		3.3.1	Expand DST coverage to all bacteriologically confirmed TB, including the use of next-generation diagnostics.	Expand DST coverage: Provide universal GeneXpert MTB/RIF testing for every bacteriologically confirmed case.
		3.3.2	Scale up evidence-based HIV prevention including long-acting PrEP and HIVST.	Scale up evidence-based HIV prevention: Distribute long-acting PrEP and HIV self-test kits via CHWs.
3.3	Scaling Up Drug-Resistance Management	3.3.3	Strengthen treatment capacity for MDR-TB, including decentralized DR-TB care, psychosocial support, adherence, and monitoring of side-effects (aDSM).	Strengthen MDR-TB treatment capacity: Decentralize DR-TB care to district hospitals with psychosocial support.
		3.3.4	Leverage new shorter, safer DR-TB regimens (if WHO-recommended), and plan for sustainable procurement.	Leverage shorter DR-TB regimens: Adopt WHO-recommended 6-month regimen and secure procurement.
		3.4.1	Strengthen case-finding among children: integrate TB screening into child health services (IMCI, RCH, nutrition), expand diagnostic capacity (gastric aspiration, stool-based diagnostics if feasible).	Strengthen case-finding among children: Integrate TB symptom checks into IMCI and RCH visits.
3.4	Improving Pediatric & Adolescent TB Services	3.4.2	Develop adolescent-specific strategies: leverage the schools through the national school health program (NSHP), peer networks, and youth-friendly services to improve detection, adherence, and prevention.	Develop adolescent-specific strategies: Use schools and peer clubs for youth-friendly TB screening.
		3.4.3	Implement preventive therapy by scaling-up TB preventive treatment (TPT) among children and adolescents exposed and other high-risk groups, eg, miners, prisoners, etc.	Implement preventive therapy: Scale TPT for child contacts, miners and prisoners.
		3.5.1	Sustain and maintain scale up efforts of universal access to long-lasting insecticidal nets (LLINs) and targeted indoor residual spraying in high-transmission districts.	Sustain universal LLIN access & IRS: Conduct routine LLIN distributions and targeted IRS in high-malaria zones.
3.5	Sustaining integration of malaria control into primary-healthcare and community systems	3.5.2	Strengthen community-case management: CHWs equipped with rapid-diagnostic tests and ACTs for prompt diagnosis and treatment.	Strengthen community-case management: Train CHWs on malaria RDTs and ACT delivery.

Pamoja Tunaboresha Afya

3.6	Addressing Social Determinants & Economic Barriers	3.5.3	Deploy seasonal malaria chemoprevention (SMC) and intermittent preventive treatment for pregnant women (IPTp) where epidemiology supports it.	Deploy SMC and IPTp: Implement seasonal chemoprevention and IPTp where transmission warrants.
		3.6.1	Expand social protection mechanisms: income support, transport reimbursement, and conditional cash transfers to reduce catastrophic costs.	Expand social protection: Provide transport vouchers and cash assistance for TB patients.
		3.6.2	Address stigma, rights, and gender barriers through community mobilization, legal frameworks, and CRG (community rights and gender) interventions.	Address stigma, rights, gender barriers: Run community CRG campaigns with legal aid link ages.
3.7	Sustaining Leprosy Elimination & Transmission Interruption	3.7.1	Intensify active case-finding in endemic districts; ramp up contact tracing.	Intensify active case-finding in endemic districts: Boost contact-tracing teams for TB/leprosy.
		3.7.2	Scale up Post-Exposure Prophylaxis (PEP) (e.g., SDR) to all eligible contacts, with sustainable supply and integration.	Scale up Post-Exposure Prophylaxis: Integrate leprosy PEP into CHW household visits.
		3.7.3	Capacity building: train new leprosy clinicians, provide refresher training, and institutionalize leprosy expertise in primary care.	Capacity building for leprosy: Train primary-care staff and embed refresher modules.
		3.7.4	Disability prevention: strengthen early detection of grade 2 disability, provide self-care education, social support, and rehabilitation.	Disability prevention: Screen for grade-2 disability and deliver self-care kits.
		3.7.5	Reduce stigma: community awareness campaigns, integrate leprosy services into general health care to normalize care-seeking.	Reduce leprosy stigma: Integrate leprosy into general PHC services with awareness drives.
3.8	Health System Strengthening & Sustainability	3.8.1	Strengthen supply chain/logistics: fully digitalize LMIS, improve forecasting, prevent stock-outs, and integrate TB commodities with national supply systems.	Strengthen supply chain/logistics: Fully digitalize LMIS for TB commodities.
		3.8.2	Strengthen financial transparency and accountability (audit, budgeting, domestic financing).	Strengthen financial transparency: Institute quarterly audits and domestic budgeting reviews.
		3.8.3	Build capacity at sub-national levels (regional, district) for planning, management, and data use.	Build sub-national capacity: Mentor district teams in data-driven planning.

Pamoja Tunaboresha Afya

3.9	Monitoring, Evaluation & Research	3.9.1	Strengthen M&E: real-time data systems, dashboards, feedback loops to inform course corrections.	Strengthen M&E: Launch real-time DHIS2 dashboards with feedback loops.
		3.9.2	Institutionalize operational research: support local studies on interventions (e.g., mobile diagnostics, community care, PEP), and ensure uptake of findings.	Institutionalize operational research: Fund local studies on mobile diagnostics and PEP.
		3.9.3	Build capacity for implementation science: embed learnings into scale-up strategies.	Build implementation-science capacity: Embed research findings into scale-up plans.
3.10	Multi-sectoral & Partnerships Engagement	3.10.1	Formalize multi-sectoral coordination (mining sector, local government, civil society, private sector) to reach high-risk populations.	Formalize multi-sectoral coordination: Create mining-sector TB taskforces with local govt and CSOs.
		3.10.2	Engage private health providers, pharmacies, and drug shops in TB/leprosy detection and referral.	Engage private providers: Register pharmacies/drug shops for TB/leprosy referral.
		3.10.3	Advocate for domestic resource mobilization to reduce dependence on external donors; explore innovative financing (social health insurance, public-private partnerships).	Advocate domestic resource mobilization: Develop PPPs and social-health-insurance financing.
3.11	Mainstream and Integrate Equity, Human Rights & Gender initiatives	3.11.1	Implement rights-based, gender-transformative programming: ensure services are accessible, non-discriminatory, and responsive to the needs of women, children, and key populations.	Implement rights-based, gender-transformative programming: Ensure free, confidential services for women/key population s.
		3.11.2	Strengthen legal frameworks & policies addressing discrimination, protect confidentiality, enhance community empowerment.	Strengthen legal frameworks: Enact anti-discrimination policies for TB/leprosy patients.
3.12	Mainstream NTD control into routine primary-care and district health packages	3.12.1	Institutionalize annual mass drug administration (MDA) for lymphatic filariasis, onchocerciasis, and soil-transmitted helminths through schools and community health workers, with coverage monitoring in DHIS2.	Institutionalize annual MDA: Deliver school-based NTD MDA with DHIS2 coverage tracking.
		3.12.2	Integrate NTD screening and case management into PHC visits (e.g., hydrocele referral, trachoma trichiasis surgery) and strengthen related lab capacity.	Integrate NTD screening into PHC: Train PHC staff on hydrocele, trichiasis referral and labs.

	3.12.3	Scale WASH and vector-control measures—safe water, sanitation, and hygiene promotion in endemic wards plus targeted snail/control for schistosomiasis—to cut transmission alongside drugs.	Scale WASH/vector control: Expand safe water, sanitation and targeted snail control in NT D hotspots.
	Results Area 4: Non-Communicable Diseases and Mental Health		
4.1	4.1.1	Promote healthy lifestyles	Conduct regular campaigns through media and community gatherings to educate on healthy dietary habits, the importance of physical activity, and NCD risk factors. This includes school-based health education for adolescents to foster healthy behaviors early on through the national school health programs (NSHP).
	4.1.2	Reduce stigma and encourage help-seeking:	Implement campaigns that normalize conversations about mental health, encouraging individuals including HCWs to seek support and distinguish between baseline traits and concerning behaviors.
	4.1.3	Utilize peer educators and community health workers:	Train community members as peer educators for mental health and NCDs to facilitate identification, basic counseling, and treatment adherence, especially in low-resource settings.
4.2	4.2.1	Integrate NCD and mental health services:	Support the integration of NCD prevention and management, along with mental healthcare, into existing primary healthcare services, ensuring a holistic approach to patient care. This includes integrating mental health into chronic disease management.
	4.2.2	Improve access to diagnostics and essential medicines:	Work to strengthen diagnostic capabilities at the primary care level for early detection of NCDs and mental health conditions, and advocate for consistent supply and access to essential medicines.
	4.2.3	Train healthcare workforce:	Provide training for primary healthcare teams, including doctors, nurses, and community health workers, on integrated approaches to NCDs and mental health, including early detection, management, and referral pathways.
4.3	4.3.1	Organize community-based screening events:	Conduct regular screening for common NCDs like hypertension, diabetes, and obesity, alongside mental health screenings, with appropriate counseling and referrals for newly diagnosed individuals.
	4.3.2	Establish clear referral pathways:	Ensure that individuals identified with NCDs or mental health conditions through screening are effectively linked to specialists and receive continuous care and follow-up.
	4.3.3	Leverage technology for monitoring and follow-up:	Implement digital record-keeping systems for patient progress and long-term data tracking, which is especially important for chronic NCDs.
4.4	4.4.1	Workplace wellness programs:	Collaborate with other organizations to implement mental health support programs for employees, such as psychological check-ups and stress management techniques, advocating for safe and supportive work environments.

Pamoja Tunaboresha Afya

	and Specific Settings:	4.4.2	Youth-focused initiatives	Develop mental health education programs in schools and youth organizations, focusing on stress management, emotional regulation, and fostering a safe environment for open conversations about mental wellbeing
		4.4.3	Support for correctional facilities:	Implement mental health programs in correctional facilities, training inmates as peer educators and providing psychological support for both inmates and staff, addressing systemic stressors like stigma and overcrowding
	Results Area 5: Health Promotion, Risk Communication and Community Engagement			
	Health Promotion			
5.1	Implementing Educational Initiatives:	5.1.1	Implement comprehensive education and awareness campaigns on preventive measures, healthy lifestyle choices, and disease management.	Conduct campaigns like "5-A-Day" to encourage fruit and vegetable consumption or "Know Your Numbers" for blood pressure and cholesterol, educational campaigns, school-based health education, and digital health promotion initiatives.
		5.1.2	Promote self-care interventions, acknowledging individuals as active participants in their health,	Produce quality, evidence-based products and interventions.
		5.1.3	Implement routine reorientation of health promotion models	Develop care models that encourage disease prevention and health promotion, integrating these concepts into healthcare settings, and ensuring access to preventive services like immunization and screenings.
5.2	Strengthening Governance and Policies	5.2.1	Advocate for policies that support healthy behaviors, such as clean air regulations, alcohol control policies, or improved food labeling.	Conduct advocacy activities tailored specifically to a specific system level
		5.2.2	Improve access to safe environments, like sidewalks, to promote physical activity and reduce risk factors for chronic diseases and advocate for creating supportive environments that make healthy choices accessible and affordable for everyone.	Improve access to safe environments, like sidewalks, to promote physical activity and reduce risk factors for chronic diseases and advocate for creating supportive environments that make healthy choices accessible and affordable for everyone.
		5.2.3	Promote safe built environments (e.g., sidewalks) to boost activity and make healthy choices accessible and affordable.	Advocate for "Health in All Policies" (HiAP) approaches to enable inclusion of policies that address tobacco, alcohol, physical activity, and diet, as well as promoting intersectoral action and
5.3	Implementing Health Promotion Initiatives as Tailored Programs	5.3.1	Advocate Health-in-All-Policies for tobacco, alcohol, diet and activity regulation.	Develop programs tailored to specific populations, such as fall prevention for the elderly, mental health support for adolescents, or prenatal care for pregnant women.
		5.3.2	Design population-specific programs (elderly fall prevention, adolescent mental health, prenatal care).	Capacitate Community Health Workers (CHWs) and Health Care Workers (HCWs) to implement care models that encourage disease prevention and health promotion by integrating these concepts into healthcare settings, and ensuring access to preventive services like immunization and screenings.

Pamoja Tunaboresha Afya

		5.3.3	Train CHWs/HCWs to deliver preventive care models and expand immunization/screening access.	Implement activities, events and functions that will promote specific focus on key health areas, including Healthy Diets, Physical Activity, Mental Health, Obesity Prevention, Non-Communicable Diseases (NCDs) and Self-Care
		5.3.4	Hold events focusing on diet, activity, mental health, obesity, NCDs and self-care.	Promote and improve community engagement in planning and implementing health initiatives to ensure cultural relevance and tailored solutions including fostering multisectoral partnerships for broader impact
	Risk Communication			
		5.4.1	Build transparent, frequent communication to strengthen trust.	Influence building a culture of Transparency and Honesty to build trust: Promote a culture and practice of communicating quickly, frequently, and with transparency and honesty.
		5.4.2	Engage communities and practice social listening to address public concerns.	Implement community engagement and social listening: to actively listen and respond to public concerns and involve communities in the communication process.
5.4	Linking Health Promotion Initiatives with Risk Communication Attributes	5.4.3	Build capacity for LGAs to develop risk-communication policies and plans.	Implement capacity building initiatives to support the country, regions and Local Government Authorities (LGAs) to establish policies, by-laws, strategies, and plans for risk communication.
		5.4.4	Create tailored, multilingual messages in locally appropriate formats.	Promote "Tailored and Culturally Appropriate Messaging" including developing and disseminating risk communication products in different formats and relevant local languages.
		5.4.5	Coordinate multisector partners for unified communication.	Promote multi-sectoral coordination and one voice to ensure communication is coordinated with partners and other stakeholders communicate with a single, consistent voice.
	Community Engagement			
5.5	Adapting and Implementing Participatory Approaches:	5.5.1	Engage community governance structures to plan, implement and monitor health response plans.	Actively involve communities in the planning, implementation, and monitoring of health responses using already existing community governance structures
		5.5.2	Form local task teams of trusted leaders, religious figures, youth and women for rapid actions.	Form local task teams comprising trusted leaders, religious representatives, and youth and women's group members for specific activities that require quick actions.
		5.6.1	Leverage churches, teachers and vendors to build community confidence.	Support and build on the efforts of local networks, such as churches, teachers, and vendors, to improve community confidence.
5.6	Capacity Building and Support	5.6.2	Train CHWs and volunteers to strengthen health education and services.	Provide training and support systems for community members (e.g., community health workers) to improve health services and health education.
		5.6.3	Provide CSOs with regular training on data management and communication.	Provide regular training and technical support to Civil Society Organizations (CSOs) working in communities (including knowledge on data management, communication skills etc.).
5.7		5.7.1	Use digital platforms and social media for health messaging and peer support.	Integrate digital platforms and social media for health information dissemination, peer support, and behavior change.

Pamoja Tunaboresha Afya

	Leveraging Technology and Innovation:	5.7.2	Deploy mobile apps, wearables and telehealth for remote monitoring and feedback.	Utilize mobile applications, wearable devices, and telehealth services for personalized health monitoring, real-time feedback, and remote access to healthcare resources.
		5.7.3	Launch a call center for at-risk populations.	Implement call center initiative
	Results Area 6: Social Welfare Protection and Psychosocial Support System			
6.1	Implementing Community-Based Mental Health and Psycho-Social Support (MHPSS)	6.1.1	Strengthen community self-help via faith groups, peer clubs, youth/women groups and traditional structures.	Strengthen community self-help mechanisms using culturally appropriate approaches, including faith-based groups, peer support groups, youth clubs, women's groups, and traditional community structures
		6.1.2	Set up adolescent-safe spaces for psychosocial support, life skills, peer counseling and GBV/VAC referral.	Establish adolescent –friendly community safe spaces that provide structured psychosocial support, life skills, peer counseling and referral for mental health, GBV and VAC cases.
		6.1.3	Train CHWs, youth volunteers and para-social workers in MHPSS, first aid and GBV/VAC support.	Train community health workers, social welfare officers youth volunteers and para social workers in basic MHPSS, interventions and psychological first aid and GBV/VAC survivor support
		6.1.4	Integrate MHPSS into HIV, adolescent, school and community programs.	Integrate MHPSS into HIV programs, adolescent health platforms, school health programs and community-based programs and structures
6.2	Integrated Service delivery	6.2.1	Embed MHPSS and welfare services in PHC (OPD, RCH, HIV, TB, adolescent care).	Integrate MHPSS and social welfare services into primary healthcare service delivery points (including OPD, RCH, HIV, TB, and adolescent health services.)
		6.2.2	Fortify referral links among health, welfare, education, justice and community services for GBV/VAC survivors.	Strengthen referral pathways between health, social welfare, education justice and community systems especially for GBV and VAC survivors
		6.2.3	Advocate MHPSS integration into health, education and protection, with basic mental care at all facilities.	Advocate for integration of MHPSS into broader health, education, and protection services including making basic clinical mental healthcare available at all healthcare facilities.
		6.2.4	Expand multisector GBV/VAC model: medical care, psychosocial support, legal aid, social protection.	Strengthen Multisectoral GBV/VAC response models, ensuring access to medical care, psychosocial support, legal aid and social protection
6.3	Strengthening Social Safety Nets for Vulnerable Populations	6.2.5	Promote psychosocial support in schools, child protection and GBV response.	Advocate for incorporating psychosocial support into school programs, child protection services, and gender-based violence (GBV) response.
		6.3.1	Implement HEF/UHI to lower financial barriers for vulnerable households.	Support effective implementation of the national Health Equity Fund (HEF) within Universal Health Insurance (UHI) to reduce financial barriers for vulnerable households.
		6.3.2	Strengthen cash transfers, food aid for elderly, widows, persons with disabilities.	Advocate and strengthen cash transfers (implemented by TASAF), food programs, and support for specific groups like the elderly, widows, and persons with disabilities.
		6.3.3	Link social protection to livelihood and youth-employment programs.	Link social protection beneficiaries to livelihood, skills development, and youth employment programs to reduce long-term dependency
6.4	Capacity Building and Workforce Development	6.4.1	Train non-specialists (social workers, volunteers) in psychological first aid and case management.	Identify, train and supervise non-specialized workers (social workers, community volunteers etc.) to deliver first aid - psychological interventions and case management in contexts where specialized mental health professionals are scarce.

Pamoja Tunaboresha Afya

	6.4.2	Capacitate PHC workers to deliver integrated welfare and psychosocial care.	Capacitate HCWs in primary health care level to deliver social welfare and psychosocial support in an integrated manner with other domains of health care.
	6.4.3	Advocate MHPSS ECHO module for in-service providers.	Advocate for a MHPSS ECHO training module for the in-service healthcare providers and social service professionals
	6.4.4	Use supervision, mentoring and task-shifting to expand coverage.	Strengthen supportive supervision, mentoring, and task-shifting models to expand service coverage in underserved areas
	6.5.1	Review and update welfare/psychosocial support protocols and job aids.	Support the government to review existing protocols, guidelines and job aids for delivering social welfare protection and psych-social support.
6.5	6.5.2	Run public campaigns against stigma, harmful norms, abuse and mental-health myths.	Conduct scheduled public awareness campaigns and educational programs targeting stigma, harmful social and gender norms, child abuse and mental health myths.
	6.5.3	Link welfare/psychosocial support with mental health programs.	Link social welfare and psychosocial support initiatives with mental health programming
	6.5.4	Promote youth- and survivor-led advocacy platforms.	Promote youth-led and survivor-led advocacy platforms to amplify voices and improve service uptake.
	6.6.1	Roll out positive-parenting programs to prevent violence and neglect.	Promote Positive parenting programs that strengthen caregiver-child relationships and prevent violence, neglect and emotional harm
	6.6.2	Scale early-childhood psychosocial interventions for at-risk children.	Promote and scale up Early Childhood Development psychosocial interventions targeting children exposed to poverty, violence or family disruption g.
6.6	6.6.3	Institutionalize adolescent psychosocial support: safe spaces, life-skills, substance-abuse prevention, peer mentoring.	Strengthen and institutionalize adolescent and youth responsive psychosocial support including :Safe spaces for adolescent boys and girls, life skills and mental health literacy, substance abuse prevention and Peer counseling and mentorship programs)
	6.6.4	Strengthen district One-Stop GBV centers.	Strengthen the initiative of "One Stop centers" for GBV services at district level across the country.
	6.6.5	Integrate psychosocial support into emergency response (climate, displacement, outbreaks)	Advocate and support the Government to integrate psychosocial support into humanitarian and emergency response systems , including for climate shocks, displacement, and disease outbreaks.
	Results Area 7: Climate Change, Environment and Health		
	Environment and Health		
7.1	7.1.1	Run home-improvement campaigns and pilot model health villages.	Conduct home improvement campaigns and establish model health facilities/villages in identified areas.
	7.1.2	Sensitize political, religious and cultural leaders on sanitation importance.	Sensitize political, religious and cultural leaders on the importance of sanitation and hygiene promotion.
	7.1.3	Implement hygiene and sanitation programs in facilities and communities.	Implement relevant Hygiene and Sanitation programs and campaigns at the HFs and community level.

Pamoja Tunaboresha Afya

regional commitments	7.1.4	Train Environmental Health staff and private sector on new sanitation technologies.	Train staff in the Environmental Health Division and the private sector on emerging technologies dealing with the promotion of sanitation and hygiene.
	7.1.5	Support LGAs and communities to formulate and enforce environmental health by-laws.	Support and encourage LGAs/RHMT/CHMTs and communities to formulate/enforce by-laws and guidelines on environmental health and ensure that they are enforced.
	7.1.6	Sensitize local governments on environmental health by-law formulation and implementation.	Sensitize local governments on formulation and implementation of environmental health by laws and guidelines.
	7.1.7	Train LGA teams and communities on developing and applying environmental health by-laws.	Train and sensitize LGA (RHMT/CHMT) and communities in the development and implementation of environmental health by-laws and guidelines.
	7.1.8	Train law enforcers on new by-laws and ordinances.	Train/Sensitize law enforcers on new by laws and ordinances.
	7.1.9	Advocate food safety, safe water chain and mass hand-washing campaigns.	Support and advocate for food hygiene and safety, safe water chain and hand washing with soap and mass hand washing campaigns.
	7.1.10	Disseminate food-hygiene, water and hand-washing guidelines.	Support dissemination of the food hygiene and safety, safe water chain and hand-washing guidelines.
	7.1.11	Support local governments to enforce food safety, water and hand-washing standards.	Support local governments to enforce food hygiene and safety, safe water chain and hand-washing standards
	7.2.1	Sensitize health workers and private providers on health-care waste management.	Sensitize health workers and private health care providers in health care waste management.
	7.2.2	Equip primary facilities with appropriate waste-management infrastructure.	Provide required and appropriate facilities to health facilities in the primary health care levels for health care waste management.
7.2	7.2.1	Sensitize health workers and private providers on health-care waste management.	Sensitize health workers and private health care providers in health care waste management.
	7.2.2	Equip primary facilities with appropriate waste-management infrastructure.	Provide required and appropriate facilities to health facilities in the primary health care levels for health care waste management.
7.3	7.3.1	Collaborate with agencies on evidence-based electronic and hazardous waste disposal.	Collaborate with relevant Government agencies to address electronic, and hazardous chemicals waste disposal through evidence-based mechanisms
	7.3.2	Generate innovative, affordable best practices for environmental waste control.	Advocate and lead the efforts to generate evidence based, innovative and affordable best practices for environmental waste control
Climate Change			
7.4	7.4.1	Develop guidelines to mainstream climate change adaptation in health sector policies.	Support development of guidelines on streamlining climate change in the health sector to improve adaptation to climate change impacts.
	7.4.2	Sensitize national, regional and facility staff on climate change impacts and adaptation.	Sensitize staff across all levels of the health system (national regional, primary healthcare, facilities and community) on climate change and adaptation.
	7.4.3	Work with authorities to create early-warning systems and share weather forecasts with health managers.	Work closely with relevant authorities to develop early warning systems and disseminate weather forecasts to health managers to improve preparedness and response.

Pamoja Tunaboresha Afya

	7.4.4	Coordinate health-sector climate response and partner with relevant ministries and agencies	Coordinate climate change response interventions in health sector and collaborate with relevant line ministries and agencies.
	Results Area 8: Sustainable Financing and Risk Management		
8.1	8.1.1	Lobby and leverage from AIDS Trust Fund (ATF)	Lobby ATF: Prepare policy briefs and hold advocacy meetings with ATF board to earmark funds for THPS priorities.
	8.1.2	Leveraging local investors and foundations	Leverage local investors/foundations: Organize an investment forum to pitch THPS impact projects to Tanzanian philanthropies.
	8.1.3	Lobby and leverage from the private sector Corporate Social Responsibility (CSR) portfolios	Lobby private-sector CSR: Develop CSR partnership packages and negotiate health-program sponsorships with corporations.
	8.1.4	Strengthen Public-Private Partnership for potential financial support	Strengthen PPPs: Formalize MoUs with private firms for co-financing health initiatives.
	8.1.5	Leverage resources directed to Local government through R/CHMTs	Leverage LG resources via R/CHMTs: Integrate THPS plans into district health budgets for direct allocations.
	8.1.6	Leveraging on Universal Health Insurance	Leverage Universal Health Insurance: Advocate inclusion of THPS services in UHI benefit packages.
8.2	8.1.7	Leveraging on partnerships and alliances	Leverage partnerships/alliances, consortiums: Convene joint steering committees with NGOs and academic partners for pooled funding.
	8.1.8	Develop social contracting guidelines for CSOs	Develop CSO social-contracting guidelines: Draft standard templates for government to outsource services to CSOs.
	8.2.1	Establish Subsidiary Companies/Joint Ventures to generate finances for program support	Establish subsidiaries/joint ventures: Register a THPS social-enterprise to generate revenue for programmes.
	8.2.2	Investing the excess (surplus) funds in different investment schemes such as government bonds, mutual funds, real estates.	Invest surplus funds: Allocate excess cash to low-risk government financial markets and real-estate for income.
	8.2.3	Developing a strong innovation unit	Develop innovation unit: Set up a dedicated team to prototype and scale health financing innovations.
	8.3.1	Strengthen and sustain good relationship with potential donors.	Strengthen donor relationships: Schedule quarterly donor briefings and impact reports.
8.3	8.3.2	Build capacity of THPS staff in developing competitive grant proposals	Build staff grant-writing capacity: Run workshops on competitive proposal development.

Pamoja Tunaboresha Afya

		8.3.3	Diversify potential donors from traditional THPS donors in the database.	Diversify donors: Map and approach new bilateral and private donors beyond existing data base
	Results Area 9: Digital Innovation, Artificial Intelligence and Systems Strengthening			
	Strategic Outcome: A resilient, equitable and digitally enabled health system that delivers high-quality, people-centred and sustainable services through responsible digital innovation, Artificial Intelligence and stronger health-system building blocks.			
9.1	Strengthen Integrated Service Delivery, Infrastructure and the Health Workforce	9.1.1	Support integrated, people-centred service delivery models across priority programme areas.	Integrate service delivery across RMNCAH, HIV, TB, NCDs, mental health, global health security and other priority programmes, with clear client pathways and coordinated care.
		9.1.2	Strengthen referral, linkage, follow-up and continuity-of-care systems across levels of care.	Use standardized referral pathways and, where appropriate, digital referral and feedback mechanisms linking facilities, laboratories, communities and social services.
		9.1.3	Strengthen infrastructure, equipment maintenance and lifecycle management.	Support preventive maintenance, equipment uptime, reliable power and water, and lifecycle planning for priority diagnostic and service-delivery infrastructure.
		9.1.4	Strengthen laboratory quality management, biosafety, specimen referral and diagnostic networks.	Support tiered laboratory quality improvement, integrated specimen transport and results feedback, national diagnostic networks and laboratory information systems.
		9.1.5	Strengthen health workforce planning, mentorship, supportive supervision, performance improvement and retention.	Work with government and training institutions to address priority competency gaps, support on-site mentorship and supervision, and promote practical retention approaches in underserved areas.
		9.1.6	Build competencies in digital health, data use, cybersecurity and responsible AI.	Provide competency-based learning and mentorship for health workers, managers, data teams and ICT staff, linked to actual systems and workflows.
		9.1.7	Expand telemedicine and remote consultation where appropriate and safe.	Support government-approved telehealth models that improve access to specialised support while maintaining privacy, referral protocols and clinical accountability.
		9.1.8	Strengthen collaboration between facilities, communities and partner organisations for integrated services.	Promote coordinated outreach, joint supervision and facility-community linkages, including community health information and referral mechanisms for underserved and vulnerable populations.
9.2	Strengthen Health Information Systems, Digital	9.2.1	Strengthen functionality, use and interoperability of national and programme health information systems.	Align THPS investments with Government of Tanzania enterprise architecture and approved platforms, including interoperability through NHIE/Muangano/HDU APIs and other national exchange mechanisms.

Pamoja Tunaboresha Afya

Transformation and Responsible Artificial Intelligence	9.2.2	Improve data quality, completeness, timeliness and consistency across digital platforms.	Institutionalize routine data quality assessments, resolve EMR-DHIS2 discrepancies, strengthen standard operating procedures and provide feedback for corrective action.
	9.2.3	Strengthen data use for programme and management decision-making.	Support data-use committees, routine review meetings, dashboards, visualisations and decision logs so that routine data and analytics are translated into action.
	9.2.4	Assess user needs, workflows, digital readiness, equity and total cost of ownership before adopting solutions.	Use structured readiness and user-needs assessments to determine fit, infrastructure requirements, accessibility, recurrent costs, sustainability and integration needs.
	9.2.5	Co-design digital solutions with government, health workers, communities and intended users.	Apply user-centred design, usability testing and feedback mechanisms to improve adoption, trust and fit with service-delivery workflows.
	9.2.6	Apply a phased approach to priority AI use cases.	Identify high-value use cases, assess readiness, validate data and algorithms, pilot solutions, review safety and effectiveness, and scale only where evidence supports use.
	9.2.7	Maintain human oversight and clear accountability for AI-assisted decisions.	Define roles for clinical and programme oversight, escalation and review so that AI supports rather than replaces professional judgement.
	9.2.8	Strengthen cybersecurity, data protection and data governance.	Apply access controls, privacy safeguards, data-sharing agreements, incident-response procedures, business continuity, backup and disaster-recovery arrangements.
	9.2.9	Promote inclusive and resilient digital access.	Prioritize accessible, low-bandwidth and offline-capable solutions and retain safe non-digital alternatives where digital exclusion may affect access.
	9.2.10	Provide continuous technical support and strengthen governance of emerging technologies.	Maintain responsive support mechanisms, monitor system performance and establish an emerging-technology framework covering adoption, standards, risk and lifecycle management.
	9.3.1	Strengthen forecasting, procurement, storage, distribution, dispensing and rational use of medicines and commodities.	Work with MoH, MSD and other partners to improve commodity planning, availability, storage standards, last-mile distribution and appropriate dispensing.
9.3 Strengthen Medicines, Supply Chains, Health Financing and Operational Resilience	9.3.2	Strengthen digital logistics management, stock monitoring and data-driven forecasting.	Improve eLMIS use, automated stock monitoring, timely reporting and, where validated, analytics or AI-supported forecasting to reduce stock-outs and wastage.
	9.3.3	Support local and regional manufacturing and quality assurance of medicines, diagnostics and medical supplies.	Support market intelligence, pooled demand forecasting, regulatory compliance, quality systems and collaboration with TMDA and other relevant authorities to strengthen local production.

Pamoja Tunaboresha Afya

9.4	Strengthen Leadership, Governance, Research, Innovation and Learning	9.3.4	Support domestic resource mobilisation, strategic purchasing, budgeting and evidence-based resource allocation.	Work with government and financing partners to strengthen sustainable financing, prioritisation and transparent allocation of resources for health services and digital investments.
		9.3.5	Strengthen digital financial management, accountability, efficiency and value for money.	Promote appropriate digital financial tools, expenditure tracking, transparent review and use of evidence to improve financial management and programme efficiency.
		9.3.6	Assess total cost of ownership before procurement or scale-up of digital solutions.	Consider licensing, hosting, connectivity, maintenance, replacement, local technical support, vendor lock-in and exit options before long-term investment.
		9.3.7	Develop sustainability, transition and maintenance plans for supported systems and innovations.	Require costed maintenance, local ownership, handover and continuity arrangements for solutions moving from pilot to routine implementation.
		9.4.1	Strengthen leadership, coordination, accountability and stakeholder engagement at national and subnational levels.	Support joint planning, performance review, transparent oversight and multisector coordination with government, communities, professional bodies and partners.
		9.4.2	Support implementation of national policies, standards, enterprise architecture and interoperability requirements.	Ensure supported digital and systems investments comply with Government of Tanzania policies, approved platforms, national standards and regulatory requirements.
		9.4.3	Strengthen governance for data, digital health and AI.	Develop or support governance mechanisms covering data ownership, privacy, cybersecurity, digital procurement, ethical AI, clinical safety, algorithmic accountability and responsible innovation.
		9.4.4	Conduct implementation research and independent evaluation of priority systems, digital health and AI interventions.	Generate evidence on effectiveness, safety, equity, efficiency, usability and sustainability and use findings to inform policy and programme decisions.
		9.4.5	Strengthen health research and innovation financing, partnerships and knowledge translation.	Support research partnerships, advocate sustainable financing for health research and innovation, and produce policy briefs and other evidence products for decision-makers.
		9.4.6	Monitor unintended effects of digital and AI interventions.	Track bias, exclusion, privacy risks, increased workload, alert fatigue, technology-related errors and other unintended consequences, and implement corrective action.
		9.4.7	Document lessons and scale only solutions that are useful, safe, effective, equitable and affordable.	Establish learning loops from pilots and implementation research and use agreed criteria before wider adoption or scale-up.

Pamoja Tunaboresha Afya

	9.4.8	Strengthen partnerships for responsible innovation.	Collaborate with government, communities, academic institutions, professional bodies, civil society and technology partners while maintaining public-sector ownership and accountability.
	9.4.9	Promote responsible equipment lifecycle and electronic-waste management.	Include responsible procurement, reuse where safe and approved disposal of obsolete digital and electronic equipment in implementation plans.
	9.4.10	Strengthen public trust and response to misinformation linked to digital health and emerging technologies.	Support risk communication, social listening and digital rumour tracking, and provide transparent, evidence-based communication on new technologies and health information.
	Results Area 10: Institutional Governance and Organizational Capacity		
10.1	10.1.1	Assess and review THPS organization Policy and Procedures on HR twice in the period of this SP III	Assess/review HR policy: Conduct biennial audits of THPS HR manual and revise with staff input.
	10.1.2	Recruit and retain qualified, committed and capable human capital	Recruit & retain staff: Launch targeted recruitment drives and retention packages for hard-to-fill technical roles.
	10.2.1	Improve and maintain staff compensation and benefits	Improve compensation: Benchmark salaries annually and adjust benefits to market rates.
	10.2.2	Develop and implement staff capacity building plan	Develop capacity-building plan: Roll out annual learning pathways aligned to THPS strategic objectives.
10.2	10.2.3	Implement a reward system as an incentive to promote staff performance	Implement reward system: Introduce quarterly performance bonuses linked to key results.
	10.2.4	Create opportunities for growth and development of staff by investing in team's skills and career progression	Create growth opportunities: Offer mentorship, scholarships and clear promotion tracks.
	10.2.5	Design and implement initiatives to accommodate clear communication and expectations.	Design communication initiatives: Publish monthly staff briefs and hold town-halls on expectations.
	10.3.1	Review and sustain the Comprehensive Electronic Human Resource Management system	Review e-HRM system: Upgrade the electronic HR platform and train all managers on its use.
	10.3.2	Implement and maintain Work place safety and risks for employees	Implement workplace safety: Conduct risk assessments and equip offices with safety kits.
10.3	10.3.3	Promote strategic Talent Acquisition and Development focusing on identifying and developing skills dynamically rather than just filling roles	Promote strategic talent development: Map future skills needs and fund up-skilling programmes.

Pamoja Tunaboresha Afya

	10.3.4	Leverage Technology and Artificial Intelligence (AI) in HR.	Leverage HR tech/AI: Pilot AI-driven screening tools for recruitment.
	10.3.5	Promote cross-functional collaboration and agile HR structures hence breaking down silos between HR functions and encourage cross-functional teams	Promote cross-functional HR: Create project teams mixing HR, finance and programme staff for joint solutions
	Results Area 11: Communication and Advocacy		
11.1	11.1.1	Develop and implement a costed THPS Strategic Communications and Visibility Strategy (2026–2030) aligned to SP III	Develop communications strategy: Contract a consultant to draft and cost a 2026–2030 Strategic Communications Plan linked to SP III.
	11.1.2	Institutionalize mandatory communication plans and budgets within all programs and projects	Institutionalize communication plans/budgets: Require every THPS project proposal to include a communication workplan and line-item budget.
	11.1.3	Strengthen the capacity of the Communications Unit to support implementation at all levels	Strengthen Communications Unit: Recruit a digital-media officer and conduct annual skills workshops for unit staff.
	11.1.4	Systematically document and package program results through success stories, policy briefs, multimedia products, and digital platforms	Document program results: Produce quarterly success-story briefs and short videos for the THPS website and social channels.
	11.1.5	Enhance THPS brand visibility and thought leadership through coordinated engagement with media, government, donors, and communities	Enhance brand visibility: Host annual THPS policy forums and issue op-eds in national media to showcase thought leadership.

RESULTS CHAIN		KEY PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
		Indicator	Baseline (2026)	Target (2030)		
GOAL	To contribute to building a healthy Tanzanian society where every individual has equal opportunity of accessing high quality health services by 2030.					
	Improved RMNCAH outcomes through integrated services	Percentage of health facilities supported by THPS offering the full RMNCAH service package (ANC.	48%	90%	Program report	Staffing levels, availability of essentials for RMNCAH, Sustained

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS				MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)			
OUTCOME 1	and strengthened programming by 2030.					health financing, Community acceptance
	National maternal mortality ratio falling to ≤70 deaths per 100,000 live births and under 5 mortality to ≤25 per 1,000 live births by Dec 2030.	MMR 104/100,000 <5MR 43/1000	MMR 70/100,000 <5MR 25/1000		TDHS	Staffing levels, availability of essentials for RMNCAH, Sustained health financing, Community acceptance
OUTCOME 2	Proportion of suspected outbreak events reported through the national IDSR system within 24 hours achieving ≥95% by Dec 2030.				IDSR reports, DHIS2 disease surveillance dashboards, MoH emergency preparedness reports.	Functioning surveillance systems; timely data reporting; availability of emergency logistics; adequate funding for preparedness and response.
	Enhanced national capacity to prevent, detect, and respond effectively to infectious disease outbreaks and public health emergencies by the end of 2030.	80%	≥95%			
OUTCOMES 3	Number of functional rapid response teams at national and regional levels active and deployed within 48 hours of confirmation, reaching 100% coverage in regions supported by THPS by Dec 2030.	72 hours	100%		MoH emergency preparedness reports	
	Incidence of malaria, TB and priority NTDs (e.g., lymphatic filariasis) in regions supported by THPS reduced by 50% from 2024 baseline by Dec 2030.	137 new cases per 1,000 at-risk population per year	68.5/1000 (50%)		DHIS2 National Malaria Control Programme reports, NTLP & NTD program reports, population-based surveys.	Stable drug and diagnostic supply chains; high community uptake of services; no major outbreaks or epidemics; consistent vector-control interventions
	Treatment coverage for confirmed cases of malaria, TB and priority NTDs in regions supported by THPS attains ≥90% coverage by Dec 2030.	≥78%	90%			
	Age standardized premature mortality (30-70 y) from cardiovascular disease, reduced burden of non-communicable	18.8 %	lowered by 25%		DHIS2 NCD & mental health	Availability of trained providers; sustained medicine supply;

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)		
OUTCOME 4	diseases and improved access to quality mental health services for the Tanzanian population by 2030.		from 2024 baseline	modules, logistics management information system (eLMIS),	reduction in stigma; functional referral pathways; consistent community engagement.
	Proportion of districts with at least one facility providing integrated mental health services (screening, outpatient treatment, referral) reaching 80% by Dec 2030.	701/12,846 (5%)	80%		
	% of primary-health-care facilities offering NCD diagnosis/treatment and basic mental-health services.	~50–65 %	100%		
	Proportion of facilities with insulin, antihypertensives, and psychotropic drugs in stock.	81.1%	100%		
	% of target population reached by community awareness/outreach activities (e.g., NCD weeks, mental-wellness campaigns).	198,000 (0.3%)/total Pop	80%		
OUTCOME 5	Share of adults who can correctly identify ≥3 key preventive actions for HIV, NCDs and nutrition rising to ≥70% by Dec 2030 (measured in DHS type survey	~45 – 60 %	≥70%	Population-based surveys (DHS, KAP surveys), community outreach reports, routine program monitoring data, MoH behavioural surveillance surveys.	Effective community engagement strategies; supportive social norms; continued investment in health promotion; stable communication platforms.
	Prevalence of tobacco use and harmful alcohol consumption among adults dropping by 20% from baseline levels by Dec 2030.	14 % for Tobacco and 12 % for Harmful alcohol	dropping by 20% from baseline levels		
OUTCOME 6	Percentage of reported GBV/VAC cases receiving multisectoral support (health, legal, psychosocial) within 72 hours reaching ≥85% in regions supported by THPS by Dec 2030.	31.3 %	≥85%	Program reports, social welfare case management systems, DHIS2, referral tracking tools, UHI	Functional multisectoral coordination; legal and social service availability; confidentiality safeguards; political commitment to social protection.
	Number of vulnerable households in regions supported by THPS enrolled in UHI through Health Equity Fund or	24 %	≥90%		

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS				MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)			
OUTCOME 7	prevents and respond to GBV and VAC and promotes mental well-being across the life course by 2030.				enrolment databases.	
	% of cases receiving full multisectoral support (health, legal, psychosocial) within 72 hrs	Not available	≥85%			
	Share of health facilities completing climate risk assessments and implementing adaptation plans reaching 100% by Dec 2030.	Not available	100%		Climate risk assessment reports, district disaster-preparedness plans, DHIS2 climate-sensitive disease dashboards, early warning system logs.	Operational early-warning systems; functional meteorological services; inter-sectoral coordination; climate financing availability.
OUTCOME 8	Early warning alerts for climate sensitive diseases (e.g., cholera, malaria) issued and acted on by districts within 48 hours in ≥90% of events by Dec 2030.	72 hrs	≥90%			
	By Dec 2030, THPS secures ≥40% of its annual health-program budget from non-donor sources (e.g., social-enterprise revenue, private-sector partnerships, cost-recovery schemes), measured through yearly audited financial statements.	0%	≥40%		Auditing reports, Annual financial reports, revenue tracking systems, reserve fund statements, board finance committee reports.	Stable economic environment; viable income-generating initiatives; diversified funding sources; strong financial governance.
OUTCOME 9	By Dec 2030, THPS maintains an unrestricted reserve fund equal to at least 3 months of core operating costs	1 month	3 months			
	Percentage of supported facilities meeting agreed integrated service-delivery standards	TBD	Set after baseline		Facility assessments; programme reports	Sustained government support; functioning national platforms and standards; adequate financing and infrastructure; user participation; and partner engagement. Key risks: infrastructure gaps, fragmented systems, low digital literacy, cyber/privacy breaches, unsafe AI,

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)		
Artificial Intelligence and stronger health-system building blocks.					digital exclusion, high recurrent costs or vendor lock-in, data loss, weak data quality or integration, underfunded research and misinformation.
	Percentage of supported laboratories meeting relevant national quality standards	TBD	Set after baseline	Laboratory quality assessments	
	Percentage of targeted users actively using supported digital systems as intended	TBD	Set after baseline	System-use logs; user assessments	
	Percentage of supported digital systems compliant with national interoperability, privacy and cybersecurity requirements	TBD	100%	Compliance reviews; system audits	
	Percentage of routine reports that are complete, accurate and submitted on time	TBD	Set after baseline	DHIS2/EMR reports; data quality assessments	
	Number and percentage of priority digital or AI solutions completing readiness, safety and effectiveness assessment	0 / TBD	All solutions before scale-up	Assessment and evaluation reports	
	Percentage of scaled digital solutions with approved sustainability, transition and maintenance plans	TBD	100%	Approved plans; programme records	
	Percentage of supported facilities reporting reduced stock-outs of selected tracer commodities	TBD	Set after baseline	eLMIS; stock records	

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS				MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)			
	Percentage of documented management decisions informed by routine data or analytics	TBD	Set after baseline		Meeting records; dashboards; decision logs	
	Percentage of digital interventions assessed for accessibility, equity and inclusion before implementation or scale-up	TBD	100%		Design and review records	
	Percentage of supported facilities with resolved discrepancies between EMR and DHIS2 reports	TBD	90%		Data quality assessment reports	
	Percentage of supported health facilities using AI-generated insights to inform decisions	0%	60%		AI/Digital Health monitoring reports	
	Number of supported systems exchanging information through an interoperability layer (NHIE/Muungano/HDU API)	TBD	All supported systems		HIE/Muungano reports	
	Number of policy briefs published and used annually	TBD	At least 5 per year		NIMR reports; THPS records	
	By Dec 2030, THPS completes annual external governance audits with ≥90% compliance across board oversight, financial controls, and risk-management benchmarks, with corrective action plans closed within 60 days of findings.	60-70%	≥90%		External audit reports, governance assessments, SOP compliance reviews, board minutes, HR reports, risk management logs, training records	Stable leadership; effective board oversight; staff retention; organizational learning culture; strong internal controls
	By Dec 2030, 85% of THPS's partner organizations have adopted and are implementing updated standard operating procedures aligned to THPS's strategic plan, verified through	40%	≥85%			
	Strengthened institutional governance, leadership, and operational efficiency within THPS and its partner organizations to achieve its constitutional objectives by 2030					
	OUTCOME 10					

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS				MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)			
	biannual performance reviews showing ≥85% of key operational targets met.					
	Percentage of board meetings held as scheduled each year with ≥95% member attendance and documented approval of strategic/financial decisions.	95%	≥95%			
	Staff turnover rate for senior management kept below 10% annually, indicating stable leadership.					
	Proportion of THPS and partner budgets executed against approved work plans reaching ≥95% each fiscal year.					
	Frequency of internal risk-assessment exercises (e.g., semi-annual) with >90% of identified mitigation actions implemented on time.	90%	≥95%			
OUTCOME 11	Number of documented capacity-building sessions delivered to partner organizations per year, with ≥80% participants demonstrating improved governance competencies in post-tests.	30%	≥80%			
	By Dec 2030, THPS program results and impact stories are featured in ≥30 external media pieces (national print, radio, TV, or reputable online outlets) annually, tracked through a media-monitoring log.	5%	≥30		Monitoring logs, press coverage archives, digital analytics reports, communication strategy tracking tools.	Favourable media environment; proactive communication strategies; availability of quality impact data; stakeholder openness.

Pamoja Tunaboresha Afya

RESULTS CHAIN	KEY PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISK AND ASSUMPTIONS
	Indicator	Baseline (2026)	Target (2030)		
OUTCOME 12	Stakeholder Recognition	By Dec 2030, ≥60% of key stakeholders (MoH, donors, CSO partners) correctly identify THPS's specific contributions to national RMNCAH targets in an annual perception survey.	10%	Annual stakeholder perception surveys, MoH feedback reports, donor assessments, CSO partner surveys.	Sustained stakeholder engagement; transparent reporting; strong partnership management; consistent performance delivery.
			≥60%		

Bibliography

This section provides a list of references and source materials consulted in the development of the strategic plan.

Bibliography

1. African Development Bank. (2022). Health Infrastructure and Access in Tanzania: Rural coverage review. Abidjan: AfDB.
2. Global Fund. (2022). Supply Chain and Health Commodities Assessment – Tanzania. Geneva: Global Fund.
3. Medical Stores Department (MSD) & Tanzania Medicines and Medical Devices Authority (TMDA). Supply-chain performance and eLMIS reports, 2022–2024. Dar es Salaam: MSD/TMDA.
4. Ministry of Health (Tanzania). (2019). Digital Health Strategy 2019–2024. Dodoma: MoH.
5. Ministry of Health (Tanzania). (2020). Health Information System (HIS) Strategic Plan 2020–2025. Dodoma: MoH.
6. Ministry of Health (Tanzania). (2021). Human Resources for Health Strategic Plan 2020–2025. Dodoma: MoH.
7. Ministry of Health (Tanzania). (2021). National Malaria Control Strategic Plan 2021–2025. Dodoma: MoH.
8. Ministry of Health (Tanzania). (2021). National Mental Health Strategy 2021–2025. Dodoma: MoH.
9. Ministry of Health (Tanzania). (2021). National Non-Communicable Diseases Strategy 2021–2026. Dodoma: MoH.
10. Ministry of Health (Tanzania). (2021). National Pharmaceutical Strategic Plan 2021–2025. Dodoma: MoH.
11. Ministry of Health (Tanzania). (2021). National Plan for Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition 2021/22–2025/26 (One Plan III). Dodoma: MoH.
12. Ministry of Health (Tanzania). (2021). National Tuberculosis and Leprosy Strategic Plan 2021–2025. Dodoma: MoH.
13. Ministry of Health (Tanzania). (2023). Health Sector HIV and AIDS Strategic Plan IV (HSHSP IV) 2023–2028. Dodoma: MoH.
14. Ministry of Health (Tanzania). (2023). Neglected Tropical Diseases Master Plan 2023–2027. Dodoma: MoH.
15. Ministry of Health (Tanzania). (2023). Universal Health Insurance Act Regulations & Implementation Roadmap (2023–2028). Dodoma: MoH.
16. Ministry of Health, Community Development, Gender, Elderly and Children. (2020). National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2020–2025): One Plan III. Dodoma, Tanzania: Ministry of Health.
17. Ministry of Health & National Bureau of Statistics (NBS), ICF. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2022. Dar es Salaam: MoH/NBS/ICF.
18. Ministry of Health (MoH) [Tanzania Mainland]. National Health Policy 2007. Dodoma: United Republic of Tanzania.
19. Ministry of Health (MoH) [Tanzania Mainland]. National Health Policy 2022 (Draft) . Dodoma: United Republic of Tanzania.
20. Ministry of Health (MoH) [Zanzibar]. Health Sector Strategic Plan IV (HSSP IV: 2020–2025; Zanzibar: Revolutionary Government of Zanzibar.

Pamoja Tunaboresha Afya

21. Ministry of Health (MoH) of Zanzibar. National Health Policy. 2010. Zanzibar. Revolutionary Government of Zanzibar.
22. Ministry of Health (MoH) Tanzania Mainland. Midterm Review Report of Health Sector Strategic Plan V (2025). Dodoma: United Republic of Tanzania.
23. National AIDS, STIs, and Hepatitis Control Programme (NASHCoP) & National TB & Leprosy Programme (NTLP). Annual reports 2021–2023; TB case notifications and treatment outcomes. Dar es Salaam: MoH.
24. National Bureau of Statistics. Household Budget Survey 2017–18 and health financing estimates. Dodoma: NBS.
25. National Bureau of Statistics. Tanzania Population and Housing Census 2022. Dodoma: NBS.
26. President’s Office – Regional Administration and Local Government (PORALG). DHIS2 extracts, Health Facility Registry, and Direct Health Facility Financing (DHFF) reports, 2021–2024. Dodoma: PORALG.
27. Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC) & NBS. Tanzania HIV Impact Survey (THIS) 2016–17. Dar es Salaam: TACAIDS/ZAC/NBS.
28. Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC) & NBS. Tanzania HIV Impact Survey (THIS) 2022–23. Dar es Salaam: TACAIDS/ZAC/NBS.
29. THPS. 2021. Joiners and leavers Report 2021
30. THPS. 2021. PEPFAR Quarterly Grant Reporting Form_Final Report(Q4)_ Paza Sauti Project_THPS 71021_FINAL
31. THPS. 2021. Signed FS -THPS 2021
32. THPS. 2022. Signed FS 2022
33. THPS. 2024. AFYA HATUA Six Months Achievement COP23Yr2_28Aug24
34. THPS. 2024. Draft 10 THPS Statutory report for the fye 30 September 2024_rjm_210325
35. THPS. 2024. End of Project Final Report Narrative Jan 2021 to Dec 2023 14.11.2023 THPS
36. THPS. 2024. Printed AFS THPS Statutory audit for FY 30 Sept 2023 - 26 March 2024-Final
37. THPS. 2024. USAID Supported Sites FY04-rv
38. THPS. 2024. VACS implementation report Draft 1.1
39. THPS. 2025. FY22Q4 Technical Narrative Report _AH_THPS
40. THPS. 2025. IpsosTZ_Evaluation of THPS 2021-2025 SP_Final Report
41. THPS. 2025. Meeting slides_ 29April 25_v2.0_V1_Updated
42. THPS. 2025. NHLS Project -Closeout Narrative Report
43. THPS. 2025. PY4_Q1_I-TECH_Technical Report_21 Jan 25
44. THPS. 2025. Tanzania Health Promotion Support - Strategic Plan 2021 – 2025
45. THPS. 2025. THPS Communications Advocacy Strategy
46. THPS. 2025. THPS Brand Guideline v1.1a
47. UNAIDS. Country factsheet: Tanzania and Global AIDS Update 2023. Geneva: UNAIDS.
48. UNFPA Tanzania. (2021). State of Tanzania’s Youth and Reproductive Health. Dar es Salaam: UNFPA

Pamoja Tunaboresha Afya

Tanzania.

- 49.UNFPA Tanzania. (2022). Family Planning and Contraceptive Commodities Support: Tanzania programme update. Dar es Salaam: UNFPA Tanzania.
- 50.UNFPA Tanzania. (2022). Maternal Health and Midwifery Workforce Strengthening Brief. Dar es Salaam: UNFPA Tanzania.
- 51.UNFPA Tanzania. (2023). UNFPA Tanzania Annual Report 2023: Advancing sexual and reproductive health and rights. Dar es Salaam: UNFPA Tanzania.
- 52.UNICEF Tanzania. (2020). Water, Sanitation and Hygiene (WASH) in Health Facilities: Tanzania country snapshot. Dar es Salaam: UNICEF Tanzania.
- 53.UNICEF Tanzania. (2021). Nutrition Sector Brief: Stunting prevention and child feeding in Tanzania. Dar es Salaam: UNICEF Tanzania.
- 54.UNICEF Tanzania. (2022). Reproductive, Maternal, Newborn, Child & Adolescent Health (RMNCAH) Programme Brief. Dar es Salaam: UNICEF Tanzania.
- 55.UNICEF Tanzania. (2022). Situation Analysis of Children and Adolescents in Tanzania. Dar es Salaam: UNICEF Tanzania.
- 56.UNICEF Tanzania. (2023). Immunization and Primary Health Care support: Progress update. Dar es Salaam: UNICEF Tanzania
- 57.UNICEF Tanzania. (2023). UNICEF Tanzania Annual Report 2023: Child health, nutrition and wellbeing. Dar es Salaam: UNICEF Tanzania.
- 58.UNICEF Tanzania. RMNCAH, Immunization, and Nutrition data briefs 2022–2023. Dar es Salaam: UNICEF.
- 59.USAID Tanzania. (2021). Human Resources for Health (HRH) Country Profile: Tanzania. Dar es Salaam: USAID/Tanzania.
- 60.WHO Tanzania. (2021). Access to Essential Health Services: Tanzania service availability & readiness assessment. Dar es Salaam: WHO Tanzania.
- 61.WHO. Global Health Observatory/World Health Statistics (2023, 2024); International Health Regulations Joint External Evaluation – Tanzania; Pandemic Agreement (2024). Geneva: WHO.
- 62.World Bank. (2022). Tanzania Health Sector Public Expenditure Review. Washington, DC: World Bank.
- 63.World Health Organization. (2023). Global Health Expenditure Database: Tanzania health financing trends. Geneva: WHO.
- 64.World Bank. Tanzania Health Financing data and UHC Service Coverage Index. Washington, DC: World Bank.

Pamoja Tunaboresha Afya

Tanzania Health Promotion Support (THPS)

3rd Floor, Coco Plaza Building

Plot 254, Toure Drive, Masaki

P.O. Box 32605 Tel: + 255 689 103 046

Dar es Salaam, Tanzania.

Email: info@thps.or.tz

www.thps.or.tz

[f](#) [in](#) [X](#) [@thpstz](#)



**Scan to
Download**