



Since 1980

STRATEGIC PLAN JANUARY 2020-DEC 2024

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FOREWORD

The Tanzania Public Health Association (TPHA) is a non-governmental, non-profit professional and voluntary organization that has grown from its humble beginnings as a one unit in Dar es Salaam to form 13 regional/zonal Chapters throughout Tanzania. Its membership has grown from the 20 founding members to over 2,666 currently but has remained voluntary except for a modest full time secretariat of five persons, who help with its daily activities.

The 13 chapters of the Association are: Dar-es-Salaam, Coast, Dodoma, Morogoro, Singida, Mwanza (for Mwanza and Kagera), Arusha (for Arusha and Manyara), Mara, Shinyanga, Mbeya, Kilimanjaro, Tanga and Iringa. There are ongoing efforts for other regions to set up their own active Chapters. Chapters are close to the Local Government authorities and therefore are ideal organs for public health activities at district and community levels.

TPHA's purpose is to prevent diseases and promote healthy lifestyles through advocacy, lobbying, education and awareness creation on public health issues at all levels in Tanzania. The Association's great potential to attain its goal in public health improvement is recognized, but it has not been exploited fully due to financial and human resource constraints. In its renewed aspirations, embedded in this strategic plan, TPHA will strengthen its organizational capacity and management structures to adequately address Public Health Issues. The successful implementation of this plan, guided by the embedded monitoring and evaluation will enable the Association accomplish its mission and achieve its goal, and hence transform into a highly reputed public health organisation at the national, regional and global levels.

Dr. Filbert Nyinondi
Chairperson, Tanzania Public Health Association

ACKNOWLEDGEMENTS

The Tanzania Public Health Association would like to take this opportunity to first and foremost thank Dr. Rumishael Shoo for funding the development of this strategic plan. Special thanks are also extended to members of the TPHA Executive Committee for overseeing and coordinating the development of this plan.

The Association would like to recognize the contributions made by the Taskforce team including Dr. Leonard Mboera, TPHA Editor in Chief, Dr. Faustine N. Njau, Dr. Fatuma Mrisho, Dr. Rumishael Shoo, Prof. Japhet Killewo, Dr. Eric Van Praag, and Dr. Mashombo Mkamba for their spirited efforts in making this Strategic plan a reality.

Special thanks are also extended to Dr. Mariam Ongara, Dr. Anna L. Nswilla, Dr. Adeline I. Kimambo and Evance Milasara who volunteered to do the final editing of the plan document.

Finally, thanks to the Secretariat who provided administrative support, Bernadetha Matle, Jerina Ndongwe and Irene Chalamira.

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January 2020

ABBREVIATIONS AND ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immune Deficiency Syndrome
ASC	Annual Scientific Conference
BCC	Behaviour Change Communication
CPHA	Canadian Public Health Association
GTZ	Gesellschaft Fur Zusammenarbeit
HIV	Human Immunodeficiency Virus
HSR	Health Sector Reform
M & E	Monitoring and Evaluation
MDGS	Millennium Development Goals
NGO	Non-Governmental Organization
NHSSP	National Health Sector Strategic Plan
NSGRP	National Strategy for Growth and Reduction of Poverty
PRS	Poverty Reduction Strategy
RTA	Road Traffic Accidents
SHDEPHA+	Service, Health, and Development of People living positively with AIDS
THQIF	Tanzania Health Quality Improvement Framework
TPHA	Tanzania Public Health Association
TWG	Technical Working Group
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing

EXECUTIVE SUMMARY

The Tanzania Public Health Association (TPHA) was established in 1980 as a leading voice in public health in Tanzania. Over the years, TPHA has demonstrated an enduring commitment to the promotion of public health in the country. The development of this five-year strategic plan is meant to serve the purpose of shaping organizational direction and scope on long term basis by making broad decisions on development, deployment and configuration of the resources within the changing environment and to fulfil stakeholders' expectations and achieve the Association objectives. This strategic plan aims to answer some key Association questions related to its purposes and is expected to enable TPHA to improve success of its goals, mission and objectives. This strategic plan envisages to establishing institutional priorities for efficient and effective resource allocation.

The preparation of this plan was through a consultative and iterative process which involved most of the key stakeholders. The participatory process involved a number of methodological activities which included analysis of the Association's strengths, weakness, opportunities and challenges as well lessons of experience of the previous strategic plan.

This strategic plan is therefore, focused on 3 major strategies translated into the total of 11 strategic objectives and 56 planned activities. The Strategic Objectives are: (i) Strengthening Organization and Management Capacity; (ii) Developing knowledge through research and disseminating public health information; and (ii) Strengthening policy advocacy and behavioural change communication.

The strategic objectives, strategies and activities were developed to address the key Association's challenges and priorities. In addition, the strategic plan contains a detailed Monitoring and Evaluation Framework.

The planning process consisted of different engagement meetings and consultations. This document represents a compilation of "Priorities" which the plan aims to work upon to address public health issues as documented in the whole planning process. The Appendix contains ongoing activities, High priority organization and program Actions, Action Plan for Two years implementation and, the initial timeline and other indicative resources. This document was finalized at the conclusion of the process.

BACKGROUND

1.1 The Strategy document and Structure

This document is an account of the Tanzania Public Health Association Five Year Strategic Plan for the period of January 2020 to Dec 2024. It was developed over time, firstly during a two day retreat which conducted a review process. The conclusions reached by the end of the retreat and recommendations for the way forward were further processed and compiled by the Association's Secretariat and Rapporteurs. Subsequently, further consultations enabled its fine tuning and ultimate production of this product.

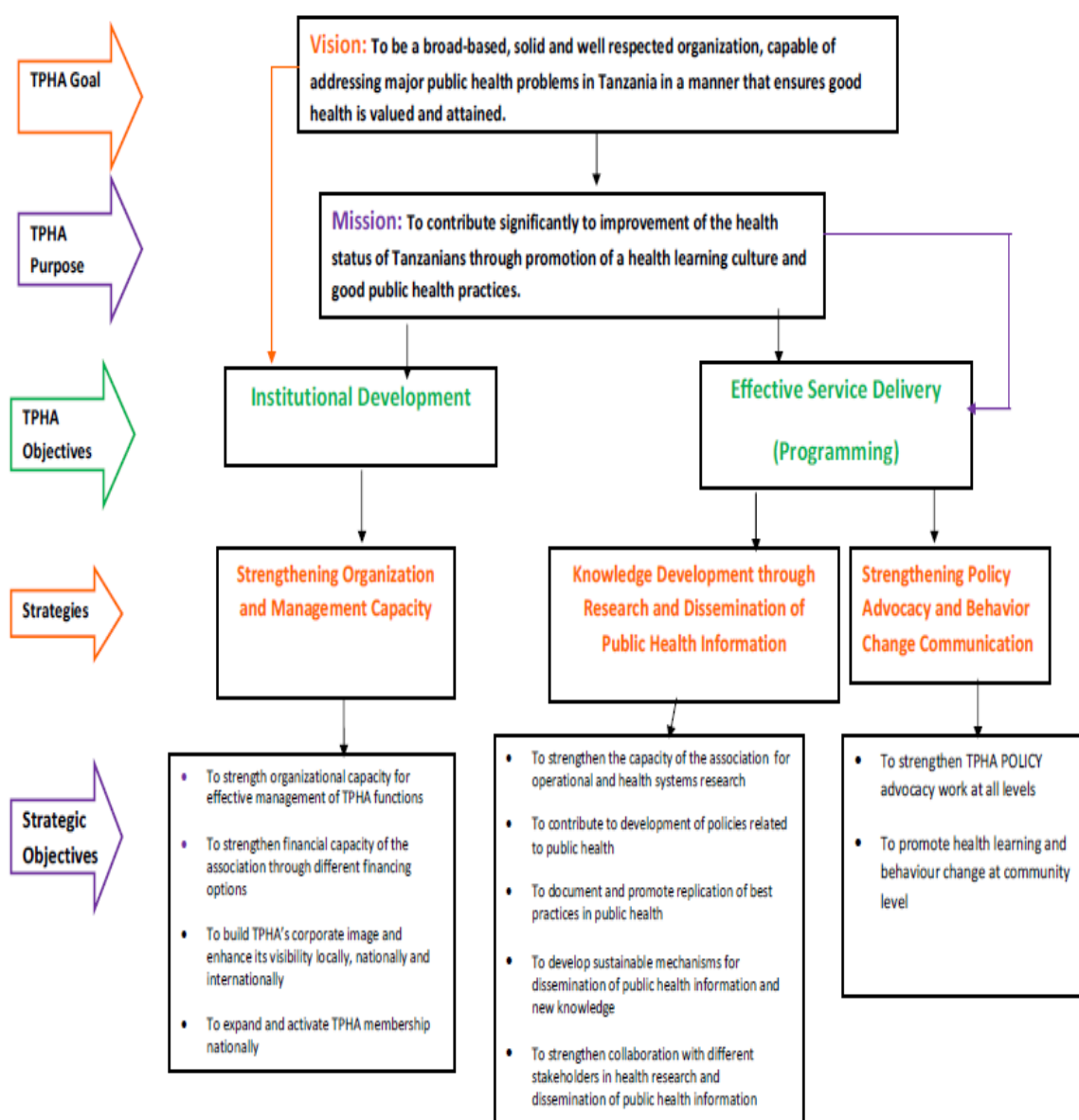


Figure 1: The Tanzania Public Health Association Strategic Framework

The Five Year Strategic Plan document is organized into eight sections. The first part introduces the association's purpose for being established, the second presents its historical profile and the organization and management structures together with the proposed strategic framework. The third part gives TPHA's relatively rich past experience, the fourth is an environmental scan, involving a situation analysis from the internal and external perspectives, including the existing government health and health related policies, guidelines and strategies. Part five embodies the current strategic plan, and six is a brief account on financing prospects, with a summary budget estimates for year one implementation. Section seven is a short conclusion while section eight carries the appendices to the document.

For each of the three strategic areas, several four strategic objectives have been identified, that were interrelated. For the strategy on the association's capacity strengthening, four strategic objectives are identified, while for the second strategy of developing knowledge and disseminating information, five are identified and finally, for the Strengthening Policy Advocacy and Behavioural Change Communication, two strategic objectives are identified. A general implementation and monitoring and evaluation (M& E) frameworks were drawn up from these strategic objectives. After mapping of ongoing activities, and reviewing the priority issues, the first annual activity plan for 2019/ 2020 was created, with projections for subsequent years. A tentative budget proposal has been drawn up to begin the implementation of the strategic plan and M& E framework execution. While there is a clear need for a parallel communications strategic plan framework to drive the implementation of the Association's current Strategic Plan, at this stage, there are discreet individual project related communication plans for their respective implementation. Further expert consultations will have to be done for a more elaborate, long term organizational communications strategic plan.

1.2 Purpose of the Strategic Plan, 2020-2024

To provide a guiding roadmap that will facilitate public health advocacy and promotion of healthy life styles, that ensures health as defined by the World Health Organization is attained and valued by the Tanzanian community.

2.0 THE TANZANIA PUBLIC HEALTH ASSOCIATION PROFILE

Tanzania Public Health Association (TPHA) is a non-profit “non-governmental organization” which was established in 1980, registered on 27th December 1980, with Registration Number 6210. The Association applied for and obtained a Certificate of Compliance to the Non-Governmental Organization Act of 2002 No. 0751 in May, 2008. The Association is broad-based multi-disciplinary membership drawn from medical and allied professions as well as unrelated professionals who are interested in public health in its broadest sense, especially those interested in addressing important public health problems affecting the Tanzanian population. Membership is also open to non-Tanzanians residing within and outside the country. Currently the Association has registered over 2,666 members, the majority from within Tanzania.

2.1 TPHA Vision and Mission

2.1.1 Vision:

To be a broad-based solid and well respected Association, one which is sustainable and capable of addressing major public Health issues in Tanzania and globally.

2.1.2 Mission:

To contribute significantly to the improvement of the health status of the Tanzanian population through promotion of good public health practices.

2.1.3 Core values and guiding principles

TPHA upholds the following guiding principles and values:

- Respect for human rights and non-discrimination
- Equity and social justice with regard to gender, religion, ethnicity and other social characteristics
- Integrity, accountability and transparency
- Quality driven by the highest standards of evidence-based practices, ethics, and operational performance
- Efficiency and effectiveness for resource maximization

2.2 Organization and Management

TPHA's highest governing body is the Annual General Meeting (AGM) where members ratify decisions of the Executive Committee (EC) and elect office bearers as particular positions fall vacant, every two to three years according to the Association's Constitution. The AGM is convened during the Annual Scientific Conference.

The National Executive Committee (NEC) is the next managing body under the AGM. The committee holds four ordinary meetings per year, one every three months to attend to important matters of the association. The committee may call any number of *ad hoc* meeting or sub-committees depending on the need, between the scheduled ordinary quarterly meetings. The NEC is composed of 11 members as

follows: the Chairperson, the Chairperson-Elect, the Immediate Past Chairperson, the Executive Secretary, The Treasurer, The Organizing and Publicity Secretaries, The Editor in Chief, Two members elected by the AGM and one member nominated by the Chairperson. All these positions are honorary.

2.2.1 TPHA National Secretariat

The Association has a small full time Secretariat which is responsible for the running of the office and activities of the Association. It is composed of a Programme Manager, Project Officer (s), an Accountant, and an Administrative Assistant. Project coordinator (s), project officer (s), and an Information Technology specialist are employed on a contractual basis when need arises. The Secretariat is directly under the Executive Secretary of the Association.

2.2.2 Geographical Scope

Currently TPHA is operating in Tanzania Mainland. However, it has members in Zanzibar as well as in other countries. So far, TPHA has 13 Regional Chapters in Dar-es-Salaam, Coast, Morogoro, Dodoma, Singida, Iringa, Mbeya, Mwanza, Shinyanga, Mara, Kilimanjaro, Tanga and Arusha. More chapters are expected to be established in the future, as institutional capacity is enhanced and its potential for addressing public health problems is realized. Chapters address public health issues at regional and district levels, and are much closer to the communities.

2.2.3 Membership

Up to 31st December 2018, the Association had registered 2,666 members since it was founded in 1980. According to the constitution, there are several membership categories, including student, affiliate, and ordinary and life membership.

2.2.4 Reporting

The Secretariat, compiles technical and financial reports for presentation to the quarterly meetings of the Executive Committee. The Chairperson's report and Treasurer's report as well as audited financial statements are presented at the Annual General Meeting for endorsement by the highest governing body.

3.0 TPHA PAST EXPERIENCES

3.1 Core competences and achievements

3.1.1 *Knowledge generation*

Facilitating capacity building in specific areas where needed, conducting research to generate new knowledge in various public health areas and carrying out monitoring and evaluation of programmes and projects. The following are projects that have been implemented by TPHA:

- i. Alcohol Harm Prevention is a 9 years project started back 2011 with pilot work, and later to implementation in two phases from 2013 to date. The project is funded by IOGT.NTO Movement Sweden. This is a community-based intervention aiming at reducing alcohol consumption and violence against women in the community by 5% of baseline in the project communities in Mkuranga and Mbulu districts.
- ii. A one year school-based awareness and advocacy campaign project aimed at reducing the percentage of Dar es Salaam children under age 14 years who ever use tobacco. The “80 Children Strong” campaign project was funded by ASCO in 2015 reaching a total of 300 children with the educational campaign against tobacco and alcohol use.
- iii. **Assessment of SHDEPHA+ Management and Programme activities** (September, 2001 and January, 2002). The objective was to assist SHDEPHA+ in the process of reviewing its management and operational activities, in order to effectively enhance the fight against HIV/AIDS. This project was funded by United Nations Development Programme.
- iv. **Rapid Situation Analysis of Health Sector Reform (HSR) Awareness in Tanzania.** This was a consultancy assignment done in 1999-2000. The aim was to assist the Ministry of Health in identifying gaps in Health Sector Reform (HSR) knowledge, attitude and practice among Regional and Council Health Management Team members in Dar es Salaam, Mwanza and Ruvuma regions. Recommendations from the assessment were used in developing HSR advocacy/Information, Education and Communication messages for effective advocacy and sensitization for the entire country.
- v. **The Policy Project** (May 1999 to March 2000). Its objective was to assess the policy environment for HIV-AIDS/STI and Reproductive & Child Health in Tanzania. Three major activities were implemented that notably contributed towards the relevant service delivery guidelines in the country. The project was funded by United States Agency for International Development through the Futures Group International Inc.

- vi. **Inventory of Social Services Delivered by Faith Groups in Tanzania 2001.** The inventory was done to identify and categorize faith groups operating in mainland Tanzania; identify the social services provided by the groups, and determine their distribution pattern according to the type of social services provided and level of operation. The project was funded by the World Bank.
- vii. **Health Sector Reform Workshops including Strategy VII for Public Private Partnership in 2000.** TPHA was contracted by the Ministry of Health to provide administrative and logistical support for two stakeholders' workshops for consensus building and another for pre-appraisal review. TPHA facilitated logistics and administrative support to ensure accurate documentation, appropriate coordination of workshop report production and submission to Ministry of Health.
- viii. **External evaluation of Dar es Salaam Urban Health Project:** TPHA collaborated with the South Bank University in London to conduct an evaluation of the Dar es Salaam Urban Health Project. This work was funded by Swiss Development and Cooperation Agency.
- ix. **Assessment of Disease Surveillance Systems in Tanzania** (November 1998 to March 1999). Its objective was to assess disease surveillance systems in Tanzania. TPHA provided technical and logistical support services for the assessment team, as subcontracted by Camp Dresser and McKee International Inc. The activity was funded by USAID through Environmental Health Project in collaboration with the Ministry of Health-Tanzania, the US Centres for Disease Control and Prevention and World Health Organization.

3.1.2 Information Dissemination

Providing forum for dissemination of public health information and new research findings from own generated new knowledge as well as from other sources. This is accomplished through:

3.1.3 Annual Scientific Conferences (ASC) and Annual General Meetings (AGMs).

From 1982 to 2018, TPHA has convened 35 scientific conferences and annual general meetings. These conferences always yield fruitful deliberations and recommendations for action or policy change and have carried important information worth publishing. Recommendations are usually presented to the Ministry of Health and other key stakeholders. Proceedings of the conferences are available at the Association's website (www.tpha.or.tz). In addition, periodic seminars on public health issues are organized according to need of the time and resource availability.

3.1.4 TPHA-Canadian Public Health Association Mass Communication (CPHA) Project (1989 to 1998).

The broad objectives of the project was to facilitate the control of diseases and address other public health problems in Tanzania by promoting sound information dissemination and effective education for public health workers, the civil society and the public in general. Specifically, this project resulted in:

- the production and distribution of the *TPHA FORUM Newsletter*
- Enhanced the organization of the TPHA Annual Scientific Conferences and facilitated production and wider distribution of the proceedings of several annual conferences.
- Enhanced the visibility of TPHA through production of articles dealing with public health topics that were published in local newspapers for public consumption.
- The strengthening of TPHA's organizational capacity within by improvement of its collaboration with local zonal / regional chapters, relevant departments of the Ministry of Health, especially the Health Education Unit and other National Public Health Associations in Africa.
- Facilitating the organization of and conduct of radio programmes in the form of topical discussions and interviews on issues of public health importance.

3.1.5 Organizing Annual Meetings and Conferences for various Health Ministry professionals:

TPHA was commissioned by the Ministry of Health to organize the following meetings and conferences: The 1st (March 2003), 2nd (March 2004) and 3rd National Malaria and Integrated Management of Childhood Illness Conferences and the 1st (June 2003), 2nd (June 2004) and 3rd (November 2005) District Medical Officers' Annual Meetings.

3.1.6 Awareness creation

Facilitating capacity building in specific public health areas where needed, producing information, education and communication (IEC) materials and conducting IEC activities, including the following:

- I. Cholera IEC Project: Aimed at improvement of public knowledge of cholera and factors leading to its frequent outbreaks in order to motivate change in habitual behaviour in Dar es Salaam, Dodoma, Mwanza and Mtwara.
- II. Eradication of Female Genital Mutilation Project in Kilimanjaro Region: Implemented between November 1999 and June 2001. The objective was to contribute to improved health among women through elimination of female genital mutilation practice in Kilimanjaro region. The project was implemented in Moshi Rural and Same districts. This project was done in a multi-sectoral participatory approach, with community members taking the lead in its implementation and was funded by the Swiss Agency for International Development.

3.1.7 Advocacy work and lobbying

- i. Advocacy for National Alcohol policy (Feb 2013) providing alcohol harm education to strengthening collaboration and networking among stakeholders.
- ii. Advocacy for Accelerated scaling Up of Voluntary and Counselling Testing in Tanzania Mainland (November 2006 to April 2008). The objective was to complement Government efforts in scaling up voluntary Counselling and HIV Testing in Tanzania Mainland, through public-private partnership approach. The project was funded by Tanzania AIDS Commission through donor support under the Rapid Funding Envelope. Other partners were ITV – Radio One and Steadman Group Marketing Research.
- iii. Tobacco Control projects Implemented by TPHA from 2003/2004 to 2008/2010.
- iv. TPHA participated in the development of PPP Policy guidelines, PPP Strategic Plan, review of the National Health Policy
- v. Network/coalition building: Coordination of the Tanzania Alcohol Abuse Prevention Network, (TAANET), TPHA thematic working groups on tobacco control and road use safety. TPHA has also participated in Ministry of Health assignments as a stakeholder with other civil society institutions including Health Sector Technical Working Groups (TWG), Joint Annual Sector reviews and other ministries tasks.

3.2 Institutional Capacity Building

The Association organized seminars and workshops for training both members and other stakeholders, in operational research methodology and basic scientific writing skills, which enhanced capacity of several chapters in the past.

3.2.1 Funding Sources

The main sources of funding include (i) Membership subscription fees; (ii) Annual members' contributions; (iii) Donor funded projects/Grant supported projects; (iv) Bilateral aid from national and international institutions with common public health

interests; (v) Space renting at its headquarters building; and (vi) Other sources of funds through collaborative partnerships, property investment.

3.2.2 *Human Resources*

The Association's day to day activities are run by a Secretariat of four to five persons. Executive Committee Members, at both National and Chapter levels, are honorary members, who are elected every 2 years, or three in the case of the Executive Secretary. These persons volunteer their time and effort to strengthen the association, especially in areas of individual professional competences whenever needed. On special occasions where projects / programmes with financial resources are acquired, contracted consultants are engaged, who may be obtained from the Association's members as well as non-members.

3.2.3 *Infrastructure and Equipment*

The Association is housed in its own building situated at Kingunge Street No: 2, off Mwananyamala Road, Plot No.66 Block 45, in Kinondoni Municipal Council, Dar es Salaam, Tanzania. The association has basic working equipment and tools.

3.2.4 *Membership Recruitment*

The Association membership as per register stands at 2,666. However the membership register is being updated. According to TPHA Constitution, membership recruitment is one of the responsibilities of the Organizing Secretary of the Association. Registration will be done on line whereby a new candidate fills in a standard membership application form and submits the form and his/her registration and subscription fees to the Secretariat at the Head Office, or the Chapter Executive Secretary.

4.0 SITUATION ANALYSIS

4.1 Overview of the TPHA Strategic Plan 2011 - 2015

In this document, the Association had identified three strategic thematic areas namely:

- **Strategy 1:** Strengthening organizational and management capacity of the Association
- **Strategy 2:** Knowledge Development through Research and Dissemination of public health information
- **Strategy 3:** Strengthening Policy Advocacy and Behaviour Change Communication

The three strategic thematic areas were generally maintained throughout the Association's existence, at varying levels, depending on resources available at the time.

4.2 Analysis of the Strengths, Weaknesses, Opportunities and Challenges

(a) *Strengths*

- TPHA is a legally established organisation and registered since 1980; with an established organization structure and management systems
- Broad-based organization with multi-disciplinary membership and core competencies in public health
- Wide geographical coverage with members all over the country as well as international representation
- Well respected, recognized and trusted association with highly competent, experienced Technical Advisory Team capable of generating independent views
- Regular and well established mechanisms for exchange of information
- Strong and unique organization structure which is there to stay, with a succession plan conferred by its constitution.
- Existence of comprehensive policy documents such as Constitution, Strategic Plan, and Annual Plans
- Own premises with a two storey building with adequate office space including an open space for future development.

(b) *Weakness*

- Weak financial base and support from key stakeholders. Hence is donor dependent (donor dependence)
- Inadequate proactive membership and inadequate spirit of voluntarism at all levels
- Inadequate follow-up of TPHA's recommendations
- Weakness of an elaborate mechanism of collecting, archiving, packaging and disseminating public health information and new knowledge

(c) *Opportunities*

- Existence of a conducive political and policy environment for addressing public health needs of the population
- The revisiting of the Millennium Development Goals and having in place the new approach in the Sustainable Development Goals as well as the National Development Goals provide strategic direction and impact on public health agenda
- Favourable perception and goodwill from the Government, Civil Societies and the Private Sector, for collective public health action with the Association
- Existence of potential revenue sources such as annual member subscriptions, donors, Foundations, private sector and Government
- Socio-economic, technological and environmental changes that stimulate investment in health
- Receptive communities for health information
- Existence of one national language and relatively high literacy among the target population and channels for dissemination of public health information

(d) *Challenges*

- Competing priorities and responsibilities which constrain active and sustainable participation of members in the association's activities
- Existence of organizations and institutions whose interests and ideologies, conflict and interfere with public health action
- Changing of the Epidemiological profiles including emerging and re-emerging epidemics such as Ebola Virus Disease, Cholera, Dengue, Rift Valley fever and Non-Communicable Diseases
- Urbanization and its inherent problems
- Demographic, socio-economic and environmental degradation and climate changes which impact on public health needs
- Cultural beliefs, social norms and practices which have negative impact on public health
- Changing global perception on economic development on aid administration

5.0 STRATEGIC PLAN FOR JANUARY 2020-DECEMBER 2024

5.1 Overview of the Strategic Plan January 2020 – Dec 2024

The strategic plan has taken into account the global and national development goals, national health policy, strategic plans and implementation guidelines. It especially recognizes the inadequate provision for public health issues in general and more concentration in the health care services (curative), and general paucity in the implementation of environmental health, water, sanitation and hygiene matters as well as multi-sectoral coordination and collaboration including community engagement. The 10-year old Public Health Act of 2009 has yet to have guidelines for its implementation, and the appropriate human power to oversee its utilization at all levels. In the absence of such implementation tools and many gaps in the public health theory and practice, TPHA has an important and a lead role to play, once it captures the potential opportunities. Moreover, during the recent past some important issues in public health including One Health Approach in disease control and Antimicrobial Resistance have emerged and requires the contribution of TPHA. For this purpose the Association will place all the available energy and resources to prepare adequately for the implementation of the current strategic plan and follow its monitoring and evaluation (M& E) framework to ensure the existing opportunities are well utilized for the benefit of the Tanzanian community.

5.2 Strategies and Strategic Objectives

In line with the previous strategic plan of 2011-2015, three main strategies were endorsed, as follows:

Strategy 1: Strengthening organizational and management capacity of the Association

Strategy 2: Knowledge Development through Research and Dissemination of public health information

Strategy 3: Strengthening Policy Advocacy and Behaviour Change Communication

A total of 12 strategic objectives were identified, four under Strategy 1, five under strategy 2 and two under strategy 3 as follows:

5.2.1 *Strategy 1: Strengthening Organizational and Management Capacity of the Association*

1. To strengthen organizational capacity for effective management of TPHA functions

2. To strengthen resource mobilization/financial capacity of the association through different financing options

3. To build TPHA's corporate image and enhance its visibility locally, nationally and internationally

4. To expand and activate TPHA membership nationally

5.2.2 *Strategy 2: Knowledge Development through Research and Dissemination of Public Health Information*

1. To strengthen the capacity of the association for operational and health systems research
2. To contribute to development of policies related to public health
3. To document and promote replication of best practices in public health
4. To develop sustainable mechanisms for dissemination of public health information and new knowledge
5. To strengthen collaboration with different stakeholders in health research and dissemination of public health information

5.2.3 *Strategy 3: Strengthening Policy Advocacy and Social and Behaviour Change Communication*

1. To strengthen TPHAs policy advocacy work at all levels
2. To promote health learning and behaviour change at community level
3. To conduct policy dialogue fora to enhance utilization of research findings by policy and decision makers

5.3 Priority Setting for Action Plan

Action plans are for guiding annual implementation targets of the strategic plan. Since the association had ongoing activities, these will be based on the agreed framework according to the current thinking, to fit into its short and medium term plans, from July 2019 to June 2020. The mapping of ongoing activities and their categorization into the main strategic objectives was done after the retreat and is presented in Appendix 1.

5.3.1 *High priority organizational and programme Objectives (Appendix 2)*

The Association has identified the following as its high priority areas:

- a) Annual Scientific Conference and Annual General Meeting
- b) Generation of new knowledge through health systems and policy research
- c) Dissemination of public health information
- d) Enhancing Public Health Policy Advocacy
- e) Information Communication for Behaviour Change
- f) Enhance Internal and External Communications
- g) Enhance Resource Mobilization

5.3.2 *Action Plan for July 2019 - June 2020 (Appendix 3)*

This was drawn up following identification of activities for the period and parallel costing done according to prevailing circumstances, as outline in Appendix 3

5.3.3 *Communications Strategic and Action Plans for 2019 - 2020 (Appendix 4)*

A guiding sketch was worked out, and will be refined as other factors get clarified during the projected implementation period (Appendix 4).

6.0 FINANCING FRAMEWORK

Financial plan is computed from the objectives and respective activities presented in the Implementation framework, M& E framework and the subsequent annual action plans including a communication strategic plan for the short term and medium term. Long term plan projections are reviewed as initial implementation commences, and concrete action plans are drawn up on yearly basis. The strategic plan implementation framework is attached as Table 1 while the Monitoring and Evaluation Framework is presented in Table 2; Table 3 presents a summary budget estimates for 2019-2020. The Action Plan for 2019/2020 is shown in Appendix 3. These sections provide the basis on which financial resource mobilization will be based.

Sources of funding will be diverse, and will include membership contributions, collaborative partnerships, property investment and renting. Government and other contracts and donations will be solicited for specific activities, such as environmental sanitation and management, urban mosquito control, advocacy and awareness raising on various public health issues, policy formulation consultancies and project proposal development for implementation, where substantial institutional overheads may be obtained. Partnerships with other civil societies, organizations, Central and Local Government institutions as well as other key stakeholders are possible avenues for synergy and collaboration, including the target communities.

6.1 Overview

At the moment, the Association is clearly cash strapped, but with all the opportunities around, there are strong reasons to turn the situation around in a short while, when due diligence and adequate resource mobilisation strategies are implemented. Many of the ideas put down in this document are convertible currencies and the time to convert them is now, when the government institutions are not effectively managing nor adequately addressing important public health issues which seriously affect the Tanzanian population. The rationale for putting in place this strategic plan is to consolidate all efforts to mobilise adequate resources to address the most pressing concerns, raise public and government awareness to take part their part in solving community problems.

6.2 General Projections for financing the entire strategic plan period: January 2020-Dec 2024

There is a need to establish a framework for financing essential administrative and managerial services that must support TPHAs projects as they come and go. Concrete financial estimates may be a bit elusive at this stage, considering the financial meltdown being universally experienced. However, an estimate for years 1 and 2 are to ensure that the plan takes off as proposed, albeit in a less ambitious scale than planned. Efforts are under way to draw up a well-articulated resource mobilization strategy that will include all legal means for raising funds. There is also a need to put in place a master plan for property development, which will then form a firm foun-

dation for leasing and a long term financial source. Emerging opportunities for financial viability of the Association can be captured using the land property currently lying idle.

Other sources of revenue include large scale research projects and intervention proposals development, in collaborative programmes with likeminded local and international organizations. Such windows of opportunity have not been exploited yet. Some of these require that the corporate image of TPHA be raised sufficiently enough for clear visibility. Thus in our strategy for capacity strengthening, image building forms part and parcel of the implementation of the current Strategic plan.

6.3 Estimated revenue and expenditure for January 2020-Dec 2024

6.3.1 *Ongoing activities which have potential for long term extension for funding include:*

- (i) Baseline study on Alcohol intoxication and its harm to others, especially violence against women in three districts in Tanzania for interventions. This project is funded by the IOGT.NTO International Institute of Sweden for the initial period of two years(insert years), with a likelihood for further extension
- (ii) Network strengthening with Tanzania Alcohol Abuse Prevention Network–Funding from IOGT.NTO International Institute.

6.3.2 *Projected activities:*

- (i) Alcohol Harm Prevention and Violence Against Women interventions (funded by IOGT.NTO Movement Sweden)
- (ii) Road Safety Campaign
- (iii) NCD control and awareness raising
- (iv) Improving Food vending skills “Mama-ntilie project” around school compounds
- (v) Establishment of a futuristic “one stop” information resource centre

7.0 CONCLUSION

TPHA has much work to do to make a difference in public health at all levels. Indeed, there is a need for an independent health oriented body to monitor the implementation of existing policies and guidelines for effectiveness as well as evaluate how successful they have been implemented at national, district and community levels. On the account of its multi-disciplinary professional membership, TPHA can fulfil this role very effectively once adequately equipped and appropriately coordinated.

As stated in the introductory part, the Association has an enormous potential in long term experience, and it is fairly detached from local politics. It can play a vital role in identifying gaps between policy and implementation, disseminate newly generated knowledge, facilitate sharing of emerging information, advocate for better policies and practices and enhance overall performance, through IEC and communication for behaviour change. TPHA can enhance dissemination of policies and guidelines nationwide, it can also enhance interpretation of guidelines for strengthening community action from individual persons, household to community levels on one hand, while sharing deficiencies for rectification with policy makers and programme managers at district, regional and national level on the other.

At a global level, there is increased concentration of financial support for specific health problems such as Neglected Tropical Diseases, HIV/AIDS, Malaria, and Tuberculosis, mostly done as vertical programmes running parallel to the conventional health service. These programmes have often pulled resources away from the health service system and their impact on the overall effectiveness of the health services need to be persistently assessed. The Association has therefore, ample opportunities to contribute towards enhancing health service achievement towards attaining Sustainable Development Goals. However, there is stiff competition especially from international NGOs who are doing the similar things and they are better resourced and more trusted by the international donor community and development partners. TPHA has to adequately raise its profile so as to compete with those better resourced international NGOs. This can only be done by setting up assertive plans and appropriate strategies. To capture these opportunities is a prerequisite to opening doors to full participation. Without direction that can be followed very vigorously, the Association will remain weak amongst plenty of opportunities, while there is much public health work that needs to be done.

The current 5-year strategic plan is a viable tool to enhance the organization's performance to attain the desired goal.

TABLE 1: TPHA STRATEGIC PLAN JANUARY 2020 - DEC 2024 IMPLEMENTATION FRAMEWORK

Strategy 1: Strengthening Organization and Management Capacity of the Association

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
1.1. To strengthen organizational capacity for effective management of TPHA functions	1.1.1. Assessment of the TPHA organizational capacity needs at all levels	2020 - 2024	Human, Financial	National Executive Committee (NEC), Secretariat; Chapters
	1.1.2. Recruitment of additional personnel for the TPHA Secretariat	2020-2024	Human, Financial	National Executive Committee, Secretariat
	1.1.3. Development of a business plan for the association	2020-2024	Human	Secretariat + Executive Secretary
	1.1.4. Development of a corporate communications plan	2020-2024	Human	Secretariat & Technical experts in the field
	1.1.5. Integration of concept of volunteerism in TPHA policy documents and operating manuals	2020-2024		Secretariat, EC
	1.1.6. Updating of TPHA operating manuals	2020-2024	Human	Executive Committee, Secretariat
	1.1.7. Conduct in-house management training for TPHA, NEC, Chapter leaderships	2020-2024	Human	NEC & Secretariat
	1.1.8. Development of TPHA Policy Guidelines	2020-2024	Human	Policy Technical Working Group (TWG) & Secretariat
1.2 To strengthen financial capacity of the association through different financing options	1.2.1. To establish a Resource Mobilization Committees (RMC) at national and chapter levels	2020-2024	Human	Secretariat + Chapter leaders
	1.2.2. Development of terms of reference for the RMCs	2020-2024	Human	Secretariat + EC
	1.2.3. Establishment of long term health programmes	2020-2024	Human, Financial	RMC, Secretariat
	1.2.4. Establishment of short term health projects	2020-2024	Human, Financial	Resource mobilization committee, Secretariat
	1.2.5. Engagement in short term consultancies	2020-2024	Human	RMC, TPHA members

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
	1.2.6. Renting out of TPHA premises	2020-2024	Human	NEC, Secretariat
	1.2.7. Production and selling of TPHA publications	2020-2024	Human, Financial	RMC, Secretariat
	1.2.8. Production and selling of TPHA promotional materials	2020-2024	Human, Financial	RMC, Secretariat
	1.2.9. Organization of annual fund-raising events for different activities of the association	2020-2024	Human, Financial	NEC, Secretariat, RMC
	1.2.10. Design and implement a long term property investment venture	2020-2024	Human, Financial	NEC, Secretariat, RMC
1.3. To build TPHA's corporate image and enhance its visibility both nationally and internationally	1.3.1. Development of TPHA corporate information kit	2020-2024	Human, Financial	Secretariat
	1.3.2. Production and strategic use of TPHA promotional materials	2020-2024	Human, Financial	Secretariat, Advocacy Working Group
	1.3.3. Development and up-dating of TPHA website	2020-2024	Human, Financial	Secretariat
	1.3.4. Involve the media and other stakeholders to foster visibility of the association both nationally and internationally	2020-2024	Human, Financial	Secretariat, Advocacy Working Group
1.4. To expand and activate TPHA membership nationally	1.4.1. Continuous recruitment of new members	2020-2024	Human	TPHA Chapter
	1.4.2. Regular updating of the membership database	2020-2024	Human	Secretariat, Chapters
	1.4.3. Identification and implementation of activities that engage TPHA members at all levels in a continuous manner	2020-2024	Human, Financial	National Committee, Secretariat, Chapters Executive
	1.4.4. Development of mechanism for acknowledging and motivating members for outstanding contribution to develop-	2020-2024	Human, Financial	National Committee, Secretariat, Chapters leadership Executive

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
	ment of the association			
	1.4.5. Promote the establishment of new TPHAs chapters	2020-2024	Human, Financial	Secretariat, NEC, Members
Strategy 2: Knowledge Development through Research and Dissemination of Public Health Information				
2.1.To strengthen the capacity of the association for operational and health systems research	2.1.1. Establishment of a Research and Dissemination TWG (RDTWG)	2020-2021	Human	Secretariat & Chapter leadership
	2.1.2. Development of terms of reference for the RDTWG	2020	Human	Secretariat at National Level
	2.1.3. Training of potential TPHAs members/chapters on research proposal development	2020-2024	Human, Financial	Secretariat, Research & Dissemination TWG
	2.1.4. Receive and review of research proposals developed by TPHAs members	2020-2024	Human, Financial	Research & Dissemination TWG at national & chapters
	2.1.5. Developing resource mobilization strategies for operational and health systems research	2020-2024	Human	Secretariat, Research & Dissemination TWG
	2.1.6. Carry out knowledge translation of research findings	2020-2024	Human, Financial	Secretariat, RDTWG at national & chapter levels
2.2.To contribute to development of policies related to public health	2.2.1. Establishment of a Policy Development Technical Working Group (PDTWG)	2020-2024	Human	Secretariat, Chapter leadership
	2.2.2. Development of terms of reference for the PDTWG	2020-2024	Human	Secretariat, EC
	2.2.3. Convene an annual Policy Dialogue	2020-2024	Finance, Human	TWG on Policy Development & Secretariat
	2.2.4. Conducting policy analysis and giving recommendations for improvement of existing / new policies	2020-2024	Human, Financial	Policy TWGs

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
	2.2.5. Identification of public health issues that need policy statements & development of appropriate policy statements	2020-2024	Human, Financial	Policy TWGs
	2.2.6. Sharing of policy issues with relevant stakeholders and key actors at all levels	2020-2024	Human, Financial	Policy TWGs
2.3. To document and promote replication of best practices in public health	2.3.1. Documentation of best practices in public health observed in different parts of Tanzania and elsewhere	2020-2024	Human, Financial	Secretariat, Research & Dissemination TWG
	2.3.2. Dissemination of the best practices through publications and other media channels	2020-2024	Human, Financial	Secretariat, Research & Dissemination TWG G
2.4. To develop sustainable mechanisms for dissemination of public health information and new knowledge	2.4.1. Regular convening of the TPHA AGM & Annual Scientific Conferences at all levels	2020-2024	Human, Financial	Secretariat, RDTWG, national & Chapter ECs
	2.4.2. Establishment of TPHA information resource centre	2020-2024	Human, Financial	Secretariat, RDTWG
	2.4.3. Development of messages for dissemination of public health information through print, electronic and outdoor media	2020-2024	Human, Financial	Secretariat, RDTWG, Advocacy Working Group
2.5. To strengthen collaboration with different stakeholders in health research and dissemination of public health information	2.5.1. Identification of potential stakeholders to collaborate with in health research and dissemination of public health information	2020-2024	Human	Secretariat, RDTWG,
	2.5.2. Involving stakeholders in health research and dissemination of public health information	2020-2024	Human, Financial	Secretariat, Chapter leadership, RDTWG

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
3. Strengthening policy advocacy and behaviour change communication				
3.1 To strengthen TPHA policy advocacy work at all levels	3.1.1. Establishment of Advocacy Technical Working Group (ATWG) at the national and Chapter levels	2024	Human	Secretariat, and Chapters
	3.1.2. Development of terms of reference for ATWGs	2024	Human	Secretariat
	3.1.3. Conducting meetings of ATWGs during AGM & ASC	2020-2024	Human, Financial	Secretariat, all Chapters
	3.1.4. Production of policy briefs on different issues related to public health	2020-2024	Human; Financial	Secretariat, Policy TWG, Advocacy Working Group
	3.1.5. Convening of policy for a to discuss different policy issues related to public health (see Strategic 2.2.3)	2020-2024	Human, Financial	Secretariat, Policy TWG, ATWG
	3.1.6. Participation in policy reviews organized by different stakeholders	2020-2024	Human, Financial	Secretariat, Policy TWG, Advocacy Working Group
3.2. To promote health learning and behaviour change communication at the community level	3.2.1. Identification of specific public health practices to be promoted in different parts of Tanzania, taking into account social & economic disparities	2020-2024	Human, Financial	RDTWG, ATW, TPHA Chapters
	3.2.2. Development of a Behaviour Change Communication (BCC) Strategy for promoting the recommended public health practices	2020-2024	Human, Financial	Secretariat, RDTWG, TPHA Chapters
	3.2.3. Identification of different stakeholders to collaborate with at community level in promoting recommended public health	2020-2024	Human, Financial	Secretariat, Advocacy Working Group, TPHA Chapters

Strategic Objective	Activities	Timeframe	Resource Needs	Responsible
	practices			
	3.2.4. Involvement of TPHA chapters and other potential stakeholders in BCC activities at community level	2020-2024	Human, Financial	Secretariat, Advocacy Working Group, TPHA Chapters

TABLE 2: TPHA STRATEGIC PLAN MONITORING AND EVALUATION FRAMEWORK

STRATEGY 1: STRENGTHENING ORGANIZATION AND MANAGEMENT CAPACITY OF THE ASSOCIATION								
Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
Strategic Objective 1.1: To strength organizational capacity for effective management of TPHA functions								
Output 1.1.1: TPHA organizational capacity needs assessed	An organizational capacity assessment report	Report document	TPHA Secretariat Activity Reports	Review of the secretariat reports	Annually	NEC	Financial Human - technical	Financial and human Resource available to start activity by 2020
Output 1.1.2: Additional secretariat recruited	No. of staff recruited	3 (1 PM, and 1 OMS; 1 Assistant Accountant Administrator?)	TPHA Secretariat Reports	Review of the secretariat reports	Annually	NEC	Salary and benefits and working tools	Financial resource available
Output 1.1.3: TPHA business plan in place	Business plans developed	Business plan document	Secretariat Reports	Review of the secretariat reports	annually	NEC	Human and financial capacity	Expert consultant or volunteer TPHA members volunteers available to lead action
Output 1.1.4: The concept of volunteerism integrated in TPHA policy documents and	No. of documents in which the volunteerism concept is integrated	Review constitution, insert article in policy guidelines, and in opera-	Constitutional Amendments Policy	Review of the Constitutional amendment	Annually	NEC & Secretariat	Human Financial and material needs	Available in-house expertise to work with, consultant

Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
operating manuals		tional manuals)	TWG activity reports	Policy guideline documents				
Output 1.1.5: Updated TPHA operational manuals in place	No. of operational manuals updated	Three - admin & financial, procurement manuals	TPHA Secretariat Activity Reports	Review of the secretariat reports	Annually	National Executive Committee Chairman	Financial & Human resource	Required resources available
Output 1.1.6: TPHA policy guidelines developed	No. of policy guidelines	Policy on communicable and non-communicable disease	Policy and TWG activity reports	Review of the reports	Every five years	Executive Secretary	Financial & Human resource	Financial and human Resource available
Strategic Objective 1.2: To strengthen financial capacity of the Association through resource mobilization								
Output 1.2.1: Resource mobilization committee established	Committee members	A Resource mobilization committee	TPHA Secretariat Report	Review of secretariat reports	Annually	NEC	Human & Financial resource	Financial and human Resource available
Output 1.2.2: Terms of reference	No. of terms of reference developed	TOR document	TPHA Secretariat	Review of secretariat	Annually	NEC	Human & , financial	Financial and human Re-

Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
ence developed for the Resource Mobilization Committee	oped		Report	report			resource	source available
Output 1.2.3: Long-term health projects established	No. of health projects	3 projects: Alcohol, Tobacco Control& Road Safety	TPHA Secretariat Reports	Review of TPHA secretariat reports	Annually	National Executive Committee	Human & Financial resource	Financial and human Resource available
Output 1.2.4: Short term health projects established	No. of short term health projects	Two projects per year	Progress and final reports	Review of secretariat reports	Annually	NEC	Financial & l, Human resource	Financial and human Resource available to start activity by 2019
Output 1.2.5: Short term consultancies conducted	No. of short term consultancies	4 consultancies per year	Progress reports Final reports	Independent progress and final reports	Quarterly updates	Secretariat & NEC	Human resource	
Output 1.2.6: Part of TPHA n premises rented out	%area of TPHA premises rented out	All available space in the - main building & the back quarter	Records of contracts signed	Records filed	Annually	Program Manager	Valuation expertise	Tenants agree with rental terms and conditions

Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
Output 1.2.7: TPHA publications produced and sold	No. of TPHA publications produced and sold	3 latest editions of TPHA Annual Scientific Conference Proceedings	Accounts statements	Financial reports published,	Records filed, Physical count of number and types of manuscripts	NEC & Secretariat	Human and financial resources	Initial financial resources available
Output 1.2.8: TPHA promotional/publicity materials produced and sold	No. and type of TPHA promotional materials produced and sold	3000 T-shirts; 3000 caps 2000 bags 1500 diaries 1500 calendars 3000 pens 1500 kanga	Financial statements reports; stocks in store	Review of Progress report	biannually	Secretariat	Human & financial resource	Financial available
Output 1.2.9: Fund raising events organized for different TPHA activities	No. of fund-raising events organized	3 fund - raising events (1 per year)	Progress Report	Review of Secretariat Progress reports	Quarterly	NEC & Secretariat	Human initial financial resource	Volunteers available from TWGs
Strategic Objective 1.3: To build TPHA's corporate image and enhance its visibility nationally and internationally								
Output 1.3.1: TPHA corporate information kit developed	No. of copies of the corporate information kit	1,500 copies (500 copies per year)	Implementation progress report	Review of secretariat reports	Annually	NEC	Financial and human resource	Resources available
Output 1.3.2:	No. and types of	1000 T-shirts	Imple-	Review of	Annually	NEC	Financial	Resources

Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
TPHA promotional materials strategically distributed to various stakeholders	promotional materials distributed	1000 caps 1000 bags 1,000 diaries 1000 calendars; 1000 pens 1000 kanga	mentation progress report	secretariat reports			& human resource	available
Output 1.3.3: TPHA website developed and uploaded	Website and links developed and uploaded	1 website	Report	Number of visits on website	As often as daily	NEC	Human & financial resource	Resources available
Output 1.3.4: Mass media engaged in promoting TPHA activities	No. of media channels engaged in publicizing TPHA activities	4 radio stations 2 TV stations 3 newspapers	Secretariat report	Review of Secretariat report	Quarterly	Secretariat	Financial & human resource	Resources available

STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION

Strategic Objective 2.1: To strengthen the capacity of the association for operational and health systems research

Output 2.1.1: Research & Dissemination Technical Working Group	No. of technical working groups	1 technical working group	Secretariat report	Review of Secretariat report	Annually	Secretariat	Human Financial	Resources available
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STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION								
(RDTWG) established								
Output 2.1.2: Terms of reference for the RDTWG developed	No. of terms of reference developed	1 document	Manuscript and secretariat report	Review of manuscript and secretariat report	Quarterly; annually	Secretariat & TWG	Human Financial	Resources available
Output 2.1.3: TPHA members/chapters trained in research proposals development	No. TPHA members/chapters trained	80 members annually	Secretariat report	Review of secretariat report	Annually	Secretariat Research & Dissemination TWG	Human & Financial Resource	Resources available
Output 2.1.4: Research proposals by TPHA members /chapters reviewed by the RDTWG	No. of research proposals reviewed	12 project proposals per year	Progress report	Review of Secretariat progress report	Annually	Secretariat/ TWGs and Scientific Committee	Financial Human and material resources	Resources available
Output 2.1.4: TPHA members /chapters to linked to funding opportunities for health research	No. of TPHA members/ Chapters linked to funding opportunities	11 chapters linked to funding source,	Progress report	Review of secretariat progress report	; biannually	NEC, Secretariat and Chapter officials	Financial Materials Human and internet connectivity	Resources available
Strategic Objective 2.2: To contribute to development of policies related to public health								
Output 2.2.1: Policy Development Technical Working Group established	A technical working groups active	1 technical working group	Progress report	Review of Secretariat progress report	Annually	Secretariat; TWG	Financial & Human resource Human	Resources available

STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION								
Output 2.2.2: Terms of reference for the Policy Development TWG developed	No. of terms of reference	1 doc	Progress report	Review of Secretariat progress report	Annually	Secretariat; TWG	Financial Human resource	Resources available
Output 2.2.3: Existing public health related policies needing review identified	No. of policies identified for review	4 per year	Policy synthesis report	Review of secretariat progress report	Annually	Secretariat; TWG	Financial & human resource	Resources available
Output 2.2.4: New policies developed for identified demanding health issues	No. of public health issues needing policy development	3 per year	Needs assessment report	Review of secretariat reports	Annually	NEC Secretariat	Financial and human resource	Resources available
Output 2.2.4: Policy advocacy started developed for needy areas related to public health	No. of policy advocacy activities carried out	3 per year	Secretariat progress reports	Review of secretariat reports	Annually	TWG for policy/ Secretariat	Financial Human	
Strategic Objective 2.3: To document and promote best practices in public health								
Output 2.3.1: Best practices in selected public health areas identified and documented	No. of case studies of best practices identified and documented	3 case studies (1 per year)	Secretariat progress reports	Review of secretariat reports	Annually	TWG for policy, Secretariat	Financial Human	Resources available

STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION								
Output 2.3.2: Documented best practices disseminated through publications and other media channels	No. of case studies of best practices documented and disseminated	3 case studies (1 per year)	Secretariat report	Review of secretariat report	Annually	Secretariat; consultants	Financial & Human resource	Resources available
Strategic Objective 2.4: To develop sustainable mechanisms for dissemination of public health information and new knowledge								
Output 2.4.1: TPHA Annual Scientific Conference convened regularly	No. of scientific conferences convened	1 conference per year	Technical and financial reports; Proceedings	Review of technical and financial reports Review of Proceedings manuscript	Annually	NEC, Conference organizing committee	Financial & human resource	Resources available
Output 2.4.2: TPHA information resource centre established	Resource centre	A resource centre in Dar Es Salaam	Secretariat report	Review of secretariat report	Annually	Secretariat	Financial & human resource,	Resources available
Output 2.4.3: Dissemination of public health information through print, electronic and outdoor media	No. of mass media information campaigns implemented	12 newspaper articles (1 per month) 3 radio spots 3 TV	Secretariat report	Review of secretariat report	Annually	Secretariat	Human & Financial resource	

STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION								
		spots 6 poster cam- paigns on different issues per year						
Strategic Objective 2.5: To strengthen collaboration with different stakeholders in health research and dissemination of public health information								
Output 2.5.1: Potential stakeholders identified for collaboration in health research and dissemination of public health information	No. of stakeholders identified for collaboration in health research and dissemination of public health information	At least 16 stakeholders on different public health theme	Secretariat report	Review of secretariat reports	Quarterly	Secretariat and EC	Human & financial resource;	Resources available
Output 2.5.2: Stakeholders engaged in health research and dissemination of public health information	No. of stakeholders involved in research and dissemination of public	At least 10 stakeholders on different	Secretariat progress report	Review of secretariat progress report	Quarterly	Secretariat	Financial & Human resource	Resources available

STRATEGY 2: KNOWLEDGE DEVELOPMENT THROUGH RESEARCH AND DISSEMINATION OF PUBLIC HEALTH INFORMATION								
	health information	aspects each						

STRATEGY 3: STRENGTHENING POLICY ADVOCACY AND BEHAVIOR CHANGE COMMUNICATION								
Expected Output	Indicator		Means of Verification				Re- source Needs	Assumptions
	Descrip- tion	Target	Data Source	Data Col- lection Method	Fre- quency	Responsi- ble		
3.1: To strengthen TPHAs advocacy work at the policy level								
Output 3.1.1: Ad- vocacy Working Group established	No. of ad- vocacy groups es- tablished	1 advocacy group	Progress report	Review of secretariat report	Quar- terly Annual	Secretariat Policy TWG	Finan- cial & Human resource	Resources available
Output 3.1.2: Terms of reference for advocacy work- ing group devel- oped	Terms of reference	TOR docu- ment	Progress report	Review Secretariat Progress report	Quar- terly Annual	Secretariat	Human resource	Resources available
Output 3.1.3: Poli- cy briefs developed on issues related to public health	No. of poli- cy briefs produced	6 policy briefs (2 per year)	Progress Report	Review of Secretariat progress report	Biannu- ally	Policy thematic working group& EC	Finan- cial &human resource	Resources available
Output 3.1.4: Poli- cy forums con- vened to discuss different public	No. of poli- cy forums convened	(2 per year)	Progress Report	Review of secretariat progress report	biannu- ally	Policy thematic working group& E	Finan- cial &Huma n	Resources available

STRATEGY 3: STRENGTHENING POLICY ADVOCACY AND BEHAVIOR CHANGE COMMUNICATION								
health issues								
Output 3.1.5: TPHA Advocacy and Policy working group members involved in policy reviews organized by different stakeholders	Number of policy reviews attended by members of TPHA Policy and Advocacy working groups	6 (2 per year)	Progress report	Review of secretariat progress report	Quarterly/Annual	Policy & Advocacy thematic working group	Financial Human	Resources available
Strategic Objective 3.2: To promote health learning at the community level								
Output 3.2.1: Appropriate public health practices identified for promotion in different parts of Tanzania	No of public health practices identified for promotion	“ health practices identified for promotion per year	Secretariat progress report	Review secretariat progress report	Annually	Secretariat TWGs	Human & financial resource	Resources available
Output 3.2.2: A Behaviour Change Community (BCC) Strategy developed for promoting recommended public health practices	No. of BCC strategies developed	1 strategy	Secretariat progress report	Review of secretariat report	Quarterly Annual	TWGs	Human & financial resource	Resources available

STRATEGY 3: STRENGTHENING POLICY ADVOCACY AND BEHAVIOR CHANGE COMMUNICATION								
Output 3.2.3: Stakeholders identified for collaboration at the community level in promoting the recommended public health practices	No. of stakeholders identified for collaboration in BCC activities	At least 24 stakeholders identified for community level,	Secretariat progress report; chapter annual reports	Review of secretariat reports and chapter reports	Quarterly; annually	Secretariat and chapter ECs	Financial & human resource	Resources available
Output 3.2.4: TPHA chapters and other stakeholders effectively involved in BCC activities at the community level	No. of stakeholders involved in BCC	24 stakeholders	Secretariat & Chapter progress & annual reports	Review of secretariat and chapter reports	Quarterly Annually	Secretariat; National EC and Chapter ECs	Financial & human resource	Resources available

Table 3: Summary Budget Estimate for January 2020 to Dec 2024

S/No	Item particulars	Budget Estimates	
		Tanzanian Shillings	US Dollar
1.0	Organizational capacity strengthened		
1.1	Human resource: recruitment & training	14,250,000	6,250.00
1.2	Personnel emoluments and wages	71,250,000	31,250.00
1.3	Equipment and materials	21,375,000	9,375.00
1.4	Office running & utility costs	90,744,000	24,875.00
1.5	Website & domain hosting	3,563,640	1,563.00
1.6	Rehabilitation and upkeep of buildings	62,500,000	62,500.00
1.7	Technical Working groups facilitation	42,750,000	18,750.00
1.8	NEC ordinary and extraordinary meetings	7,980,000	3,500.00
1.9	Initiation of long term estate development master-plan	14,250,000	6,250.00
1.10	Subtotal	328,662,640	164,313.00
2.0	Knowledge generation, disseminating information & sharing of experiences		
2.1	Information disseminating, knowledge & experience sharing	356,250,000	156,250.00
2.2	Operational research	213,750,000	93,750.00
2.3	National stakeholders' workshops	285,000,000	125,000.00
2.4	District stakeholders' workshops	142,500,000	62,500.00
2.5	Community leaders & Community members' workshops/ meetings	71,250,000	31,250.00
2.6	Stakeholder meetings & Community mobilization sensitization & awareness	71,250,000	31,250.00
2.7	Community based approach / community participatory methods	142,500,000	62,500.00
2.8	Subtotal	1,282,500,000	500,000.00
3.0	Advocacy, Lobbying for sound health policies & legislation; Information Communication for Behaviour Change		
3.1	Selected strategic theme based Advocacy work	350,000,000	218,750.00
3.2	Setting up Advocacy strategy for priority areas & implementing	150,000,000	93,750.00
3.3	Developing and testing communication packages / kits for selected Behaviour changes in communities	200,000,000	125,000.00
3.4	Subtotal	700,000,000	437,500.00
	Grand Total	2,311,162,640	1,101,813.00

Note: Exchange rate used here is US\$ 1.0=TShs 2,280.00

8.0 APPENDICES

8.1 Appendix 1: Mapping of TPHA Ongoing Activities

The ongoing activities are assigned to organizational or programme goals

S/ N	Activity	Goal Category	Type of Activity	
1	Road Traffic Accidents / Injuries-TWG	Programme	Research,	Awareness, advocacy, lobbying
2	Alcohol and drug abuse prevention-TWG	Programme	Research	Awareness, advocacy, lobbying
3	Tobacco Control - Activist Group	Programme	Research	Advocacy / Information dissemination
4	Health Systems and Policy Public Private Partnership	Programme	Research	Advocacy / Awareness
5	Environmental Health, water, sanitation and Hygiene	Programme	Research	Awareness, advocacy, lobbying
6	Resource Mobilization	Organizational & Programme goals	Organization strengthening	Information dissemination, advocacy
7	Annual Scientific Conferences and Annual General Meetings hosting	Programme	Information dissemination & sharing	Advocacy/ Information dissemination
8	Coalition/ Network/ Alliance strengthening	Organizational	Organization strengthening	Information sharing, advocacy, lobbying
9	Advocacy; IEC and Communication for behaviour change	Programme	Research, innovation	Advocacy / BCC and Information sharing, awareness raising

8.2 Appendix 2: High priority organizational and programme Objectives

S/No	Organization objectives		Programme Objectives
1	Raise TPHA Public Image and profile	H	Annual Scientific Conference & AGM
2	Review Organizational structure	H	Generating new knowledge through research
3	Review Management structure	H	Dissemination of public health information
4	<i>Strengthen Resource Mobilization</i>	H	Enhance Public Health Policy Advocacy
5	Enhance internal and external communications	H	Information Communication for Behaviour change
6	Strengthen coalitions, networks/alliances	H	Enhance internal and external communications
7	Draw up communications strategic and action plans	H	Enhance resource mobilization
8	<i>Design and implement a long term property investment venture</i>		
9	Strengthen members' capacity in public health idea generation & proposal writing		

8.3 Appendix 3: Action Plan for selected activities for 2019-2020

3.1. Action Plan for Implementing Strategic Plan Priorities and Achieving Desired Outcomes for Organizational Objectives

Strategic Long Term Goal/Priority: To strengthen TPHA's organizational and management capacity

Related Interim Objectives/Outcomes: (1) TPHA internal financial management strengthened (2) TPHA human resource and functional capacity enhanced; (3) TPHA public image and profile raised.

Measures of Success: (1) Regular financial reports (2) Audited timely annual financial reports (3) Short and medium terms action and business plans available and implemented; (4) Periodic implementation / technical reports compiled and available (4) Institutional financial status improved

Table 8.3.1. Major tasks, strategies and resources for organizational objectives

Major tasks and activities Required to reach Objectives	Strategies to which tasks relate	Start/End Dates	Responsible	Summarise resources needed
1. Clear pending financial report backlog and modernize accounting section of the secretariat	Internal financial management strengthened	January 2020- Dec 2020	Treasurer & ES	Human, financial
2. Conduct needs assessment for human resources, skills & quantity	Internal financial management strengthened	January 2020 - Dec 2020	National Executive Committee & the Secretariat + Expert technical support	Financial – for communication, meetings, stationery
3. Train existing staff	Capacity strengthened	Jan- June 2020	NEC, Secretariat	Financial, human
4. Recruit skilled staff (Programme manager, Assistant Accountant, Officer Management Assistant, IT / webmaster)	Human resource functional capacity strengthened	January 2020 to Dec 2020	EC, Secretariat & Expert technical support	Human, financial resource mobilization from donor community
5. Take inventory of ongoing	Strengthen	January 2020	Secretariat &	Human

Major tasks and activities Required to reach Objectives	Strategies to which tasks relate	Start/End Dates	Responsible	Summarise resources needed
activities, expand activities	functional capacity	to Dec 2020	ES	
6. Review organizational structure	Organizational capacity strengthened	January 2020 to Dec 2020	Secretariat, EC	Financial, human expertise
7. Review constitution and operational manuals	Organizational capacity strengthened	January 2020 to Dec 2020	Secretariat, EC	Financial, human
8. Raise public image and profile of the Association	Organizational capacity strengthened	Jan- Dec 2020	Secretariat, EC	Human, financial, materials

3.2: Action Plan for Implementing Strategic Plan Priorities and Achieving Desired Outcomes for Research, project proposal writing and Information Dissemination

Strategic Long Term Goal/Priority: Develop capacity on project proposal development, acquire research methodology skills and enhance knowledge translation and communication of public health information

Related Interim Objectives/Outcomes: 1) To write *four* small, short-term project proposals in 6 to 12 months; 2) Write two medium- to long-term project proposal in 12 months

Measures of Success: 1) Four small, short term project proposal documents available in 6 months and two long term project proposal documents available in 12 months and submitted to potential donors

List Key Implementation Strategies (e.g. research, public education, professional development, building relationships, advocacy, awareness raising, dissemination of public health information)

Table 8.3.2. Major tasks, strategies and resources for research and information dissemination

Major tasks and activities required to reach objectives	Strategies to which tasks relate	Start/End Dates	Person Responsible	Summary of Resources Needed
1. Identify project proposal ideas	Capacity building	January 2020 to Dec 2024	Thematic working groups	Human expertise, stationery Equipment – desk top / laptop
2. Desk review for identified project ideas	Capacity building	January 2020- Dec 2024	TWG & lead expert	Internet connectivity; library
3. Take inventory of donors interested in supporting specific issues	Enhance resource mobilization	January 2020- Dec 2024	TWGs	Financial, human, internet connectivity, library
4. Download respective formats and draft proposals adopting the respective formats	Capacity building	January 2020 to Dec 2024	TWGs	Financial, human, internet connectivity, library
5. Training in research methodology, concepts writing and proposal development	Capacity building	January 2020 Dec 2024	TWG & lead expert	Financial, human, internet connectivity, library
6. Convene stakeholders' meeting for consultation and proposal review	Capacity building for proposal writing	January 2020 to Dec 2024	TWGs / Secretariat	Skilled Human resources, Financial resources, Computers & internet connectivity
Proposal document finalization and submission to potential donors	Capacity building	January 2020 to Dec 2024	Scientific & RMC	Skilled Human resources, Financial resources Computers & internet connectivity

3.3. Action plan for implementing strategic plan priorities and achieving desired outcomes for advocacy and behaviour change communication

Strategic Long Term Goal/Priority: Strengthening policy advocacy and behavioural change and communication

Related Interim Objectives/Outcomes: (1) Policy advocacy expanded and sustained; (2) Specific public health awareness levels raised in the community; and (3) appropriate communication tools for behavioural change devised and utilized.

Measures of Success: 1) Four small, short term project proposal documents available in 6 months and two long term project proposal documents available in 12 months and submitted to potential donors

Table 8.3.1. Major tasks, strategies and resources for advocacy and behaviour change communication

Major Tasks and Activities Required To Reach Objectives	Strategies to which Tasks Relate	Start/End Dates	Person/Group Responsible	Summary of Resources Needed
1. Identify project proposal ideas	Capacity building	January 2020 - Dec 2024	Thematic working groups	Human expertise, Stationery Equipment – desk top / laptop computers
2. Desk review for identified project ideas	Capacity building	January 2020- Dec 2024	TWG & lead expert	Internet connectivity & library
3. Take inventory of packages for community public health kits	Capacity building	January 2020 to Dec 2024	TWGs	Financial, human, internet connectivity, library
4. Download respective packages for adapting to local situations (Check UN websites!!)	Capacity building	January 2020- Dec 2024	TWGs	Financial, human, internet connectivity, library
5. Design appropriate community BCC tools	Capacity building	January 2020 - Dec 2024	TWG, ES	Financial, human
6. Convene stakeholders' meeting for consultation and proposal review	Capacity building	January 2020 - Dec 2024	TWG	Financial, human
7. Finalize BCC tools and pre-test for community utilization	Capacity building	January 2020 - Dec 2024	TWG & Lead expert	Financial, human, internet connectivity, library

8.4 Appendix 4: TPHA Communications Strategic and Action Plans

8.4.1 Communications objectives

8.4.1.1 Communications objectives for organizational goals:

- (i) To strengthen organizational capacity
- (ii) To strengthen management capacity and structures

8.4.1.2 Communications objectives for programmatic goals:

- i. Generating new knowledge through research and sharing research findings
- ii. Disseminating public health information
- iii. Strengthening Policy Advocacy
- iv. Developing and using Behavioural Change Communication

8.4.1.3 Key audiences

In order to achieve its strategic objectives, TPHA needs to communicate effectively to achieve its organizational and programmatic goals with the following audiences:

8.4.1.4 Internal audience (intra-communication)

- i. Secretariat, membership, thematic working groups, Chapter Executive Members, National EC members,
- ii. Members of similar minded organizations

8.4.1.5 External Audiences (inter-communication)

- i. Legislative and policy makers,
- ii. Health program implementers/ managers
- iii. Media
- iv. Donor community, potential partners, collaborators and other stakeholders

8.4.1.6 Key Messages

8.4.1.6.1 Communications objectives.

1. Key messages for:
2. Public Health Association strengthening communication Objectives
3. Programmatic communications objectives:
4. To Strengthening Policy Advocacy for
 - (a) Tobacco control
 - (b) Alcohol abuse prevention
 - (c) Road Traffic Accident/ Unintentional injuries
 - (d) Urban Mosquito Control through community action
 - (e) Environmental Health, water, sanitation and hygiene through local government authorities and community action

5. To design, introduce and utilize kits/ packages for behavioural change communication

Key Activities

Provide 2-3 activities that are most appropriate to communicating the key messages to key audiences.

Policy Makers and the general public:

1. Tobacco use is one of the most important causes of avoidable death in the world
2. Alcohol intoxication as one of the major causes of non-communicable diseases and avoidable death
3. Environmental health is crucial in reducing water borne diseases and is essentially everybody's responsibility

Each activity should have primary and secondary audiences to reach. Identify the appropriate channel of communication for each audience

Table 8.4. 1: Audience and channels of communication

Audience	Channels of communication
1. Policy makers Sub-category A. Health professionals B. The youth	Multiple, suitable combination of affordable communication strategies
2. Policy makers Sub-category A. Health professionals B. General public, especially the young and impressionable age groups	Multiple, suitable combination of affordable communication strategies

8.4.2. COMMUNICATIONS STRATEGIC PLAN

Strategic Long Term Goal/Priority: Strengthening organization and management capacity

Communications Objectives/Outcomes:

- Publicity increased
- Visibility increased
- Intra-communication strengthened
- Communication guidelines developed and operationalized
- Communication with stakeholders strengthened
- Communication skills strengthened

Table 8.4.2. 1. Communications Work Plan

Major tasks and activities required to reach objectives	Start/End Dates	Responsible	Summary of resources needed
1. Identify project proposal ideas	January 2020 to Dec 2024	Thematic working groups	Human Stationery Equipment (computers)
2. Desk review for identified project ideas	January 2020 to Dec 2024	TWG & lead expert	Internet connectivity, Library
3. Identify target audiences for IEC	January 2020 to Dec 2024	TWGs	Financial, human, internet connectivity,
4. Take inventory and pre-test IEC packages	January 2020 to Dec 2024	TWGs	Human, internet connectivity, library
5. Design and execute dissemination programs	January 2020 to Dec 2024	TWG, ES	Financial, human

8.5 Appendix 5: Health and Health Related Policies/ Guidelines/Strategies in Tanzania

National Public Health Status

When TPHA was established in 1980, the external socioeconomic, socio-political and socio-cultural environments in Tanzania were very different from the contemporary scene. At the time, the political ideology was based on socialism and public service sector was predominant, with limited private service. In the Health sector, the only private facilities were those owned and run by religious organizations, while most schools and training institutions were all government owned. Consequently, certain aspects of the Association's management and administration structure and respective functions were not set for the contemporary scene, and especially with regard to the current health and other social services free and competitive markets. From the time of independence, the Government of Tanzania has consistently focused its development strategies on combating ignorance, disease, and poverty, and at the time of the Association's establishment, the policies that governed these issues were more set for the socialist political leaning. In addition, in the past, the challenges of managing the social service sector were determined by different global and local political forces in comparison to the contemporary scene, and hence, the Association has to rise to this occasion in order to remain relevant to its vision and fulfil its mission to the Tanzanian community.

The Tanzania Public Health Status has strong leaning to facility centred services and largely deficient in the areas of environmental sanitation, water and hygiene as well as life-style related non-communicable diseases. In these areas, the Association has opportunities to contribute in many ways. Similarly in the context of global climate change and its local impacts, TPHA has a crucial role to play in both the health sector and other areas with cross cutting issues.

National Policies relating to public health

In recent years, there has been a flurry of health policy generation including guidelines and strategies as well as policies which impact on public health in other sectors. Below are some that have been put in place to streamline service provision and improve the well-being of the Tanzanian society:

Tanzania Development Vision 2025

The Tanzania Development Vision 2025 aimed at attaining a high quality livelihood for all Tanzanians (Planning Commission, 2000), and the Ministry of Health is envisioned to contribute significantly to this goal by working hard to improve the health status and life expectancy of its population.

Poverty Reduction Strategy

Under the Poverty Reduction Strategy (PRS), the Ministry of Health was obliged to use a greater proportion of the health budget to target cost-effective interventions, such as the immunization of children under 5 years old, reproductive and child health, family planning, and control of malaria, HIV/AIDS, tuberculosis, and leprosy. The PRS was a medium-term strategy to reduce poverty that was developed through broad consultation with national stakeholders, in the context of the enhanced Heavily Indebted Poor Country initiatives. The decrease in debt service has been accompanied by an increase in poverty-reducing expenditures, such as health, rural infrastructure, and education. Government expenditures on health have steadily increased from US\$6 per capita in 2000, to almost US\$4.14 per capita in 2016. Tanzania's total FY 2017/18 budget allocation to the health sector increased in nominal terms from the previous year by 8.1%, from TZS 2,055 billion to TZS 2,222 billion, but remained flat as a percentage of the overall government budget at 7.0%.

National Strategy for Growth and Reduction of Poverty

The Poverty Reduction Strategy was succeeded by a new strategy, namely, the National Strategy for Growth and Reduction of Poverty (NSGRP) or MKUKUTA in its popular Kiswahili acronym. The PRS provided a vehicle for increasing public allocations to poverty sectors, with a strong emphasis on education and health. The NSGRP continues these priorities but is organized into three clusters for enhanced effectiveness, namely: Cluster I: Growth of income and reduction of poverty; Cluster II: Improvement of the quality of life and social well-being, and Cluster III: Governance and accountability. The strategy recognizes health as a key factor in economic development under Cluster II and prioritizes this sector accordingly.

Sustainable Development Goals

As part of the international agreement, Tanzania has adapted the Global Sustainable Development Goals (SDGs). The Agenda 2030 with its collection of 17 goals outlines the global action plan for all countries, continuing the work of ending poverty, ensuring prosperity for all and saving the planet. The SDGs are being implemented in the framework of Tanzania Development Vision 2025 and its midterm five-year development plans. The core driver of the SDGs is to eradicate poverty by the year 2030, however a key component of this overall ambition relates to health, and for this reason the detail of the relevant SDG targets provide the basis for strategies and performance indicators of a number of global health organisations and funders. The work of the TPHA is relevant to at least five of the 17 Sustainable Development Goals, namely: **Goal 1:** "End poverty in all its forms everywhere"; **Goal 2:** Zero Hunger: "End hunger, achieve food security and improved nutrition and promote sustainable agriculture"; **Goal 3:** Good Health and Well-Being: "Ensure healthy lives and promote well-being for all at all ages"; **Goal 13:** Climate Ac-

tion: "Take urgent action to combat climate change and its impacts"; and **Goal 17: Partnerships for the Goals:** "Strengthen the means of implementation and revitalise the global partnership for sustainable development."

National Health Policy

The National Health Policy aims at implementing both national and international commitments. The vision is to have a healthy community that can contribute effectively to individual development and the country as a whole. The mission is to facilitate the provision of basic health services which are proportional, equitable, of high quality, affordable, sustainable, and gender-sensitive. The objectives are to improve the health and well-being of all people, with a focus on those most at risk, and to put in place a health system that will meet people's needs and increase life expectancy.

Health Sector Strategic Plan IV, 2015-2020

The overall objective of the Health Sector Strategic Plan IV 2015-2020 (HSSP IV) is to reach all households with quality essential health and social welfare services. The document serves as the sector's comprehensive national plan and guiding framework for the detailed planning and implementation of health sector activities at all levels by all stakeholders. The Plan is made of five strategic objectives; with its Strategic Objective 5 dedicated to issues related to public health mandates. The Strategic Objective states that "to address the social determinants of health, the health and social welfare sector will collaborate with other sectors, and advocate for the inclusion of health promoting and health protecting measures in other sectors' policies and strategies". The plan emphasizes that for improving social determinants of health and welfare, the health and social welfare sector will achieve close collaboration with other sectors, and advocate for inclusion of health promoting and health protecting measures in other sectors' policies and strategies.

Health Sector Reform

The health sector reform is aimed to improve the quality of health services provided to communities, and continues with strengthening of the Local Government Authorities (LGAs) and hospitals to improve performance. It is a sustainable process to bring about fundamental and evidence-based changes in national health policy and institutional arrangements. Reforms involve: district health services, secondary and tertiary level referral hospital services, and the role of the central Ministry of Health, human resource development, central support systems, health care financing, the public and private service mix, donor coordination, and combating HIV/AIDS. These nine elements are grouped into three components: district health services, secondary and tertiary health services, and central support to central ministries and regions.

The Public Health Act, 2009

This is an Act to provide for the promotion, preservation and maintenance of public health with a view to ensuring the provisions of comprehensive, functional and sustainable public health services to the general public and to provide for other related matters. It covers a wide area of public health concerns, including environmental health, water, hygiene and sanitation, and generally outlines control and prevention of diseases, including vector and vermin control, notification of infectious diseases and the like.

The Tanzania Health Quality Improvement Framework, 2011-2016

The improvement of health services quality is a central issue in Tanzania. Given the expansion of health services that has occurred in the country, quality of care remains a major concern of the Ministry of Health, health workers and the public in general. The development of this framework has two main purposes. First, is to encourage all health workers at all levels and other stakeholders in the sector to develop innovative approaches for quality improvement and implement them. Second, to outline what needs to be done to institutionalize quality of health care at various levels based on national interests and vision. The document further provided information on health care quality improvement priority issues and strategies, organizational structure for health care quality improvement, how to institutionalize health care quality at various levels and monitoring and evaluation of health care quality initiatives. Twelve (12) priority issues are covered in this framework. These are: advocacy for quality improvement (QI); strengthening leadership structures and mechanisms that will develop, implement and sustain QI; improvement of work environment and occupational safety; strengthen the referral system, improvement of environmental health, hygiene and sanitation and capacity building for biomedical engineers for maintenance of medical equipment.