

**NATIONAL INSTITUTE FOR MEDICAL RESEARCH
(NIMR)**



STRATEGIC PLAN V

2019/20-2023/24



**NATIONAL INSTITUTE FOR MEDICAL RESEARCH
(NIMR)**



**STRATEGIC PLAN V
2019/20-2023/24**

Published by
Dar es Salaam University Press (DUP)
University of Dar es Salaam
P. O. Box 35182
Dar es Salaam, Tanzania.

© National Institute for Medical Research (NIMR), 2020

All rights reserved. No part of this publication may be reproduced in any form without permission in writing from the Dar es Salaam University Press.

FOREWORD



On behalf of the NIMR Council, Management, staff, stakeholders, and well-wishers of the National Institute for Medical Research (NIMR), it is my pleasure to present the Institute's Strategic Plan for the period covered from 1st July, 2019 to 30th June, 2024.

This Five-Year Strategic Plan sets out the vision, mission, strategies and metrics for the success of NIMR. By successfully implementing the strategies outlined in the plan, NIMR will achieve its vision of being *a leading institution for advancement of high-quality health research and innovations* to meet the national health challenges of today and tomorrow and to achieve health equity nation-wide. Our goal is to ensure that health research impacts the country's socio-economic transformation through healthy people.

The plan provides a roadmap for the systematic implementation of the Institute's Mandate as per Act No. 23 of 1979 (Cap. 59, R. E. 2002) establishing the Institute and has been aligned to the National Development Vision 2025, National Five-Year Development Plan II (2016/17-2020/21), Chama cha Mapinduzi's Election Manifesto (2015-2020; 2020-2025), Sustainable Development Goals (SDGs) 2030 and National Health Research Agenda 2019-2024.

The plan emanates from a comprehensive review of past performance, including the achievements made (success stories) and the challenges

encountered during the implementation of the preceding strategic plan, and on account of both the external and internal environment of the Institute.

This Strategic Plan is transformative by orientation, the aim being to take the Institute to a new and higher level where appropriate in terms of its capacity to perform and deliver, with a greater contribution to the achievement of its own objectives as well as the national and international strategic objectives. The Institute is determined to seize all available opportunities in its quest to contribute extensively to the success of the Government's strategy to become at least a semi-industrialised nation, with a more inclusive and broader socio-economic development agenda. One of the ways we have envisioned to realize this is the promotion and scaling up more evidence-productive and transformative health research interventions, with NIMR taking a leading role. To sum up, the National Institute for Medical Research is committed to achieving its vision in which your cooperation and collaboration are critical for its success.



.....
Dr. Deodatus Mtasiwa
CHAIRMAN, NIMR COUNCIL

November 2019

ACKNOWLEDGEMENT



The development and finalization of the fifth Strategic Plan for NIMR has been successful as a result of the invaluable contributions and the committed efforts of the Ministry of Health, Community Development, Gender, Elderly and Children, collaborating institutions, partners, stakeholders, the NIMR Council, Management and staff. I am also grateful to all well-wishers of our Institute for their continued support.

Through this plan, NIMR envisages to be a leading institution for the advancement of high-quality health research and innovations. To realize this vision, the following key issues are to be addressed:

- A. Enhancing health research, problem-solving innovations, and communicating them to the society in Tanzania and the outside world;
- B. Achieving effective training in Health and Allied Sciences suitable to meet the needs of the society meanwhile contributing to fostering the National Development Agenda;
- C. Ensuring and enhancing health research quality standards and compliance; and
- D. Strengthening the Institute's capacity and operational efficiency.

The implementation of this plan will enable the Institute to provide the Government of Tanzania, partners and stakeholders with quality evidence-oriented scientific information for the successful implementation of health programmes and other interventions hence contributing to the sustainability of these efforts. Effective implementation of this Strategic Plan depends on

the ability to source the necessary resources and the ability to collaborate at all levels as a team.

The vested interest of stakeholders in directing health research in Tanzania on the correct path is reassuring. It is my sincere expectation to see this continued spirit of support and collaboration during the implementation of the Strategic Plan, to ensure that the set targets are achieved.



.....
Prof. Yunus D. Mgaya
DIRECTOR GENERAL

November 2019

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AJSC	Annual Joint Scientific Conference
ARF	Adjunct Research Fellow
AU	African Union
CCM	<i>Chama Cha Mapinduzi</i>
CD	Centre Director
CHW	Community Health Worker
CO	Communication Officer
COSTECH	Tanzania Commission for Science and Technology
DFHRP	Directorate of Finance, Human Resource and Planning
DITC	Directorate of Information Technology and Communication
DMO	District Medical Officer
DRCP	Directorate of Research Coordination and Promotion
DTA	Data Transfer Agreement
EAC	East African Community
EAHRC	East African Health Research Commission
FBO	Faith Based Organization
FYDP	Five-Year Development Plan
GDP	Gross Domestic Product
GMP	Good Manufacturing Practice
HIV	Human Immunodeficiency Virus
HR	Human Resources
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technologies
IFMIS	Integrated Financial Management Information System
IPR	Intellectual Property Rights
IRB	Institutional Review Board
MBO	Management by Objectives
MDG	Millennium Development Goal
MIS	Management Information System
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children

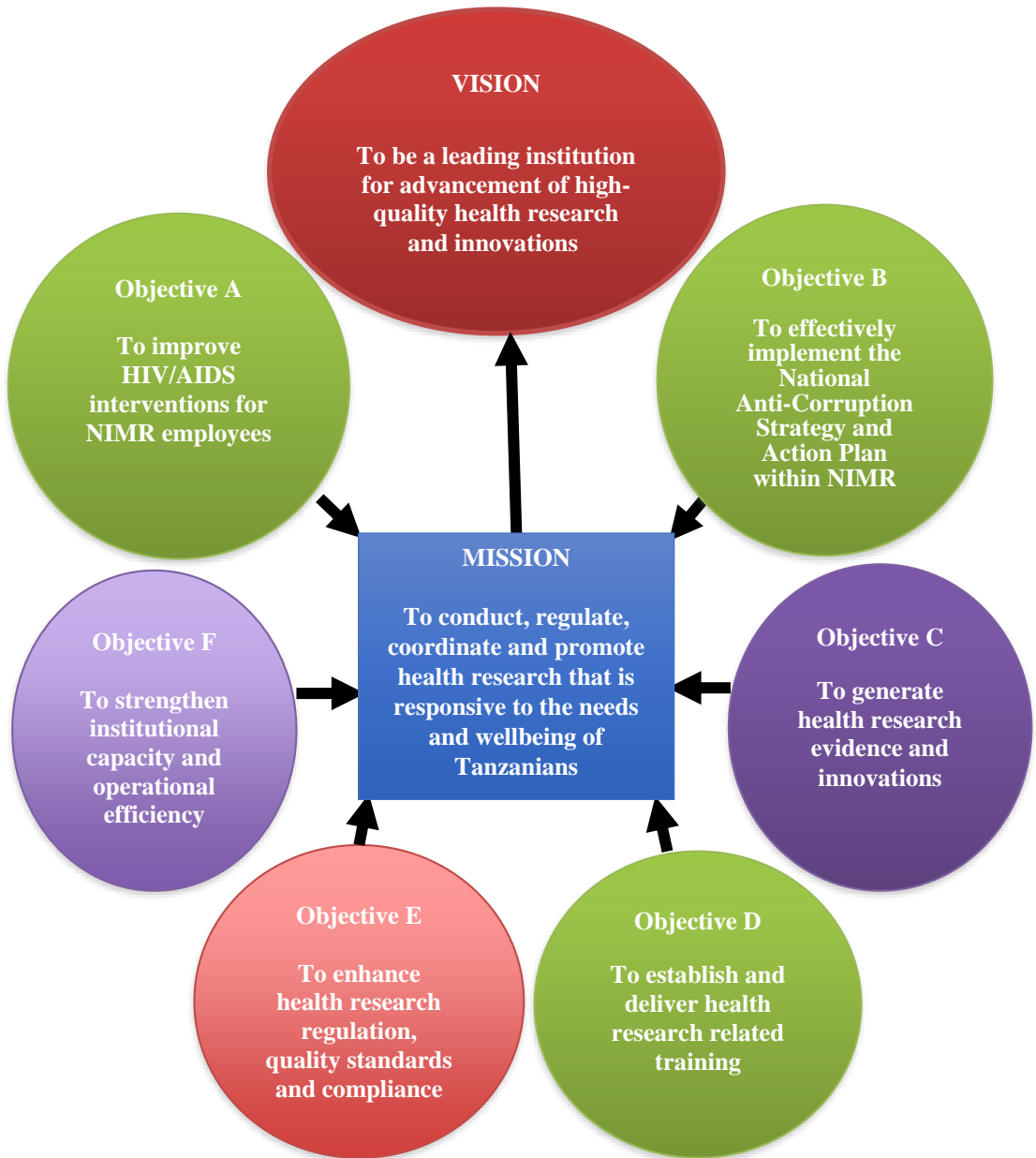
MTA	Material Transfer Agreement
NACP	National AIDS Control Programme
NACTE	National Council for Technical Education
NACUC	National Animal Care and Use Committee
NatHREC	National Health Research Ethics Committee
NBC	National Biosafety Committee
NCD	Non-Communicable Disease
NEPAD	New Partnership for Africa's Development
NGO	Non-Government Organisation
NTLP	National Tuberculosis and Leprosy Programme
OTR	Office of the Treasury Registrar
PO-RALG	President's Office – Regional Administration and Local Government
PR	Public Relations
PRO/PO	Public Relations Office(r) – Protocol Office(r)
R&D	Research and Development
RMO	Regional Medical Officer
SA	Stakeholders Analysis
SADC	Southern Africa Development Community
SDG	Sustainable Development Goal
SP	Strategic Plan
SWOC	Strengths, Weaknesses, Opportunities and Challenges
TMDA	Tanzania Medicines and Medical Devices Authority
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization

TABLE OF CONTENTS

FOREWORD.....	III
ACKNOWLEDGEMENT	V
ACRONYMS	VII
NIMR STRATEGIC PLAN MAP	XI
EXECUTIVE SUMMARY	XII
1. INTRODUCTION.....	1
1.1 PREAMBLE	1
1.2 PURPOSE OF THE PLAN.....	1
1.3 METHODOLOGY	2
1.4 PLAN LAYOUT	2
2. SITUATION ANALYSIS	3
2.1 HISTORICAL BACKGROUND	3
2.2 MANDATE AND FUNCTIONS	5
2.2.1 Mandate	5
2.2.2 Mandatory Functions.....	5
2.2.3 Current Vision	5
2.2.4 Current Mission.....	6
2.2.5 Current Core Values.....	6
2.3 INSTITUTIONAL SET-UP.....	6
2.4 EXTERNAL AND INTERNAL CONTEXT ASSESSMENT	7
2.4.1 Global Context.....	7
2.4.2 National Context.....	8
2.4.3 Internal NIMR Context	13
2.5 IMPLEMENTATION OF THE PAST STRATEGIC PLAN: 2014 – 2019	16
2.5.1 Objective 1: Governance structures and systems for effective performance of the Institute are in operation.....	17
2.5.2 Objective 2: Resources for effective implementation of NIMR strategic plan are made available	20
2.5.3 Objective 3: Health research regulatory capacity strengthened	22
2.5.4 Objective 4: Health research and development carried out	23
2.5.5 Objective 5: Utilisation of research findings promoted.....	25
2.5.6 Objective 6: Training programmes in health and allied sciences established and executed.....	26
2.6 STAKEHOLDERS ANALYSIS	26
2.7 SWOC ANALYSIS	29
2.8 CRITICAL STRATEGIC ISSUES	31

3. THE PLAN	32
3.1 VISION	32
3.2 MISSION.....	33
3.3 CORE VALUES.....	33
3.4 MOTTO	34
3.5 STRATEGIC OBJECTIVES, RESULTS, KPIS AND TARGETS	34
3.5.1 <i>Strategic Objectives</i>	34
3.6 STRATEGIC PLAN MATRIX	52
4. MONITORING AND EVALUATION FRAMEWORK	53
4.1 PURPOSE AND STRUCTURE.....	53
4.2 ALIGNMENT WITH NATIONAL AND INTERNATIONAL DEVELOPMENT FRAMEWORKS.....	53
4.3 PLANNED RESULTS	53
4.4 MONITORING, REVIEWS AND EVALUATION PLANS	53
4.4.1 <i>Monitoring Plan</i>	53
4.4.2 <i>Planned Reviews</i>	54
4.4.3 <i>Planned Milestone Reviews</i>	58
4.5 EVALUATION PLAN.....	59
4.5.1 <i>Planned Rapid Appraisals</i>	59
4.5.2 <i>Mid and End-Evaluation</i>	59
4.6 REPORTING PLAN.....	59
4.6.1 <i>Internal Reporting Plan</i>	59
4.6.2 <i>External Reporting Plan</i>	60
BIBLIOGRAPHY	61
APPENDICES	62
APPENDIX 1: EXISTING ORGANISATIONAL STRUCTURE	62
APPENDIX 2: NIMR FIVE-YEAR STRATEGIC PLAN (2019/20 – 2023/24)	64
APPENDIX 3: PLANNED RAPID APPRAISAL.....	89

NIMR STRATEGIC PLAN MAP



EXECUTIVE SUMMARY

NIMR was established by Parliamentary Act No. 23 of 1979 (Cap. 59, R. E. 2002) and mandated to carry out, control, coordinate, register, monitor, evaluate and promote health research in Tanzania. The objective is to promote scientifically and ethically sound, high quality health research and deliver evidence-based information that is responsive to the needs and wellbeing of Tanzanians.

NIMR presents its Strategic Plan for a five-year period (2019/2020 - 2023/2024). This plan provides the conceptual framework for guiding the Institute's activities, defining the strategic direction as well as an implementation, monitoring and evaluation (M&E) framework.

The Plan was developed in a participatory manner with consultations involving most of the Institute's staff with a view to collecting both quantitative and qualitative information.

The Institute plans to pursue the following Vision, Mission and Core Values, which define its strategic direction.

Vision

To be a leading institution for advancement of high-quality health research and innovations
--

Mission

To conduct, regulate, coordinate and promote health research that is responsive to the needs and wellbeing of Tanzanians

Core Values

Integrity

We uphold high ethical and moral standards in our conduct reflected by honesty, sincerity, truthfulness, and confidentiality in executing our duties.

Inclusiveness

We embrace broad participation, teamwork and partnerships so as to harness multiple complementarities, skills and experiences in discharging our research work objectives.

Excellence

We seek to execute our duties professionally, with creativity, innovativeness, and continuously striving to improve organizational performance.

Accountability

We are collectively and individually accountable in discharging our responsibilities.

Transparency

We conduct our activities with openness.

Motto

Advancing Health Research, Enhancing Life

The vision will be achieved through the implementation of the six strategic objectives as listed below:

Objective Code	Strategic Objective
A	To improve HIV/AIDS interventions for NIMR employees
B	To effectively implement the National Anti-Corruption Strategy and Action Plan within NIMR
C	To generate health research evidence and innovations
D	To establish and deliver health research related training
E	To enhance health research regulation, quality standards and compliance
F	To strengthen institutional capacity and operational efficiency

There is a detailed implementation plan provided for each Strategic Objective desired results, key performance indicators, key targets to be achieved, strategies, activities, timelines and implementing responsibility.

A monitoring and evaluation framework of the plan is provided with the Strategic Plan. The framework will facilitate tracking of implementation of the plan, identify implementation challenges and milestones, and hence facilitate remedial measures in good time during the implementation. It will also facilitate the evaluation of the plan so as to ascertain the extent to which set objectives are being realised, as well as address other standard issues involved in the evaluation of the plan.

1. INTRODUCTION

1.1 Preamble

This Strategic Plan (SP) articulates the results that the National Institute for Medical Research (NIMR) targets in the medium-term of 5 years, i.e., from 2019/20 to 2023/24. It, therefore, deals with the Institute's medium-term vision, strategic objectives, strategies and targets (interventions).

The SP provides the overarching framework within which the Institute's operational and other shorter-term plans will be derived and implemented. It draws on the implementation experience of the preceding Strategic Plan. It is aligned to the main National Planning Frameworks including the Tanzania Development Vision 2025, the Long-Term Perspective Plan (2011/2012 – 2025/2026), the Second Five-Year National Development Plan II (2016/17 – 2020/21), and the *Chama cha Mapinduzi* Election Manifesto 2015 – 2020 and 2020 – 2025.

It is further aligned with Regional and International Development Frameworks including the Sustainable Development Goals (SDG) 2030, African Union (AU) Agenda 2063, East African Community (EAC) Protocols and Development Strategy, SADC Regional Indicative Strategic Development Plan (2005 – 2020), the National Health Policy, Health Sector Strategic Plan (HSSP) IV 2015/16 – 2019/20, draft HSSP V 2020-2025 and the National Health Research Agenda 2019/20 – 2023/24.

1.2 Purpose of the Plan

This Plan is a blueprint that provides a strategic direction for the Institute during the period 2019/20 to 2023/24 in line with the National Five-Year Development Plan II (2016/17 – 2020/21)'s aspiration of transforming Tanzania into a middle level inclusive industrial economy and other national and international development frameworks. As such, it outlines the requisite strategic priorities; framework for operational planning, implementation and performance review of core and supporting activities; the basis for effective resource allocation and targeting; and rationale for engagement and

cooperation with key stakeholders in contributing to key national, regional and international agendas.

1.3 Methodology

In developing the Plan, the Institute adopted an integrated approach that leveraged the relevant features of several modern planning frameworks and tools particularly Management by Objectives (MBO), Environmental Scanning (ES), Political, Economic, Social and Technological (PEST) analysis, Stakeholders Analysis (SA) and Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis.

The development of the Plan was conducted through a participatory process where the aspirations of management and staff were explored by using questionnaire surveys and various consultative forums. The process was complemented by a critical review of key literature. Consequently, a draft of the plan was compiled and presented for review by NIMR Management. The second version was then produced for adoption by the Institute's Governing Council.

1.4 Plan Layout

This Plan has four sections. The *first section* provides an introduction covering background, purpose of the Plan, Plan methodology and Plan layout. The *second section* provides an analysis of the situation, culminating in the main strategic issues of the Institute. The *third section* is the core of the Plan, which provides the Institute's strategy comprising the mission and vision statements; core values, strategic objectives, results, key performance indicators and targets. This section also elaborates on the strategic objectives and targets/initiatives. The *fourth section* provides a monitoring and evaluation framework that sets planned reviews of the milestones; monitoring targets; and evaluation and reporting plans. The Plan also includes important *appendices* designed to support its implementation.

2. SITUATION ANALYSIS



Exhibition at the 7th East African Health and Science Conference held at JNICC, Dar es Salaam from 27th to 29th March 2019

This chapter provides an analysis of the internal and external operating environment of NIMR. The analysis covers historical background; mandates of the Institute; role and functions; governance; relevant national policy and strategic context; strategic performance review; stakeholders' expectations; key Strengths, Weaknesses, Opportunities and Challenges (SWOC) and main strategic issues to be addressed by the Strategic Plan 2019/20 – 2023/24.

2.1 Historical Background

The National Institute for Medical Research (NIMR) is a parastatal service organization under the Ministry of Health, Community Development, Gender, Elderly and Children established by Parliamentary Act No. 23 of 1979 (Cap. 59, R. E. 2002) and became operational in 1980. The establishment of this Institute was in recognition by the Government of the need to generate scientific data and information required in the development of better methods and techniques for improving disease/condition management, prevention and control in the country.

The Institute has grown in strength and size over the years and currently has seven centres distributed to cover the whole country both geographically and in relation to prevailing disease burden. The centres and their locations are Mwanza (incorporating Tabora) (Lake and Western Zone), Tanga and Amani (Northern Zone), Muhimbili (Eastern Zone), Dodoma (Central Zone), Mabibo (incorporating Ngongongare) (Eastern and Northern Zone) and Mbeya (incorporating Tukuyu) (Southwest Highlands Zone). The headquarters of the National Institute for Medical Research is in Dar es Salaam.

NIMR Centres and Stations



2.2 Mandate and Functions

2.2.1 Mandate

The Act of Parliament No. 23 of 1979 (Cap. 59, R. E. 2002) mandates NIMR to carry out, control, coordinate, register, monitor, evaluate and promote health research in Tanzania.

2.2.2 Mandatory Functions

The mandatory functions of the Institute include:

- (i) carrying out and promoting the carrying out of health research designed to alleviate disease among the people of Tanzania;
- (ii) carrying out and promoting the carrying out of research into various aspects of local traditional medical practices for the purpose of facilitating the development and application of herbal medicine;
- (iii) cooperating with the government or any person, or body of persons, in promoting or providing facilities for, the training of local personnel for carrying out scientific research into medical problems;
- (iv) monitoring, controlling and coordinating health research carried out within Tanzania, or elsewhere on behalf of, or for the benefit of, the government of Tanzania, and evaluating the findings of that research;
- (v) establishing a system of the registration of, and registering the findings of medical research carried out within Tanzania, and promoting the practical application of those findings for the purpose of improving or advancing the health and general welfare of the people of Tanzania;
- (vi) establishing and operating systems of documentation and dissemination of information on any aspect of the health research carried out by or on behalf of the Institute;
- (vii) doing anything necessary to uphold and support the credit of the Institute and its research findings to obtain and justify public confidence and facilitate the proper and efficient performance of its functions.

2.2.3 Current Vision

The current vision of the Institute is:

To be an institution of excellence for advancement of health research and development in Tanzania and beyond.

Remark: The vision is inadequate as it is not transformative enough. Since NIMR is a public service organisation under the MoHCDGEC the vision needed for articulating the targeted societal change has to be created with the support of the Institute's own resources. This implies, the Institute needs to be more appropriate and transformative by directing a clear roadmap for health research innovation in areas of diagnostics, vaccines, drugs, health system deliveries and other interventions to support prevention, control and elimination of diseases in the country and beyond.

2.2.4 Current Mission

The current mission of the Institute is:

To conduct, coordinate, regulate and promote scientifically and ethically sound, high quality health research and deliver evidence-based information that is responsive to the needs of human wellbeing.

Remark: The mission statement is still relevant and well formulated. It covers well how and for whom to function so as to address the gap noted in the society.

2.2.5 Current Core Values

The current core values of the Institute are:

- Integrity
- Accountability
- Unity
- Innovation
- Quality

Remark: The current Institute's core values are comprehensive and constitute the desired organisational culture. They, however, need to be slightly rephrased to read integrity, inclusiveness, excellence, accountability and transparency.

2.3 Institutional Set-up

NIMR is governed by a Council consisting of a Chairperson and eight (8) members, including the Director General. The Council is the highest decision-

making organ of the Institute, while the Director General manages the day-to-day activities of the Institute.

The Director General's Office, has four units namely Public Relations Office, Legal Counsel Unit, Internal Audit and Procurement Management Unit. It also comprises three functioning coordinating directorates (This follows the abolishment of the DHII directorate which was never operationalized) and seven research centres (This follows the merging of some Centres and the establishment of new one as reflected above under Section 2.1). The coordinating directorates are headed by directors while research centres are headed by centre directors. There are also three substantive departments that are headed by managers (Appendix 1).

2.4 External and Internal Context Assessment

2.4.1 Global Context

Universal Health Coverage (UHC) is one of the targets in the Sustainable Development Goals (SDG) adopted by the United Nations General Assembly in September 2015. Specifically, one goal – SDG 3 – focuses on ensuring healthy lives and promoting well-being for all at all ages. Target 3.8 of SDG 3 – focuses on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (WHO/World Bank Group, 2017).

Globally, there has been significant progress towards UHC. Most parts of the world have seen an expansion in the access to health services and coverage of key interventions over the last two decades. The notable increase in the coverage of essential services was witnessed between 2000 and 2015, particularly in antiretroviral treatment for HIV (2% in 2000 to 53% in 2016) and use of insecticide-treated nets for malaria prevention (1% in 2000 to 54% in 2016). There have also been notable improvements in financial protection.

However, the levels of service coverage vary widely between countries. As measured by the UHC service coverage index, it is highest in East Asia, Northern America and Europe (77 on the index). Sub-Saharan Africa has the lowest index value (42), after Southern Asia (53). The index is correlated with

under-five mortality rates, life expectancy and the Human Development Index. Even if health services are available, countries at all income levels often struggle to ensure quality in health services.

Health systems in many countries are also confronting the challenges of aging populations and a growing burden of lifestyle diseases. The burden of non-communicable diseases (NCDs), such as cancer, cardiovascular disease, diabetes and mental health, is growing. NCDs are now the cause of 70 percent of deaths globally, with the majority of these deaths occurring in low- and middle-income countries. At the same time, despite advances in reducing the burden of communicable diseases, rates still remain high in many parts of the world for malnutrition, unmet need for sexual and reproductive health services, and maternal mortality. Other global developments in the health sector include increasingly sophisticated health and non-health technologies, improving health literacy, engagement and expectations, and growing food security and environmental risks that negatively influence health (UNICEF, 2018).

Achieving universal health security, which protects all people from threats to their health, is an essential component of providing UHC. Universal health security means protecting everybody, not just because that is the equitable thing to do, but because with infectious diseases, true health security can only be achieved if everyone is protected. It both depends on and complements broader efforts to strengthen health systems and make them more resilient, so it needs to be pursued as part of an integrated plan.

2.4.2 National Context

Alignment with National Agenda and Policies

The outgoing strategic plan is well aligned to National Development Objectives. In the year 2000 Tanzania launched its **Development Vision 2025**. This is a re-assertion of a desirable future for Tanzanians by 2025. One of the principal goals of this vision is quality livelihood for all. This vision has in it specific health sector goals that have to be attained by the year 2025. Key targets include: (i) access to quality primary health care for all; (ii) access to quality reproductive health services for all individuals of appropriate ages; and (iii) reduction in infant and maternal mortality rates.

The long-term vision of the country for the health sector is implemented through operationalization of the Five-Year Development Plan (FYDP II: 2016/17-2020/2021), National Health Policy (2017) and Health Sector Strategic Plan: 2015-2020 (HSSP IV).

The Five-Year Development Plan (FYDP II: 2016/17–2020/2021) appreciates the role of quality health services for national development. Key interventions are set forth for implementation during the five-year planning period that include: (i) strengthening health systems (primary and referral); (ii) equipping district, regional and referral hospitals with modern equipment; (iii) training health staff (short and long courses); (iv) managing non-communicable diseases (NCDs); (v) improving work environment for health personnel (commensurate remuneration, housing in close proximity to work premises); and, (vi) speeding up comprehensive health care, focusing on proactive preventive medicines, and timely effective control of epidemic diseases.

Likewise, the overall **National Health Policy** objective is to reach all households with essential health services attaining the needs of the population, adhering to objective quality standards and applying evidence-informed interventions through resilient systems for health. As for the Health Sector Strategic Plan 2015 – 2020 (HSSP IV), the overall objective is to reach all households with essential health and social welfare services, meeting, as much as possible, the expectations of the population, adhering to objective quality standards, and applying evidence informed interventions through efficient channels of service delivery.

As Tanzania attains middle-income status, the health sector has resolved to give more attention to the quality of health services in tandem with the pursuit of universal access. At the same time, better health for the entire population will be promoted through the adoption of health in all policies. The NIMR Strategic Plan therefore has to be aligned to the objectives of HSSP IV in order to aid its intention of reaching all households with essential health and social welfare services.

The outgoing strategic plan was therefore quite relevant as it was supporting the availability of quality health services. It is in this regard that NIMR as the research arm of the Ministry of Health conducts research for health that will inform the national health development goals subsequently addressing the health needs of Tanzanians.

Major Changes in the PESTEL¹ Environment

Notable achievements have been realized in developing the country's healthcare infrastructure, reducing infant mortality, improving access to medicines and managing infectious diseases. For example, mortality among under-fives has declined from 154.8 out of 1000 live births in 1990 to 61.5 out of 1000 live births in 2017. Concurrently, for infants less than one year of age has declined from 98.9 out of 1000 live births in 1990 to 43.3 out of 1000 live births in 2017. Likewise, Healthcare Access and Quality Index (HAQ) improved from 21.9 in 1990 to 33.9 in 2016.²

However, expenditure on healthcare still remains lower at 11.3% of total government expenditure, a few percentage points below the Abuja Declaration target of 15% (Deloitte, 2016). Health spending per person per year is comparatively small, accounting for US\$ 1 (for pre-paid private investment), US \$ 9 (for out-of-pocket spending), US\$ 14 (government health spending) and US\$ 17 (development assistance for spending) - all for the year 2016.

Currently, around 14.7% of the population is covered by health insurance, whereas 85.3% is not covered by any health insurance scheme. In an effort to achieve universal coverage, the government is exploring ways to increase uptake of health insurance. The introduction of the Community Health Fund aimed at providing basic insurance coverage to low-income households, most of which are in the informal sector, representing majority of Tanzanians. The government is considering making this a mandatory scheme.

On the health workforce front, the government is making efforts to alleviate Tanzania's understaffed healthcare system, with the objective of reducing the

¹ Political, Economic, Social, Technological, Environmental and Legal

² <http://www.healthdata.org/tanzania>

deficit of health workers to 30% by 2019. With this in mind the government has set aside TZS 1.99 trillion equivalent to 9.2% of total budget excluding public debt service (ibid.).

With regard to disease composition, there has been a significant shift in disease composition from 2007 as compared to 2017. During 2007, disease composition (10 top causes of the most death) was as follows in the order of importance³:

1. HIV/AIDS
2. Lower respiratory infections
3. Neonatal disorder
4. Diarrheal diseases
5. Tuberculosis
6. Malaria
7. Congenital defects
8. Ischemic heart disease
9. Stroke
10. Protein-energy malnutrition

During 2017, disease composition changed with the following order of ranking for the 10 top causes of the most death⁴:

1. Neonatal disorders
2. Lower respiratory infections
3. HIV/AIDS
4. Ischemic heart disease
5. Tuberculosis
6. Congenital defects
7. Malaria
8. Diarrheal diseases
9. Stroke
10. Diabetes

Key developments have taken place in the country since the start of implementation of the outgoing Strategic Plan back in 2014. These changes are likely to provide both opportunities and challenges in the health sector. Some key developments include:

³ <http://www.healthdata.org/tanzania>

⁴ <http://www.healthdata.org/tanzania>

- a. Major shifts created by the 5th phase CCM Government including moving the capital to Dodoma; stepping up the industrialization agenda to attain middle income status; and transformation of the healthcare system. The shift to industrialization will benefit NIMR from investing in the production of herbal medicines at the Mabibo factory. It also means that the healthcare system will have to be transformed and strengthened to meet new needs, which in turn means increased roles and opportunities for NIMR as the health research arm of the Government.
- b. Global and local economic downturn cause a decline in the Government and development partners funding for research.
- c. Climate change and emerging new diseases create opportunities for new research areas.
- d. Decline in employment opportunities nationally – making it more difficult for the Institute to address its staff needs.
- e. Changing development partner priorities in health research, thus making it difficult to access research funds to address our national priorities.
- f. Technological advancement in ICT making it possible to automate and improve institutional operations.
- g. National ICT policies and Cyber laws restrict the use of cloud storage which affects data transfer and use between collaborating partners but at the same time protects national data.
- h. Higher pace of digitalization in all sectors of development implies that emphasis on research in digital health should be given.
- i. Evolution of the global disease landscape particularly the non-communicable diseases and other epidemics is manifested by a shift in the burden of NCDs in developing countries. On the other hand, vector-borne disease epidemics such as Ebola, Chikungunya and dengue fever have increased. This means more basic and operational research priorities in developing countries like Tanzania have to be revised to address these changes.

These are major policy changes at the regional and global level which present both challenges and opportunities for NIMR.

2.4.3 Internal NIMR Context



Laboratory personnel processing samples at NIMR Mbeya Research Centre

2.4.3.1 Implementation of Mandatory Functions

The Institute continues to be generally effective in the implementation of its mandatory functions of health research; research in traditional medicine; stakeholder cooperation and engagement; coordination of health research; registration of health research and findings; documentation and dissemination; quality and ethical standards. However, some critical challenges exist that require strategic responses. These include:

- (i) changing development partners' priorities – making it rather difficult to address all national health research priorities;
- (ii) inadequate human resources in some specialty skills/knowledge;
- (iii) obsolete research infrastructure;
- (iv) declining government and development partners funding for research;
- (v) emerging NGOs with inadequate capacity engaging in research activities;
- (vi) an inadequately integrated mechanism/system for research registration;
- (vii) lack of an integrated MIS and data repository;
- (viii) research in traditional practices still at infancy and not a priority to collaborative and development partners;
- (ix) inadequate translation of research into practical results for the end user.

2.4.3.2 Research Centres

The Institute implements research activities through its centres. The centres develop research proposals and attract research grants for the implementation of their activities. Most centres have been successful in doing this effectively with less dependence on Government for direct research funding while others did not perform well due to inadequate human resources changes in the funding landscape and development partners' priorities.

Centres' performance can be transformed by amalgamating the small and big centres by establishing Centres of Excellence/Zonal Centres, filling the gap of inadequate human resources and building/developing a strong Grant Management Unit to support the centres in Grants Management function from identification of research opportunities and through the Grant Management Cycle.

Despite the best performance, more investment in capacity building particularly in terms of recruitment and training of researchers and support staff and research infrastructure development is needed to move centres to the next level of development. Furthermore, efforts are needed to build more research networks and increase resource mobilization. To transform the performance of the centres, there is a need to have strong potential, well-established research scientists, good networking and teamwork spirit among the team to push for more grants and research activities.

2.4.3.3 Resources Mobilisation

Effective and sustainable resources availability to support the core mission and support activities of the Institute remains a crucial issue going forward – calling for a strong and structured institutional focus on resources mobilisation. Current major sources of revenue include Government subvention, development partners' funds for research, overheads from projects and fees from ethical reviews. However, NIMR has to fully utilize some of the opportunities to generate more resources that include land and infrastructure to enhance revenues for research and other activities.

2.4.3.4 Governance and Management Structure

The current structure has enabled the Institute to deliver its functions to a great extent despite its shortcomings. However, due to diverse social, political and economic developments some centres have not been optimally utilized. At the same time new centres like Dodoma have emerged and need to be included in the forthcoming organisational structure.

2.4.3.5 Human Resource Management and Administration

The Institute has relevant policies and regulations in place. However, some of them are outdated and need to be reviewed.

The number of staff is not adequate for the time being following retirement, death, resignation and termination of some staff. The Institute is also missing some specialities which are critical for delivering its intended objectives.

Although there is an institutional training policy and staff development plan, inadequate resources have constrained its implementation. However, NIMR through different research projects and networks has managed to train some of its staff to masters and PhD levels.

2.4.3.6 Financial Management

There has been a significant growth of the NIMR research budget over time. However, the growth is not spread well enough to address all the national health research priorities.

The Institute considers the availability and utilization of Integrated Financial Management Information Systems crucial especially in this era of ICT. The Institute has invested a lot in this initiative and will continue to do so.

Existing financial policies are relatively outdated – they need to be reviewed to cope with changes in the public sector and technological development e.g. Introduction of Government electronic Payment Gateway, internet banking, etc.

NIMR is looking forward to continuing investing in technology and its utilization as means to facilitate decision making and cost cutting. There is

still room for improvement in financial management systems such as accounting and audit systems.

The governance system at NIMR is effective; it ensures that all resources are effectively and efficiently utilized to achieve the intended results. The Institute signed and implemented well a performance contract with the Treasury Registrar for 2018/2019.

2.5 Implementation of the Past Strategic Plan: 2014 – 2019

The overall physical implementation of the outgoing strategic plan (2014/15 – 2018/19) is rated as **satisfactory**⁵. About two thirds of planned activities were fully implemented while the rest were either in progress (partially implemented) or not implemented at all.

NIMR progressed very well in addressing its vision and objectives. Major achievements recorded include: all the Institute audit reports are clean; the Institute had no fraudulent issues; establishment of the NIMR Dodoma Office; over 30 staff trained to PhD level; implementation of the NIMR Mabibo Traditional Medicine Project; increase in number of research projects secured and implemented; increase in number of research proposals evaluated and approved for ethical clearance; increase in number of papers published in peer reviewed scientific journals and a significant growth in budget where the Institute net worth from TZS 14 billion to 17 billion.

Some of the factors that contributed to success include: existence of good governance bodies and tools; competent staff; increased collaboration with local and international research partners; alignment of the NIMR strategic plan with the National Health Research Priorities and development partners' expectation and existence of political will from the Government.

However, there has been some setbacks such as: dependence on foreign aid has led to development partners driven research studies which to some extent do not align fully with the national priorities; the regulatory role has remained underperformed; turnaround times for ethical clearance of research proposals

⁵ Detailed implementation is presented in a separate "Review Performance Report"

are long in relation to the demand; monitoring of the carrying out of research in fields is almost non-existent; and inadequate dissemination of results of the undertaken research to consumers.

It is important to mention that the outgoing strategic plan did not have separate strategic objectives on HIV/AIDS and Implementation of the National Anti-Corruption and Good Governance Strategy as required by the Government.

Specifically, the following challenges constrained full implementation of the planned activities:

- i. Delays in securing employment permits from the government hindered the Institute's efforts to capacitate some units as planned;
- ii. Delays in the approval of different documents and policies;
- iii. Change in operational needs, which rendered some activities redundant;
- iv. Inadequate financial resources;
- v. Inadequate HR capacity in some specialties;
- vi. Overdependence on external funding for research;
- vii. Inadequate and obsolete research infrastructure and equipment;
- viii. Inadequate information coordination system, strategy and guidelines;
- ix. Inadequate system that ensures effective dissemination of information.

A summary of the progress in implementing each of the six strategic objectives of the outgoing plan is given in the following sub-sections.

2.5.1 Objective 1: Governance structures and systems for effective performance of the Institute are in operation

This strategic objective had 4 strategies to be accomplished during the outgoing planning phase:

- Departments/Units established and strengthened;
- Organization systems documents developed/reviewed;
- Policies, regulations and guidelines developed, reviewed and operationalized;
- Governance structures strengthened.

Strategy 1: Departments/Units established and strengthened

The activities which were partly implemented included: strengthening of monitoring and evaluation department; establishment of planning department; establishment of the Procurement Management Unit; establishment of the Legal Unit; establishment of the Grant Management Unit and establishment of Environmental Health and Biosafety units.

Activities which were not implemented at all include:

- Strengthening the Public Relations and Protocol unit;
- Establishment of Consultancy and Intellectual Property Rights (IPR) policy;
- Operationalization of the Directorate of Health Innovations and Interventions;
- Establishment of Incubation Centres and Science Parks.

The main constraining factors include:

- i. Delays in securing employment permits from the government hindered the Institute's efforts to capacitate some units as planned;
- ii. Delays in approval of different documents/policies by the relevant authorities;
- iii. Change in operational needs made some activities redundant and hence a decision to drop them e.g. establishment of Directorate of Health Innovations and Interventions;
- iv. Lack of financial resources and proper visioning.

Strategy 2: Organization systems documents developed/reviewed

On the strategy to develop/review organization systems documents, a total of three activities were planned as follows:

- Develop and operationalize the Communication strategy;
- Develop and operationalize Monitoring and Evaluation strategy;
- Develop the Resource Mobilization strategy.

The implementation status for the communication strategy is rated as **good** as it was developed though not formally operationalized. The challenge was lack of public communication expert to operationalize the strategy. A Public Relations Manager was recruited during the financial year 2019/20. Similarly,

a Monitoring and Evaluation strategy was developed but not operationalized due to lack of staffing capacity in the unit. On the other hand, the implementation status of resource mobilisation was impressive. However, the strategy needs to be reviewed such that it allows the Institute to diversify its sources of revenue generation. The overall implementation performance of this strategy is rated as **satisfactory**.

Strategy 3: Policies, regulations and guidelines developed, reviewed and operationalized

The strategy to develop, review and operationalize policies, regulations and guidelines was, on average, well implemented. In total, 4 activities were planned under this strategy. These included:

- Develop, operationalize and review human resources (HR) policies and regulations; and develop, review and operationalize institutional Information Communication Technology (ICT) policy and guidelines;
- Develop and operationalize health research, publication and IPR policies;
- Develop and operationalize Consultancy policy;
- Develop and operationalize Communication guidelines.

For the aspect of HR and ICT policies, the performance was **good**. Major achievements included: the completion of developing and operationalizing the ICT Policy and Guidelines. Similarly, HR Policy and Regulation is in place but outdated and thereby undergoing review. On the other hand, the scheme of service for scientists is centrally developed by the Office of the Treasury Registrar (OTR) and is awaiting approval while for other staff cadres, the scheme is under review.

The implementation status of developing and operationalizing health research, publication and Intellectual Property Rights (IPR) policies was also good. Health Research Policy is already developed and operationalized. IPR policy is developed but still under review.

For the Consultancy Policy, the implementation performance was satisfactory, as the consultancy policy statement is already prepared though consultancy guidelines are not yet in place and operationalized.

With regard to communication guidelines, implementation performance is rated **good**. The guidelines exist in NIMR staff regulations, but they need to be reviewed in line with the planned review of NIMR staff regulations. In addition, external communication was not well operationalized due to inadequate HR capacity in the area.

Strategy 4: Governance structures strengthened

Under this strategy, a total of 4 activities were planned. These included:

- Organization structure reviewed and operationalized;
- NIMR Management and Council meetings convened;
- Workers' Council meetings convened;
- All other institutional meetings convened.

On the review of the organisational structure, the performance was **average**. The first draft was prepared and submitted to the President's Office Public Service Management and Good Governance and OTR awaiting approval. Management has also initiated a second review of the documents. The main constraint in this regard is the slow approval process by relevant authorities. Management and Council meetings were held except for 2016/2017 due to absence of a new Council. Workers' Council meetings were not held as planned following expiry of the Workers' Council. Other institutional meetings were convened although there were some instances whereby meetings were postponed or cancelled due to various reasons. On account of this, the average implementation performance of this strategy is rated **satisfactory**.

2.5.2 Objective 2: Resources for effective implementation of NIMR strategic plan are made available

This objective comprised 5 strategies as follows:

- Resource mobilization enhanced;
- Institutional infrastructure acquired and maintained;
- Human resource management function strengthened;
- Research products commercialized;
- Capacity to deliver quality consultancy services enhanced.

The implementation status of this objective by strategy-wise is presented below:

Strategy 1: Resource mobilisation enhanced

This strategy had a total of 12 activities planned to be implemented during the period of the outgoing strategic plan. The average implementation performance under this strategy is rated as **satisfactory**. The activities which recorded impressive performance included: development of annual budget and work plans; development of business plans for mass production of herbal remedies, scholarship programmes and Amani Training Centre; implementation of IFMIS through Microsoft dynamics AX; initiation of establishment of Grant and Contract Management Unit; broadening of sources of revenues. The rest of activities had moderate implementation performance. The planned registration of a Spin-off Company or commercial firm could not be implemented. The Institute also could not identify and implement strategies for sustaining the Health Research Users' Trust Fund. These were two major important activities which could ensure the Institute's financial sustainability. The major implementation challenge was the failure to prioritise and low commitment to deliver on initiatives.

Strategy 2: Institutional infrastructure acquired and maintained

The implementation performance under this strategy was **average**. Activities which could not be implemented include development of inter- and intra-connectivity between and within centres with functional mechanisms for sharing internet, development of a health research repository, digital libraries and e-Systems. The key implementation challenge was inadequate financial resources.

Strategy 3: Human resource management function strengthened

Implementation of activities under this strategy was **good**. The performance is generally good since most of the activities are operational in nature with reliable budgetary allocations. However, implementation of the staff succession plan and staff training for both short and long courses was quite low.

Strategy 4: Research products commercialized

The implementation of activities under this strategy was **moderate**. A substantial number of activities were not implemented since most are strategic in nature requiring adequate financial resources. Some of these include development of a marketing strategy, conducting needs assessment for resources for research products commercialization, development of a system of filing/registration and safe custody of patents, undertaking product development (including diagnostic and biotech products) and establishment of incubation centres and science parks.

Strategy 5: Capacity to deliver quality consultancy services enhanced

The strategy on capacity to deliver quality consultancy was **satisfactory**. Activities on the development of a consultancy strategy and identification of key areas for delivering consultancy were partially implemented while establishment of inventory of internal capacity was not implemented at all. However, overall, consultancy services were well delivered and promoted.

2.5.3 Objective 3: Health research regulatory capacity strengthened

Strategy 1: Registration of health research institutions, researchers and research projects strengthened

The average implementation performance of activities under this strategy is **moderate**. Development of guidelines and database for registering health research institutions, strengthening systems for registration of health research and developing partnerships with other institutions for registration of research projects are activities which were partially implemented. On the other hand, the plan to develop a repository for registered health research institutions, researchers and research projects was not implemented. The biggest implementation challenge was inadequate funding.

Strategy 2: Capacity for ethical clearance enhanced

The implementation of activities under this strategy recorded impressive performance and therefore **highly satisfactory**. Key accomplishments included development of guidelines and mechanisms to fast-track ethical issues, reviewing of ethical clearance guidelines, establishment of Zonal Ethical Review Committees, development of an Electronic Ethical Review System and developing a Client Service Charter.

Strategy 3: Capacity for monitoring and evaluation of health research in Tanzania strengthened

The implementation of activities under this strategy is rated as **moderate**. Major achievements were recorded in training of staff and other experts in monitoring and evaluation, and conducting of passive monitoring of approved research projects. However, monitoring of on-going health research has been a challenge due to inadequate funding for monitoring visits and follow-ups.

Strategy 4: The capacity for biosafety clearance strengthened

Under this strategy, two (2) activities were planned for implementation: development of Biosafety guidelines for registration and quality assurance of health research facilities, and accreditation of health research facilities for biosafety compliance. At the end of the plan, neither of the activities were implemented due to conflict of priorities, inadequate resources and lack of relevant guidelines.

Strategy 5: Capacity for ethical clearance of animal use, their handling and care for health research enhanced

Three (3) activities were planned under this strategy:

- Guidelines for use of animals in health research developed and operationalized;
- National and institutional animal research ethical clearance committees established;
- Monitoring of animal use, handling and care for health research conducted.

However, the Institute could not implement any of the planned activities due to conflict of priorities, inadequate resources, needs for scope revision and lack of guidelines.

2.5.4 Objective 4: Health research and development carried out

There were 6 strategies to achieve this objective:

- Basic and applied biomedical research conducted;
- Health systems and policy research carried out;
- Research on social determinants of health carried out;
- Capacity for health research strengthened;

- Research on traditional and alternative medicine conducted;
- Evaluation research carried out.

Below is an analysis of the status of implementation of planned activities under each strategy:

Strategy 1: Basic and applied biomedical research conducted

The implementation status of activities under this strategy is rated as **satisfactory**. The highest performing area was on communicable diseases. However, research on some of the themes could not be optimized due to dependence on grants calls, inadequate resources and infrastructures.

Strategy 2: Health systems and policy research carried out

The status of implementation of activities under this strategy was **satisfactory**. Research on inter-sectoral collaboration and governance were not conducted at all. The implementation of the rest of the activities varied from 50-80%. As in the case of the basic and applied biomedical research themes, constraining factors included dependence on grants calls, inadequate resources and infrastructure and a need to review some of the planned research themes into a more focused research area.

Strategy 3: Research on social determinants of health carried out

The implementation status of planned activities under this strategy recorded **moderate** performance. Activities which could not be implemented at all include research on key population/most at risk, research on health equities and inequalities, research on socio-economic status and social inclusion, and research on health promotion. While implementation was constrained largely by lack of adequate resources, it is also imperative to review the needs and/or focus of some research themes.

Strategy 4: Capacity for health research strengthened

The implementation performance of this strategy is rated as **satisfactory**. Implementation of some of the capacity development initiatives was hampered by inadequate financial resources.

Strategy 5: Research on traditional and alternative medicine conducted

Overall, this strategy was **satisfactorily** implemented. Partial implementation of activities recorded on research on phyto-pharmacology of traditional medicine, production of safe and efficacious traditional medicine using Good Manufacturing Practice (GMP), application of nano-technology in health research and formulation and development of validated herbal medicines. Activities which were not implemented at all include development of an inventory of traditional medicines, carrying out proof of claim studies from clinical observation studies and clinical trials of traditional medicine, promotion of cultivation of medicinal plants, and promotion of various propagation methods in development of medicinal plants. One of the major challenges to the implementation was the lack of funds and interest to conduct studies.

Strategy 6: Evaluation research carried out

The average implementation performance of activities relating to this strategy is rated as **moderate**. Encouraging performance was recorded in conducting impact surveys to determine the extent to which interventions have achieved their objectives and sustainability. However, evaluation indicators and tools were not developed as planned.

2.5.5 Objective 5: Utilisation of research findings promoted

Two strategies were planned to meet this objective:

- Research findings disseminated, translated, communicated and used;
- Translation of research findings and knowledge management strengthened.

The implementation status by each strategy is presented below:

Strategy 1: Research findings disseminated, translated, communicated and used

The implementation performance of activities under this strategy was **satisfactory**. Areas with low performance included use of multi-media to share research findings for utilization, and policy dialogues with potential users/stakeholders of research findings. The limiting factors included:

- Lack of central information coordination system, strategy and guidelines;
- Lack of PRO/CO;
- Lack of funds to reserve space in local papers and TV spots at prime time;
- Lack of regular budget for hosting policy dialogues.

Strategy 2: Translation of research findings and knowledge management strengthened

The implementation performance of activities for attaining this strategy was **moderate**. Areas with weak performance include developing capacity of researchers on translation and packaging of research findings, effective engagement of policy-makers in health research findings, and development of a knowledge management strategy.

Major implementation challenges included:

- Lack of centralized database for disseminated research findings;
- Lack of funding for centralized training and tracking programme;
- There is no centralized system that documents dissemination forums.

2.5.6 Objective 6: Training programmes in health and allied sciences established and executed

This objective has only one strategy, i.e. collaboration with higher learning and R&D institutions strengthened. The implementation performance status under this strategy was **moderate**. Effective collaboration efforts with higher learning institutions are largely affected by lack of a centrally coordinated mechanism within NIMR.

2.6 Stakeholders Analysis

The Institute has several key stakeholders both internal and external. These are listed and analysed in Table 2.1.

Table 2.1: Stakeholders Analysis

Stakeholders	Expectations from NIMR
Policy and Decision Makers	<ul style="list-style-type: none">• Evidence-based information to guide decision• Value for money• Policy brief, policy development and formulation• Institutional sustainability
Health Sector/The Government/NACP/NTLP	<ul style="list-style-type: none">• Strategic national health research• Evidence-based information• Technical support and advice• Policy development and formulation/review• Regulation of health research
Ministry of Finance and Planning/Other Government Ministries	<ul style="list-style-type: none">• Value for money• Evidence-based information• Policy development and formulation• Technical support• Institutional sustainability
Traditional Healers	<ul style="list-style-type: none">• These are expected to feed their indigenous knowledge on medicinal plants to the Institute for purposes of researching and promoting traditional medicines
Higher Learning Institutions	<ul style="list-style-type: none">• Training and mentorship services/support• Regulation of health research and timely availability of research permits• Technical services and backstopping• Collaborative research• Research information and publication
Non-Government Organizations	<ul style="list-style-type: none">• Transparency• Value for money

Stakeholders	Expectations from NIMR
	<ul style="list-style-type: none"> • Accurate and reliable research information • Involvement and participation • Regulation of health research • Collaboration in research, monitoring and evaluation
Media Sector	<ul style="list-style-type: none"> • Provision of accurate and reliable information • Involvement and participation • Recognition and publicity • Community sensitization and awareness
NIMR Employees	<ul style="list-style-type: none"> • Conducive working environment • Recognition and participatory approach • Incentive and motivation • Professional advancement • Fair and competitive opportunities
Environmental Management Sector	<ul style="list-style-type: none"> • Accurate, transparent, timely and reliable information • Collaborative research • Develop policy and guidelines
Non-Academic Research Institutions	<ul style="list-style-type: none"> • Information sharing • Adhere to protocols/ethics • Research regulation and coordination, • Clear research guidelines • Timely approvals for ethical clearance permits • Collaborative research
Commercial Sector/Pharmaceutical Industry	<ul style="list-style-type: none"> • Trust and confidence • Information sharing • Accurate, transparent, timely and reliable information • Market share for their products

Stakeholders	Expectations from NIMR
	<ul style="list-style-type: none"> • Timely implementation of contracted projects/program
Development Partners	<ul style="list-style-type: none"> • Programme sustainability • Comprehensive dissemination of research results • Transparency and accountability • Information sharing and feedback • Adherence to protocols and research grants • Value for money
Service Providers	<ul style="list-style-type: none"> • Transparency and accountability • Fair and competitive opportunities • Provision of appropriate services/supplies • Timely settlement of their dues • Market share
General Public/Community	<ul style="list-style-type: none"> • Implementation of ethically sound research • Dissemination of research results • Trust and confidence • Accurate, transparent, timely and reliable information • Improved health services • Capacity building

2.7 SWOC Analysis

Based on the various assessments outlined above, a high-level summary of the key Strengths, Weaknesses, Opportunities and Challenges (SWOC) given in Table 2.2 provides an overview of the current internal and external situation of the Institute and facilitates delineation of the strategic issues being addressed by the Strategic Plan for 2019/20 – 2023/24.

Table 2.2: SWOC Analysis

NIMR Strengths	
(i)	Strong dual national mandate of conducting and regulating health research in Tanzania
(ii)	The largest public health research institution in Tanzania
(iii)	Strong leadership
(iv)	Availability of well educated, experienced staff
(v)	Existence of state-of-the-art laboratory and equipment infrastructure that attract internal and external researches
(vi)	Trust by internal and external stakeholders
(vii)	Existence of basic regulatory framework, policies and guidelines
(viii)	Strong local and international networks
(ix)	Existence of eight centres in six of the seven zones of the country

NIMR Weaknesses	
(i)	Weak advocacy, publicity and dissemination of research evidence
(ii)	Inadequate planning and allocation of staff
(iii)	Inadequate monitoring and evaluation of performance
(iv)	Inadequate professional development, mentorship and succession plans
(v)	Inadequate inter-sectoral collaboration and engagement
(vi)	Inadequate institutional and research resources mobilization
(vii)	NIMR Act does not accommodate for new developments and technological advancement
(viii)	Out-of-date scheme of service and incentives schemes
(ix)	Inadequate governance and management structure
(x)	Inadequate infrastructure and worn-out office and laboratory buildings
(xi)	NIMR's visibility is very low to the community

NIMR Opportunities	
(i)	Government support
(ii)	Integration of NIMR research activities with strategic national agendas
(iii)	High potential for research collaboration and networks

- (iv) Integration of technologies in research
- (v) Potential for collaboration through Public-Private-Partnerships (PPP)
- (vi) High prevalence of communicable and non-communicable diseases as well as emerging and re-emerging diseases
- (vii) High potential for collaboration with higher education institutions
- (viii) National commitment to fund research (1% of GDP)
- (ix) New health developments and discoveries

NIMR Challenges

- (i) Uncertain sustainability of research activities in the context of high dependency of declining development partners' support
- (ii) Inadequate and unreliable local/public source of research funding
- (iii) Inadequate uptake of research evidence in the formulation of policies and programmes
- (iv) Reduction of NIMR workforce as a result of shifting them to other institutions

2.8 Critical Strategic Issues

The situation analysis leads to the following broad critical strategic issues to be the focus of the Strategic Plan for 2019/20–2023/24:

- A. Enhancing health research and innovations as well as their communication to society;
- B. Achieving effective training in Health and Allied Sciences;
- C. Enhancing health research quality standards and compliance;
- D. Strengthening institutional capacity and operational efficiency;
- E. Addressing HIV/AIDS and implementation of the National Anti-Corruption and Good Governance Strategy as required by the Government.

3. THE PLAN



This chapter is the core of the NIMR Strategic Plan for 2019/20–2023/24. It presents the Institute’s mission, vision, core values, strategic objectives and targets as well as comprehensive strategic action plan. Likewise, it provides rationale for the adopted strategic objectives and how to achieve them. The strategic objectives are designed to respond to the critical strategic issues identified in Chapter Two.

3.1 Vision

The Institute’s vision is:

To be a leading institution for advancement of high-quality health research and innovations
--

The vision aligns well with the national priorities outlined in the National Development Vision 2025 and the Second Five-Year Development Plan 2016/17–2020/21, which respectively calls for promoting high quality livelihoods and transforming the country into a middle-level industrial economy. It motivates the Institute to have a roadmap for health research

innovation in areas of diagnostics, vaccines, drugs, health system deliveries and other interventions to support the prevention, control and elimination of diseases in the country and beyond. The vision demands NIMR to be a stronger institution, able to deliver modernised and higher impact research services.

3.2 Mission

In line with its mandate, the Institute's mission statement is:

To conduct, regulate, coordinate and promote health research that is responsive to the needs and wellbeing of Tanzanians

3.3 Core Values

The Institute continues to embrace the following core values:

Integrity

We uphold high ethical and moral standards in our conduct reflected by honesty, sincerity, truthfulness, and confidentiality in executing our duties.

Inclusiveness

We embrace broad participation, teamwork and partnerships so as to harness multiple complementarities, skills and experiences in discharging our research work objectives.

Excellence

We seek to execute our duties professionally, with creativity, innovativeness and continuously striving to improve organizational performance.

Accountability

We are collectively and individually accountable in discharging our responsibilities.

Transparency

We conduct our activities with openness.

3.4 Motto

The Institute's Motto is:

Advancing Health Research, Enhancing Life
--

3.5 Strategic Objectives, Results, KPIs & Targets

3.5.1 Strategic Objectives

NIMR will pursue six (6) strategic objectives to realise the set vision during 2019/20-2023/24.

Objective Code	Strategic Objective
A	To improve HIV/AIDS interventions for NIMR employees
B	To effectively implement the National Anti-Corruption Strategy and Action Plan within NIMR
C	To generate health research evidence and innovations
D	To establish and deliver health research related training
E	To enhance health research regulation, quality standards and compliance
F	To strengthen institutional capacity and operational efficiency

3.5.1.1 Strategic Objective A: To improve HIV/AIDS interventions for NIMR employees
--

Rationale

HIV/AIDS pandemic has an adverse implication on human resources and future operations of the nation. It results into the reduction of active human resource hence low productivity. HIV/AIDS prevalence in Tanzania is still high, with the most productive age group (15-49 years) being the most affected leaving behind misery, suffering and poverty. According to the Tanzania HIV Impact Survey 2016-2017, adult HIV prevalence in Tanzania is estimated at 4.7%, with regional HIV prevalence ranging from 0.2%

(Zanzibar) to 15.4% (Njombe). In view of the gravity of the problem, the Government has directed all government institutions to have in their organizations a strategy which addresses HIV/AIDS. NIMR recognizes employees' health as among the most important factors towards the achievement of its expected goals. Mainstreaming HIV and AIDS agenda into the core activities of the Institute is inevitable. Therefore, the Institute aims at reducing new infections among staff. It has the following strategy, targets and key performance indicators:

Intended Results

- (i) Increased HIV testing behaviour;
- (ii) Enhanced welfare of staff living with HIV, staff families and students.

Key Performance Indicators

- (i) Percentage change in HIV/AIDS voluntary testing cases;
- (ii) Percentage change in HIV/AIDS new infection;
- (iii) Level of staff satisfaction with HIV/AIDS supportive services.

Strategy

- (i) Undertake preventative measures and provide support to staff, their families and students living with HIV/AIDS.

Targets

- (i) Programme to prevent new HIV/AIDS infections and support interventions provided to all staff, their families and students by June, 2024;
- (ii) Staff living with HIV and staff families cared and supported by June, 2024.

3.5.1.2 Strategic Objective B: To effectively implement the National Anti-Corruption Strategy and Action Plan within NIMR

Rationale

The Institute recognizes that good governance is one of the national agendas. Each public institution is required to observe the elements of good

governance and promote the rule of law and laid down rules and procedures as it assures improved staff performance and minimization of corruption. Good governance is also the philosophy of the Government since it is a critical factor in social, economic and political development.

Despite the benefits associated with good governance, the problem of corruption is still rampant due to unethical behaviour and weak internal controls. In view of the severity of the problem, the Government has directed all government institutions to have in their organizations a strategy which addresses corruption in line with National Anti-Corruption Strategy and Action Plan. The following are the strategies on how NIMR will implement the National Anti-Corruption Strategy and Action Plan:

Intended Results

- (i) Reduced corruption incidences;
- (ii) Increased management and staff awareness on corruption and understanding of the NIMR strategies to address it.

Key Performance Indicators

- (i) Percentage change in corruption incidences;
- (ii) Stakeholders' perception on corruption at NIMR.

Strategies

- (i) Strengthen implementation of public service codes of conduct; and
- (ii) Strengthen mechanisms to operationalise the National Anti-Corruption Strategy.

Targets

- (i) Five (5) awareness creation seminars on Ethics and Good Governance and Five (5) on Anti-corruption practice conducted by June, 2024;
- (ii) The existing internal policies and procedures reviewed and strengthened by June, 2024.

3.5.1.3 Strategic Objective C: To generate health research evidence and innovation

Rationale

It is provided by the NIMR Parliamentary Act No. 23 (Cap. 59, R.E. 2002) which became operational in 1980 whereby the institution is mandated to conduct, translate, build capacity for health research as well as facilitate the application of generated evidence in alleviating the disease burden among Tanzanians.

Intended Results

- (i) Increased evidence-based implementation solutions;
- (ii) Increased new knowledge generation;
- (iii) Increased generation of innovations and invention;
- (iv) Increased availability of credible health evidence.

Key Performance Indicators

- (i) Number of health researches;
- (ii) Number of evidence-based researches with implication to policy and practice;
- (iii) Number of scientific publications and presentation;
- (iv) Number of innovations and inventions generated.

Strategies, Activities and Targets

Strategy 1: To conduct basic and applied biomedical research

Activities

- Conduct research on communicable diseases.
- Conduct research on non-communicable diseases.
- Conduct reproductive, maternal, new-born, child and adolescent health research.
- Conduct research on traditional and alternative medicine.
- Conduct research on eco-health and one health.
- Conduct research on environmental health and sanitation.
- Conduct research on application of digital health and nanotechnology.
- Establish and formalize research collaboration with clinical research sites in Regional Referral Hospitals.

Targets for Strategy 1

- 166 researches on communicable diseases conducted by June 2024;
- 56 researches on non-communicable diseases conducted by June 2024;
- 56 researches on reproductive, maternal, new-born, child and adolescent health research conducted by June 2024;
- 16 researches on traditional and alternative medicine carried out by June 2024;
- 28 researches on eco-health and one health conducted by June 2024;
- 16 researches on environmental health and sanitation conducted by June 2024;
- 16 researches on application of digital and nanotechnology conducted by June 2024;
- 31 research collaborations with clinical research sites established by June 2024;
 - ✓ 20 in Regional Referral Hospitals established and formalized
 - ✓ 6 in District Hospitals established and formalized
 - ✓ 5 in Faith Based Organizations (FBOs)/private hospitals established and formalized.

Strategy 2: To conduct health systems and policy research

Activities

- Conduct research on human resource for health and financing.
- Conduct research on access and delivery of health services.
- Conduct research on reproductive and child health service delivery.
- Conduct research on health information systems.
- Conduct research on risk analysis, preparedness and response capacity.

Targets for Strategy 2

- Five (5) researches conducted by June 2024.

Strategy 3: To carry out research on social determinants of health

Activities

- Carry out research related to key populations/most at risk.
- Carry out research on health equities and inequalities.
- Carry out research on socio-economic status and social inclusion.

Targets for Strategy 3

- Fifteen (15) researches conducted by June 2024.

Strategy 4: To strengthen the capacity for health research

Activities

- Strengthen the capacity in scientific writing and publications.
- Strengthen the capacity in Monitoring and Evaluation.
- Strengthen the Adjunct Research Fellow (ARF) program.
- Strengthen mentorship and coaching program.
- Establish the proposal for the development fund.
- Strengthen the internal and external research and training collaborations.

Targets for Strategy 4

- Capacity in scientific writing and publications strengthened (50 health workers trained) by June 2024;
- Capacity in Monitoring and Evaluation strengthened (30 staff trained);
- Adjunct Research Fellow (ARF) program strengthened (10 ARF recruited) by June 2024;
- Mentorship and coaching program strengthened (100 interns, students, junior/mid-career scientists) by June 2024;
- Proposal for the development fund established by June 2024;
- Internal and external research and training collaborations strengthened (10 new collaborations including new research activities with existing institutions and networks, 20 collaborations including institutions and networks maintained) by June 2024.

Strategy 5: To conduct research on traditional and alternative medicine

Activities

- Establish and update the inventory of traditional medicines.
- Carry out research on ethnobotanical, phytochemical and pharmacology of traditional medicines.
- Carry out research on safety and efficacy of traditional medicines.
- Produce safe and efficacious traditional medicines.
- Identify and encourage out-growers to cultivate medicinal plants.
- Establish the herbal products manufacturing plant.

Targets for Strategy 5

- 1 inventory of traditional medicine established and updated by June 2024;
- 16 researches on ethnobotanical, phytochemical and pharmacology of traditional medicine carried out by June 2024;
- 16 researches on safety and efficacy of traditional medicine carried out by June 2024;
- 10 safe and efficacious traditional medicines produced by June 2024;
- 10 out-growers to cultivate medicinal plants identified and encouraged by June 2024;
- 5 herbal products manufacturing plant established by June 2024.

Strategy 6: To disseminate, translate and communicate research findings

Activities

- Establish a National Health research data centre.
- Publish scientific articles.
- Strengthen policy dialogues, develop research summaries and policy briefs and share with stakeholders.
- Share research findings through multi-media approaches.

Targets for Strategy 6

- National Health research data centre established by June 2024;
- Scientific articles published (500 publications) by June 2024;
- Policy dialogues strengthened, Research summaries and policy briefs developed and shared with stakeholders (5 Policy dialogues, 10 research summaries and Policy briefs) by June 2024;
- Research findings shared through multi-media approaches (10 events) by June 2024.

Strategy 7: To acquire and protect Intellectual Property Rights (IPR) for research products

Activities

- Enhance awareness of IPR.
- Develop a system of filing/registration and safe custody of patents.
- Develop and protect products.

- Develop a marketing strategy and implement it for identified products.
- Conduct needs assessment on resources for research products commercialization.

Targets for Strategy 7

- Awareness of IPR enhanced (137 scientists made aware of IPR);
- System of filing/registration and safe custody of patents developed by June 2024
- 2 Products developed and protected by June 2024;
- Marketing strategy developed and implemented for identified products by June 2024;
- Needs assessment on resources for research products commercialization conducted by June 2024.

3.5.1.4 Strategic Objective D: To establish and deliver health research related training

Rationale

There is a need within and beyond Tanzania to effectively contribute to the creation of a critical mass of technicians and professionals in health research. Thus, NIMR envisages establishing a training centre in Amani, Tanga, to generate well-trained and skilled workforce to respond to changing needs as well as technological development for advancement of health research in Tanzania and beyond.

The foreseen area of training will encompass among others, Biomedical Engineering & Instrumentation, Health Laboratory Technology, Vector Biology & Vector-borne Diseases Control, Research Methodology & Bioethics, Health Monitoring & Evaluation and other health research related training. They are aligned with the national Health Sector Strategic Plan Four (HSSP IV: 2015-2020, draft HSSP V 2020-2025), National Research Agenda 2019-2024), and Industrialisation Vision of the URT as part of development agenda. The environment in Amani is conducive for effective training, pending modest rehabilitation of the existing infrastructure.

Intended Results

- (i) Increased well-trained workforce with higher levels of skills, knowledge and understanding and in which they take responsibility for their areas of specialization.

Key Performance Indicators

- (i) Number and type of courses/training programmes identified and operationalized;
- (ii) Number of students enrolled in various programmes at Amani;
- (iii) Number of graduates.

Strategy, Activities and Targets

Strategy: Establish NIMR Amani Health Research and related Training Centre by June 2021

Activities

1. Conduct need assessment to identify the relevant training programmers to engage in.
2. Prepare the Training Business Plan and subject to stakeholders' review internally and externally (including relevant boards, NACTE, Ministry).
 - Plan will encompass resource requirement and cost implication to the Institute;
 - Governance and Operational/Administrative Structure;
 - Develop a systematic and continuous quality assessment and evaluation framework.
3. Secure NIMR Council approval of the Business Plan following the internal and external review.
4. Enforce the Plan to: -
 - (i) Undertake resource mobilization for plan implementation;
 - (ii) Undertake refurbishment, acquisition and construction of the buildings and other relevant infrastructure;
 - (iii) Seek approval and/or accreditation by NACTE and other relevant boards/appropriate national regulatory bodies;

- (iv) Develop training curriculum and materials;
- (v) Undertake human resource recruitment, establishment of Advisory Board and Management;
- (vi) Initiate students' admission and college commissioning.

Targets for the Strategy

- Three (3) Training programmes identified by December 2020;
- Business proposal approved by NIMR Council by December 2020;
- NACTE accreditation and registration by other relevant bodies in place by December 2020;
- Needed infrastructure, financial and human resource in place;
- Training curriculum in place;
- Training Centre commissioned and students admitted for identified courses by 2021.

3.5.1.5 Strategic Objective E: To enhance health research regulation, quality standards and compliance

Rationale

The purpose of regulating health research is to protect the dignity, rights, safety and wellbeing of research participants. It is important that the research participants' safety, rights and welfare must not be compromised during any research. To ensure this protection, all researches involving human subjects are subjected to independent ethics review. The responsibility of regulating health research conduct is done by the National Health Research Ethics Committee (NatHREC), which is a subcommittee of Medical Research Coordination Committee (MRCC).

Outdated policies, guidelines and regulations, and lack of biosafety and animal care and use committees may result into inadequate regulation and non-compliance to health research ethics. Hence, it is important for the government and the institution to establish appropriate governance structures for comprehensive health research ethics review.

Intended Results

- (i) Improved health research compliance and ethics;
- (ii) Reduced post-approval health research misconduct in the country.

Key Performance Indicators

- (i) Proportion of initial proposal/protocol/study submissions complying with health research ethics guidelines and standards;
- (ii) Proportion of PIs (researchers) who are familiar with the national health research ethics regulations and guidelines;
- (iii) Proportion of studies conducted in accordance with the general concepts of Good Clinical Practices;
- (iv) Proportion of studies conducted in accordance with IRB/NatHREC approved research protocol/proposal/study/documents;
- (v) Annual percentage decrease in occurrence of post-approval health research misconduct in the country.

Strategies, Activities and Targets

Strategy 1: Strengthen capacity to regulate health research in the country

Activities

- Establish/functionalize Institutional Biosafety Committee (IBC).
- Develop guidelines for handling of animals and biosafety for health research.
- Review Material Transfer Agreement (MTA), Data Transfer Agreement (DTA) and Client Service Charter to support responsible and ethical conduct of health research.
- Review national policies, procedures and guidelines to support responsible and ethical conduct of health research.
- Recruit regulatory officers.
- Organize joint researchers – reviewers’ forum/dialogues.
- Capacitate local government authorities and communities to conduct passive surveillance of study implementation and report on post-approval health research misconduct events in their respective areas.
- Formalize NatHREC – TMDA joint study site visits for clinical trials.
- Review guidelines and mechanisms to fast-track ethical clearance.
- Establish online health research ethics review system.
- Conduct oversight visits for approved protocols/proposals/studies.

Targets for Strategy 1

- IBC in place by July 2020;
- Guidelines for handling of animals and biosafety for health research reviewed by September 2020;
- MTA, DTA and Client standard charter developed by December 2019;
- National policies, procedures and guidelines to support responsible and ethical conduct of health research reviewed by December 2019;
- Four (4) regulatory officers (one per year) recruited;
- One joint researcher – reviewers’ forum/dialogue held annually;
- One training session per year to capacitate local government authorities and communities to conduct passive surveillance of study implementation and report on post-approval health research misconduct events in their respective areas by June 2024;
- NatHREC – TMDA joint study site visits formalised by September 2019;
- Guidelines and mechanisms to fast-track ethical clearance reviewed by September 2019;
- Online health research ethics review system operational by December 2019;
- Site visits for 10% of approved protocols/proposals/studies conducted per year.

Strategy 2: Enhance use of national health research ethics regulations and guidelines

Activities

- Sensitize research community to familiarize with the national health research regulations and guidelines.
- Establish penalties for non-compliance to research regulations.

Targets for Strategy 2

- One research community sensitisation training session per year;
- Penalties for non-compliance to research regulations established by July 2020.

3.5.1.6 Strategic Objective F: To strengthen institutional capacity and operational efficiency

Rationale

Institutional capacity and operational efficiency are the key drivers in delivering the Institute's mandate. A good governance system and efficient resource mobilization strategy promotes institutional growth, organisational relevancy and sustainability.

There is also an urgent need to effectively strengthen the institutional HR through on-the-job training. The training will generate well-trained, skilled and motivated staff to carry out the activities that are stipulated in the current Institutional Strategic Plan.

Intended Results

- (i) Availability of adequate and competent human resource;
- (ii) Sustainable and adequate source of funds;
- (iii) Availability of robust governance structure and systems;
- (iv) Availability of relevant and sustainable research infrastructure;
- (v) Availability of integrated information and communication systems;
- (vi) Increased performance of staff;
- (vii) Increased staff retention.

Key Performance Indicators

- (i) Over 75% of planned (SP) activities are timely implemented;
- (ii) Average employee performance contracts accomplished by at least 75%;
- (iii) Audit opinion;
- (iv) Percentage of staff satisfied with the working environment;
- (v) Percentage of stakeholders satisfied with NIMR services;
- (vi) Percentage of funding requirements met.

Key Strategies, Activities and Targets

Strategy 1: To establish and strengthen departments and units

Activities

- Capacitate the Planning Department.
- Capacitate the Legal Unit.
- Establish a Grants Management Unit.
- Capacitate the Public Relations and Protocol Unit.
- Establish a Consultancy and Intellectual Property Rights (IPR) Unit.
- Strengthen the Monitoring and Evaluation Department.

Targets for Strategy 1

- A functional Planning Department (1 Planning Manager recruited) by June 2024;
- A functional Legal Unit (1 Senior Legal Officer recruited) by June 2024;
- A Grants Management Unit in place and functional (1 experienced Grants Officer recruited/appointed) by June 2024;
- A functional public relations and protocol unit (1 experienced PRO recruited) by June 2024;
- A Consultancy and Intellectual Property Rights (IPR) in place and functional unit by June 2024;
- A functional Monitoring and Evaluation Department (1 experienced M&E officer recruited/appointed; M&E framework and operational tools established) by June 2024.

Strategy 2: To develop/review organization systems

Activities

- Strengthen the procurement and supply chain management system.
- Mainstream M&E in R&D.
- Complete integration of IFMIS.

Targets for Strategy 2

- All managers trained in essential procurement procedures by June 2024;
- Computerization of procurement planning and monitoring functions by June 2024;

- Internal guidelines for M&E in R&D prepared by June 2024;
- Fully Integrated Financial Management Information System in place and supporting the Institute functions by June 2024.

Strategy 3: To develop, review and operationalise policies, regulations, strategies and guidelines

Activities

- Review the human resource policies and regulations.
- Develop the IPR policies.
- Review the consultancy policy and develop guidelines.
- Operationalise the communication guidelines.
- Review the ICT policy.
- Review the financial regulations.
- Review the research policy.
- Review the audit, accounts and procurement manuals.
- Review the guidelines of ethics for health research in Tanzania.
- Review the communication and stakeholder engagement strategy.
- Review the monitoring and evaluation strategy.
- Review HIV/AIDS institutional strategy.
- Develop consultancy strategy and guidelines.
- Develop an anti-corruption strategy.

Targets for Strategy 3

- 12 institutional policies, guidelines and strategies reviewed by June 2024;
- 3 institutional strategies developed by June 2024.

Strategy 4: To strengthen governance structures

Activities

- Review the organization structure.
- Restructure the centres and stations.
- Review NIMR Act of 1979 and develop/review its regulations.
- Review institutional succession plan.
- Constitute Workers' Council.

Targets for Strategy 4

- A reviewed NIMR Act and Regulations approved and operationalised by June 2024;
- A new organisational structure approved by the Government and operationalised by June 2024;
- A renewed succession plan in place and operational by June 2024;
- Functional Workers' Council in place by June 2024.

Strategy 5: To enhance resource mobilization

Activities

- Develop a comprehensive resources mobilization strategy and operational plan.
- Develop and execute Business plans.
- Improve the Integrated Financial Management Information System.
- Operationalise the Diagnostic centres.
- Develop land use and master plan.
- Solicit potential investors through PPP for the available prime land.
- Enhance engagement with the industry e.g. pharmaceutical companies.
- Register a spin-off company.
- Promote innovative research that earns IPRs.
- Identify and implement new sources of revenue.
- Improve existing research collaborations and forge new ones.

Targets for Strategy 5

- At least 90% of required annual budgets funded by 2024;
- 3 new sustainable sources of income established by 2024;
- 30% growth in internally generated revenue from current sources every two years;
- 30% growth in research grants every two years;
- 2 research products commercialized by June 2024;
- Spin-off company established by June 2024;
- 1 new research collaboration forged;
- Consultancy and Intellectual Property Rights (IPR) unit established by June 2024.

Strategy 6: To acquire and maintain institutional infrastructure

Activities

- Develop equipment and infrastructure requirement plan.
- Develop preventive maintenance and replacement plan.
- Acquire relevant ICT infrastructure and systems.
- Establish Integrated health research data centre and digital library.

Targets for Strategy 6

- 3 integrated information systems in place by June 2024;
- 1 preventive maintenance and replacement plan developed by June 2024;
- 1 research document and sample archive established by June 2024.

Strategy 7: To strengthen human resource management

Activities

- Review and implement staff development plan and training programme for short and long courses.
- Review staff compensation and incentive schemes.
- Review the human resource for health, safety and security framework.
- Improve the performance management system.

Targets for Strategy 7

- 20% of the 349 human resource gaps reduced by June 2024;
- 10% of staff competence enhanced by June 2024;
- A reviewed performance management system operationalized by June 2024;
- A reviewed staff incentive scheme operationalized by June 2024.

Strategy 8: To commercialise research products

Activities

- Identify potential products for commercialization.
- Develop a production strategy and plan.
- Develop a marketing strategy and plan.
- Conduct a resource needs assessment for products commercialization.
- Undertake product development.

- Develop GMP compliant production of safe and efficacious traditional medicine.
- Promote cultivation and sustainable availability of medicinal plants/raw materials.
- Strengthen the NIMR Mabibo Factory.
- Solicit potential investors through PPP for commercializing research products.
- Construct long-term storage facilities for Mabibo Factory.
- Construct production facilities.
- Review Mabibo Factory Business Plan.
- Conduct Environmental Audit of NIMR Mabibo.
- Register Mabibo Factory with Tanzania Investment Centre (TIC).

Targets for Strategy 8

- 5 products commercialized by June 2024;
- NIMR Mabibo Factory fully operational by June 2024;
- 1 long-term storage facility constructed by June 2024;
- 1 production facility constructed by June 2024;
- 3 sustainable sources of raw materials identified and engaged/protected by June 2024;
- 1 sustainable supply and distribution chain of finished goods in place by June 2024.

Strategy 9: To enhance positive publicity, image and visibility of NIMR

Activities:

- Develop and share NIMR Annual reports and journals.
- Develop corporate social responsibility (CSR) framework.
- Enhance media engagement.
- Develop product promotion and branding plan.
- Develop and share promotional/publicity materials.

Targets for Strategy 9

- 50 high profile media engagements per year by June 2024;
- 5 active high-profile CSR projects per year by June 2024;
- NIMR functions, social and economic contribution known by June 2024.

3.6 Strategic Plan Matrix

A convenient and comprehensive summary of the NIMR Strategic Plan is provided in the form of a matrix in Appendix 2. This matrix consists of strategic objectives, strategies and key activities to be implemented during 2019/20 – 2023/24.

4. MONITORING AND EVALUATION FRAMEWORK

4.1 Purpose and Structure

The framework presented in this section shows how the results of the Strategic Plan will be measured. It contains: the overall Development/National Objective (Goal) which is basically the overall expected impact of NIMR functions; the Results Matrix, the Monitoring Plan; the Planned Reviews; the Evaluation Plan and finally the Detailed Reporting Plan.

4.2 Alignment with National and International Development Frameworks

The overriding developmental/objective to which the Institute contributes is “Tanzanian has health policies, services and solutions which are responsive to the needs of human wellbeing and are readily informed by the best evidence.” This objective is the main rationale for the Institute’s stated vision, which is the focus of its various initiatives outlined in the strategic plan. Accordingly, the plan aligns well with the key national and international development frameworks principally the National Development Vision 2025, the Second National Development Plan (FYDP II) 2016-2021 and the Chama cha Mapinduzi Election Manifesto 2015-2020; 2020-2025.

4.3 Planned Results

Table 4.1 outlines the main results of the plan which will be monitored and evaluated to establish the success of the Institute. It envisions how the vision of the Institute will be achieved and how the results will be measured.

4.4 Monitoring, Reviews and Evaluation Plans

4.4.1 Monitoring Plan

A separate Monitoring Plan consisting of the indicators is given in Table 4.1. Indicator descriptions, indicator baseline values, indicator target values, data collection and methods of analysis, indicator reporting frequencies and the responsible officers who will be responsible for data collection, analysis and reporting will be used to monitor the results of the Plan.

4.4.2 Planned Reviews

There will be reviews that aim to obtain progress status on the implementation of the activities and targets of the strategic plan. This will consist of review meetings, planned milestones reviews, midterm reviews and rapid appraisals including their frequencies.

Table 4.1: Results Monitoring Measures

Vision	Strategic Objective	Desired Results	Measures
To be a leading institution for advancement of high-quality health research and innovations	1. To improve HIV/AIDS interventions for NIMR employees	(i) Increased HIV testing behaviour; (ii) Enhanced welfare of staff living with HIV, staff families and students.	(i) Percentage change in HIV/AIDS voluntary testing cases; (ii) Percentage change in HIV/AIDS new infections; (iii) Level of staff satisfaction with HIV/AIDS supportive services.
	2. To effectively implement the National Anti-Corruption Strategy and Action Plan within NIMR	(i) Reduced corruption incidences; (ii) Increased management and staff awareness on corruption and understanding of the NIMR strategies to address it.	(i) Percentage change in corruption incidences; (ii) Stakeholders' perception on corruption at NIMR.
	3. To generate health research evidence and innovations	(i) Increased evidence-based implementation solutions; (ii) Increased new knowledge generation; (iii) Increased generation of innovations and invention; (iv) Increased availability of credible health evidence.	(i) Number of health researches; (ii) Number of evidence-based researches with implication to policy and practice; (iii) Number of scientific publications and presentation; (iv) Number of innovations and inventions generated.
	4. To establish and deliver health research related training	Increased well trained workforce with higher levels of skills, knowledge and understanding in their areas of specialization in health research related professions encompassing among other,	(i) Number and type of courses/training programmes identified and operationalized; (ii) Number of students enrolled in the various programmes at Amani Training Centre; (iii) Number of graduates.

Vision	Strategic Objective	Desired Results	Measures
		Biomedical Engineering & Instrumentation, Health Laboratory Technology, Vector Biology & Vector-borne Diseases Control, Research Methodology & Bioethics, Health Monitoring & Evaluation and other health research related training.	
	5. To enhance health research regulation, quality standards and compliance	(i) Improved health research compliance and ethics; (ii) Reduced post approval health research misconduct in the country.	(i) Proportion of initial proposal/protocol/study submissions complying with health research ethics guidelines and standards; (ii) Proportion of PIs (researchers) who are familiar with the national health research ethics regulations and guidelines; (iii) Proportion of studies conducted in accordance with the general concepts of Good Clinical Practices; (iv) Proportion of studies conducted in accordance with IRB/NatHREC approved research protocol/proposal/study/ documents; (v) Annual percentage decrease in occurrence of post approval health research misconduct in the country.
	6. To strengthen institutional capacity	(i) Availability of adequate and competent human resource;	(i) Over 75% of planned (SP) activities are timely implemented;

Vision	Strategic Objective	Desired Results	Measures
	and operational efficiency	<ul style="list-style-type: none"> (ii) Sustainable and adequate source of funds; (iii) Availability of robust governance structure and systems; (iv) Availability of relevant and sustainable research infrastructure; (v) Availability of integrated information and communication systems; (vi) Increased performance of staff; (vii) Increased staff retention. 	<ul style="list-style-type: none"> (ii) Average employee performance contracts accomplished by at least 75%; (iii) Unqualified Audit opinion sustained; (iv) Percentage of staff satisfied with the working environment; (v) Percentage of stakeholders satisfied with NIMR services; (vi) Percentage of funding requirements met; (vii) 20% of 349 HR gap reduced; (viii) 70% score achieved in procurement audit.

4.4.2.1 Review Meetings

The meetings presented in Table 4.2 will, among other things track progress on the milestones related to the initiatives.

Table 4.2: Review Meetings

S/N	Type of Meeting	Frequency	Designation of Chairperson	Participants
1.	Council Meetings	Quarterly	Chairperson	Council Members
2.	Management Meetings	Monthly	Director General	Management Members
3.	Budget Committee Meetings	Semi-annually	Director General	Directors and Heads of Unit
4.	Tender Council Meetings	Quarterly	Tender Board Chairperson	Tender Board members
5.	Staff Meetings	Semi-annually	Director General	Staff
6.	Internal Audit Meetings	Quarterly	Audit Committee Chairperson	Audit Committee Members and Management
7.	Ethics and Integrity Committee Meetings	Quarterly	Committee Chairperson	Committee Members
8.	HIV/AIDS Committee Meetings	Semi-annually	Chairperson	Committee Members
9.	Workers' Council Meetings	Semi-annually	Director General	Management and Staff

4.4.3 Planned Milestone Reviews

The reviews track progress in implementation of the milestones set annually by the Institute. Each target in the Strategic Plan will be interpreted into a target to be implemented during a particular year as part of the annual planning and budgeting exercise.

The review will focus on determining whether the planned annual milestones are being achieved. In addition, the review will track any changes in terms of outputs realized over the period as well as assessing issues, challenges and lessons learnt over the year and the extent to which the outputs delivered are

contributing towards achievement of the objectives. The milestone review will be conducted quarterly. The review findings will be used to adjust implementation strategies.

4.5 Evaluation Plan

4.5.1 Planned Rapid Appraisals

Several rapid appraisals intended to gather information for facilitating monitoring and implementation of the Strategic Plan are outlined in Appendix 3.

4.5.2 Mid and End-Evaluation

The Strategic Plan will be evaluated at mid-term to judge the implementation progress and suggest ways to improve implementation during the remaining period.

Similarly, end-term evaluation will be conducted at the end of 2023/24 with a focus on determining whether the planned activities were well implemented and the extent of achievement of the planned results.

4.6 Reporting Plan

4.6.1 Internal Reporting Plan

Several reports will be prepared and shared internally with the organs shown in Table 4.3 to track progress and challenges during implementation.

Table 4.3: Internal Reporting Plan

S/N	Type of Report	Recipient	Frequency	Responsible Party
1.	Monthly Progress Report	Director General's Office	Monthly	Directors and Heads of Departments
2.	Quarterly Progress Report	Council	Quarterly	Directorates
3.	Annual Progress Report	Council	Annually	Directorates
4.	Quarterly Financial Performance Report	Council	Quarterly	Planning Unit & DFHRP
5.	Annual Report	Council	Annually	DITC
6.	Financial Statements	Council	Annually	DFHRP
7.	Internal Audit Report	Council	Quarterly	Audit Unit

4.6.2 External Reporting Plan

This Plan contains reports that are used by external entities – Table 4.4.

Table 4.4: External Reporting Plan

S/N	Type of Report	Recipient	Frequency	Responsible Party
1.	Quarterly Progress Report	OTR, MoHCDGEC	Quarterly	Council
2.	Annual Progress Report	OTR, MoHCDGEC	Annually	Council
3.	Annual Report and Audited Accounts	Key Stakeholders	Annually	Council
4.	Financial Statements	OTR, MoHCDGEC	Annually	Council

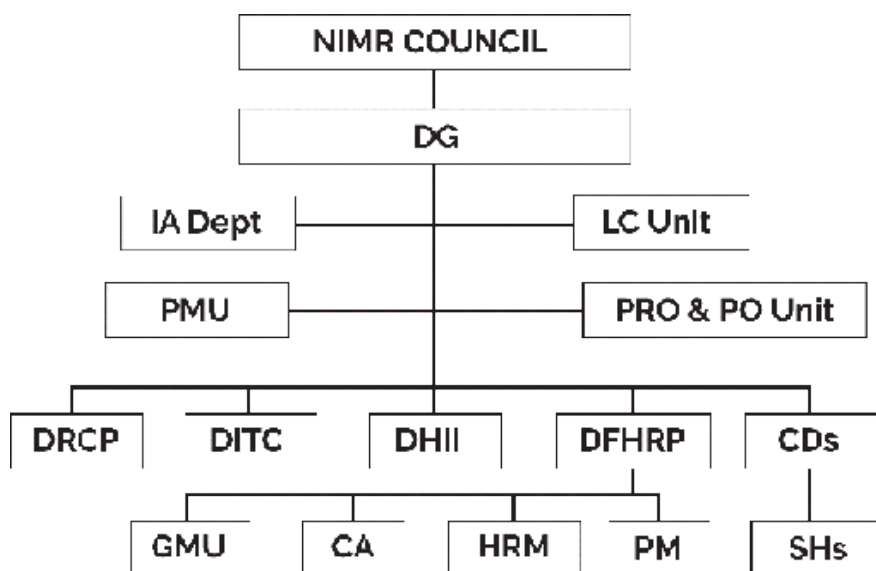
BIBLIOGRAPHY

- Deloitte, 2016: Tanzania Economic Outlook 2016. The Story Behind the Numbers
- Deloitte, 2019: The Global Health Care Outlook
- Health Sector Strategic Plan: 2015-2020
- National Health Research Priorities (2014-2018)
- National Health Research Agenda (2019-2024)
- NIMR Annual Performance Reports
- NIMR Client Service Charter
- NIMR Establishing Act (and related regulations/rules)
- NIMR Financial Reports
- NIMR Guidelines, Policies and Procedures (HR policies, ICT policies, Financial)
- NIMR Internal Studies/Surveys
- NIMR Past Strategic Plans
- Tanzania HIV Impact Survey (2016-2017)
- UNICEF, 2018. A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals
- URT, CCM Manifesto: 2015-2020
- URT, National Health Policy, 2017
- URT, Second Five-Year Development Plan (2016/17-2020/21)
- URT, Vision 2025
- WHO/World Bank Group, 2017, Tracking Universal Health Coverage: 2017 Global Monitoring Report

APPENDICES

Appendix 1: Existing Organisational Structure

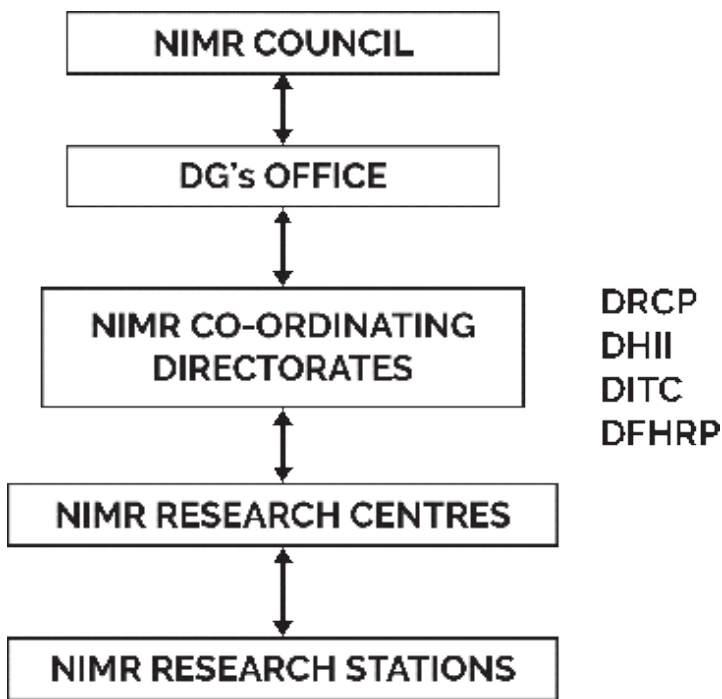
Headquarters Structure



KEY

DG	- DIRECTOR GENERAL
IA	- INTERNAL AUDIT
LC	- LEGAL COUNSEL
PMU	- PROCUREMENT MANAGEMENT UNIT
PRO	- PUBLIC RELATIONS OFFICER/COMMUNICATION OFFICER
PO	- PROTOCOL OFFICER
DRCP	- DIRECTORATE OF RESEARCH COORDINATION AND PROMOTION
DITC	- DIRECTORATE OF INFORMATION TECHNOLOGY AND COMMUNICATION
DHII	- DIRECTORATE OF HEALTH INTERVENTIONS AND INNOVATION
DFHRP	- DIRECTORATE OF FINANCE, HUMAN RESOURCES MANAGEMENT AND PLANNING
CDs	- CENTRE DIRECTORS
GMU	- GRANTS MANAGEMENT UNIT
CA	- CHIEF ACCOUNTANT
HRM	- HUMAN RESOURCES MANAGER
PM	- PLANNING MANAGER
SHs	- STATION HEADS

Operational Structure



KEY

- DRCP - DIRECTORATE OF RESEARCH COORDINATION AND PROMOTION
- DHII - DIRECTORATE OF HEALTH INTERVENTIONS AND INNOVATION
- DITC - DIRECTORATE OF INFORMATION TECHNOLOGY AND COMMUNICATION
- DFHRP - DIRECTORATE OF FINANCE, HUMAN RESOURCES MANAGEMENT AND PLANNING

Appendix 2: NIMR Five-Year Strategic Plan (2019/20 – 2023/24)

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
<i>To improve HIV/AIDS interventions for NIMR employees</i>	Strategy 1: Undertake preventative measures and provide support to staff, their families and students living with HIV/AIDS	<ul style="list-style-type: none">HIV/AIDS preventive and interventions programme to all staff, their families and students conducted by June 2024.											DFHRP
		<ul style="list-style-type: none">Staff living with HIV/AIDS & staff families supported and cared for by June 2024.											DFHRP
<i>To effectively implement the National Anti-Corruption Strategy and Action Plan within NIMR</i>	Strategy 1: Strengthen implementation of public service codes of conduct	<ul style="list-style-type: none">Five (5) awareness creation seminars on Ethics and Good Governance and five (5) on Anti-corruption practice by June 2024.											DFHRP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 2: Strengthen mechanisms to operationalize the National Anti-Corruption Strategy	<ul style="list-style-type: none">The existing internal policies and procedures reviewed and strengthened by June 2024											DFHRP
To generate health research evidence and innovations	Strategy 1: To conduct basic and applied biomedical research	<ul style="list-style-type: none">166 researches on communicable diseases conducted by June 2024;	30		32		33		35		36		DRCP/CDs
		<ul style="list-style-type: none">56 researches on non-communicable diseases conducted by June 2024;	10		11		11		12		12		
		<ul style="list-style-type: none">56 researches on reproductive, maternal, new-born and child health research conducted by June 2024;	10		11		11		12		12		

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">16 researches on traditional and alternative medicine carried out by June 2024;28 researches on eco-health and one health conducted by June 2024;16 researches on environmental health and sanitation conducted by June 2024;31 research collaborations with clinical research sites established;20 in Regional Referral Hospitals established and formalized;6 in District Hospitals established and formalized;	3		3		3		3		4		
			5		5		6		6		6		
			3		3		3		3		4		
			6		6		6		6		7		
			4		4		4		4		4		
			1		1		1		1		2		

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">5 in Faith Based Organizations (FBOs)/private hospitals established and formalized.	1		1		1		1		1		
	Strategy 2: To conduct health systems and policy research	<ul style="list-style-type: none">5 research on human resource for health and financing conducted by June 2024;5 research on access and health services delivery conducted by June 2024;5 research on reproductive and child health service delivery conducted by June 2024;5 research on health information systems conducted by June 2024;	1		1		1		1		1		DRCP/CDs
			1		1		1		1		1		
			1		1		1		1		1		
			1		1		1		1		1		
			1		1		1		1		1		

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">5 research on risk analysis, preparedness and response capacity conducted by June 2024.	1		1		1		1		1		
	Strategy 3: To carry out research on social determinants of health	<ul style="list-style-type: none">5 research related to key populations/most at risk carried out by June 2024;5 research on health equities and inequalities carried out by June 2024;5 research on socio-economic status and social inclusion carried out by June 2024;	1		1		1		1		1		DRCP/CDs

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 4: To strengthen the capacity for health research	<ul style="list-style-type: none">Capacity in scientific writing and publications strengthened (50 health workers trained) by June 2024;Capacity in Monitoring and Evaluation strengthened (30 staff trained) by June 2024;Adjunct research fellow (ARF) program strengthened (10 ARF recruited) by June 2024;Mentorship and coaching program strengthened (100 interns, students, junior/mid-career scientists) by June 2024;											DRCP/CDs

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">Proposal development fund established by June 2024;Internal and external research and training collaborations strengthened (10 new collaborations including new research activities with existing institutions and networks, 20 collaborations including institutions and networks maintained) by June 2024.											
	Strategy 5: To conduct research on traditional and alternative medicine	<ul style="list-style-type: none">Inventory of traditional medicine established and updated by June 2024;											DRCP/CDs

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">16 researches on ethnobotanical, phytochemical and pharmacology of traditional medicine carried out by June 2024;16 researches on safety and efficacy of traditional medicine carried out by June 2024;10 safe and efficacious traditional medicines produced by June 2024;10 out-growers to cultivate medicinal plants identified and encouraged by June 2024;	3		3		3		3		4		DRCP/CDs
			3		3		3		3		4		
			2		2		2		2		2		
			2		2		2		2		2		

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">5 herbal products manufacturing plant established by June 2024.	1		1		1		1		1		
	Strategy 6: To disseminate, translate and communicate research findings	<ul style="list-style-type: none">National health research data centre established by June 2024;Scientific articles published (500 publications) by June 2024;Policy dialogues strengthened by June 2024;Research summaries and policy briefs developed and shared with stakeholders (5 policy dialogues, 10 research summaries and policy briefs) by June 2024;											DRCP/DITC/CDs

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">Research findings shared through multi-media approaches (10 events) by June 2024.											
	Strategy 7: To acquire and protect Intellectual Property Rights (IPR) for research products	<ul style="list-style-type: none">Awareness of IPR enhanced (137 scientists made aware on IPR) by June 2024;System of filing /registration and safe custody of patents developed by June 2024;2 Products developed and protected by June 2024;Marketing strategy developed and implemented for identified products by June 2024;											DRCP/CDs

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">Needs assessment for resources for research products commercialization conducted by June 2024.											
<i>To effectively train in Health and Allied Sciences</i>	Strategy 1: Establish NIMR Amani Health research and related Training Centre by June 2021	<ul style="list-style-type: none">3 training programmes identified by December 2020;Business proposal approved by Council by December 2020;NACTE accreditation and Registration by other relevant bodies in place by December 2020;Needed infrastructure, financial and human resource in place by June 2020;											DFHRP/Amani-CD/College Task Force/Management

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">• Training curriculum in place by June 2020• Training centre commissioned and student admitted for identified courses by 2021.											
<i>To enhance health research regulation, quality standards and compliance</i>	Strategy 1: Strengthen capacity to regulate health research in the country	<ul style="list-style-type: none">• Institutional Biosafety Committee in place by July 2020;• Guidelines for handling of animals and biosafety for health research reviewed by September 2020;• MTA, DTA and client standard charter developed by December 2020;										DRCP	

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">National policies, procedures and guidelines to support responsible and ethical conduct of health research reviewed by December 2020;4 regulatory officers (1 per year) recruited by June 2024;1 researcher – reviewers’ forum/dialogue held annually;1 training session per year to capacitate local government authorities and communities to conduct passive surveillance of study implementation and report on post-approval											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<p>health research misconduct events in their respective areas;</p> <ul style="list-style-type: none">• NatHREC – TMDA joint study site visits formalised by September 2019;• Guidelines and mechanisms to fast-track ethical clearance reviewed by September 2019;• Online health research ethics review system operational by December 2019;• Site visits for 10% of the approved protocols / proposals / studies per year;											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 2: Enhance use of national health research ethics regulations and guidelines	<ul style="list-style-type: none">1 research community sensitization training session per year;Penalties for non-compliance to research regulations established by July 2020.											DRCP
<i>To strengthen institutional capacity and operational efficiency</i>	Strategy 1: To establish and strengthen departments and units	<ul style="list-style-type: none">A functional Planning department (1 planning manager recruited) by June 2024;A functional legal unit (1 Senior legal officer recruited) by June 2024;A Grants Management unit in place and functional (1 experienced grants officer recruited /appointed) by June 2024;											DFHRP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">A functional Public Relations and Protocol unit (1 experienced PRO recruited) by June 2024;A Consultancy and Intellectual Property Rights (IPR) in place and functional unit by June 2024;A functional Monitoring and Evaluation Department (1 experienced M&E officer recruited /appointed; M&E framework and operational tools established) by June 2024.											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 2: To develop /review organization systems	<ul style="list-style-type: none">All managers trained in essential procurement procedures by June 2024;Computerization of procurement planning and monitoring functions by June 2024;Internal guidelines for M&E in R&D prepared by June 2024;Fully integrated Financial Management Information System in place and supporting the Institute functions by June 2024.											DFHRP
	Strategy 3: To develop, review and operationalize	<ul style="list-style-type: none">Human resource policies and regulations reviewed by June 2024;											DFHRP/DRCP/DITC

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	policies, regulations, strategies and guidelines	<ul style="list-style-type: none">• IPR policies reviewed by June 2024;• Consultancy policy and develop guidelines reviewed by June 2024;• Communication guidelines reviewed/implemented by June 2024;• ICT policy reviewed by June 2024;• Financial regulations reviewed by June 2024;• Research policy reviewed by June 2024;• Audit, accounts and procurement manuals reviewed by June 2024;											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">Guidelines of Ethics for Health Research in Tanzania reviewed by June 2024;Communication and stakeholder engagement strategy reviewed by June 2024;Monitoring and Evaluation strategy reviewed by June 2024;A consultancy strategy developed by June 2024;Anti-corruption strategy reviewed by June 2024.											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 4: To strengthen governance structures	<ul style="list-style-type: none">A reviewed NIMR Act and Regulations approved and operationalised by June 2024;A new organizational structure approved by the Government and operationalised by June 2024;A renewed succession plan in place and operational by June 2024;Functional Workers’ Council in place by June 2024.											DFHRP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 5: To enhance resource mobilization	<ul style="list-style-type: none">At least 90% of required annual budgets funded by June 2024;3 new sustainable sources of income established by June 2024;30% growth in internally generated revenue from current sources every two years;30% growth in research grants every two years;2 research products commercialized by June 2024;Spin-off company established by June 2024;											DFHRP/DITC/DRCP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">1 new research collaboration forged by June 2024;Consultancy and Intellectual Property Rights (IPR) unit established by June 2024											
	Strategy 6: To acquire and maintain institutional infrastructure	<ul style="list-style-type: none">3 integrated information systems in place by June 2024;1 preventive maintenance and replacement plan developed by June 2024;1 research document and sample archive constructed/established by June 2024.											DFHRP/DITC/DRCP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 7: To strengthen human resource management	<ul style="list-style-type: none">20% of the 349 human resource gaps reduced by June 2024;10% of staff competence enhanced by June 2024;A reviewed performance management system operationalized by June 2024;A reviewed staff incentive scheme operationalized by June 2024.											DFHRP/DITC/DRCP
	Strategy 8: To commercialize research products	<ul style="list-style-type: none">5 products commercialized by June 2024;NIMR Mabibo Factory fully operational by June 2024;											DFHRP/DRCP

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
		<ul style="list-style-type: none">1 long-term storage facility constructed by June 2024;1 production facility constructed by June 2024;3 sustainable sources of raw materials identified and engaged/protected by June 2024;1 sustainable supply and distribution chain of finished goods in place by June 2024.											

Strategic Objective	Strategy	Targets	Time Frame										Implementation Coordinator
			2019/20		2020/21		2021/22		2022/23		2023/24		
	Strategy 9: To enhance positive publicity, image and visibility of NIMR	• 250 high profile media engagement by June 2024;	50		50		50		50		50		PRO
		• 25 active high-profile CSR projects by June 2024;	5		5		5		5		5		
		• NIMR functions, social and economic contribution known by June 2024.											

Appendix 3: Planned Rapid Appraisals

S/N	Appraisal	Description	Appraisal Questions	Methodology	Frequency	Responsible Coordinator
1.	Stakeholder satisfaction study	Assessment of Stakeholders' perception on NIMR service delivery	(i) What are your expectations of NIMR in relation to your (organisation's) activities? (ii) How known and accessible is NIMR? (iii) How satisfied are you with NIMR services/operations? (iv) What are the areas of improvement?	Survey	Annually	PRO
2.	Employee satisfaction	This appraisal intends to measure level of employees' satisfaction.	(i) What is the extent of staff satisfaction with remuneration? (ii) What is the extent of staff satisfaction with working environments? (iii) What is the extent of staff satisfaction with leadership and management? (iv) What suggestions can you give to improve human resources management, teamwork, performance management and leadership?	Survey	Annually	DFHRP



Dar es Salaam University Press