NATIONAL INSTITUTE FOR MEDICAL RESEARCH (NIMR)

STRATEGIC PLAN VII

2026/27 – 2030/31

National Institute for Medical Research
3 Capital Street,
P.O. Box 2016
41115 Dodoma, Tanzania
Website: www.nimr.or.tz
E-mail: hq@nimr.or.tz | info@nimr.or.tz | dg@nimr.or.tz

TABLE OF CONTENTS

TABLE OF ABBREVIATIONS AND ACRONYMS

Abbreviation / Acronym	Full Meaning / Description
AI	Artificial Intelligence
ACA	Associate Chartered Accountant
ACCA	Association of Chartered Certified Accountants
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
ATEC	Accounting Technical Certificate
Cap.	Chapter
CCM	Chama Cha Mapinduzi (The Ruling Party)
CIMA	Chartered Institute of Management Accountants
COSTECH	Tanzania Commission for Science and Technology
CPA	Certified Public Accountant
EU	European Union
FYDP	Five-Year Development Plan
GDP	Gross Domestic Product
GePG	Government e-Payment Gateway.
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
IRBs	Institutional Review Boards
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACSAP	National Anti-Corruption Strategy and Action Plan

NBAA	National Board of Accountants and Auditors
NCDs	Non-Communicable Diseases
NIMR	National Institute for Medical Research
NMNAP	National Multisectoral Nutrition Action Plan
NREIMS	National Research Ethics Information Management System
OC	Other Charges
PCCB	Prevention and Combating of Corruption Bureau
PE	Personnel Emoluments
PI	Principal Investigator
PPP	Public-Private Partnership
R&D	Research and Development
R.E.	Revised Edition
SDG	Sustainable Development Goal
SMART	Specific, Measurable, Achievable, Relevant, and Time-bound
SWOC	Strengths, Weaknesses, Opportunities, and Challenges
TANTRADE	Tanzania Trade Development Authority
TCIM	Traditional, Complementary, and Integrative Medicine
TDV	Tanzania Development Vision
TJHR	Tanzania Journal of Health Research
TOC	Table of Contents
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UHC	Universal Health Coverage
WHO	World Health Organization

STATEMENT OF COUNCIL CHAIRMAN

On behalf of the National Institute for Medical Research (NIMR), I am honoured to present the Institute's Seventh Five-Year Strategic Plan for the period 2026/27–2030/31. This document defines the strategic direction that will guide NIMR's contribution to national health research and development over the next five years.

Its formulation is both a statutory requirement and a strategic imperative, providing a coherent framework through which the Institute will discharge its legal mandate. Prepared in accordance with the Medium-Term Strategic Planning and Budgeting Manual, it sets out the principal priorities and interventions to be undertaken during the planning cycle.

The Plan is informed by a thorough evaluation of the preceding strategy, which assessed achievements, examined implementation challenges, and identified areas requiring renewed focus. It also reflects emerging national and global trends in health research, as well as recent institutional reforms and initiatives. The insights gained through this process have shaped the strategic choices presented herein.

The Council is steadfast in its commitment to providing effective oversight and guidance to Management throughout implementation. We shall continue to engage constructively with the parent Ministry, partner institutions and other stakeholders to secure the collaboration and resources necessary for delivery.

With sustained Government support and strong partnerships across the public and private sectors, NIMR is well-positioned to realize its strategic ambitions and advance its overarching objective of strengthening national health security.

I call upon Management and staff to uphold the highest standards of diligence, accountability and prudent resource stewardship, and to ensure rigorous monitoring of progress. I extend my sincere best wishes to all for the successful and impactful implementation of this Strategic Plan.

.....

Prof. James E. Mdoe

COUNCIL CHAIRMAN

STATEMENT OF THE DIRECTOR GENERAL

The Strategic Plan for the period 2026/27–2030/31 has been developed as a comprehensive framework to guide the Institute's strategic interventions and enhance its performance and service delivery. It sets out a clear vision and mission, alongside defined objectives and measurable targets, to ensure the effective and efficient use of limited resources.

I wish to express my sincere appreciation to all those who contributed to its preparation. Their commitment and constructive input have been invaluable. I hope that this collaborative spirit will be sustained throughout implementation.

This Plan is aligned with the Institute's core functions and national priorities, including the Tanzania Development Vision 2050, the Fourth Five-Year Development Plan (2026/27–2030/31), and the policy commitments arising from the 2025 General Election. This ensures coherence between the Institute's strategic direction and the broader national development agenda.

During the implementation of the preceding Plan, the Institute recorded notable achievements across its mandate. Nevertheless, several challenges were encountered, offering important lessons that have informed the focus and priorities of this new planning cycle.

NIMR is fully committed to delivering on the objectives of this Plan. Its successful execution will, however, depend significantly on continued support and partnership with the Ministry of Health, Development Partners, research institutions and the private sector, whose collaboration remains essential to the attainment of our shared goals.

.....

Prof. Said S. Aboud

DIRECTOR GENERAL

EXECUTIVE SUMMARY

This Strategic Plan takes into consideration NIMR's roles and functions. It is aligned with the aspirations of the Health Sector Priorities found in the Health Policy of 2007, Health Sector Strategic Plan VI, and the Ministry's Strategic Plan 2026/27-2030/31. This Plan sets out the Institute's agenda and states all other planning initiatives and service delivery activities. It explains what the Institute wants to achieve and what it can contribute to achieving the sectoral vision.

Its preparation has involved the Management and Staff of the Institute, a team of experts from the Ministry of Health, as well as other stakeholders. Development of this Plan involved revisiting the situation by critically assessing the Institute's past performance, current situation and future direction. The Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis was conducted, whereby the environment scan gave rise to the critical issues which were instrumental to the development of the Vision, Mission, Core values, outcome-based Objectives, Strategies, and SMART Targets of the Institute. The document presents the Seventh Strategic Plan that the Institute will pursue. These strategic objectives are HIV and AIDS and Non-Communicable Diseases (NCDs) reduced and supportive services improved; National Anti-Corruption Strategy implementation enhanced and sustained; Generation, promotion, and dissemination of research evidence on health challenges strengthened; Integrated Disease Surveillance, Health Security and Future Preparedness Strengthened; National health research governance, intelligence, regulatory oversight, and inter-sectoral coordination enhanced; Health Research workforce capacity strengthened; Health Research innovation, technology transfer and commercialization strengthened; Resource mobilization strategy enhanced and operationalized; Institutional capacity and operational efficiency strengthened; Management of Environment and Ecosystems strengthened; and Multisectoral Nutrition Services improved. On the other hand, a results framework has been developed with an intent on how the results envisioned in the Institute Strategic Plan will be measured, as well as the benefits that will accrue to its clients and other stakeholders.

Beyond its traditional research and regulatory functions, this Strategic Plan positions NIMR as a national health research intelligence hub, a catalyst for health innovation and commercialization, and a strategic institution for health security, emerging technologies and future preparedness. These priorities support the realization of Tanzania Development Vision 2050 and the Fourth Five-Year Development Plan.

CHAPTER ONE

1.0 INTRODUCTION

This chapter describes the Institute's historical background, mandate, roles and functions, purpose of the plan, approach adopted, layout and structure of the document.

1.1 Background Information

The National Institute for Medical Research (NIMR) is a parastatal service organization under the Ministry of Health (MoH). Having been established by the Act of Parliament No. 23 of 1979 (Cap. 59, R. E. 2002), it became operational in 1980. Its establishment came in recognition by the Government of the need to generate scientific data and information required for the development of better methods and medical techniques that could lead to improvements in the health and wellbeing of the citizens through effective management of diseases and other ill-health conditions (including treatment and care) as well as disease prevention and control in the country.

1.2 Mandate

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

1.3 Roles and Functions

The functions of the Institute are to:

(i) carry out and promote the carrying out of health research designed to alleviate disease among the people of Tanzania;

(ii) carry out and promote 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) cooperate with the government or any person, or body of persons, to promote or provide facilities for the training of local personnel for carrying out scientific research into medical problems;

(iv) monitor, control and coordinate health research carried out within Tanzania, or elsewhere on behalf of, or for the benefit of, the government of Tanzania, and evaluate the findings of that research;

(v) establish a system for the registration of, and to register, the findings of medical research carried out within Tanzania, and promote the practical application of those findings for the purpose of improving or advancing the health and general welfare of the people of Tanzania;

(vi) establish and operate systems of documentation and dissemination of information on any aspect of the health research carried out by or on behalf of the Institute; and

(vii) do 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.

1.4 Institutional Expansion and Geographic Coverage

Over the years, the Institute has significantly expanded its workforce, funding, and infrastructure, strengthening its capacity to fulfil its mandate. It now operates seven Centres across defined catchment areas, ensuring nationwide health research and development services. These Centres are strategically located to promote equitable geographic coverage and address the specific epidemiological needs of their regions.

1.5 Coverage

The Institute's Centres are located in Mwanza (overseeing the Tabora Research Station – Lake and Western Zone); Tanga and Amani (overseeing the Korogwe, Amani Hill and Gonja Research Stations – Northern Zone); Muhimbili (Eastern Zone); Dodoma (Central Zone); Mabibo (overseeing the Ngongongare Research Station – Eastern and Northern Zone); and Mbeya (overseeing the Tukuyu Research Station – Southwest Highlands Zone). Since February 2025, the headquarters has been based in Dodoma, following its relocation from Dar es Salaam.

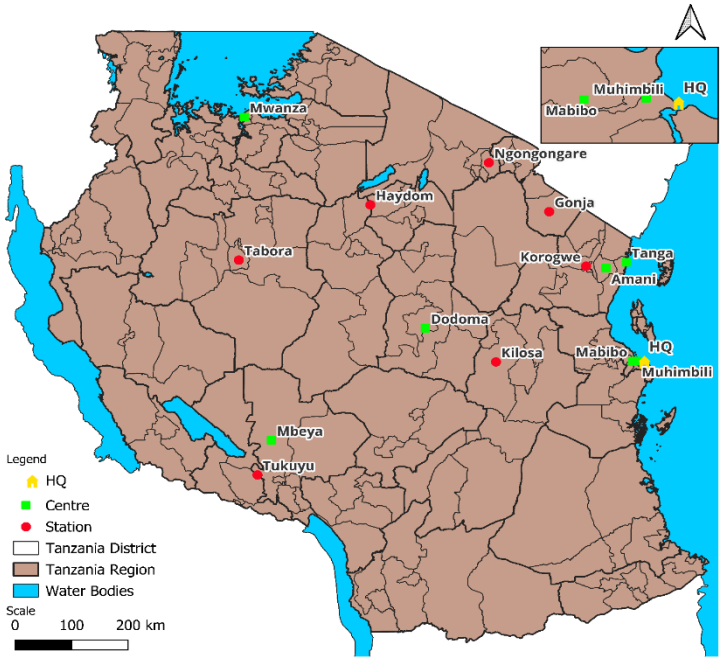

Figure 1. ***NIMR Geographic Distribution Across Tanzania Mainland***

1.6 Approach

This Strategic Plan was developed in line with the Medium-Term Strategic Planning and Budgeting Manual of the United Republic of Tanzania. A participatory approach was a–dopted, involving the Institute's Management and staff, the Ministry of Health, the Treasury

Registrar, the Planning Commission and other key stakeholders. The process was informed by eight key documents, including Tanzania Development Vision 2050, the Fourth Five-Year Development Plan 2026-2031, the Health Sector Policy (2007), the Health Sector Strategic Plan VI (2027–2031), the Ministry's Strategic Plan (2026/27–2030/31), the 2025 Ruling Party Manifesto, National HIV/NCD prevention road map 2023/24-2026/27 and the United Nations Sustainable Development Goals (SDGs 2030).

1.7 Purpose of the Plan

The primary purpose of this Plan is to guide the Institute in carrying out its strategic roles and functions. It also seeks to build a shared understanding among staff and stakeholders, fostering collective responsibility for the effective delivery of the Institute's core mandate.

1.8 Layout of the Plan

The Plan consists of five chapters and one annex. Chapter One provides an introduction, outlining the background, purpose, approach, and structure of the Plan. Chapter Two presents the situational analysis, including the Institute's mandate, performance review, stakeholder and SWOC analyses, and key issues. Chapter Three sets out the Vision, Mission, Core Values, Objectives, Strategies, Targets, and Key Performance Indicators. Chapter Four details the required human, financial, and technological resources. Chapter Five describes the development objectives, beneficiaries, results chain, and the monitoring, review, and evaluation framework. The organizational structure is provided in the annex.

CHAPTER TWO

2.0 SITUATION ANALYSIS

This chapter provides an overview of the background and rationale for the Institute's Strategic Plan. It presents analyses and options derived from reviews, highlighting the Plan not merely as a process, but as a tool for informed decision-making. It addresses fundamental questions about the Institute, illustrating its origins, current position, future direction, and the strategic choices anticipated during the 2026/27–2030/31 period. Key components include the Institute's current Vision, Mission, and Core Values; review of relevant documents; performance assessment; stakeholder analysis; SWOC analysis; recent initiatives to enhance performance; and critical issues.

2.1 Analysis of Current Vision, Mission, Core Values and Objectives

2.1.1 Vision:

NIMR is envisioned to be the leading Institution for the advancement of high-quality health research and innovations.

Strengths

(i) Clearly emphasizes leadership in health research and innovation.
(ii) Focuses on high-quality research and scientific excellence.
(iii) Recognizes innovation as a strategic driver for improving health outcomes.
(iv) Aligns with NIMR's statutory mandate on health research.
(v) Supports national priorities including Vision 2050, FYDP IV, HSSP VI and SDGs.
(vi) Provides strategic direction for institutional growth and competitiveness.

Weaknesses

Focuses more on activities (research, training, consultancy) than on impact/outcomes (e.g., excellence, accessibility, improved health outcome*s*)

Way forward

To revise the vision in order to align with the health sector vision, National, Regional and International Goals that focus on leading the Institute.

2.1.2 Mission: NIMR is committed to conduct, regulate, coordinate and promote health research that is responsive to the needs and well-being of Tanzanians

Strengths

(i) Client-Centric Focus: The addition of the phrase "meet its clients' needs" aligns the institution's core services directly with solving the practical challenges of its stakeholders.

(ii) Comprehensive Mandate: It successfully integrates healthcare, research, and training services into a single statement, which directly reflects the foundational pillars of the institution.
(iii) Clear Quality Pillars: It establishes definitive, internationally recognized standards for public service delivery: accessibility, affordability, equity, and high quality.

Weakness
Missing some of the critical aspects of healthcare, such as inclusivity, and sustainability, which are strongly emphasized in national priorities and policy commitments, including Universal Health Coverage.

Way forward
Revise the mission in a way that will help to achieve the Vision.

2.1.3 Core Values

Strengths
Captures integrity, professionalism, customer focus, teamwork, accountability, innovation and partnership, which are essential in the provision of quality health care.

Weakness
Missing other critical values such as compassion, safety and confidentiality, which are widely recognized as standard in Institutional settings.

Way forward
Expand the list of values to incorporate compassion, safety, integrity, and confidentiality to strengthen alignment with the Institute's mission and internationally recognized standards of healthcare delivery.

Core Values
(i) **Integrity** - Commit to honesty, fairness, transparency and accountability in all research and administrative processes.
(ii) **Professionalism** – maintain a high level of competence, reliability and respect in delivering quality services.
(iii) **Innovation** – Encourage creativity, adoption of new health technologies and development of novel solutions to health challenges.
(iv) **Ethics -** Adhere to national and international ethical standards in research involving humans, animals and the environment.
(v) **Collaborations and partnerships** – work jointly with local and international partners, communities, government and other stakeholders to advance public health outcomes.
(vi) **Diversity and inclusiveness** – create a supportive environment that values different backgrounds, disciplines, perspectives and equal opportunities.

2.2 Review of Relevant Information

The following documents were reviewed to improve the performance of the Institute.

2.2.1 Internal Context Assessment

I. **Ministry's Strategic Plan 2026/27-2030/31**

Objectives D, E, and F of the Ministry's Medium-Term Strategic Plan (2026/27–2030/31) set targets to address challenges in the provision of preventive and curative services, as well as in resource mobilization, by June 2031. In support of these targets, this Strategic Plan commits to deploying all necessary efforts to ensure that the Institute meets its own goals and contributes effectively to the Ministry's broader objectives.

II. **Health Sector Strategic Plan VI**

The priorities of the Health Sector Strategic Plan VI (HSSP-VI) have been incorporated into this Plan. To implement them, the Institute will continue to strengthen health systems to sustain progress in reproductive, maternal, newborn, child, and adolescent health, as well as in the prevention and control of communicable and non-communicable diseases. Additionally, the Institute is committed to reinforcing leadership, governance, and accountability to safeguard and build on these achievements.

III. **National HIV/NCD Prevention Road Map 2023/24 - 2026/27**

In 1999, HIV/AIDS was declared a national calamity. In response, the Government, its agencies, the private sector, and international development partners have implemented numerous initiatives to support the national response. Efforts have focused on reducing infection rates through the provision of care and support, alongside raising awareness across diverse population groups. At the same time, Non-Communicable Diseases (NCDs) have emerged as a major threat to the country's socio-economic development. Against this backdrop, some key issues have been prioritized to strengthen the national response and build a more resilient health system. The efforts reflect a continued national commitment to reinforcing the response to HIV, AIDS, and emerging health challenges, while safeguarding the country's long-term socio-economic stability.

Through advancing evidence-driven interventions, integrating prevention within essential services, and promoting innovation and real-time monitoring, the Government and its partners seek to establish a more resilient, coordinated, and effective health system for all.

IV. **National Anti-Corruption Strategy and Action Plan Phase Four (NACSAP IV) 2023-2030**

The National Anti-Corruption Strategy seeks to enhance efficiency, transparency, and accountability in both the public and private sectors, alongside ensuring the effective enforcement of anti-corruption measures. Key issues addressed include:-

(a) Strengthened societal engagement in anti-corruption and integrity initiatives,
(b) Enhanced accountability and transparency within state and non-state institutions, and

(c) Improved ICT-based service delivery for both state and non-state actors. By reinforcing public participation, institutional transparency, and the adoption of ICT-driven systems, the Strategy aims to build a more trustworthy, efficient, and corruption-resilient society.

V. **Multisectoral Nutrition Strategy**

The National Multisectoral Nutrition Action Plan (NMNAP) outlines Tanzania's strategy for tackling malnutrition through a coordinated effort across multiple sectors, including health, agriculture, education, water and sanitation, and social protection. The Plan emphasizes practical, evidence-based interventions, strong collaboration, and effective monitoring to improve nutrition outcomes and support human development. Lessons from the NMNAP have guided the formulation of this strategic plan, highlighting key actions, responsibilities, and mechanisms to achieve measurable impact.

The Plan includes a Specific Objective aimed at strengthening nutrition research, innovation, and evidence use in programming, which supports engagement in operational and implementation research on malnutrition and micronutrient deficiencies. It further establishes a Strategic Objective to enhance nutrition information systems, monitoring, evaluation, and surveillance, aligning with roles in surveys, epidemiological studies, and impact evaluations.

National Multisectoral Nutrition Action Plan II (NMNAP II) outlines Tanzania's long-term vision of ensuring that women, men, children, and adolescents are better nourished and able to live healthier and more productive lives. The Plan's mission focuses on reducing all forms of malnutrition across all age groups through a well-coordinated multisectoral system and participatory approaches that contribute to optimal health and national economic growth. NMNAP II further emphasizes strategic interventions to address the triple burden of malnutrition, including strengthening overweight and obesity prevention at community and workplace levels, and enhancing human resource capacity for nutrition across sectors through updated technical guidance, pre-service and in-service training, and skills development. These priorities provide a comprehensive policy framework for coordinated nutrition action and institutional capacity strengthening.

Overall, the National Multisectoral Nutrition Action Plan provides a clear and structured national framework that reinforces the importance of research, data-driven decision-making, strong coordination, and institutional capacity in addressing malnutrition. Its emphasis on evidence generation, effective monitoring systems, and multisectoral collaboration establishes a solid foundation for achieving sustainable nutrition improvements and measurable impact on human development outcomes in Tanzania.

VI. **The Ruling Party Manifesto 2025-2030**

The current ruling party's (CCM) Election Manifesto, which guides government implementation, includes commitments to ensure the realization of the stated national priorities. One of those goals, Objective E, focuses on

(a) Improving people's lives and overall societal wellbeing;
(b) Strengthen community health and reduce mortality from preventable diseases; and
(c) Promote, recognize, and certify traditional medicine. Another objective was highlighted in the President's opening speech at the Parliament, which emphasized the effective utilization of health research findings in government planning and decision-making, as well as the prioritization of therapeutic prevention research over conventional approaches.

Through strengthening community health, advancing evidence-based decision-making, and fostering innovation, including the recognition of traditional medicine, the government affirms its determination to ensure that national development is anchored in effective, sustainable, and people-centred health interventions.

VII. **The Tanzania Development Vision 2050**

In 2025, Tanzania launched its Development Vision 2050. This is a re-assertion of a desirable future for Tanzanians by 2050. One of the principal goals of this vision is to improve the quality of life and well-being for all. This vision has its specific health sector goals that have to be attained by the year 2050. The core targets highlighted are:-

(a) Tanzanians having a life expectancy of 75 years with good health and social well-being;
(b) Elimination of maternal, newborn and child mortality;
(c) Achieving a Universal Health Coverage;
(d) Building resilient individuals and communities committed to health promotion, disease prevention and healthy lifestyles, while having the capacity to mitigate pandemics and climate-related health risks;
(e) Attaining the vision that includes a healthy society in which all individuals, especially children, women, persons with disabilities and older persons enjoy affordable, comprehensive and equitable access to quality healthcare;
(f) Tanzania becoming a regional hub for manufacturing healthcare and food products;
(g) Ensuring fair access to high-quality and affordable medical goods and nutrition commodities;
(h) Leveraging modern technologies, including artificial intelligence, to predict and manage disease patterns;
(i) Attaining universal access to quality sexual and reproductive health education and services to empower individuals to make informed choices;
(j) Ensuring that no woman dies during childbirth and every child survives and thrives;
(k) Establishment of world-class technology zones and innovation hubs dedicated to research and innovation in agriculture, manufacturing and health, supported by expert teams and adequate financing; and

(l) Development of a sustainable R&D financing mechanism that allocates at least one per cent of GDP, with incentives for private sector investment in priority fields such as agriculture, biotechnology, clean energy and emerging ICT technologies.

In response to Tanzania Development Vision 2050, the Institute shall prioritize health research intelligence, innovation commercialization, health security, artificial intelligence, predictive analytics and emerging technologies as strategic enablers of national transformation.

VIII. **Fourth Five-Year Development Plan (FYDP IV) 2026/2027 - 2030/2031**

The **Fourth Five-Year Development Plan (FYDP IV) 2026/2027 - 2030/2031** outlines Tanzania's strategy for accelerating socio-economic transformation and achieving the objectives of the **Tanzania Development Vision 2050.**

The Plan includes a Strategic Objective on strengthening research, science, technology, and innovation systems to support national transformation, which provides the policy basis for involvement in biomedical and public health research. It also contains a Health Sector Strategic Priority/Objective focused on strengthening disease surveillance, epidemic preparedness, and health security systems, supporting roles in epidemiological studies and outbreak investigations. In addition, FYDP IV highlights a Cross-Cutting Objective on improving data systems, monitoring and evaluation, and evidence-based planning, which aligns with responsibilities in research data generation, analysis, and policy advisory support.

NIMR's commitment to generating robust scientific evidence and innovation to sustain universal access to quality health care, as articulated in the national development framework, including the Fourth Five-Year Development Plan (FYDP IV), has resulted in measurable improvements in population health outcomes. National statistics indicate that life expectancy increased from 66 years in 2019/20 to an estimated 68.3 years, reflecting progress in health service delivery, disease control, and health system strengthening. This improvement serves as a performance indicator demonstrating advancement toward broader national objectives of enhanced human capital development and improved quality of life.

Furthermore, the Fourth Five-Year Development Plan (FYDP IV) and the Tanzania Development Vision 2050 emphasize digital transformation and data-driven systems as key enablers of efficient public service delivery and economic modernisation. In the health sector, this policy direction highlights the importance of strengthening digital health management systems and health statistics to improve service efficiency, enhance disease surveillance, and support evidence-based planning and resource allocation. Although not presented as a standalone target, the modernization of health information systems is embedded within broader national objectives related to human capital development, institutional efficiency, and technological advancement.

Overall, the Fourth Five-Year Development Plan (FYDP IV) underscores the importance of research, innovation, strong health systems, and effective data use in driving Tanzania's socio-economic transformation. By prioritizing science and technology, disease surveillance, and evidence-based planning, the Plan supports the country's progress toward the goals of the Tanzania Development Vision 2050.

2.2.2 External Context Assessment

I. **African Union Agenda 2063 (AU Agenda 2063) - The Africa We Want**

Aspiration 1 of Agenda 2063 envisions an "A prosperous Africa based on inclusive growth and sustainable development." To achieve this ambition, one of the key goals for Africa is to ensure that its citizens are healthy and well-nourished and that adequate levels of investment are made to expand access to quality health care. NIMR, therefore, needs to make greater efforts in attaining this aspiration by advancing research into the discovery and localization of research evidence and discoveries and advancements in the management and treatment of health conditions.

II. **The 2030 Agenda for Sustainable Development**

Universal Health Coverage (UHC) is one of the targets in the Sustainable Development Goals (SDGs). Specifically, one of those goals – SDG 3 – focuses on ensuring healthy lives and promoting wellbeing for all at all ages. Key targets include:-

(i) By the year 2030, the aim is to end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, while combating hepatitis, water-borne, and other communicable diseases;
(ii) It also seeks to reduce premature mortality from non-communicable diseases by one-third through prevention, treatment, and the promotion of mental wellbeing;
(iii) Universal health coverage will be pursued, ensuring financial risk protection, access to quality essential health services, and safe, effective, affordable medicines and vaccines for all;
(iv) The agenda further commits to supporting research and development of vaccines and medicines for communicable and non-communicable diseases affecting developing countries, and ensuring affordable access to essential medicines and vaccines in line with the Doha Declaration on the TRIPS Agreement and public health; and
(v) Additionally, it emphasizes the promotion of both physical and mental health and wellbeing. Collectively, these targets reaffirm the universal commitment to promoting health equity, reinforcing health systems, and guaranteeing that all people, irrespective of age, gender, or socioeconomic status, can obtain essential, high-quality health services without financial burden. Realizing these objectives will not only enhance overall population health outcomes but also support long-term social and economic development globally.

2.3 Performance Reviews

This performance review summarises the assessment of progress achieved in implementing the Strategic Plan (SP) 2021/22–2024/25. The review compares actual

achievements over the four years against the five-year planned objectives, highlighting performance trends, level of achievements, implementation gaps, and priority actions needed to enhance institutional effectiveness.

Objective A: HIV/AIDS and Non-Communicable Diseases Reduced and Supportive Services Improved

Achievements

(i) Staff sensitization on HIV/AIDS and NCDs achieved 105% of the target.
(ii) Support to staff living with HIV/AIDS and NCDs achieved 107% of the target.

The results indicate effective internal awareness and support mechanisms, demonstrating consistent prioritization of staff welfare within the Institute.

Constraints

(i) Reluctance of staff to disclose their HIV status for fear of stigma and discrimination from their co-workers.

Way Forward

(i) Strengthen awareness on HIV/AIDS and NCD among all staff to voluntarily test their health status and discourage stigmatization; and
(ii) Establish anti-stigma education and sensitization that includes mandatory annual sensitization training programs integrate sensitization awareness in induction; these programs will help staff understand themselves better regarding their health status.

Objective B: National Anti-Corruption Strategy Implemented

Achievements

(i) No corruption incidents were reported, translating to a 100% achievement, though the absence of cases may also reflect effective preventive controls.
(ii) Training and orientation of staff on anti-corruption matters achieved 68% against a set target of 90%.

This underperformance highlights the need to scale up sensitization and compliance awareness across the Institute.

Constraints

(i) Inadequate budget to implement and facilitate committees' functions and staff-related seminars and advocacy sessions.

Way Forward

(i) Enhance staff awareness of anti-corruption, vetting, and the Code of Ethics by utilizing additional internal forums. Experts from the Prevention and Combating of

Corruption Bureau (PCCB) should be invited. For instance, during Workers' Council meetings, PCCB experts should be allocated dedicated sessions to provide education and sensitization to staff on anti-corruption, vetting procedures, and the Code of Ethics.

(ii) Strengthen the Integrity and Anti-Corruption Committees to ensure effective oversight, coordination, and implementation of integrity and anti-corruption initiatives across the Institute.

(iii) Strengthen Risk Management Framework to systematically identify, assess, mitigate, and monitor institutional risks, including integrity and corruption-related risks.

Objective C: National Multisectoral Nutrition Services Enhanced

Achievements

(i) The delivery of nutrition-related programs and services was achieved at 75% of the target.

Constraints

(i) Delays in implementation due to resource limitations contributing to shortfalls.

Way Forward

(i) Strengthening coordination with multisectoral partners for delivery of the workplace nutrition interventions to the employees and their families of the Institute.

(ii) Increase budget allocation for nutrition services interventions

Objective D: Health Research Evidence and Innovations Generated

Achievements

(i) Implementation of 573 research projects against the target of 427, representing 134 per cent achievement and reflecting high research productivity.

(ii) Conduct 1,733 research dissemination events indicating strong knowledge-sharing efforts.

(iii) A total of 774 publications against 1,220 planned, equal to 63% of the target.

(iv) Policy briefs achieved at 60%, indicating partial conversion of research findings into publishable and policy-relevant outputs.

(v) Integration of traditional medicine research products into the conventional healthcare system.

Impactful achievements

Overall, while research generation and dissemination remain strong, weaknesses persist in collaboration, innovation, product development, and human resource strengthening, which require targeted strategic and institutional interventions.

Constraints

(i) **Weak collaboration and partnership mechanisms:** Absence of structured frameworks, incentives, and dedicated units to attract and manage national and international research collaborations resulted in inadequate performance on new partnerships;

(ii) **Limited innovation and commercialization capacity:** Lack of clear policies, infrastructure, and funding for innovation, product development, and traditional medicine research constrained the development of products, inventories, and outgrowers' schemes;

(iii) **Inadequate linkage between research and policy uptake:** Weak engagement with policymakers and stakeholders limited policy dialogues, surveillance initiatives, and translation of evidence into usable interventions;

(iv) **Human resource constraints:** Low recruitment of Adjunct Research Fellows (20%) reduced the availability of specialized expertise, mentorship, and multidisciplinary research capacity;

(v) **Funding limitations:** Inadequate earmarked resources for innovation, partnerships, and knowledge translation activities hindered progress beyond core research production; and

(vi) **Data capture and reporting gaps:** Inadequate monitoring and information systems contributed to fragmented data reporting for several indicators, limiting performance tracking and accountability.

Way Forward

(i) Strengthen collaboration frameworks by developing partnership guidelines, standard MoUs, and incentive schemes to attract local, regional, and international research partners;

(ii) Strengthen innovation and product development systems through the establishment of innovation hubs, technology transfer platforms, and dedicated funding for product development, including traditional medicine research;

(iii) Enhance research-to-policy translation mechanisms by institutionalizing policy dialogues, stakeholder engagement forums, and surveillance initiatives aligned with national health priorities;

(iv) Accelerate recruitment and engagement of Adjunct Research Fellows by streamlining recruitment processes, defining clear terms of reference, and offering competitive and non-financial incentives;

(v) Mobilize and ring-fence funding for innovation, partnerships, and knowledge translation through government allocations, competitive grants, development partners, and public–private partnerships; and

(vi) Improve data management, monitoring, and reporting systems to ensure comprehensive capture of research outputs, collaborations, innovations, and policy engagement activities for informed decision-making and performance management.

Objective E: Health-Related Training Established and Operationalized

Achievements

(i) Student enrolment reached 127%, with 127 students enrolled against a target of 100.
(ii) A total of 127 trainees successfully graduated and were certified.

The strong performance reflects increased demand for health-related training programs and improved utilization of existing training capacity.

Constraints

(i) **Limited training infrastructure:** Inadequate teaching and learning materials, laboratories, and equipment constrained the expansion and diversification of training programs;
(ii) **Curriculum development limitations:** Delays or gaps in reviewing and updating curricula limited the introduction of new or specialized health-related courses;
(iii) **Insufficient qualified trainers:** Limited availability of specialized trainers restricted the ability to scale up enrolment while maintaining training quality; and
(iv) **Financial constraints:** Limited budgetary allocation affected investment in new programs and infrastructure for training programs.

Way forward

(i) Mobilize adequate resources through government funding, implementing partners, and public–private partnerships to support training expansion and diversification;
(ii) Develop/review and update curricula regularly to align training programs with emerging health sector needs, technologies, and regulatory requirements;
(iii) Strengthen human resource capacity by recruiting additional trainers and engaging part-time or visiting experts from academia, research institutions, and industry;
(iv) Expand and upgrade training infrastructure, including laboratories and ICT-based learning platforms, to accommodate growing enrolment; and
(v) Enhance collaboration and partnerships with universities, professional bodies, and health institutions to support curriculum development, accreditation, and resource sharing

Objective F: Health Research Registration and Regulation Enhanced

Achievements

(i) Monitoring visits achieved 100% performance, with all planned visits conducted.
(ii) Ethical clearances reached 73%, with 2,926 approvals issued against a target of 4,000.
(iii) Manuscript publications achieved 72% (172 published out of 240 planned).

Going forward, strengthening regulatory frameworks, improving research reporting mechanisms, and enhancing technical and institutional capacity will be critical to improving compliance, accountability, and overall quality assurance in health research regulation.

Constraints

(i) **Inadequate post-approval follow-up mechanisms:** Inadequate or ineffective systems and procedures for tracking progress and reporting from approved research;
(ii) **Inadequate regulatory information systems:** Limited new or upgraded electronic systems, automation, data capture, tracking, and analysis of research registration, monitoring, and compliance;
(iii) **Limited technical and human resource capacity:** Insufficient specialized staff constrained effective compliance monitoring, timely ethical review, and follow-up of approved studies;
(iv) **Low functionality of coordination and compliance structures:** inconsistent reporting from Institutional Ethics Review Boards IRB), hence, limited oversight and enforcement; and
(v) **Inadequate resources:** Limited financial resources affected system development, routine monitoring, and capacity-building activities

Way Forward

(i) Establish and enforce post-approval research reporting mechanisms by developing clear guidelines, timelines, and sanctions for non-compliance, and Strengthen institution regulations to cap non-compliance requirements into approval conditions;
(ii) Develop and deploy integrated regulatory information systems to support online registration, ethical review, reporting, monitoring, and compliance tracking;
(iii) Strengthen technical and human resource capacity through targeted training, recruitment, and engagement of subject-matter experts in research regulation and ethics;
(iv) Operationalize and strengthen regulatory and compliance structures by ensuring regular meetings, clear mandates, and performance monitoring of committees and review boards; and
(v) Mobilize sustainable financing from government allocations, cost-recovery mechanisms, and development partners to support systems development, monitoring activities, and continuous capacity building.

Objective G: Institutional Capacity and Operational Efficiency Strengthened

Achievements

(i) Funds disbursed amounted to TZS 313,316,308,923.44, representing 82% of the target.

(ii) Statutory meetings, strengthening of departments and units, development of policies and regulations, and conduct of self-assessment surveys each achieved approximately 80% of their targets

Overall, while foundational administrative systems are functioning moderately well, strengthening accountability mechanisms, risk management, and operational support systems remains essential to improve institutional capacity and operational efficiency.

Constraints

(i) **Inadequate follow-up and accountability mechanisms:** Low implementation of audit queries (23%) reflects inadequate tracking, enforcement, and management accountability for agreed audit actions.
(ii) **Limited risk management and performance audit:** Insufficient technical expertise and inadequate institutionalization of risk assessment processes contributed to low performance (46%) in performance audits and risk assessments.
(iii) **Operational resource gaps:** Inadequate working tools, training programs, and operational inputs constrained effective service delivery and innovation.
(iv) **Competing priorities and implementation delays:** Delays in executing approved plans affected the timely implementation of training programs, medical products, and innovation initiatives.
(v) **Funding and budget execution constraints:** Although fund disbursement was relatively high, limited allocation or ring-fencing for operational efficiency, working tools, and capacity-building activities restricted progress.
(vi) **Coordination and integration challenges:** Inadequate coordination across departments and units limited the translation of policies and assessments into tangible operational improvements.

Way Forward

(i) Strengthen audit follow-up and accountability frameworks by establishing clear action plans, timelines, responsible officers, and regular reporting to management and oversight committees.
(ii) Enhance risk management and performance audit systems through capacity building, regular risk assessments, and integration of risk management into planning and budgeting processes.
(iii) Provide and upgrade working tools and infrastructure to support staff productivity, service delivery, and innovation.
(iv) Implement targeted training and capacity-building programs aligned with institutional priorities, operational needs, and performance gaps.
(v) Ring-fence resources for operational efficiency and innovation within the budget and explore alternative financing, including partnerships and cost-sharing mechanisms.

(vi) Strengthen inter-departmental coordination and monitoring to ensure that policies, assessments, and plans are effectively translated into operational outputs and measurable outcomes.

2.4 Stakeholders Analysis

NIMR works with various stakeholders in the provision of quality health services. Health research interventions carried out are aligned with the Health Policy, 2007, Health Sector Strategic Plan V and the Ministry's Strategic Plan 2021/22-2025/26. This can only be achieved if all the stakeholders involved are well coordinated, monitored and evaluated for maximum synergy and efficiency by utilizing the limited resources available.

Table 1: Stakeholders Analysis Matrix

No.	Stakeholders	Service Offered	Stakeholders Expectations
1.	General Public	(i) Research, information, discovery and promotions. (ii) Addressing public health problems.	(i) Reliable, trusted, and timely information. (ii) Relevant and professional advice.
2.	Non-State Actors (FBOs, CSOs and NGOs)	(i) Information on health, research information, and discovery. (ii) Technical Support. (iii) Health research Policies, guidelines and Standard Operating Procedures. (iv) Collaborative opportunities. (v) Consultancy Services.	(i) Accurate, timely and credible information. (ii) Timely and quality technical support. (iii) Clear research Policies, guidelines and Standard Operating Procedures. (iv) Strong collaboration. (v) Transparency and Accountability.
3.	Policy and decision makers	(i) Policy briefs (ii) Research summaries.	(i) Actionable Evidence
4.	The Office of Treasury Registrar (OTR)	Quality and timely implementation reports (i) Return on investment (ii) Compliance with OTR guidelines and circulars	(i) Periodic Performance Reports (ii) Financial Reports
5.	Implementing Partners	(i) Dissemination of research findings (ii) Access to research infrastructure (iii) Transparency and accountability (iv) Information and data sharing (v) Research Reports (vi) Technical expertise (vii) Research policy and guidelines (viii) Opportunity and platforms to collaborate	(i) Project Reports (ii) Data repository (iii) Research Collaboration
6.	Ministries, Departments and Agencies	(i) Actionable research Evidence (ii) Consultancy Services	(i) Periodical implementation reports (ii) Dissemination Platforms (iii) Promote industrialization

No.	Stakeholders	Service Offered	Stakeholders Expectations
7.	Employees of the Institute	(i) Clear and relevant capacity-building training programs (ii) Job satisfaction and better employment benefits (iii) Timely response and feedback on staff matters (iv) Conducive working environment (v) Timely and relevant advice on staff incentive and statutory rights	(i) Capacity building programs (ii) Working facilities and tools (iii) Technical and administrative support on labour relationship matters (iv) Dissemination of Circular, Staff guidelines and regulations (v) Staff incentives and Statutory rights
8.	Academic institutions and other Research Institutions	(i) Training and Mentorship services (ii) Research policy, guidelines and regulations (iii) Technical expertise (iv) Research Collaborative opportunities (v) Research clearance (vi) Permission to publish	(i) Training and Mentorship services (ii) Timely approval of applications (iii) Comprehensive regulatory systems, including efficient information systems and technical expertise (iv) Collaborative research (v) Dissemination Platform (vi) Fellowship Program (vii) Health research reference hub
9.	Media	(i) Research information	(i) Empirical research evidence
10.	Pharmaceutical Industry	(i) Drugs and Information (ii) Market share (iii) Standardization and formulation of medicine (iv) Technical expertise (v) Franchise	(i) Intellectual Property Rights policy (ii) Registration and patenting of research products (iii) Research products (iv) Promote Public – Private Partnership
11	Suppliers/Service Providers	(i) Transparency and accountability (ii) Fair and competitive opportunities	(i) Dealings and opportunities (ii) Contract and Deeds documents (iii) Timely settlement of their dues
12	Vulnerable groups	(i) Information (ii) Training services	(i) Accurate, timely and credible information (ii) Solutions to their health problems

2.5 Strengths, Weaknesses, Opportunities, and Challenges Analysis

SWOC analysis outlines the Strengths, Weaknesses, Opportunities, and Challenges. It serves as a strategic tool to identify internal capabilities and limitations, as well as external factors that can influence the Institute's performance and growth.

Table 2: SWOC Analysis Matrix

Strengths	Weaknesses
(i) Consistent contribution of impactful research findings for evidence-based policy and decision-making; (ii) Existence of dual national mandate of conducting and regulating health research in Tanzania; (iii) The technical lead of a public health research	(i) Inadequate advocacy, publicity and dissemination of research evidence; (ii) Inadequate monitoring and evaluation of performance; (iii) Lack of implementation of mentorship and

Strengths	Weaknesses
institution in Tanzania; (iv) Availability of extensive multidisciplinary scientific and technical expertise; (v) Availability of advanced accredited laboratories; (vi) Experience in managing and coordinating large multi-institutional projects; (vii) Existence of standard research regulatory frameworks, policies and guidelines; (viii) Existence of local and international networks; partnerships and collaborations. (ix) Strategically located across Tanzania Mainland; and (x) Robust cyber security infrastructure	succession plans; (iv) Inadequate inter-sectoral collaboration and engagement; (v) Inadequate resource mobilisation strategies; (vi) Insufficient implementation of the incentive scheme; (vii) inadequate centralized database for disseminated research findings; (viii) Absence of National health research coordination; (ix) Inadequate national oversight of the conduct of research; (x) Dependence on implementing partners' research funds; and (xi) Minimal engagement with local funders to attract research funding.
Opportunities	**Challenges**
(i) Continuous Government support; (ii) Alignment of NIMR research activities with strategic national and international agendas; and (iii) High potential for research collaboration with higher learning, research institutions and industries; (iv) Adaptation of the use of new health technologies in research; (v) Potential for collaboration through Public-Private-Partnerships (PPP); and (vi) New health research developments and discoveries.	(i) Uncertainty and declining funding from implementing partners; (ii) Inadequate local resources; (iii) Inadequate uptake of research evidence in the formulation of policies and program (iv) Increased competition for global grants; (v) Climate change and disaster impacts; and **(vi)** Absence of a public emergency fund for health research.

2.6 PESTEL Analysis

2.6.1 Political

The political landscape in Tanzania strongly influences national development, economic stability, and institutional governance, directly aligning with Tanzania Development Vision 2050. The ruling party's manifesto emphasizes good governance, industrialization, human capital development, health systems strengthening, and digital innovation, creating a framework for policy continuity and long-term strategic planning. Political stability ensures predictable investment environments, effective public service delivery, and support for research institutions such as the National Institute for Medical Research, enabling them to implement large-scale health studies, disease surveillance, and policy-oriented research. Government commitment to healthcare, NCD prevention, environmental protection, and technological integration reinforces policy alignment between political agendas and Vision 2050 objectives. Moreover, active political support for public–private partnerships, industrial growth, and international collaborations strengthens funding and resource mobilization for research and innovation. In summary, Tanzania's stable political

environment and the ruling party's development-oriented manifesto provide a strong foundation for coordinated policy implementation, institutional efficiency, and the achievement of Vision 2050's long-term goals in health, research, and socio-economic transformation.

2.6.2 Economic

Rapid expansion of ICT infrastructure, mobile technology, and digital financial services is reshaping economic activities in Tanzania by improving service delivery efficiency, expanding financial inclusion, strengthening data-driven decision-making, and enabling e-health and telemedicine services. Within the health sector, digitalization reduces operational and administrative costs, enhances surveillance of diseases overall, and improves research efficiency through better data management systems. NIMR can leverage digital health data systems, electronic research management platforms, and artificial intelligence tools to strengthen evidence generation and policy responsiveness. In economic terms, digital health transformation enhances productivity, lowers transaction costs, and supports the transition toward a modern knowledge-based economy aligned with national development aspirations under Vision 2050.

Furthermore, the Fourth Industrial Revolution (4IR), characterized by automation, biotechnology, big data, and artificial intelligence, presents significant economic opportunities for Tanzania. Integrating these technologies into health research can strengthen biotechnology and pharmaceutical manufacturing, support local production of diagnostics and medical devices, promote commercialization of research outputs, and generate high-skilled employment opportunities. NIMR plays a strategic role in linking research outputs with emerging health industries and fostering innovation ecosystems consistent with national industrialization objectives. Consequently, health research evolves into a catalyst for industrial growth and technological advancement.

Industrialization policies emphasizing value addition and reduced import dependency further reinforce the economic importance of strengthening local health research. Enhanced domestic research capacity contributes to reduced reliance on imported medicines and diagnostics, development of local manufacturing value chains, and increased export potential of health-related products. Digital technologies also improve supply chain management, logistics efficiency, and regulatory systems, thereby enhancing trade competitiveness. Moreover, Vision 2050 underscores the importance of public–private partnerships (PPPs) and private sector engagement. In this context, digital innovation hubs can attract both domestic and foreign investment, clinical trials and research collaborations can generate foreign exchange, and local pharmaceutical industries can partner with research institutions to accelerate commercialization. Strengthened digital research infrastructure at NIMR positions Tanzania as a regional research hub, increasing capital inflows and stimulating diversified economic activity across the health and innovation sectors.

2.6.3 Social

The social environment in Tanzania for the period 2026–2031 is characterized by rapid population growth, a predominantly youthful demographic structure, increasing urbanization, and significant epidemiological transition, all of which have direct implications for the NIMR. While communicable diseases remain a public health concern, there is a

growing burden of non-communicable diseases such as diabetes, cardiovascular conditions, cancers, and chronic respiratory illnesses driven by lifestyle changes, urban living, and behavioural risk factors. At the same time, vector-borne and emerging infectious diseases continue to pose recurrent threats due to mobility, environmental changes, and cross-border interactions. The expansion of digital platforms and social media has improved access to health information and services but has also increased exposure to misinformation and external cultural influences that may affect health behaviours, particularly among youth. Persistent cultural beliefs, gender inequalities, varying levels of health literacy, migration patterns, and social stigma surrounding certain conditions further influence healthcare-seeking behaviour and health outcomes. These dynamics necessitate strengthened social and behavioural research, community-engaged approaches, gender-responsive strategies, and evidence-based health communication to ensure that NIMR's research priorities remain responsive to Tanzania's evolving social landscape.

2.6.4 Technological

Technological advancement is a key driver of Tanzania's socio-economic transformation and is central to achieving Tanzania Development Vision 2050. Rapid digitalization, mobile technology adoption, internet connectivity, and innovations in data analytics, artificial intelligence, and biotechnology are reshaping the economy, public services, and health research. For institutions like the National Institute for Medical Research, these technological changes enable more efficient disease surveillance, data-driven decision-making, telemedicine, and digital health interventions. Integration of technology enhances research capacity, laboratory automation, clinical trial management, and dissemination of health knowledge. Furthermore, technological innovation supports industrialization through health-related product development, medical diagnostics, and biotechnology, stimulating local economic growth. However, rapid technological change also poses challenges, including cybersecurity risks, digital inequalities, and the need for workforce upskilling. Overall, leveraging technological advancements allows Tanzania to modernize its research systems, improve health outcomes, support industrial and digital economies, and achieve Vision 2050's goals of a knowledge-based, innovative, and globally competitive nation.

2.6.5 Environmental

Tanzania's rapid industrialization, urbanization, and economic growth under Tanzania Development Vision 2050 have created both opportunities and environmental challenges that directly affect public health and research priorities. Climate change, including droughts, floods, and temperature variability, alters disease patterns, increasing the prevalence of vector-borne diseases and indirectly contributing to NCD risk factors. Industrial and vehicular emissions, improper waste management, and pollution of air, water, and soil exacerbate respiratory, cardiovascular, and other chronic conditions. Urban expansion often encroaches on wetlands and forests, while inadequate sanitation and contaminated water sources elevate the risk of communicable and chronic diseases. Loss of biodiversity and unsustainable land use increase the likelihood of zoonotic outbreaks. Strengthened environmental regulations, ecosystem-based management, and sustainable urban planning are critical to mitigating these risks. Furthermore, the operations of research institutions such as the NIMR must adopt eco-friendly practices to reduce their environmental footprint. Integrating environmental sustainability into health research,

digitalization, and industrial growth ensures that Tanzania's development trajectory remains resilient, protects human capital, and aligns with Vision 2050's goals of inclusive, sustainable, and health-promoting development.

2.6.6 Legal

Supportive legal frameworks in Tanzania are increasingly critical to enabling digital transformation, protecting health data, and strengthening research governance, yet many laws governing digital health, data protection, bioethics, and emerging technologies remain underdeveloped or are in the process of revision, creating gaps that could hinder ethical research and innovation. As digital health platforms, telemedicine, and electronic health records expand, legal protections for data privacy, confidentiality, and cybersecurity must be prioritized, while clearer regulations for artificial intelligence, big data analytics, and digital diagnostics are needed to ensure responsible adoption. Additionally, legal frameworks for research regulation, human subject protection, intellectual property, public health emergency preparedness, and equitable access to health technologies must be harmonized with regional and international standards to enable NIMR to conduct high-quality research, protect participants, foster innovation, and engage effectively in global collaborations, ensuring that legal environments support both socio-economic development and public health imperatives.

2.7 Recent Initiatives for Improving Performance

Research conducted by NIMR has significantly contributed to efforts toward advancing evidence-based healthcare, shaping national policies, and addressing Tanzania's most pressing public health challenges. Some of these contributions are as follows:-

(i) The HPV vaccine study confirmed that a single-dose regimen protects against cervical cancer comparable to that achieved with two or three doses. This evidence led WHO and the Government of Tanzania to revise the national HPV vaccination policy from a two-dose to a one-dose schedule.
(ii) The PARADIGM4TB studies demonstrated the potential to shorten tuberculosis treatment duration from six months to four months among patients with drug-susceptible TB, thereby improving treatment efficiency and adherence
(iii) The Institute has emerged as a regional Centre of Excellence in Africa for TB-Mycobacterium Load Assay (MBLA) technology, providing specialized training to several countries and supporting the monitoring of tuberculosis treatment response and drug resistance.
(iv) The malaria genomics surveillance project successfully expanded its coverage from 13 to all 26 regions of mainland Tanzania, strengthening national capacity to monitor parasite evolution, antimalarial drug efficacy, and diagnostic performance.
(v) The PrEPVacc study enhanced community awareness of HIV, strengthened research infrastructure, increased community participation in clinical research, and expanded Tanzania's capacity to conduct large-scale biomedical studies.
(vi) The PROTID study successfully enrolled hundreds of participants and continues to generate scientific evidence on the effectiveness of tuberculosis preventive therapy among individuals living with diabetes mellitus.
(vii) Research on triple artemisinin-based combination therapy (TACT) has contributed to the development of innovative approaches aimed at improving the effectiveness of malaria treatment in Tanzania.

(viii) The BRIGHTSAM study established a foundation for improving the nutritional status and cognitive and physical development of children suffering from severe acute malnutrition.
(ix) Research on the traditional medicine product NIMREGENIN demonstrated its potential to reduce cancer-related inflammation, offering promising prospects for expanding therapeutic options for cancer management in Tanzania.

2.8 Critical Issues

As a result of the environmental scan, a number of issues were identified. The identified issues were re-evaluated to get the critical issues which need to be considered in the plan. The identified critical issues include:-

(i) Strengthen leadership, governance, and accountability
(ii) Strengthen national health research coordination
(iii) Strengthen health research regulations
(iv) Improve knowledge translation, innovations and policy influence
(v) Strengthen national sectoral collaboration and partnership
(vi) Strengthen resource mobilization strategies
(vii) Strengthen capacity building and human capital development
(viii) Improve internal efficiency in financial operations
(ix) Enhance and expedite procurement processes
(x) Upgrade office laboratory and ICT infrastructures
(xi) Implement effective mentorship and succession plans
(xii) Adopt and use new health research technologies and ICT systems
(xiii) Strengthen public-private partnerships
(xiv) Strengthen Institutional branding and visibility
(xv) Institutionalize Grant Management Unit
(xvi) Invest in innovations, Technology transfer, commercialization and product development
(xvii) Strengthen Monitoring, evaluation and learning (MEL)
(xviii) Strengthen Risk Management Framework (RMF)
(xix) Improve national capacity for health research intelligence, foresight and evidence utilization.
(xx) Strengthen preparedness for emerging health threats and utilization of advanced technologies.

CHAPTER THREE

3.1 THE PLAN

The current Five-Year Strategic Plan (2026/27-2030/31) emanates from the performance review of the preceding Plan and the Situational Analysis carried out among others, to assess Institute's performance in the past five years including the achievements and weaknesses that need to be addressed, opportunities for improvement and challenges faced in an attempt to sustain the Institute's positive image for another five years to come.

This chapter, therefore, provides the Institute's vision, mission, core values, objectives and their rationale, strategies, targets and key performance indicators. In developing this Strategic Plan, due consideration was given to the National, International and Regional framework documents to align and map services to be delivered so as to produce outcomes that support the attainment of Institute priorities.

3.1.1 Mission, Vision and Core Values

The Mission:

Mission statement: To conduct, regulate, coordinate and promote health research that is responsive to the needs and well-being of Tanzanians**.**

Rationale: The current mission correctly reflects the Institute's mandated function

The Vision:

Vision: A regional centre of scientific excellence in health research and innovation for health security.

Rationale:

The revised NIMR Vision captures the Institute's expanded scientific mandate and growing leadership in health research, innovation, and evidence generation. It aligns NIMR with emerging national and global priorities, including health security, climate-sensitive diseases, health system thinking, AMR, NCDs, and digital transformation, while projecting a bold, future-oriented identity. The new vision strengthens confidence among government and partners by positioning NIMR as a regional centre of scientific excellence that delivers impactful, evidence-driven solutions.

Core Values:

Integrity: Demonstrate honesty, fairness, transparency, and accountability in all research and administrative work.

Professionalism: Maintain a high level of competence, reliability, and respect in delivering quality services.

Innovation:	Promote creativity, incorporate emerging health technologies, and advance innovative solutions to contemporary health challenges.
Ethics:	Uphold national and international ethical standards in research involving human participants, animals, and the environment.
Collaboration and Partnerships:	Collaborate with partners, communities, and stakeholders locally and globally to improve public health outcomes.
Diversity and Inclusion:	Foster a supportive environment that values diverse backgrounds, disciplines, perspectives, and equal opportunities.
ISO Alignment:	Commit to upholding global benchmarks of precision, reliability, and regulatory compliance in all our biomedical research and laboratory operations.
Sustainability and resilience:	Maximize institutional productivity while minimizing material consumption through digital transformation, paperless workflows, and energy-efficient technologies.

3.2 OBJECTIVES, RATIONALE, STRATEGIES, TARGETS AND OUTCOME INDICATORS

Objective A: HIV and AIDS Infections and Non-communicable diseases reduced and supportive services improved

Rationale

Fighting HIV and AIDS and NCDs in the workplace is one of the government's priorities. A healthy labour force and a healthy nation are essential towards economic development. HIV, AIDS and NCDs are among the top ten diseases affecting human resources in Tanzania. The major challenges of these diseases are reduced labour force through deaths and low productivity associated with unhealthy employees and their families, suffering from HIV and AIDS and NCDs. To address these challenges, the following strategy, targets and indicators were identified.

Target	Strategies	Key Performance Indicators
(i) Workplace interventions for HIV/AIDS will be implemented by 100% by June 2031.	(i) Strengthen programs and mechanisms to fight HIV/AIDS and Non-Communicable Diseases at the workplace	(i) Percentage of staff declared with HIV and AIDS status provided with nutritional support
(ii) Workplace interventions for NCDs will be implemented by 100% by June 2031		(i) % of staff with NCDs at screening (ii) Number of HIV, AIDS and NCDs sensitization programs conducted.

Objective B: National Anti-Corruption Strategy Implementation enhanced and sustained

Rationale

Good governance is one of the national agendas. Corruption at large has been weakening good governance and depriving people's rights and, in most cases, hindering people's rights to access the services provided. The Institute will be implementing the National Anti-Corruption strategy as a means for Institutionalizing measures for combating and preventing corruption. The strategy aims at ensuring and enabling the Institute to execute policy and programs. In order to address these challenges, the Institute has developed the following strategies, targets and their relevant key performance indicators.

Targets	Strategies	Key Performance Indicators
(i) Workplace Anti-Corruption guidelines and program implemented by June 2031	(i) Strengthen operationalization of anti-corruption programs	(i) The number of reported corruption cases has reduced. (ii) Number of induction/ orientation sessions conducted
(ii) Ethics compliance framework implemented by 100 per cent by June 2031.	(i) Strengthen ethical compliance framework	(i) Percentage of employees trained on the ethics compliance framework

Objective C: Generation, promotion, and dissemination of research evidence on health challenges are strengthened.

Rationale

One of the Institute's mandated core functions is to generate, promote and disseminate health research evidence that aims at addressing existing health challenges in the country. As the Nation strives to achieve its goals in TDV 2050, there is a need to have appropriate solutions to health challenges in order to increase healthy life years of its population and actively engage in economic development. To align with health sector priorities, the Institute has developed the following strategies, targets and indicators.

Targets	Strategies	Key Performance Indicators
(i) Generate high-quality health research evidence in Tanzania by June 2031.	(i) Strengthen the conduct of health research	(i) Proportional increase of peer-reviewed health research publications
		(ii) Proportion increase of funded health research grants secured annually.
(ii) Strengthen knowledge translation and research utilization in Tanzania by June 2031.	(i) Institutionalize and strengthen national knowledge translation systems	(i) Number of national knowledge translation platforms, scientific conferences, policy dialogues, and dissemination forums conducted annually.
		(ii) Percentage of completed research projects producing policy briefs, evidence summaries, or policy engagement products.
		(iii) Proportion of policies, guidelines, strategies, or programmes informed by institutional or nationally generated research evidence.
		(iv) Proportion of national scientific conferences, research dissemination events, and stakeholder engagement forums organized or supported annually.
(iii) Strengthen Scientific Visibility and Global Research Engagement by June 2031.	(i) Enhance participation in international scientific forums	(i) Number of oral and poster presentations delivered at regional and international scientific conferences annually.
		(ii) Number of new international collaborations, partnerships, or research initiatives established through conference participation.
	(ii) Strengthen Traditional, Complementary, and Integrative Medicine (TCIM) research	(i) Proportional increase of TCIM products or practices scientifically validated for safety, efficacy, or quality standardization
		(ii) Proportional increase of collaborative research initiatives established between conventional medical researchers and registered TCIM practitioners

Targets	Strategies	Key Performance Indicators
		(iii) Proportional increase of national health research policy briefs or guidelines incorporating validated TCIM findings
	(iii) Strengthen community engagement in the health research ecosystem	(i) Rate of community dissemination sessions conducted (e.g., feedback forums) relative to the total number of completed field studies
	(iv) Data repository strengthened	(i) Percentage of institutional health research datasets fully archived and made accessible in compliance with open-access or controlled data-sharing policies.
		(ii) Proportional increase of data requests or citations generated from the institutional data repository.
(iv) Promotion of health research activities strengthened by June 2031.	(i) Visibility and Reputation of the Institute enhanced	(i) Indicator: Annual percentage change in the Institute's global, regional and country institutional ranking.
		(ii) Number of strategic funding partnerships, collaborative consortiums, or joint health initiatives directly initiated as a result of high-level advocacy engagements with global health leaders.
	(ii) Routine research communication products strengthened	(i) Growth rate in access, active, recurring digital subscriptions, and downloads of the Institute's routine research communication portals (e.g., policy brief repositories, quarterly evidence digests).
	(iii) Promote regional and global collaboration	(i) 50 per cent increase in the proportion of total research projects featuring joint implementation or co-funding with international or regional partner organizations.
(v) National Platforms for Dissemination of Scientific Evidence Strengthened by June 2031.	(i) Scientific publications in peer-reviewed journals/books	(i) ≥200 papers/books/book chapters published annually (ii) 8 national scientific conferences organized (iii) 8 volumes of conference proceedings published
	(ii) Organize national and thematic scientific conferences	

Targets	Strategies	Key Performance Indicators
	(iii) Leverage technologies to enhance research evidence sharing (iv) The Tanzania Journal of Health Research (TJHR) Strengthened	(iv) Number of conference deliberations implemented (v) ≥3national centralized digital evidence platforms established (vi) Number of accesses to information posted to digital evidence platforms from which baseline? (vii) 6 issues of TJHR are published annually (viii) TJHR is indexed in the PubMed and Scopus databases (ix) ≥80% increase in citation metrics (x) Updated reviewers' database with appropriate knowledge and skills from which baseline? (xi) ≥30% annual increase in manuscript submissions from which baseline? (xii) ≥6 author-engagement efforts/dialogues annually. (xiii) ≥100 researchers are trained in scientific writing annually (xiv) Library Resources utilized (number using the library resources)

Objective D: Integrated Disease Surveillance, Health Security and Future Preparedness Strengthened

Rationale

A robust integrated disease surveillance system is fundamental to national health security, enabling the early detection of public health threats and timely containment of infectious outbreaks to minimize social and economic impacts. By strengthening data quality assurance, risk prediction, and evidence-based recommendations, the Institute will significantly enhance the country's capacity to proactively monitor, prepare for, and respond to public health emergencies.

Targets	Strategies	Key Performance Indicators
(i) Timeliness, completeness, and quality of surveillance data improved by June 2031.	(i) Strengthen data quality assurance and performance monitoring	(i) Reporting timeliness and completeness ≥90%. (ii) Quarterly data quality assurance reports. (iii) ≥20 districts trained annually.
(ii) Early warning, risk detection, and predictive analytics strengthened by June	(i) Strengthen data analysis, interpretation, and risk assessment	(i) Analysis of routine clinical data improved by ≥30% from the baseline, (ii) Capacity strengthening of data

Targets	Strategies	Key Performance Indicators
2031.		analysis, interpretation and manuscript/report writing conducted for≥300 health workers/personnel (iii) Quarterly surveillance bulletin produced. (iv) ≥2 rapid risk assessments annually. (v) ≥80% alerts verified within 48 hours.
(iii) Technical support on evidence-based decision-making provided by June 2031.	(i) Provide evidence-based recommendations for public health action	(i) ≥5 advisories produced annually. (ii) Quarterly surveillance reports produced and shared with key stakeholders.
(iv) Monitoring, evaluation, and performance review of the surveillance system strengthened by June 2031.	(i) Institutionalize routine monitoring and evaluation of the national and vertical surveillance programs	(i) Quarterly performance scorecards produced. (ii) Annual surveillance evaluation (iii) ≥80% gaps addressed annually.
(v) Evidence-based guidance for efficient and effective preparedness and response to disease outbreaks and other public health emergencies provided by June 2031.	(i) Support and participate in outbreak investigations, other public health emergencies and field epidemiology	(i) Participate in and lead all outbreak-response research (ii) Conduct/participate in the after-action and intra-action reviews. (iii) Investigation reports completed within 14 days. (iv) ≥70% of investigations include analytical components.
(vi) All-hazard risk assessment enhanced by June 2031.	(i) Strengthen the implementation and monitoring of the national bio-surveillance strategy	(i) Bio surveillance monitoring framework. (ii) Annual bio surveillance assessment report.
(vii)AI-assisted disease prediction tools developed by June 2031. (viii) Digital epidemiology platform established by June 2031. (ix) Genomic surveillance capacity strengthened by June 2031.. (x) Climate and Health Research Programme	(i) Leverage artificial intelligence, genomics, predictive analytics, digital health technologies and One Health approaches to strengthen disease surveillance, epidemic intelligence and health security. (ii) Strengthen preparedness and rapid research response capacity for pandemics, climate-related health risks and	(i) Number of AI-assisted disease prediction tools developed. (ii) Digital epidemiology platform established. (iii) Number of predictive analytics tools deployed. (iv) Genomic surveillance capacity strengthened (e.g., equipment/labs functional). (v) Number of One Health

Targets	Strategies	Key Performance Indicators
operationalized by June 2031.. (xi) One Health research initiatives implemented by June 2031. (xii)Emergency outbreak research response framework established by June 2031.	emerging public health threats. (iii) Strengthen NIMR's capacity to develop and deploy AI-assisted predictive analytics, digital epidemiology, genomic surveillance, climate-health, One Health, and outbreak research tools through targeted investment in infrastructure, partnerships, and specialized human resources	research initiatives implemented. (vi) Climate and Health Research Programme operationalized. (vii) Emergency outbreak research response framework established. (viii) Number of predictive analytics tools deployed

Objective E: National Health Research Governance, Intelligence, Regulatory Oversight and Inter-sectoral Coordination Enhanced

Rationale

As the National Institute, which is mandated to regulate and coordinate the undertaking of health research in the country, it is important to have comprehensive strategies and implementable actions which will guarantee the dignity, rights, safety and well-being of research participants according to existing governing policies, systems and structures. Furthermore, intersectoral health research conducted within the country is centrally coordinated for quick and evidence-based decision-making by policymakers.

Targets	Strategies	Key Performance Indicators
(i) National Health Research Coordination & Governance Improved by June 2031.	(i) Strengthen national coordination using various approaches (ii) Alignment with the National Research Agenda (iii) Ensure compliance with National and International research regulatory frameworks	(i) Coordination meeting held annually (ii) National Health Research Agenda operationalized by June 2027 (iii) National health research repository to be developed by June 2028 (iv) Policies and guidelines are updated annually
(ii) Health Research Regulation & IRB Oversight strengthened by June 2031.	(i) Strengthen regulatory oversight; (ii) Strengthen digitalized ethics application and approval system; Harmonize IRBs.	(i) Review time reduced by 30% (ii) ≥4 ethics audits done annually; (iii) ≥95% IRB compliance (iv) Integrated national health research regulatory bodies (v) 5% annual increase in risk-based monitoring of ongoing studies (vi) Integrated review system established and operationalized
(iii) Sectoral Collaboration & Partnerships	(i) Strengthen multisectoral partnerships; Expand	(i) ≥30 MoUs/Agreements signed (ii) regional consortia established

Targets	Strategies	Key Performance Indicators
strengthened by June 2031.	regional/global networks.	(iii) Number of multisectoral forums organized
(iv) National Health Research Observatory established by June 2031. (v) National Health Research Repository operationalized by June 2031. (vi) National Health Research Intelligence Dashboard operationalized by June 2031. (vii) Annual State of Health Research Report produced by June 2031. (viii) National Health Research Priority Tracking System established by June 2031.	(i) Establish and operationalize an integrated National Health Research Intelligence and Coordination System for evidence generation, research tracking, policy support, foresight and strategic decision-making. (ii) Strengthen national health research governance, intelligence, regulatory oversight, and inter-sectoral coordination through a phased and well-resourced implementation plan that includes dedicated human resources, digital systems, clear accountability mechanisms, and careful alignment with existing national regulatory and coordination structures.	(i) Operational status of the Observatory platform. (ii) Number of research papers/datasets uploaded to the Repository annually. (iii) Deployment and uptime of the digital Dashboard. (iv) Number of real-time data streams integrated into the dashboard. (v) Timely publication of the Annual State of Health Research Report. (vi) Functional status of the Priority Tracking System. (vii) Number of policy briefs and evidence syntheses produced and submitted to decision-makers. (viii) Number of dedicated human resources, proportion of institutional technology investments, and accountability plan for strengthening national health research governance and coordination (ix) Number of policy decisions informed by NIMR evidence increased.

Objective F: Health Research Workforce Capacity Strengthened

Rationale

One of the functions of the Institute is to promote, facilitate and provide capacity building or training to local personnel for carrying out health research. This will ensure there is always a skilled workforce which will actively engage in generating evidence-based solutions to address health challenges.

Targets	Strategies	Key Performance Indicators
(i) Health research-related training strengthened by June 2031.	(i) The capacity for writing fundable research proposals strengthened	(i) Success rate of submitted grant proposals (percentage of total submitted proposals that successfully secure external or competitive funding)
		(ii) Total annual volume of internal and external research funding secured through NIMR/ Tanzanian investigator-initiated proposals

Targets	Strategies	Key Performance Indicators
		(iii) Proportion of early-to-mid career researchers serving as Principal Investigators (PIs) or Co-PIs on newly awarded fundable grants.
	(ii) The capacity for writing manuscripts, research summaries, and policy briefs among researchers is strengthened	(i) Percentage increase of 50% in peer-reviewed scientific manuscripts published per researcher per year in indexed journals
		(ii) Proportion increase of 50% in policy briefs formally adopted or cited by the ministry or health/programs
	(iii) Mentorship programs for young researchers strengthen	(i) Proportion increase of 50% of mentored researchers who successfully publish as first authors or receive independent scientific career awards
(ii) Capacity strengthening for researchers and practitioners, research proposal development, grant management, and data management. Enhanced by June 2031.	(i) Capacity Strengthening & Tailor-Made Training Programs	(i) Percentage of key national health stakeholders (e.g., ministry technical working groups, program managers) who report utilizing research evidence and institutional briefs to guide policy formulation, guidelines, or program adjustments.
	(i) Capacity of national research stakeholders on health-related activities strengthened	(i) Proportion of formal national research stakeholder forums, coordination meetings, or technical working groups convened annually to align with national health research priorities
		(ii) Proportion of health innovations, standardized products, or traditional and complementary medicine (TCIM) practices scientifically validated for safety, efficacy, or quality within the ecosystem.
		(iii) Percentage of national health research datasets fully archived and made accessible in shared national data repositories under open-access or controlled data-sharing frameworks.

Objective G: Health Research Innovation, Technology Transfer and Commercialization Strengthened.

Rationale:
Consistent with Tanzania Development Vision 2050, NIMR shall promote innovation-led health sector transformation and contribute to the development of a knowledge-based economy through commercialization of research outputs.

Targets	Strategies	Key Performance Indicators
(i) Product innovation for evidence-driven solutions strengthened by June 2031.	(i) Strengthen Research, product development, and innovation	(i) Proportion of disclosed research ideas progressing through prototype development, validation and higher technology-readiness stages.
		(ii) Proportion of innovations developed, tested and refined with the participation of intended users and beneficiaries.
		(iii) Average time required to move promising innovations from disclosure to validation or readiness for deployment.
		(iv) Demonstrated contribution of NIMR innovations to improved health outcomes, reduced costs, increased access, improved turnaround time and reduced dependence on imported technologies.
	(ii) Enhance Technology transfer	(i) Proportion of validated NIMR innovations transferred, adopted or scaled up by health facilities, programmes, communities, government or industry.
		(ii) Value of external financing, partnerships and in-kind support mobilized for technology transfer and commercialization relative to NIMR investment.
		(iii) Proportion of relevant locally available health and laboratory technologies mapped, validated and utilized before outsourcing services or sending samples outside the country.
		(iv) Reduction in diagnostic, laboratory and research services outsourced internationally as a result of strengthened national technologies, infrastructure and expertise.

Targets	Strategies	Key Performance Indicators
		(v) Establishment of a dedicated Technology Transfer Office or recruitment of dedicated officers for the technology transfer and commercialization ecosystem operationalization
		(vi) Establishment of formal partnerships with COSTECH, TANTRADE and other partners to support actionable research-to-market pathways.
(ii) Enhance Intellectual Property Rights and governance by June 2031.	(i) Strengthen IPR implementation framework	(i) Proportion of potentially valuable research outputs formally disclosed, assessed and assigned an appropriate protection or access pathway.
		(ii) Proportion of protected intellectual property assets that retain technical, strategic, social or commercial value and progress to licensing, deployment or commercialization.
	(ii) Promote product packaging and branding	(i) Proportion of validated innovations appropriately packaged, branded, documented and prepared for regulatory approval, licensing or market introduction.
		(ii) Demonstrated contribution of developed/commercialized products to health benefits, local production, employment creation and institutional visibility
	(iii) Promote benefit sharing among the Institute and knowledge holders	(i) Proportion of commercialized or transferred technologies implementing approved benefit-sharing arrangements with NIMR, researchers, communities and relevant knowledge holders.
		(ii) Proportion of income, royalties, recognition and other benefits distributed according to approved institutional agreements and policies.
		(iii) Proportion of relevant innovations in which researchers, communities or traditional knowledge holders participate in decisions on ownership, protection, commercialization and benefit sharing.
		(iv) Proportion of commercialized innovations continuing to generate financial, social, institutional or community benefits over time.

Targets	Strategies	Key Performance Indicators
	(i) Promote translation of research outputs into technologies, intellectual property assets, products, services and commercially viable innovations.	(i) Number of patents filed. (ii) Number of technologies transferred. (iii) Number of innovations commercialized. (iv) Number of traditional medicine products validated and commercialized. Number of public-private innovation partnerships established. Number of innovation hubs or incubation initiatives supported. (v) Number of patents filed. (vi) Number of technologies transferred. (vii)Number of innovations commercialized. (viii) Number of traditional medicine products validated and commercialized. (ix) Number of public-private innovation partnerships established. (x) Revenue generated from commercialization activities. (xi) Number of innovation hubs or incubation initiatives supported

Objective H: Resource mobilization strategy enhanced and operationalized

Rationale

The newly introduced Objective ensures there are sustainable financial resources to facilitate the implementation of the plan. It explores financial opportunities from different key actors and establishes various strategies to diversify funding sources.

Targets	Strategies	Key Performance Indicators
(i) Expand and strengthen funding sources to finance institutional priorities by June 2031.	(i) Promote Public-Private Partnership (ii) Promote commercial use of virgin and idle assets (iii) Establish endowment funds from philanthropists (iv) Promote and Integrate the Use of Digital Financial Management Systems (GePG/ NREIMS/MUSE/PlanRep)	(i) Land Use Plan developed and approved (ii) Amount of funds mobilized through PPP (TZS). (iii) % increase in non-government funding sources. (iv) Commercialization revenue increased by 30%. (v) % increase from internal sources of revenue (vi) % of revenue collected through GePG. (vii)Reduction in revenue leakages (%). (viii) Reconciliation completion rate within prescribed timelines (%). (ix) Increase in internally generated revenue (IGR) (%). (x) Number of staff trained on digital revenue systems

Targets	Strategies	Key Performance Indicators
(ii) Strengthen partnership and stakeholders' engagement by June 2031.	(i) Stakeholders' engagement, Contract Negotiation & collaboration	(i) Stakeholder Engagement Framework developed (Yes/No). (ii) Number of active MoUs signed annually. (iii) % of stakeholder satisfaction index. (iv) Number of joint projects implemented. (v) % of contracts reviewed and compliant with legal requirements
(iii) Strengthen Capacity building on proposal development by June 2031.	(i) Enhance Institutional Grant Writing and Resource Mobilization Skills (ii) Accreditation of Research Laboratories to meet National and International Standards	(i) Number of staff trained in proposal writing. (ii) Number of proposals submitted annually. (iii) Proposal success rate (% funded
(iv) Strengthen and equip the research laboratory by June 2031.		
(v) Strengthen revenue collection systems by June 2031.		(i) % of revenue collected through GePG. (ii) Reduction in revenue leakages (%). (iii) Reconciliation completion rate within prescribed timelines (%). (iv) Increase in internally generated revenue (IGR) (%). (v) Number of staff trained on digital revenue systems

Objective I: Institutional Capacity and Operational Efficiency Strengthened

Rationale

Institutional capacity and operational efficiency are the key drivers in delivering the Institute's mandate. Existence of good governance and structures, clear and interoperable systems promote institutional growth, visibility, organizational relevancy and sustainability.

Targets	Strategies	Key Performance Indicators
(i) Establish and strengthen governance structure, systems and policy/guidelines by June 2031.	(i) Review organization structure (ii) Strengthen systems operationalization and compliance (iii) Establish and operationalize Centre of Excellence on Environmental & Climate Change in Health; Vector Control, Tuberculosis Research and/or Neglected Tropical Diseases	(i) Reviewed the organogram in place (ii) 90% compliance of systems operationalized (iii) Four CoE proposals submitted to EAHC (iv) GMU established and operationalized
(ii) Ensure procurement management and	(i) Strengthen the procurement management process	(i) % of APP implemented (ii) % of compliance audit registered

Targets	Strategies	Key Performance Indicators
plans are timely prepared, coordinated and executed by June 2031.	across the Institute (ii) Adhere to Public Procurement Regulations	
(iii) Ensure compliance with Laws, regulations, government circulars, guidelines and institutional policies, procedures, and regulatory requirements by 80% by June 2031.	(i) Improve legal services and process delivery within and outside the Institute (ii) 2Strengthen compliance with laws, regulations, policies, circulars, guidelines and orders, (iii) Improve legal framework.	(i) % legal service improved (ii) % awareness improved (iii) % Compliance improved (iv) Regulations enacted
(v) Ensure the risk management framework is implemented by 75% by June 2031.	(i) Strengthen Risk Governance and Oversight (ii) Develop and Institutionalize Risk Management Tools (iii) Integrate Risk Management into Planning and Budgeting (iv) Promote a Risk-Awareness Organizational Culture	(i) At least 75% of identified high and medium risks have mitigation plans implemented. (ii) 75% of risk units maintain updated risk registers. (iii) Quarterly risk reports are prepared and submitted at appropriate levels. (iv) 75% of audit and risk recommendations implemented within the planned timeframe
(vi) Strengthened Internal Audit Functions by June 2031.	(i) Enhance the effectiveness of the internal auditing. Strengthen the internal control system. (ii) Improve compliance with laws, policies and regulations. (iii) Strengthen the effectiveness of the audit committee.	(i) Percentage of annual audit plan completed. (ii) Number of staff trained in audit skills per year. (iii) Internal audit quality rating (from assessments). (iv) percentage of audit recommendations implemented (i) Number of control weaknesses identified and resolved (ii) Percentage of the Internal and external audit recommendations implemented within prescribed timelines. (iii) Number of quarterly and annual reports produced and submitted in compliance with approved reporting timelines. (i) Number of audit committee meetings held as per the approved plan. (ii) Timeliness of audit report submissions.

Targets	Strategies	Key Performance Indicators
		(iii) (%) of audit recommendations followed up by the committee
(vii) Enhance the Institute's visibility and public image by June 2031.	(i) Strengthen Strategic Communication and Branding	(i) Presence of a Communication Strategy developed and implemented (ii) % of impactful research publicly disseminated. (iii) Number of press releases published per quarter. (iv) Website traffic growth rate (% increase annually).
	(ii) Enhance Media Engagement and Public Relations	(i) Number of media engagement events conducted annually. (ii) Public sentiment rating (survey-based). (iii) % reduction in misinformation incidents addressed within 48 hours
	(iii) Strengthen Stakeholder Engagement and Partnerships	(i) % of stakeholder satisfaction score (ii) Number of active MoUs signed annually. (iii) Number of community outreach programs conducted. (iv) % of Retention rate of strategic partners (v) % increase in collaborative projects
	(iv) Leverage Digital Platforms and Social Media Presence	(i) % of social media follower growth rate annually. (ii) % of engagement rate per post. (iii) Number of digital campaigns conducted annually. (iv) Average response time to online inquiries. (v) 10% increase in social media platform subscribers (vi) 95% of researchers are registered in professional databases (vii)5% of followers engaged (likes, comments and shares)
	(v) Strengthen Internal Communication and Institutional Culture	(i) Number of internal communication platforms developed annually. (ii) % of staff satisfaction score related to communication. (iii) Number of staff recognition events conducted annually. (iv) % improvement in internal

Targets	Strategies	Key Performance Indicators
		communication survey results
(viii) Improve the efficiency and effectiveness of Human Resource and Administrative Services by 85% by June 2031.	(i) Enhance manpower and administration information systems (ii) Enhance staff talents and retention (iii) Strengthen performance management (iv) Update the incentive scheme (v) Enhance the succession and mentorship plan	(i) Annual staff survey conducted (ii) Weekly staff performance appraisal (iii) Maintain the staff attrition rate at 90% (iv) Certification for safety from relevant authorities (v) Quarterly training, awareness, and sports activities (vi) Policy/guidelines in place and operationalized
(ix) Ensure Institutional plans and budgets are prepared and implemented by 85% by June 2031.	(i) Strengthen Resource Mobilization Mechanisms (ii) Enhance Budget Execution and Financial Management (iii) Strengthen Monitoring and Performance Tracking (iv) Promote Institutional Efficiency and Cost Control	(i) ≥85% of the approved annual budget was implemented. (ii) ≥85% budget absorption rate. (iii) ≥85% of planned activities implemented within the financial year. (iv) Reduction in unspent balances and delayed projects (v) Timely preparation and submission of reports
(x) Provide timely and effective legal services to support institutional functions and operations by June 2031.	(i) Strengthen Legal Advisory and Compliance (ii) Enhance Legal Capacity, Governance Support and Dispute Resolution	(i) % of legal documents reviewed (ii) % of legal disputes and mitigated
(xi) Ensure institutional infrastructure availability, functional and well-maintained by June 2031.	(i) Enhance good working conditions (ii) Updated asset maintenance plan (iii) Update fixed asset register	(i) Number of buildings constructed (ii) % of approved maintenance plans implemented (iii) % of working tools and systems implemented (iv) Asset verification report (v) Updated GAMIS
(xii) Ensure adequate financing of approved plans in compliance with financial regulations by June 2031.	(i) Strengthen the use of integrated financial management systems (ii) Enhance Financial Management and Internal Controls (iii) Promote Efficient and Value-for-Money (iv) Ensure Compliance with Financial Laws and Regulations (v) Strengthen Oversight, Accountability and Reporting	(i) ≥ 80% of the approved budget is financed (ii) 85%–95% of funds available utilized (iii) ±5% of approved budget to expenditure variance (iv) 95% of Financial Reporting Timeliness (v) ≥ 90% implemented within the agreed timeframe (vi) Audit opinion secured on the annual financial audit
(xiii) Sustain a skilled	(i) Updated Training Plan in	(i) Training plan reviewed yearly

Targets	Strategies	Key Performance Indicators
and high-performance workforce with competency standards and performance benchmarks by 90% by June 2031.	place and implemented (ii) Establish and operationalize capacity building plan across research projects (iii) Utilise government-sponsored training opportunities through POPSM	(ii) % of approved research projects with capacity building (iii) % of staff attended training programs (Short/long course) (iv) ≥ 15% of eligible staff trained annually.
(xiv) Strengthen institutional digital systems for efficient service delivery by June 2031.	(i) Strengthen core institutional systems and digital service delivery	(i) ≥80% of institutional processes digitized by 2031 (ii) ≥75% user adoption of digital systems (iii) ≥90% of core systems operational annually
	(ii) Enhance system integration and interoperability	(i) ≥70% of key systems integrated by 2031 (ii) Data exchange success rate ≥85% (iii) ≥60% of internal systems interconnected
	(iii) Strengthen ICT infrastructure, hosting, and business continuity	(i) System uptime ≥95% for critical systems (ii) Network availability ≥90% across all Centres (iii) ≥90% of critical systems covered by backup and recovery mechanisms
	(iv) Enhance cybersecurity and data protection	(i) ≥80% of systems undergo annual vulnerability assessment (ii) ≥75% of identified vulnerabilities resolved within defined timelines (iii) Access control compliance rate ≥85% (iv) All major ICT security incidents are responded to within ≤48 hours
	(v) Strengthen data management and analytics	(i) Institutional data warehouse established and operational by 2028 (ii) Data quality compliance rate ≥85% (iii) ≥4 institutional data reports generated annually
	(vi) Strengthen ICT governance, coordination, and service management	(i) ≥4 ICT governance meetings conducted annually (ii) ≥80% of ICT issues resolved within agreed timelines (iii) ≥2 ICT staff capacity-building trainings conducted annually

Targets	Strategies	Key Performance Indicators
		(iv) ≥4 ICT performance reports produced annually
	(vii) Enhance physical and environmental security	(i) ≥80% of Centres with CCTV installed (ii) Access control compliance rate ≥85% (iii) ≥80% of security incidents resolved within defined timelines
	(viii) Build user digital skills and awareness	(i) ≥70% of staff trained on institutional digital systems annually (ii) User adoption rate of digital systems ≥75% of targeted users (iii) ≥2 user awareness sessions conducted annually
(ix) Enhance the M&E system to ensure timely, accurate data and evidence-based decision-making by June 2031.	(i) Strengthen Data Collection and Management Systems (ii) Leverage Technology for Real-Time Monitoring	(i) 100% of planned indicators captured and reported (ii) 90% uptime of digital M&E systems and dashboard (iii) ≥ 95% of reports submitted on schedules (monthly, quarterly, annual).

OBJECTIVE X: Management of Environment and Ecosystems Strengthened

Rationale

Effective management of the environment and ecosystems is essential for safeguarding public health, enhancing climate resilience, and ensuring sustainable service delivery. Poor environmental practices—such as improper waste disposal, inadequate sanitation, deforestation, encroachment on protected areas, and pollution- contribute to the spread of communicable diseases, reduce biodiversity, contaminate water sources, and intensify the impact of climate change.

Health facilities, communities, and local government authorities play a pivotal role in maintaining a healthy environment through integrated environmental health interventions, community sensitization, enforcement of environmental regulations, and adoption of green technologies. Strengthening environmental and ecosystem management contributes directly to improved population health outcomes, reduction of disease burden (especially waterborne and vector-borne diseases.

This objective ensures that environmental conservation and the one health approach become a routine in NIMR services provision, supported by Environmental stakeholders.

Targets	Strategies	Key Performance Indicators
(i) Compliance with national environmental standards at 95 per cent & occupational health by June 2031.	(i) Strengthen the integrated waste management system.	(i) Percentage compliance of national environmental & occupational health standards.
(ii) National environmental and waste management standards adhered to by 100% by June 2031.	(i) Enhance climate change mitigation and adaptation for ecosystem conservation and restoration initiatives.	(i) Number of interventions implemented on the National environmental and waste management standards.

Objective Y: Multisectoral Nutrition Services Improved

Rationale

An efficient workforce needs to be healthy at working place in order to have a desired performance. This will help to achieve the Institute's vision through the proper implementation of its strategic objectives. Thus, the Institute has adopted this crosscutting objective to ensure there are always healthy employees to execute various duties for better and improving performance.

Targets	Strategies	Key Performance Indicators
(i) Nutritional care and support improved by 100 percent by June 2031.	(i) Enhance nutritional care and support to Patients or staff eligible for nutrition support as per national guidelines	(i) Number of Staff receiving nutrition services.
(ii) Enhanced workplace nutritional services by June 2031.	(i) Strengthen and expand coverage of nutrition services and support	(i) Number of clients who received nutritional services. (ii) Number of nutrition awareness campaigns conducted.

CHAPTER FOUR

4.0 RESOURCES FOR THE PLAN

4.1 Introduction

This chapter sets out resources needed for effective implementation of NIMR's Strategic Plan from 2026/27 to 2030/31. The Plan will depend on diverse resources, including human, financial, technological, and physical assets, to ensure successful execution and sustainability.

4.2 Resources Required

4.2.1 Human Resources

Implementation of the Strategic Plan will uphold a coordinated team with strong leadership dedicated to guiding and facilitating decision-making, specialized experts to turn goals into actionable tasks, and operational staff to perform the duties in line with the Plan. The NIMR will also consider providing support to its personnel in terms of finance, information technology, communication, and administration to foster smooth operations that support the achievement of the planned interventions (Table 4.1).

Table 4.1: Human Resources

S.N	Position	Required	Available	Deficit	Required Skills/Expertise	Training Needs
1	Director General	1	1	-	Strategic, leadership, and analytical skills, Managerial skills, decision-making skills, Problem-solving skills and Innovative skills	Master's and PhD Degree plus Technical and Soft Skills Trainings
2	Directors	3	3	-		
3	Centre Managers	7	6	1		
4	Managers	8	8	-		
5	Heads of Section	8	6	2		
6	Researchers	230	139	91	Bachelor's Degree, Master's and PhD in a relevant Discipline as per the Scheme of Service requirement	Bachelor's Degree, Master's Degree, PhD and Post Doc plus Soft and Technical Skills
7	Laboratory Assistants	60	2	58	A holder of a Certificate (NTA Level 5) in a relevant Discipline as per the Scheme of Service requirement, and must be registered with the respective professional board.	Certificate plus Soft and Technical Skills
8	Technologists	144	42	102	Holder of a Diploma in a relevant Discipline as per the Scheme of Service requirement, and must be registered with the respective professional board.	Diploma plus Soft and Technical Skills

S.N	Position	Required	Available	Deficit	Required Skills/Expertise	Training Needs
9	Health Laboratory Scientists	96	28	68	Holder of a Bachelor's Degree in a relevant Discipline as per the Scheme of Service requirement, and must be registered with the respective professional board.	Bachelor's plus Soft and Technical Skills
10	Accountants	60	7	53	Holder of a Bachelor's and Master`s Degree in a relevant Discipline as per the Scheme of Service requirement, plus either CPA (T), ACCA, ACA, CIMA, or equivalent professional qualifications recognized by NBAA.	Bachelor's plus Soft and Technical Skills
11	Accounts Officer	80	26	54	Holder of a Certificate ATEC I, Diploma, Bachelor's and Master's in a relevant Discipline as per the Scheme of Service requirement	Certificate, Diploma, Bachelor's, and Master's plus Soft and Technical Skills
12	Internal Auditor	12	1	11	Holder of a Bachelor's and Master's Degree in a relevant Discipline as per the Scheme of Service requirement, plus either CPA (T), ACCA, ACA, CIMA or equivalent professional qualifications recognized by NBAA.	
13	Internal Audit Officers	12	4	8	Holder of a Bachelor's and a Master's degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master's plus Soft and Technical Skills
14	Procurement Officers	70	3	67	A holder of a Diploma, Bachelor's and Master`s in a relevant Discipline as per the Scheme of Service requirement must be registered by the Procurement and Supplies Professionals and Technicians Board (PSPTB) as a Procurement Technician.	Diploma, Bachelor's and Master's plus Soft and Technical Skills
15	Supplies Officers	56	12	44	Holder of a Diploma, Bachelor's and Master's degree in a relevant Discipline as per the Scheme of Service requirement, and must be CSP/CPSP registered by the Procurement and Supplies Professionals and Technician Board (PSPTB) as an Approved Procurement and Supplies Professional	Diploma, Bachelor's, and Master's, plus soft skills

S.N	Position	Required	Available	Deficit	Required Skills/Expertise	Training Needs
16	Planning Officer	24	2	22	Holder of a Bachelor's and a Master's degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master`s plus Soft and Technical Skills
17	Statistician	24	3	21	Holder of Bachelor, Masters degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor, Master's plus Soft and Technical Skills
18	Public Relations Officer	12	1	11	Holder of Bachelor, Master`s degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor, Master's plus Soft and Technical Skills
19	Estate Officer	12	1	11	Holder of a Bachelor's and Master's Degree in a relevant Discipline as per the Scheme of Service requirement, and must be registered by the respective Professional Board under the graduate category.	Bachelor's and Master's plus Soft and Technical Skills
20	Transport Officer	48	2	46	Holder of Bachelor, Master`s degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master`s plus Soft and Technical Skills
21	Human Resource Officer	60	15	45	Holder of a Bachelor's and Master's Degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master's plus Soft and Technical Skills
22	Administrative Officers	60	1	59	Holder of a Bachelor's and Master`s Degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's plus Soft and Technical Skills
23	Pharmacists	60	2	58	Holder of a Bachelor's Degree in a relevant Discipline as per the Scheme of Service requirement must have completed one (1) year of internship and must be registered by the Pharmacy Council.	Bachelor's and Master`s plus Soft and Technical Skills
24	Legal Officers	12	1	11	Holder of a Bachelor's and Master`s Degree in a relevant Discipline as per the Scheme of Service requirement and must be registered as an Advocate of the High Court of Tanzania.	Bachelor's and Master's plus Soft and Technical Skills
25	Records Officer	60	5	55	Holder of a Bachelor's and Master`s degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master`s plus Soft and Technical Skills
26	ICT officers	96	14	82	Holder of a Bachelor's and a Master's degree in a relevant Discipline as per the Scheme	Bachelor's and Master`s plus Soft and

S.N	Position	Required	Available	Deficit	Required Skills/Expertise	Training Needs
					of Service requirement	Technical Skills
27	Assistant ICT Officers	40	-	40	Holders of a Diploma or FTC in a relevant Discipline as per the Scheme of Service requirement	Diploma plus Soft and Technical Skills
28	Quality Assurance Officers	48	3	45	Holder of a Bachelor's and Master's degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master's plus Soft and Technical Skills
29	Library officer	48	2	46	Holder of a Bachelor's and a Master's degree in a relevant Discipline as per the Scheme of Service requirement	Bachelor's and Master's plus Soft and Technical Skills
30	Library Assistant	40	-	40	Holder of a Certificate in a relevant Discipline as per the Scheme of Service requirement	Certificate plus Soft and Technical Skills
31	Computer Operator	50	8	42	Holder of a Certificate in a relevant Discipline as per the Scheme of Service requirement	Diploma plus Soft and Technical Skills
32	Nursing Officer	48	-	48	Holder of a Bachelor's and Master`s Degree in a relevant Discipline as per the Scheme of Service requirement, plus successful completion of an internship and registered with the Tanzania Nurses and Midwives Council	Bachelor's and Master's plus Soft and Technical Skills
33	Assistant Nursing Officer	96	5	91	Holder of a Diploma in a relevant Discipline as per the Scheme of Service requirement and registered with the Tanzania Nurses and Midwives Council	Diploma plus Soft and Technical Skills
34	Nurses	96	-	96	Holder of Form IV Certificate plus Certificate in a relevant Discipline as per the Scheme of Service requirement and enrolled with Tanzania Nurses and Midwives Council.	Certificate plus Soft and Technical Skills
35	Assistant Medical Officer	48	1	47	Holder of an Advanced Diploma in a relevant Discipline as per the Scheme of Service requirement and must have been registered by the Medical Council of Tanganyika.	Advanced Diploma plus Soft and Technical Skills
36	Clinical Officers	96	15	81	Holder of a Diploma in a relevant Discipline as per the Scheme of Service requirement	Diploma plus Soft and Technical Skills

S.N	Position	Required	Available	Deficit	Required Skills/Expertise	Training Needs
37	Technicians	150	3	147	Holder of an Ordinary Diploma or a Full Technician Certificate (FTC) in a relevant Discipline as per the Scheme of Service requirement	Diploma plus Soft and Technical Skills
38	Records Management Assistant	120	15	105	Holder of Form IV or VI certificate plus Certificate (NTA Level 5) in a relevant Discipline as per the Scheme of Service requirement	Certificate plus Soft and Technical Skills
39	Personal Secretary	48	20	28	Holder of a Form IV Certificate in a relevant Discipline as per the Scheme of Service requirement	Certificate plus Soft and Technical Skills
40	Receptionists	50	-	50	Holder of a Form IV or VI certificate in a relevant Discipline as per the Scheme of Service requirement	Certificate plus Soft and Technical Skills
41	Cooks	10	5	5	Holder of Form IV Certificate plus Certificate (NTA 5) in a relevant Discipline as per the Scheme of Service requirement	Certificate plus Soft and Technical Skills
42	Drivers	160	21	139	Holder of Secondary Education Certificate in a relevant Discipline as per the Scheme of Service requirement	Form IV Certificate plus Soft and Technical Skills
43	Security Guard	20	16	4	Holders of Form IV/VI Certificate in a relevant Discipline as per the Scheme of Service requirement	Form IV/VI Certificate plus Soft and Technical Skills
44	Artisans	80	12	68	Holder of Form IV certificate, plus Trade Test Grade II in a relevant Discipline as per the Scheme of Service requirement	Form IV Certificate plus Soft and Technical Skills
45	Office Assistants	100	24	76	Holder of a Form IV certificate in a relevant Discipline as per the Scheme of Service requirement	Form IV Certificate plus Soft and Technical Skills

In addressing the gaps identified in Table 1 above, the NIMR will embark on several strategies for mobilizing human resources required to implement the Strategic Plan. This includes:-

(i) Recategorizing staff to meet the required demand;
(ii) Provide training to attain the required skills;
(iii) Undertake promotions to attain the required level of ranks;
(iv) Conduct skills audits to determine current competencies against the required ones;
(v) Recruit individuals with needed skills;
(vi) Use contract or temporary workers to quickly fill urgent gaps;

(vii) Implement training programmes;
(viii) Develop leadership and managerial capability through coaching and mentoring;
(ix) Rotate employees across roles to build versatile skills;
(x) Improve compensation, benefits and incentives to reduce turnover;
(xi) Conduct regular employee surveys to identify dissatisfaction early; and
(xii) Recognize and reward employee performance consistently.

Detailed human resource requirements have been presented in Annex I

4.2.2 Financial Resources

The NIMR Strategic Plan will require adequate financial resources to finance its activities, such as staffing, training, technology investments, operational improvements, and monitoring systems that support the achievement of planned interventions. This includes budget allocations for salaries, equipment, infrastructure, program activities, external consulting, research, and capacity building initiatives. The NIMR will uphold proper financial planning and budgeting that ensure each strategic objective is well funded, enabling successful and sustainable execution. The effective rollout of the upcoming Strategic Plan for 2026/27-2030/31 will depend on both internal and external sources to finance the planned interventions. The revenue sources, targeted spending areas, and budget estimates for the next five years are outlined in Table 4.2.

Source of Financial Resource

Table 4.2 NIMR Sources of Financial Resources

Funding source	Projected Collection per Financial Year 2026/27 – 2030/31					
A: own sources	**2026/27**	**2027/28**	**2028/29**	**2029/30**	**2030/31**	**Total**
Rent Fee	198,472,800	208,396,440	218,816,262	229,757,075	241,244,929	1,096,687,506
Rent from Canteen Hire	25,800,000	27,090,000	28,444,500	29,866,725	31,360,061	142,561,286
Hire of Transport, Vehicles and Craft	807,013,735	847,364,422	889,732,643	934,219,275	980,930,239	4,459,260,312
Laboratory Charges	265,438,702	278,710,637	292,646,169	307,278,477	322,642,401	1,466,716,387
Receipt from Conference Facilities	246,781,250	259,120,313	272,076,328	285,680,145	299,964,152	1,363,622,187
Workshop Manufacturers	6,000,000	6,300,000	6,615,000	6,945,750	7,293,038	33,153,788
Receipts from Seconded Staff	2,581,527,468	2,710,603,841	2,846,134,033	2,988,440,735	3,137,862,771	14,264,568,847
Receipt for Consultancy Fees	18,957,960	19,905,858	20,901,151	21,946,208	23,043,519	104,754,696
Receipt from Research Fees	1,334,400,000	1,401,120,000	1,471,176,000	1,544,734,800	1,621,971,540	7,373,402,340
Traditional and Alternative Health Practitioner Council (Mabibo)		-	-	-	-	-
Receipt from Sale of Liquid Nitrogen	7,200,000	7,560,000	7,938,000	8,334,900	8,751,645	39,784,545
Sale of Government Assets	15,000,000	15,750,000	16,537,500	17,364,375	18,232,594	82,884,469
Fees at Government Hospitals and Clinics	79,986,045	83,985,347	88,184,615	92,593,845	97,223,538	441,973,390
Receipt from Institutional Overhead	6,853,340,179	7,196,007,188	7,555,807,547	7,933,597,925	8,330,277,821	37,869,030,659
Miscellaneous Receipts	401,000,000	421,050,000	442,102,500	464,207,625	487,418,006	2,215,778,131
Regulatory Fee	1,000,000	1,050,000	1,102,500	1,157,625	1,215,506	5,525,631
Government Quarters	44,340,000	46,557,000	48,884,850	51,329,093	53,895,547	245,006,490
TOTAL	**12,886,258,138**	**13,530,571,045**	**14,207,099,597**	**14,917,454,577**	**15,663,327,306**	**71,204,710,664**

(B) Government Subvention	2026/27	2027/28	2028/29	2029/30	2030/31	Total
Personnel Emoluments (PE)	13,270,538,400.00	13,934,065,320	14,630,768,586	15,362,307,015	16,130,422,366	73,328,101,687
Other Charges (OC)	2,000,000,000.00	2,100,000,000	2,205,000,000	2,315,250,000	2,431,012,500	11,051,262,500
Capital development	4,000,000,000.00	4,200,000,000	4,410,000,000	4,630,500,000	4,862,025,000	22,102,525,000
TOTAL (B)	**19,270,538,400**	**20,234,065,320**	**21,245,768,586**	**22,308,057,015**	**23,423,459,866**	**106,481,889,187**
(C) Development Partners	**2026/27**	**2027/28**	**2028/29**	**2029/30**	**2030/31**	**Total**
Belgium	996,003,643.00	1,045,803,825	1,098,094,016	1,152,998,717	1,210,648,653	5,503,548,855
Global Fund	3,985,338,725.00	4,184,605,661	4,393,835,944	4,613,527,742	4,844,204,129	22,021,512,201
Denmark	6,650,063,121.00	6,982,566,277	7,331,694,591	7,698,279,320	8,083,193,286	36,745,796,596
European Union (EU)	3,853,299,300.00	4,045,964,265	4,248,262,478	4,460,675,602	4,683,709,382	21,291,911,028
Germany	11,291,818,418.00	11,856,409,339	12,449,229,806	13,071,691,296	13,725,275,861	62,394,424,720
World Health Organisation (WHO)	1,204,166,000.00	1,264,374,300	1,327,593,015	1,393,972,666	1,463,671,299	6,653,777,280
Norway	1,213,486,383.00	1,274,160,702	1,337,868,737	1,404,762,174	1,475,000,283	6,705,278,279
Sweden	598,047,800.00	627,950,190	659,347,700	692,315,084	726,930,839	3,304,591,613
Bilateral EUROPEAN UNION	5,507,374,963.00	5,782,743,711	6,071,880,897	6,375,474,942	6,694,248,689	30,431,723,201
United States of America	21,871,677,798.00	22,965,261,688	24,113,524,772	25,319,201,011	26,585,161,061	120,854,826,331
India	174,168,607.00	182,877,037	192,020,889	201,621,934	211,703,030	962,391,498
Total	**57,345,444,758**	**60,212,716,996**	**63,223,352,846**	**66,384,520,488**	**69,703,746,512**	**316,869,781,600**
Grand Total (A+B+C)	**89,502,241,296**	**93,977,353,361**	**98,676,221,029**	**103,610,032,081**	**108,790,533,685**	**494,556,381,452**

Table 4.3 Budget Estimates

Objective	Expenditure Budget Estimates					
	2026/27	**2027/28**	**2028/29**	**2029/30**	**2030/31**	**Total**
Objective A: HIV and AIDS Infections and Non-communicable diseases reduced and supportive services improved	57,862,970.00	60,756,118.50	63,793,924.43	66,983,620.65	70,332,801.68	**319,729,435.25**
Objective B: National Anti-Corruption Strategy Implementation enhanced and sustained	20,396,251.42	21,416,063.99	22,486,867.19	23,611,210.55	24,791,771.08	**112,702,164.23**
Objective C: Generation, promotion, and dissemination of research evidence on health challenges are strengthened.	58,681,383,564.52	61,615,452,742.75	64,696,225,379.88	67,931,036,648.88	71,327,588,481.32	**324,251,686,817.35**
Objective D: Integrated Disease Surveillance, Health Security and Future Preparedness Strengthened	4,373,178,317.81	4,591,837,233.70	4,821,429,095.39	5,062,500,550.15	5,315,625,577.66	**24,164,570,774.71**
Objective E: National Health Research Governance, Intelligence, Regulatory Oversight and Inter-sectoral Coordination Enhanced	949,705,638.00	997,190,919.90	1,047,050,465.90	1,099,402,989.19	1,154,373,138.65	**5,247,723,151.63**
Objective F: Health Research Workforce Capacity Strengthened	309,938,646.66	325,435,578.99	341,707,357.94	358,792,725.84	376,732,362.13	**1,712,606,671.57**
Objective G: Health Research Innovation, Technology Transfer and Commercialization Strengthened.	496,947,543.14	521,794,920.30	547,884,666.31	575,278,899.63	604,042,844.61	**2,745,948,873.99**
Objective H: Resource mobilization strategy enhanced and operationalized.	868,203,313.60	911,613,479.28	957,194,153.24	1,005,053,860.91	1,055,306,553.95	**4,797,371,360.98**
Objective I: Institutional Capacity and Operational Efficiency Strengthened.	25,855,589,939.85	27,148,369,436.84	28,505,787,908.68	29,931,077,304.12	31,427,631,169.32	**142,868,455,758.82**
OBJECTIVE X: Management of Environment and Ecosystems Strengthened.	25,874,250.00	27,167,962.50	28,526,360.63	29,952,678.66	31,450,312.59	**142,971,564.37**
Objective Y: Multisectoral Nutrition Services Improved	30,895,860.00	32,440,653.00	34,062,685.65	35,765,819.93	37,554,110.93	**170,719,129.51**
TOTAL	**91,669,976,295.00**	**96,253,475,109.75**	**101,066,148,865.24**	**106,119,456,308.50**	**111,425,429,123.92**	**506,534,485,702.41**

The NIMR Strategic Plan will consider several strategies aiming to strengthen financial resources. This includes:-

(i) Budget alignment with strategic priorities;

(ii) Diversification of funding sources to reduce dependency on one revenue stream by exploring grants, development partners' contributions, partnerships and collaborations;

(iii) Strengthening financial management systems; and

(iv) Leveraging strategic partnerships that build collaboration with NGOs, the private sector, government agencies, and development partners.

4.2.3 Technological Resources

Implementation of the NIMR Strategic Plan will be supported by integrated, secure and reliable technological resources that enable efficient health research management, improved service delivery, and sustainable institutional operations. The Institute will strengthen interoperable digital systems, resilient ICT infrastructure, cybersecurity, and data management and analytics capabilities to ensure seamless operations, informed decision-making, and continuity of services. These technological resources will support research, laboratory and administrative functions, stakeholder engagement, and revenue-generating services, while ensuring alignment with national e-Government standards and digital transformation priorities. The intended technological resources for the upcoming five-year strategic plan are as indicated in Table 4.4

Table 4.4: Technological Resources Matrix

Resource Type	Description	Purpose	Systems and Software
National Health Research Management Information System (Enhanced)	A system that keeps all health research information in one place and helps manage research from start to finish.	Improve how health research is managed, tracked and monitored	NHRMIS integration with TMDA, COSTECH, GCLA, NBS and PORALG
Laboratory Information Management Systems (LIMS)	Digital systems that manage laboratory samples, results and records.	Improve laboratory work and data accuracy	DisaLab System
Enterprise Resource Management Systems	Systems that manage human resources and other administrative functions.	Improve daily operations and resource management	Government ERMS Modules
Data Management and Analytics Platforms	Systems that store and analyze data to produce reports and insights.	Support planning, reporting and decision-making	Data Warehouse, Business Intelligence Dashboards
System Integration Platforms	Technologies that connect different	Ensure systems work together smoothly	Enterprise Service Bus (ESB), APIs

Resource Type	Description	Purpose	Systems and Software
	systems so they can share information.		
ICT Infrastructure and Connectivity	Equipment and services that support computing, storage and internet connectivity.	Ensure systems run reliably at all times.	Servers, Storage Systems, Network Equipment, Internet Connectivity, Cloud Infrastructure
Cybersecurity Systems	Technologies that protect systems and data from cyber threats.	Keep institutional information safe and secure.	Firewalls, Identity and Access Management, Security Monitoring Tools, Encryption
Digital Service Delivery Platforms	Online platforms that provide services and applications electronically.	Improve access to services and make processes faster	Institutional Service Portals, Online Application Systems, Digital Payment Platforms
Business Continuity and Disaster Recovery Systems	Systems that help operations continue during system failure or disaster.	Protect data and ensure services remain available	Backup Systems, Disaster Recovery Solutions
ICT Service Management Systems	Systems that support ICT operations and user technical support.	Improve system performance and user support.	Helpdesk Systems, Network Monitoring Tools, ICT Performance Monitoring Dashboards
Digital Communication and Collaboration Platforms	Platforms that support communication and information sharing.	Improve coordination and teamwork	Video Conferencing Platforms, Intranet
Government Hosting Infrastructure	National data centre and cloud hosting services provided by the Government to ensure secure, compliant, and centralized system hosting.	Ensure secure, reliable and compliant system hosting and support integration with Government systems.	Government National Data Centre (eGA Hosting Facility), Cloud Hosting Services
Physical Security and Surveillance Systems	CCTV systems are installed in all centres to monitor facilities and restricted areas.	Improve safety, protect assets and support security monitoring	CCTV Surveillance Systems, Monitoring and Recording Systems

CHAPTER FIVE

5.0 MONITORING AND EVALUATION FRAMEWORK

5.1 Purpose and Structure

This chapter intends to show how the results envisioned in the Institute's Five-Year Strategic Plan will be measured as well as the benefits realized to its clients and other stakeholders. The Results Framework shows the overall Development Objective (Goals), which is basically the general impact of the Institute's functions; the beneficiaries of services; the Results Chain; the Results Framework Matrix, the Monitoring Plan; the Planned Reviews; the Evaluation Plan and finally the Reporting Plan. Generally, the chapter provides a basis for how various interventions to be undertaken in the course of the Strategic Planning Cycle will lead to the achievement of the Development Objective. It also shows how various interventions will be monitored, what kind of reviews will be undertaken over the period, and what type of evaluation studies will be undertaken to show that the interventions have led to the achievement of intended outcomes. Finally, how the indicators and progress of various interventions will be reported and to which stakeholders

5.2 The Development Objective

The overriding developmental objective to which the Institute contributes is "***Improved health solutions informed by the best evidence which are responsive to the needs and wellbeing of Tanzanians*****."** 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. This goal represents the highest level of results envisioned by the Institute; the achievement of this Development Objective, among others, will be influenced by the availability of financial and human resources, the demand for accountability, as well as the capacity of the Institute at Strategic and Operational Levels.

5.3 Result Framework

This matrix contains the Institute's overall Development Objective, Strategic objectives, Intermediate Outcomes and Outcome Indicators. It envisions how the Development Objective will be achieved and how the results will be measured. The indicators in the matrix will be used to track progress towards the achievement of the intermediate outcomes and objectives. The Results Framework Matrix is detailed below in Table 5.1:**-**

Table 5.1 Result Framework Matrix

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
"Improved health solutions informed by the best evidence which are responsive to the needs and wellbeing of Tanzanians."	A. HIV and AIDS Infections and Non-communicable diseases reduced and supportive services improved	(i) Enhanced welfare of staff living with HIV, staff families and students. (ii) Increased HIV testing behaviour; (iii) Improved knowledge, attitudes, and understanding of PrEP and PEP among staff	(a) Percentage of staff disclosing their HIV/AIDS health status (b) Percentage of staff voluntarily tested for HIV/AIDS and NCD (c) Percentage of eligible staff who initiate PrEP or access PEP within the recommended timeframe following potential HIV exposure.
	B. National Anti-Corruption Strategy Implementation enhanced and sustained	(i) Increased staff awareness of anti-corruption guidelines.; (ii) Strengthened institutional ethics compliance framework. (iii) Enhanced orientation on integrity for new hires	(a) Significant reduction in the number of reported corruption cases. (b) Percentage of employees (100%) trained on ethics compliance (c) Degree of operationalization of anti-corruption programs
	C. Generation, promotion, and dissemination of research evidence on health challenges are strengthened.	(i) Increased production of high-quality, policy-relevant and internationally recognized health research evidence (ii) Research findings routinely inform national policies, guidelines and health programmes (iii) Increased national and international recognition of Tanzanian health research (iv) Scientific evidence generated and utilized to support safe and effective TCIM practices (v) Communities actively participate in research generation and utilization processes	(a) Percentage increase in peer-reviewed publications and externally funded research projects (b) Percentage of national policies, strategies and guidelines informed by research evidence (c) Number of international collaborations, citations and scientific presentations annually (d) Percentage of validated TCIM products/practices incorporated into health policies or programmes (e) Percentage of completed studies with documented community engagement and feedback mechanisms (f) Percentage of research datasets

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
		(vi) Health research data are systematically archived, accessible and utilized (vii) Enhanced visibility and reputation of the Institute nationally and globally (viii) Increased accessibility and utilization of scientific evidence by stakeholders	archived and accessible through institutional repositories (g) Improvement in institutional ranking and strategic partnerships established (h) (h) Number of users accessing dissemination platforms and scientific products annually
	D. Integrated Disease Surveillance, Health Security and Future Preparedness Strengthened	(i) Reliable and high-quality surveillance data available for decision-making (ii) Improved detection and prediction of public health threats (iii) Surveillance evidence routinely informs public health decisions (iv) Surveillance system performance is continuously assessed and improved (v) Improved outbreak preparedness and response effectiveness (vi) National capacity to identify and mitigate public health risks strengthened (vii) Percentage of disease surveillance teams actively utilizing the digital platform for weekly reporting. (viii) Accuracy and timeliness of AI-generated outbreak alerts. (ix) Proportion of complex pathogens/variants successfully sequenced locally.	(a) Percentage of surveillance reports submitted completely and on time (b) Percentage of disease alerts verified and acted upon within established timelines (c) Percentage of surveillance recommendations adopted by decision-makers (d) Percentage of identified surveillance system gaps addressed annually (e) Percentage of outbreaks investigated and responded to according to national standards (f) Percentage of identified priority risks with mitigation plans implemented (g) Reduction in response time to localized disease outbreaks. (h) Enhanced early-warning capability for epidemic prevention. (i) Proportion of emerging public health threats identified before widespread community transmission.

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
		(x) Multi-sectoral data sharing frequency between animal, human, and environmental health sectors. (xi) Activation turnaround time of the research response framework during a public health emergency. (xii) Number of climate-health risk maps generated and updated.	(j) Level of institutional preparedness and resilience against climate-related health risks and novel pandemics.
	E. National Health Research Governance, Intelligence, Regulatory Oversight and Inter-sectoral Coordination Enhanced	(i) Effective coordination and governance mechanisms institutionalized (ii) Ethical and regulatory compliance strengthened across health research institutions (iii) Increased multisectoral and international collaboration in health research (iv) Percentage of national researchers and institutions actively contributing to and accessing the repository. (v) Average monthly/quarterly active users (health managers and stakeholders) accessing the dashboard. (vi) Number of key strategic recommendations adopted from the annual report by the Ministry/Regulatory bodies. (vii) Percentage of stakeholders/policy-makers reporting high reliance on	(a) Percentage of research institutions aligned with the National Health Research Agenda (b) Percentage of research protocols reviewed and approved within prescribed timelines (c) Number of active partnerships, MoUs and collaborative research initiatives (d) Reduction in health research duplication nationwide. (e) Increased alignment of new research with national health priorities. (f) Improvement in the speed of data-driven health response planning. (g) Level of integration of research data into national health information systems. (h) Percentage of national health research funding allocated directly to identified high-priority gaps. (i) Proportion of national health policies,

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
		NIMR data for strategic formulation.	guidelines, and strategic plans directly informed by NIMR evidence.
	F. Health Research Workforce Capacity Strengthened	(i) Researchers demonstrate improved competencies in proposal writing, scientific communication and grant acquisition (ii) Early-career researchers transition successfully into independent research careers (iii) National health research workforce demonstrates improved technical and managerial competencies (iv) Research stakeholders effectively utilize evidence in policy and programme implementation	(a) Percentage increase in successful grant applications and scientific publications. (b) Percentage of mentored researchers obtaining grants, publications or leadership roles. (c) Percentage of trained researchers applying acquired skills in research projects and programmes. (d) Percentage of stakeholders reporting evidence-based decision-making in their institutions.
	G. Health Research Innovation, Technology Transfer and Commercialization Strengthened.	(i) Increased generation and maturation of health innovations addressing national priorities (ii) Research innovations are adopted, commercialized and scaled for public health impact (iii) Institutional intellectual property assets effectively protected and managed (iv) Health innovations are market-ready and visible to potential users and investors	(a) Percentage of innovations progressing from concept to validated prototype or deployment stage (b) Percentage of validated innovations transferred, adopted or commercialized (c) Percentage of eligible innovations protected through appropriate IP mechanisms (d) Percentage of validated innovations packaged and prepared for regulatory approval or commercialization

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
		(v) Percentage of filed patents successfully granted and licensed. (vi) Rate of technology adoption by local industries/partners. (vii) Volume of commercial health products successfully entering the market. (viii) Percentage of validated traditional medicines integrated into standard care/pharmacies. (ix) Number of active startups or spin-off companies incubated and sustained. (x) Amount of private sector co-investment secured for research scaling.	(e) Number of home-grown health technologies actively addressing national medical needs. (f) Total revenue generated from commercialization activities. (g) Reduction in dependency on imported health products/medicines. (h) Creation of a self-sustaining health research innovation ecosystem that drives economic growth and improved public health.
	H. Resource mobilization strategy enhanced and operationalized	(i) Diversified revenue streams through PPP and endowment funds (ii) Strengthened grant writing and resource mobilization skills (iii) Automated and integrated digital financial management systems.	(a) Percentage increase in non-government/internal revenue sources. (b) Proposal success rate (% funded) (c) Percentage of revenue collected through GePG
	I. Institutional Capacity and Operational Efficiency Strengthened	(i) Modernized ICT infrastructure and cybersecurity controls. (ii) Strengthened Risk Mitigation Frameworks. (iii) Enhanced institutional visibility and public image (iv) Enhanced Staff Retention and Satisfaction (v) Capacity Building and Talent Development	(a) Percentage of institutional processes successfully digitized. (b) 75% of risk units maintain updated risk registers. (c) Website traffic growth and social media engagement rates (d) 90% staff attrition rate maintained (retention level) (e) 15% of eligible staff are trained annually through short or long courses.

Development Objective	Objective and Codes	Intermediate Outcome	Outcome Indicators
		(vi) Strengthened Performance Management (vii) Strengthened Institutional Planning and Budgetary Control	(f) 85% improvement in the efficiency and effectiveness of Human Resource and Administrative Services (g) ≥85% of planned activities implemented within the financial year
	X. Management of Environment and Ecosystems Strengthened	(i) Improved compliance with national environmental, occupational health, and waste management standards through strengthened waste management systems. (ii) Enhanced implementation of integrated waste management practices across operations. (iii) Improved environmental sustainability and reduced environmental risks through effective ecosystem conservation and restoration measures.	(a) Percentage compliance with national environmental and occupational health standards. (b) Number of interventions implemented on national environmental and waste management standards. (c) Number and effectiveness of ecosystem conservation and restoration initiatives implemented.
	Y. Multisectoral Nutrition Services Improved	(i) Increased nutrition awareness among employees (ii) Expanded coverage of nutritional care for employees	(a) Number of nutrition awareness campaigns conducted (b) Number of staff receiving nutritional support

5.4 Monitoring Plan

A separate Monitoring Plan consisting of the indicators is given in **Table 5.2.** 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.

5.5 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:-

(i) Review meetings;
(ii) Planned milestones reviews;
(iii) Midterm reviews; and
(iv) Rapid appraisals including their frequencies.

5.6 Evaluation Plan

5.6.1 Planned Rapid Appraisals

Several rapid appraisals intended to gather information for facilitating monitoring and implementation of the Strategic Plan are outlined below in Table 5.3

Table 5.3: Planned Rapid Appraisals

S/N	Appraisal	Description	Appraisal Questions	Methodology	Frequency	Responsible Coordinator
1.	Stakeholder satisfaction study	Assessment of Stakeholders' perception of NIMR service delivery	(i) What are your expectations of NIMR in relation to your (organization'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	DCS
2.	Employee satisfaction	This appraisal intends to measure the 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	DCS

5.6.2 Mid- and End-Term 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 financial year 2030/31 with a focus on determining whether the planned activities were well implemented and the extent of achievement of the planned results.

5.7 Reporting Plan

5.7.1 Internal Reporting Plan

Several reports will be prepared and shared internally with the organs shown in ***Table 5.4*** to track progress and challenges during implementation.

Table 5. 4: Internal Reporting Plan

S/N	Type of Report	Recipient	Frequency	Responsible
1.	Monthly Progress Report	Director General's Office	Monthly	Directors and Heads of Departments
2.	Quarterly Progress Report	Council	Quarterly	Planning Unit & directorates
4.	Quarterly Financial Performance Report	Council	Quarterly	Finance Manager & DCS
5.	Annual Report	Council	Annually	Planning Unit & directorates
6.	Financial Statements	Council	Annually	Finance Manager
7.	Internal Audit Report	Council	Quarterly	Chief Internal Auditor

5.7.2 External Reporting Plan

This Plan contains reports that are used by external entities as presented in ***Table 5.5*** below:-

Table 5.5: External Reporting Plan

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

5.8 Relationship between Results Framework, Results Chain, M&E and Reporting Arrangements

5.8.1 Level 1 – Inputs

The first level of the Results Framework tracks the allocation and use of resources on various activities. Resource availability will be reviewed on a weekly, fortnightly or monthly basis and will be reported on respective implementation reports. At this level, the indicator will focus on the number and quality of human resources available for various tasks, the amount of time dedicated to tasks by staff, information flow between various levels, time spent on resolving problems, quality and timeliness of decisions and staff, as well as predictability of resource flows, the alignment of resource flow to the activities and outputs.

5.8.2 Level 2 – Activities

The second level of the Results Framework focuses on realization of activities and the linkage between activities and outputs. At this level, the indicator will focus on processes, activities, programming and timeliness of implementation. Activities will be reviewed on a weekly, fortnightly or monthly basis and will be reported on respective implementation reports. The reports will focus on the quality and timeliness of the activities implemented and will inform corrective action if the activities are not being delivered on time, to the expected quality and if they are not contributing to outputs.

5.8.3 Level 3 – Outputs

The third level of the Results Framework tracks the realization of the outputs that NIMR produces and which are attributed solely to NIMR. Output Indicators and Milestones will measure the outputs at this level; data collection and analysis will be done quarterly. Outputs or Milestones which have a significant impact on the achievement of the objectives will be reviewed semi-annually and will be reported on a semi-annual basis or as may be required. The reports will focus on how the outputs produced are delivering the outcomes and will inform corrective action if the outputs are not being delivered effectively or are not contributing to outcomes.

5.8.4 Level 4 – Outcomes

The fourth level of the Results Framework tracks the realization of the intermediate outcomes specified for each objective, though achievement of these outcomes may not be attributed to NIMR alone, as there will be several players contributing to these outcomes. These Intermediate Planned Outcomes will be measured through outcome indicators whose data collection and analysis could be done annually. Indicators at this level are reported through the annual report or the five-year outcome report. The annual reports and the five-year Outcome Reports will be based on either sector or specific evidence-based studies using national statistics. The reports focus on benefits delivered to NIMR clients and other stakeholders.