



**THE UNITED REPUBLIC OF TANZANIA**

**Ministry of Health, Community Development, Gender, Elderly and Children**



# **Digital Health Strategy**

**July 2019 - June 2024**



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## List of Abbreviations

|         |   |
|---------|---|
| ADDO    | Accredited Drug Dispensing Outlet                                     |
| APHFTA  | Association of Private Health Facilities in Tanzania                  |
| BAKWATA | Baraza Kuu la Waislamu Tanzania (National Muslim Council of Tanzania) |
| CBE     | College of Business Education   |
| CBO     | community-based organisation  |
| CHMT    | Council Health Management Team  |
| CMO     | Chief Medical Officer   |
| COSTECH | Commission for Science and Technology                                 |
| CSSC    | Christian Social Services Commission                                  |
| CTC     | Care and Treatment Clinic   |
| DH      | Digital Health  |
| DHIS2   | District Health Information System software version 2                 |
| DMO     | District Medical Officer  |
| DPG     | Development Partners Group  |
| DUP     | Data Use Partnership  |
| eGA     | e-Government Agency   |
| EGPAF   | Elizabeth Glaser Pediatric AIDS Foundation                            |
| eIDSR   | electronic Integrated Diseases Surveillance and Response System       |
| eLMIS   | electronic Logistics Management Information System                    |
| EMR     | Electronic Medical Record   |

|            |  |
|------------|--|
| eTR        | electronic TB Register                                     |
| FBO        | Faith-Based Organisation                                   |
| FFARS      | Facility Financial Accounting and Reporting System         |
| GePG       | Government Electronic Payment Gateway                      |
| GHSC TA-TZ | Global Health Supply Chain Technical Assistance – Tanzania |
| GIZ        | Deutsche Gesellschaft für Internationale Zusammenarbeit    |
| HCMIS      | Human Capital Management Information System                |
| HDIF       | Human Development Innovation Fund                          |
| HFR        | Health Facility Registry                                   |
| HIM        | Health Information Management                              |
| HIS        | Health Information Systems                                 |
| HMIS       | Health Management Information System                       |
| HPS        | Health Promotion Section                                   |
| HPSS       | Health Promotion and System Strengthening                  |
| HRH        | Human Resources for Health                                 |
| HRHIS      | Human Resources for Health Information System              |
| HSS        | Health Systems Strengthening                               |
| HSSP       | Health Sector Strategic Plan                               |
| ICT        | Information and Communications Technology                  |
| IEC        | Information, Education, and Communication                  |
| iHFeMS     | Integrated Health Facility Electronic Management System    |
| IHI        | Ifakara Health Institute                                   |

|          |  |
|----------|--|
| KOICA    | Korea International Cooperation Agency                                     |
| LGA      | Local Government Authority   |
| M&E      | Monitoring and Evaluation  |
| MCTIS    | Medical Council of Tanzania Information System                             |
| MDA      | Ministerial Delivery Agencies  |
| MEL      | Monitoring, Evaluation, and Learning                                       |
| MESI     | Monitoring and Evaluation Strengthening Initiative                         |
| mHealth  | Mobile Health  |
| MIS      | Management Information System  |
| MNH      | Muhimbili National Hospital  |
| MOHCDGEC | Ministry of Health, Community Development,<br>Gender, Elderly and Children |
| MSD      | Medical Stores Department  |
| MSH      | Management Sciences For Health   |
| MTUHAPRO |  |
| MUHAS    | Muhimbili University of Health and Allied Sciences                         |
| NDHS     | National Digital Health Secretariat  |
| NDHSC    | National Digital Health Steering Committee                                 |
| NeHSC    | National eHealth Steering Committee  |
| NGO      | Nongovernmental Organisation   |
| NHIF     | National Health Insurance Fund   |
| NICTBB   | National Information And Communications<br>Technology Backbone             |
| NIDA     | National Identification Authority  |
| NSMIS    | National Sanitation Management Information<br>System                       |

|          |   |
|----------|---|
| PlanRep  | Planning and Reporting System                                     |
| POPSM&GG | President’s Office, Public Service Management and Good Governance |
| PORALG   | President’s Office–Regional Administration and Local Government   |
| PS3      | Public Sector Systems Strengthening                               |
| RHMT     | Regional Health Management Team                                   |
| RITA     | Registration Insolvency and Trusteeship Agency                    |
| RMO      | Regional Medical Officer  |
| SWOC     | Strengths, Weaknesses, Opportunities, and Challenges              |
| TC-SWAp  | Technical Committee Sector-Wide Approach                          |
| TFDA     | Tanzania Food & Drugs Authority                                   |
| TIIS     | Training Institution Information System                           |
| TImR     | Tanzania Immunization Registry                                    |
| TMDA     | Tanzania Medicines & Medical Devices Authority                    |
| TTCIH    | Tanzanian Training Centre for International Health                |
| TTLc     | Tanzania Telecommunications Corporation Limited                   |
| TWG      | Technical Working Group   |
| UDSM     | University of Dar es Salaam                                       |
| UHC      | Universal Health Coverage   |
| UNICEF   | United Nations Children’s Fund                                    |
| VIMS     | Vaccine Information Management System                             |
| WASH     | Water, Sanitation, and Hygiene                                    |
| WHO      | World Health Organization   |

## Definition of Terms

1. **Continuity of care** is a process of receiving health care or is a chain of a series of health care events experienced by people as coherent, interconnected over time, and consistent with their needs and preferences. Is a generic term for the uninterrupted management of a patient who passes from one health care provider to another
2. **Digital health and eHealth** (used interchangeably in this document) is an umbrella term to encompass all concepts and activities at the intersection of health and information and communications technologies (ICTs), including mobile health (mHealth), health information technology, electronic health records, and telehealth. It encompasses three main functions:
  - The delivery of health information to health professionals and health clients through the Internet and telecommunications media;
  - The use of ICTs to improve public health services (e.g., through the education and training of health workers);
  - The use of health information systems to capture, store, manage, or transmit information on patient health or health facility activities.
3. **Digital health solution** is an individual digital product or service (or a combination of multiple products or services) created to serve a specific health system objective. It often encompasses a set of ICT infrastructure and services required to improve effectiveness and efficiency of the health system.

4. **Digital health system** is the interrelated set of technologies, processes, and structures within a digital health ecosystem, typically encompassing numerous solutions and organisations.
5. **Electronic medical record** is an electronic record of medical information of an individual that can be created, gathered, managed, and consulted by authorised clinicians and staff within one health care organisation.
6. **Enterprise architecture** is a blueprint for organisational change defined in models that describe (in both business and technology terms) how the entity operates today and how it intends to operate in the future. It also includes a plan for transitioning to this future state.<sup>1</sup>
7. **Health system** consists of all organisations, people, and actions whose primary intent is to promote, restore, or maintain health. This also encompasses the people, institutions, resources, and policies that governments put in place to improve public health.
8. **System integration** is the process of aggregating the components of a system or subsystems into one, so that the resulting system can deliver the overarching functionality.
9. **System interoperability** is the ability of different information technology systems to communicate with one another and exchange data.

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<sup>1</sup> Hite RC. *Enterprise Architecture: Leadership Remains Key to Establishing and Leveraging Architectures for Organizational Transformation*. Technical Report GAO-06-831, United States Government Accountability Office; 2006 Aug. <https://www.gao.gov/new.items/d06831.pdf>. Accessed 8th April 2019.

10. **mHealth** is the delivery of health care services through the use of mobile networks and devices.
11. **Telehealth** refers to the use of telecommunications and virtual technology to deliver health care within and outside of traditional health care facilities. It also includes use of teleconferencing and eLearning systems for remote nonclinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.
12. **Telemedicine** is a subset of telehealth that refers solely to the provision of health care services and education over a distance using telecommunication technologies.

## Foreword

The development of any nation depends largely on the health status of its population. Tanzania strives to become a middle-income economy, with the health sector providing high-quality health care for all through universal health coverage (UHC). Digital technologies potentially play a fundamental role in facilitating timely availability of high-quality health information for provision of better-quality health care services, and thus digital health solutions should respond to clients' needs through user-centred design to ensure responsive, resilient, and inclusive health system.

The Government of Tanzania is committed to improving the application of digital health technologies in order to facilitate attainment of her overall objective of delivering high-quality health services to all citizens. This is evidenced by implementation of the National eHealth Strategy 2013–2018 to accelerate the health system transformation by enabling timely information access and supporting health care administrative, financial, and clinical operations to enhance decision-making.

The outcomes of the National eHealth Strategy 2013–2018 implementation include improvements in quality of health services delivery, revenue collection and management, human resource management, supply chain management of health commodities, health information management, and planning and decision making at different levels of the health system.

The National Digital Health Strategy 2019–2024 is in line with the Tanzania Development Vision 2025 and the Health Sector Strategic Plan 2015–2020, emphasising provision of high-quality health care

to all households. It facilitates realisation of the Health Policy 2019 priorities to achieve UHC in Tanzania. The current situational analysis indicates existence of multiple digital health systems across the health sector operating in silos. The government will build on ongoing efforts to ensure that digital health systems are implemented in a well-coordinated and interoperable manner. Moreover, this Strategy seeks to address challenges affecting utilisation of digital health for better health outcomes.

The digital health technologies facilitate sharing and protection of information and unique identification of clients at all points-of-service in the health system. Furthermore, sharing of clients' health information is critical to ensuring continuity of high-quality health care. The government will make sure clients' information is shared in accordance with acceptable digital health standards that ensure client safety and data security, confidentiality, and privacy.

Thus, the Digital Health Strategy will greatly improve the health system performance, which will result in improved-quality, sustainable health service delivery and population health outcomes, as well as fast-track achievement of UHC and health-related United Nations Sustainable Development Goals—eventually leading to a healthier nation.

I, therefore, would like to call upon all public and private stakeholders to tirelessly contribute towards a successful implementation of the National Digital Health Strategy 2019–2024.



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**Elderly and Children**

## Acknowledgments

The Tanzania National Digital Health Strategy 2019–2024 resulted from a consultative and collaborative approach which engaged stakeholders at different levels in the health and other sectors.

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) extends sincere gratitude to all the stakeholders for their valuable technical contributions during the process of developing this Strategy. It is not possible to mention all stakeholders, but this task could not have been accomplished without their valuable support. We extend our gratitude to all the contributors. I would like to recognise and appreciate the important contributions of the Ministries, Departments and Agencies; regional administrative secretaries; Regional Health Management Teams; regional information and communications technology (ICT) officers; municipal/town/district executive directors; Council Health Management Teams; district ICT officers; Hospital Management Teams of public and private hospitals; training institutions; professional councils; regulatory bodies; vertical programmes; and development and implementing partners.

The MOHCDGEC expresses special appreciation to PATH for the technical and financial support for assessing implementation of the National eHealth Strategy 2013–2018, as well as developing the National Digital Health Strategy 2019–2024. The Ministry is also grateful to all government officers at the MoHCDGEC and President’s Office–Regional Administration and Local Government for their coordination, overall guidance, and tireless technical support throughout the development of the Digital Health Strategy.

Furthermore, the Ministry would like to recognise the team of consultants from the Muhimbili University of Health and Allied Sciences and the College of Business Education for assessing the implementation of the National eHealth Strategy 2013–2018 and leading the development of the National Digital Health Strategy 2019–2024.

Finally, I wish to acknowledge the support of all individuals and institutions not explicitly mentioned here that have contributed to the accomplishment of this work. Your invaluable contributions and efforts are highly appreciated.



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## Executive Summary

The application of digital health technologies has great potential for making a health system more responsive to health needs of the population. Thus, the Government of Tanzania, through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), is committed to the effective application of the digital technologies to improve population and individual health outcomes by facilitating evidence-based actions at all levels of the health system. The National Digital Health Strategy 2019–2024 outlines how Tanzania intends to leverage digital health technologies, build on the achievements, and experience from the implementation of the National eHealth Strategy 2013–2018.

The implementation of the National eHealth Strategy 2013–2018 has contributed to improved quality of health services delivery, revenue collection and management, human resource management, supply chain management of health commodities, health information management, and planning and decision making at different levels of the health system. These achievements are results of several initiatives, including installation of local area networks and national information and communications technology (ICT) backbone network in national, zonal, and regional hospitals. The eHealth governance and leadership at the national level was also established. The government strengthened and scaled up the District Health Information Software version 2 and implemented the planning and reporting system in all councils. It implemented the Facility Financial Accounting and Reporting System at health facilities, an electronic Logistics Management Information System countrywide, and Epicor 9 at the

Medical Stores Department. The government also successfully rolled out an electronic Integrated Diseases Surveillance and Response System countrywide and implemented an electronic Health Facility Registry, as well as the National Sanitation Management Information System.

Despite these achievements, several challenges affected successful implementation of the Strategy. These includes: inadequate ICT infrastructure; unreliable electric power supply; limited financial resources; inadequate skilled ICT personnel; limited eHealth skills amongst users and decision makers; and resistance to the adoption of eHealth solutions. Others include existence of multiple, fragmented electronic health information systems that were not interoperable and/or not well aligned with the workflow in the health sector, which contributed to added workload to health workers.

This Strategy outlines what needs to be done in the next five years, from 2019 to 2024, to fast-track progress towards attainment of universal health coverage and the health-specific Sustainable Development Goals. The Strategy will also address challenges encountered in the digitalisation of the health sector in Tanzania.

### **Vision**

Better health outcomes through a digitally enabled health system.

### **Mission**

To accelerate the transformation of the Tanzanian health care system through innovative, data-driven, client-centric, efficient, effective, and integrated digital health solutions.

## Strategic Goals and Priorities

This Strategy consists of five strategic goals and ten priorities as indicated in Table 1 below.

**Table 1. Strategic goals and priorities of the National Digital Health Strategy 2019–2024.**

| Strategic Goals   |
|---|
| <ol style="list-style-type: none"><li>1. Strengthened digital health governance and leadership</li><li>2. Improved client experience through efficient provision of high-quality health services</li><li>3. Empowered health care providers and managers to take evidence-based actions</li><li>4. Sustained availability of health resources</li><li>5. Standardised information exchange</li></ol>  |
| Strategic Priorities  |
| <ol style="list-style-type: none"><li>1. Strengthen digital health governance and leadership to facilitate better coordination and implementation of digital health initiatives</li><li>2. Improve efficiency, accessibility (including use of telehealth) patient safety, and quality and continuity of care through digitalisation of health service delivery in a holistic manner</li><li>3. Improve health workforce competency and use of technology to provide specialized care to under – served facilities</li><li>4. Promote healthy behaviour through access to relevant health information, education, and communication</li></ol> |

## Strategic Priorities

5. Enhance seamless and secure information exchange
6. Improve data use for evidence-based actions at all levels of the health system
7. Improve supply chain management of health commodities at all levels of the health system
8. Improve management of human resources at all levels of the health system
9. Improve management of financial resources
10. Strengthen disease prevention, surveillance, detection, reporting, response, and control at all levels of the health system

The implementation of the Digital Health Strategy will be managed by a National Digital Health Steering Committee, which shall be chaired by the permanent secretary at the MoHCDCGEC and co-chaired by the Permanent Secretary, at the President's Office–Regional Administration and Local Government. A costed action plan will be developed to guide the implementation of the Strategy. The Digital Health Secretariat will be responsible for day-to-day implementation and supervision of digital health initiatives through the Digital Health Strategy annual action plans. Various digital health committees will be responsible for implementation and supervision of digital health initiatives at health facility and institutional levels.

# 1. Introduction

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## 1.1 Background

The application of digital technologies aims to increase the efficiency and quality of health care delivery to improve the health outcomes of all Tanzanians.<sup>1</sup> Digital health technologies have potential to accelerate transformation of the health system, thus leading to *improved population health, enhanced responsiveness of the health system, and fair financing and financial-risk protection for households*.<sup>2</sup> In addition, the use of digital technologies will support the efforts of the Government of Tanzania and stakeholders to achieve universal health coverage (UHC) and the Sustainable Development Goals, particularly Goal 3 on good health and well-being.<sup>3</sup> The National Digital Health Strategy 2019–2024 will also contribute to the achievement of the Tanzania Development Vision 2025.<sup>4</sup>

The government—through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEG)—is promoting the effective use of digital technologies to improve provision of high-quality health services, client experience, health systems strengthening, and health outcomes by facilitating evidence-based actions at all levels of the health system.

The overarching goal of the National Digital Health Strategy 2019–2024 is to accelerate increased access to and improved quality of effective and efficient health care to all Tanzanians through digitally enabled transformation of the health system.

## **1.2 The Need for the Digital Health Strategy**

The National Digital Health Strategy emerges from the broader national health and development goals. The Tanzania Development Vision 2025 and Health Policy 2019 strive to attain improved-quality livelihood for Tanzanians by ensuring access to high-quality primary health care for all, access to quality reproductive health services for all age-appropriate individuals, and reduction in maternal and infant mortality rates.

The strategy seeks to use digital technologies to strengthen health systems in areas of governance and leadership, management of resources (human, financials and materials), Health Information systems, Supply chain of health commodities, and delivery of quality health services. Therefore, this Strategy provides guidance for designing, planning, implementing and coordinating digital health initiatives aiming at improving health outcomes and achieve UHC.

## **1.3 Alignment of the Digital Health Strategy with National Policies and Strategies**

This Digital Health Strategy aligns with key national policies and strategies. The National Health Policy 2019 aims to ensure that preventive, promotive, curative, and rehabilitative high-quality health services are accessible to all individuals. The Policy also aims to strengthen the health system to be more resilient and responsive to the needs of the population through evidence-based interventions.<sup>5</sup> Furthermore, it recognises digital health as an important enabler in transforming health care delivery by supporting health care processes and providing access to information, as well as facilitating management and decision making in the health sector.

Similarly, the National Health Sector Strategic Plan IV 2015-2020 emphasises the importance of investing in the development of information and communications technology (ICT) infrastructure and systems in order to improve administrative processes, patient/client recording, and communication. The MOHCDGEC strives to ensure by 2020 all hospitals and at least 25 per cent of primary health care facilities utilise ICT applications for administrative, financial, and clinical operations, as well as ensure interoperability amongst the digital health systems.<sup>6</sup>

The Tanzania Development Vision 2025 and the National ICT Policy 2016 recognise the application of ICT as a central pillar to a competitive social and economic transformation due to the fact that ICT is one of the major driving forces for the realisation of the Vision 2025. Specifically, the National ICT Policy 2016 focuses on the application of ICT to enhance delivery of social services, including health services.

#### **1.4 The Approach Used in Developing the Digital Health Strategy**

The National Digital Health Strategy 2019–2024 was developed using analytical and participatory approaches. A critical analysis was conducted to assess the current situation of the use of digital health technologies in local and global contexts. It was guided by the World Health Organization and the International Telecommunication Union National eHealth Strategy Toolkit, the assessment report of the National eHealth Strategy 2013–2018 implementation and the National Health Policy 2019, and related documents. Several consultative workshops and key informant interviews were conducted

involving multidisciplinary stakeholders at national, zonal, regional, and district levels, as well as training institutions. In addition, Ministries, Departments, and Agencies (MDA) and development and implementing partners were also consulted. This comprehensive approach provided a unique opportunity to solicit views, inputs and recommendations from key stakeholders for development of this Strategy.

## 2. Situational Analysis

---

The situational analysis of digital technology potential in the health sector focused on three main areas: existing gaps in the health system building blocks as identified in the national health policy (Table 2); appropriate remedial measure(s) which can better be delivered through ICT; and Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis (Table 2) for the implementation of the National Digital Health Strategy 2019–2024.

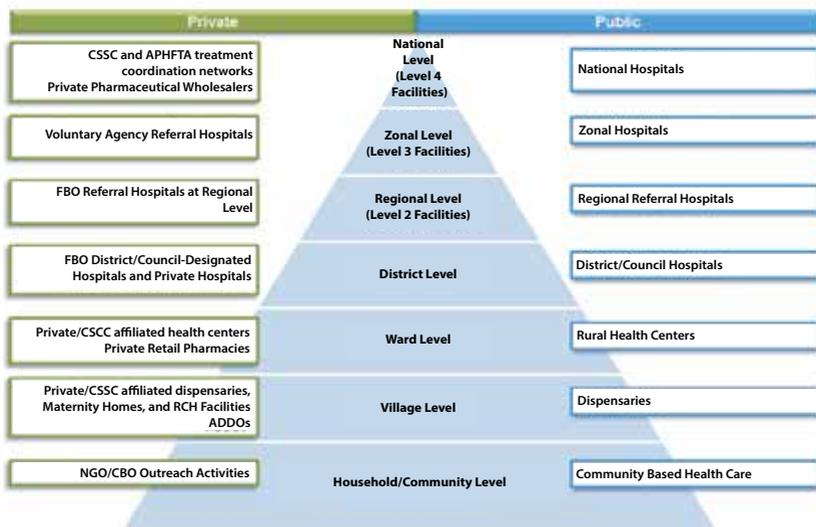
### 2.1 Overview of the Health System in Tanzania

The health system in Tanzania is well organised in pyramidal structure from the community to the national levels (Figure 1). The foundation of this pyramidal structure is primary health care services comprising community-based health services, dispensaries, health centres, and district hospitals. Community-based health services focus on health promotion and prevention. Dispensaries provide basic preventive and curative outpatient services and labour and delivery services, while health centres provide outpatient and inpatient health services. At the district level, hospitals provide medical and surgical services to patients referred from health centres. Specialised health care services are provided by the regional referral hospitals. Zonal and national hospitals provide advanced health care and also serve as teaching hospitals.

The MoHCDGEC has the overall responsibility for provision of health and social welfare services. It sets the policy and guidelines; provides technical guidance to organisations involved in service delivery; defines priorities; mobilises resources; and promotes standards for health and social welfare services.

The President’s Office–Regional Administration and Local Government (PORALG) coordinates and monitors the provision of health and social welfare services at regional and council levels. Regional Health Management Teams (RHMTs) supervise, monitor, and build the capacity of local government authorities in health and social welfare services. These authorities are responsible for planning, delivering, and supervising services. The Council Health Management Teams (CHMTs) provide supportive supervision and capacity building for delivering preventive, rehabilitative and curative health services in a district.

**Figure 1. The health care pyramid in Tanzania (public and private equivalent).<sup>6</sup>**



*Abbreviations:* ADDO, Accredited Drug Dispensing Outlet; APHFTA, Association of Private Health Facilities in Tanzania; CBO, community-based organisation; CSSC, Christian Social Services Commission; FBO, faith-based organisation; NGO, nongovernmental organisation.

The Tanzania Health Policy 2019 outlines several issues and challenges in the health system. The Policy has prioritised the challenges affecting provision of health services and management of the health system performance and indicated policy statements and strategies for addressing these challenges. Some of the challenges and respective potential digital health interventions are presented in Table 2.

**Table 2. The digital health potential in addressing health system issues.**

| Issue   | Digital health response  |
|---|--|
| <b>Service delivery</b>   |  |
| <p>Prioritised Health services in the Health Policy 2019:</p> <p>Health promotion; community-based health services; nutrition; immunisation; reproductive, maternal, newborn, child, and adolescent health; communicable diseases (e.g., HIV/AIDS, tuberculosis, malaria); noncommunicable diseases; neglected tropical diseases; oral health; eye health; and super-specialised health care services.</p> <p>Issues that affect efficiency, quality, access, equity, awareness, and coverage of above health services:</p> <ul style="list-style-type: none"> <li>Limited public awareness on health promotion, prevention and curative services, geriatric services, and rehabilitative and palliative care services</li> </ul> | <p>Improve the use of digital health solutions, including telehealth and mobile health (mHealth), to enhance access to high-quality health services.</p> <p>Use mHealth and social media to improve provision of high-quality health information, education, and communication to enable the community to adapt healthier behaviours and increase health literacy in communities.</p> <p>Improve the use of digital solutions to engage community health workers for improved provision of community-based health services and promote community engagement.</p> <p>Improve use of digital health solutions for surveillance, detection, reporting, response, and control.</p> |

| Issue   | Digital health response   |
|---|---|
| <ul style="list-style-type: none"> <li>• Low level of awareness amongst communities on promoting healthy behaviour, prevention, self-management, access to health care.</li> <li>• Increase in burden of communicable and non-communicable diseases.</li> <li>• Limited access to specialised health services.</li> </ul> | <p>Implement eReferral system to facilitate management of patient referrals and feedback.</p>   |
| <b>Health workforce</b>   |   |
| <p>Existence of multiple, disconnected human resources for health systems, staffing shortages, and skills-mix imbalance; uneven distribution of human resources for health; lack of up-to-date comprehensive workforce registry.</p>  | <p>Use digital solutions for human resource information management to effectively address staffing shortages and skills-mix imbalance; use eLearning system and other digital solutions for provision of pre-service and in-service education, including continuing professional development.</p> |
| <b>Medicines and health commodities</b>   |   |
| <p>Inadequate health commodities; inefficient supply chain management.</p>  | <p>Implement digital solutions for tracing and tracking of health commodities and strengthen logistics management information systems.</p>  |
| <b>Health care financing</b>  |   |
| <p>Ineffective health care–service financial-management information systems; limited financial resources; insufficient and fragmented health care financing strategies.</p>   | <p>Use digital solutions to improve health financial-management systems.</p>  |

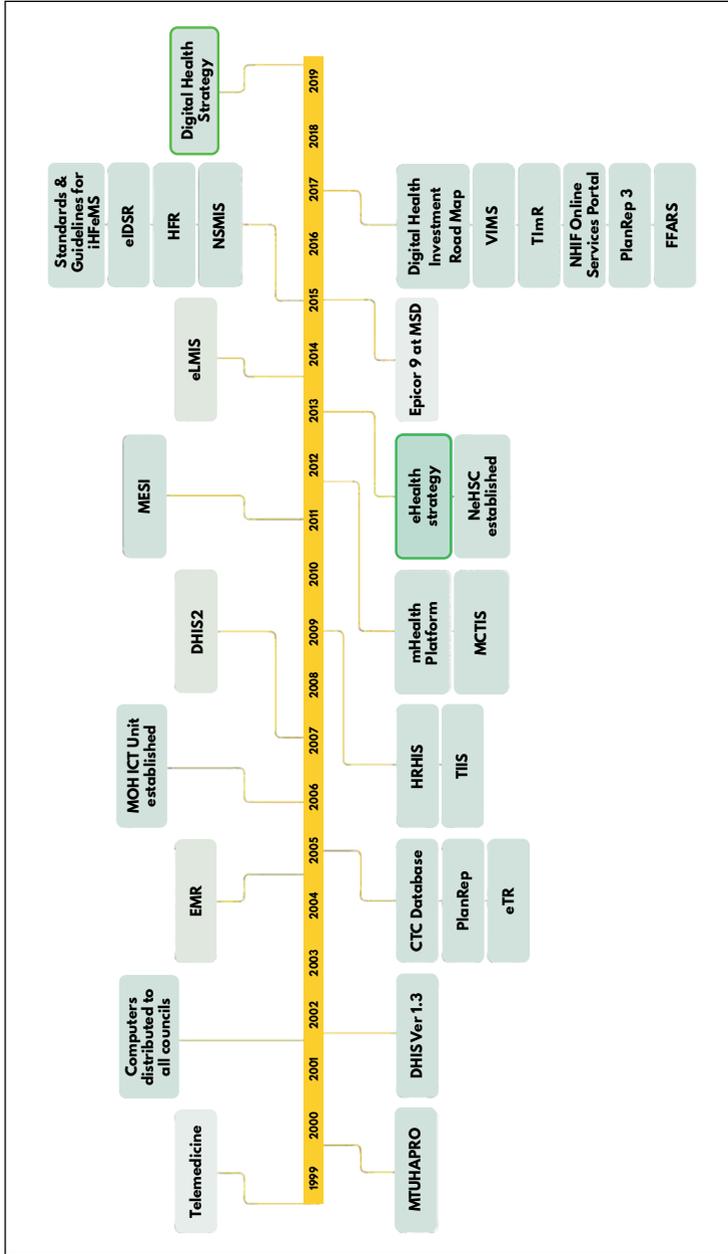
| Issue   | Digital health response  |
|---|--|
| <b>Health information systems</b>   |  |
| Fragmented and interoperable health information systems; limited data-use culture; low data quality; limited ICT infrastructure.  | Integrate various Health Management Information Systems for improved data availability and use at all levels; build capacity on digital health systems and data use; improve ICT infrastructure. |
| <b>Governance and leadership</b>  |  |
| Inability to easily track performance of the health system and health care providers, weak governance and leadership, inefficient allocation of resources, inefficiencies in health services delivery, inadequate transparency, and failure to adhere to professionalism. | Use digital solutions to avail quality information for monitoring the performance of the health system and improve evidence-based decision making.   |

## 2.2 Digital Health Journey in Tanzania

Tanzania has made some remarkable progress on leveraging digital health in transforming the health system. This included initiatives aiming at establishing digital health governance and leadership and implementing digital health solutions. Initially, digital health solutions were primarily introduced to improve data collection and reporting of aggregate data, with an emphasis on availability and accuracy of data at the national level. The increase in the maturity level of digital technologies has shifted the focus of collecting and reporting from aggregate data to client-level data, as well as data use at all levels of the health system.

Currently, there are over 160 digital health or health-related systems. However, some of the systems have national coverage while others are institution-based. Some of them are at the piloting phase while others are at operational with limited interoperability. Therefore, this Digital Health Strategy seeks to provide a strategic direction in the development, adaptation, harmonization, integration and deployment of digital health solutions to ultimately improve the effectiveness and efficiency of delivering health care services in Tanzania. Figure 2 summarises some of the major digital health milestones achieved in Tanzania. However, most of the digital health initiatives could not be depicted in the figure below.

Figure 2. The Tanzania digital health journey.



## 2.3 SWOC Analysis

This section presents the SWOC analysis for the development and implementation of the National Digital Health Strategy 2019–2024 (see Table 3).

**Table 3. Strengths, Weaknesses, Opportunities, and Challenges analysis.**

| Strengths  | Weaknesses  |
|--|---|
| <ul style="list-style-type: none"> <li>Commitment of the Ministerial leadership on the use of digital technologies to transform the health system</li> </ul> | <ul style="list-style-type: none"> <li>Inadequate implementation of digital health structures at all levels</li> </ul>  |
| <ul style="list-style-type: none"> <li>Lessons learnt from the implementation of eHealth Strategy 2013–2018</li> </ul>                                       | <ul style="list-style-type: none"> <li>Existence of multiple and fragmented digital health systems</li> </ul>   |
| <ul style="list-style-type: none"> <li>Use of digital technologies by health workers at all levels of the health system</li> </ul>                           | <ul style="list-style-type: none"> <li>Shortage of ICT personnel for implementation of digital health activities at all levels of the health systems</li> </ul> |
| <ul style="list-style-type: none"> <li>Availability of at least one ICT staff in each region</li> </ul>  | <ul style="list-style-type: none"> <li>Limited digital health skills amongst ICT personnel</li> </ul>   |
| <ul style="list-style-type: none"> <li>Use of task-sharing approach in addressing shortage of ICT staff</li> </ul>   | <ul style="list-style-type: none"> <li>Inadequate skills to use digital solutions amongst health workers and managers</li> </ul>                                |
| <ul style="list-style-type: none"> <li>Increase in funding of digital health activities at all levels of the health system</li> </ul>                        | <ul style="list-style-type: none"> <li>Insufficient funds to implement digital health activities</li> </ul>   |
| <ul style="list-style-type: none"> <li>Increase in penetration of Internet connectivity, including NICTBB and mobile network</li> </ul>                      | <ul style="list-style-type: none"> <li>Limited coverage of digitalisation of health care services</li> </ul>  |

| Strengths  | Weaknesses  |
|--|---|
| <ul style="list-style-type: none"> <li>• Availability of telemedicine infrastructure in some facilities</li> </ul>   | <ul style="list-style-type: none"> <li>• Dependency on donors in funding digital health initiatives</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Existence of digital health information systems, including integrated Health Facility Electronic Management Systems, in some facilities across different levels of the health system</li> </ul> | <ul style="list-style-type: none"> <li>• Poor quality of data in the digital health systems</li> <li>• Reluctance to use digital health solutions</li> <li>• Limited data-use capacity</li> </ul> |
| <ul style="list-style-type: none"> <li>• Existence of computing infrastructure in some facilities</li> </ul>   | <ul style="list-style-type: none"> <li>• Limited national digital health legal and regulatory framework</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Existence of donor-funded projects that support digital health activities</li> </ul>  | <ul style="list-style-type: none"> <li>• Poor ICT infrastructure to support digital health solutions</li> </ul>   |
| Opportunities  | Challenges  |
| <ul style="list-style-type: none"> <li>• Strong political will on the application of ICT for socioeconomic development</li> </ul>  | <ul style="list-style-type: none"> <li>• Limited budget to meet the competing needs and priorities in the health sector</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Existence of Tanzania Development Vision 2025 that recognises the use of ICT for development</li> </ul>   | <ul style="list-style-type: none"> <li>• Limited data-use culture amongst health workers and managers for planning and decision making</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Existence of the National ICT Policy 2016</li> </ul>  | <ul style="list-style-type: none"> <li>• Shortage of skilled health and eHealth workforce at all levels of the health system</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Existence of eGA standards and guidelines on ICT infrastructure and systems</li> </ul>  | <ul style="list-style-type: none"> <li>• Low digital literacy amongst health workers</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Existence of local training institutions that produce health and ICT professionals</li> </ul>   | <ul style="list-style-type: none"> <li>• Inadequate structured user-support and user-feedback mechanisms for many digital health systems</li> </ul>   |

| Opportunities  | Challenges  |
|--|---|
| <ul style="list-style-type: none"> <li>Existence of development and implementing partners who are interested in supporting digital health</li> </ul> | <ul style="list-style-type: none"> <li>Lack of or unreliable electricity supply in some facilities</li> </ul>   |
| <ul style="list-style-type: none"> <li>Emerging digital health technologies</li> </ul>   | <ul style="list-style-type: none"> <li>Lack of or unreliable and slow Internet connectivity in some facilities</li> <li>The donor-driven priorities in funding in the health-sector activities, including digital health</li> </ul> |

## 2.4 Key Lessons from the Previous Strategy

The implementation of the first National eHealth Strategy 2013–2018 has established a strong foundation to accelerate sustainable adoption of digital technologies for transforming the health sector. The lessons learnt also provide avenues for improving existing and new digital health initiatives in the health sector.

According to the assessment results of the implementation of the eHealth Strategy, a number of improvements were recorded in the following areas: quality of health services delivery, patient experience, health promotion, disease surveillance, revenue collection and management, human resource management, supply chain management of health commodities, health information management, and planning and decision making at different levels of the health system.

These achievements resulted from execution of several initiatives, including installation of a local area network and national ICT backbone network in health facilities and institutions; existence of eHealth governance and leadership at the national level; strengthening and scaling up of the District Health Information System software version 2; implementation of planning and reporting system in all councils; implementation of the electronic Logistics Management Information System countrywide; national rollout of an electronic Integrated Diseases Surveillance and Response System (eIDSR); implementation of an electronic Health Facility Registry; and implementation of the National Sanitation Management Information System.

Other eHealth initiatives include the following: Hospital Management Information Systems; disease-specific information systems, such as Care and Treatment Clinic databases versions 2 and 3 for HIV and AIDS, a management information system (MIS) for neglected tropical diseases, electronic Tuberculosis and Leprosy registers, and malaria MISs; telemedicine infrastructure and services; a vaccine information management system; the Tanzania Immunization Registry; a mobile health (mHealth) platform for enhancing health education, information, and communication (e.g., reporting and client feedback); and National Health Insurance Fund e-solutions.

Despite these achievements, a number of challenges affected implementation of the Strategy. These include inadequate ICT infrastructure; unreliable electric power supply; limited financial resources; inadequate ICT personnel; inadequate digital literacy amongst health workers and managers; and resistance to the adoption of eHealth solutions, as well as the existence of multiple

fragmented electronic HISs that were not interoperable and/or not well aligned with the workflow in the health sector. Furthermore, there is an unclear governance structure and weak coordination and engagement of stakeholders in the eHealth Strategy implementation at different levels of the health system.

In conclusion, the assessment report of the National eHealth Strategy 2013–2018 implementation recommended the need for strengthening digital health governance and leadership, establishing a digital health legal and regulatory framework, improving coordination and mobilisation of resources for digital health implementation, building capacity of the health workforce in digital health systems and data use, developing health enterprise architecture, improving and enforcing compliance with standards and interoperability amongst digital health systems, and strengthening ICT infrastructure.

## 3. Strategic Direction

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### 3.1 Vision

Better health outcomes through a digitally enabled health system.

### 3.2 Mission

To accelerate the transformation of the Tanzanian health system through innovative, data-driven, client-centric, efficient, effective, and integrated digital health solutions.

### 3.3 Guiding Principles

The implementation of this Strategy will be guided by the following principles, which are also recommended in the Principles of Digital Development:

- **Client-centric design:** Respond to clients' needs through user-centred design to ensure a responsive, resilient, and inclusive health system.
- **Data-driven initiatives:** Focus on ensuring quality information is available to the right people when they need it.
- **Interoperability:** Promote seamless and secure information exchange through open standards and interoperable digital solutions.
- **Open standards and open source:** Promote data preservation and greater freedom from technology and vendor lock-in through use of open standards, open source, and open innovation.
- **Data security:** Ensure data security, privacy, and confidentiality.

- **Stakeholder engagement and coordination:** Actively engage stakeholders in the planning, development, and implementation of digital health solutions.

### 3.4 Strategic Goals

Implementation will be guided by the following strategic goals:

1. Strengthened digital health governance and leadership
2. Improved client experience through efficient provision of high-quality health services
3. Empowered health care providers and managers to take evidence-based actions
4. Sustained availability of health resources
5. Standardised information exchange

### 3.5 Strategic Priorities

The Digital Health Strategy defines strategic priority outcomes to be achieved by 2024. The strategic priorities were primarily derived from the National Health Policy 2019 and through a rigorous consultation process with key stakeholders in the health sector and from the desk research on the best practices in the area. Specifically, these strategic priorities articulate shared goals for the health-sector stakeholders and support existing investment in digital health initiatives. The implementation of the strategic initiatives will result in measurable benefits for clients, health care service providers, decision makers, and the broader health system.

The following are the strategic priorities

1. Strengthen digital health governance and leadership to facilitate better coordination and implementation of digital health initiatives
2. Improve efficiency, accessibility (including use of telehealth), patient safety, and quality and continuity of care through digitalisation of health service delivery in a holistic manner
3. Improve health workforce competency and use of technology to provide specialized care to under – served facilities.
4. Promote healthy behavior through access to relevant health information, education, and communication
5. Enhance seamless and secure information exchange
6. Improve data use for evidence-based actions at all levels of the health system
7. Improve supply chain management of health commodities at all levels of the health system
8. Improve management of human resources at all levels of the health system
9. Improve management of financial resources
10. Strengthen disease prevention, surveillance, detection, reporting, response, and control at all levels of the health system

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## **Strategic Priority 1**

Strengthen digital health governance and leadership to facilitate better coordination and implementation of digital health initiatives

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Successful implementation of digital health requires strong governance and leadership at all levels of the health system. The digital health governance facilitates better coordination and engagement of stakeholders, aligns digital health investments with national health priorities, provides guidance, and enforces compliance with digital health guidelines and standards.

This priority seeks to address issues related to strengthening digital health governance structures at all levels of the health system: engagement of stakeholders; involvement of health workers in digital transformation efforts; development of digital health implementation guidelines; establishment of digital health legal and regulatory framework; and awareness raising around the Digital Health Strategy.

### **Strategic Initiatives**

1. Strengthen the governance structures to enable effective coordination, management oversight, and implementation of digital health initiatives across the health sector.
2. Develop a costed action plan for the implementation of the Digital Health Strategy.
3. Develop a resource mobilisation plan to ensure successful implementation of the Strategy.
4. Improve the legal and regulatory framework to ensure client safety, data security, confidentiality, and privacy.

5. Develop a change-management plan.
6. Implement a digital health–initiatives inventory and digital library.

### **Capabilities Unlocked**

- Government can track and coordinate digital health initiatives in the health sector.
- Health sector can securely and safely use digital health technologies.
- Health sector can successfully plan and mobilise resources to implement the Digital Health Strategy.

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## **Strategic Priority 2**

Improve efficiency, accessibility (including use of telehealth), patient safety, and quality and continuity of care through digitalisation of health service delivery in a holistic manner

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Digitalisation of health services involves implementing appropriate digital health technologies required to support high-quality health services delivery and health information management within and across health facilities. Furthermore, it delivers digital health solutions that enable clients, health care providers, health insurers, and health care managers to access, use, and share health information geared to improve population health outcomes.

The digitalisation should focus on supporting the following: high-quality care and adherence to guidelines and best practices; continuity of care over time and across different points of service; integrated services across vertical programmes; case detection, screening, triage, and referrals; health promotion and education; improvement in the efficiency of health services and efficient management of resources at the points of care.

This strategic priority intends to address the following issues: digitalisation of all health care processes in an integrated manner, leading to improved performance of health facilities and health workers; improved management of health insurance claims; enhanced management of prescriptions; improved management of referral and continuity of care as patients/clients move from one point of care to another. It will further improve the use of digital solutions for managing community-based health services and clients' feedback.

## **Strategic Initiatives**

1. Digitalise health care services at health facility levels.
2. Implement standardised ePrescription.
3. Implement standardised insurance eClaim.
4. Implement integrated eReferral solutions.
5. Digitalise community-based health services.
6. Implement a digital platform for managing clients' feedback on the quality of services received at the health facilities.

## **Capabilities Unlocked**

- Health workers at all levels can efficiently deliver high-quality health care for better client experience.
- Government can efficiently monitor the performance of the health system and quality of health services provision.
- Government can efficiently assess and improve quality of health services provision.
- Health facilities and insurance service providers can more efficiently process insurance claims, leading to increased financial resources for health facilities.
- Health sector can collect and respond to clients' feedback and needs.

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### **Strategic Priority 3**

Improve health workforce competency and use of technology to provide specialized care to under-served facilities.

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Telehealth services are increasingly becoming one of the critical approaches for delivering health care services and a panacea for achieving universal health care. Thus, telehealth has a great potential to significantly address some of the most pressing challenges of the health system, including access to health care, cost-effective health service delivery, and distribution of limited health care service providers in the country. Telemedicine services such as teleradiology, teleconsultation, tele-dermatology, and eLearning are amongst the most prevalent telehealth services. For instance, remote health facilities can provide specialised care services through telemedicine by consulting specialists at specialised facilities, while health workers in remote facilities can easily access continuing education through eLearning platforms.

This strategic priority aims to implement eLearning and telemedicine services to improve health workforce competencies and equitable access to health care services, respectively.

#### **Strategic Initiatives**

1. Develop guidelines to streamline implementation and operationalisation of telehealth services.
2. Improve ICT infrastructure to support delivery of telehealth services.
3. Implement telemedicine services.

4. Implement digital platforms for health professional peer networking.
5. Implement eLearning and knowledge management platforms for continuous professional development.

### **Capabilities Unlocked**

- Health sector can provide equitable access to specialised health care services.
- Health care workers can provide specialised care services to under - served facilities
- Health workforce can access continuous professional development programmes at their convenience.

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## **Strategic Priority 4**

Promote healthy behaviour through access to relevant health information, education, and communication

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Health information, education, and communication (IEC) services are critical for promoting healthier community lifestyles by increasing awareness and behaviour change of the society on prevention and control of communicable, noncommunicable, and neglected tropical diseases. Digital platforms, for instance social media, can be used as a tool to support health IEC initiatives through active engagement of community members and health care service providers and by reaching wide audiences. Thus, health care organisations can use digital platforms to share health-promotive messages and engage communities in health-promotion activities.

This strategic priority focuses on improving and scaling up the use of digital technologies for disease prevention and control through promoting healthy lifestyles, health-seeking behaviours, and early interventions in chronic illness. By taking advantage of the high penetration of mobile phones and networks, several mHealth initiatives, such as the use of short message service, mobile apps, and web-apps, can be implemented for public health promotion and information sharing across the health sector.

### **Strategic Initiatives**

1. Develop guidelines for effective use of interactive digital platforms for health IEC.
2. Implement interactive digital platforms for health IEC.

## **Capabilities Unlocked**

- Clients can access health IEC to promote healthier behaviour.
- Health sector can systematically use interactive digital platforms for health IEC.
- Health sector can provide health IEC using interactive digital platforms.

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## **Strategic Priority 5**

### Enhance seamless and secure information exchange

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Evidence-based decision making results in improved-quality health services and health system performance to achieve universal health care. Harmonised national HISs are essential for improving access to quality data through seamless and secure information exchange across the health sector and other sectors. Currently, the digital health landscape faces various challenges, including fragmented data systems; uncoordinated business processes; limited information exchange capabilities; inadequate data standards across the health sector; inadequate application of information security standards; and ineffective data management and dissemination mechanisms.

This strategic priority intends to strengthen ongoing efforts on developing health enterprise architecture; systems interoperability; data standards; terminology services; and registries—such as a client registry, health commodities registry, health facility registry, and health worker registry—to enhance seamless and secure information exchange across the health sector.

#### **Strategic Initiatives**

1. Finalise and institutionalise the Tanzania Health Enterprise Architecture.
2. Strengthen use of data, application, and technology standards (e.g., International Classification of Diseases, 10th Revision; Health Level-7; Digital Imaging and Communications in Medicine; Logical Observation Identifiers Names and Codes; and service codes).

3. Implement terminology services for standardised health terminologies, codes, data elements, and value sets.
4. Strengthen interoperability across different systems within health and other sectors.
5. Implement client and health worker registries.
6. Strengthen the Health Facility Registry and health commodities registries.
7. Implement shared client health records.
8. Strengthen standards and guidelines for secure data storage, processing, information exchange, and dissemination.

### **Capabilities Unlocked**

- Health-sector stakeholders can link data systems together.
- Health sector can uniquely identify clients across health care services.
- Clients can improve their experience.
- Health sector can exchange and share quality information.
- Health sector can track individual clients over time and across multiple points of service.

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## **Strategic Priority 6**

### **Improve data use for evidence-based actions at all levels of the health system**

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The use of high-quality data is essential for optimising efficiency and effectiveness of health care services delivery. However, better data use is affected by limited data/information dissemination, inability of systems to produce required reports, limited capabilities to support data use (e.g., data visualisation and analytics), inadequate data-use skills amongst health workforce, and limited data-use aspects in health professional training curricula.

Thus, this strategic priority intends to ensure not only that high-quality data are collected but also that data are transformed into useful information for evidence-based actions at all levels of the health system.

#### **Strategic Initiatives**

1. Implement digital solutions for facility supervision.
2. Strengthen continuous professional development programmes on data use for health workers.
3. Incorporate data-use aspects in pre-service and in-service curricula.
4. Strengthen the national health data warehouse.
5. Improve the Health Management Information System, including indicators and data analytics.

## **Capabilities Unlocked**

- Health sector will have coordinated and harmonised supportive supervision.
- Government can efficiently assess and improve quality of health services provision.
- Health workers can effectively use data for evidence-based actions.
- Health workers can access data analytics tools and data from a range of source systems.

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## **Strategic Priority 7**

### **Improve supply chain management of health commodities at all levels of the health system**

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Effective supply chain management of health commodities across different service delivery points is of paramount importance in the delivery of high-quality health services. Moreover, better management of medicines and health commodities leads to improved patient safety and individual and population health outcomes.

This key priority area intends to enhance the use of digital health solutions for supply chain management. These solutions will address several challenges, such as ineffective mechanisms for managing stocks at health facilities, inter-intra facilities stock transfers due to disconnected and multiple systems, inadequate visibility of health commodities data, uneven distribution of medicines and health products, potential medicine side effects, irrational prescription and dispensing of medicines, and high influx of counterfeit medicines.

#### **Strategic Initiatives**

1. Strengthen logistics MISs.
2. Implement digital solution for tracing and tracking of health commodities.
3. Integrate the national product registry of medicines, medical supplies, and medical devices with other systems.
4. Strengthen the adverse-drug-reactions reporting system for medicines, medical devices, and cosmetics.

## **Capabilities Unlocked**

- Health sector can access and use data to better understand and solve supply chain challenges.
- Health sector can track incidents of adverse drug reactions.

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## **Strategic Priority 8**

Improve management of human resources at all levels of the health system

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Proper management of HRH is fundamental for a well-functioning health system. Current efforts to use digital solutions for management of human resources in the health sector have been shown to improve planning, development, and management of HRH. However, there are still some key issues that need to be addressed to strengthen planning, distribution, and effective utilisation of human resources across the health sector as a catalyst for improved health services provision and health outcomes.

Thus, this priority area seeks to address the following issues: existence of multiple and disconnected HRH systems, including the Human Resources for Health Information System (HRHIS), Human Capital Management Information System, health worker regulatory board databases, Training Institution Information System, and TrainSmart and TrainTracker systems; fragmented health workforce information; and inability of health facilities to track performance of health workers.

### **Strategic Initiatives**

1. Improve HRHISs.
2. Improve digital solutions for management and monitoring of HRH production and absorption.
3. Integrate the health worker registry with existing human resource systems (including Human Capital Management Information System, HRHIS, health worker regulatory boards

databases, and Training Institution Information System) through an interoperability layer.

4. Implement biometric attendance registers at health facilities and institutions.
5. Implement digital solutions for improving and tracking performance of health workers.

### **Capabilities Unlocked**

- Government can equitably distribute health workers across the country.
- Government can easily monitor performance of health workers.
- Government can effectively regulate health workers.

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## **Strategic Priority 9**

### **Improve management of financial resources**

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Effective management of financial resources is essential for improved infrastructure, HRH, health commodities, and health services delivery at all levels of the health system. The implementation and use of digital solutions for financial management in the health sector have shown positive results, such as improved revenue collection at the health facilities and institutions and improved planning and budgeting. However, fragmented digital financial-management systems, limited coverage, and weak transaction controls within the systems are some of the challenges affecting financial resources management.

This priority area seeks to strengthen the digital solutions for financial resource management to enhance planning, budgeting, revenue collection, accounting, auditing, and reporting at different levels of the health system.

#### **Strategic Initiatives**

1. Improve digital solutions for planning, budgeting, revenue collection, accounting, auditing, and reporting at all levels.
2. Integrate electronic revenue collection systems in all public health facilities and institutions with the Government ePayment Gateway.
3. Strengthen digital solutions for health insurance management.

## **Capabilities Unlocked**

- Health sector can improve planning, revenue collection, and control.
- Health sector can improve efficiency of administration of insurance schemes.

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## **Strategic Priority 10**

**Strengthen disease prevention, surveillance, detection, reporting, response, and control at all levels of the health system**

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Timely diseases detection, preparedness, and appropriate response are essential for preventing both the loss of human life and the socioeconomic impact of disease outbreaks, disasters, and emergencies. However, effective and sustainable disease surveillance and management of disasters and emergencies generally are highly dependent on timely availability of quality information for evidence-based actions across all levels of the health system. The government implemented the eIDSR system in order to improve surveillance, prevention, detection, notification, response, and control of notifiable diseases, disease outbreaks, and public health events such as injuries, disasters, and emergencies.

There is low coverage of improved latrines; low community awareness on safe water, sanitation, and hygiene (WASH); and high prevalence of WASH-related diseases, such as cholera, typhoid, dysentery, and diarrhoea. The government implemented the National Sanitation Management Information System in order to improve the quality of information for effective management of WASH services.

In this strategic priority area, the government aims to strengthen digital solutions for improving the surveillance and reporting of notifiable diseases, disease outbreaks, and public health events. The eIDSR will be strengthened to integrate data from different sources to provide timely quality information on disease surveillance and public

health events. Furthermore, this strategic priority will strengthen the electronic information system for management and monitoring of WASH services, including community-based mHealth solutions for enhanced reporting and prevention of WASH-related diseases.

### **Strategic Initiatives**

1. Strengthen the disease surveillance and response system.
2. Strengthen integration of eIDSR with related systems in East African Community Partner States.
3. Strengthen digital solutions for promotion of safe WASH and food safety services.
4. Implement digital solutions for tracking and reporting of injuries, emergencies, and disasters.

### **Capabilities Unlocked**

- Health sector can easily access high-quality disease surveillance data.
- Health sector can respond in a timely and coordinated manner to emergencies and outbreaks.

## 4. Digital Health Governance Framework

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Successful implementation of the National Digital Health Strategy 2019–2024 requires strong governance and leadership. It is therefore imperative to institutionalise an inclusive governance structure with clear lines of authority, roles, and responsibilities at all levels of the health system. This Strategy seeks to strengthen the digital health governance structure that oversees planning, priority setting, strategic investment, resource mobilisation, change and adoption, and monitoring and evaluation (M&E).

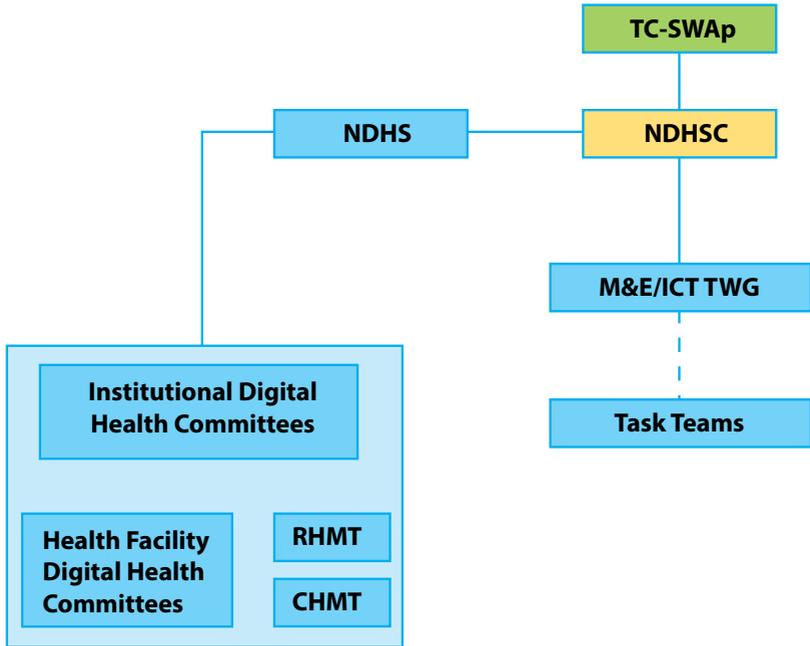
The main components of the digital health governance structure are the National Digital Health Steering Committee (NDHSC), the National Digital Health Secretariat (NDHS), Institutional Digital Health Committees, and Health Facility Digital Health Committees. The digital health governance structure is described below.

### 4.1 National Digital Health Governance Structure

The following organs will govern the implementation of the Strategy at different levels of the health system (Figure 3):

1. National Digital Health Steering Committee (NDHSC)
2. National Digital Health Secretariat (NDHS)
3. Monitoring and Evaluation & Information Technology and Communication Technical Working Group (M&E/ICT TWG)
4. Regional Health Management Team (RHMT)
5. Council Health Management Team (CHMT)
6. Institutional Digital Health Committees
7. Health Facility Digital Health Committees

**Figure 3. Digital health governance structure.**



*Abbreviations:* CHMT, Council Health Management Team; ICT, information and communications technology; M&E, monitoring and evaluation; RHMT, Regional Health Management Team; TC-SWaP, Technical Committee Sector-Wide Approach; TWG, technical working group.

#### **4.1.1 National Digital Health Steering Committee (NDHSC)**

The NDHSC is an important organ for ensuring successful implementation of the Digital Health Strategy.

The main roles of the NDHSC shall include the following:

- Provide leadership and strategic guidance to all digital health initiatives in the health sector to ensure that they are well aligned with the National Digital Health Strategy and the Health Policy and Health Sector Strategic Plan priorities.
- Oversee the implementation of the Digital Health Strategy.
- Guide engagement of stakeholders in the implementation of the Digital Health Strategy.
- Provide a system-level perspective and technical guidance on digital health initiatives.
- Mobilise resources for strategic investment in digital health initiatives across the health sector.
- Review and approve digital health initiatives.
- Oversee compliance with digital health standards and guidelines.
- Establish and oversee standards and guidelines to govern issues of ownership, compliance, privacy, confidentiality, and security in the digital health ecosystem.
- Monitor and evaluate the implementation of digital health initiatives.
- Establish task teams to implement specific digital health tasks.

## **Membership**

The committee will be composed of not more than 20 voting members and will consist of one representative from the following institutions: MDA; public, private, and faith-based health facilities; the private sector; research and training institutions; and development and implementing partners. Additional members may be co-opted at the discretion of the NDHSC and are not limited to listed members in Appendix 2.

## **Leadership**

The NDHSC will be chaired by the permanent secretary for Health at the MoHCDGEC and cochaired by the deputy permanent secretary responsible for Health at PORALG. The director of ICT at the MoHCDGEC shall serve as the secretary of the committee.

## **Accountability and Reporting**

- The NDHSC shall meet on a quarterly basis.
- The NDHSC shall submit reports to the Technical Committee Sector-Wide Approach meetings.

### **4.1.2 National Digital Health Secretariat (NDHS)**

The NDHS shall be responsible for both technical and administrative matters of the NDHSC. The NDHS shall advise the NDHSC, be responsible for day-to-day operations of the Digital Health Strategy implementation, and compile and circulate various reports of the Digital Health Strategy implementation.

## **Membership**

The NDHS shall comprise the director of ICT, who is the Digital Health coordinator at the MoHCDGEC, the director of Policy and Planning at the MoHCDGEC, and appointed officers from ICT and M&E at the MoHCDGEC.

## **Leadership**

The NDHS shall be chaired by the director of ICT at the MOHCDGEC and cochaired by the director of Policy and Planning at the MOHCDGEC.

## **Roles and Responsibilities**

The roles and responsibilities of the NDHS shall include the following:

- Provide technical support to the NDHSC.
- Oversee day-to-day operations and facilitate and support implementation of the Strategy at all levels.
- Prepare meeting calendar and organise meetings of the NDHSC and the M&E/ICT TWG.
- Record, compile, and circulate meeting minutes of the NDHSC and M&E/ICT TWG.
- Record and report digital health matters approved by the Chairperson of NDHSC.

## **Accountability and Reporting**

- The NDHS shall meet on a monthly basis.
- The NDHS shall submit reports to the NDHSC.

### **4.1.3 Monitoring and Evaluation & Information, Communication and Technology Technical Working Group. (M&E and ICT TWG)**

The M&E/ICT TWG shall be responsible for facilitation and support implementation of the Strategy at all levels.

#### **Membership**

The M&E/ICT TWG comprises the directors of ICT and M&E of both the MOHCDGEC and PORALG and assistant directors from different MOHCDGEC departments, as well as representatives from MDA, training and research institutions, and development and implementing partners.

#### **Leadership**

The M&E/ICT TWG is chaired by the assistant director of M&E of the MOHCDGEC and cochaired by the director of ICT at the MOHCDGEC.

#### **Roles and Responsibilities**

The roles and responsibilities of the M&E/ICT TWG shall include;

- Coordinating the implementation of the Digital Health Strategy to promote collaboration and prevent duplication of efforts and resources.
- Developing costed annual action plans for digital health activities.
- Ensuring proper use of allocated resources for implementing digital health initiatives.
- Developing and enforcing compliance with digital health standards and guidelines.

- Implementing digital health initiatives in accordance with national policies, regulations, guidelines, and standards.
- Implementing digital health capacity-building initiatives.
- Providing technical support, mentorship, and supportive supervision of digital health activities.
- Coordinating and engaging stakeholders in the implementation of the Digital Health Strategy.
- Promoting the Digital Health Strategy amongst stakeholders.
- Supervising Institutional and Health Facility Digital Health Committees.
- Establishing task teams to implement specific digital health tasks.
- Conducting M&E of the Digital Health Strategy implementation.

### **Accountability and Reporting**

- The M&E/ICT TWG shall meet on a monthly basis.
- The M&E/ICT TWG shall submit reports to the NDHSC.

### **4.2 Regional Health Management Teams (RHMT)**

The NDHSC will cascade the implementation of the Digital Health Strategy to RHMTs. RHMTs will be responsible for overall coordination of digital health initiatives at the regional level.

The roles of RHMTs shall include the following:

- Oversee the implementation of digital health initiatives.
- Enforce compliance with digital health standards and guidelines.

- Provide technical support to CHMTs on the implementation of digital health initiatives.
- Coordinate stakeholders in the implementation of digital health initiatives.
- Conduct supportive supervision and mentorship on the implementation of the Digital Health Strategy.
- Submit monthly reports to the MOHCDGEC and PORALG.
- Conduct M&E of the Digital Health Strategy implementation.

### **4.3 Council Health Management Teams (CHMT)**

RHMTs will cascade the implementation of the Digital Health Strategy to CHMTs. CHMTs will be responsible for overall coordination of digital health initiatives at the district level.

The roles of CHMTs shall include the following:

- Appoint Council Digital Health coordinator.
- Implement digital health activities.
- Enforce compliance with digital health standards and guidelines.
- Provide technical support to health facilities.
- Coordinate stakeholders in the implementation of digital health initiatives.
- Conduct mentorship and supportive supervision of digital health activities.
- Submit monthly reports to the RHMTs.
- Conduct M&E of the Digital Health Strategy implementation.

#### **4.4 Institutional Digital Health Committees (IDHC)**

MDA, as well as training institutions under the MOHCDGEC, shall establish Institutional Digital Health Committees, which shall be responsible for overall coordination of digital health activities at the institutional level. Each committee shall be chaired by the head of the institution, and the secretary of each committee shall be the head of the ICT Department in the institution.

The roles of the committees shall include the following:

- Develop annual action plans for digital health activities.
- Implement digital health initiatives.
- Mobilise resources for implementing digital health initiatives.
- Enforce compliance with digital health standards and guidelines.
- Implement digital health capacity-building initiatives.
- Provide technical support and supportive supervision of digital health activities.
- Submit monthly reports to the MOHCDGEC.
- Conduct M&E of the Digital Health Strategy implementation.

#### **4.5 Health Facility Digital Health Committees (HFDHC)**

Health facilities shall establish Health Facility Digital Health Committees, which shall be responsible for overall coordination of digital health activities at the facility level. Each committee shall be chaired by the health facility in-charge, and the secretary of each committee shall be the head of ICT or appointed focal person.

The roles of the committees shall include the following:

- Create awareness on digital health in health facilities.

- Develop facility annual action plans for digital health activities.
- Mobilise resources for implementing digital health initiatives.
- Implement digital health initiatives.
- Enforce compliance with digital health standards and guidelines.
- Implement digital health capacity-building initiatives.
- Conduct mentorship and supportive supervision of digital health activities.
- Submit monthly reports on the implementation of the Digital Health Strategy to the respective authorities (MOHCDGEC, PORALG, RHMT, CHMT).
- Conduct M&E of the digital health activities.

## 5. Resource Mobilisation Framework

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Successful implementation of digital health initiatives requires mobilisation of adequate resources at all levels of the health system, from the national to the health facility levels. Adequate financial, computing, and human resources need to be mobilised through various strategies. The Tanzania Digital Health Investment Road Map 2017–2023 indicates resources required for implementing various digital health initiatives. The Road Map will be revised from time to time to establish actual requirements as per the action plans.

### 5.1 Financial Resources

Financial resources required for the implementation of this Strategy will be mobilised at national and health facility levels through the following strategies:

- Budgeting and allocating funds for implementation of digital health initiatives.
- Strengthening cooperation with development and implementing partners.
- Writing proposals for grants and soft loans.
- Strengthening public-private partnership, including use of Service Agreements.
- Utilising health facility's own sources and other resources.

### 5.2 Human Resources

The government, in collaboration with partners, will ensure adequate skilled personnel—including ICT and M&E personnel required for the

implementation M&E of this Strategy—are availed through various strategies, including the following:

- Recruiting and ensuring equitable distribution of skilled ICT personnel.
- Seconding staff to public and private health facilities.
- Developing memorandums of understanding between institutions to support the staffing of the implementation of digital health initiatives.
- Using a task-sharing approach to address shortages of ICT personnel.
- Seeking technical support from key stakeholders.

### **5.3 Computing Infrastructure**

The MOHCDGEC will collaborate with relevant government authorities and other stakeholders to ensure availability of adequate and reliable computing infrastructure that is foundational for a successful implementation of this Strategy. The strategies for strengthening computing infrastructure will include:

- Improving availability and distribution of electricity from the national grid and other sources.
- Improving Internet connectivity in health facilities and institutions.
- Strengthening the use of existing government ICT resources (e.g., national data centre).
- Strengthening collaboration with telecommunication companies and mobile network operators.

## 6. Change and Adoption

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Implementation of this Digital Health Strategy will require comprehensive change-management strategies. Change management is a fundamental driver of successful implementation and adoption of digital health solutions. Evidence indicates that key factors influencing the achievement of sustainable change and adoption are mostly organisational rather than technical factors. Therefore, sound change-management approaches are essential to the realisation of a bigger picture of the value and benefits of the Digital Health Strategy. These approaches will entail managerial support at all levels to ensure the uptake of digital health applications and integration into clinical workflows and administrative operations.

The change and adoption will be achieved through the following strategies:

- Create awareness amongst health managers and practitioners on digitalisation of health services.
- Provide adequate training on the use of digital health solutions.
- Create champions and communities of practice for promoting the use of digital health solutions and data use.
- Conduct mentorship and supportive supervision of digital health activities at all levels.
- Use skilled personnel with experience and expertise in system implementation and change-management practices.
- Develop and enforce change-management plan for transitioning from manual systems to digital solutions.

- Assess compliance assessment to standards and guidelines on the implementation of digital health systems.
- Implement change-management mechanisms to ensure transition from one system to another, or between versions of systems, and that changes in business processes do not negatively affect service provision.
- Collaborate with training institutions to integrate digital health and data-use aspects into pre-service and in-service health training curricula.
- Make implementation of the Digital Health Strategy a permanent agenda of all meetings at all levels of the health system.
- Implement evaluation and rating of digital health solutions at all levels.
- Improve documentation of digital health systems (e.g., systems requirements specifications, user-acceptance testing reports, system technical manuals, user manuals, and standard operating procedures).
- Improve structured user support and user feedback mechanisms.
- Collaborate with research and training institutions in the development of digital health solutions.
- Strengthen national, regional, and international collaborations as a vehicle for capacity building on emerging digital health innovations.
- Strengthen different Communities of Practice for digital health.

## 7. Research, Innovation, and Development in Digital Health

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The health sector is amongst the most data-intensive sectors, and there is an increasing availability of large volumes of health data from more sources than ever before. It is therefore very important to explore innovative approaches that enhance effective management and efficient use of big data and emerging technologies for sustainable, scalable, and value-based transformation of health services delivery—and hence, the wider health system transformational change.

Emerging technologies—such as Internet of Things, wearables and sensors, blockchain, virtual reality, Artificial Intelligence, including machine learning, and big data analytics—have potential capacities to facilitate actionable insights that will enhance attainment of UHC, data quality, and effectiveness and efficiency in health services delivery.

The MOHCDGEC, in collaboration with universities, research institutions, and other stakeholders, will invest in research, innovation, and development to explore how existing and emerging digital technologies can be harnessed to inform evidence-based and cost-effective application of digital health technologies.

The Ministry, in collaboration with universities and research institutions, will:

- Conduct research and innovation activities to improve adoption of digital technologies in the health sector.

- Facilitate the translation of research evidence and information into policy and practice.
- Conduct operational and implementation research on digital health to inform decision-making, policy, and practice.
- Conduct research on emerging technologies to inform use in the health sector.
- Promote establishment of Digital Health incubation centres.

## 8. Monitoring, Evaluation, and Learning

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The goal of monitoring, evaluation, and learning (MEL) is to ensure that the Digital Health Strategy delivers according to the national health priorities and that the planned activities are implemented in the right way to yield the desired outcomes. In this regard, the MEL is instituted as a strategic review mechanism to monitor progress, assess outcomes, and inform appropriate measures to be taken to ensure that the strategy delivers in accordance with the strategic priorities and expectations.

The MEL will be participatory, involving stakeholders in the implementation of the Digital Health Strategy. The M&E road map for the Digital Health Strategy implementation (section 8.4) will inform undertaking of the MEL.

### 8.1 Monitoring

Monitoring refers to the tracking of the progress of implementation of the Digital Health Strategy. Monitoring of the Strategy will involve continuous data collection at all levels of the health system.

In order to monitor the implementation of this Strategy, the following shall be done:

- Review digital health action plans in line with the strategic priorities and initiatives of this Strategy.
- Prepare and distribute monitoring and reporting guidelines to all levels of the health system. The guidelines will include the format of data-collection instruments, indicators, flow of information, reporting formats, and reporting schedules.

- Collect information related to monitoring of structural, process, and outcome indicators that reflect the implementation of this Strategy.
- Disseminate the monitoring reports of the Strategy implementation to all levels of the health system and other stakeholders.
- Develop and implement M&E capacity initiatives to ensure high-quality outcomes.

## 8.2 Evaluation

Evaluation is a critical and objective appraisal of the overall Digital Health Strategy implementation. The evaluation will focus on performance and achievement of outputs, outcomes, and impacts. There shall be two main evaluation phases: the first one is at the middle of implementation of the Strategy (midterm evaluation) and the second evaluation at the end of the fifth year (end-line evaluation).

In order to evaluate the implementation of this Strategy, the following shall be done:

- Define structural, process, and outcome indicators that provide informative and actionable insight into the Digital Health Strategy implementation performance and adoption of digital health, as well as the tangible results for the health-sector and non-health-sector stakeholders.
- Identify baseline for all types of indicators from output to outcomes to allow effective evaluation of progress over the duration of the plan.
- Collect information relating to evaluation of structural, process, and outcome indicators that reflect the implementation of this Strategy.

- Engage an external evaluator for the midterm and final evaluation of the implementation of the Strategy.
- Disseminate the evaluation reports of the implementation of the Strategy to all levels of the health system and other stakeholders.

### **8.3 Learning**

Learning is an important component of this Strategy that aims at analysing the data gathered from the continued monitoring and periodic evaluation (baseline, midterm, and end-line) to inform and thus improve implementation of this Strategy.

The learning component of this Strategy will include:

- Periodic analysis and review of the process—structural and outcome indicators to have real-time indicators.
- Periodic analysis and review of the stakeholders involved in implementation of this Strategy by including newly identified and appropriate stakeholders.
- Periodic analysis and review of the resources required for the implementation of this Strategy.
- Analysis of the monitoring reports, best practices, and research findings for continuous learning to inform the implementation of this Strategy.
- Analysis of the midterm and final evaluation reports, as well as documentation of the lessons learnt from implementation of this Strategy to inform the next strategy.

#### 8.4 M&E Road Map for the Digital Health Strategy Implementation

**Table 4. Monitoring and evaluation road map for the National Digital Health Strategy 2019–2024 implementation.**

| Priority Area | Strategic Priority   | No. | Strategic Initiatives  | Indicator  | Target  |
|---------------|--|-----|--|--|---|
| 1             | Strengthen digital health governance and leadership to facilitate better coordination and implementation of digital health initiatives | 1.1 | Strengthen the governance structures to enable effective coordination, management oversight, and implementation of digital health initiatives across the health sector | <p>(i) Presence of the digital health governance structure across all health system levels</p> <p>(ii) Presence of a functional governance structure for coordination and management of the Digital Health Strategy implementation (measured by number of meetings held, number of digital health initiatives reviewed and approved, number of implementation reports, etc.)</p> | <p>(i) The digital health governance structure across all health system levels established by December 2019</p> <p>(ii) Digital health governance structure across all health system levels functional by June 2020</p> |

| Priority Area | Strategic Priority | No.        | Strategic Initiatives   | Indicator   | Target  |
|---------------|--------------------|------------|---|---|---|
|               |                    | <b>1.2</b> | Develop a costed action plan for the implementation of the Digital Health Strategy                              | <p>(i) Presence of a 5-year costed action plan for the implementation of the Digital Health Strategy</p> <p>(ii) Presence of annual costed action plans for the implementation of the Digital Health Strategy</p> | <p>(i) A 5-year costed action plan for the Digital Health Strategy implementation in place by July 2019</p> <p>(ii) Annual costed action plans for the implementation of the Digital Health Strategy in place by June of every year</p> |
|               |                    | <b>1.3</b> | Develop a resource mobilisation plan to ensure successful implementation of the Strategy                        | Availability of the resource mobilisation plan for implementation of the Strategy   | Availability of the resource mobilisation plan for implementation of the Strategy in place by July 2019   |
|               |                    | <b>1.4</b> | Improve the legal and regulatory framework to ensure client safety, data security, confidentiality, and privacy | Presence of legislation, regulations, and guidelines for ensuring client safety, health data security, confidentiality, and privacy   | Legislation, regulations, and guidelines for ensuring client safety, health data security, confidentiality, and privacy developed by December 2021  |
|               |                    | <b>1.5</b> | Develop a change-management plan  | Presence of change-management plan  | Change-management plan developed by June 2020   |

| Priority Area | Strategic Priority  | No. | Strategic Initiatives  | Indicator  | Target  |
|---------------|---|-----|--|--|---|
| 2             | improve efficiency, patient safety, and quality and continuity of care through digitalisation of health service delivery in a holistic manner | 1.6 | Implement digital health-initiatives inventory and digital library | Availability of functional digital health-initiatives inventory and digital library              | Functional health-initiatives inventory and digital library in place by December 2019   |
|               |   | 2.1 | Digitalise health care services at health facility levels          | Presence of digitalised health care services in health facilities                                | Health facilities with digitalised health care services in place by June 2024:<br><ul style="list-style-type: none"> <li>. All hospitals</li> <li>. 80% of health centres and dispensaries</li> </ul> |
|               |   | 2.2 | Implement standardised ePrescription                               | (i) Presence of standardised ePrescription   | (i) Standardised ePrescription in place by June 2020  |
|               |   |     |  | (ii) Proportion of health facilities using standardised ePrescription                            | (ii) Standardised ePrescription implemented in 80% of health facilities by June 2024  |
|               |   | 2.3 | Implement standardised insurance eClaim                            | (i) Presence of standardised insurance eClaim  | (i) Standardised insurance eClaim developed by December 2020  |
|               |   |     |  | (ii) Proportion of health facilities and insurance providers using standardised insurance eClaim | (ii) Standardised insurance eClaim utilised by all health facilities and insurance providers by June 2024   |

| Priority Area | Strategic Priority | No.        | Strategic Initiatives  | Indicator   | Target  |
|---------------|--------------------|------------|--|---|---|
|               |                    |            |  | (iii) Proportion of insurance providers using standardised insurance eClaim   | (iii) Standardised Insurance eClaims implemented in 80% of health facilities by June 2024   |
|               |                    | <b>2.4</b> | Implement integrated eReferral solutions   | (i) Presence of integrated eReferral solutions<br>(ii) Proportion of referrals in health facilities done through integrated eReferral solutions       | (i) Integrated eReferral solutions developed by December 2020<br>(ii) Integrated eReferral solutions utilised by all health facilities by June 2024   |
|               |                    | <b>2.5</b> | Digitalise community-based health services   | (i) Presence of digitalised community-based health services<br>(ii) Proportion of community-based health services delivered through digital solutions | 60% of all community-based health services digitalised by June 2024   |
|               |                    | <b>2.6</b> | Implement a digital platform for managing clients' feedback on the quality of services received at the health facilities | Percentage of clients using the digital platform to provide feedback on the quality of services   | Feedback by 30% of all clients on the quality of services received at the health facilities provided through use of the digital platform by June 2024 |

| Priority Area | Strategic Priority   | No. | Strategic Initiatives   | Indicator   | Target   |
|---------------|--|-----|---|---|--|
| 3             | Improve health workforce competency and equitable access to specialised health care using telehealth | 3.1 | Develop guidelines to streamline implementation and operationalisation of telehealth services                     | Development of guidelines to streamline implementation and operationalisation of telehealth services        | Guidelines to streamline implementation and operationalisation of telehealth services in place by June 2020  |
|               |  | 3.2 | Improve information and communications technology (ICT) infrastructure to support delivery of telehealth services | Proportion of health facilities with required ICT infrastructure to support delivery of telehealth services | Required ICT infrastructure to support delivery of telehealth services maintained in 70% of all health facilities by June 2024                                 |
|               |  | 3.3 | Implement telemedicine services   | Proportion of health facilities providing telemedicine services   | (i) Telemedicine services provided by all hospitals by June 2024<br>(ii) Telemedicine services provided by 50% of health centres and dispensaries by June 2024 |
|               |  | 3.4 | Implement digital platforms for health professional peer networking   | Proportion of health workers using the health professional peer network                                     | Operational digital platforms for health professional peer networking used by 80% of health professionals by June 2024   |

| Priority Area | Strategic Priority   | No.        | Strategic Initiatives  | Indicator  | Target  |
|---------------|--|------------|--|--|---|
|               |  | <b>3.5</b> | Implement eLearning and knowledge management platforms for continuous professional development | <p>(i) Presence of digital learning and knowledge management platforms for continuous professional development</p> <p>(ii) Proportion of health workers enrolled for courses on digital learning platforms</p> <p>(iii) Proportion of health workers who completed at least one course delivered through the digital learning platform</p> | <p>(i) Digital learning and knowledge management platforms developed by December 2019</p> <p>(ii) 50% of health workers enrolled in digital learning and knowledge management platforms by June 2024</p> <p>(iii) Courses completed by 60% of the health workers enrolled in the digital learning and knowledge management platforms for continuous professional development by June 2024</p> |
| <b>4</b>      | Promote healthy behaviour through access to health information, education, and communication (IEC) | <b>4.1</b> | Develop guidelines for effective use of interactive digital platforms for health IEC           | Development of guidelines for effective use of interactive digital platforms for IEC   | Guidelines for effective use of interactive digital platforms for IEC developed by December 2020  |

| Priority Area | Strategic Priority                               | No.        | Strategic Initiatives   | Indicator  | Target  |
|---------------|--|------------|---|--|---|
|               |  | <b>4.2</b> | Implement interactive digital platforms for health IEC  | (i) Availability of interactive digital platforms for IEC<br>(ii) Proportion of mobile phones and Internet subscribers using interactive digital platforms for IEC | Interactive digital platforms for IEC used by 75% of mobile phones and Internet subscribers by June 2024  |
| <b>5</b>      | Enhance seamless and secure information exchange | <b>5.1</b> | Finalise and institutionalise Tanzania Health Enterprise Architecture   | Proportion of digital health solutions whose development is guided by the Health Enterprise Architecture   | Development of all digital health solutions guided by the Health Enterprise Architecture by June 2024   |
|               |  | <b>5.2</b> | Strengthen use of data, application, and technology standards (e.g., International Classification of Diseases, 10 <sup>th</sup> Revision; Health Level-7; Digital Imaging and Communications in Medicine; Logical Observation Identifiers Names and Codes; and service codes) | Percentage of health facilities using data, application, and technology standards  | Health facilities with data, application, and technology standards in place by June 2024: <ul style="list-style-type: none"> <li>· All hospitals</li> <li>· 80% of health centres and dispensaries</li> </ul> |

| Priority Area | Strategic Priority | No.        | Strategic Initiatives  | Indicator   | Target  |
|---------------|--------------------|------------|--|---|---|
|               |                    | <b>5.3</b> | Implement terminology services for standardised health terminologies, codes, data elements, and value sets | Percentage of health facilities using standardised health terminologies, codes, data elements, and value sets | Health facilities with standardised health terminologies, codes, data elements, and value sets in place by June 2024; <ul style="list-style-type: none"> <li>All hospitals</li> <li>80% of health centres and dispensaries</li> </ul> |
|               |                    | <b>5.4</b> | Strengthen interoperability across different systems within health and other sectors                       | Proportion of interoperable digital health solutions within health and other sectors                          | 90% of all digital health solutions interoperable by June 2024  |
|               |                    | <b>5.5</b> | Implement client and health worker registries  | (i) Presence of functional client registry<br>(ii) Presence of functional health worker registry              | (i) Client registry functional by June 2020<br>(ii) Health worker registry functional by June 2021  |
|               |                    | <b>5.6</b> | Strengthen the Health Facility Registry (HFR) and health commodities registries                            | (i) Presence of improved HFR<br>(ii) Presence of improved health commodities registries                       | (i) Improved health facility registry functional by June 2020<br>(ii) Improved health commodities registries functional by June 2021  |
|               |                    | <b>5.7</b> | Implement shared client health records   | Proportion of health facilities using shared client health records  | Shared health records utilised in all digitalised health facilities by June 2021  |

| Priority Area | Strategic Priority   | No.        | Strategic Initiatives  | Indicator  | Target   |
|---------------|--|------------|--|--|--|
|               |  | <b>5.8</b> | Strengthen standards and guidelines for secure data storage, processing, information exchange, and dissemination | Percentage of health facilities using standards and guidelines for secure data storage, processing, information exchange, and dissemination  | Standards and guidelines for secure data storage, processing, information exchange, and dissemination used by all health facilities by June 2024   |
| <b>6</b>      | Improve data use for evidence-based actions at all levels of the health system | <b>6.1</b> | Implement digital solutions for facility supervision   | <ul style="list-style-type: none"> <li>(i) Presence of digital solutions for facility supervision</li> <li>(ii) Proportion of health facilities supervised using the digital solutions</li> </ul>  | <ul style="list-style-type: none"> <li>(i) Digital solutions for facility supervision developed by June 2020</li> <li>(ii) All health facilities supervised using digital solutions in the health service delivery system by June 2024</li> </ul>  |
|               |  | <b>6.2</b> | Strengthen continuous professional development programmes on data use for health workers                         | <ul style="list-style-type: none"> <li>(i) Presence of a training package for data use for health workers</li> <li>(ii) Proportion of health workers trained on data use</li> <li>(iii) Proportion of health facilities utilising data for evidence-based actions and dissemination</li> </ul> | <ul style="list-style-type: none"> <li>(i) A training package for data use for health workers developed by December 2019</li> <li>(ii) 80% of all health workers trained on data use by June 2024</li> <li>(iii) Data for evidence-based actions and dissemination used by all health facilities by June 2024</li> </ul> |

| Priority Area | Strategic Priority   | No.        | Strategic Initiatives  | Indicator  | Target  |
|---------------|--|------------|--|--|---|
|               |  | <b>6.3</b> | Incorporate data-use aspects in pre-service and in-service curricula                             | Percentage of health training institutions implementing curricula with data-use aspects  | Curricula incorporated with data-use aspects by all health training institutions by June 2024   |
|               |  | <b>6.4</b> | Strengthen the national health data warehouse  | Percentage of hospitals and institutions that provide data to the data warehouse   | Data provided to the data warehouse by 80% of public and private health facilities and all institutions by June 2024  |
|               |  | <b>6.5</b> | Improve the Health Management Information System (HMIS), including indicators and data analytics | Presence of improved HMIS with new indicators and data analytics   | Improved HMIS functionality by June 2020  |
| <b>7</b>      | Improve supply chain management of health commodities at all levels of the health system | <b>7.1</b> | Strengthen logistics management information systems (MIS)  | Proportion of health facilities; Ministries, Departments, and Agencies (MDA); and local government authorities (LGAs) using electronic Logistics Management Information System (eLMIS) integrated with other information systems | An integrated eLMIS utilised at all health facilities, MDA, and LGAs by June 2022   |
|               |  | <b>7.2</b> | Implement digital solution for tracing and tracking of health commodities                        | Proportion of health facilities, Medical Stores Department (MSD), Tanzania Food & Drugs Authority (TFDA), and other institutions using digital solution for tracing and tracking of health commodities                           | Use of digital solution for tracing and tracking of health commodities by all health facilities, MSD, TFDA, and other institutions implemented by June 2021 |

| Priority Area | Strategic Priority   | No.        | Strategic Initiatives  | Indicator   | Target  |
|---------------|--|------------|--|---|---|
|               |  | <b>7.3</b> | Integrate the national product registry of medicines, medical supplies, and medical devices with other systems | Proportion of systems integrated with the national product registry for medicines, medical supplies, and medical devices  | The national product registry of medicines, medical supplies, and medical devices integrated with all systems by December 2023                                |
|               |  | <b>7.4</b> | Strengthen the adverse-drug-reactions reporting system for medicines, medical devices, and cosmetics           | Proportion of health facilities using an adverse-drug-reaction reporting system integrated with Health Facility Electronic Management Systems   | An adverse-drug-reaction reporting system integrated with Health Facility Electronic Management Systems used by 80% of all health facilities by December 2021 |
| <b>8</b>      | Improve management of human resources at all levels of the health system | <b>8.1</b> | Improve human resources for health (HRH) MISs  | Proportion of health institutions and facilities using integrated HRH MIS   | Integrated HRH MIS used by all health institutions and facilities by June 2022  |
|               |  | <b>8.2</b> | Improve digital solutions for management and monitoring of HRH production and absorption                       | (i) Presence of digital solution that enables tracking of health graduates<br>(ii) Proportions of HRH of different cadres tracked from training institutions<br>(iii) Proportions of HRH of different cadres tracked from employers | A functional digital solution for tracking health graduates implemented by June 2023  |

| Priority Area | Strategic Priority | No.        | Strategic Initiatives  | Indicator  | Target   |
|---------------|--------------------|------------|--|--|--|
|               |                    | <b>8.3</b> | Integrate the health worker registry with existing human resource systems (including Human Capital Management Information System [HCMIS], Human Resources for Health Information System [HRHIS], health worker regulatory board databases, and Training Institution Information System [TIIS]) through an interoperability layer | <p>(i) Integration of health workers' registry to existing HR systems</p> <p>(ii) Proportion of health institutions and facilities that utilise health worker registry that is integrated with existing human resource systems (including HCMIS, HRHIS, health worker regulatory board databases, TIIS).</p> | A functional health worker registry that is interoperable with existing human resource systems (including HCMIS, HRHIS, health worker regulatory board databases, TIIS) implemented by June 2023 |
|               |                    | <b>8.4</b> | Implement biometric attendance registers at health facilities and institutions   | Proportions of health institutions and facilities using biometric attendance register  | Biometric attendance register used by 90% of health institutions and facilities by June 2023   |
|               |                    | <b>8.5</b> | Implement digital solutions for improving and tracking performance of health workers   | Presence of functional digital solutions for improving and tracking performance  | Functional digital solutions for improving and tracking performance implemented by June 2021   |

| Priority Area | Strategic Priority  | No.  | Strategic Initiatives  | Indicator   | Target   |
|---------------|---|------|--|---|--|
| 9             | Improve management of financial resources   | 9.1  | Improve digital solutions for planning, budgeting, revenue collection, accounting, auditing, and reporting at all levels                     | Proportion of district councils and health facilities using improved planning and reporting system (PlanRep) software   | Improved PlanRep software used by all district councils and health facilities by June 2023                         |
|               |   | 9.2  | Integrate electronic revenue collection systems in all public health facilities and institutions with the Government ePayment Gateway (GePG) | Proportions of public health institutions and facilities using revenue collection systems that are integrated with GePG | Revenue collection systems integrated with GePG used by all public health institutions and facilities by June 2022 |
|               |   | 9.3  | Strengthen digital solutions for health insurance management   | Proportion of health facilities utilising digital solutions for health insurance management                             | Digital solutions for health insurance management utilised by all health facilities by June 2021                   |
| 10            | Strengthen disease prevention, surveillance, detection, reporting, response, and control at all levels of the health system | 10.1 | Strengthen the disease surveillance and response system  | Presence of an interoperable digital solution to support disease surveillance and response                              | An interoperable digital solution for supporting disease surveillance and response functional by December 2022     |

| Priority Area | Strategic Priority | No.         | Strategic Initiatives   | Indicator  | Target  |
|---------------|--------------------|-------------|---|--|---|
|               |                    | <b>10.2</b> | Strengthen integration of the electronic Integrated Diseases Surveillance and Response System (eIDSR) with related systems in East African Community Partner States | Integration of eIDSR with related systems in East African Community Partner States   | eIDSR integrated with related systems in East African Community Partner States by June 2022                   |
|               |                    | <b>10.3</b> | Strengthen digital solutions for promotion of safe water, sanitation, hygiene, and food safety services   | (i) Presence of digital solutions for promotion of safe water, sanitation, hygiene, and food safety services<br>(ii) Integration of the National Sanitation Management Information System (NSMIS) and the HMIS | A functional NSMIS integrated with HMIS by June 2022  |
|               |                    | <b>10.4</b> | Implement digital solutions for tracking and reporting of injuries, emergencies, and disasters  | Implementation of digital solutions for tracking and reporting of injuries, emergencies, and disasters   | Digital solutions for tracking and reporting of injuries, emergencies, and disasters implemented by June 2024 |

## 9. References

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1. World Health Organisation (2006). eHealth tools and services: report of the Global Observatory for eHealth. Geneva: World Health Organisation.
2. Murray CJL and Frenk J (1999). A WHO framework for health system performance assessment. Evidence and Information for Policy, World Health Organisation. <https://www.who.int/healthinfo/paper06.pdf>. Accessed 28 December 2018.
3. United Nations General Assembly (21st October 2015). Transforming our world: the 2030 Agenda for Sustainable Development. 70th Sess., U.N. Doc. A/RES/70/1. New York: United Nations. [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E). Accessed 28 December 2018.
4. Planning Commission (1999). The Tanzania Development Vision 2025. Dar es Salaam: President's Office. <http://www.mof.go.tz/mofdocs/overarch/vision2025.htm>. Accessed 28 December 2018.
5. Ministry of Health, Community Development, Gender, Elderly and Children (2019). Tanzania National Health Policy 2019. Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly and Children (unpublished).
6. Ministry of Health, Community Development, Gender, Elderly and Children (2015). Health Sector Strategic Plan July 2015 – June 2020 (HSSP IV): Reaching all Households with Quality

Health Care. Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly and Children. <http://moh.go.tz/en/strategic-plans?download=295:health-sector-strategic-plan-iv-july-2015-%E2%80%93-june-2020>. Accessed 29 August 2018.

7. Hite RC. Enterprise Architecture: Leadership Remains Key to Establishing and Leveraging Architectures for Organisational Transformation. Technical Report GAO-06-831, United States Government Accountability Office; 2006 Aug. <https://www.gao.gov/assets/260/251127.pdf>. Accessed 8th April 2019.
8. East African Health Research Commission (2017). Digital REACH Initiative Roadmap. Arusha: East African Health Research Commission. <https://www.k4health.org/sites/default/files/digital-reach-initiative-roadmap.pdf>. Accessed 27 December 2018.
9. Ministry of Health and Social Welfare (2013). Tanzania National eHealth Strategy 2013 – 2018. Dar es Salaam: Ministry of Health and Social Welfare. [http://moh.go.tz/images/eHealth\\_Initiatives/Tanzania-eHealth-Strategy-2013-18.pdf](http://moh.go.tz/images/eHealth_Initiatives/Tanzania-eHealth-Strategy-2013-18.pdf). Accessed 28 December 2018.
10. World Health Organization & International Telecommunication Union (2012). National eHealth Strategy Toolkit. Geneva: World Health Organization and International Telecommunication Union. <http://www.who.int/iris/handle/10665/75211>. Accessed 29 August 2018.

## 10. Appendix

### National Digital Health Steering Committee (NDHSC) Members

| S/N | Designation                     | Institution | Role           |
|-----|---------------------------------|-------------|----------------|
| 1.  | Permanent Secretary             | MOHCDGEC    | Chairperson    |
| 2.  | Permanent Secretary             | PORALG      | Co-Chairperson |
| 3.  | Chief Medical Officer           | MOHCDGEC    | Member         |
| 4.  | Director of ICT                 | MOHCDGEC    | Secretary      |
| 5.  | Director of Policy and Planning | MOHCDGEC    | Member         |
| 6.  | Chief Accountant                | MOHCDGEC    | Member         |
| 7.  | Director of Legal Unit          | MOHCDGEC    | Member         |
| 8.  | Chair of DPG Health             | DPG Health  | Member         |
| 9.  | Chief Executive Officer         | eGA         | Member         |
| 10. | Director General                | COSTECH     | Member         |
| 11. | Director of ICT                 | POPSM&GG    | Member         |
| 12. | Director of ICT                 | PORALG      | Member         |
| 13. | Representative from RMOs        | Region      | Member         |
| 14. | Representative from DMOs        | Council     | Member         |
| 15. | Representative                  | APHFTA      | Member         |
| 16. | Representative                  | CSSC        | Member         |
| 17. | Representative                  | BAKWATA     | Member         |
| 18. | Representative                  | ACADEMIA    | Member         |

| S/N                     | Designation   | Institution           | Role   |
|-------------------------|---|-----------------------|--------|
| <b>Co-opted members</b> |   |                       |        |
| 1.                      | Director of Administration Human Resources Management     | MOHCDGEC              | Member |
| 2.                      | Director of Curative Services                             | MOHCDGEC              | Member |
| 3.                      | Director of Preventive Services                           | MOHCDGEC              | Member |
| 4.                      | Director of Human Resource Development                    | MOHCDGEC              | Member |
| 5.                      | Chief Pharmacist  | MOHCDGEC              | Member |
| 6.                      | Director of Nursing Services                              | MOHCDGEC              | Member |
| 7.                      | Assistant Director M&E                                    | MOHCDGEC              | Member |
| 8.                      | Director of Health, Social Welfare and Nutrition Services | PORALG                | Member |
| 9.                      | Director General  | NHIF                  | Member |
| 10.                     | Director General  | TMDA                  | Member |
| 11.                     | Director General  | MSD                   | Member |
| 12.                     | Chief Executive Officer                                   | TTCL                  | Member |
| 13.                     | Chief Executive Officer                                   | NIDA                  | Member |
| 14.                     | Chief Executive Officer                                   | RITA                  | Member |
| 15.                     | Representatives   | Implementing Partners | Member |



