

THE UNITED REPUBLIC OF TANZANIA



Ministry of Health

Tanzania National Oral Health Strategic Plan V 2026 – 2031



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Dodoma, May, 2026

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Tanzania National Oral Health Strategic Plan V 2026-2031

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Ministry of Health

Tanzania National Oral Health

Strategic Plan V

May 2026 – December 2031



Foreword



This five-year Oral Health Strategic Plan (2026-2031) demonstrates the commitment of the Government of Tanzania (GoT) to improve oral health care services in line with national and international agendas. Through this Strategic Plan, the Ministry of Health—which is mandated to develop policies, guidelines, and standards provides a road map to key players for oral health in Tanzania to ensure a national picture of the distribution and equity in the provision of Oral Health Services is achieved. The Ministry links with the Prime Minister’s Office, Regional Administration and Local Government (PORALG), which is mandated for the coordination of the implementation of this plan in the Local Government Authorities (LGAs) through the Regional Secretariats (RS).

This Oral Health Strategic Plan consists of key strategic objectives, targets, and activities projected to be implemented and achieved by the Government of Tanzania within five years. The development of this plan has taken into account unfinished business from the National Oral Health Strategic Plan 2012-2017, the National Health Policy 2007, the Health Sector Strategic Plan Five: 2021-2026 (HSSP V), and the Global Strategy and Action Plan on Oral Health 2023–2030.

The development of this Oral Health Strategic Plan involved a series of workshops and extensive consultations with various key stakeholders. Their inputs and contributions enriched the development process of this plan, which will contribute to the strategic performance of oral health services in the coming five years.

The implementation of this Strategy requires a substantial commitment from all key stakeholders. Therefore, the Ministry urges all key players to use this strategy to provide support, guidance, coordination, and leadership to improve oral health services in Tanzania.

A handwritten signature in blue ink, reading "Seif A. Shekalaghe".

Dr. Seif A. Shekalaghe
Permanent Secretary

Acknowledgments



The Ministry of Health appreciates the overall leadership spearheaded by Assistant Director Oral Health—Dr. Baraka J. Nzobo—for developing this Oral Health Strategic Plan. Special acknowledgement is extended to the World Health Organization and Borrow Foundation for their technical and financial support, respectively, in the development of this strategy. The Ministry also recognizes the efforts provided by all individuals who participated in each step that led to the development of this Strategic Plan. The Ministry acknowledges the massive technical support provided by all stakeholders who were consulted and provided information and/or inputs to enrich the development of this document.

Appreciations are extended to Dr Hamad Nyembea (Acting Director of Curative Health Services—MoH) and other Directors for their inputs which resulted in this strategy. Sincere thanks are extended to the PORALG Directorate of Health Social Welfare and Nutrition Services for their review and inputs. In particular, I wish to thank the following technical team members: Dr. James Tumaini Kengia (PORALG), Dr. Msafiri Kabulwa (MoH), Ms. Ennegrace Nkya (MoH), Mr. Dismas Shao (MoH), Dr. Mwandu Kini (CEDHA), Dr. John Sijaona (RS Lindi), Dr. Philemon Kalugira (DED Chalinze), Dr. Sima Rugarabamu (MNH), Dr. Alex Kimambo (Benjamin Mkapa Zonal Hospital) and Dr. Peter Shempemba (MNH-Mloganzila Hospital) for coordinating and providing technical inputs during the whole process of developing this plan.

Last but not least, our sincere thanks go to the Lead Consultant Professor Daudi Simba from MUHAS for his valuable guidance and inputs during all stages in the development of this plan.

Finally, it is anticipated that this plan will provide a road map for key strategic actions to strengthen the provision of oral health in Tanzania. Key stakeholders are therefore invited to support both technically and financially the execution of this plan.

A handwritten signature in blue ink, consisting of several loops and a final flourish.

Dr. Grace E. Magembe
Chief Medical Officer

Executive Summary

The National Oral Health Strategic Plan 2026–2031 (OHSP V) for Tanzania Mainland, developed by the Ministry of Health (MoH) in alignment with the Health Sector Strategic Plan V (2021–2026), the National Health Policy 2007, and the WHO Global Strategy on Oral Health 2023–2030 and its regional framework, aims to enhance oral health services and address the rising burden of oral diseases. This plan builds on unfinished priorities from the National Oral Health Strategic Plan IV (2012–2017) and incorporates stakeholder inputs to guide equitable, affordable, and integrated oral health care.

Tanzania's population of 61.7 million faces significant oral health challenges, as documented in the 2020 National Oral Health Survey. Dental caries affects 31.1% of children and 76.5% of adults. Periodontal diseases affect 57.4% of children and 62.8% of adults. Dental fluorosis affects 24.8% of children and 31.6% of adults. Malocclusion is prevalent in 61.2% of those surveyed.

As of July 2025, 42% of public health facilities, from health centres through to national hospitals, provide oral health services. This falls significantly below the global target of 80% facility coverage by 2030.

The oral health workforce is inadequate (dentist-to-population ratio 1:125,000), and the majority are concentrated in urban areas, while training output is also low (50 dentists, 120 therapists, 10 technologists annually). Oral healthcare is funded through government allocations, out-of-pocket payments, health insurance, and limited donor support. The health sector receives 7–8% of the national budget (about TZS 2.5 trillion in 2023), but funding for oral health remains minimal.

The plan's vision is a society enjoying the highest attainable oral health, contributing to national development. Its mission is to deliver integrated, equitable, affordable, client-centred services. Core values include professionalism, ethics, quality, innovation, equity, accountability, integrity and affordability.

Six strategic objectives drive the plan: (1) Strengthen leadership and governance through training, quality standards, partnerships, and resource mobilization; (2) Enhance human resources by updating norms, developing curricula (e.g., for dental nurses), recruiting personnel, and providing scholarships; (3) Improve commodities via updated lists, forecasting, audits, and procurement; (4) Strengthen promotion and prevention with fluoride programs, school sealants, campaigns, and community outreach; (5) Upgrade care services by expanding infrastructure, updating guidelines, integrating into Primary Health Care (PHC), and leveraging digital tools; (6) Support surveillance and research through a national agenda, capacity building, and data integration into Health Management Information System (HMIS).

Implementation is coordinated by Ministry of Health (MoH) Oral Health Section, Prime Minister's Office-Regional Administration and Local Government (PO-RALG), regional and council dental officers, and facility units, with tasks including resource mobilization and annual planning. Monitoring and evaluation use an input-process-output-outcome-impact model, with routine tracking, annual reviews, and a mid-term evaluation. Budget estimates total TZS 33,950,000,000/=, sourced from government, partners, and insurance.

Through coordinated action and sustained investment, OHSP V aims to transform oral health care in Tanzania Mainland and ensure equitable access for all citizens.

Abbreviations

3D-CBT	3-Dimensional Cone Beam Computed Tomography
ADOHS	Assistant Director Oral Health Services
AIDS	Acquired Immune Deficiency Syndrome
CHMT	Council Health Management Team
DDS	Doctor of Dental Surgery
GDP	Gross Domestic Percapita
HIV	Human Immunodeficiency Virus
HSSP V	Health Sector Strategic Plan V
IOM	Infant Oral Mutilation
LGAs	Local Government Authorities
LRTI	Lower Respiratory Tract Infections
MOH	Ministry of Health
MUHAS	Muhimbili University of Health and Allied Sciences
NCDs	Non-Communicable Diseases
OHSPV	Oral Health Strategic Plan V
OPG	Orthopantomography
PHC	Primary Health Care
PORALG	Prime Minister's Office, Regional Administration and Local Government
RHMT	Regional Health Management Team
TZS	Tanzanian Shillings
USD	United States Dollar
WHO	World Health Organization

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Chapter One

Introduction

1. Background

Tanzania Mainland comprises of 26 administrative regions and 184 local government authorities (LGAs). At the national level, the Ministry of Health (MOH) is sectoral ministry responsible for formulating policies, strategies, and guidelines; providing technical guidance; and mobilizing resources for both general and oral health services (Health Policy 2007; HSSP V 2021–2026). The Prime Minister’s Office– Regional Administration and Local Government (PO-RALG) coordinates and oversees the implementation of these policies, strategies, and guidelines within LGAs. At the regional level, Regional Health Management Teams (RHMTs) provide technical support to councils, while Council Health Management Teams (CHMTs) oversee operational management and service delivery at the local level. Primary Health Care (PHC) services, including oral health care, are provided through a network of public, faith-based, and private facilities ranging from council hospitals (level one hospitals) and health centers to dispensaries.

Oral health services are delivered at all levels of care from health centers to national hospitals. National and zonal hospitals provide advanced and specialized services, including specialized oral health care. Regional referral hospitals offer general and specialized oral health services within their regions. At the primary health care level, council hospitals, health centers, and selected dispensaries deliver essential and preventive oral health services to local populations.

2. Rationale

Oral health and oral diseases are recognized as public health priorities in Tanzania Mainland (Health Policy 2007; Health Sector Strategic Plan 2021–2026). Despite government efforts to improve oral health through equipment procurement, service expansion, and the training and deployment of oral health personnel (MOH Budget Speech 2024/2025), significant challenges persist. These include limited availability, accessibility, affordability, and coverage of oral health care across communities (National Oral Health Survey 2020; Rapid Oral Health Assessment Report 2019). Tanzania Mainland has yet to achieve the global oral health standards outlined in the WHO Global Health Strategy (2022).

The growing burden of oral diseases, coupled with inequitable access to quality oral health care, underscores the need for a renewed strategic direction. In response, the Ministry of Health has developed the National Oral Health Strategic Plan V (OHSP V) to guide national efforts in promoting oral health, addressing common risk factors shared with other noncommunicable diseases (NCDs), and improving service provision, management, and investment in oral health across the country.

The plan was developed through a participatory approach, as outlined in the *Manual for Strategic Planning and Budgeting in Tanzania Mainland* (Public Service Management, 2008). The process involved forming a strategic planning team, drafting the plan, conducting stakeholder consultations, and submitting the final draft for approval by the Ministerial Management Team. This participatory process ensured the strategic plan reflects the priorities and realities of all relevant stakeholders in the oral health sector.

3. Purpose and Objectives

The purpose of the National Oral Health Strategic Plan is to operationalize key national and global commitments, including the Sustainable Development Goals (2015), the Astana Declaration on Primary Health Care (2018), the Global Strategy and Action Plan on Oral Health (2023–2030) and its African Regional Framework (2025-2030), the Tanzania Development Vision 2050, the CCM Political Party Election Manifesto (2020–2025), the National Health Policy (2007), and the Health Sector Strategic Plan V (2021–2026). The plan provides a clear framework to strengthen promotive, preventive, curative and rehabilitative oral health services and enhance integration of oral health into broader health programs. The specific objectives of the oral health sector strategic plan are to: set national priorities and directions for improving oral health and service delivery; Define resource requirements and mobilization mechanisms for effective implementation; and outline strategic actions to strengthen preventive, promotive, and curative oral health services, ultimately improving the oral health status of the Tanzanian population.

4. Organization of the National Oral Health Strategic Plan V

Chapter One introduces the background, rationale, and purpose of the plan. Chapter Two presents the situational analysis. Chapter Three sets out the vision, mission, values, and strategic objectives. Chapter Four details the strategies. Chapter Five presents the implementation matrix, including activities, responsible parties, timeframes, and budget estimates. Chapter Six provides the monitoring and evaluation framework, including data collection methods and the M&E indicator matrix.

Chapter Two

2. Situational Analysis

2.1 Country Profile

The United Republic of Tanzania is situated in East Africa between latitudes 6° 00' South and 35° 00' East, bordering Uganda to the northwest; Kenya to the northeast; the Indian Ocean to the east; Mozambique and Malawi to the south; Zambia to the southwest; and Rwanda, Burundi, and the Democratic Republic of the Congo to the west. According to the 2022 national census, Tanzania has a population of 61.7 million. The life expectancy for males is 64 years while for females is 68 years, and GDP per capita in 2025 is USD 1,158.

2.1.1 Key Findings from the Fifth Tanzania National Oral Health Survey Report 2020

The first National Oral Health Survey was conducted in 1982. The diseases and conditions considered in the survey were: dental caries, periodontal disease, partial or complete loss of natural teeth, dental fluorosis, oral mucosal lesions, and tooth wear. In the fifth National Oral Health Survey, which was conducted in 2020, the following were observed as the current epidemiological situation in oral health in Tanzania.

2.2 Oral Diseases and Conditions

2.2.1 Dental Diseases and Conditions in Children

About 31.1% of children have dental caries, with higher prevalence in rural areas. Five-year-olds are most affected, with 99% of caries untreated. Gingivitis affects 57.4% of 12- and 15-year-olds. Dental fluorosis prevalence is 24.8%, malocclusion 61.2%, and dental trauma 4.4%.

2.2.2 Dental Diseases and Conditions in Adults

Among adults aged 30 years and above, 76.5% have experienced dental caries; 52.2% have missing teeth and only 1.7% have filled teeth, indicating extractions are the main form of treatment. Gingivitis affects 62.8% of adults, more common in older males, rural residents, tobacco users, and those with poor hygiene or limited dental visits. In adults, 31.6% of the population aged 30 years and above are affected by fluorosis, and 9.2% have experienced dental or oro-facial trauma, mainly due to road accidents associated with motorcycle use therefore, dentists and maxillo-facial surgeons are extremely significant in the district and tertiary hospitals to manage these injuries.

2.2.4 Oral Health Related Behaviors and quality of life

2.2.4.1 Oral Hygiene Behaviors and oral health quality of life

Among adults, 93.4% clean their teeth, mainly using toothbrushes (88.2%) and fluoridated toothpaste (83.5%), but only 46.9% brush twice daily. Charcoal is used by 2.7%, and 1.2% use dental floss. Slightly more than a third of adults had at least one oral impact on daily performance. Among children, although 89.4% brush daily and 81.5% use fluoridated toothpaste.

2.2.4.2 Sugar, Alcohol, Tobacco Use and Dental Visits Behaviour

Sugar is consumed twice or more times a day by 42.7% of the adult population, while 54.6% of children consume sugar daily. Alcohol consumption by 30.9% and tobacco use at least once by 3% of the adult population. About half (49.8%) of the adult population have ever visited a dental clinic, while only 11.3% did so during the past 12 months. Only 20.3% of children have ever visited a dental clinic. Nearly half of adults (48.2%) reported to visit the dental clinic due to pain, while those who visited for a dental check-up was only 1.8% of all adult participants. This implies that people visit the dental clinic when in pain; but visiting for dental check-up or preventive care is simply not their habit.

2.3 Oral Healthcare System in Tanzania

2.3.1 Health Infrastructure and service delivery

Tanzania's health system includes dispensaries, health centers, district, regional, and referral hospitals. As for July, 2025 a total of 557 public health facilities out of 1321 public health facilities provide oral health services. Therefore, the coverage of oral health service in the country is 42% starting from health centers, district hospitals, regional, zonal and national hospital based on the distribution of public health facilities mentioned all over the country. Health centers which are the most common facilities, mainly offer basic oral health care and refer advanced oral health cases. Advanced oral services, including restorative and surgical procedures, are mostly available at regional, referral and zonal hospitals which are primarily located in urban areas.

This creates urban–rural disparity, as over 65% of the population lives in rural areas where access to dental equipment, infrastructure, and specialists is limited. Urban areas host 53.45% of the health workforce, while only 28.5% of medical doctors, including dental surgeons, serve rural areas, leaving rural populations underserved. Oral health services are provided by dental surgeons, specialists, assistant dental officers, dental therapists, dental laboratory technologists, and dental laboratory scientists, primarily in health centers, district, regional, referral, zonal and national hospitals. Tanzania has no dental nurse cadre. The National Essential Health Package includes extractions, fillings, and minor surgeries; however, frequent supply shortages, limited training in modern techniques, and high patient loads restrict service quality.

Table 1: Number of Functioning Health Facilities in Tanzania by Level of Care

Type of Facility	Health Facility							
	Public		Faith – Based		Private		Total	
	Total facilities	Facilities Providing Oral Health Services	Total facilities	Facilities Providing Oral Health Services	Total facilities	Facilities Providing Oral Health Services	Total facilities	Facilities Providing Oral Health Services
Hospital	243	220	122	46	99	30	464	441
Health Centre	1101	337	162	68	147	69	1285	474
Dispensary	6511	10	731	0	1221	0	8463	10
Grad Total	7832	590	1015	114	1467	99	10212	925

Source: *Administrative reports 2025*

All national hospitals, zonal hospitals, regional referral hospitals, and district hospitals in Tanzania are equipped with essential dental equipment, including dental chairs and radiographic machines, as well as laboratory facilities for prosthodontics. Additionally, all 337 public health centres providing oral health services have complete dental chairs, but only 145 (43.0%) have Periapical Dental X-rays. Recent advancements in oral health services include the installation of 538 digital periapical dental X-ray machines and 693 modern complete dental chairs. Furthermore, there is deployment of sixteen 3D Cone Beam Computed Tomography (3D-CBCT) machines, distributed as follows: 1 out of 2 national hospitals, 3 out of 6 zonal hospitals, 12 out of 28 regional referral hospitals. 2D Orthopantomography (OPG) machines are available in 31 of 184 district hospitals, enhancing panoramic imaging capabilities for dental diagnostics.

2.3.2 Oral Health Promotion and Oral Disease Prevention

Excise duties in Tanzania are taxes on specific goods, typically those considered harmful or luxurious. The main excisable products are alcoholic beverages, tobacco products, petroleum fuels, and some categories of motor vehicles, as well as a few miscellaneous items such as sugary-sweetened beverages. These duties raise significant revenue and also serve health and environmental policy objectives by disincentivising certain consumption. Tanzania has a specific excise tax on sugar-sweetened beverages (SSBs) (like flavoured water with added sugar) at a set rate per litre (TZS 67.1/litre) to curb consumption and raise revenue, acting as a sugar tax to combat rising obesity and dental caries, with studies suggesting such taxes reduce intake and benefit public health, though industry lobbies against them. There is a need to increase this tax as the majority of Tanzanians still consume sugary-sweetened beverages at home, schools, offices and in ceremonies.

Moreover, there are ongoing school oral health promotion and prevention activities whereby oral health education, screening, free distribution of fluoridated toothpastes and toothbrushes are given to primary school children all over the country under the supervision of the Ministry of Health.

2.3.3 Human Resources for Oral Health

The current dentist-to-population ratio in Tanzania is approximately 1:125,000. The oral health workforce in public facilities is extremely limited, with only 88 dental laboratory technologists, 643 dental surgeons, 806 dental therapists and 292 dental specialists. Tanzania has no dental nurse cadre despite their crucial role in the oral health service provision. These numbers are insufficient for a population of 61.7 million. The majority of oral health professionals are concentrated in urban areas (81.97%–88.65%), exacerbating access issues in rural regions where 65.1% of the population resides according to the 2022 national census (Table 2).

Table 2: Number of Health workforce per urban/rural setting both Public and Private

Cadre	Rural	Urban	Total	Rural (%)	Urban (%)
Dental Specialist	11	281	292	3.78	96.23
Dental officer	104	539	643	16.17	83.83
Assistant Dental officer	53	128	181	29.28	70.72
Dental therapist	310	496	806	38.46	61.54
Dental Laboratory technologist	11	77	88	12.5	87.5
Dental Laboratory scientists	0	6	6	0	100
Total	489	1527	2016	24.3	75.7

2.4 Training of Human Resources for Oral Health

Tanzania’s oral health training system operates at diploma, undergraduate, and postgraduate levels to produce a workforce capable of addressing the country’s oral health needs. Three primary cadres deliver oral health services: dentists, who perform complex diagnostics and treatments as general practitioners or specialists; assistant dental officers and dental therapists, who focus on preventive and minimally invasive care; and dental laboratory technologists, who fabricate prostheses and restorations. The country’s dental schools produce approximately 50 dental surgeons, 120 dental therapists, and 10 dental laboratory technologists annually. Currently, in Tanzania, there is no institution producing the dental nurse cadre despite their crucial role in the oral health service provision. A dental nurse is a vital member of the dental team who provides chairside assistance to the dental practitioner, supports patient comfort and reassurance, prepares instruments, sterilises equipment, manages dental records, and ensures the surgery runs smoothly by handling stock control and infection control. They act as a link between the patient and dental practitioner, explaining procedures in simple terms and helping nervous patients feel at ease, often working in general practices, hospitals, or community clinics. However, these numbers are insufficient to meet the oral health demands of Tanzania’s population, estimated at 61.7million in the 2022 census.

Training programs are offered by a limited number of institutions. Two universities provide the Doctor of Dental Surgery (DDS) programs: the School of Dentistry at Muhimbili University of Health and Allied Sciences (MUHAS), which is also the only university offering postgraduate specialist training, and the School of Dentistry at the University of Dar es Salaam-Mbeya College of Health and Allied Sciences. Thirteen institutions offer an ordinary Diploma in Clinical Dentistry, producing dental therapists. One public institution, Muhimbili College of

Health and Allied Sciences (MUCOHAS), produces dental laboratory technologists, resulting in a low output of 10 technologists per year. High training costs, particularly for private and postgraduate programs, force most applicants to compete for limited government scholarships, exacerbating the shortage of specialised personnel. Current curricula emphasise surgically invasive treatments over preventive care, limiting graduates' ability to engage in oral disease prevention, early diagnosis, and health promotion critical areas for addressing Tanzania's high burden of oral diseases. Currently, no health training institution is training the Assistant Dental Officer cadre in Tanzania.

Table 3: Number of dental training programs by award and type of ownership

Award	Public	Private Not-for-Profit/FBOs	Private for-Profit	Total
Doctor of Dental Surgery (DDS)	2	0	0	2
Clinical Dentistry Diploma	4	2	7	13
Dental Laboratory Technologist	1	0	0	1
Dental Laboratory Scientist	1	0	0	1

Source: *Administrative reports 2025*

2.4.1 Oral Health Training Institutions

Oral health training institutions face major infrastructure and human resource challenges. Many schools lack adequate classrooms, modern simulation labs, dental chairs, radiographic machines, and clinical practice facilities. Shortages of qualified lecturers, especially in specialized fields such as prosthodontics and oral surgery, result in high teacher–student ratios and limited practical exposure. Although 78.1% of health training institutions are private or faith-based, these often experience greater financial constraints. Public institutions face overcrowding and outdated infrastructure. These challenges reduce the number of oral health graduates and limit the expansion of training to meet national workforce needs.

2.5 Oral Healthcare Financing

Oral healthcare is funded through government allocations, out-of-pocket payments, health insurance, and limited donor support. The health sector receives 7–8% of the national budget (about TZS 2.5 trillion in 2023), but funding for oral health remains minimal as only TZS 900 M used for Oral Health in 2023). The Health Insurance covers most of the dental services without paying any additional costs (15% of the population); however, low enrollment means many citizens pay out of pocket directly. Government exemption schemes exist but are inconsistently applied due to resource shortages. Efforts toward Universal Health Coverage (UHC) include oral health within community and essential health packages to improve affordability.

2.6 Leadership and Governance

Oral health is led nationally by the Assistant Director of Oral Health Services (ADOHS), also known as the Chief Dental Officer under the Ministry of Health. The national level handles policy and training, while service delivery is decentralized to regional and district authorities led by Regional and District Dental Officers. However, staff shortages at council level undermine implementation. Oral health is integrated into the National Health Policy and Primary Health Care strategies, but rising sugar consumption, inadequate preventive services, and limited funding hinder progress. Coordination across national, regional, and council levels remains weak. Aligning with international frameworks such as the WHO 2021 Oral Health Resolution presents opportunities for improvement, but competing health priorities and budget constraints limit execution.

2.7 Oral Health Commodities and Technologies

The Medical Stores Department (MSD) procures, store and distributes dental supplies to public facilities. Although oral health commodities are listed in the Essential Medicines List, frequent shortages of anesthetics, filling materials, sterilization equipment, and consumables are reported. Challenges include poor inventory management, delayed procurement, and weak accountability. However, access to modern technologies remains uneven, especially in rural areas. Quality standards of all imported and local manufactured dental medicines and products are mandated by law under Tanzania Medicines and Medical Devices Authority (TMDA) and Tanzania Bureau of Standards (TBS) through their quality check laboratories.

2.8 Oral Health Information System and Research

2.8.1 Management Information System

Oral health data collection is integrated into the national Health Management Information System (HMIS). The challenge remains in the accuracy and correctness of entered data that affects evidence-based planning.

2.8.2 Research

Oral health research is limited and inadequately aligned with national needs. Few studies focus on high-burden conditions like dental caries or rural health challenges. Although oral health is included in the National NCD Research Agenda (2022) on burden of NCDs, Risk Factors, and Health System themes, its implementation is minimal. Research capacity is hindered by inadequate training, funding, and institutional support.

2.9 Essential Oral Health Services During Emergencies

Emergencies such as pandemics, natural disasters, and conflicts disrupt oral health services. The COVID-19 pandemic exposed weaknesses in service continuity, infection control, and supply chain management. Most facilities lacked contingency plans, PPE, and trained personnel. Integrating oral health into national emergency preparedness, strengthening supply chains, and establishing flexible workforce strategies are essential to maintain essential services during crises.

2.10 PESTEL AND SWOT ANALYSIS: Oral Health in Tanzania

2.10.1. Political Factors

- Strengths:
 - National health policy 2007 emphasise on provision of appropriate treatment, education and prevention for oral conditions
 - Strong political will through the CCM 2020–2025 manifesto, prioritizing health infrastructure, education, and access.
 - Introduction of the Universal Health Insurance Act (2023) ensures oral health integration into primary health care and aims to cover 45% of primary care facilities by 2030.
 - Government efforts to integrate oral health into Primary Health Care (PHC) through trained personnel and equipment.
- Weaknesses/Threats:
 - Limited resources for implementation and monitoring, thus reducing the effectiveness of policies.
 - Enforcement challenges exist for policies, including the regulation of harmful traditional practices and counterfeit products.
- Opportunities
 - Ongoing Mama Samia mentorship program, which accommodates oral health services to build capacity for dental therapists working at Primary care facilities
 - Higher Education Student’s Loan Board provides education loans for dental students from diploma to degree levels.

2.10.2. Economic Factors

- Weaknesses:
 - High out-of-pocket costs and limited insurance coverage lead to low service utilization.
 - Socio-economic disparities cause unequal oral health outcomes, especially in rural and poor populations.
- Opportunities:
 - Task-sharing (with other cadres like nurses and mentorship among dental therapists)
 - Advocacy for outreach programs and mobile clinics could improve service reach

- Advocacy for increased funding could support scaling of services and infrastructure.

2.10.3. Social Factors

- Weaknesses:
 - Urban-rural disparities: Urban residents have better access to services and health education compared to rural areas
 - Education and income levels influence oral hygiene, with low-income families experiencing more dental issues.
 - Traditional beliefs (e.g., infant oral mutilation, uvulectomy and frenectomy) negatively affect oral health outcomes.
- Opportunities:
 - Community health worker training and media-based education could change oral health behaviours.
 - Support, promote and scale up Local initiatives like the Beyond Tooth Project by Tanzania Oral Health Foundation and Kinywa Salama Initiative to Promote Oral health Education
- Threats:
 - Increasing availability and consumption of refined sugary products, poor oral hygiene practices, and harmful customs exacerbate the burden of oral diseases.

2.10.4. Technological Factors

- Strengths:
 - National Digital Health Strategy (2019–2024) supports data-driven healthcare delivery.
 - Increasing use of social media provides a platform for integrating oral health education and information.
- Weaknesses/Threats:
 - Poor internet and equipment availability, especially in rural areas, limit technological adoption.
 - Shortage of trained personnel and low output of professionals hinders effective use of modern tools.

2.10.5. Environmental Factors

- Threats:
 - Geological excess fluoride (beyond the recommended level of 1.5Mg/L) in groundwater, in regions located along the Great Rift Valley, causes endemic dental fluorosis.
 - Lack of sanitation, electricity, and safe water in rural areas impedes hygiene and oral health.
 - Geographic disparities in water quality affect oral health outcomes.
- Opportunities:
 - Investment in clean water systems and public awareness campaigns can mitigate environmental health risks.

2.10.6. Legal Factors

- Strengths:
 - National legal framework through the National Health Policy (2007) and Universal Health Insurance Act (2023).
 - Regulatory bodies like the Medical Council of Tanganyika and adherence to WHO standards ensure quality control.
 - Tanzania is a mercury-free country, aligned with the Minamata Convention and the WHO global strategy on oral health 2023-2030.
- Weaknesses:

- Inadequate enforcement in rural areas and the prevalence of counterfeit dental products like toothpaste and dental materials threaten health outcomes.

Chapter Three

3. Vision, Mission, and Strategic Objectives

3.1 Vision

The vision of the health sector for oral health envisions “individuals and a society that enjoy the highest attainable state of oral health and contribute to the nation's development.”

3.2 Mission

The mission of the health sector on oral health is to “provide integrated, equitable, affordable, and client-centred oral health services that meet individuals' and communities' needs in Tanzania.”

3.3 Core Values

The Government of Tanzania and other oral health actors will be guided by the following core values:

- **Professionalism:** Stakeholders of oral health services will adhere to acceptable standards of care and procedures.
- **Quality Service Delivery:** Stakeholders of oral health services will provide quality services according to agreed standards of care.
- **Ethical Practices:** Stakeholders of oral health services will adhere to healthcare ethics and the code of conduct.
- **Creativity and Innovation:** Stakeholders of the oral health service will promote creativity and innovation.
- **Equity:** Stakeholders of health services will strive to provide equitable services to individuals and the community with the greatest need.
- **Accountability:** Stakeholders of health services will be accountable for their actions, resource use, and performance in delivering oral health services.
- **Integrity:** Stakeholders of health services will be honest in supporting or providing oral health services.
- **Affordability:** Stakeholders of oral health services will strive to provide affordable health services to individuals and the communities.

3.4 Strategic Objectives

In the next five years, the health sector aims to achieve the following strategic oral health objectives:

1. Oral health leadership and governance strengthened.
2. Human resources for oral health are enhanced.
3. Oral health commodities improved.
4. Oral health promotion and prevention services strengthened.
5. Oral health care services improved.
6. Oral health surveillance and research strengthened.

Chapter Four

4. Strategies for Achieving Strategic Objectives

4.1 Strategic Objective 1: Oral Health Leadership and Governance Strengthened by 2031

Oral health leadership and governance are vital for improving oral health service delivery. Tanzania faces challenges of leadership and governance, such as a shortage of qualified district dental officers (DDOs) at the council level, limited opportunities for leadership development and quality improvement, inadequate funding and insufficient evaluation of the oral health strategic plan. Over the next five years, Tanzania will strengthen oral health leadership and governance across the health system by implementing the following:

1. Assess training needs to strengthen oral health leadership and governance.
2. Provide leadership and governance training for oral health managers at all levels.
3. Develop quality improvement standards for oral health services.
4. Train staff on quality improvement practices.
5. Foster partnerships to enhance oral health and care delivery.
6. Engage communities, NGOs, and professional bodies in oral health promotion.
7. Mobilize resources and funding for oral health services.
8. Evaluate the 2026-2031 national oral health strategic plan.
9. Develop the 2032-2036 oral health strategic plan.

4.2 Strategic Objective 2: Human Resources for Oral Health Enhanced by 2031

Human resources are vital for effective oral health service delivery in Tanzania. However, the sector faces significant challenges, including a shortage of dentists and dental specialists, a lack of dental nurses, limited numbers of dental laboratory scientists and dental laboratory technologists, insufficient opportunities for continuing professional development, and the absence of oral health content in pharmacy, medicine, and nursing undergraduate curricula. Over the next five years, Tanzania will strengthen human resources for oral health by implementing the following:

1. Revise minimum competencies for oral health cadres across all levels of care, considering cost-effective, non-invasive and minimally invasive services.
2. Conduct training needs assessments to guide the establishment of educational programs for dental nurses and dental laboratory scientists.
3. Develop competency-based curricula for dental nurses.
4. Review and update curricula for ordinary diplomas in clinical dentistry and dental laboratory technology.
5. Provide support to dental training institutions for acquiring teaching and learning materials.
6. Facilitate the construction of classrooms and offices in public dental training institutions.
7. Integrate basic oral health content into undergraduate curricula for medicine, pharmacy, and nursing.
8. Recruit oral health personnel at all levels of the health system.
9. Deliver continuing professional development (CPD) training for oral health professionals.
10. Support oral health educators to attend short courses on teaching methodologies.

11. Support oral health educators to attend short courses on student performance assessment.
12. Award 20 postgraduate scholarships annually to support advanced dental training.

4.3 Strategic Objective 3: Oral Health Commodities Improved by 2031

Oral health commodities are critical for effective service delivery. However, challenges such as inadequate management and quantification, equipment shortages in some facilities, and the lack of regular audits hinder their availability. Tanzania aims to improve access by strengthening the supply, management, and distribution of oral health commodities through the following:

1. Update and integrate the essential oral health commodities list into the National Essential Medicines List.
2. Support national-level forecasting and bottom-up quantification of oral health commodities.
3. Provide short training courses on the management and procurement of oral health commodities for relevant personnel.
4. Conduct regular audits of oral health commodities across all health facility levels.
5. Procure, store and distribute essential commodities and equipment for oral health service delivery at all levels.
6. Establish and enforce quality standards for oral health commodities through the Tanzania Medicines and Medical Devices Authority and the Tanzania Bureau of Standards quality laboratory checks

4.4 Strategic Objective 4: Oral Health Promotion and Prevention Services Strengthened by 2031

Oral Health Promotion and Prevention Services addresses the social and economic determinants of oral diseases, aiming to improve population oral health through evidence-based, cost-effective, and sustainable prevention and promotion interventions through the following:

1. Develop age-appropriate literacy-sensitive oral health education materials on proper tooth brushing, diet and hygiene.
2. Train teachers and school health coordinators to deliver oral health education through interactive and extracurricular activities.
3. Conduct annual school oral health screenings and ensure timely referrals for treatment.
4. Launch nationwide oral health campaigns using multimedia platforms to promote healthy habits like twice-daily brushing with fluoride toothpaste and proper diet.
5. Strengthen World Oral Health Day through mobile clinics, existing health facilities, school programs, and community events to increase awareness.
6. Establish outreach programs using trained community health workers to provide screenings and referrals in underserved urban and rural areas.
7. Develop oral health education materials which display healthy and unhealthy food and drinks for oral disease prevention

4.5 Strategic Objective 5: Oral Health Care Services Improved by 2031

This strategic objective aims to ensure equitable access to quality, affordable, and preventive oral health services for all Tanzanians by 2031. It focuses on integrating oral health into primary health care, improving infrastructure, and raising public awareness to build a more accessible, preventive, and sustainable oral health system by implementing the following:

1. Implement topical fluoride application programs in RCH clinics, aiming to prevent early childhood caries in children under five by using Nurses and Midwives.
2. Equip primary healthcare facilities with oral health promotive and preventive materials (e.g., silver diamine fluoride) and educational resources.
3. Expand and upgrade infrastructure by renovating, constructing, and rehabilitating health centres to support oral health services, ensuring the essential oral health care package is available at all primary healthcare (PHC) facilities.
4. Update the National Oral Health Essential Care Package to align with Universal Health Coverage (UHC) 2030 goals, securing financial protection through increased health financing and promoting equitable access for vulnerable populations.
5. Develop and disseminate oral health treatment guidelines to enhance patient safety and quality of care through evidence-based practices.
6. Establish oral health protocols promoting safe mercury-free materials and minimally invasive treatments.
7. Leverage digital technologies like telemedicine and tele-dentistry for early detection, consultation, and referral, especially in remote areas.

4.6 Strategic Objective 6: Oral Health Surveillance and Research Strengthened by 2031

This Strategic Objective aims to strengthen oral health surveillance and research in Tanzania by institutionalizing evidence-based decision-making. It focuses on building national capacity, enhancing cross-sector collaboration, particularly with NCD programs and aligning efforts with the Global Strategy on Oral Health 2023–2030. Develop and disseminate a National Oral Health Research Agenda by implementing the following:

1. Update and integrate oral health indicators into the national Health Management Information System (HMIS) in collaboration with the Ministry of Health, WHO, and stakeholders.
2. Build capacity in health data management through training dentists, dental therapists, and HMIS personnel on data collection, analysis, and reporting.
3. Conduct routine data quality assessments to ensure accuracy and utility of oral health data for effective planning and decision-making.
4. Create and implement a resource mobilization strategy to secure funding for oral health research.
5. Establish a national task force to oversee the institutionalization of oral health research.
6. Provide training for oral health personnel in implementation and operational research.
7. Build local and international multidisciplinary research partnerships.
8. Allocate financial support to priority research areas.
9. Enhance knowledge management capacity to translate research into practice.
10. Identify and collaborate with universities through formal frameworks and MoUs for research and capacity building.
11. Train oral health personnel in data utilization for research and decision-making.
12. Conduct regular data quality assessments to ensure research accuracy and reliability.

Chapter Five

5. Implementation of Oral Health Strategic Plan

The successful implementation of this Strategic Plan requires coordinated action across all levels of the health system. Key responsible organizations include:

Level of implementation	Coordinating Body	Specific Role/Task
National level	Ministry of Health (MOH) – Oral Health Section	Coordinate and oversee the overall implementation of the Strategic Plan
Regional and local government	Prime Minister’s Office-Regional Administration and Local Government (PO-RALG)	Translate and implement at the regional and local government levels.
Regional Secretariat	Health Departments (via the Regional Dental Officer)	Implementation at the regional level.
Council Level	Health, Welfare, and Nutrition Departments (via the Council Dental Officer)	Implementation at the council level.
Health Facility Level	In-Charge of Oral Health Services Sections/Units	Implementation at the health facility level

The following core tasks will guide implementation:

1. Mobilize financial and other resources.
2. Allocate resources according to strategic priorities.
3. Develop and execute annual plans and budgets aligned with this strategy.
4. Launch institutional projects to advance strategic objectives.
5. Integrate strategic objectives into the performance targets of oral health leaders.
6. Monitoring and Evaluation.

Table 5.1: Implementation Matrix and Budget

Strategic Objective SO1: Oral health leadership and governance strengthened by 2031

Strategic Actions	Activities	Expected Output	Timeframe (years)					Budget	Source of funds	Responsible
			1	2	3	4	5			
Conduct a training needs assessment on oral leadership and governance of oral health services	Form a team, develop a tool, collect and analyse data and prepare a report	Training needs assessment conducted on oral health leadership and governance.						30,000,000	Government	Oral Health Section
Conduct training on oral health leadership and governance to ministerial, regional, council and health facility oral health managers and leaders	Assess need, conduct training and prepare a report	250 oral health personnel trained on oral health leadership and governance						200,000,000	Government and Partners	Oral Health Section, RS, LGAs
Develop standards for quality improvement in oral health services	Form a team, develop standards for quality improvement in oral health	Standards for quality improvement were developed for oral health services						15,000,000	Government	Oral Health Section & PORALG
Conduct training on quality improvement for oral health services	Assess need, conduct training on quality improvement	250 oral health personnel trained on quality improvement for oral health services						200,000,000	Government	Oral Health Section, PO-RALG, RS, LGAs

Strategic Actions	Activities	Expected Output	Timeframe (years)					Budget	Source of funds	Responsible
			1	2	3	4	5			
Engage the community, NGOs and professional associations in promoting oral health and oral health services	Identify community, NGO and professional associations, formulate strategies for community and NGO engagement	community, NGOs and professional associations engaged in promoting oral health						20,000,000	Government	Oral Health Section, region and LGAs
Mobilize resources and funding to promote oral health and the provision of oral health care	Identify potential sources for funding, and develop strategies for mobilizing funds	Resources and funding were mobilized to promote oral health						5,000,000	Government	Oral Health Section, PO-RALG, Region, LGAs
Evaluate the 2026- 2031 national oral health strategic plan	Develop terms of reference, solicit consultants, and provide resources for evaluating the 2026-2031 national oral health strategic plan	Midterm evaluation conducted for the 2026-2031 national oral health strategic plan						40,000,000	Government and Partners	Oral Health Section
Prepare the next oral health strategic plan for 2032 to 2036	Form a team, identify facilitators, and provide resources for the formulation of oral health strategic plan 2032-2036	A national oral health strategic plan 2032-2036 was prepared						80,000,000	Government and Partners	Oral Health Section

Strategic Objective SO2: Human resources for oral health enhanced by 2031

Strategic Actions	Activities	Expected Output	Timeframe (years)					Budget	Source of funds	Responsible
			1	2	3	4	5			
Update staffing norms and scope of practices for the oral health cadres at all levels of care considering cost-effective, non-invasive and minimally invasive services	Form team, prepare norms	Staffing norms updated						40,000,000	Government	Oral Health Section, PO-RALG
Conduct training needs assessments to establish education for dental nurses and dental laboratory scientists	Develop tools, collect, and prepare a report	2 training needs assessments conducted						40,000,000	Government and Partners	Oral Health Section
Support the development of two competence-based curricula for dental nurses and dental laboratory scientists	Form a team & develop curriculum	2 competence-based curricula developed						120,000,000	Government and Partners	Oral Health Section
Support review of two competence-based curricula for the ordinary diploma in clinical dentistry and the ordinary diploma in dental laboratory technologist	Form a team & review curricula	2 competence-based curricula reviewed						120,000,000	Government and Partners	Oral Health Section
Support three ordinary diploma and two public universities' offering dental training institutions in acquiring teaching and learning resources	Specify and purchase teaching and learning resources	5 public dental training institutions acquire teaching and learning resources						500,000,000	Government	Oral Health Section

Strategic Actions	Activities	Expected Output	Timeframe (years)					Budget	Source of funds	Responsible
			1	2	3	4	5			
Support the renovation of classrooms and offices for public dental training institutions	Assess and renovate existing classrooms and offices	6 classrooms and offices renovated in public dental institutions						600,000,000	Government	Oral Health Section
Review medicine, pharmacy and nursing curriculum to incorporate basic oral health components	Form team, assess existing curricula & prepare report	Medicines, pharmacy and nursing undergraduate curricula are reviewed						100,000,000	Government and Partners	Oral Health Section
Conduct continuing professional development training for oral health personnel	Assess need, prepare CPD programs & implement	300 oral health workers receive continuing professional development training						300,000,000	Government and Partners	Oral Health Section, PO-RALG, Region, LGAs
Support 130 oral health teaching staff to attend two-week short courses on teaching methodology training	Provide tuition fees, fare and allowances	130 teaching staff on teaching methodology trained						200,000,000	Government	Oral Health Section & Training institutions
Support 130 oral health teaching staff to attend a two-week short course on student performance assessment	Provide tuition fees, fare and allowances	130 teaching staff attend a student's assessment course						200,000,000	Government	Oral Health Section & Training Institutions
Provide twenty scholarships annually to dental postgraduate students	Provide tuition fees, fare and allowances	100 postgraduate dental students given scholarships						1,000,000,000	Government	MOH

Strategic Objective SO 3: Oral health commodities improved by 2031

Strategic Actions	Activities	Expected Output	Timeframes (years)					Budget	Source of funds	Responsible
			1	2	3	4	5			
Update the list of essential oral health commodities and include it in the national list of essential medicines	Form a team and update essential oral health commodities	An essential list of oral health commodities included in the national list of essential medicines						5,000,000	Government	Oral Health Section & PSU
Support national forecasting and quantification of oral health commodities	Form a team, provide allowance and fare	National forecasting and quantification of oral health commodities supported						10,000,000	Government	Oral Health Section, PSU & PORALG
Conduct a one-week short course on management and procurement of oral health commodities to 250 oral health personnel	Develop teaching materials & conduct training on the management of oral health commodities	250 oral health personnel trained in the management and procurement of oral health commodities						15,000,000	Government	Oral Health Section, PSU, PSU, PO-RALG, Region, LGAs
Conduct annual oral health commodities audits at all levels of health facilities	Form a team, develop audit tools & conduct audit	5 Oral health commodities audits conducted in all health facilities						15,000,000	Government	Oral Health Section, PSU, PO-RALG, LGAs
Procure oral health commodities and equipment for oral health services	Specify and quantify need, prepare orders of oral health commodities and equipment	Essential oral health commodities and equipment are available						25,000,000,000	Government	Oral Health Section, PSU, PO-RALG, Region, LGA
Set quality operational standards of oral health commodities through Tanzania Medicines and	Form a team & develop operational standard of oral health commodities	Quality operational standards for oral health commodities set						10,000,000	Government	Oral Health Section, PSU & PO-RALG

Medical Devices Authority and Tanzania Bureau of Standards quality laboratory checks										
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Strategic Objective SO 4: Oral Health Promotion and Prevention Services Strengthened by 2031

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Utilize Existing Health Facilities to provide Oral health preventive and promotive services	<ul style="list-style-type: none"> i. Develop and distribute Oral health training guide for healthcare staff ii. Organize workshops and hands-on training sessions iii. Procure and distribute preventive materials iv. Launch community awareness campaigns 	Health facilities provide preventive and promotive services						100,000,000	Government, WHO	MoH, Oral Health Unit
Introduce Fluoride Application Programs in RCH Clinics	<ul style="list-style-type: none"> i. Identify and select RCH nurses from clinics across targeted regions for the training program. ii. Develop a training guide focused on fluoride varnish application techniques, safety protocols, and benefits for under-five children. 	RCH clinics that implementing Fluoride application program						200,000,000	Government, World Bank, NGOs	MoH, LGAs

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Develop age-appropriate literacy-sensitive oral health education materials on proper tooth brushing, diet and hygiene.	Develop oral health education booklet with simple and illustrative materials which is understandable to all age groups	Oral health education booklet in-place						60,000,000	Government and Partners	MOH
Develop oral health education materials which display healthy and unhealthy food and drinks for oral disease prevention	Develop IEC materials for oral health education	Oral Health IEC materials in place						40,000,000	Government and Partners	MOH
Establish outreach programs using trained community health workers to provide screenings and referrals in underserved urban and rural areas	Conduct oral health outreach program with community health workers	Outreach program conducted						500,000,000	Government and Partners	MOH
Strengthen World Oral Health Day through mobile clinics, existing health facilities, school programs, and community events to increase awareness.	Commemorate World Oral Health Day annually in all 25 regions	World Oral Health Day Commemorated						500,000,000	Government and Partners	MOH & PORALG

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Launch nationwide oral health campaigns using multimedia platforms to promote healthy habits like twice-daily brushing with fluoride toothpaste and proper diet	To conduct a nationwide oral health campaign using multimedia platforms	National wide Oral Health campaign conducted						500,000,000	Government and Partners	MOH

Strategic Objective SO5: Oral Health Care Services Improved by 2031

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Update the National Oral Health Essential Care Package	i. Conduct stakeholder workshops ii. Conduct a periodic Review of the package.	Updated Essential Oral Health Care Package						50,000,000	Government, WHO	MoH, Oral Health Unit
Renovate, construct and rehabilitate Oral health Infrastructure	i. Renovate the existing Oral health facilities ii. Rehabilitate Oral health facilities iii. Construct new Oral health facilities	Upgraded Oral health facilities in all regions						1,000,000,000	Government, , NGOs	MoH, LGAs

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Update and incorporate Oral Health into National Standard Treatment Guidelines	<ul style="list-style-type: none"> i. Form the review team ii. Update the Oral Health treatment guideline section iii. Conduct Oral health stakeholders' involvement iv. Submit the reviewed chapter on Oral health 	Updated Oral Health chapter into national STG.						5,000,000	Government	MoH
Develop and Disseminate Oral Health treatment Protocols	<ul style="list-style-type: none"> i. Develop Oral health treatment protocols ii. Disseminate protocols nationally 	Oral Health treatment Protocols developed						40,000,000	Government and Partners	MoH, Oral Health Unit
Use Digital Technologies to support provision of Oral health services	<ul style="list-style-type: none"> i. Asses needs for establishment of Tele dentistry ii. Introduce tele-dentistry iii. Develop oral health mobile apps 	Increased access to digital oral health services						50,000,000	Gov't, NGOs, Private sector	MoH, ICT Unit
Equip Primary Healthcare Facilities with oral health promotive and preventive materials (e.g., silver diamine fluoride) and educational resources.	<ul style="list-style-type: none"> i. Conduct an inventory assessment to determine the current availability of preventive materials in primary healthcare facilities. ii. Procure topical fluoride, silver diamine fluoride, and educational materials through the 	Primary facilities equipped with preventive materials						500,000,000	Government	MoH,MSD

Strategic Action	Activities	Expected Output	Timeframes(years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
	Medical Stores Department (MSD) for distribution. iii. Distribute preventive materials to 60% of primary healthcare facilities to ensure adequate stock for service delivery.									
Train Healthcare Providers on Oral health prevention and promotion	i. Identify healthcare workers for capacity building programs. ii. Develop a training material on oral health promotion, focusing on prevention, early diagnosis, and patient education.	Healthcare providers trained in preventive and promotive oral health					200,000,000	Government, Partners	MoH, LGAs, Oral Health Unit	
	iii. Conduct training workshops and seminars to build skills in oral health promotion providers.						100,000,000	Government and Partners		

Strategic Objective SO6: Oral health surveillance and research strengthened by 2031

Strategic Action	Activities	Expected Output	Timeframes (years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Develop a National Oral Health Research Agenda	i. Conduct a needs assessment to inform the National Research Agenda (Desk Review and Stakeholders Consultations)	i. Needs Assessment Report						50,000,000	Government /WHO	MoH - Oral Health Unit
	ii. Conduct a stakeholders' workshop to validate the proposed National oral health research agenda	ii. Validation Report						30,000,000	Government /	MoH / TFDA
	iii. Conduct a workshop for the finalization of the Document	iii. Final Document						25,000,000	Government	MoH
	iv. Approval of the document	iv. Approved Document						10,000,000	Government	MoH
	v. Dissemination of the document	v. Distributed Agenda						40,000,000	Government / UNICEF	MoH

Strategic Action	Activities	Expected Output	Timeframes (years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Facilitate training for implementation and operational research on Oral health by supporting staff to attend capacity-building programs	i. Develop customized training materials for implementation and operational research ii. Conduct trainings to ToTs	i. Training Package						20,000,000	Government	MoH / Research Dept
		ii. 20 TOTs trained						40,000,000	Government/WHO	MoH / Academic Institutions
	iii. Conduct training for frontline workers iv. Conduct biannual follow-up visits and mentorship to enhance the research skills and productivity of trained staff	iii. 100 workers trained						60,000,000	Government / Donors	RHMTs / CHMTs
		iv. Follow-up Reports						15,000,000/year	Government	MoH
Establish Local and International Multidisciplinary Research Collaborations	I. Mapping of potential Local and international collaborators ii. Communication to potential collaborators iii. Develop a memorandum of understanding	I. List of collaborators						10,000,000	Government	MoH
		ii. Email Logs / Meeting Reports iii. Signed MoU						5,000,000	Government	MoH
								10,000,000	Government	MoH / Partners
Provide Financial Support for executing the national priority research agenda	Develop proposals to solicit financial resources	Submitted proposal						5,000,000/year	Government / Donors	MoH

Strategic Action	Activities	Expected Output	Timeframes (years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Build Capacity for Knowledge Management to strengthen the translation of research findings into policy and practice.	Develop customized training materials for Knowledge Management	Knowledge Management						15,000,000	WHO / Government	MoH
	Conduct training to identify a pool of champions for knowledge management	50 Knowledge Management Champions trained						25,000,000	Government / Donors	MoH
Conduct a National Oral Health Survey	Tools development, data collection and report writing	National Survey Report						300,000,000	Government / WHO / CDC	MoH / NBS
Build the capacity of Health Staff on the use of data for research and decision-making through targeted training programs.	Develop customized training material, conduct ToTs training and training for frontline workers	Trained Staff						80,000,000	Government / WHO	MoH
Develop and integrate an Oral Health Surveillance Tool into the national health surveillance system to enable routine data collection and analysis.	Conduct a workshop for tools development and field validation visit	Validated Tool						60,000,000	Government	MoH / HMIS Unit

Strategic Action	Activities	Expected Output	Timeframes (years)					Budget	Source of Fund	Responsible
			1	2	3	4	5			
Update and Integrate Oral Health Indicators into National HMIS	<ul style="list-style-type: none"> i. Revise Oral health indicators ii. Update Oral Health HMIS tools iii. Train Oral Health staff on updated Oral Health HMIS tools 	Updated HMIS reflecting oral health data						60,000,000	Government, WHO	MoH, HMIS Dept
Build Capacity in Oral Health Data Management	<ul style="list-style-type: none"> i. Conduct coaching and mentorship to Oral health staff on data management 	Skilled Oral health staff in data management						30,000,000	Government, Partners	MoH, Training Institutes
Conduct Routine Oral Health Data Quality Assessments (DQAs)	<ul style="list-style-type: none"> Develop DQA tools ii. Perform periodic DQAs in all levels 	Improved data quality for oral health services						40,000,000	Government	MoH, RHMTs

Chapter Six

6. Monitoring and Evaluation Framework

6.1 Introduction

Monitoring and evaluation are essential components of strategic planning and management, as they facilitate and drive organizational or sectoral performance. Monitoring enables tracking of the progress toward the realization of strategic objectives and targets. On the other hand, evaluation measures the achievements of strategic objectives and targets set in the strategic plan. Monitoring and evaluation will be guided by the input-process-output-outcome-impact model. Indicators, sources of data, and actors responsible for monitoring and evaluating the strategic plan are shown in Table 6.1.

The key tasks for monitoring and evaluation of the strategic plan will involve:

1. Establishing formal tools and structures for monitoring and evaluation of a strategic plan.
2. Using strategic plan indicators to track the organization's performance.
3. On a regular basis, discussing and reporting performance to internal and external stakeholders based on indicators in the strategic plan.
4. Respond to corrective actions based on reported performance indicators.

6.2 Monitoring the Strategic Plan

Monitoring the implementation of the strategic plan will focus on the resources, activities, and outputs. The following monitoring approaches will be used:

1. Baseline studies: These studies will be done before the implementation of the strategic plan in order to establish initial values of some of the indicators, as shown in Table 6.1, which do not have initial values.
2. Routine monitoring: Monitoring and data collection will be done within the implementing departments and organization. Resources, activity implementation, and outputs will be tracked through structured meetings using targets and indicators contained in this strategic plan.
3. Preparation of technical and financial reports and their review: Quarterly reports will be prepared and submitted to relevant authorities for scrutiny and discussion on the implementation of the strategic plan.
4. Annual review of performance: The annual review of the performance will be done with stakeholders.

6.3 Evaluation

One evaluation of the national oral health strategic plan will be done by a team of consultants (evaluators). Among other things, the evaluation will assess the achievement of the strategic objectives and targets outlined in the strategic plan, document factors influencing the achievement of strategic objectives and targets, and document lessons learned from the implementation of the national oral health strategic plan. Data collection methods suggested in Table 6.1 will be applied.

Monitoring and Evaluation Framework

Table 6.1. Data Collection Method

Indicator name	Level of indicator	Baseline value	Performance targets	Source of data	Method of data collection	Frequency of data collection
Prevalence of periodontal diseases	Impact	68% in adults and 57% in children	60% adults and 50% children	Oral Health Survey Report	Document review/oral health survey	Every five years
Prevalence of dental caries	Impact	76.5% in adults and 31.1% in children	70% adults and 25% children	Oral Health Survey Report	Document review	Every five years
The percentage of the population using fluoride toothpaste twice a day.	Outcome	60%	80%	Oral Health Survey Report	Document review	Every five years
Prevalence of current tobacco use among persons aged 15 years and older.	Outcome	11.3%	8%	NCD report and Step Survey report	Document review	Every five years
Population with a filled component in Decayed, Missed and Filled tooth.	Outcomes	1.7%	5%	Oral Health Survey Report	Document review /oral health services assessment	Every five years
% of all levels of health facilities with essential dental filling materials	INPUT	7%	20%	Oral health service report	Document review/oral health services survey	Annually
% of primary health care(PHC) facilities with essential dental equipment	INPUT (MATERIAL)	7%	20%	Oral health service report	Document review/oral health services survey	Annually
% of clients using health insurance to pay for oral health services	INPUT (FINANCE)	30%	40%	DHIS2	DHIS2 report	Annually

Indicator name	Level of indicator	Baseline value	Performance targets	Source of data	Method of data collection	Frequency of data collection
Presence of a national oral health agenda as part of national health priorities	INPUT (POLICY)	Not present as a standalone national priority—oral health is referenced within the NCD Research Agenda 2022 only	Oral health included as a dedicated priority in the National Health Agenda document by 2031	Health research agenda	Document review	Every five years
Percentage of the council with a qualified council dental officer	Input	20%	50%	Oral health services assessment report	Document review	annually
Percentage of health facilities offering oral health services	Input	7%	20%	Oral health service report	Document review /oral health services assessment	Annually
Percentage of primary health facilities offering oral health services	Input	7%	20%	Oral health service report	Document/oral health services assessment	Annually
Dentist-population ratio	Input	1:125,000	1:100,000	Oral health personnel report	Document review	Annually
Availability of fluoridated toothpastes in the market with the required concentration (1000 ppm) for children under five years old	Input	To be established after baseline survey	To be set post-baseline survey	National Oral Health Survey	Market survey	annually
Availability of fluoridated toothpaste with the required concentration (1450-1500	Input	To be established after baseline survey	To be set post-baseline survey	National Oral Health Survey	Market survey	Every five years

Indicator name	Level of indicator	Baseline value	Performance targets	Source of data	Method of data collection	Frequency of data collection
ppmF) for children six years and above						
% of the Government budget allocated for oral health	input	20%	25%	Government budgets	Document review	annually
Presence of oral health service packages for health insurance	input	Present	Expand dental service coverage	Government budgets	Document review	Every five years
Presence of a list of fluoridated toothpastes in the national essential list of medicines	input	Not included	Included	Standard Treatment Guidelines & National Essential Medicines List	Document review	Every three years

Table 6.2 Monitoring and evaluation Matrix

Strategic Objective SO1: Oral health leadership and governance strengthened by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
210 regional and council dental officers to receive both oral health	Conduct a training needs assessment on oral leadership and governance of oral health services	i. Form a team ii. Develop tool iii. Collect and analyze data and prepare report	Training needs assessment conducted on oral health leadership and governance.	-Availability of a team -Number of leadership and governance training needs identified -Quality of data collected (completeness, accuracy)	-Training needs assessment report - Meeting minutes -Data collection tool (e.g. survey instrument)
	Conduct training on oral health leadership	i. Assess need	Training conducted on oral health	-Number of training sessions conducted	-Training reports and attendance records

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
leadership and governance training	and governance to ministerial, regional, council and health facility oral health managers and leaders	ii. Conduct training and prepare a report	leadership and governance	- Percentage of target group trained (e.g., managers and leaders at various levels) - Post-training evaluation scores or feedback reports	- Post-training evaluation results - Feedback forms or survey results from participants
210 oral health managers at the regional and council levels to receive oral quality improvement training	Develop standards for quality improvement in oral health services	i. Form team ii. Develop standards for quality improvement in oral health	Standards for quality improvement were developed for oral health services	-Number of standards developed - Stakeholder validation (e.g., experts, health authorities) - Publication or dissemination of standards	-Developed standards document - Stakeholder feedback reports - Publication records (e.g in health policy documents)
	Conduct training on quality improvement for oral health services	i. Assess need ii. Conduct training on quality improvement	Training on quality improvement was conducted for oral health services	-Number of training sessions conducted - Percentage of target group trained (e.g., oral health professionals, managers) -Post-training improvement in knowledge or practice	-Training attendance record -Training curriculum -Post-training evaluation forms - Training report
	Create partnerships and collaborations for improving oral health and oral health care	Identify potential partners. Develop a memorandum of understanding	Partnerships and collaborations were created for oral health care	-Number of MOUs signed - Number of new partnerships formed by Types (e.g. government, NGOs, academic institutions)	-Signed MOUs - Partnership agreements - Meeting minutes or stakeholder engagement reports
	Engage the community, NGOs and professional associations in promoting oral health and oral health services	Identify community, NGO and professional associations. Formulate strategies for community and NGO engagement	Community, NGOs and professional associations in promoting oral health	-Number of community groups, NGOs, and professional associations engaged -Number of awareness campaigns by level organized (Region, zonal, District)	-Meeting minutes or reports from engagement activities - Campaign materials (posters, social media posts, flyers) - Attendance records from

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
					awareness events or campaigns
The national oral health budget increased by 25% by 2031	Mobilise resources and funding to promote oral health and the provision of oral health care	Identify potential sources for funding. Develop strategies for mobilizing funds	Resources and funding were mobilised to promote oral health	-Number of funding sources identified - Number of funding proposals submitted -Amount of funding secured -Number of partnerships established for resource mobilization	-Funding proposals - Signed funding agreements - Financial reports or grant receipts - Partnership agreements related to funding
	Evaluate the 2026-2031 national oral health strategic plan	Develop terms of reference. Solicit consultancy, and Provide resources for evaluating the 2026-2031 national oral health strategic plan	One evaluation was conducted for the national oral health strategic plan	-Evaluation report completed - Number of stakeholders consulted during the evaluation - Recommendations for improvement identified	-Final evaluation report - Terms of Reference (TOR) document - List of stakeholders consulted - Resource allocation or budget documents
	Prepare the next oral health strategic plan for 2032 to 2036	i. Form a team, identify facilitators, ii. Provide resources for formulation of oral health strategic plan 2032-2036	One oral health strategic plan prepared	-Availability of a team involved - Number of workshops or meetings held - Stakeholder engagement level (Ministry, region, District)	-Final 2032-2036 strategic plan document - Meeting minutes from planning sessions - Attendance records from workshops or meetings - Resource allocation or budget documents

Strategic Objective SO 2: Human resources for oral health enhanced by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
Human resources for health increased by 25% (based on the dentist-to-population ratio)	Revise minimum competencies for oral health cadres at all levels of care	<ul style="list-style-type: none"> Form team Prepare norms 	Oral health competencies revised	<ul style="list-style-type: none"> -Number of minimum competencies revised -Number of stakeholder consultations conducted 	<ul style="list-style-type: none"> -Revised minimum competencies document -Stakeholder feedback or validation reports -Meeting minutes from consultation sessions
	Conduct training needs assessments to establish education for dental nurses and dental laboratory scientists	<ul style="list-style-type: none"> Develop a tool, collect, Prepare a report 	2 training needs assessments conducted	<ul style="list-style-type: none"> -Number of assessments conducted - Number of participants surveyed - Number of educational gaps identified 	<ul style="list-style-type: none"> -Assessment tool (e.g., survey or interview guide) -Training needs assessment report -Data collection records or interview notes
	Support the development of two competence-based curricula for dental nurses and dental laboratory scientists	<ul style="list-style-type: none"> Form a team Develop curricula 	2 competence-based curricula developed	<ul style="list-style-type: none"> -Availability of a team -Number of curricula developed - Stakeholder consultation meetings conducted - Approval of curricula by relevant authorities 	<ul style="list-style-type: none"> -Final curricula documents - Records of stakeholder consultations - Meeting minutes or reports from the development team - Approval documents or letters from educational authorities
	Support review of two competence-based curricula for the ordinary	<ul style="list-style-type: none"> Form team Review curricula 	2 competence-based curricula reviewed	<ul style="list-style-type: none"> -Number of curricula reviewed - Number of stakeholders consulted 	<ul style="list-style-type: none"> -Final review report - Stakeholder consultation records

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
	diploma in clinical dentistry and the ordinary diploma in dental laboratory technologist				- Curriculum revision documents or feedback forms - Meeting minutes from review team sessions
	Support dental training institutions in acquiring teaching and learning resources	<ul style="list-style-type: none"> Specify and purchase teaching and learning resources 	5 public dental training institutions acquire teaching and learning resources	<ul style="list-style-type: none"> -Percentage of institutions receiving resources - Quantity and types of resources provided (e.g., equipment, textbooks) versus requirements 	<ul style="list-style-type: none"> -Purchase orders or invoices - Delivery and receipt confirmation from institutions -Inventory or resource distribution records
	Support the renovation of classrooms and offices for public dental training institutions	<ul style="list-style-type: none"> Assess and renovate existing classrooms and offices 	6 classrooms and offices renovated in public dental institutions	<ul style="list-style-type: none"> -Number of classrooms and offices renovated - Type of improvement in infrastructure (e.g., water supply, electric, equipment, lighting) 	<ul style="list-style-type: none"> -Renovation contracts or agreements -Before and after photos of renovated spaces -Inspection or certification reports confirming completion -Financial records showing allocation of resources for renovations
	Review medicine, pharmacy and nursing curriculum to incorporate basic oral health components	<ul style="list-style-type: none"> Form team Assess existing curricula & prepare report 	Medicines, pharmacy and nursing undergraduate curricula are reviewed	<ul style="list-style-type: none"> -Number of curricula reviewed - Number of oral health components incorporated - Recommendations for integration made 	<ul style="list-style-type: none"> -Final review report with recommendations -Updated curriculum documents showing integrated oral health content -Meeting minutes or records from the review team sessions
	Conduct continuing professional development training to 300 oral health personnel	<ul style="list-style-type: none"> Assess need Prepare CPD programs & implement 	300 oral health workers receive continuing professional	<ul style="list-style-type: none"> -Percentage of targeted oral health workers (300) trained - Number of CPD sessions conducted 	<ul style="list-style-type: none"> -Training attendance records - CPD certificates or proof of participation -Training materials or program schedule

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
			development training		- Participant feedback forms or evaluation reports
	Support 130 oral health teaching staff to attend short courses on teaching methodology training	<ul style="list-style-type: none"> Provide tuition fees, fare and allowances 	130 teaching staff on teaching methodology trained	<ul style="list-style-type: none"> -Percentage of targeted oral health teaching staff (130) supported - Number of courses attended - Percentage of staff who complete the course successfully 	<ul style="list-style-type: none"> -Proof of course registration and participation (e.g., certificates) - Financial records for tuition, travel, and allowances - Attendance records - Feedback or evaluation forms from participants-
	Support 130 oral health teaching staff to attend a short course on student performance assessment	<ul style="list-style-type: none"> Provide tuition fees, fare and allowances 	130 teaching staff attend a student's assessment course	<ul style="list-style-type: none"> -Percentage of targeted teaching staff (130) supported - Number of staff who complete the course successfully 	<ul style="list-style-type: none"> -Course registration and attendance confirmation -Tuition and allowance disbursement records -Certificates or other proof of course completion - Participant feedback or evaluation forms
	Provide twenty scholarships annually to dental postgraduate students	<ul style="list-style-type: none"> Provide tuition fees, fare and allowances 	20 postgraduate dental students given scholarships	<ul style="list-style-type: none"> - Number of postgraduate students receiving scholarships 	<ul style="list-style-type: none"> -Scholarship award letters - Payment receipts for tuition and allowances -Scholarship distribution records -Enrollment verification from universities -Records of student participation

Strategic Objective SO 3: Oral health commodities improved by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of Verification
Fluoridated toothpaste with recommended expected out., silver diamine Fluoride, Centon N, Glass Ionomer Cement and Composite resin material	Update the list of essential oral health commodities and include it in the national list of essential medicines.	<ul style="list-style-type: none"> Form team Update essential oral health commodities 	Essential list of oral health commodities included in the national list of essential medicines	<ul style="list-style-type: none"> -Number of oral health commodities added to the national list - Approval of updated list by relevant authorities 	<ul style="list-style-type: none"> -Updated list of essential oral health commodities - Correspondence or submission records to the national list of essential medicines - Official approval or inclusion notification from relevant authorities
	Support national forecasting and quantification of oral health commodities	<ul style="list-style-type: none"> Form a team Provide allowance and fare 	National forecasting and quantification of oral health commodities supported	<ul style="list-style-type: none"> -Number of forecasting and quantification activities completed - Number of people trained or involved in the process - Number of commodities accurately forecasted 	<ul style="list-style-type: none"> - Allowance and fare disbursement records - Activity reports on forecasting and quantification - Official national forecasts and quantification documents
		<ul style="list-style-type: none"> 			
	Conduct a short course on management and procurement of oral health commodities to 250 oral health personnel	<ul style="list-style-type: none"> Develop teaching materials. Conduct training on the management of oral health commodities 	250 oral health personnel trained in the management and procurement of oral health commodities	<ul style="list-style-type: none"> -Number of oral health personnel trained -Number of training sessions conducted -Percentage of trainees reporting improved knowledge and skills 	<ul style="list-style-type: none"> -Training attendance records -Training materials and curriculum -Evaluation and feedback forms from trainees - Training certificates or proof of completion
Strengthen Regulatory Framework	Review/update fluoride, other	Updated guidelines & SOPs	Number of updated documents	<ul style="list-style-type: none"> - Approved guidelines - SOP manuals - Workshop minutes 	

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of Verification
		materials standards Harmonize with WHO/EAC/ISO standards	Harmonized regulatory framework	percentage alignment with international standards	
	Conduct Routine Market Surveillance	Develop surveillance plans Sample collection across regions and outlets Prioritize high-risk brands and markets	Regular sampling nationwide Fluoride databases established	Number of samples/quarters Percentage of Regional and market coverage	- Surveillance reports - Sample forms - Inspection logs
	Conduct oral health commodities audits at all levels of health facilities	Form a team. Develop audit tools & conduct audit.	Oral health commodities audit conducted in all health facilities	-Number of health facilities audited -Percentage of health facilities compliant with commodity management standards -Number of issues identified and resolved	-Audit reports from each health facility - Audit tools used for the assessment -Health facility records and inventory lists

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of Verification
	Procure oral health commodities and equipment for oral health services	Specify and quantify need, prepare orders of oral health commodities and equipment	35 Cone Beam Computed Tomography (CBCT). 150 Orthopantomography (OPG) 700 Complete Modern Dental Chairs	-Number of oral health commodities and equipment items procured - Budget adherence in procurement	-Procurement orders and invoices - Inventory and receipt records -Delivery confirmation and tracking records - Financial records for the procurement budget
	Set quality operational standards of oral health commodities	Form a team. Develop operational standards of oral health commodities	Quality operational standards for oral health commodities set	-Number of operational standards developed - Approval or adoption of standards by relevant authorities	-Documentation of developed standards - Meeting or workshop records showing stakeholder involvement - Approval or adoption letter from relevant authorities -Implementation or monitoring reports on the standards

Strategic Objective SO 4: Oral Health Promotion and Prevention Services Strengthened by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of Verification
Community reached with oral health education increased to 80%	Utilize Existing Health Facilities to provide Oral health preventive and promotive services	<ul style="list-style-type: none"> • Develop and distribute oral health training guide for healthcare staff • Organize workshops and hands-on training sessions • Procure and distribute preventive materials • Launch community awareness campaigns 	Health facilities provide preventive and promotive services	<ul style="list-style-type: none"> -Percentage of health facilities provides preventive and promotive services -Number of Oral health prevention and promotion training guides distributed -Number of Oral health prevention and promotion workshops conducted - Number of Oral Health IEC materials distributed - Number of Oral health prevention and promotion awareness campaigns launched 	<ul style="list-style-type: none"> -Facility preventive service reports Distribution logs - Training attendance sheets -Campaign reports
Program for fluoride application for caries prevention initiated	Introduce Fluoride Application Programs in RCH Clinics	<ul style="list-style-type: none"> • Identify and select RCH nurses from clinics across targeted regions for the training program. • Develop a training guide focused on fluoride varnish application techniques, safety protocols, and benefits for children under five. 	RCH clinics implementing fluoride application programs	<ul style="list-style-type: none"> - Percentage of RCH clinics applying fluoride varnish -Percentage of children under five years who received fluoride gel application at RCH clinics - Number of nurses trained 	<ul style="list-style-type: none"> -Survey of RCH Clinic Oral health services. (RCH service logs) -DHIS 2 - Training report

	Equip Primary Healthcare Facilities	Conduct an inventory assessment to determine the current availability of preventive materials in primary healthcare facilities. Procure fluoride gel, silver diamine fluoride, and educational materials through the Medical Stores Department (MSD) for distribution. Distribute preventive materials to 60% of primary healthcare facilities to ensure adequate stock for service delivery.	Primary facilities stocked with Oral health preventive materials	-Percentage of facilities stocked with essential preventive materials - Inventory records before and after distribution	- Inventory assessment reports - MSD procurement and delivery records - Distribution logs
	Train Healthcare Providers on Oral health prevention and promotion	Identify healthcare workers for capacity building programs. Develop a training material on oral health promotion, focusing on prevention, early diagnosis, and patient education. Conduct training workshops and seminars to build skills in oral health promotion providers.	Healthcare providers trained in preventive and promotive oral health	- Percentage of providers trained -Number of training materials developed - pre-and post-training assessment scores	- Training attendance sheets - Workshop reports - Evaluation forms - MoH/WHO reports
Oral health Promotion and education at all levels	Develop age-appropriate literacy-sensitive oral health education materials on proper tooth	Develop oral health education booklet with simple and illustrative materials which is understandable to all age groups	Oral health education booklet in-place	Developed and Signed Oral Health Education booklet	Oral Health Education booklet development report Availability of Oral Health Education booklet at all levels Published Oral Health Education booklet at Ministry of Health webpage

	brushing, diet and hygiene.				
	Develop oral health education materials which display healthy and unhealth food and drinks for oral diseases prevention	Develop IEC materials for oral health education	Oral Health IEC materials in place	Number of IEC materials for health and unhealthy food and drinks developed	IEC materials development reports Notice board display for IEC materials IEC materials social medias display
	Establish outreach programs using trained community health workers to provide screenings and referrals in underserved urban and rural areas	Conduct oral health outreach program with community health workers	Outreach program conducted	Number of oral health outreaches conducted	Oral health Outreach reports
	Strengthen World Oral Health Day through mobile clinics, existing health facilities, school programs, and community events to increase awareness.	Commemorate World Oral Health Day annually to all 25 regions	World Oral Health Day Commemorate d	Number of regions and councils commemorate World Oral Health Day activities	World Oral Health Day activity reports

	Launch nationwide oral health campaigns using multimedia platforms to promote healthy habits like twice-daily brushing with fluoride toothpaste and proper diet	To conduct nationwide oral health campaign using multimedia platforms	National wide Oral Health campaign conducted	Number of National wide Oral Health campaign conducted	Newspaper archives Radio and Television broadcast records
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Strategic Objective SO5: Oral Health Care Services Improved by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
Provision of quality oral health care services to all levels	Update the National Oral Health Essential Care Package	Conduct stakeholder workshops. Conduct periodic Review of the package.	Updated Essential Oral Health Care Package	- Number of workshops conducted - Completion of package review	- Workshop reports - Revised care package document
	Renovate, construct and rehabilitate Oral health Infrastructure	Renovate the existing Oral health facilities. Rehabilitate Oral health facilities Construct new Oral health facilities	Upgraded Oral health facilities in all regions	- Number of facilities renovated, rehabilitated, or constructed - Regional coverage	-Construction/ rehabilitation completion reports - Site inspection records

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
	Update and incorporate Oral Health into National Standard Treatment Guidelines	Form the review team. Update the Oral Health treatment guideline section. Conduct Oral health stakeholders' involvement. Submit the reviewed chapter on Oral health	Updated Oral Health section in the national STG.	- Completion of updated STG chapter - Stakeholder involvement	- Revised STG document - Stakeholder involvement reports
	Develop and Disseminate Oral Health Treatment Protocols	Develop Oral health treatment protocols Disseminate protocols nationally	Oral health treatment protocols were developed and distributed	- Number of protocols developed and disseminated - Distribution coverage by region/districts	- Protocol documents - Distribution logs
	Use Digital Technologies to support the provision of Oral health services	Assess needs for the establishment of tele-dentistry. Introduce tele-dentistry Develop oral health mobile apps	Increased access to digital oral health services.	- Number of tele-dentistry sites established Number of app downloads or users	- Needs assessment report - Tele-dentistry and app deployment records

Strategic objective SO6: Oral health surveillance and research strengthened by 2031

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
Facilities providing oral health at secondary and tertiary level conduct and publish at least 1 research papers	Develop a National Oral Health Research Agenda	Conduct a needs assessment (desk review and stakeholder consultations). Conduct stakeholder workshop to validate the agenda. Conduct finalization workshop. Obtain approval of the document. Disseminate the final agenda.	Approved and disseminated National Oral Health Research Agenda	- Completion of needs assessment - Number of stakeholders involved - Approved and distributed agenda	-Needs assessment report -Workshop reports -Approved document -Distribution logs -WHO/Government/UNICEF records
Increased Oral health research published in peer reviewed publications	Facilitate training for implementation and operational research on Oral health by supporting staff to attend capacity-building programs	Develop training materials. Train 20 trainers of trainers (ToTs). Train 100 frontline workers. Conduct biannual follow-ups and mentorship	Staff trained in operational research and supported through follow-up	- Number of staff trained (ToTs and frontline) - Number of follow-up visits conducted	- Training attendance sheets - Mentorship and follow-up reports - Government/WHO records
	Establish Local and International Multidisciplinary Research Collaborations	Map potential collaborators. Communicate with identified collaborators. Develop and sign MoUs.	Formalized research collaborations	- Number of collaborators identified - Number of signed MoUs	- List of collaborators - Communication records - Signed MoUs

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
	Provide Financial Support for executing the national priority research agenda	Develop and submit proposals to solicit financial resources	Funded oral health research initiatives	- Number of proposals submitted - Amount of funding secured	- Proposal documents - Donor responses and funding agreements
	Build Capacity for Knowledge Management to strengthen the translation of research findings into policy and practice.	Develop training materials. Train 50 knowledge management champions.	Improved knowledge translation into policy and practice	- Number of champions trained - Use of findings in policy documents	- Training reports - Government/donor documentation
	Conduct a National Oral Health Survey	Develop tools. Conduct data collection. Write and publish survey report.	Comprehensive national oral health data	- Completion of data collection - Published report	-Survey tools -Survey report - WHO/Government documentation
	Build Capacity of Health Staff on the use of data for research and decision-making through targeted training programs.	Develop training materials ii. Conduct ToT and frontline training.	Increased data-driven decision-making	- Number of staff trained - Improved use of data	- Training attendance sheets - Evaluation reports
	Develop and Integrate an Oral Health Surveillance Tool into the national health surveillance system	Conduct workshop for tool development. Perform field validation	Validated surveillance tool integrated into national system	- Completion of tool development - Validation conducted	- Tool development workshop reports - Validation reports
	Update and Integrate Oral Health Indicators into National HMIS	Revise Oral health indicators. Update Oral Health HMIS tools.	Updated HMIS reflecting oral health data	Number of Oral health indicators integrated. Percentage of Oral Health staff trained on	- Updated HMIS tools - Training attendance sheets - HMIS system reports

Targets	Strategic Actions	Activities	Expected Output	Indicators	Means of verification
		Train Oral Health staff on updated Oral Health HMIS tools.		updated Oral Health HMIS indicators	
	Build Capacity in Oral Health Data Management	Conduct coaching and mentorship to the oral health staff on data management	Skilled Oral health staff in data management	-Number of Oral Health staff coached/mentored on Data Management.	-Mentorship reports -Performance evaluation reports
				-Percentage of facility Plans approved during the first round assessment	-facility plans assessed.
	Conduct Routine Oral Health Data Quality Assessments (DQAs)	Develop DQA tools. Perform periodic DQAs in all levels	Improved data quality for oral health services	- Number of DQAs conducted at all levels - Improved data timeliness, completeness and accuracy	- DQA tools and reports - Feedback summaries and corrective action plans

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