

Project Title: Consultant to Lead the Resilient and Sustainable Systems for Health (RSSH) coordination situational analysis of Global Health Initiatives, multilateral and bilateral partners and GoZ health sector investments.

1. Overview of The Clinton Health Access Initiative

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organisation committed to saving lives and reducing the burden of disease in low-and middle-income countries (LMICs). CHAI's goals also include strengthening the capabilities of governments and the private sector in LMICs to create and sustain high-quality health systems.

CHAI was founded in 2002 in response to the HIV/AIDS epidemic to dramatically reduce the price of life-saving drugs and increase access to these medicines in countries with the highest burden of the disease. Over the following two decades, CHAI has expanded its focus. Today, along with HIV, CHAI works in conjunction with partners to prevent and treat infectious diseases such as COVID-19, malaria, tuberculosis, and viral hepatitis, among others. CHAI's work has also expanded into cancer, diabetes, hypertension, and other non-communicable diseases, and we work to accelerate the rollout of lifesaving vaccines, reduce maternal and child mortality, combat chronic malnutrition, and increase access to assistive technology. We are investing in horizontal approaches to strengthen health systems through programs in human resources for health, digital health, and health financing. With each new and innovative program, our strategy is grounded in maximising sustainable impact at scale, ensuring that governments lead the solutions, programs are designed to scale nationally, and learnings are shared globally.

At CHAI, our people are our greatest asset, and none of this work would be possible without their talent, time, dedication and passion for our mission and values. We are a highly diverse team of enthusiastic individuals across 40 countries with a broad range of skills and life experiences. Learn more about our exciting work: <http://www.clintonhealthaccess.org>

2. Project Description and Challenges with the Healthcare Sector

Zimbabwe's health financing environment comprises complex financing flows and implementation arrangements across the various stakeholders that finance the healthcare sector. Domestic funding pools for public health financing include the Ministry of Finance, Economic Development, and Investment Promotion (MoFEDIP) allocation to the Ministry of Health and Child Care (MoHCC), the AIDS Levy allocated to the National AIDS Council (NAC), and other earmarked funding from other line ministries. Development assistance for health (DAH) has mostly come from three main funding pools, which include the Global Fund pool, until recently the PEPFAR pool that comprises funding from the United States Agency for International Development (USAID) and the United States Centres for Disease Control (CDC), and the Health Resilience Fund which is financed by the UK, Government of Ireland, the European Union and Gavi.

While the GoZ, through the MoHCC, has remained committed to increasing the access and utilisation of health services, macroeconomic constraints have hindered its ability to allocate more resources for health. As such, DAH resources have significantly contributed to ensuring adequate human, financial and medical resources and supplies and health management information systems are available at all levels of the health system. General issues regarding domestic and DAH funding include:

1. **Fragmented Planning:** Resilient and Sustainable Systems for Health (RSSH) activities are siloed within disease programs and by funder, thereby missing opportunities for cross-pillar synergies. For example,

lab systems for HIV and TB operate vertically, despite shared needs for human resources, lab equipment and training. While disease-specific funding achieves targeted wins, persistent horizontal weaknesses in governance and human resources risk diluting the long-term impact.

2. **Financing Gaps:** Domestic funding for health remains below the Abuja Declaration target (15% of GDP), with heavy reliance on donors. The Global Fund's 2022–2024 allocation of \$500 million (now \$455 after the reprioritisation and investment) for Zimbabwe prioritised treatments but lacked long-term systems-strengthening strategies. The allocation of most funding to siloed disease programs compromised resource efficiency, as critical RSSH components were duplicated within each separate program.
3. **Weak Governance:** Limited multisectoral coordination hinders alignment with Zimbabwe's National Health Strategy (2021–2025). Health facility committees often lack the authority to address local RSSH needs, such as equipment maintenance or community engagement.
4. **Human Resources:** With just 1.36 doctors per 10,000 people (WHO 2023) - far below the 4.5 recommendation - Zimbabwe's human resources for health (HRH) crisis persists. The modest increase from 1.23 (2019) to 1.36 (2023) indicates an unsustainable annual growth rate of 0.13 over 4 years. Without more coordinated and accelerated intervention, the 2030 health workforce targets as set out in the Health Workforce Investment Compact are likely to be missed, as staff attrition, urban clustering, and COVID-19 disruptions continue to disproportionately and negatively affect the doctor population ratio in rural areas. Furthermore, to curb the outward migration and exit of HRH cadres to more favorable labour markets, DAH partners like the GF and PEPFAR have contributed towards salary payments of HRH cadres.

These gaps outlined above continue to undermine the MoHCC's ability to sustain progress made in achieving health outcomes, including the Joint UNAIDS 90-90-90 targets against HIV, and other tuberculosis and malaria targets. Furthermore, events like the COVID 19 pandemic in 2020, and the more recent United States Government (USG) termination of various aid initiatives, have highlighted the Zimbabwean health system's vulnerability to exogenous shocks. In both cases, essential and primary health care (PHC) services were disrupted due to strained supply chains, inadequate HRH cadres, and other operational challenges.

3. Purpose of the Assignment and Scope of Work

The confluence of a constrained domestic macroeconomic environment and an evolving international donor landscape—which is anticipated to reduce global Development Assistance for Health (DAH)—necessitates the strategic optimization of existing resources. To achieve this, a fundamental shift towards a more coordinated and efficient Primary Health Care (PHC) approach is critical. This consultancy will directly address this need by leading a comprehensive situational and gap analysis to strengthen RSSH coordination. The analysis will focus on aligning investments from Global Health Initiatives (GHIs), multi-lateral and bilateral partners, and the Government of Zimbabwe (GoZ), providing the evidence base to implement effective blended financing models for holistic health systems strengthening.

While Global Fund investments have historically been channelled through vertical disease programs, strategic cross-cutting initiatives offer a powerful blueprint for integrated coordination. A prime example is the Integrated Sample Transportation (IST) system that has dramatically reduced diagnostic turnaround times by optimizing national laboratory networks, thereby directly accelerating treatment initiation and improving patient outcomes. This success story provides a critical case study for this analysis, demonstrating the tangible benefits of moving from siloed investments to coordinated, system-wide solutions.

3.1 Deliverable: A Situational analysis on the coordination gaps of GHIs, multilateral and bilateral partners and GoZ investments for building Resilient and Sustainable Systems of Health (RSSH) in Zimbabwe

The upcoming Global Fund Grant Cycle 8 (GC8) for the 2027-2029 period presents a critical opportunity to address systemic RSSH coordination challenges. To inform a strategic GC8 funding request, a consultant will be engaged to produce a comprehensive situational analysis. The key deliverables for this assignment are:

1. Comprehensive RSSH Coordination and Investment Gap Analysis Report

This foundational report will provide a detailed assessment of the current landscape, including:

- A mapping of all current RSSH-related investments from the Government of Zimbabwe (GoZ), Global Health Initiatives (GHIs), bilateral and multi-lateral partners.
- A gap analysis identifying critical overlaps, redundancies, and underfunded areas in the coordination and financing of RSSH activities.
- An assessment of systemic bottlenecks that lead to suboptimal resource allocation and service delivery outcomes.

2. Global Fund Grant Cycle 7 (GC7) RSSH Performance Review

A focused evaluation to extract actionable lessons for GC8, containing:

- An analysis of the implementation performance and outcomes of RSSH components within the GC7 grant.
- Clear, evidence-based lessons learned and best practices that can be leveraged.
- Specific recommendations to improve the design, management, and implementation of RSSH activities in the GC8 proposal.

3. Efficiency and Strategic Investment Opportunity Brief

A forward-looking document that outlines a pathway for optimization, including:

- Identification of specific opportunities for improved technical, allocative, and coordination efficiency within GF grants and other DAH funding streams.
- Analysis of potential synergies between different donor pools and GoZ financing to maximize impact.

4. Actionable Strategy and Recommendations Framework

A concise and practical final deliverable that provides:

- Actionable strategies to enhance coordination mechanisms between GHIs, bilateral and multi-lateral partners, and the GoZ.
- Clear recommendations for aligning RSSH investments with Zimbabwe's national health priorities to build system resilience against future shocks.
- A proposed framework for a coordinated, holistic approach to planning and implementing RSSH activities in the GC8 period.

4. Expected Deliverables and Outputs

Deliverables/ Outputs	Estimated Duration
Inception meeting with CHAI and FCDO	
Inception meeting with relevant stakeholders for the RSSH situational analysis	1 day

<p>Inception report and work plan incl. proposed timeline for the assignment (max XX pages)</p> <ul style="list-style-type: none"> • A succinct description of the purpose of the assignment under review in the context of Zimbabwe's health system • Summary of key resource documents to be reviewed during the desk review • Proposed review methodology, including a set of core questions guiding the study • Proposed data sources including methods and tools of data collection. • Data sources and methods of data collection • Summary of findings from the desk review • A preliminary list of interviewees and stakeholders to be engaged • Proposed structure for the final situational analysis report to guide alignment and feedback from partners 	3 days
Key informant interviews with DAH partners and other stakeholders involved in RSSH planning, coordination, implementation and financing	5 days
Drafting of the Initial RSSH Situational Analysis Report (RSSH coordination gaps of GHI, other bilateral and GoZ investments)	10 days
Validation Meeting for the Initial RSSH findings with stakeholders	1 day
<p>Final Report recommended pages (50). Comprehensive report to include:</p> <ol style="list-style-type: none"> 1. Comprehensive RSSH Coordination and Investment Gap Analysis Report This foundational report will provide a detailed assessment of the current landscape, including: <ul style="list-style-type: none"> • A mapping of all current RSSH-related investments from the Government of Zimbabwe (GoZ), Global Health Initiatives (GHIs), and other bilateral partners. • A gap analysis identifying critical overlaps, redundancies, and underfunded areas in the coordination and financing of RSSH activities. • An assessment of systemic bottlenecks that lead to suboptimal resource allocation and service delivery outcomes. 2. Global Fund Grant Cycle 7 (GC7) RSSH Performance Review A focused evaluation to extract actionable lessons for GC8, containing: <ul style="list-style-type: none"> • An analysis of the implementation performance and outcomes of RSSH components within the GC7 grant. • Clear, evidence-based lessons learned and best practices that can be leveraged. • Specific recommendations to improve the design, management, and implementation of RSSH activities in the GC8 proposal. 3. Efficiency and Strategic Investment Opportunity Brief A forward-looking document that outlines a pathway for optimization, including: <ul style="list-style-type: none"> • Identification of specific opportunities for improved technical, allocative, and coordination efficiency within GF grants and other DAH funding streams. • Analysis of potential synergies between different donor pools and GoZ financing to maximize impact. 	5 days

<p>4. Actionable Strategy and Recommendations Framework</p> <p>A concise and practical final deliverable that provides:</p> <ul style="list-style-type: none"> • Actionable strategies to enhance coordination mechanisms between GHIs, bilateral, and the GoZ. • Clear recommendations for aligning RSSH investments with Zimbabwe's national health priorities to build system resilience against future shocks. • A proposed framework for a coordinated, holistic approach to planning and implementing RSSH activities in the GC8 period. <p>Report to contain validated findings detailing sections mentioned above, including RSSH coordination gaps and coordination roadmap, lessons, recommendations, and conclusions:</p> <ul style="list-style-type: none"> • The report should include clear references to important information/data. • Provide a slide deck/ presentation slides summarising key issues from the report. • Proposed structure of the report <ul style="list-style-type: none"> ○ cover page ○ executive summary ○ Introduction ○ situational analysis (SWOT, PESTEL and stakeholder analysis) ○ Key findings (RSSH coordination and Investment gap analysis, Global Fund Cycle 7 (GC7) RSSH Performance review, opportunities and challenges) ○ RSSH Coordination Recommendations and ○ Proposed RSSH Coordination framework for a coordinated, holistic approach to planning and implementing RSSH activities in the GC8 period ○ Conclusion ○ Appendices (Efficiency and strategic Investment Opportunity brief, Actionable Strategy and Recommendation Framework) 	
---	--

Time frame and key dates

Key activity	Target Start date
Inception meeting	8 September 2025
Inception Report	9 September 2025
Interviews	12 September 2025
Draft RSSH Situational Analysis Report(RSSH coordination and Investment gap analysis, GC7 RSSH performance Review), Efficiency and strategic investment opportunity brief, actionable strategies and recommendations to enhance coordination mechanisms between GHI, bilateral and the GoZ, a proposed framework for a coordinated, holistic approach to planning and implementing RSSH activities in the GC8 -Slide deck -Detailed Word document	16 September 2025
RSSH Situational Analysis Report validation note/minutes	26 September 2025
Final RSSH Situational Analysis Report -PowerPoint slide deck and detailed Word document	29 September 2025

Bid structure

		Max pages
1	Cover letter	1 page
2	Technical proposal	7 pages
3	Financial proposal	2 pages
4	CV/s	2 pages

5. Qualifications of the Successful Individual Contractor

- Master's level degree in health economics, public health or a similar field.
- At least 5-10 years of professional experience working in the health systems strengthening landscape.
- Proven ability and experience working with governments for health system strengthening reforms.
- Experience working and communicating with government officials and multilateral organisations.
- Experience in projects/programmes focused on health systems strengthening and building the capacity of stakeholders on RSSH. Experience working in Global Fund grant writing is an added advantage.
- Strong technical and analytical skills, with a high proficiency in working with tools for report writing, presentations and analytics (such as Microsoft Office Suite).
- Entrepreneurial mindset and an ability to work independently on complex projects and solve challenging problems in a high-pressure, fast-paced environment.
- Ability to work independently without extensive structural or operational support (handle multiple tasks simultaneously, set priorities, delegate, and work independently)
- Excellent business-oriented oral and written communication skills
- Ability to work with teams across time zones and locations