

Project Title: Consultant to Lead the Resilient and Sustainable Systems for Health (RSSH) Situational Gap and Prioritization Analysis to Inform Integration

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 landscape is characterized by fragmented and complex resource flows, involving multiple domestic and external stakeholders. Key domestic funding sources include allocations from the Ministry of Finance, Economic Development, and Investment Promotion (MoFEDIP) to the Ministry of Health and Child Care (MoHCC), the National AIDS Council's AIDS Levy, and earmarked funds from other line ministries. Development Assistance for Health (DAH) is predominantly channelled through three major pools: namely the Global Fund and until recently PEPFAR (including USAID and CDC), and the Health Resilience Fund (supported by the UK, Ireland, the European Union, and Gavi).

Despite the Government of Zimbabwe's commitment through the MoHCC to expand access to and utilization of health services, macroeconomic challenges have limited domestic resource allocation for health. Consequently, DAH has played a critical role in sustaining the availability of human resources, medical supplies, equipment, and health information systems across all levels of care. However, persistent structural issues in both domestic and DAH financing hinder system-wide efficiency and integration, including:

1. **Fragmented Planning and Lack of Integration:** RSSH activities remain siloed within vertical disease programs and donor-funded initiatives, limiting opportunities for cross-program synergies and integrated service delivery. For instance, parallel laboratory systems for HIV and TB—each with dedicated human resources, equipment, and training prevent economies of scale and functional integration. This fragmentation perpetuates inefficiencies and impedes the development of a unified, resilient health system.

2. **Financing Gaps and Strategic Misalignment:** Health financing remains insufficient, with domestic expenditure falling short of the Abuja Declaration target of 15% of national budget allocation. Heavy reliance on external funding introduces volatility and often prioritizes disease-specific outcomes over system-wide strengthening. For example, the Global Fund’s 2022–2024 allocation of \$500 million (later adjusted to \$455 million) focused predominantly on treatment, with limited investment in long-term, cross-cutting RSSH priorities. Duplication of RSSH functions across siloed programs further highlights misalignment between investments and system needs.
3. **Weak Governance for Integrated Health Approaches:** Coordination mechanisms remain underdeveloped, hindering coherent implementation of Zimbabwe’s National Health Strategy (2021–2025). Limited multisectoral engagement and weak decentralised decision-making—such as under-resourced health facility committees—impede local planning and integration of services.
4. **Human Resources Constraints for Integrated Care:** Zimbabwe faces a severe human resource for health (HRH) crisis, with a density of only 1.36 doctors per 10,000 people—well below the WHO-recommended 4.5. Slow progress (from 1.23 in 2019) and high attrition due to migration and urban concentration further threaten attainment of national and international HRH targets. This shortage profoundly limits the capacity to deliver integrated, person-centred care. Some DAH partners have supported salary top-ups for HRH cadres to mitigate migration, yet these efforts remain fragmented and unsustainable.

These systemic gaps collectively undermine the MoHCC’s ability to sustain gains in HIV (e.g., UNAIDS 95-95-95 targets), tuberculosis, malaria, and other health priorities. External shocks—such as the COVID-19 pandemic and recent shifts in US government aid—have further exposed the system’s fragility, disrupting essential and primary health services due to supply chain weaknesses, HRH shortfalls, and operational inefficiencies. These challenges underscore the urgent need for a more integrated, resilient, and sustainably financed health system.

3. Purpose of the Assignment and Scope of Work

The constrained domestic macroeconomic environment in Zimbabwe, coupled with an evolving international donor landscape that is expected to reduce global Development Assistance for Health (DAH), necessitates strategic optimization and integration of existing health resources and interventions. This consultancy will address these challenges by conducting a comprehensive situational analysis to identify critical RSSH gaps and priorities, with the explicit goal of informing and enabling systemic integration.

The scope of work includes leading a thorough assessment that will serve as an evidence base to guide the alignment and integration of investments and interventions from Global Health Initiatives (GHIs), bilateral and multi-lateral partners, and the Government of Zimbabwe (GoZ). This analysis will facilitate a shift toward a more holistic, efficient, and unified model for health systems strengthening, moving away from siloed programming toward integrated Primary Health Care (PHC) approaches.

A key focus will be examining successful cross-cutting initiatives—such as the Integrated Sample Transportation (IST) system, which has optimized national laboratory networks, reduced diagnostic turnaround times, and improved patient outcomes—as blueprints for scalable integration. The analysis will extract transferable lessons and identify opportunities to replicate such integrated models across other RSSH components, including health workforce, supply chain, health information systems, and governance structures.

The consultancy will provide actionable recommendations for leveraging existing investments, minimizing duplication, and fostering synergies across donors and government programs to build a more resilient, sustainable, and integrated health system responsive to Zimbabwe’s current and future challenges.

3.1 Deliverable: Resilient and Sustainable Systems for Health (RSSH) Situational Analysis on RSSH Gaps and Priorities Analysis to Inform Integration

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: Inception Report and Work Plan

- A detailed document outlining the consultant's understanding of the assignment, methodological approach, detailed work plan with timelines, and stakeholder engagement strategy.
- The Inception Report to cover the following components:
 - o Situation Analysis: Contextualization of the assignment within Zimbabwe's health system and the RSSH integration agenda.
 - o Desk Review Summary: Summary of key national policies, strategies, and donor reports to be reviewed.
 - o Methodology: Detailed description of data collection methods (e.g., KII guides, survey tools) and analytical frameworks (e.g., SWOT, PESTEL, Gap Analysis).
 - o Stakeholder Mapping: A comprehensive list of key informants from MoHCC, GHIs (Global Fund, PEPFAR), bilateral, and implementing partners.
 - o Proposed Outline: A detailed table of contents for the final situational analysis report.
 - o Detailed work plan and Gantt chart
 - o Microsoft Word Document (Max 15 pages).

2: Draft Comprehensive RSSH Gaps and Priorities Analysis Report

- A full-length draft report presenting the findings of the situational analysis, focusing on identifying gaps and opportunities for integration across all RSSH pillars. The report will include the following components:
 - o Executive Summary: Key findings and high-level recommendations.
 - o Introduction: Project background, objectives, and methodology.
 - o Situational Analysis: Detailed assessment using SWOT and PESTEL frameworks.
 - o Stakeholder Analysis: Mapping of roles, interests, and coordination mechanisms of key actors in RSSH.
 - o Gap analysis findings:
 - Functional Gaps: Duplication and inefficiencies in Health Information Systems, Supply Chain, Laboratory Systems, and Integrated Service Delivery.
 - Financial Gaps: Analysis of funding flows, misalignments, and opportunities for pooled financing or co-investment in integrated RSSH.
 - Governance Gaps: Assessment of coordination mechanisms, policy alignment, and strategic oversight for integration.
 - Human Resources Gaps: Analysis of HRH distribution, skill mix, and training programs from an integrated care perspective.
 - o Case Studies: In-depth analysis of successful integrated models (e.g., Integrated Sample Transportation - IST) with lessons learned.
 - o Initial Recommendations: Preliminary, evidence-based strategies for addressing identified gaps and prioritizing integration.
 - o Format: Microsoft Word Document (~50-60 pages).

3: Validation Workshop with Key Stakeholders

- Facilitation of a one-day workshop to present the draft findings, gather feedback, and build consensus on the identified gaps and priorities.

- **Presentation Deck:** A summary of key findings and initial recommendations.
- **Workshop Report:** A concise report capturing discussions, feedback, and areas of consensus/divergence.

4: Final RSSH Situational Analysis Report and Executive Brief

- A revised and finalized report incorporating feedback from the validation workshop. This is the primary evidence base for informing the GC8 funding request and integration strategy. This includes the following components:
 - Updated Findings: Refined analysis based on stakeholder input.
 - Prioritized RSSH Gaps: A ranked list of the most critical gaps hindering integration and system resilience.
 - Actionable Integration Strategy and Roadmap: A clear set of recommendations structured for specific actors (MoHCC, Donors, Implementers). This includes:
 - Specific interventions for integrating RSSH functions.
 - A proposed coordination mechanism for aligned planning and financing.
 - A monitoring framework to track progress on integration.
 - Annotated Outline for a GC8 RSSH Proposal: Guidance on how to translate the analysis into a compelling funding request focused on integration.
 - Main Report: Comprehensive Microsoft Word Document (50-60 pages).
 - Executive Brief: A stand-alone, concise summary (max 5 pages) for senior policymakers and donors.
 - Presentation Deck: A PowerPoint summary (max 40 slides) for disseminating findings.

5: Database of Key Informant Interviews and Collected Data

- All raw data collected during the assignment, ensuring transparency and for future reference by CHAI and MoHCC. The database to include the following:
 - anonymized interview transcripts or notes.
 - Collated data from desk review.
 - List of stakeholders consulted.
 - Organized digital folder.

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
1: Inception Report and Work Plan <ul style="list-style-type: none"> - A detailed document outlining the consultant's understanding of the assignment, methodological approach, detailed work plan with timelines, and stakeholder engagement strategy. Components include: <ul style="list-style-type: none"> ○ Situation Analysis: Contextualization of the assignment within Zimbabwe's health system and the RSSH integration agenda. ○ Desk Review Summary: Summary of key national policies, strategies, and donor reports to be reviewed. ○ Methodology: Detailed description of data collection methods (e.g., KII guides, survey tools) and analytical frameworks (e.g., SWOT, PESTEL, Gap Analysis). ○ Stakeholder Mapping: A comprehensive list of key informants from MoHCC, GHIs (Global Fund, PEPFAR), bilateral, and implementing partners. ○ Proposed Outline: A detailed table of contents for the final situational analysis report. 	3 days
Database of Key Informant Interviews and Collected Data <ul style="list-style-type: none"> -All raw data collected during the assignment, ensuring transparency and for future reference by CHAI and MoHCC. Components: <ul style="list-style-type: none"> ○ anonymized interview transcripts or notes. ○ Collated data from desk review. ○ List of stakeholders consulted. 	5 days
Draft Comprehensive RSSH Gaps and Priorities Analysis Report <ul style="list-style-type: none"> - A full-length draft report presenting the findings of the situational analysis, focusing on identifying gaps and opportunities for integration across all RSSH pillars. Components: <ul style="list-style-type: none"> ○ Executive Summary: Key findings and high-level recommendations. ○ Introduction: Project background, objectives, and methodology. ○ Situational Analysis: Detailed assessment using SWOT and PESTEL frameworks. ○ Stakeholder Analysis: Mapping of roles, interests, and coordination mechanisms of key actors in RSSH. ○ Gap Analysis Findings: <ul style="list-style-type: none"> ▪ Functional Gaps: Duplication and inefficiencies in Health Information Systems, Supply Chain, Laboratory Systems, and Integrated Service Delivery. ▪ Financial Gaps: Analysis of funding flows, misalignments, and opportunities for pooled financing or co-investment in integrated RSSH. ▪ Governance Gaps: Assessment of coordination mechanisms, policy alignment, and strategic oversight for integration. 	10 days

<ul style="list-style-type: none"> ▪ Human Resources Gaps: Analysis of HRH distribution, skill mix, and training programs from an integrated care perspective. ○ Case Studies: In-depth analysis of successful integrated models (e.g., Integrated Sample Transportation - IST) with lessons learned. ○ Initial Recommendations: Preliminary, evidence-based strategies for addressing identified gaps and prioritizing integration. 	
<p>Validation Meeting for the Initial RSSH findings with stakeholders:</p> <ul style="list-style-type: none"> - Facilitation of a one-day workshop to present the draft findings, gather feedback, and build consensus on the identified gaps and priorities. Components: <ul style="list-style-type: none"> ○ Presentation Deck: A summary of key findings and initial recommendations. ○ Workshop Report: A concise report capturing discussions, feedback, and areas of consensus/divergence. 	1 day
<p>Final Report recommended pages (50-60 pages).</p> <ul style="list-style-type: none"> - Final RSSH Situational Analysis Report and Executive Brief - A revised and finalized report incorporating feedback from the validation workshop. This is the primary evidence base for informing the GC8 funding request and integration strategy. The final RSSH Situational Analysis Report will include: <ul style="list-style-type: none"> ○ Updated Findings: Refined analysis based on stakeholder input. ○ Prioritized RSSH Gaps: A ranked list of the most critical gaps hindering integration and system resilience. ○ Actionable Integration Strategy and Roadmap: A clear set of recommendations structured for specific actors (MoHCC, Donors, Implementers). This includes: <ul style="list-style-type: none"> ○ Specific interventions for integrating RSSH functions. ○ A proposed coordination mechanism for aligned planning and financing. ○ A monitoring framework to track progress on integration. ○ Annotated Outline for a GC8 RSSH Proposal: Guidance on how to translate the analysis into a compelling funding request focused on integration. 	5 days

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 Comprehensive RSSH Gaps and Priorities Analysis Report <ul style="list-style-type: none"> - A full-length draft report presenting the findings of the situational analysis, focusing on identifying gaps and opportunities for integration across all RSSH pillars. - Comprehensive Microsoft Word Document (50-60 pages). 	16 September 2025
RSSH Situational Analysis Report validation note/minutes and PowerPoint Presentation.	26 September 2025
Final RSSH Situational Analysis Report (RSSH coordination and Investment gap analysis, GC7 RSSH performance Review), Efficiency and strategic investment opportunity brief, actionable strategies and recommendations	

<p>to enhance coordination mechanisms between GHI, bilateral and GoZ, a proposed framework for a coordinated, holistic approach to planning and implementing RSSH activities in the GC8)</p> <ul style="list-style-type: none"> - Main Report: Comprehensive Microsoft Word Document (~50-60 pages). - Executive Brief: A stand-alone, concise summary (max 5 pages) for senior policymakers and donors. - Presentation Deck: A PowerPoint summary (max 15 slides) for disseminating findings. 	27 September 2025
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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