

Project Title: Consultant to lead the Human Resources for Health (HRH) Transition Readiness Assessment in Zimbabwe

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

As per the Zimbabwe Health Workforce Strategy 2023-2030 (ZHWFS), and the Zimbabwe Health Workforce Investment Compact 2024-2026, the country's vision of achieving an upper-middle-income society by 2030 hinges on a strong, well-funded health workforce. However, the country faces a critical shortage, with only 47.5% of needed human resources for health (HRH) workers (a gap of 57,543) to meet its disease burden. Current HRH numbers stand at 74,298, with 68% actively employed, and 76.6% of those employed operating in the public sector. According to the Health Labour Market Analysis for Zimbabwe 2022, annual training production total 3,334 workers (75% of capacity), while attrition and outmigration worsen vacancies (9.1–26.5%). Overall, the HRH attrition, outward migration to more favourable labour markets, and their complete exit from the labour force are driven by the average HRH wage of USD\$463 being below their average reservation wage (USD\$618) and transfer wage (\$1,078).

To address the HRH challenges and shortages, the ZHWFS and ZHWIC aim to:

- Double the workforce by increasing training output to 7,000 annually.

- Reduce attrition by 50% through improved retention strategies.
- Boost per capita health spending from USD\$9 to USD\$32, focusing on education, retention, governance, and financing.
- Mobilize USD\$1.63 billion through multisectoral partnerships to achieve Universal Health Coverage (UHC).

Despite these commitments, the current macroeconomic situation, characterised by high inflation, volatile exchange rates and limited fiscal space has limited the GoZ's ability to mobilise additional HRH. As such, the Government of Zimbabwe (GoZ) has relied on development assistance for health (DAH) to supplement HRH salaries. Organisations like the Global Fund to fight Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Malaria (GFATM) have been providing retention allowances for various facility-level cadres and have been exclusively paying Village Health Workers (VHWs). In addition, the United States President's Emergency Plan for AIDS (PEPFAR) partners, namely the United States Centres for Disease Control (CDC) and the United States International Agency for International Development (USAID), have also provided allowances for facility and community level cadres.

The United States Government Stop Work Order (SWO) in February 2025, and the subsequent termination of contracts, highlighted the Zimbabwean health system's vulnerabilities to changing DAH priorities. The SWO's early effects saw disruptions in the access and utilisation of healthcare services, including the unavailability of various facility and community level cadres. For example, Bulawayo Metropolitan lost 25 opportunistic infection (OI) nurses, 10 dispensary assistants, and 2 VIAC nurses, forcing suspensions in roving Visual Inspection with Acetic Acid and Cervicography (VIAC) and Voluntary Medical Male Circumcision (VMMC) services. Similarly, Mashonaland Central lost 27 OI nurses and 9 primary counsellors, disrupting HIV testing and treatment continuity.

To ensure the long-term sustainability of HRH availability, and to meet the objectives of the ZHWIC and ZHWFS, there is a need to implement:

- Evidence-based workforce planning to mitigate service disruptions.
- Sustainable domestic financing strategies to reduce reliance on external funding.
- Stabilising HRH production and deployment to safeguard progress towards achieving Universal Health Coverage (UHC) and the 2030 Sustainable Development Goals (SDGs).

3. Purpose of the Assignment and Scope of Work

In response to a constrained macroeconomic environment and an evolving global donor landscape, this assignment will conduct a comprehensive HRH Transition Readiness Assessment. The purpose is to strategically optimize resources and facilitate a shift from siloed, donor-funded programs towards a coordinated, government-led health system. The assessment will provide a detailed analysis of the current HRH landscape, evaluate institutional and financial preparedness for transition, and forecast HRH needs. The ultimate scope is to deliver an actionable roadmap with evidence-based recommendations for optimal HRH transition. This will ensure the continuity of essential health services and progress toward UHC.

3.1 Deliverable 1: HRH Transition Readiness Assessment

The consultant will develop a comprehensive Human Resources for Health (HRH) Transition Readiness Assessment. The primary objective is to develop a clear guidance framework and a practical roadmap for optimizing the transition of HRH, thereby safeguarding against disruptions and ensuring the uninterrupted delivery of essential health services. The key deliverables for this assignment include:

- 1. HRH Transition Readiness Assessment Plan:** A foundational document including a work plan, list of key informants, data collection tools, and a report outline.
- 2. Situational Analysis of HRH Landscape:** A comprehensive report detailing the current workforce inventory, training programs, HRH policies, and data system gaps.
- 3. Transition Readiness Evaluation Report:** An assessment of institutional capacity, financial sustainability, and stakeholder alignment for transitioning from donor-funded HRH cadres.
- 4. HRH Workforce Projections and Gap Analysis:** A forecast of HRH supply and demand, including attrition rates and identified priority gaps.
- 5. Policy and Strategy Recommendations:** An actionable roadmap with prioritized interventions, policy briefs, and a transition timeline.
- 6. HRH Transition Dissemination and Validation Workshop Outputs:** Presentation decks and a workshop report from a stakeholder dissemination and validation event.
- 7. Final HRH Transition Readiness Assessment Report:** A consolidated document with all findings, a transition plan, an M&E framework, and an executive summary for policymakers.

4. Expected Deliverables and Outputs

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Deliverables/ Outputs	Estimated Duration
4.1 HRH Transition Readiness Assessment Plan	
A foundational document outlining the assessment's scope, objectives, methodology, stakeholder roles: <ul style="list-style-type: none">○ Work plan with timelines.○ List of key informants (ministries, developmental partners, training institutions, etc.).○ Data collection tools (interview guides, surveys, etc.).○ HRH Transition Readiness Report outline	2 days
4.2 Situational Analysis of HRH Landscape	
Comprehensive report on the current HRH system, including the following: <ul style="list-style-type: none">• Workforce inventory (cadres, distribution, establishment, in post and vacancies).• Mapping of pre-service and in-service training programs.• Analysis of HRH policies, regulations, and governance structures.• Gaps in HRH data systems (e.g., HRIS functionality).	6 days
4.3 Transition Readiness Evaluation	

Deliverables/ Outputs	Estimated Duration
<p>Assessment of system preparedness for transition (e.g., donor-funded programs to government ownership). The report will include:</p> <ul style="list-style-type: none"> • Institutional Capacity: <ul style="list-style-type: none"> ○ Evaluation of MoHCC and HSC's capacity to absorb and sustain HRH programs. ○ SWOT analysis of HRH management structures. • Financial Sustainability: <ul style="list-style-type: none"> ○ Projected HRH costs vs. government/donor budgets. ○ Recommendations for domestic resource mobilization (e.g., fiscal space analysis). • Stakeholder Alignment: <ul style="list-style-type: none"> ○ Mapping of donor commitments and alignment with national HRH strategies. ○ Risks/mitigation strategies for transition disruptions. 	10 days
4.4 HRH Workforce Projections and Gap Analysis	
<p>Forecast of HRH needs vs. supply (short/long term). Gap analysis to include:</p> <ul style="list-style-type: none"> ○ Demand-supply models (e.g., for doctors, nurses, community health workers). ○ Attrition rates and retirement projections. ○ Priority gaps by cadre/region. 	3 days
4.5 HRH Transition Readiness Policy and Strategy Recommendations	
<p>Actionable HRH Transition Readiness roadmap for transition, including:</p> <ul style="list-style-type: none"> ○ Prioritized interventions (e.g., task-shifting, incentive reforms). ○ Policy briefs on HRH retention, recruitment, and training. ○ Transition timeline with milestones (1–5 years). 	3 days
4.6 HRH Transition Readiness Dissemination and Validation Workshop	
<p>Stakeholder engagement to refine findings.</p> <ul style="list-style-type: none"> ○ Presentation decks and workshop reports. ○ Finalized assessment report with stakeholder feedback incorporated 	3 days
4.7 Final HRH Transition Readiness Assessment Report	
<p>Consolidated document with all findings, transition plan, monitoring and evaluation framework and tools.</p> <ul style="list-style-type: none"> ○ Executive summary for policymakers. ○ Annexes (raw data, tools, references). ○ Monitoring framework for post-transition tracking. 	3 days

5. Time Frame and Key Dates

Key activity	Target Start date
4.1 HRH Transition Readiness Assessment Plan	8 September 2025
4.2 Situational Analysis of the HRH Landscape	10 September 2025
4.3 HRH Transition Readiness Evaluation	16 September 2025
4.4 HRH Workforce Projections and Gap Analysis	26 September 2025
4.5 HRH Transition Policy and Strategy Recommendations	29 September 2025
4.6 HRH Transition Dissemination and Validation Workshop	2 October 2025
4.7 Final HRH Transition Readiness Assessment Report	10 October 2025

6. Qualifications of the Successful Individual Contractor.

- At least 10 years of professional experience, with at least 5 years of experience in programme management and health systems strengthening.
- Advanced degree in Public Health, Health Economics, or a relevant field related to the assignment.
- 5+ years' experience in implementing or developing HRH related policies, strategies or assessments in Sub Saharan Africa countries.
- Experience working and communicating with government officials, multilateral organisations or other stakeholders involved in building resilient and sustainable systems for health. Experience working in Global Fund grant writing or related projects 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