



### 3. Conclusion

Addressing the critical shortage of skilled human resources for health (HRH) is paramount to ensuring a sustainable and effective HIV response in Zimbabwe. To tackle these challenges, the Government of Zimbabwe must put in place competitive remuneration packages, invest in healthcare training institutions, strengthen HRH planning and mapping, and better align resources from various stakeholders. If these measures are comprehensively implemented, Zimbabwe will build a sustainable HRH system that supports an effective HIV response while advancing the country's healthcare system toward achieving its Vision 2030 goals.

## Recommendations

To address the challenges and mitigate the implications of the health workforce shortage, several recommendations are proposed for the Government of Zimbabwe:

- a) **Strengthen HRH Planning and Mapping:** Enhance capacity for Human Resources for Health (HRH) planning and mapping through reliable data collection and analysis. Utilize tools like Health Resource Information System (HRIS), Workload Indicator of Staffing Needs (WISN), and National Health Workforce Accounts (NHWA) to support evidence-based decision-making and resource allocation.
- b) **Improve Remuneration and Working Conditions:** Implement competitive remuneration packages, career growth opportunities, and improved working conditions to attract and retain skilled health professionals, particularly in critical areas such as nursing, pharmacy, and laboratory services.
- c) **Expand Healthcare Training Institutions:** Invest in the expansion and enhancement of healthcare training institutions to increase the output of qualified health workers, including specialized doctors, nurses, and technicians, to meet the growing demands of the healthcare system.
- d) **Align Resources for Health Workforce Investment:** Coordinate efforts and resources from the Government, development partners, philanthropic organizations, and the private sector to address the funding gap. Aim to increase health workforce investments from the current US\$9 per capita to at least US\$32 per capita by 2026.
- e) **Strengthen Training and Development:** Improve pre-service training and professional development opportunities for healthcare professionals, especially in rural areas, to address skill gaps in delivering comprehensive HIV services due to the migration of trained health workers.
- f) **Enhance Non-Physician Healthcare Workers' Capacity:** Build the capacity of non-physician healthcare workers, such as nurses, pharmacists, and community health workers. Delegate certain tasks to them to extend the reach and efficiency of HIV services.
- g) **Design a Transition Plan for Donor-Supported HRH:** Develop a clear plan for transitioning donor-supported HRH, including Community Health Workers, to the MOHCC payroll.



POLICY BRIEF SERIES

#3

## HUMAN RESOURCES FOR HEALTH: Key to successful Sustaining and Transitioning of HIV Response into Healthcare Delivery Platform in Zimbabwe

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## Purpose and Target Audience

This policy brief aims to strengthen advocacy efforts for increased investment in human resources for health (HRH) to ensure a sustainable healthcare system in Zimbabwe. It is intended for policymakers, decision-makers, development partners, and other key stakeholders invested in the success of the country's HIV program. As the third document in a series, this brief addresses critical policy gaps in developing and implementing a National HIV Response Sustainability Roadmap. The roadmap is guided by the UNAIDS Primer and Companion Guide.<sup>1</sup>

## Key Message

In order to sustain the HIV response, it is essential to have a competent and sufficient health workforce that can provide high-quality HIV services. Zimbabwe currently has a registered health workforce of 74,298, with an active engagement rate of only 68%. This leaves the country facing a critical shortage of 57,543 health workers based on need (Health Labour Market Assessment, 2022). The vacancy rates in the health sector are alarming, as shown in Figure 1, which details the significant gaps across various health professions. Addressing this shortage is crucial to maintaining and improving healthcare services, including HIV care, across Zimbabwe.

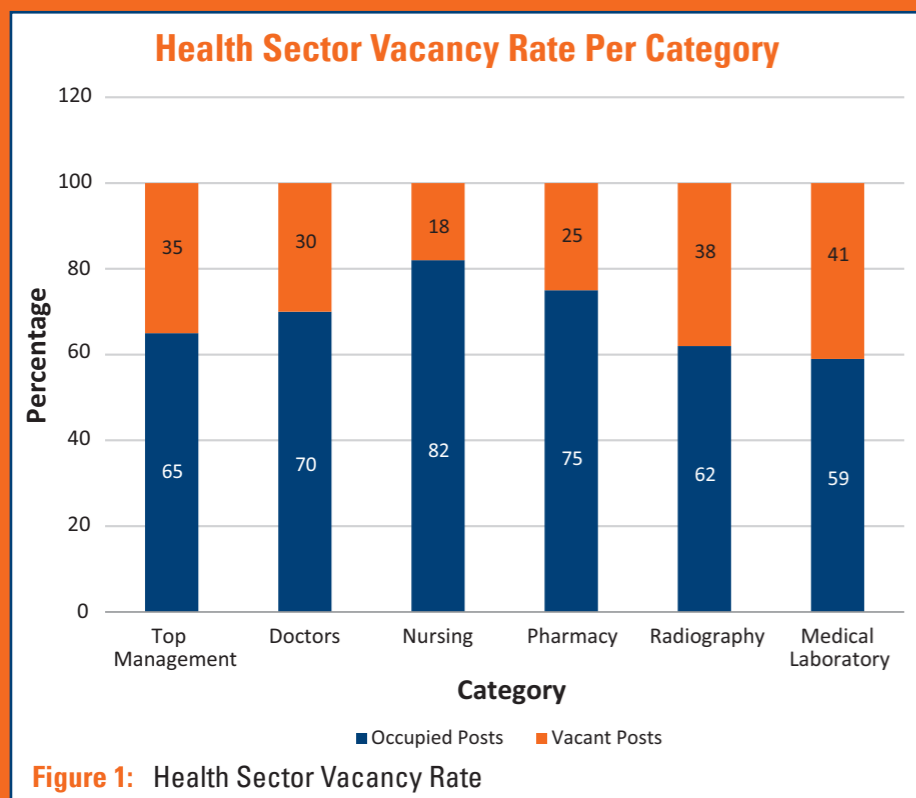


Figure 1: Health Sector Vacancy Rate

## 1. Introduction

In the past two decades, the Government of Zimbabwe, in partnership with development partners and civil society organizations (CSOs), has achieved significant progress in the fight against HIV. Currently, 91.3% of all people living with HIV are on treatment and virally suppressed, and new infections have declined from 22,882 in 2019 to 17,337 in 2022. However, the long-standing challenges related to HRH have severely impacted the consistent availability and quality of health services across the country, including HIV care.

This policy brief examines the current HRH landscape, highlights key challenges affecting the HIV response, and proposes recommendations for the Government of Zimbabwe as part of the National HIV Response Sustainability Roadmap.

## 2. Current Status of the Human Resources for Health

Zimbabwe has recorded a Sustainable Development Goal (SDG) composite index of 2.34 healthcare professionals per 1,000 people, which is below the SDG threshold of 4.45 per 1,000 people<sup>2</sup>. As a result, the country faces a critical shortage of over 57,000 health workers based on current needs. This shortage places immense strain on the existing workforce, leading to increased workloads, burnout, and a reduction in the quality of care. Consequently, patients experience longer waiting times, reduced access to specialized services, and lower overall standards of healthcare.

To mitigate these challenges, donors have stepped in to support staffing in critical areas, such as the AIDS & TB Unit, laboratory services, supply chain systems, and clinics. Development partners also fully fund the Village Health Worker (VHW) program, other community health worker cadres, HIV in-service training for healthcare workers, and much of the district-level supervision and mentoring of health staff. While the country has been able to effectively scale up and sustain HIV services through cooperation with development partners, the reliance on donor funding put sustained epidemic control at risk. In addition, the evolving nature of HIV, combined with its intersections with other conditions like non-communicable diseases (NCDs) and mental health issues, has further complicated service delivery. This complexity highlights the urgent need to reassess the skill set of Zimbabwe's health workforce.

Moreover, Zimbabwe's healthcare workforce spending, currently at US\$9 per capita, is below the regional average of US\$24 per capita<sup>3</sup>. Through the HRH Investment Compact (2024-2026), Zimbabwe

aims to increase its investment in health workers to at least US\$32 per capita by 2026, and US\$55 per capita in the long term as outlined in the graph below. These efforts are crucial to addressing the HRH shortage and improving healthcare delivery across the country.

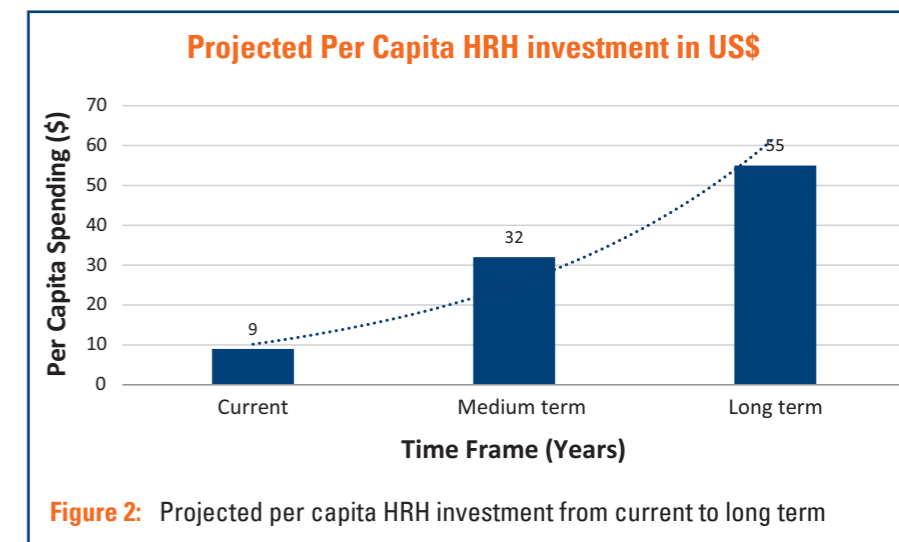


Figure 2: Projected per capita HRH investment from current to long term

The Zimbabwe Public Expenditure Review<sup>4</sup> highlighted the lack of integration between various funding sources, which has led to imbalances in prioritizing HRH funding. Until 2018, the Ministry of Health and Child Care (MoHCC) allocated a significant portion of its budget—an average of 84%—to employment costs. Following efficiency analysis recommendations, the government shifted its budget focus away from employment costs to allow for greater flexibility in resource utilization. However, this shift coincided with a significant decline in the real value of government health spending, while development partner contributions to health worker payments remained stable at around 7%. As a result, the proportion of funding dedicated to health worker payments dropped rapidly—from 41% in 2017 to 19% in 2019. This decline likely contributed to inefficiencies in health sector performance, manifesting in issues such as absenteeism, poor retention, and low worker motivation.



<sup>1</sup> HIV Response Sustainability Roadmap- Part A, UNAIDS, 2024.

<sup>2</sup> Government of Zimbabwe. National Health Strategy (2021-2025).

<sup>3</sup> Ibid.

<sup>4</sup> World Bank. 2022. Zimbabwe Public Expenditure Review.