ZIMBABWE:
PARTICIPATORY PROCESS FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE HRH PLAN: LESSONS LEARNED

Key facts

- Population: 14,240,865
- Infant mortality rate: 62/1,000 live birth
- Maternal mortality rate: 790/100,000 live birth
- Physicians in country: 1.6/10,000 population
- Nurses and midwives: 7.2/10,000 population
- Health care workforce (physicians, nurses and midwives): 8.8/10,000 population

Zimbabwe aims to have adequate numbers of well-qualified, well-managed and highly motivated health workers who provide equitable, accessible, affordable and sustainable high quality health service to all population groups. The HRH Action Framework has been developed by multilateral and bilateral agencies, donors, partner countries, NGOs and the academic community. It represents a work in progress and although WHO and USAID have contributed towards its development. The Human Resources for Health Policy was approved by the Health Service Board (HSB) and is ready for launch by the Honourable Minister.

The HSB and the MoHCW have agreed to concentrate resources and efforts to address, in line with the National Health Strategy (2009–2013), the Health Action Plan HRH priority activities.

- HRH Information and Research: The HSB and the MoHCW will give priority to the establishment and use of the HRHIS for obtaining primary data to rationalize all HRH functions. Furthermore, research results will be used to inform HRH policy review and rationalize management functions.
- HRH Production, Training and Development: To regain the traditional high quality standards of the production, training and development of HRH that Zimbabwe was once renowned for, qualified and competent staff will be hired to carry out the production, training and development of HRH.
- HRH Deployment, Utilization and Management: To improve the deployment, retention, utilization and management of HRH, focus will be on formulating, communicating, implementing and monitoring transparent sub-sector HRH policies on hiring and deploying staff and ensuring equitable distribution of staff at all levels.
- HRH Financing: To improve the deployment, retention, utilization and management of HRH, focus will be on formulating, communicating, implementing and monitoring transparent sub-sector HRH policies on hiring and deploying staff and ensuring equitable distribution of staff at all levels.
In line with national priorities, HSB and MoHCW will give priority to updating, sharing and use of the HRHIS to inform policy formulation and review, and rationalize all HRH management functions. Retention schemes will be monitored and evaluated to assess their impact on the attraction and retention of the health workforce.

The process of developing the HRH policy began in 2008 through 2009 and was finalised in 2010. The HRH Task Force led the development of the HRH policy through consultative meetings and engagement of various stakeholders. The formulation of this policy took several steps, over three years. The Health Service Board, as the employer of all health workers in the Public Health Sector, in collaboration with the relevant stakeholders, developed the Human Resources for Health Policy to guide and facilitate the optimum production, training, management and retention of HRH in Zimbabwe. The HRH policy is the nation’s overall guiding plan embracing general principles and objectives to guide the public health sector in stabilizing the workforce. The process was led by the Human Resources for Health (HRH) Task Force.

Challenges

- Multiple commitments of various stakeholders with their other day-to-day work sometimes affect quorum or delay decision making.
- Some decisions are deferred several times. This situation reduces the effectiveness of the task force meetings and makes coordination difficult. Furthermore, some stakeholders do not commit themselves continuously to the task force activities. They do not see immediate benefits accruing to them.

Achievement of the HRH task force

The task force members manage to develop key documents such as: the HRH policy, the HRH strategic plan, the Health Worker retention policy and scheme. They have also sourced technical assistance for assessing impact of internal migration, development of the HRH Country profile, and costing of the HRH Strategic Plan.

Health workforce observatory establishment is in progress. The HRH draft has been validated and plans are set up for the establishment of the observatory.

HRH Task Force have been expanded to include:

- Professional Councils
- Civil Society, private sector etc.

Lessons learned

- Involvement of key stakeholders is crucial. The successes scored are mainly due to broader identification and involvement of key stakeholders.
- Receptive to different views and perspectives is guided by the country’s mission and vision for health.
- CCF application enriched the development of the HRH policy (including health worker retention scheme) and the Strategic Plan.

Recommendations moving forward

- To organize advocacy, Communication, Social Mobilization of stakeholders on CCF.
- To follow up “new” members of the HRH Task Force.
- Market available achievement such as HRH Policy and Strategic Plan or country profile.
- Share other countries’ experiences to drum up support.

HRH TASK FORCE

1. Formed by the Health Service Board and MoHCW to oversee the development of the HRH policy and the Strategic Plan.

2. Task force composition
   - Government
   - Ministry of Health & Child Welfare: chair and coordinator
   - Health Service Board
   - Ministry of Education
   - Ministry of Finance
   - Local authorities
   - ZACH
   - UN agencies
   - WHO, UNFPA, UNICEF
   - Development Partners and Donors (DFID, ESP, CDC, CIDA)
   - Private sector

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