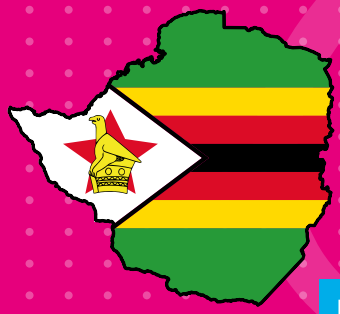


FRONTLINE AIDS

AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN ZIMBABWE

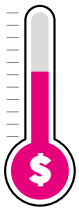
IMPACT AT A GLANCE

Zimbabwe's HIV response is at a critical point: around one in ten adults is living with HIV, and prevention efforts are off track. The sudden withdrawal of US funding has disrupted community-led services. Key populations, adolescents and young people face heightened stigma, discrimination and gaps in care, including PrEP, condoms and antiretrovirals. Legal barriers, shrinking civic space and under-resourced clinics further threaten access. Urgent action is needed to mobilise domestic resources, protect community-led programmes and strengthen the health system to safeguard Zimbabwe's hard-won gains.

This year, the funding landscape for Zimbabwe's HIV response has changed dramatically

61% of Zimbabwe's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

The **Global Fund** remains a key donor, but the current grant has also been **cut by 10.5%**.



While the **domestic health budget allocation** has decreased to **10.2%**, it remains well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, Community Working Group on Health

As a result, vital programmes for key populations and adolescents have been scaled back or shut down

Approximately **94,000** people from key populations could **lose access to tailored HIV prevention services**.

PEPFAR-funded DREAMS programme, providing services to **young people** in all their diversity, has **completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies

Around **91% of people living with HIV are on treatment** with direct or indirect support from PEPFAR.

Oral PrEP services have been **reduced**, especially for marginalised people.

Studies to support the roll-out of new technologies **have stopped**, further limiting the options available to communities.

Sources: amfAR, PrEPWatch

STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS

Zimbabwe's HIV response is at risk following the sudden withdrawal of US government funding, which previously made up 61% of the national HIV budget. This funding supported critical prevention, testing and treatment services, particularly for key populations.[1] The abrupt loss of funds threatens to dismantle years of progress, including Zimbabwe's remarkable strides towards achieving the 95-95-95 targets.[2] For the first time in five years, AIDS-related deaths in Zimbabwe have started to increase, signalling that hard-won gains in reducing deaths are now at risk.

Marginalised and vulnerable communities are being hit the hardest. An estimated 94,000 people from key populations are potentially at risk of losing access to tailored HIV prevention services in Zimbabwe, whilst also facing increasing human rights violations, stigma and discrimination. The DREAMS programme has been discontinued in 17 districts, leaving adolescents and youth without access to tailored, youth-friendly services.[3] Children affected by AIDS, including orphans and those from key populations, are also losing critical support, including HIV treatment, education and basic healthcare, as funding for these services has been cut.

Community champions and peer educators have lost their jobs, drastically reducing peer-to-peer support, sharing of health information and access to safer sex commodities for adolescents and young people. Comprehensive sexuality education has not been fully implemented, despite being adopted by the government three years ago. Larger prevention interventions such as condom supply, procurement and logistics have also been affected. Progress on harm reduction through the development of a National Drug Masterplan (2021) and the Zimbabwe Multisectoral Drug and Substance Abuse Plan (2024–2030) is also at risk.

Long-acting prevention technologies have become inaccessible. Zimbabwe was part of the Catalysing Access to New Prevention Products to Stop HIV (CATALYST) study, which was terminated early, stopping new initiations of oral pre-exposure prophylaxis (PrEP) and long-acting prevention methods, such as the dapivirine ring and the long-acting injectable cabotegravir, leaving participants without guidance or protection. In programmes where US support was retained or reinstated, donor-imposed restrictions now limit the provision of PrEP to pregnant and breastfeeding women.

Zimbabwe has been selected as an early adopter country for lenacapavir, a new form of long-acting injectable PrEP, with support from the Global Fund. However, the current Global Fund grant is under revision, with a budget cut of approximately 10.5%. This is likely to put community-led interventions further at risk, at the same time potentially limiting demand generation and roll-out of new prevention technologies for communities that need it most.

As donor funding declines, Zimbabwe's domestic investment in health is also flatlining. This year the Ministry of Health was allocated 10.2% of the national budget, down from 10.6% in 2024, taking Zimbabwe further away from the Abuja Declaration target.[4] To make matters worse, Zimbabwe is currently facing a debt crisis, with 5.1% of its revenue in 2025 allocated to debt repayments. The 5% Health Levy on mobile airtime and data, and the 3% AIDS Levy on incomes has helped to raise funds for the HIV response. However, there is little transparency on how much money is collected or spent. The Sugar Tax, introduced in 2024 and currently ring-fenced for cancer services, could be expanded to cover HIV and other health needs.

[1] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

[2] Zimbabwe has already surpassed the UNAIDS 95-95-95 targets. As of 2024, an estimated 97% of people living with HIV know their status, more than 95% of those are on treatment and 96% of people on treatment have achieved viral suppression.

[3] The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

[4] Under the 2001 Abuja Declaration, African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

A new Legal Environment Assessment on HIV, tuberculosis and sexual and reproductive health and rights has been completed, but its findings have yet to be shared. Restrictive laws that criminalise sex work, drug use and same-sex relations continue to block key populations from accessing essential HIV and sexual health services. These barriers are made worse by the recent rise in the age of consent to sex to 18, which could impact HIV prevention efforts, even though adolescents can still access HIV-related services from age 16. At the same time, the 2022 Stigma Index shows that stigma within health facilities remains alarmingly high, with 3 in 10 people experiencing discrimination. This is particularly troubling given that funding cuts have forced many people to depend on public clinics, where the risk of experiencing stigmatising care is even greater.

Advocacy by civil society has led to the implementation of social contracting. The guidelines have been shared, and US dollar funding is being provided to community-based organisations to deliver HIV testing and treatment. The decentralised National AIDS Council system and provincial authorities also receive budgets through social contracting. In addition, the government is at an advanced stage of developing a National Health Insurance scheme to support the move towards universal health coverage,[5] although the timeline for its implementation remains unclear.

At the same time, shrinking civic space is undermining civil society's capacity to respond. The 'Patriotic Bill' remains in place, severely limiting civil society's ability to hold government accountable.[6] In April 2025, the new Private Voluntary Organisations Amendment Act was signed into law, giving the government greater powers to scrutinise the operations of all civil society organisations (CSOs).[7] The Act makes it harder for CSOs to register and effectively criminalises human rights advocacy. These developments led the European Union to suspend funding to Zimbabwe in 2025, putting further strain on resources for HIV initiatives.

Community-led monitoring (CLM) has been effectively paralysed by funding cuts. All PEPFAR-supported activities have been suspended,[8] halting progress on the CLM strategy. The limited CLM efforts that remain under the Global Fund are also at risk of being deprioritised as countries move into the next round of funding decisions. Criticisms of CLM have centred on technical capacity and data quality. However, these concerns are too often used by governments and providers to dismiss evidence that challenges them. Where such criticisms are legitimate, they highlight the urgent need for greater investment in training and systems, so that CLM remains a strong and credible accountability tool.

Zimbabwe is adapting to the evolving HIV landscape. The current National HIV and AIDS Strategic Plan (2021-2025) is nearing its end. Future planning must ensure stronger alignment between this and the UNAIDS-led Sustainability Roadmap and Transformation Plan. Efforts are also underway to strengthen integration and coordination. Zimbabwe's Ministry of Health has established 'one-stop shop' models at designated clinics in major cities, offering integrated HIV and sexual and reproductive health services. However, there has not yet been widespread implementation across the country due to funding constraints.

The Ministry is also working towards digitalising health services, including the use of health information management systems and communication technologies. In 2024, Zimbabwe launched the Health Workforce Strategy (2023–2030) and signed the Health Workforce Compact (2024–2026), committing to accelerate investment in the health workforce and strengthen cross-sector integration. However, without adequate funding, these commitments cannot be fully realised.

[5] Universal health coverage (UHC) is a system where all people have access to the full range of necessary health services, from prevention to treatment, without facing financial hardship or discrimination.

[6] Widely known as the 'Patriotic Bill', Zimbabwe's Criminal Law (Codification and Reform) Amendment Act (2023) is a law that criminalises damaging the national interest of the country or critique of the government.

[7] The Private Voluntary Organisations Amendment Act (2025) is a piece of legislation that regulates the registration, operations and oversight of non-governmental organisations.

[8] The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

COMMUNITY IMPACT

At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships within the health system that were built up over many years.

Marginalised communities across Zimbabwe, including key populations and young people, have had safe spaces ripped away, and community members who supported and understood them suddenly removed from their positions. Hundreds of community members employed by US-funded programmes now have no income or access to services. Communities have been left in panic due to a lack of clear information about which services were ending, why they were being cut or where people could go for help.

In Zimbabwe, key populations – who were all previously served at US-funded sites – now face stigma and discrimination in overburdened and underfunded public clinics. As a result, key and vulnerable populations are left with only restricted access to a patchwork of fragmented services, a problem made worse by the fact that they do not feel safe or accepted within these already limited options. People from the LGBTQ+ community are increasingly sharing concerns about their personal safety and security.[9]

> ***With the recent funding cuts, the needs of the transgender community are no longer being prioritised.*** *It is now much harder to access services, and we have been forced to seek help in spaces that are not equipped or specialised to serve us."*
>
> **LGBTQ+ community member**

Many people are afraid that healthcare workers might reveal their status without consent, a serious risk in a country where being a man who has sex with men, using drugs or selling sex can lead to arrest or punishment. In some instances, people are being sent home without any treatment or services. Harmful experiences at public clinics have undermined years of progress, leaving people

> ***We used to rely on PEPFAR support to access routine screening of cervical cancer.*** *Now that the funding is gone, it is going to be difficult to access timely services when I need it. This is going to be a huge challenge for most women living with HIV."*
>
> **Advocate for women living with HIV**

> ***Working as a peer-led outreach worker, the sudden pause in the distribution of condoms, PrEP and PEP [post-exposure prophylaxis] has affected our community as people who use and inject drugs...*** *Most of our community members on ARVs have defaulted as we could not reach out to them on time. The situation is very bad as public hospitals do not have tailor-made treatment services for people who use and inject drugs."*
>
> **Peer educator for people who use drugs**

[9] LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

feeling isolated, anxious and struggling with mental health and treatment adherence. The restrictions on access to PrEP and the scarcity of condoms are concerns for many communities. People who use and inject drugs are facing challenges in accessing harm reduction commodities and stigma-free support. Communities living with HIV are concerned about disruptions to viral load testing, with samples being discarded, and restrictions on multi-month dispensing for ARVs in some areas. Sex workers and criminalised populations are experiencing more violence and human rights violations, pushing them further underground.

While these experiences provide very worrying insights, the full impact on communities in Zimbabwe is hard to measure because no one is tracking how many people are being left behind, or from which communities. The data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable. What is certain, however, is that recent cuts have reduced the number of tailored, community-led services available across the country.

The impact of these cuts for key and vulnerable populations is absolutely devastating. Zimbabwe is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.

> ***As sex workers [we] were highly dependent on PEPFAR-funded initiatives for assistance on HIV prevention and care,*** *and with the shutdown of these, we [are] at high risk of HIV infections because we are now failing [to] access safer sex commodities such as condoms and critical HIV prevention and treatment care, such as basic HIV testing services."*
>
> **Female sex worker**

ZIMBABWE RECOMMENDATIONS

These recommendations were developed by a coalition of 15 civil society organisations, community networks and diverse affected populations across Zimbabwe, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Zimbabwe, including the Ministry of Health and Child Care, Ministry of Finance, the National AIDS Council and the Parliamentary Portfolio Committee on Health.

To effectively support and strengthen Zimbabwe's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY

1. Conduct a comprehensive evaluation of the Zimbabwe National AIDS Strategic Plan and move forward with the development of a new strategy, ensuring that this aligns with the UNAIDS-led Sustainability Roadmap and Transformation Plan.
2. Ensure the meaningful involvement of communities and civil society in developing the new Strategy Plan and the Sustainability Roadmap and Transformation Plan, and in all transition, integration and financing decisions, in order to keep the HIV response inclusive and effective.
3. Prioritise the full implementation of the Health Workforce Strategy (2023–2030) and Health Workforce Compact (2024–2026), to close critical gaps in health workforce capacity across HIV services.

FINANCIAL SUSTAINABILITY

4. Increase the domestic allocation to meet or exceed the Abuja Declaration target of 15%, including through the further expansion of innovative financing mechanisms, with clear prioritisation of community-led HIV prevention and treatment services.
5. Publish the annual health budget and accounts in full, clearly showing the budget allocations for each area of the response, so that levels of investment can be tracked over time.
6. Expand social contracting, and ensure that funding is provided in a transparent way to a diverse range of organisations, including those serving key and vulnerable populations.

ENABLING ENVIRONMENT

7. Advance legal reforms put forward in the recent Legal Environment Assessment. This includes taking steps to repeal laws that criminalise sex work, drug use and same-sex relationships, to rethink civic space restrictions and to create a more supportive environment for accessing services.
8. Expand stigma reduction and sensitisation training for healthcare workers to improve the safety, dignity and accessibility of services for marginalised communities.

SERVICE DELIVERY

9. Ensure that Global Fund financing supports the rapid roll-out of new prevention technologies, including cabotegravir and lenacapavir, with dedicated resources for community-led delivery and demand-generation to reach key and vulnerable populations.

10. Protect funding for community-led HIV interventions in all future Global Fund grants to maintain tailored prevention and treatment services for key and vulnerable populations.

11. Develop a core package of HIV prevention and treatment services that is adapted to reduced donor funding and actively involves civil society organisations and networks of key and vulnerable populations.

RESEARCH AND DATA

12. Fast-track the completion of the community-led monitoring (CLM) strategy and invest in training, technical support and robust systems to address legitimate data quality concerns, ensuring CLM remains a reliable and effective tool for making sure HIV service are accountable and rights-based.

13. Urgently commission a study to assess the impact of US funding cuts on HIV prevention interventions and in particular among the key populations.

INTEGRATION

14. Strengthen the integration of HIV services into stigma-free primary healthcare, antenatal care, family planning and tuberculosis programmes to improve access and reduce barriers.

15. Engage civil society meaningfully in the design and implementation of the National Health Insurance scheme, ensuring transparency and accountability.

BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 but progress towards these goals in Zimbabwe is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS – together with advocates and civil society partners across Zimbabwe – reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition arrangements. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and to support the development of a more resilient and sustainable health system in Zimbabwe.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners and communities for their joint efforts and leadership in developing this report.

National research and analysis: Sincere thanks to the country coalition partners and the coordinating partner SAfAIDS.

Coordination and editing: Lloyd Dembure, Vicky Anning, Leora Pillay, Clare Morrison, Hannah Tendler, Lola Abayomi, Patrick Lawrence, Fionnuala Murphy and Suzanne Fisher-Murray.

Design: Dave Bridges.

We gratefully acknowledge funding from the Swedish International Development Cooperation Agency (SIDA).

OUR PARTNERS

Not all organisations and networks that contributed to this report are represented in the logos displayed above.

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