

Zimbabwe: Country Update

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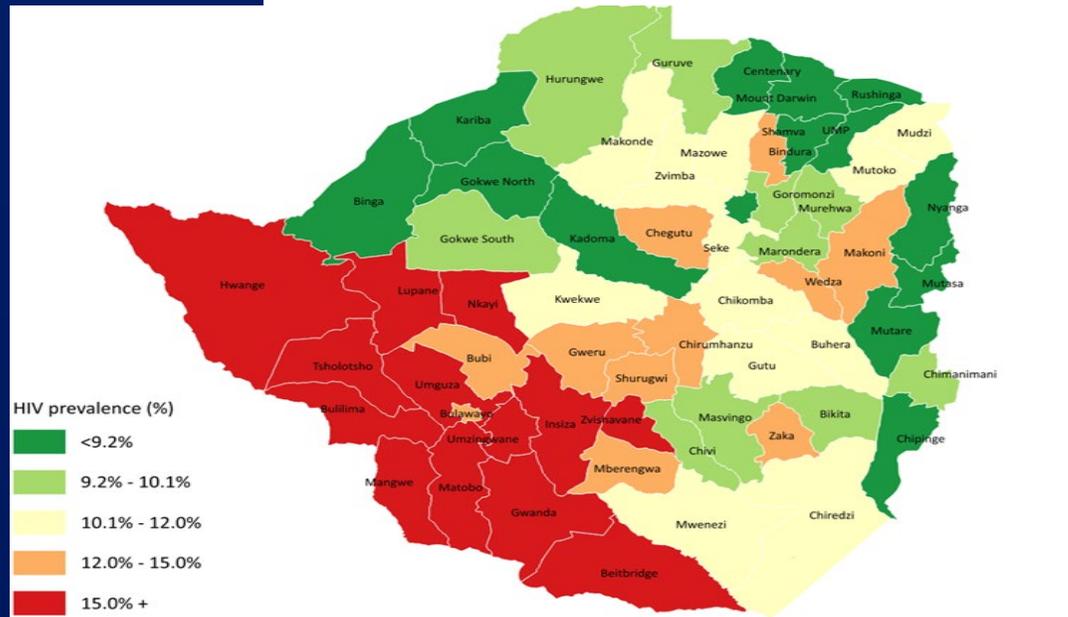
Presentation Outline

- Country Epidemic Overview
- Funding Shifts and Programmatic Realignment
- Summary of Prioritized HIV Services and System Adaptations
- M&E System Adaptations, Key Indicator Trends and Implications
- Community Engagement
- Lessons Learnt
- Next Steps



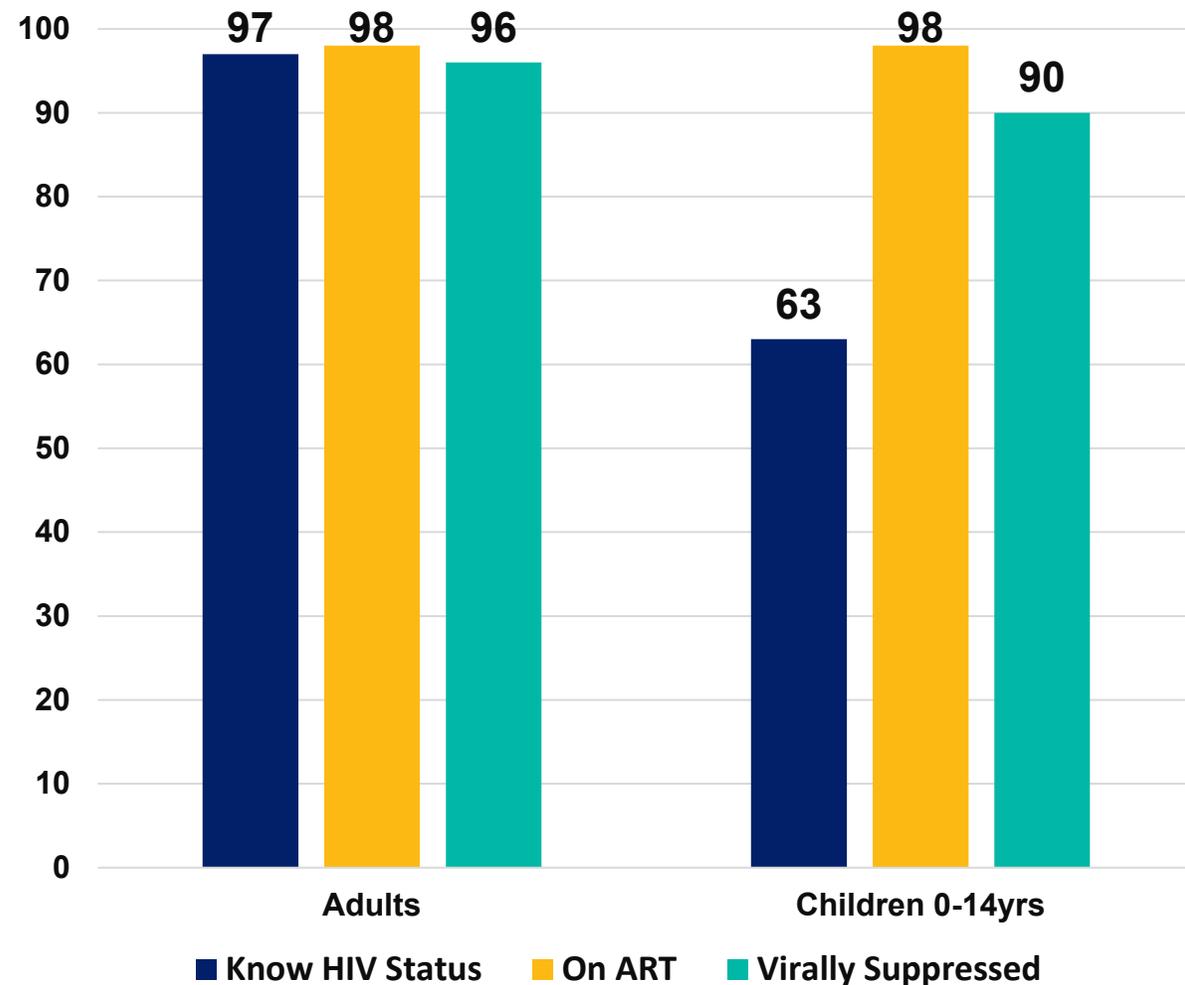
Country's Epidemic Overview

Country's Epidemic Overview



Total PLHIV 1,295,675
PLHIV on ART 1,232,975
HIV Prevalence 9.78% (15-49 years)
HIV incidence 0.91 per 1000 uninfected population
TB/HIV Co-infection 53%

95-95-95 UNAIDS Target for 2025



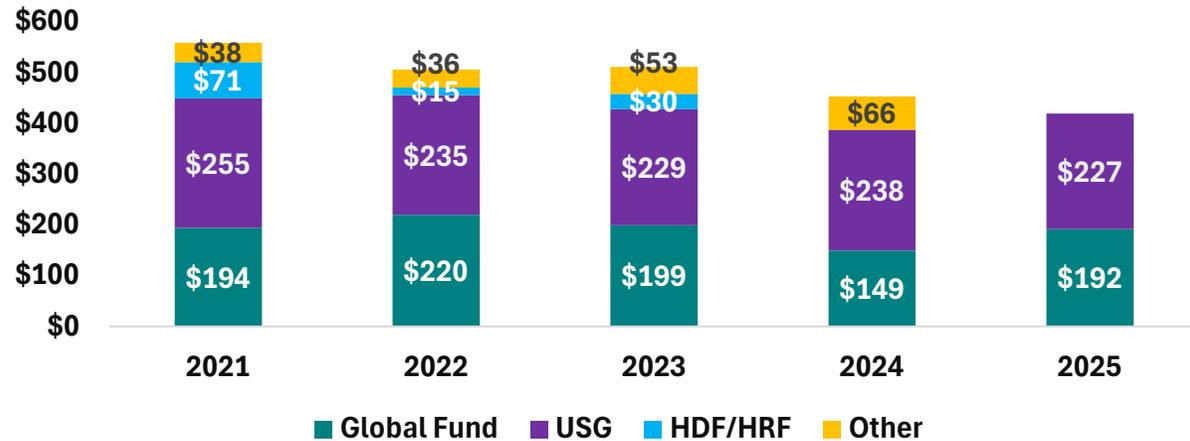
Source: UNAIDS Spectrum Estimates 2024

Funding Shifts and Programmatic Realignment

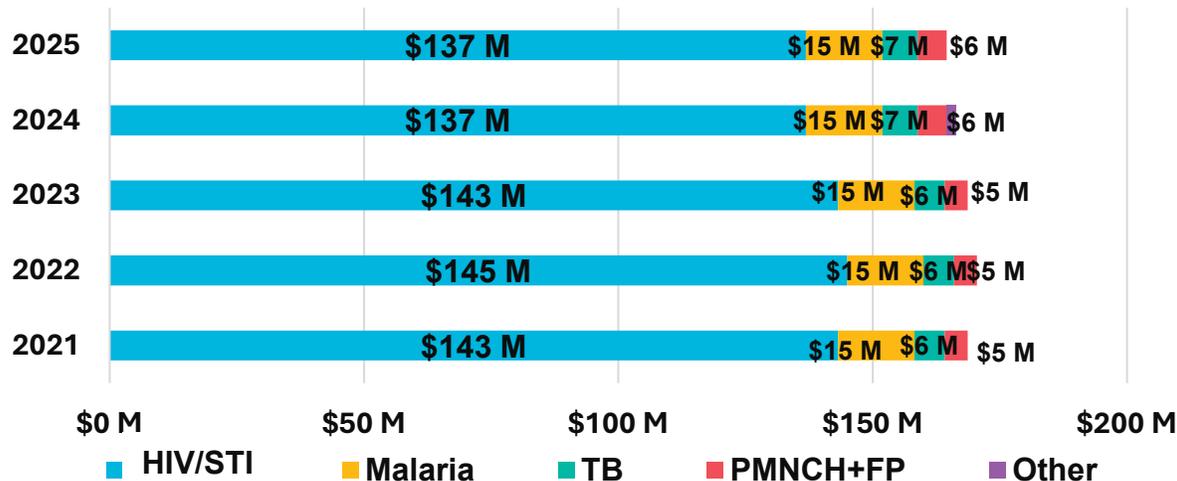


External Funding for HIV 2021-2025

2021-2025 Estimated External Funding by Source (in millions USD)



2021-2025 USG Funding by Disease Area (in millions USD)



Largest Donor: USAID & CDC provided over \$1,1B (43%+ of annual external funding) since 2021.

Global Fund: U.S. pledged \$73M of Zimbabwe's \$192M in 2025.

Programmatic Areas: HIV prevention and testing (excluding VMMC, Dreams and condoms in 2025), HIV antiretroviral therapy (ART), Vertical Transmission Elimination (VTE), TB, laboratory systems strengthening, and strategic information systems

Commodity Procurement and Supply Chain Management: ARVs, TB medicines, HIV and TB diagnostics alongside strengthening supply chain

Human Resources for Health (HRH): healthcare workers through salaries, stipends, or other non-monetary support

Programmatic Realignment

Zimbabwe continues to look at strategic approaches to safeguard Health services (including HIV and TB)

Abuja Declaration

The Government of Zimbabwe Treasury increased allocation to MoHCC from 9.82% in 2024 to 13% in 2025, with a focus on achieving the 15%

Increase Domestic Resource Mobilization

Fast Foods Tax: A 0.5% tax on the sales value of fast-food items was put into effect in 2025 for health resources.

Minimum Service Package

The MoHCC is developing an HIV/TB Minimum Service package to align to the changing landscape

HIV/TB Commodity Supply

The MoHCC has conducted the National Quantification focusing on maintaining commodity security

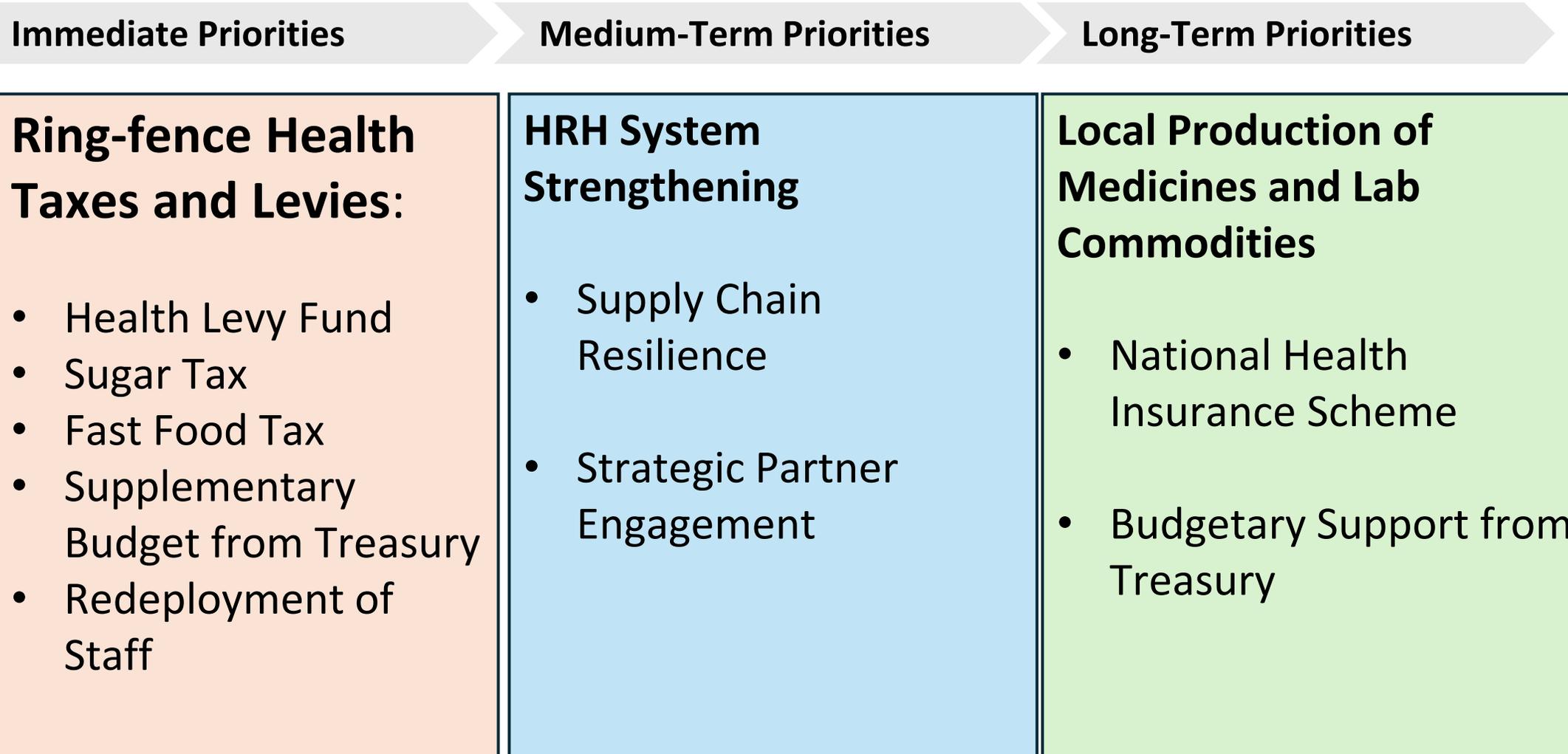
National Response

Programmatic Response

MoHCC Funding Disruption Assessment of the USG Stop-Work Order Impact on HIV/TB Services

- **HRH:** Withdrawal of Seconded Staff: All supported sites impacted, leading to critical loss of trained and experienced personnel. Most of these facilities experiencing an overall reduction in staff.
- **Prevention:** HIVST Disruptions: Both facility-based and community index testing collapse, PrEP service curtailment, key populations (KP) and DREAMS program halts.
- **HIV Treatment and Care:** Disruptions in ART initiation, reduced ART dispensing quantities (from 6 to 1-3 months), compromised client follow-up, suspension of community outreach and CARGs
- **Lab Services:** PEPFAR supported Lab HRH curtailed, impacting integrated sample transportation, laboratory information management system (LIMS) operations, VL/EID/TB/AHD testing, and quality management system (QMS) implementation
- **Supply Chain:** Critical shortages of essential medicines and supplies across multiple facilities

The MoHCC has defined management level immediate, medium, and long-term priorities to reorient the HIV & TB response



Summary of Prioritized HIV Services and System Adaptations

Development of Minimum Package

In response to evolving fiscal pressures and the urgent need to sustain life-saving services, Zimbabwe is actively working to develop a minimum package of essential HIV and TB interventions with the aim of identifying, prioritizing, and sustaining critical services for HIV, viral hepatitis, and STIs.

Objectives of the minimum package assessment

- Define an evidence-based core package of HIV services
- Identify essential indicators for a minimum HIV data package
- Align services with financial scenarios to inform an investment case
- Support GC7 reprioritization and long-term sustainability planning

Methodology

Technical workshop

Brought together senior technical experts and development partners for an intensive and focused process of analysis, prioritization, and planning, utilizing a pool of data amassed through years of programmatic reviews, resource mapping, and performance assessments under the PEPFAR and Global Fund frameworks

Various validation meetings

Various partnership forums were held to validate the findings from the technical workshops

Tiered Funding Scenario(0%, 25% and 50%) external funding

0% Core Package

- Only core/life-saving interventions retained
- Maximum integration with existing PHC
- Extensive task-shifting to lower cadres
- Minimized lab testing/commodities

25% Enhanced package

- Core services plus targeted enhancements
- Limited outreach for priority populations
- Prioritized monitoring for high-risk groups
- Some community service delivery retained

50% Optimal package

- Most current services retained but streamlined
- Broader outreach with equity focus
- Near-standard monitoring frequencies
- Enhanced lab capabilities and prevention



Key Context: This framework employs evidence-based prioritization to maintain epidemic control with reduced resources. Each tier preserves critical interventions while making strategic adjustments to match available funding, health system capacity, and public health impact.

National Prioritized Prevention and Testing Services

Prevention Services			Testing Services			Testing Services		
Component	Intervention	ZIM	Component	Intervention	ZIM	Component	Intervention	ZIM
Infant prophylaxis	Infant PEP HR 0–6w	Keep (No Change)	Blood products Facility-based	Blood product screening	Keep (No Change)	Community-based (virtual and in-person)	CB HIVST points >15	Keep (No Change)
	Infant PEP HR 6–12w	Keep (No Change)		Symptomatic testing (entry)	Keep (No Change)		CB HIVST points 95-gap	Keep (No Change)
	Infant PEP LR	Keep (No Change)		ANC first test	Keep (No Change)		CB HIVST points KP	Keep (No Change)
PEP	Facility PEP (guidelines)	Keep (No Change)		ANC late retest	Keep (No Change)		HIVST digital outreach	Missing Data
	Community PEP (GBV/KP)	Keep (No Change)		Postnatal PBFW 6-monthly	Keep (No Change)		KP high-volume outreach	Keep (No Change)
Condoms	Facility condoms/lube	Keep (No Change)		HEI 6w/6-9-18m EPI	Keep (No Change)		KP all outreach sites	Keep (No Change)
	KP condom points	Keep (No Change)		HEI birth test	Keep (No Change)		AGYW targeted outreach	Keep (No Change)
	Community condom points	Keep (No Change)		TB clients (newly diagnosed)	Keep (No Change)		Men targeted outreach	Keep (No Change)
PrEP continuation	Facility PrEP KP 3MMD/6m	Keep (No Change)		TB clients (presumptive TB)	Keep (No Change)		KP workplace testing	Keep (No Change)
	Facility PrEP PBFW 3MMD/6m	Keep (No Change)		STI clients (new STI)	Keep (No Change)		Children targeted outreach	Keep (No Change)
	Facility PrEP others 3MMD/6m	Keep (No Change)		Hep B/C (new)	Keep (No Change)		Prisoners: On entry/discharge	Keep (No Change)
	Annual PrEP review	Keep (No Change)		Inpatient (new admission)	Keep (No Change)		Prisoners' entry/annual	Keep (No Change)
	PrEP review 6-monthly	Drop		Children in malnutrition clinics	Keep (No Change)		ABYM targeted outreach	Keep (No Change)
	Facility PrEP DSD-indiv	Keep (No Change)		EPI child post-screen	Keep (No Change)		Recency testing	Drop
	Out-facility PrEP DSD	Missing Data		FP initiation clients	Keep (No Change)			
	Virtual PrEP refills	Missing Data		FP <25 init+annual	Keep (No Change)			
	Adherence/risk counselling	Keep (No Change)		FP init+biennial+change	Keep (No Change)			
	Continue DVR PrEP	Keep (No Change)		FP init+annual	Keep (No Change)			
Continue LAI PrEP	Keep (No Change)	Self-initiated HIVST (annual)		Keep (No Change)				
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	Keep (No Change)		VCT/HIVST any frequency	Keep (No Change)			
	Start PrEP PBFW at-risk	Keep (No Change)		PrEP users 1m+6m	Keep (No Change)			
	Start PrEP KP	Keep (No Change)		PrEP users 1m+3m	Keep (No Change)			
	Start PrEP AGYW self-ID	Keep (No Change)		VMMC clients	Keep (No Change)			
	Start PrEP others self-ID	Keep (No Change)	Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	Keep (No Change)			
	Test post-start 1–3m	Keep (No Change)		PN APN +FBT (virtual)	Drop			
	PrEP demand creation	Keep (No Change)		PN APN +community test	Keep (No Change)			
	Continue DVR PrEP	Drop		Female index: child FBT/HIVST	Keep (No Change)			
	Continue LAI PrEP	Keep (No Change)		Female index: child CBT	Keep (No Change)			
	PrEP start education	Keep (No Change)		PN EPN +HIVST (VL>1000)	Keep (No Change)			
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	Missing Data		PN EPN +HIVST FP/ANC<25	Keep (No Change)			
	Community NSP+naloxone	Missing Data		PN EPN +HIVST (FP/ANC)	Keep (No Change)			
	Continue OAMT refills (PWID)	Missing Data		KP SNT +HIVST	Keep (No Change)			
	Initiate/continue OAMT (PWID)	Missing Data		AGYW SNT +HIVST	Keep (No Change)			
VMMC	Targeted VMMC scale-up	Keep (No Change)	PN EPN +HIVST (95s STI-neg)	Keep (No Change)				
			PN EPN +HIVST (STI-neg)	Keep (No Change)				
			PN APN +FBT (STI-neg)	Keep (No Change)				

Rationale:

- Network-based/Partner testing** – Enhanced role for community mobilizers (government-funded VHMs) to support service delivery.
- PrEP Modalities** – Priority places on products with higher demand to ensure uptake and overall impact.
- Recency Testing** – Focus on testing procedures identified within current guidance.

National Prioritized Treatment Services

Component	Intervention	ZIM
ART continuity	Uninterrupted ART for all	Keep (No Change)
	MMD 3–6 months	Keep (No Change)
	Annual clinical review	Keep (No Change)
	Enroll less-intensive DSD	Keep (No Change)
	Maintain facility DSD-indiv	Keep (No Change)
	Maintain community DSD-indiv KP	Drop
	Maintain client-managed groups	Keep (No Change)
	Maintain adolescent groups (HCW)	Keep (No Change)
	Maintain community DSD-indiv	Drop
	Maintain DSD groups (HCW)	Keep (No Change)
Active transfer same-day 3MMD	Keep (No Change)	
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	Keep (No Change)
	CTX adults high-risk	Not applicable
	CTX for HIV/TB	Keep (No Change)
	CTX for CLHIV	Keep (No Change)
	CTX for HEI	Keep (No Change)
Fluconazole secondary proph	Keep (No Change)	
ART initiation (and re-initiation)	Initiate <5 years	Keep (No Change)
	Initiate PBFW	Keep (No Change)
	Initiate symptomatic/AHD	Keep (No Change)
	Initiate all positives	Keep (No Change)
	Initiate stage3/4 or CD4 low	Keep (No Change)
Initiate stage1/2 (CD4 high)	Keep (No Change)	
Viral load monitoring	VL for suspected failure	Keep (No Change)
	Repeat VL at 3m	Keep (No Change)
	First VL by 6m	Keep (No Change)
	First VL (no prior)	Not applicable
	Pregnant: VL at ANC/3m	Keep (No Change)
	Pregnant: VL 34–36w	Keep (No Change)
	Breastfeeding: VL 3m+6mly	Keep (No Change)
	LLV: repeat VL 3m	Keep (No Change)
	VL annually if suppressed	Keep (No Change)
	VL q2–3y post-2x	Keep (No Change)
Resistance test per guidelines	Keep (No Change)	

Component	Intervention	ZIM
OI management	TB Xpert for symptomatic	Keep (No Change)
	TB treatment	Keep (No Change)
	TPT per regimen	Keep (No Change)
	CRAG for symptomatic	Keep (No Change)
	Cryptococcal treatment	Keep (No Change)
AHD package	LAM S3/4 seriously ill	Keep (No Change)
	CRAG S3/4 IPD	Keep (No Change)
	CD4 S3/4 new or >90d	Keep (No Change)
	CD4 S1/2 new or >90d	Keep (No Change)
	LAM S1/2 CD4<200	Keep (No Change)
	CRAG S1/2 CD4<200	Keep (No Change)
	Fluconazole pre-emptive	Keep (No Change)
Integration	PAP smear never-screened	Keep (No Change)
	HPV screen never-screened	Keep (No Change)
	Hypertension integration	Keep (No Change)
	Diabetes integration	Keep (No Change)
	Family planning integration	Keep (No Change)
VIAC annually WLHIV	Keep (No Change)	
Tracking and tracing	Confirm contacts each visit	Keep (No Change)
	Phone trace abnormal labs	Keep (No Change)
	Phone trace high-risk	Keep (No Change)
	Phone trace >28d missed	Keep (No Change)
	Home trace abnormal labs	Keep (No Change)
	Home trace high-risk	Keep (No Change)
	Home trace >28d missed	Keep (No Change)
Psychosocial support/ Counselling	ART start literacy	Keep (No Change)
	Adherence assessment visits	Keep (No Change)
	VL and DSD prep	Keep (No Change)
	EAC for high VL	Keep (No Change)
	Child disclosure support	Keep (No Change)
	MH screening at start	Keep (No Change)
	MH screening high VL	Keep (No Change)
	MH screening all visits	Keep (No Change)

Services requiring additional resources for differentiation of services were deprioritized. These include:

Community ART distribution either through outreach teams or ART distribution at a fixed community site (OFCAD)

However, where resources are available for integrated Outreach services (e.g. with EPI), these services may be integrated

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Missing Data

Quality Assessments Adaptation

- Zimbabwe has been conducting HIV programme quality assessments on a regular basis, and these will be continuing with the adoption of a new minimum package
- These have been
 - ✓ Quarterly quality assessments as part of programme monitoring
 - ✓ Quality Improvement initiatives focused on programme areas needing strengthening eg paed AHD, VL testing and suppression, etc.
- These will continue with assessment tools adjustment for aligning with the minimum service adopted
- Quarterly assessments generally cover 15 - 20 health facilities from 3 - 5 provinces and covering the provincial, district and facility levels

M&E System Adaptations, Key Indicator Trends and Implications

M&E Indicator Prioritization

#	Program Area	Indicator	Zimbabwe
			>=50%
1	VTP	1st ANC attendance	
2		1st ANC testing	
3		ANC HIV+	
4		1st ANC Known HIV+	
5		HEI 1st EID	
6		HEI final outcome	
7		HEI ARV prophylaxis	
8	HTS	HTS_TST	
9		HTS_POS	
10		HTS_TST by modality	
11		HTS_POS by modality	
12	ART	TX_NEW	
13		TX_NEW by CD4 count	
14		TX_CURR by MMD	
15		Interruption in Treatment [IIT]	
16		AIDS-related mortality	
17	VL	VL results received	
18		VL results <1,000 C/ml	
19	TB	TB diagnosis	
20		Initiated on TPT	
21		Completed TPT	
22	HIV Prevention	PrEP_NEW	
23		Received PrEP	
24		Received PEP	
25		Received condoms	

Key	
Keep [No Change]	
Keep [But Modify]	
Drop	
N/A	

- Key indicators have been prioritized based on the funding envelopes and aligned with HIV service priorities
- A few modifications have been made as outlined

M&E Systems Assessment Over Time

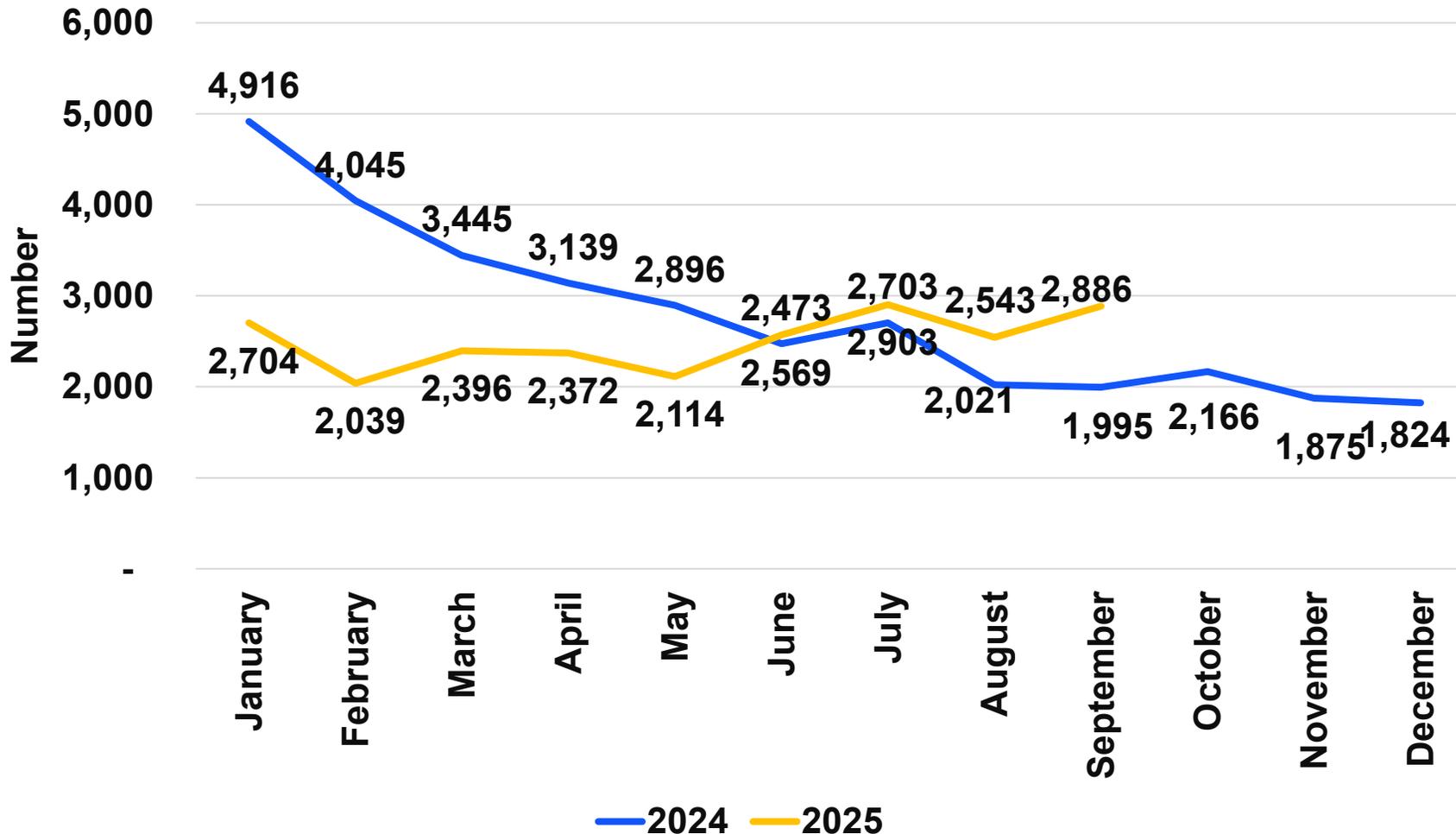
Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)				
Domain	M&E Functionality	Zimbabwe		
		Feb-25	May-25	Sep-25
Data collection	M&E Tools Availability	Green	Green	Green
	Data Quality and Completeness	Yellow	Green	Green
	Community Based Monitoring	Yellow	Yellow	Yellow
	Retention Monitoring and Follow Up	Yellow	Green	Green
	Commodity Tracking Systems	Yellow	Green	Green
Databases, reporting, and use	HMIS reporting	Green	Green	Green
	EMR Functionality	Yellow	Yellow	Yellow
	Data Dissemination and Data Use	Yellow	Yellow	Yellow
HRH capacity	M&E HRH Capacity	Yellow	Green	Green
	Supervision and Mentorship for HRH	Yellow	Green	Green
	Capacity Building for M&E Staff	Yellow	Green	Green

Key: Impact of the SWO			
None	Partial	High	No data
Green	Yellow	Red	Grey

- The partial impact of the SWO is evident across most functionality areas, except for tool availability and HMIS reporting, which remained stable
- Community-based monitoring, EMR functionality, and data dissemination/use continue to be partially affected due to reduced support for these activities

Trends in TX_NEW who Screened Negative for TB and Started TPT and Implications – 1

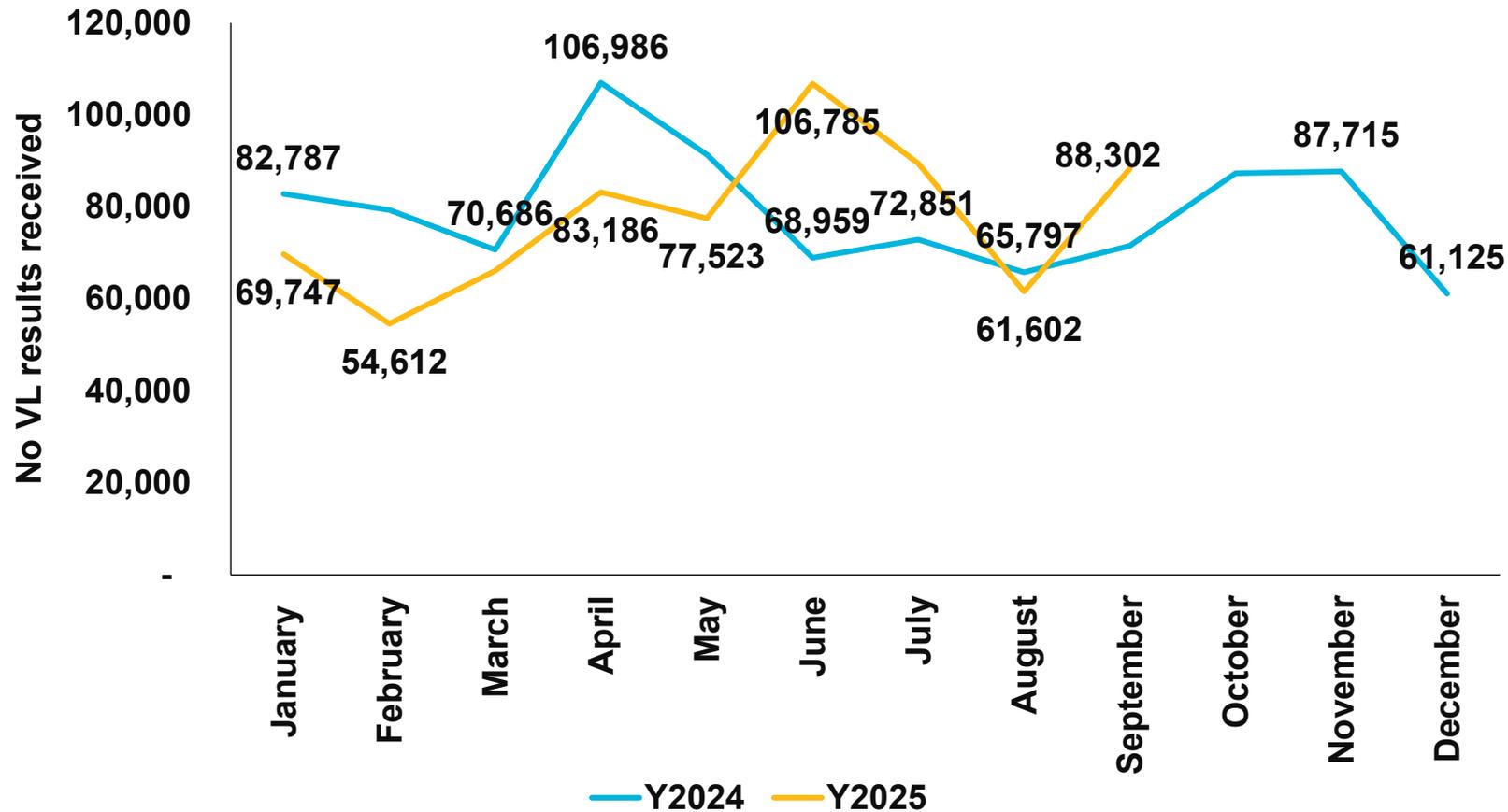
[Data Source: National Aggregate HGIS Data from Jan-Dec 2024 and Jan- Sept. 2025]



- TPT policy was revised to once a lifetime unless one became a contact of a patient with bacteriologically confirmed TB hence the significant decline in numbers
- Change in policy led to reduced diligence – strengthened support needed
- Some stockouts were experienced in the first semester 2025

Trends in Monthly VL Results Received and Implications – 2

[Data Source: National Aggregate HGIS Data from Jan-Dec 2024 and Jan-Sept. 2025]

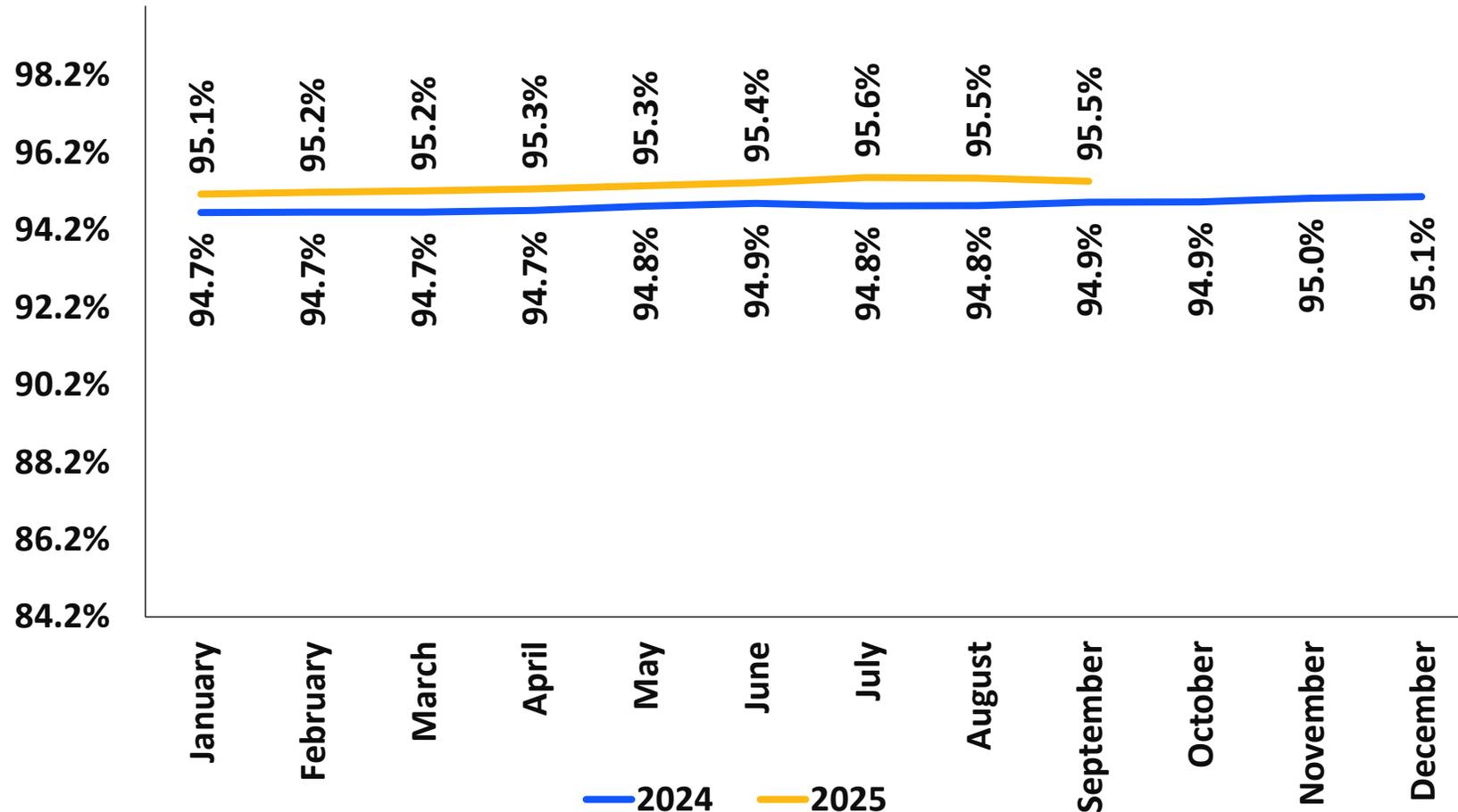


- A notable dip in monthly VL results is seen in Feb 2025 due to the USG SWO
- Some laboratories had staff supported by USG-funded IPs, resulting in reduced sample processing and delayed return of results
- Backlog processing may have contributed to the sudden sharp increases in results received in subsequent months

Note: The graph does not fully reflect actual VL collection and processing trends, as some facilities continue to face long TATs for results despite timely sample collection at RoCs

Trends in Monthly VL Suppression Rate and Implications – 3

[Data Source: National Aggregate HIMS Data from Jan-Dec 2024 and Jan-Sept. 2025]



Continued improvement in viral suppression is observed among RoCs who received VL testing.

Contributing factors include:

- Increased client literacy on the importance of treatment adherence
- Strengthened mentorship and quality improvement initiatives
- Ongoing program support and supervision for counsellors and HCWs at health facilities

Community Engagement



Community Engagement

How has community engagement in your country been impacted by funding reductions?

On 3 February 2025, ZNNP+ through the Kutabila Platform launched the Situation Report – an assessment on the impact of the USG SWOs on the delivery of HIV and related health services for PLHIV and communities.

The Situation Report captures RoC perspectives on the SWOs and their impact.

- **Shortages** – condoms, medications (particularly second line medication and cotrimoxazole for paed), NCDs medicines (BP & diabetes)
- **Service delivery issues** – limited VIAC services, HRH shortages, limited or no outreach services and long distances to reach health facilities
- **Diagnostics** – long turnaround time for results e.g., viral load results

How have the ROCs been engaged in the re-prioritization of HIV services and M&E indicators in country?

- ZNNP+ as the largest network representing PLHIV in Zimbabwe was part of the development of a minimum package of services considering the changing funding landscape.

“no VIAC and disrupted supply of TPT”
– RoC, Gweru.

“PrEP shortages had left KPs in cold”.
– RoC, Mutare.

“Shortage of second line medication”
– RoC, Chitungwiza

“ma outreach hakuchina aibetsera vanhu (Outreaches which were helpful are no longer being conducted)”
– RoC, Bindura

Community Engagement

How have ROC been contributing to sustaining the HIV response in the country including sustaining community engagement activities?

- **Community-led initiatives** – through the Kutabila Virtual Platform, RoCs including community cadres report on service issues, stigma, and access barriers in real time.
- **Integrating HIV services with other social support systems** – for instance support groups where psychosocial support is offered among peers.
- **Advocating for financial commitment** – Abuja Declaration which states that counties must allocate at least 15% of their national budgets to healthcare.

‘Mishonga yezvimwe zvirwere ye BP ne sugar Hapana (there is unavailability of BP and diabetes medication),’ Midlands, Senga clinic

“shortage of service delivery at the OI ART department”

Next Steps



Next Steps

Costing of funding scenarios

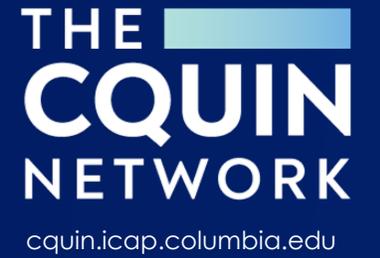
- Ongoing with support from CHAI

Determining the scenarios to use

- Zimbabwe will determine the funding scenario to use considering all funding partners' financial support

Dissemination of minimum package

- Dissemination to all relevant stakeholders
- Need for support for dissemination to healthcare workers



Thank You!

