

The Impact of U.S. Aid Withdrawal on HIV Programs in Zimbabwe: A Scholarly Analysis of Consequences and Challenges

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Abstract

This article critically examines the consequences of U.S. aid withdrawal on Zimbabwe's HIV programs. Relying on secondary data and literature review, the study highlights the impact on ART access, prevention programs, and health system sustainability. The paper applies concepts from dependency theory and health systems resilience to offer a deeper understanding of Zimbabwe's structural vulnerabilities and policy gaps. It concludes with recommendations for domestic resource mobilization, capacity building, and community-led solutions to mitigate the effects of foreign aid reduction.

Key words: HIV; Zimbabwe; Foreign aid withdrawal; PEPFAR; Public health policy; Antiretroviral therapy; Donor dependency; Health systems resilience

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INTRODUCTION

For decades, international aid has been a cornerstone of the global response to HIV/AIDS, with the United States playing a pivotal role through the President's Emergency Plan for AIDS Relief (PEPFAR). Zimbabwe, a country with one of the highest HIV prevalence rates in sub-Saharan Africa, currently has an adult HIV prevalence rate of 10.5% (CDC, 2023; National AIDS Council, 2023). Zimbabwe has been a significant beneficiary of U.S. funding, receiving around 72% of its international HIV program funding from the United States, primarily through PEPFAR, which contributes about US\$200 million annually (Herald, 2023; Reuters, 2024). This funding has dramatically improved treatment access, prevention efforts, healthcare infrastructure, and community support systems.

PEPFAR's investments have helped expand antiretroviral therapy (ART), strengthen supply chain systems for vital medications, enhance laboratory services, and support populations at higher risk of HIV infection.

However, the sudden withdrawal of U.S. aid has created serious challenges for Zimbabwe's HIV response, raising important concerns about the sustainability of lifesaving programs, the strength of local health systems, and broader public health consequences. The cut in financial support has put great pressure on healthcare facilities, leading to service disruptions, shortages of essential medications, and setbacks in efforts to reduce new HIV infections. Additionally, the withdrawal has revealed structural weaknesses in Zimbabwe's healthcare financing system, highlighting the country's heavy reliance on external aid to maintain its HIV programs.

This article critically examines how the withdrawal of U.S. aid affects Zimbabwe's HIV response, focusing on the effects on treatment continuity, prevention efforts, and overall public health outcomes. Using scholarly literature, policy analyses, and comparative case studies from similar contexts, this study aims to provide a detailed

understanding of the challenges caused by funding cuts while exploring potential strategies for resilience and sustainability in Zimbabwe's HIV programs.

1. METHODOLOGY

This study used a qualitative, document-based method to analyze how U.S. aid withdrawal affects Zimbabwe's HIV programs. Data sources include peer-reviewed journal articles, UNAIDS and PEPFAR reports, national policy documents, and relevant grey literature. When using direct quotes from stakeholders (such as healthcare workers, government officials, and civil society actors), these were taken from published sources, including evaluation reports and secondary interviews cited in the literature. No new primary data collection was carried out for this study. The analysis employed a thematic coding approach, where key themes such as treatment disruption, donor dependency, NGO withdrawal, and health systems resilience were identified inductively and refined through iteration based on the literature. This method helped develop a detailed narrative that combines structural, policy, and community perspectives while applying established frameworks like dependency theory and health systems resilience. The research is exploratory and interpretive, aiming to uncover more profound insights into the impacts of aid withdrawal on the sustainability of national health programs.

2. U.S. AID TO HIV PROGRAMS IN ZIMBABWE: A HISTORICAL OVERVIEW

Zimbabwe has long been among the countries most severely affected by the HIV/AIDS pandemic, with about 13% of the adult population living with the virus (UNAIDS, 2023). The epidemic has created major social, economic, and public health challenges, worsening poverty, overloading the healthcare system, and increasing pressure on already limited resources (Mutenherwa & Wassenaar, 2020). Recognizing the urgency of the crisis, the United States has been a key partner in Zimbabwe's HIV response, mainly through the President's Emergency Plan for AIDS Relief (PEPFAR) and the Centers for Disease Control and Prevention (CDC). Since the early 2000s, these programs have played a vital role in fighting the epidemic by providing essential funding, technical know-how, and logistical support (PEPFAR, 2022).

One of the most significant contributions of U.S. aid has been the expansion of antiretroviral therapy (ART). Before international intervention, access to ART in Zimbabwe was limited, and many individuals living with HIV faced dire prognoses due to a lack of affordable treatment options (Chimwaza et al., 2021). Through PEPFAR's financial support, ART coverage in Zimbabwe has increased substantially, with over 1.2 million people

receiving life-saving medications as of 2022, contributing to a sharp decline in AIDS-related mortality (UNAIDS, 2022). The availability of ART has also contributed to achieving viral suppression, which significantly reduces the risk of HIV transmission (Bekker et al., 2018).

In addition to treatment, U.S. funding has played a pivotal role in maternal and child health interventions. Mother-to-child transmission (MTCT) of HIV was once a major driver of pediatric infections in Zimbabwe. Still, targeted interventions, including the provision of antiretroviral drugs to pregnant women and newborns, have drastically reduced transmission rates to below 7% (Goga et al., 2020). The integration of HIV services into maternal and child health programs has also strengthened healthcare delivery, ensuring that pregnant women receive comprehensive care, including prenatal support, safe delivery options, and postnatal follow-up (Chirenda et al., 2021).

Furthermore, PEPFAR and CDC support has facilitated the scaling up of prevention programs, which have included behavioral change campaigns, condom distribution, voluntary medical male circumcision (VMMC), and pre-exposure prophylaxis (PrEP) services. These interventions have been instrumental in curbing new infections, particularly among key populations such as adolescent girls and young women, sex workers, and men who have sex with men (MSM), who remain disproportionately affected by the epidemic (Delany-Moretlwe et al., 2018).

Another critical area of impact has been HIV testing and counseling services. The expansion of community-based and facility-based HIV testing has enabled early diagnosis and linkage to care, resulting in significantly improved health outcomes (Njau et al., 2021). Through initiatives like index case testing, self-testing kits, and door-to-door outreach programs, Zimbabwe has made significant strides in ensuring that individuals living with HIV are identified early and enrolled in treatment programs, in line with the UNAIDS 95-95-95 targets (UNAIDS, 2021).

Beyond direct health interventions, U.S. aid has also played a crucial role in strengthening Zimbabwe's healthcare infrastructure. Investments in laboratory systems, supply chain management, and electronic health records have improved service delivery and enhanced data collection for program monitoring and evaluation (PEPFAR, 2021). Additionally, the training and capacity-building of healthcare workers, including doctors, nurses, and community health workers, have contributed to a more skilled workforce capable of managing HIV cases effectively (Takarinda et al., 2020). The establishment of community-based outreach programs has also ensured that even remote and underserved populations receive essential services, reducing disparities in HIV care and treatment (Chibanda et al., 2019).

3. CHALLENGES OF AID DEPENDENCY AND SUSTAINABILITY CONCERNS

Despite these achievements, the heavy reliance on U.S. aid has raised concerns about the sustainability of Zimbabwe's HIV response. Over the years, the country has become increasingly dependent on external funding to finance essential HIV services, which has led to vulnerabilities in program continuity in the face of funding reductions or withdrawal (Moyo et al., 2022). The abrupt cessation of U.S. financial support has placed immense pressure on Zimbabwe's already strained healthcare system, which is characterized by chronic resource shortages, underfunding, and workforce challenges (Nyazema, 2016).

Without sustained donor support, Zimbabwe faces significant risks, including disruptions in ART access, stockouts of essential medications, increased rates of HIV transmission, and declining public confidence in the healthcare system. The financial constraints also threaten the progress made in reducing mother-to-child transmission, scaling up prevention efforts, and ensuring adequate support for vulnerable populations (Mavedzenge et al., 2021). Furthermore, staffing shortages and inadequate remuneration of healthcare workers may exacerbate service delivery challenges, further widening the gap between demand and available resources (Madanhire & Juru, 2020).

The withdrawal of U.S. aid highlights the urgent need for alternative funding mechanisms, domestic resource mobilization, and policy reforms to ensure that Zimbabwe's HIV programs remain resilient in the face of shifting donor priorities. Exploring sustainable financing models, strengthening local pharmaceutical manufacturing capabilities, and increasing government commitment to healthcare funding will be essential to mitigating the long-term effects of donor withdrawal (Mlambo, 2022).

4. IMPACT ON ACCESS TO ANTIRETROVIRAL THERAPY (ART)

One of the biggest risks of removing U.S. aid is the possible loss or reduction of access to antiretroviral therapy (ART). Since it began, PEPFAR has been essential in making sure Zimbabweans living with HIV get steady, life-saving treatment. By 2022, about 1.2 million Zimbabweans were on ART, with a large part of the funding for these medicines coming from U.S. government programs (UNAIDS, 2022). A break in ART supply isn't just about healthcare service delivery; it highlights a deeper structural weakness in Zimbabwe's health system. The country's heavy dependence on donor-supported procurement and logistics reveals a fragile domestic pharmaceutical system and a lack of investment in supply chain independence. From a health systems

resilience point of view, Zimbabwe's inability to maintain ART without external support indicates a failure to embed donor achievements into national infrastructure. The risk of service collapse due to funding shortages emphasizes the urgent need for locally-driven, sustainable ART financing solutions and shows how fragile progress can be if it isn't built on strong national systems.

Research has shown that interruptions in ART supply are directly correlated with higher rates of treatment failure, drug resistance, and increased HIV transmission (Mutenherwa & Wassenaar, 2020). A study by Moyo et al. (2020) found that even short-term disruptions in ART availability can lead to virological rebound, making individuals more susceptible to developing drug-resistant HIV strains. These resistant strains are not only more difficult to treat but also pose long-term challenges for national HIV management strategies, as second-line and third-line ART regimens are significantly more expensive and less accessible (Madanhire & Juru, 2020).

Furthermore, Zimbabwe's ability to independently procure ART and ensure uninterrupted distribution is severely constrained by financial and logistical barriers. The country currently relies on external funding for nearly 80% of its HIV treatment program, with PEPFAR and the Global Fund providing the bulk of ART procurement (PEPFAR, 2021). The government of Zimbabwe, due to economic instability, hyperinflation, and fiscal constraints, has historically struggled to allocate sufficient domestic resources to health programs, let alone sustain ART coverage at current levels (Mlambo, 2022).

The logistical challenges associated with ART distribution also pose a significant risk. U.S. aid has supported the establishment of efficient supply chain mechanisms, storage facilities, and distribution networks, ensuring that ART reaches healthcare facilities and patients on time (Chimwaza et al., 2021). However, the withdrawal of funding would likely lead to frequent stockouts, affecting both first-line and second-line ART regimens. Evidence from other African countries experiencing ART shortages has shown that patients often resort to treatment interruptions, dose-sparing strategies, or switching to suboptimal regimens, all of which contribute to poor clinical outcomes (Takarinda et al., 2020).

A reduction in ART accessibility would also have severe implications for mother-to-child transmission (MTCT) programs. Prevention of mother-to-child transmission (PMTCT) initiatives rely heavily on ART provision to ensure that HIV-positive mothers maintain viral suppression throughout pregnancy and breastfeeding (Goga et al., 2020). Without continued funding, Zimbabwe could witness a rise in paediatric HIV infections, undoing decades of progress in reducing MTCT rates.

The anticipated consequences of ART disruptions extend beyond individual health outcomes to broader

public health concerns. High ART coverage has contributed significantly to reducing community-level viral load, thereby lowering the likelihood of onward transmission (Bekker et al., 2018). If ART access declines, HIV incidence rates are expected to rise, increasing the burden on an already strained healthcare system (Mavedzenge et al., 2021).

Considering these risks, Zimbabwe must develop sustainable financing mechanisms for ART procurement. Potential strategies include domestic resource mobilization, strengthening partnerships with alternative global health donors, negotiating lower ART prices through pooled procurement initiatives, and investing in local pharmaceutical manufacturing (Nyazema, 2016). Without long-term solutions, Zimbabwe's HIV epidemic could spiral out of control, reversing hard-won gains in epidemic control and public health outcomes.

5. CHALLENGES IN PREVENTION AND TESTING PROGRAMS

The withdrawal of U.S. aid has posed significant challenges to Zimbabwe's prevention and testing programs, which have been integral in curbing new HIV infections, especially within high-risk populations such as sex workers. These men have sex with men (MSM), and adolescents. U.S. support has enabled the distribution of condoms, HIV education campaigns, and voluntary counseling and testing (VCT) services, all of which have contributed to reducing new infections. However, without sustained funding, these essential services are now at risk, potentially leading to a rise in undiagnosed HIV cases and new infections.

The abrupt withdrawal of U.S. funding and the subsequent collapse of key NGO operations have exposed a donor-centric model of service provision, one that prioritized parallel delivery systems over national integration. As Zimbabwe Health Intervention (ZHI), Population Services Zimbabwe (PSH), CESHAR, and OPHID significantly advanced testing and prevention, their departure reveals the lack of embedded capacity within state systems. This aligns with dependency theory, which suggests that prolonged reliance on external actors can displace local ownership and planning. In this case, the sustainability of critical HIV services was compromised not by a lack of knowledge or will, but by structural overdependence on external institutions with finite lifespans.

Recent studies by Togarasei and Masuku (2021) note that the absence of these NGOs has not only limited access to HIV testing and prevention services but also diminished the capacity of the health system to manage and treat HIV to manage and treat HIV effectively. These organizations provided technical expertise and resources that Zimbabwe's already overstretched health sector could

not replace. According to Mudzonga and Chiremba (2022), Zimbabwe's health system is already grappling with severe staff shortages and limited resources, which has made it difficult to absorb the gap left by the withdrawal of U.S. aid and the exit of key health organizations. With a reduced number of skilled personnel and an increasing demand for HIV services, the country's health system is now at greater risk of failing to meet the needs of its population.

Research by Chidarikire et al. (2018) emphasizes that community-based programs, often funded by international aid, are essential in reaching marginalized groups such as MSM and sex workers, who face high levels of stigma and discrimination. The scaling back of these programs has heightened concerns about the future of HIV prevention efforts in Zimbabwe. Without the support from U.S.-funded NGOs, outreach efforts are now limited, and vulnerable populations may not have access to critical services.

Moreover, the financial and logistical challenges faced by the Zimbabwean government in procuring HIV testing kits and condoms further exacerbate the situation. Moyo et al. (2020) argue that without external support, the government's ability to ensure an adequate supply of HIV prevention materials is hindered by its fiscal constraints and a strained healthcare budget. This has made it increasingly difficult to maintain essential HIV programs, particularly in rural and underserved areas.

6. STRAIN ON ZIMBABWE'S HEALTH SYSTEM AND LOCAL RESOURCES

Zimbabwe's healthcare system has long been under considerable pressure due to persistent underfunding, a lack of skilled healthcare workers, and outdated medical infrastructure. These pre-existing challenges have been exacerbated by the withdrawal of U.S. aid, which has played a pivotal role in supporting HIV programs across the country. The U.S. government, through initiatives such as PEPFAR, has provided essential financial resources and technical expertise, enabling Zimbabwe to address some of the most pressing health issues, particularly the HIV epidemic. However, with the cessation of U.S. funding, these challenges are set to worsen, further undermining Zimbabwe's ability to provide adequate healthcare services to its population.

A report by the World Health Organization (WHO) in 2019 highlighted that Zimbabwe's health sector relies heavily on external financing for its HIV response, with nearly 60% of HIV-related expenditures being covered by international donors (WHO, 2019). This dependency has created a fragile foundation for the country's HIV programs, making them vulnerable to fluctuations in external funding. The withdrawal of U.S. aid is a blow to the system, as it removes a substantial portion of the

financial resources required to sustain essential services such as antiretroviral therapy (ART), HIV testing and counseling, and prevention programs for high-risk groups.

The financial void left by the absence of U.S. aid is not easily filled. Zimbabwe's domestic capacity to generate the necessary funds to replace international support is minimal. The country's economic situation, marked by hyperinflation, foreign currency shortages, and a stagnant economy, has left the government with little room to reallocate resources to healthcare. A recent study by Mutasa et al. (2020) highlighted that the Zimbabwean government's health budget is insufficient to meet the growing demands of the population, with fiscal constraints limiting its ability to provide basic services, let alone fund expansive HIV programs. The country's revenue generation mechanisms are inadequate, and without a robust domestic economy, it is unlikely that Zimbabwe will be able to fund the scale of HIV services required to meet international standards.

Furthermore, Zimbabwe's health system has long been plagued by a shortage of skilled healthcare professionals. According to a report by the Zimbabwe Nurses Association (ZNA, 2021), there are fewer healthcare workers per capita than the WHO recommended standard, with many professionals leaving the country due to low wages and poor working conditions. The gap in skilled human resources is already a critical challenge, and the loss of U.S. aid, which often funded training programs for healthcare workers and the recruitment of temporary staff, only exacerbates this issue. Without sufficient healthcare personnel, the country's ability to deliver HIV services—especially in rural and remote areas—will be severely compromised.

The ongoing health crisis also poses a significant challenge to Zimbabwe's already overburdened medical infrastructure. Many health facilities are operating with outdated equipment, limited access to essential medicines, and inadequate facilities to manage the increasing number of patients. Research by Mudzonga et al. (2020) indicates that Zimbabwe's healthcare facilities are increasingly unable to meet the needs of their patients due to the poor condition of medical infrastructure and the lack of basic health supplies. The withdrawal of external funding compounds these challenges, leaving the health system even more vulnerable to collapse.

In the absence of U.S. support, the Zimbabwean government is left with few options to fill this financial gap. Local funding initiatives, though commendable, have been insufficient in addressing the large-scale needs of the country's HIV programs. Additionally, the unpredictable nature of international aid and the global economic challenges mean that even if other donors step in to fill some of the void, their support may not be as consistent or substantial as what was provided by the U.S.

7. THE SOCIOECONOMIC AND PUBLIC HEALTH CONSEQUENCES

The withdrawal of U.S. aid would likely have broad social and economic consequences. HIV is not just a health issue; it intersects with financial stability, education, and social welfare. Without adequate HIV treatment and prevention services, the country could see an increase in HIV-related disabilities, placing additional pressure on Zimbabwe's already overburdened social services. Tariro Chikowe, a Zimbabwean social worker, emphasizes that, *"Without continuous support for HIV treatment, we risk an increase in disabilities, which would overwhelm our social services."* The economic burden of a deteriorating HIV epidemic would affect productivity, increase healthcare costs, and reduce the workforce's overall capacity, leading to a vicious cycle of poverty and ill health. Tambudzai Moyo, an economic analyst, explains, *"The growing HIV epidemic weakens the workforce, making it harder for the country to grow economically."*

The broader public health impact of reduced HIV services could also strain other sectors, particularly maternal and child health. Dr. Charity Dube, a public health expert, warns, *"If HIV treatment is reduced, we will see higher maternal mortality rates, which will harm child health outcomes and contribute to the ongoing cycle of poverty."* This interconnectedness between HIV, maternal health, and child development highlights the severity of the situation.

8. SUSTAINABILITY AND THE ROLE OF LOCAL ACTORS

While the withdrawal of U.S. aid would undoubtedly be devastating, it also presents an opportunity for Zimbabwe to explore sustainable, locally driven solutions. Several scholars argue that long-term success in the fight against HIV must rely on strengthening local systems and capacities. According to Mutasa et al. (2017), Zimbabwe has made significant strides in building local capacity for HIV management, including the establishment of local NGOs, training of healthcare workers, and community involvement in HIV prevention efforts. However, these initiatives must be scaled up and supported by the government and local stakeholders, including private sector partners, to fill the gap left by external donors. Mitigating Zimbabwe's dependency on foreign aid necessitates robust governance reforms, augmented domestic health financing, and strategic prioritization of HIV programs within national agendas. These imperatives confront persistent structural impediments, economic volatility, and political inertia that perpetuate dependency paradigms (Pfeiffer, 2013).

9. PERSPECTIVES FROM LOCAL ACTORS

9.1 Healthcare Workers: Challenges on the Ground

Frontline healthcare workers emphasize the critical role of donor funding in ensuring a steady supply of HIV medication and services. However, some believe that Zimbabwe must urgently find ways to sustain these efforts independently.

“The reality is that most of our HIV programs, including ART distribution, rely on foreign funding. If that money stops, thousands of patients will be at risk. But at the same time, we need to start asking: How do we make this work on our own?”

Dr. Ncube, Senior HIV Specialist, Harare Provincial Hospital.

“We have trained community health workers and nurses who can run these programs, but the biggest challenge is funding for salaries and supplies. If the government and private sector step in, we can sustain progress.” OI Nurse Doreen, Bulawayo.

9.2 Government Officials: Funding and Policy Commitments

While government officials recognize the necessity of domestic health financing, their responses often reflect a pattern of rhetorical commitment without structural reform. Economic hardship is repeatedly cited, yet health budget allocations remain disproportionately low in relation to the disease burden. From a political-economy lens, this tension reveals how health priorities are subordinated to broader fiscal and political agendas. The lack of a concrete transition plan from donor aid to sovereign funding suggests a governance gap in strategic health planning, resulting in a reactive rather than proactive policy posture.

“We are aware that donor dependency is not sustainable. We need to prioritize HIV funding in our national budget, but we must also be realistic. Our economy is struggling, and competing priorities make it difficult to allocate sufficient resources.” Ministry of Health Official, National AIDS Council (NAC).

“What we need is a transition plan. We cannot replace PEPFAR overnight, but we can develop public-private partnerships and explore innovative financing mechanisms, such as an HIV levy.” Tafadzwa Mukanya, Parliamentary Health Committee.

9.3 Civil Society and Community-Based Organizations: A Call for Local Solutions

Local NGOs and community-based organizations (CBOs) emphasize the importance of community involvement in HIV response efforts. They argue that mobilizing local resources and strengthening community-led initiatives could improve sustainability.

“Communities know what works best for them. We’ve seen great success with locally run HIV support groups, but these need funding. The government and private sector must invest in grassroots initiatives to reduce donor dependence.” Tendai M., Director of a local HIV advocacy group.

“The people who live with HIV should not be passive recipients of aid. We need economic empowerment programs so that individuals can afford their own treatment and care.” Tinashe, HIV activist and peer educator.

10. A PATH FORWARD: STRENGTHENING LOCAL SYSTEMS

The role of the Zimbabwean government is crucial in ensuring the continuity of HIV services. Effective governance increased domestic funding for health, and prioritization of HIV programs in national budgets is key to mitigating the effects of foreign aid withdrawal. However, it is important to acknowledge the challenges, particularly economic instability and political factors, that hinder efficient public service delivery.

Experts argue that sustainability in HIV programs requires a multi-pronged approach:

- Domestic resource mobilization: Allocating a larger percentage of the national budget to health.
- Public-private partnerships: Encouraging private-sector investment in HIV programs.
- Community-led initiatives: Strengthening local NGOs and CBOs to take a greater role in service delivery.
- Innovation in healthcare financing: Exploring mechanisms like a national health insurance scheme or an HIV sustainability fund.

Therefore, as Zimbabwe moves forward, stakeholders agree that while foreign aid has been instrumental, the future of the country’s HIV response must be locally owned and driven.

“Aid can help, but it should not define our future. We must build a system that stands on its own.” Community Leader, Mutare.

CONCLUSION

The withdrawal of U.S. aid to HIV programs in Zimbabwe would have profound implications for the country’s ability to combat the HIV epidemic. It would disrupt access to essential services such as antiretroviral therapy (ART), prevention programs, and HIV testing and counseling services, all of which have been crucial in reducing HIV-related morbidity and mortality. Moreover, it would strain an already fragile healthcare system that is grappling with economic instability, staffing shortages, and resource limitations.

While Zimbabwe has made strides in building local capacity to manage HIV, the scale of the epidemic and the limitations of domestic funding mean that the loss of U.S. support would significantly hinder ongoing efforts. The country must explore sustainable, locally driven solutions, which include increased domestic financing for health, strengthening healthcare infrastructure, and engaging private sector partners to build a robust healthcare system.

In this critical moment, it is essential for both the Zimbabwean government and the international community to work collaboratively to ensure that the gains made in the fight against HIV are not undone. This cooperation is vital to ensure the continuity of essential services for those in need and to continue building a robust, self-sustaining healthcare system that can manage the HIV epidemic in the long term.

RECOMMENDATIONS/WAY FORWARD

• **Strengthen Domestic Financing for Health**

Zimbabwe must increase its domestic investment in the healthcare sector, particularly HIV programs. This includes expanding national budgets for HIV treatment and prevention, as well as prioritizing funding for healthcare infrastructure. Long-term sustainability will depend on the government's commitment to allocating more resources to health, reliant, thereby reducing the country's reliance on foreign aid.

• **Enhance Public-Private Partnerships**

Collaboration between the government, local businesses, and international organizations can help bridge the financial gap left by the U.S. aid withdrawal. Encouraging private sector investment in healthcare, including HIV programs, can provide additional resources for essential services such as ART, testing, and prevention. Furthermore, local businesses can contribute to community awareness programs and assist with supply chain management.

• **Improve Healthcare System Efficiency**

Zimbabwe's healthcare system requires efficiency improvements to ensure optimal use of available resources. Streamlining the distribution of ART and providing better management of healthcare facilities will help reduce waste and ensure that services are delivered effectively. Strengthening data management systems will also enable better tracking of HIV care and treatment outcomes.

• **Expand Local Capacity Building and Training**

While local capacity has been improved, it is crucial to continue training healthcare workers, community health workers, and volunteers in HIV care and treatment. Expanding training programs will equip local staff with the skills necessary to manage HIV cases and support ongoing efforts in prevention, treatment, and community outreach.

• **Promote Community-Led Initiatives**

Empowering communities to take an active role in HIV prevention and care is essential. Supporting community-based organizations and grassroots initiatives can lead to more targeted interventions, ultimately reaching vulnerable populations that may otherwise be underserved. Additionally, community-driven solutions can enhance the uptake of HIV services, particularly in rural and hard-to-reach areas.

• **Advocate for Continued International Support**

While Zimbabwe must prioritize strengthening its local systems, international support remains crucial, especially in the short term. Zimbabwe should continue to advocate for international partnerships with agencies like PEPFAR and other global health initiatives, ensuring that HIV programs are adequately funded during the transition to a more sustainable system.

• **Monitor and Evaluate Program Impact**

Developing strong monitoring and evaluation systems is essential to measure the impact of HIV programs and ensure they effectively address the population's needs. Regular audits, data collection, and feedback processes allow for prompt adjustments to programs and services, promoting the most efficient and impactful use of resources.

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