

This fact sheet summarizes changes in PEPFAR-supported HIV serviced delivery in Zimbabwe between 2024 and 2025, based on facility-level Monitoring, Evaluation, and Reporting (MER), which includes the period of implementing the U.S. foreign aid freeze and subsequent waiver for “life-saving interventions” only. **Standard comparisons of 2024 to 2025 PEPFAR results can be misleading because of changes in reporting practices as opposed to genuine changes in service delivery.** This fact sheet accounts for this by categorizing facilities according to their reporting consistency and assessing the results for each category.

Zimbabwe Number and Percent of Facilities by Status

Category	N	Share	Definition
Continuous Facilities	1,598	93.0%	Reported data in all 8 quarters (Q1 2024-Q4 2025)
Intermittent Facilities	42	2.4%	Reported in Q4 2024 and Q4 2025 but had gaps in other quarters
Community Services	10	0.6%	Records without facility codes; typically outreach programs
Dropped in 2025	29	1.7%	Reported in Q4 2024 but no data as of Q4 2025
New in 2025	14	0.8%	No data in 2024; began reporting sometime during 2025
Previously Dropped	17	1.0%	Stopped reporting sometime before Q4 2024
Other	8	0.5%	Facilities not fitting any of the above categories
Total	1,718	100.0%	

Why can't 2024 and 2025 results be directly compared?

Reporting gaps ≠ service gaps

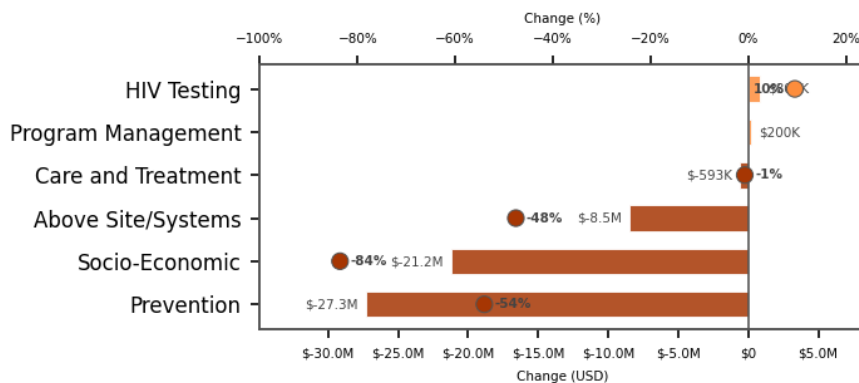
Decreases in service delivery counts in PEPFAR's 2025 data can come from two sources: 1) Genuine reductions in service delivery; or 2) Apparent reductions because facilities stopped reporting in data as they stopped receiving support. Categorizing facilities for consistent reporting is essential for understanding which is which.

Comparing changes by facility categories

Continuous Facilities can be compared as normal; Intermittent Facilities should only be compared Q4 to Q4. Dropped and New facilities should be interpreted only as the loss of PEPFAR visibility but for which outcomes are unknown or gains from adding new facility reporting, but not the result of PEPFAR programmatic activities.

Expenditure Changes

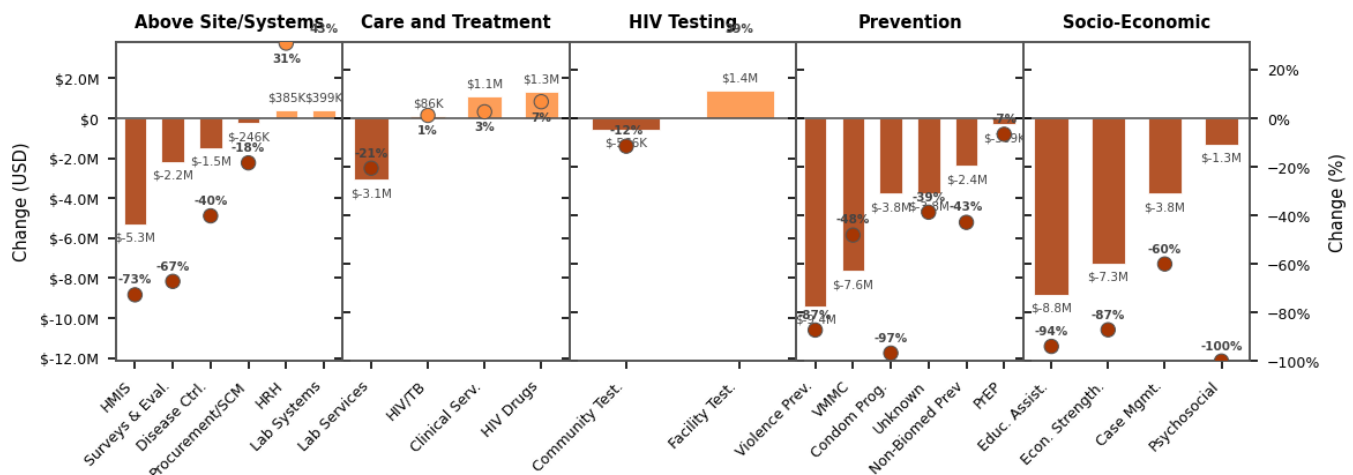
Expenditure Change by Program (2024 → 2025)



PEPFAR support to countries has always been varied in terms of which funders (PEPFAR, Global Fund, Domestic Gov) fund different elements of the HIV response. As a result, changes have differential impacts across countries. Grant terminations also varied by country.

These charts show changes in PEPFAR expenditures by program (left) and subprogram (below) and should be considered when interpreting changes in service delivery. **In Zimbabwe, total expenditures decreased by \$-56,578,771 (-30%).**

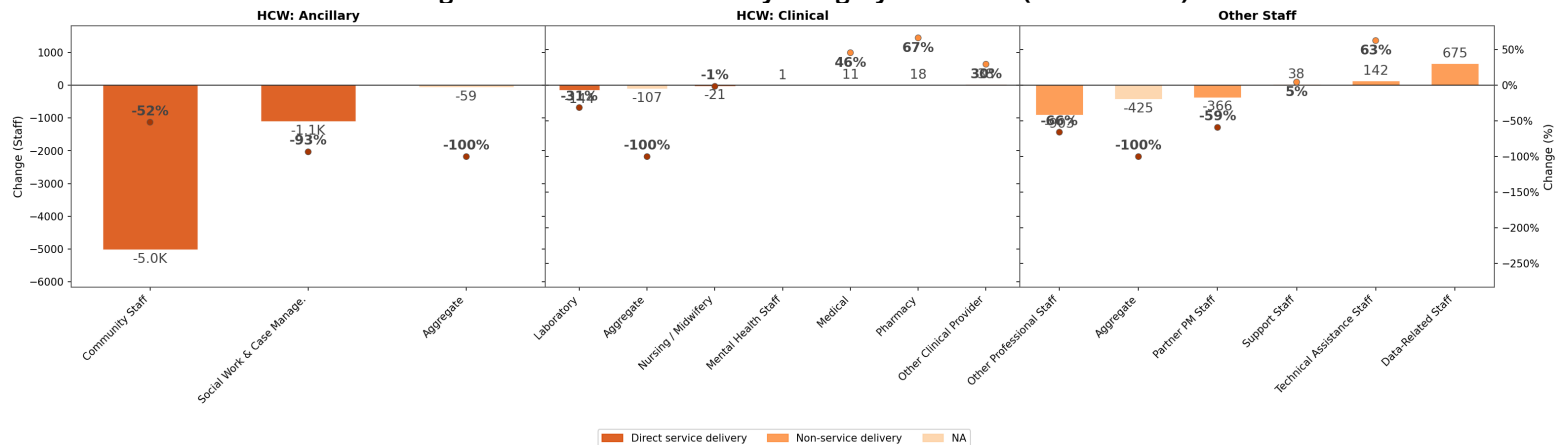
Expenditure Change by Subprogram (2024 → 2025)



Human Resources for Health Changes

Total staff supported by PEPFAR programming have reduced substantially from 2024 to 2025, though not equally by country and not across all cadres equally. **For Zimbabwe the total loss of staff was –7,233. Direct support clinical staff were reduced by –6,228**

Change in Healthcare Workers by Category and Cadre (2024 → 2025)



Treatment Enrollment Changes by Facility Category

Total treatment enrollment in Zimbabwe must be evaluated for each facility category separately. Continuous and Intermittent facilities can both be assessed on a Q4 to Q4 basis as all such facilities definitionally reported in both quarters. Dropped facilities show the number of people who were supported on treatment whose outcomes we cannot speak to. New facilities are most likely to represent people who were already on treatment without PEPFAR support in 2024, but are now being reported into PEPFAR's system.

Changes in total treatment enrollment by facility type

Category	N	2024 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	Change	Δ%
Continuous Facilities	1,596	1,209,837	1,215,924	1,208,084	1,210,002	1,203,109	-6,728	-0.6%
Intermittent Facilities	42	4,007	4,717	5,263	5,733	6,473	+2,466	+61.5%
Dropped in 2025	8	691	656	363	369		-691	-100.0%
New in 2025	13		3	1,062	1,635	1,736	+1,736	
Other	2		6	8	6	8	+8	
Total	1,661	1,214,535	1,221,306	1,214,780	1,217,745	1,211,326	-3,209	-0.3%

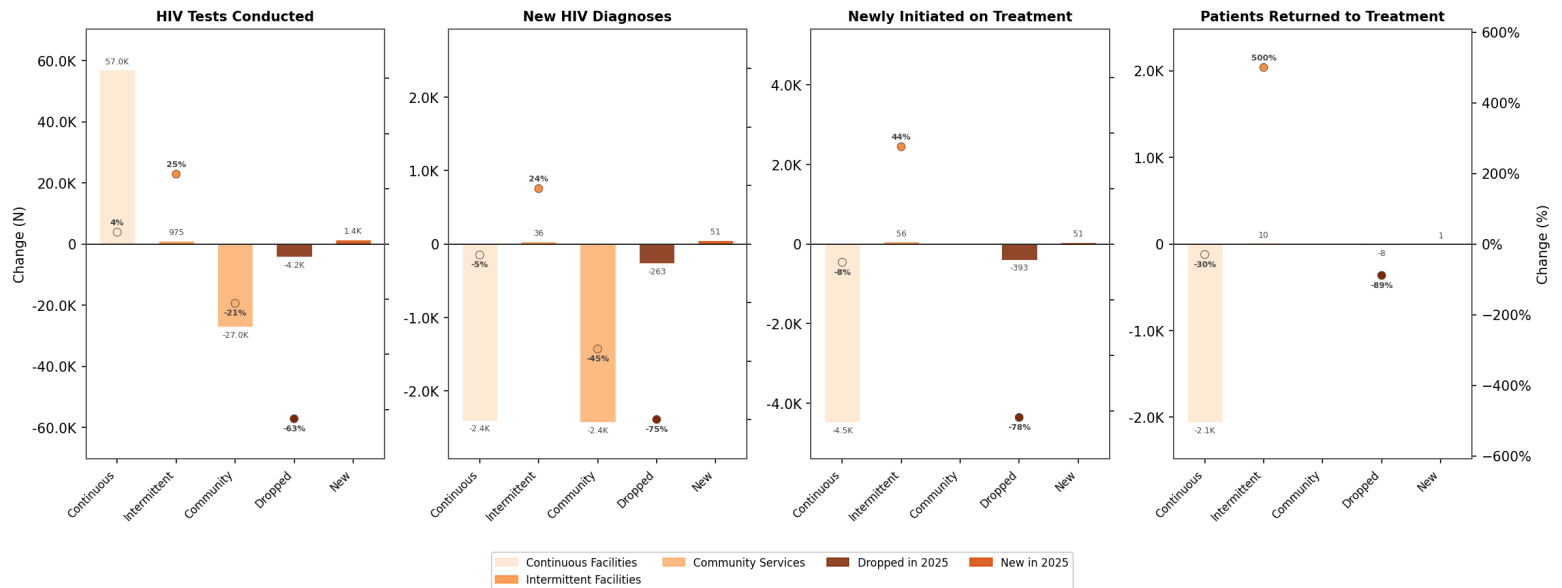
Subnational level changes

The table below shows the top 11 geographies where the change in the number of people accessing treatment was most highly affected by facilities being dropped or added. The “TX_CURR Δ” shows the total change in people on treatment in the area while the “Dropped Δ” and “New Δ” show the number of people lost and gained from dropped and new facilities in 2025.

SNU1	Continuous Facilities	Intermittent Facilities	Dropped in 2025	New in 2025	TX_CURR Δ	TX_CURR Δ%	Dropped Δ	New Δ
Bulawayo	23	3	1	0	+702	+0.9%	-111	0
Harare	61	3	1	0	-1,498	-0.9%	0	0
Manicaland	287	5	2	2	+3,365	+2.7%	-112	+63
Mashonaland Central	149	1	0	3	-3,209	-3.3%	0	+278
Mashonaland West	193	0	1	1	+1,445	+1.0%	-12	+90
Matabeleland North	127	1	2	6	-1,211	-1.5%	-382	+1,245
Matabeleland South	129	8	1	0	-2,005	-1.9%	-29	0
Midlands	226	9	1	1	+3,888	+2.7%	-45	+60
Total	1,195	30	9	13	+1,477	+0.2%	-691	+1,736

Testing, Diagnoses, Treatment Initiation, and Treatment Retention Services

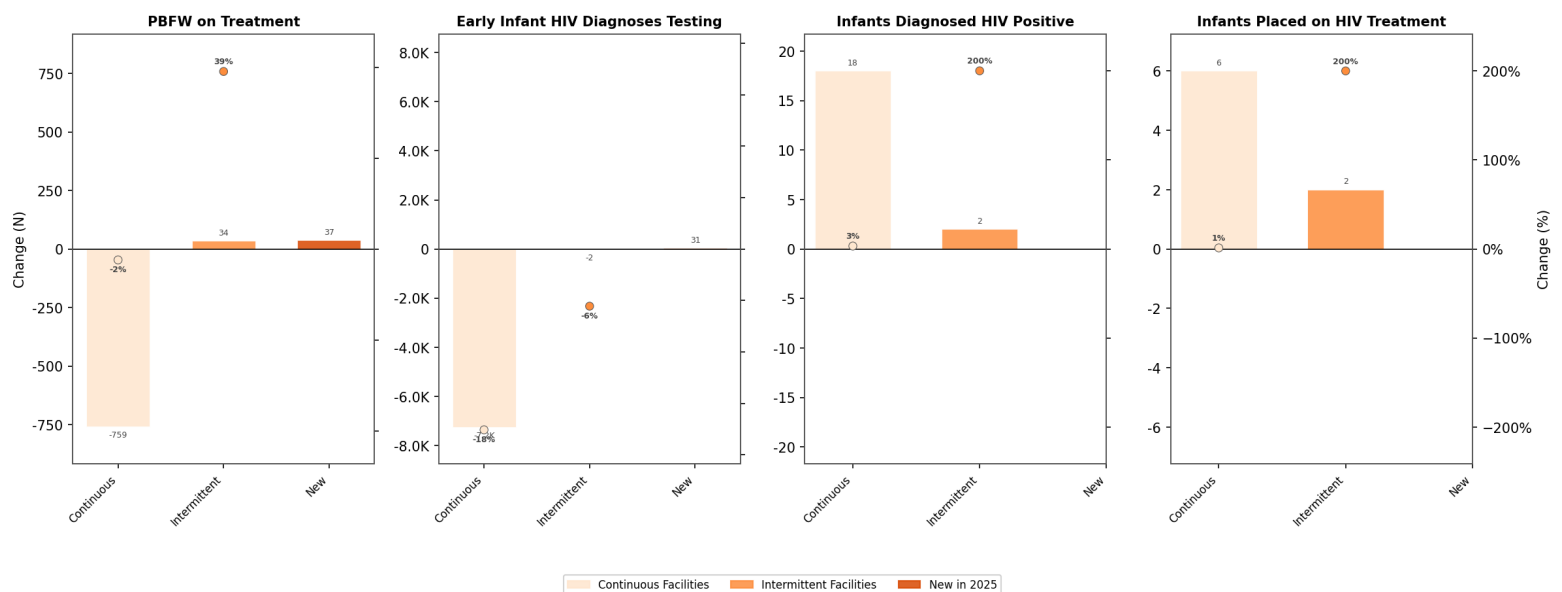
The largest impact PEPFAR-wide in service delivery has been in the testing, HIV diagnoses, treatment initiation and retention services. Across all countries, these services were reduced by -6%, -13%, -16%, and -9% in Continuous Facilities, respectively. Community Outreach programs saw decreases of -41% and -35% for testing and HIV diagnoses, respectively. And Intermittent facilities decreased by -33%, -29%, -28%, and -52% on a Q4 to Q4 basis only for each of testing, HIV diagnoses, treatment initiation, and retention services respectively. Countries experiences differed. Zimbabwe's changes for these indicators are below.



PMTCT/EMTCT Services

Overall, the number of HIV-positive women attending antenatal services and enrolled in PMTCT programs was essentially stable across all countries. These programs were among the first PEPFAR ever initiated and have long been fully integrated into maternal and child health care services. However, infant testing and diagnoses dropped disproportionately relative to the number of HIV-positive women enrolled, which raises serious concerns about the continuation of infant diagnoses programming.

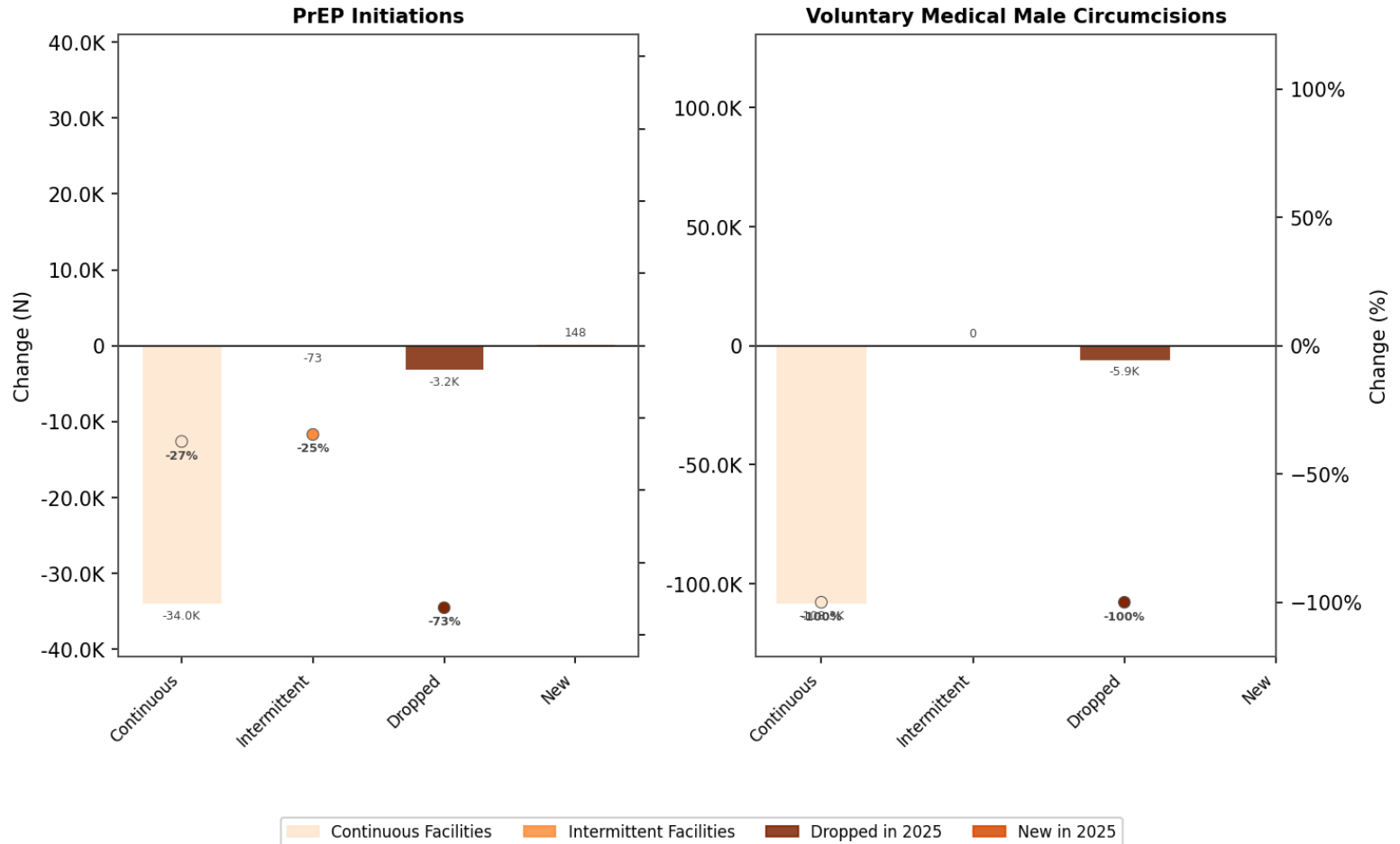
In Zimbabwe, continuous facilities saw a decrease of -759 (-2%) in HIV-positive pregnant women attending ANC clinics and a decrease of -7,250 (-18%) in early infant testing.



- Note:** For Intermittent sites in these charts, the numerical changes reflect only one quarter of change (Q4 2025 - Q4 2024), while for all others they reflect full annual changes. However, it's inappropriate to simply multiply these changes by four to create annualized estimates as it's not clear that the effects of the stop work orders, grant terminations, and other disruptions were uniform across quarters.

PrEP and Voluntary Medical Male Circumcision

Other than PMTCT, the only prevention indicators in the facility-level data set are PrEP initiations and voluntary medical male circumcision (VMMC). PEPFAR halted all data collection on VMMC in 2025, but some residual funding for VMMC has occurred (as can be seen in the expenditure charts above). VMMC reduces men's risk of contracting HIV from heterosexual sex by 60%.



About these factsheets

These factsheets were produced by amfAR's Andelson Office of Public Policy based on PEPFAR's 2024 and 2025 data. PEPFAR-wide results are discussed more substantially in the pre-print, non-peer-reviewed paper on MedRxiv: [The impact of the United States foreign aid freeze on HIV service delivery in PEPFAR-supported countries: a facility-level analysis of 2024–2025 programme data](#) where all data sources are provided.