NATIONAL AIDS COUNCIL

Overcoming Disruption,
Transforming the AIDS Response

ANNUAL REPORT 2025

www.nac.org.zw

Mandate

To provide for measures to combat the spread of Human Immuno Deficiency Virus (HIV) and management, coordination and implementation of programmes that reduce the impact of HIV and AIDS. (The National AIDS Council Act Chapter 15:14 of 2000)

Vision

A Zimbabwe free from AIDS as a public health threat by 2030.

Mission

To provide strategic leadership and coordination for a sustainable multisectoral HIV and AIDS response in Zimbabwe.

Core Values

Integrity
Accountability
Innovation
Inclusiveness
Professionalism
Teamwork

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Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Care
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
ASOs	AIDS Service Organizations
BCC	Behaviour Change Communication
BCF	Behaviour Change Facilitator
BEAM	Basic Education and Assistance Module
CARGS	Community ART Refill Groups
CATS	Community Adolescents Treatment Supporters
CBO	Community Based Organization
CeSHHAR	Centre for Sexual Health HIV and AIDS Research
C& HBC	Community and Home-Based Care
CRS	Catholic Relief Services
CSE	Comprehensive Sexuality Education
CPCPZ	College of Primary Care Physicians of Zimbabwe
DAAC	District AIDS Action Committee
DAAOs	District Accounts and Administration Officers
DACS	District AIDS Coordinators
DBOs	Database Officers
DBS	Dried Blood Spot
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe girls and women
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother to Child Transmission
GBV	Gender Based Violence
GF	Global Fund
G and C	Guidance and Counselling

HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
MARPs	Most at Risk Populations
MC	Male Circumcision
M&E	Monitoring and Evaluation
MIPA	Meaningful Involvement of People Living with HIV & AIDS
MoHCC	Ministry of Health & Child Care
MoPSE	Ministry of Primary and Secondary Education
MOT	Modes of Transmission
MSM	Men who have Sex with Men
NAC	National AIDS Council
NATF	National AIDS Trust Fund
NCD	Non-Communicable Diseases
NGO	Non- Governmental Organization
OI	Opportunistic Infections
OVC	Orphans Vulnerable Children
PACs	Provincial AIDS Coordinators
PEP	Post-Exposure Prophylaxis
PITC	Provider Initiated Testing & Counselling
PLHIV	People Living with HIV
PMs	Provincial Managers
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
PSS	Psycho-social Support
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections

SWs	Sex Workers
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	United Nations Joint Program on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VMMC	Voluntary Medical Male Circumcision
WAAC	Ward AIDS Action Committee
WAD	World AIDS Day
WHO	World Health Organization
YFCs	Youth Friendly Centres
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan
ZNFPC	Zimbabwe National Family Planning Council
ZNNP+	Zimbabwe National Network of People Living with HIV
ZIPSHAW	Zimbabwe Private Sector HIV/AIDS Wellness

Chief Executive Officer's Summary Statement

As we reflect on 2025, I am proud to report on the significant strides the National AIDS Council (NAC) has made in our ongoing response to HIV and AIDS in Zimbabwe. Our collective efforts remain focused on ensuring that all individuals have access to HIV prevention and treatment services to sustain the 95-95-9a targets that we already achieved in pursuit of the broader goal of ending AIDS as a public health threat by 2030.

In this regard, NAC led the development of the new Zimbabwe National HIV and AIDS Strategic Plan (2026-2030), which will revolutionise our interventions, while ensuring that no one is left behind.

Over 1,922,143 clients were tested for HIV and 1,908,221 (99.3%) received their results. Of those tested, 66,617 (3.49%) were positive and 65,518 (98.35%) of these individuals underwent retesting to verify their status. We remain committed to strengthening our testing initiatives to ensure that everyone knows their status and can access treatment. Our youth programs, including DREAMS and Sista2Sista, continue to show promise despite operational disruptions following recent funding cuts. It is vital that we persist in engaging young people with relevant, age-appropriate information, empowering them to make informed decisions about their health. I am happy to report that NAC has taken over the funding of various programmes that were disrupted.

Programmatically, Zimbabwe's HIV response registered major strategic gains during this period, marked by global recognition, increased prevention uptake, and sustained treatment coverage despite funding pressures. Notably, Zimbabwe was selected as one of only ten countries worldwide to introduce long-acting injectable Lenacapavir starting in January 2026. This follows the WHO's 2025 endorsement of the drug as the first twice-yearly PrEP option. Its introduction positions Zimbabwe at the forefront of next-generation HIV prevention, with initial national efforts prioritizing pregnant and breastfeeding women to reduce mother-to-child transmission.

Through the treatment programme, 1,235,467 clients are currently receiving antiretroviral therapy (ART), with a viral load suppression rate of 96%. This achievement is a testament to our robust treatment programs and the dedication of our healthcare providers. However, we acknowledge the significant service delivery disruptions caused by the U.S. Government's Stop Work Order, which has impacted key programs. NAC, working with partners is already leading efforts to adapt and strengthen partnerships to mitigate these challenges. Moving forward, our focus will be on enhancing community engagement, increasing availability of and access to robust interventions aimed at improving quality of life for people on treatment.

While funding cuts negatively affected most implementing partners, many have demonstrated resilience by relying on their Social Contracting Grant Agreements that NAC has introduced. This model remains highly impactful, as contracted partners possess the specialized personnel and capacity necessary to implement and deliver core HIV prevention and treatment programmes.

Financially, the Council's revenue for this period amounted to ZWG 2.0 billion (USD 76.2 million), against a projection of ZWG 4.2 billion (USD 79.4 million) and a flexed budget of ZWG 2.1 billion. The AIDS levy contributed ZWG 1.8 billion (USD 66.4 million) against an operational budget of ZWG 3.7 billion (USD 71 million).

The World AIDS Day, which NAC's signature community engagement platform was truly a multi-sectoral event. The State of the Nation Address on HIV and AIDS was delivered by His Excellency President E. D. Mnangagwa on November 30, 2025. The President emphasized that strong political will and home-grown solutions have been central to our national triumphs in the HIV response. The commemorations at Mzingwane High School in Umzingwane District under the theme, "Overcoming Disruptions, Transforming the AIDS Response." Brough various communities, partners and stakeholders to reflect on the work done so far and the challenges ahead. Presided over by the Minister of Health and Child Care, Honourable Dr. D. Mombeshora, the event was attended by approximately 6,500 people

The National AIDS Council and the broader HIV response community were deeply saddened during the third quarter by the passing of Ms. Medelina Dube, our long-time Communications Director. Ms. Dube was a stalwart professional who transformed the HIV communication landscape, moving us away from fear-based messaging toward a narrative that inspires hope. As a key pillar of the NAC management team, her exceptional partner engagement and mobilization skills were instrumental in achieving a cohesive response. She will be sorely missed.

In conclusion, I extend my heartfelt gratitude to our partners, stakeholders, and dedicated staff for their unwavering commitment to this vital cause. Let us continue to work together to build a healthier, HIV-free future for our nation.

Thank you.

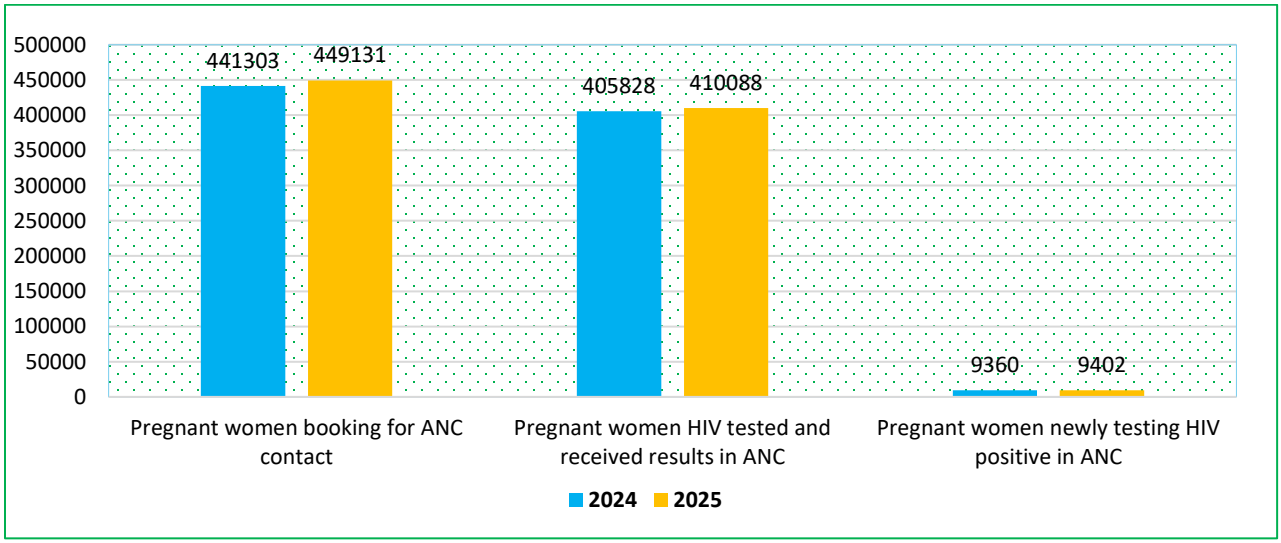
Dr. Bernard Madzima
Chief Executive Officer

Chapter 1: Prevention

1.1 Prevention of Mother-to-Child Transmission

The country adopted the triple elimination agenda to align with the global vision of ensuring "every infant is free from HIV, hepatitis B and syphilis". The PMTCT programme recorded achievements in the bid to eliminate mother to child transmission of HIV, Syphilis and Hepatitis B. The programme focus is to maintain the elimination of mother-to-child transmission (EMTCT) of these diseases, while promoting better health outcomes for women, children, and their families through coordinated efforts by 2030. Prevention of Mother to Child Transmission (PMTCT) plays a vital role in the fight against HIV and AIDS, ensuring that mothers can give birth to healthy, HIV-negative children, continued efforts in education, treatment access, and community support are essential for the success of PMTCT programs worldwide.
Below is an outline of the PMTCT HIV Cascade for January to December, 2025.

Figure 1: PMTCT HIV Cascade



As illustrated above, a total of 449,131 pregnant women booked their first ANC in appointments in the year, demonstrating a strong level of engagement in prenatal care. However, the testing rate of 91.3% (410,088 women) with a 2.3% positivity, falls short of the 95% global target, which could point to potential barriers such as limited awareness, stigma, or inadequate service provision.

PMTCT awareness campaigns

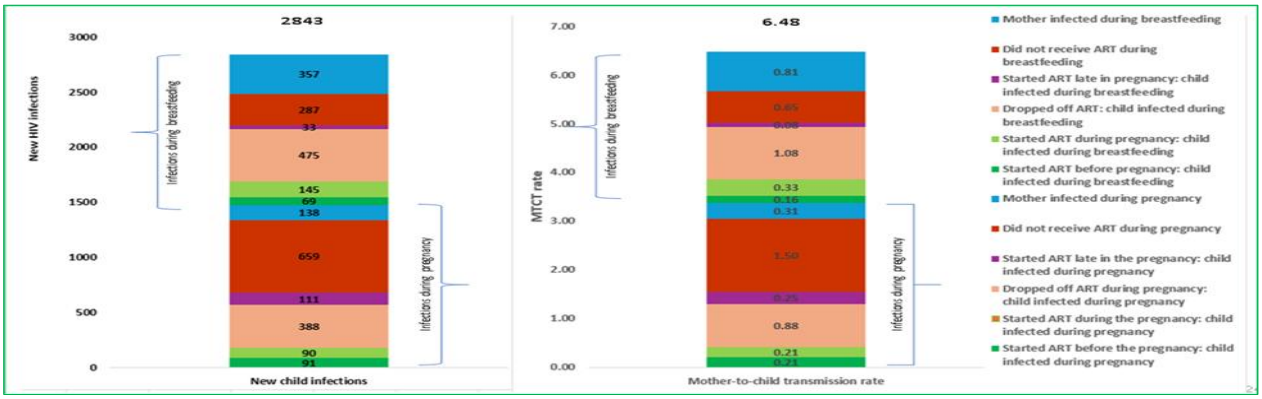
To address some of the gaps identified in the PMTCT programme, NAC and the Ministry of Health and Child Care (MOHCC) conducted various community awareness meetings, targeting community leaders and volunteers to encourage pregnant women to book early and to make use of the waiting mothers' homes. More than 300 community leaders were reached, and they promised to work with village health workers and other community leaders to create demand for ANC services.

MTCT sensitisation meeting at Jiri -Ndoza Clinic- Gokwe South, Midlands Province

Roll out of Lenacapavir for pregnant and breastfeeding women

Zimbabwe was selected as one of the ten countries globally to roll out Lenacapavir starting in January 2026, a breakthrough development in the fight against HIV (US Embassy Zimbabwe). Lenacapavir is a novel antiretroviral medication designed to prevent HIV. It functions as a capsid inhibitor, preventing the virus from replicating effectively. Lenacapavir is notable for its long-acting formulation, allowing for less frequent dosing compared to traditional HIV medications. The country is focusing on pregnant and breastfeeding women to protect the next generation.

Figure 2: PMTCT

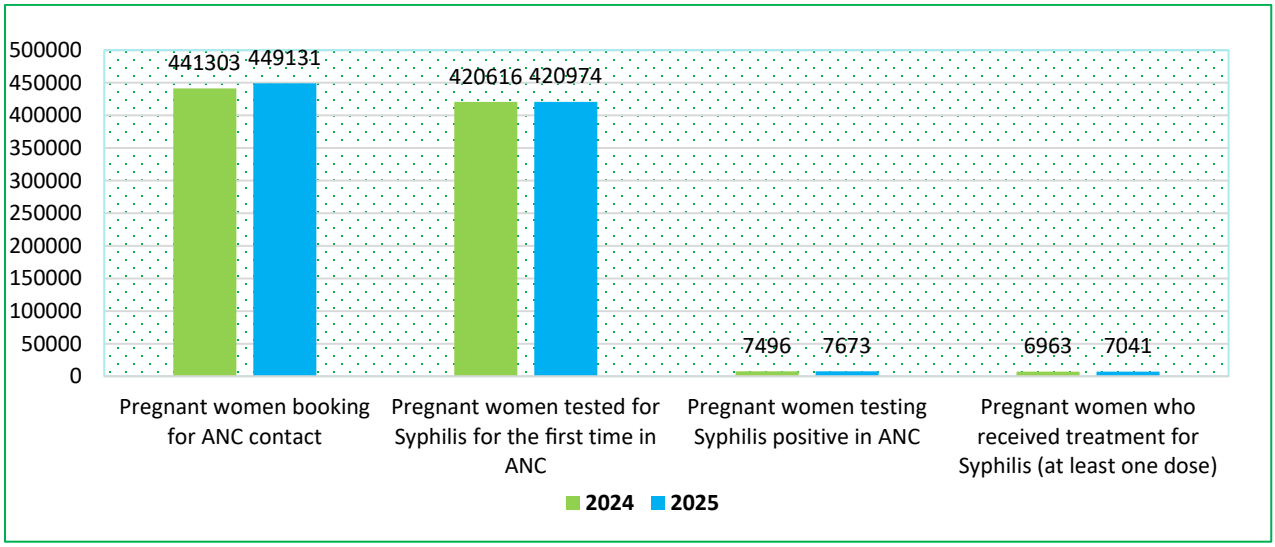


According to the National HIV estimates (2025), Zimbabwe recorded 2,843 new HIV infections among children, with a vertical transmission rate of 6.48%. Key drivers included lack of ART initiation, poor retention on ART, and incident infections during pregnancy and breastfeeding.

1.1.1 Syphilis

In line with World Health Organisations recommendations for syphilis screening and treatment during pregnancy, the country scaled up universal screening at the first ANC visit to reduce maternal and neonatal morbidity and mortality. This resulted in a slight increase in the number of screened, from 420616 in 2024 to 420974. The following figure illustrates the syphilis cascade outlining the country's progress towards eliminating mother-to-child transmission of syphilis by the end of 2025 compared to 2024.

Figure 3: Syphilis Cascade

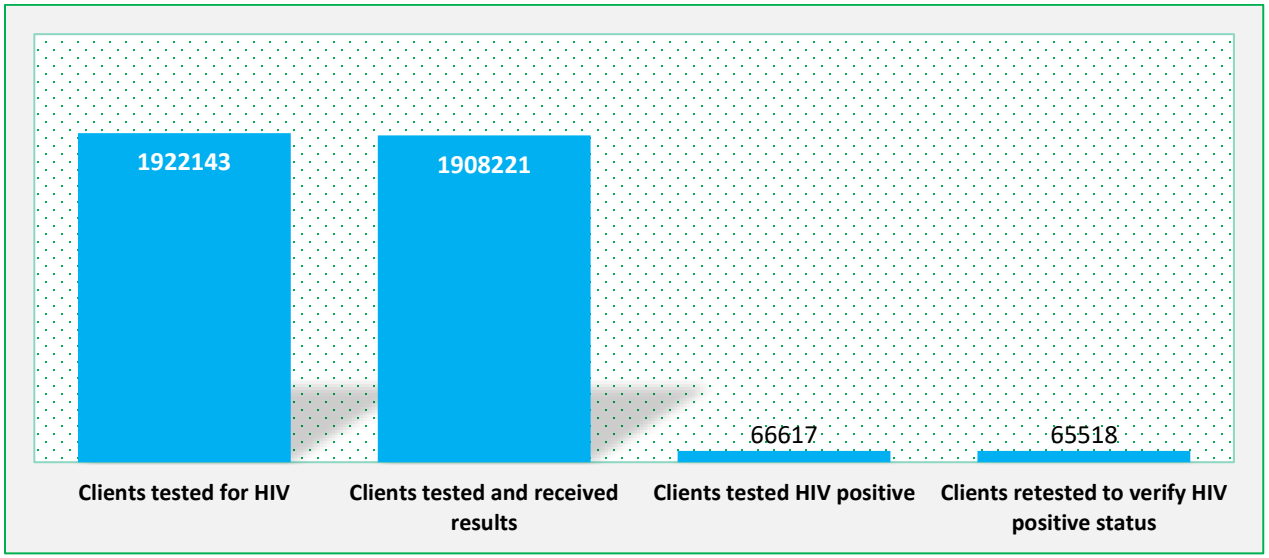


Of the 7673 women who tested positive in 2025, a total of 7041 (91.8%) were treated, falling below the 95% global target for eliminating congenital syphilis.

1.2 HIV Testing Services

HIV testing services (HTS) have continued to serve as a key pillar for HIV prevention by facilitating early diagnosis and treatment, reducing transmission, and improving health outcomes. A total of 1, 922,143 clients were tested for HIV. Of these, 1,908,221 (99.3%) received their results, out of which 66,617 (3.49%) tested HIV positive.

Figure 4: HTS cascade.

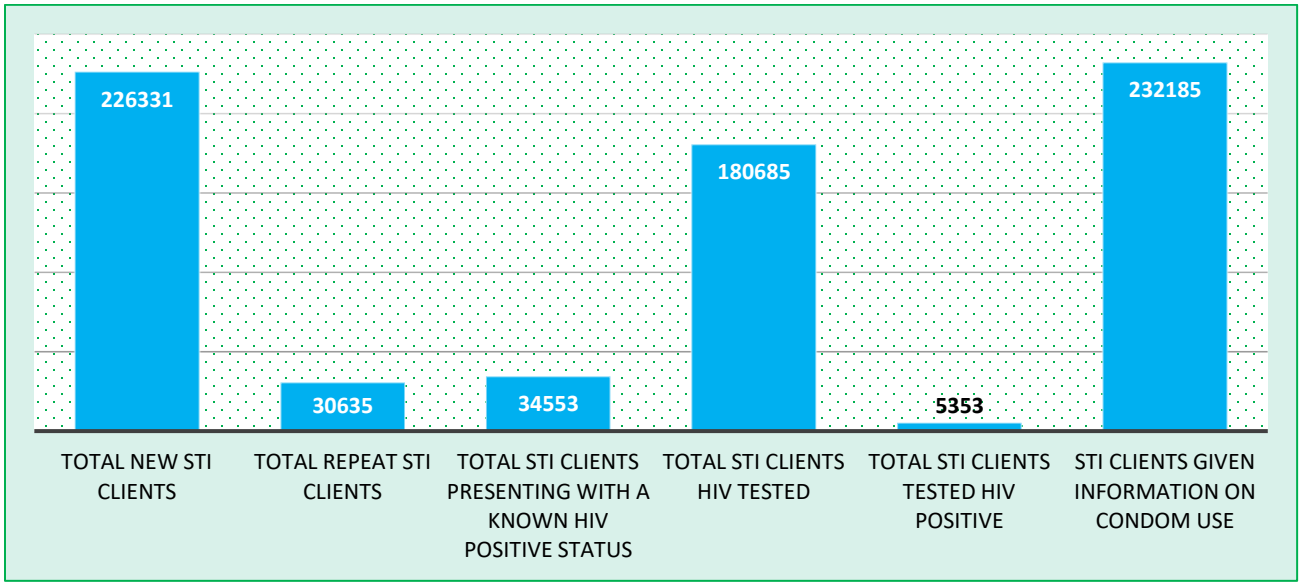


1.3 Sexually Transmitted Infections (STIs)

By integrating STI monitoring into HIV care, healthcare providers can offer comprehensive services that address the interconnectedness of these infections, ultimately benefiting the health of individuals and communities. The graph below shows the performance of the STI program during the reporting period.

A combined 256,966 STI clients (226,331 new STI clients and 30, 635 repeat STI) clients were reported in the year. Data displayed on the graph below also shows that 34553 (13.5%) STI clients presented with a known HIV positive status. A total of 180,685 STI cases were tested for HIV. Of the 180,685 reported STI cases 5353 (2.96%) tested HIV positive. To ensure that those who tested negative remained negative, 90% of them received knowledge and information on condom access and use.

Figure 5: STI Program Performance



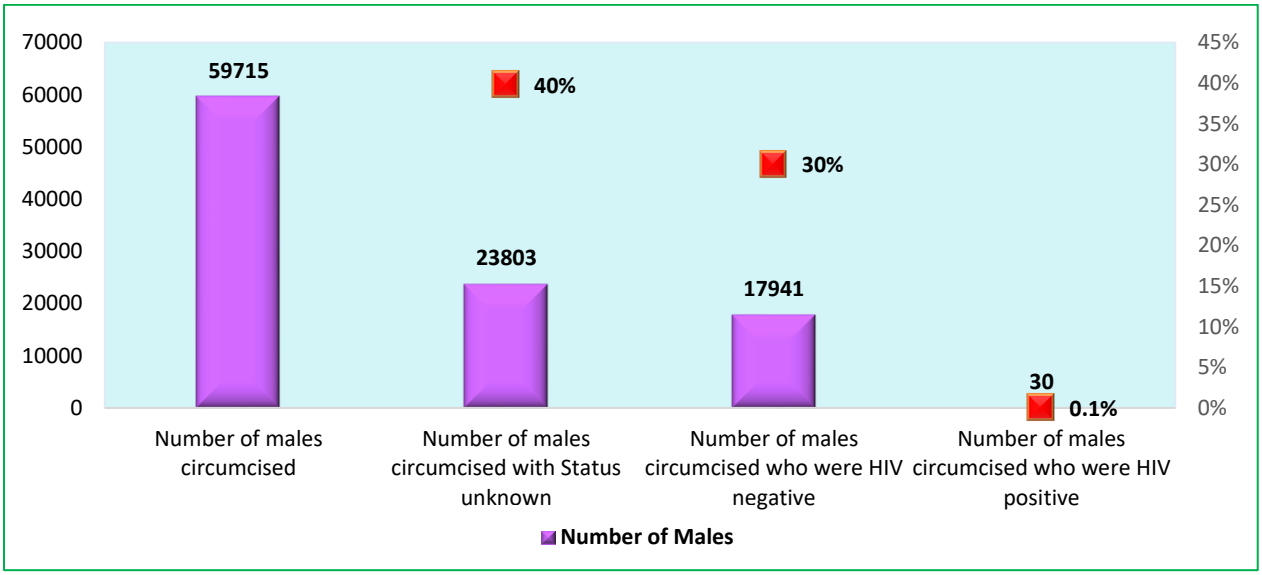
This reported high numbers of new STI clients means that infection rates remain high. This suggests that current preventive measures might not be sufficient, and targeted initiatives aimed at high-risk populations are essential to curb the spread of STIs. The presence of a substantial percentage (13.5%) of STI clients already living with HIV indicates that integrated healthcare services are crucial.

1.4 Voluntary Medical Male Circumcision (VMMC)

VMMC is implemented as part of a comprehensive public health strategy and contributing significantly to the fight against HIV, offering both individual and community-level benefits.

A total of 59 715 Males were circumcised.

Figure 6: VMMC Program Performance



In addition to service provision at heath centres and among traditionally circumcising communities, the Ministry of Health and Child Care together with NAC conducted VMMC Data Quality Audits (DQA) in Mashonaland Central province, to ensure that programme data is accurate, complete, and reliable for clinical and strategic decision-making.

The VMMC programme has been significantly affected by the United States of America government's funding withdrawal resulting in the withdrawal of several implementing partners, who had been active in demand creation. Several actions have been recommended including integrating VMMC demand creation with other health programs, encouraging walk-in clients through community health workers and reinforcing collaboration with the National AIDS Council (NAC) at district level.

Traditional Male Circumcision

VMMC has been integrated within cultural rites sessions of various traditionally circumcising communities in areas such as Chiredzi and Mberengwa**.** The table below shows the contribution of efforts by some of these communities in Chiredzi district:

Table 1: Clients circumcised under Traditional Male Circumcision

NAME	NUMBER OF PEOPLE CIRCUMCISED
Chief Tshovani	974
Headman Chitsa	461
Chief Chilonga	281
Chief Mpapa	78
TOTAL	**1,794**

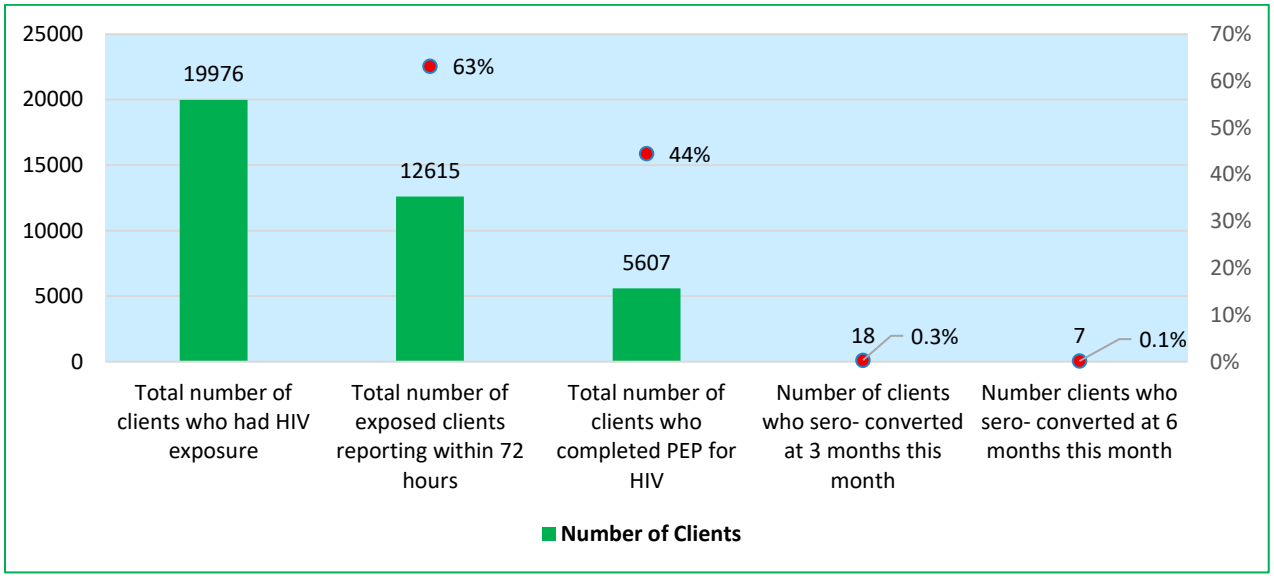
Traditional male circumcision graduation ceremony in Chiredzi district, August 2025

1.5 Post-exposure prophylaxis (PEP)

As illustrated below, out of 19 976 total people exposed to HIV, only 12,615 (63%) reported within the critical 72-hour window. A substantial number (37%) did not seek care within the recommended timeframe.

This represents a major barrier in PEP effectiveness, as PEP must be started as soon as possible, ideally within 24 hours, and no later than 72 hours. Of the 12 615 who reported within 72 hours, 5 607 accessed and completed PEP, a rate of 44%. This indicates a critical gap in terms of clients completing PEP for it to be effective. More than half (56%) failed to complete the 28-day regimen.

Figure 7: PEP Services Cascade

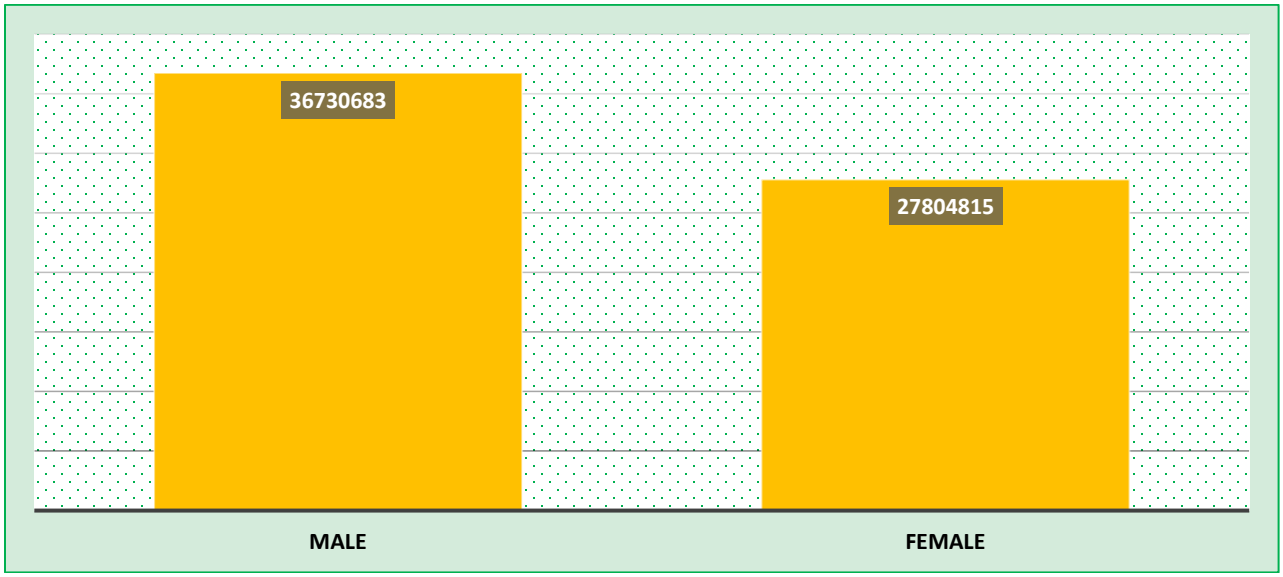


1.6 Condom Program

Condoms continue to be distributed in both the public and private sectors. The public sector is through government facilities, while the private sector distribution is through Population Solution for Health.

A resent Public Sector Condom Post Facility Mapping study demonstrated that condom access and distribution in Zimbabwe remain constrained by post-facility tracking gaps, affordability issues, supply inconsistencies, and mismatches between user preferences and available product options. The same study found that while public sector might be available, their uptake is sometimes limited by preferences for flavoured or textured varieties, which are predominantly found in the private sector and often unaffordable for many users.

Figure 8: 2025 Condoms Distribution



A combined 64,535,498 condoms were distributed, with the male condom accounting for the majority 36,730,683 units.

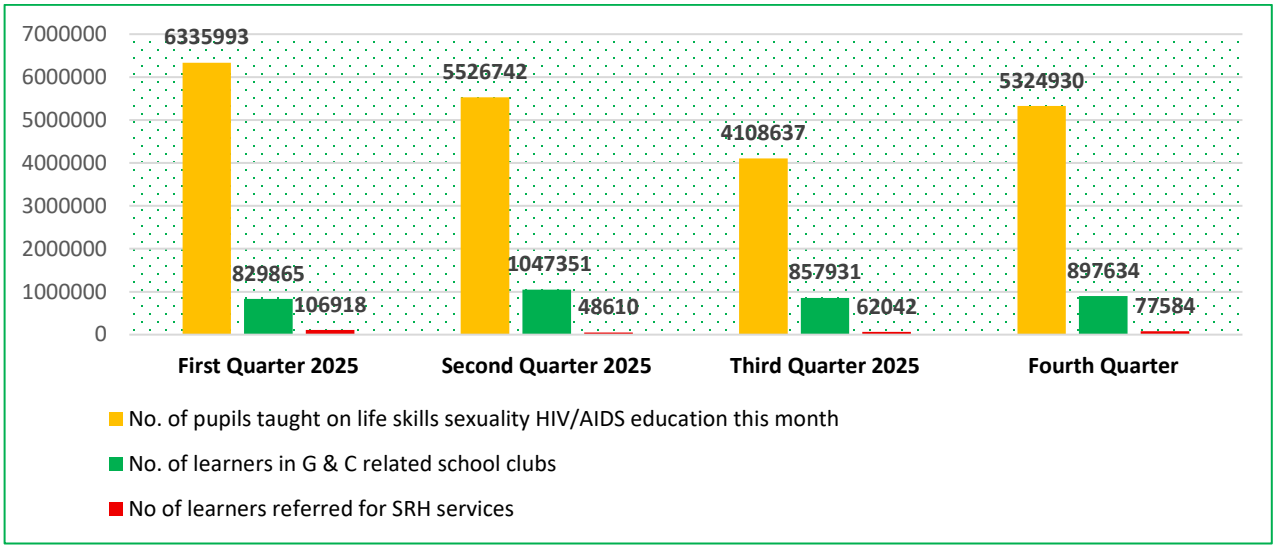
1.7 Youth Program

The Youth programme coordinates the implementation of adolescents and young people's programs in the national response to SRH, HIV, AIDS, health and wellbeing. It ensures provision of age appropriate, scientifically based and culturally relevant interventions centred on behaviour change communication, life-skills and livelihoods to the 10 to 24 years, young people in school, out of school and in tertiary institutions.

1.7.1 Youth in School

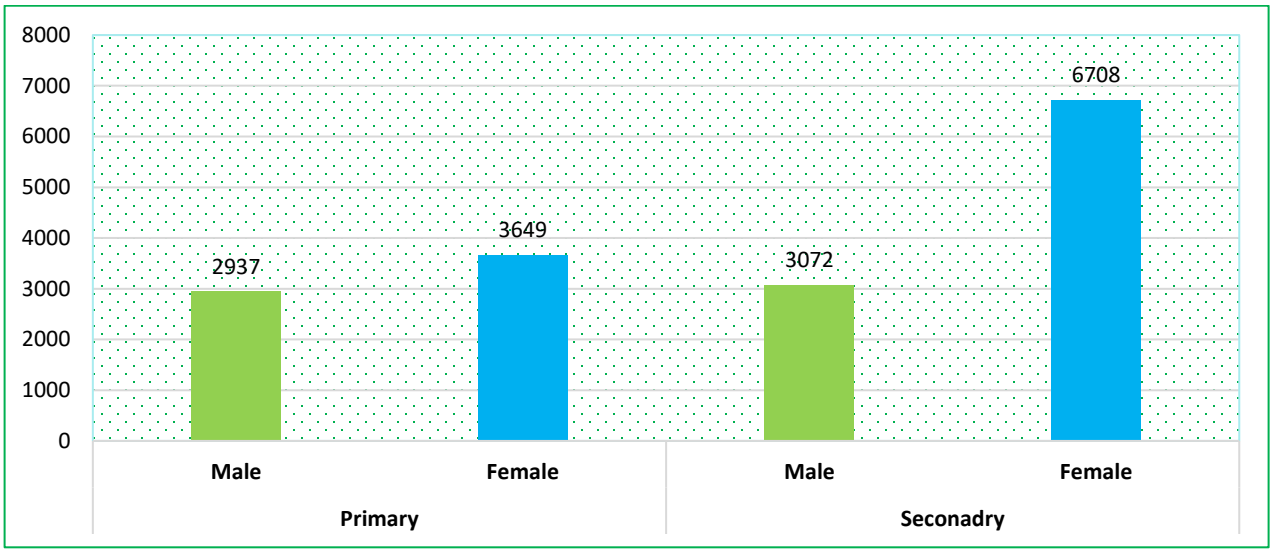
As part of school programmed lessons, 6,335,00 pupils were taught on life skills education, against a target of 7,000,000 representing a 90% achievement rate. More female learners compared to male learners were referred for SRH services in both primary and secondary schools.

Figure 9: Youth In-school



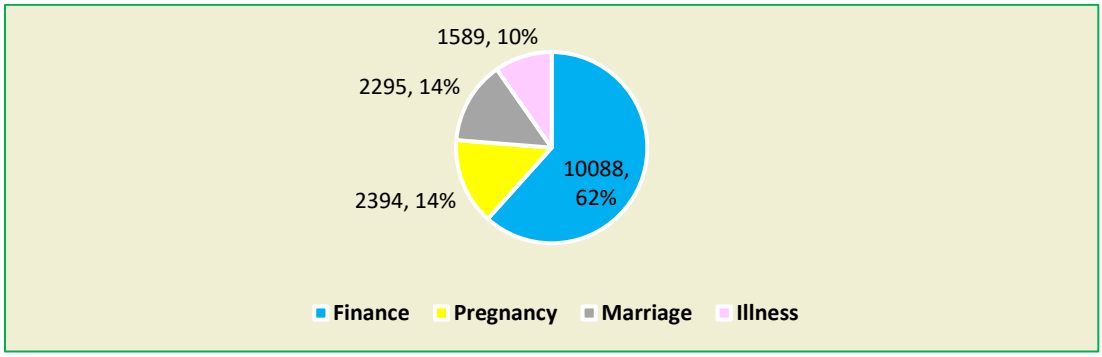
A total of 16,366 learners dropped out of school, of which 6586 were in primary school while 9780 were in secondary, with female leaners accounting for the majority.

Figure 10: Learners dropping out of school



Financial reasons accounted for the majority of school dropout (62%) followed by pregnancy and marriage and others as shown below:

Figure 11: Learners who dropped out by type



School Quiz Competitions 2025

In an effort to enhance comprehensive knowledge on SRH, HIV and AIDS, NAC convened the National School Quiz Competition. The competition started at school level up to national level. The theme for the competition was, 'Building resilience, overcoming disruptions and transforming AIDS response in school'. Winners of different prize categories at different levels were as follows:

National HIV and AIDS School Quiz Winners

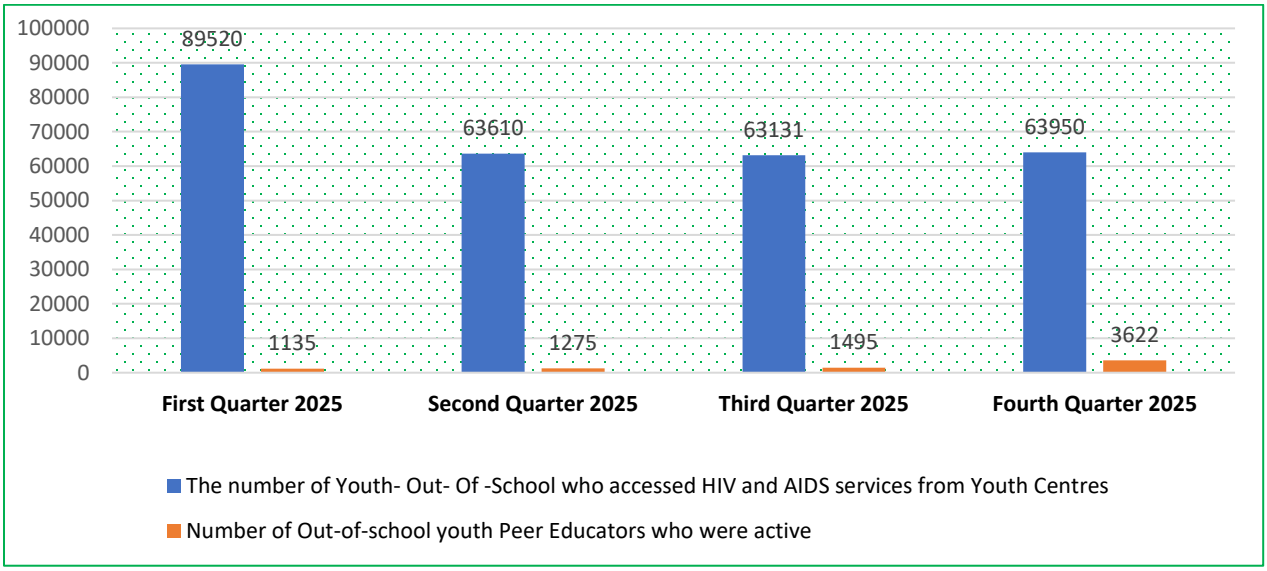
Category	Primary	Secondary
Hearing Impaired	Marula	Fatima
Mainstream	Amandas	John Tallac

NAC Operations Director, Mr Raymond Yekeye (in white shirt) with various delegates during the prize giving ceremony at the 2025 National School Quiz Competition

1.7.2 Youths out of School

A variety of activities aimed at empowering youth out of school with information and skills on health and wellness issues so that they can make informed decisions on uptake of services and are able to manage their relationships and other social interactions were implemented.

Figure 12: Youth out of school



The number of young people who accessed HIV and AIDS services from Youth Centres was well above the annual target which could be ascribed to activities like the peer models, which created demand for services. Additionally, the number of active peer educators also increased by more than 100%, which could be attributed to the introduction of the Organization of African First Ladies for Development (OAFLAD) project in Harare, Mashonaland East, Mashonaland Central, Mashonaland West, Manicaland and Midlands provinces.

1.7.3 Youth in Higher and Tertiary Education Institutions

This programme, which seeks to provide essential services for the prevention and treatment of STIs and HIV, prevention of unplanned pregnancies and the provision of youth friendly SRH, HIV and AIDS services to tertiary students, reached 242,350 students with HIV and AIDS services.

Not In My Village Campaign

Although at its launch, the Not-In-My-Village campaign whose thrust is to eradicate child marriages and pregnancies targeted 16 districts funded by UNFPA, with NAC support, the districts have been increased to 85. The campaign focus has been expanded to include mobilising communities to take collective action against drug and substance abuse and all other ills affecting young people.

Activities conducted included training of chiefs, development of a chief's toolkit and inception meetings in all provinces, which were attended by partners and stakeholders including MOHCC, Ministry of Women's Affairs, Labour and Social Services, Local Government, Police Victim Friendly Unit, the Judiciary and Zimbabwe National Family Planning Council, local non-governmental organisation and others.

Inception meeting of the NotInMyVillage campaign in Mat-South at Bulawayo Rainbow

A

Inception meeting of the NotInMyVillage campaign in Mash West province at ZIPAM

Inception meeting of the NotInMyVillage campaign in Mashonaland East province at Macheke Lodge

Inception meeting of the NotInMyVillage campaign in Manicaland province at Mangano Lodge, Mutare

Senator Chief Mtshane Khumalo President of the Chiefs Council Delivering opening remarks during the orientation of the traditional chiefs in Gweru at the village

To enhance visibility of the campaign in the provinces, seventeen billboards were erected in 16 districts across Mashonaland Central, Mashonaland East, Mashonaland West, Manicaland and Matabeleland South provinces. Roadshows were also conducted in 16 Districts to engage the community.

A NotInMyVillage campaign billboard erected in Beitbridge under Chiefs Sitaudze and Matibe

Young Peoples Network on Health and Wellbeing (YPNHW)

The Young People's Network on Health and Wellbeing (YPNHW), whose role is to bring up the coordinated voice of young people in the national response recorded partnered with SANOP in the **Prisons Populations Alliance Project** through the Youth POPS 2 project. This project, implemented by AfriYAN with support from the Robert Carr Fund is meant to strengthen national advocacy on health, justice, and youth participation through SRHR and mental health engagements reaching young offenders at Whawha and Shurugwi prisons.

The Network also made significant contributions during consultations for the National Health Insurance Bill, Medical Services Amendment Bill, Climate Change Management Bill, and Drug and Substance Abuse Control Bill.

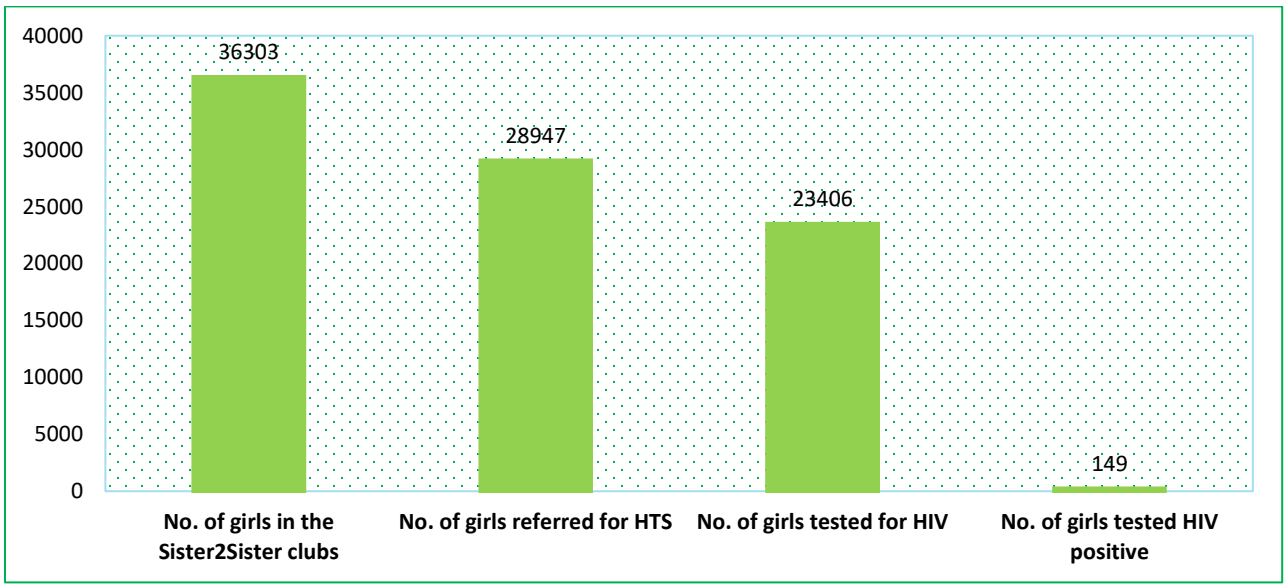
With support from UNFPA for data bundles for all the district, provincial and national facilitators, the network enhanced use of social media platforms to promote and distribute SRHR, HIV and AIDS messages, reaching 746,341 young people won Facebook, Twitter, Instagram, and Youtube.

1.7.4 SISTA TO SISTA (S2S)

Alongside capacity-building initiatives such as Income-Saving and Lending (ISALs) and financial literacy, this programme specifically focuses on raising HIV awareness and utilization of services related to Sexual and Gender-Based Violence (SGBV), Sexual and Reproductive Health and Rights (SRHR) and integrated HIV prevention among adolescent girls and young women. The program recruits high risk adolescent girls and young women (AGYW), who are taken through a package of sessions including exposure to HIV testing.

The graph below shows HTS cascade for the S2S program:

Figure 13: Sista2sista programme cascade



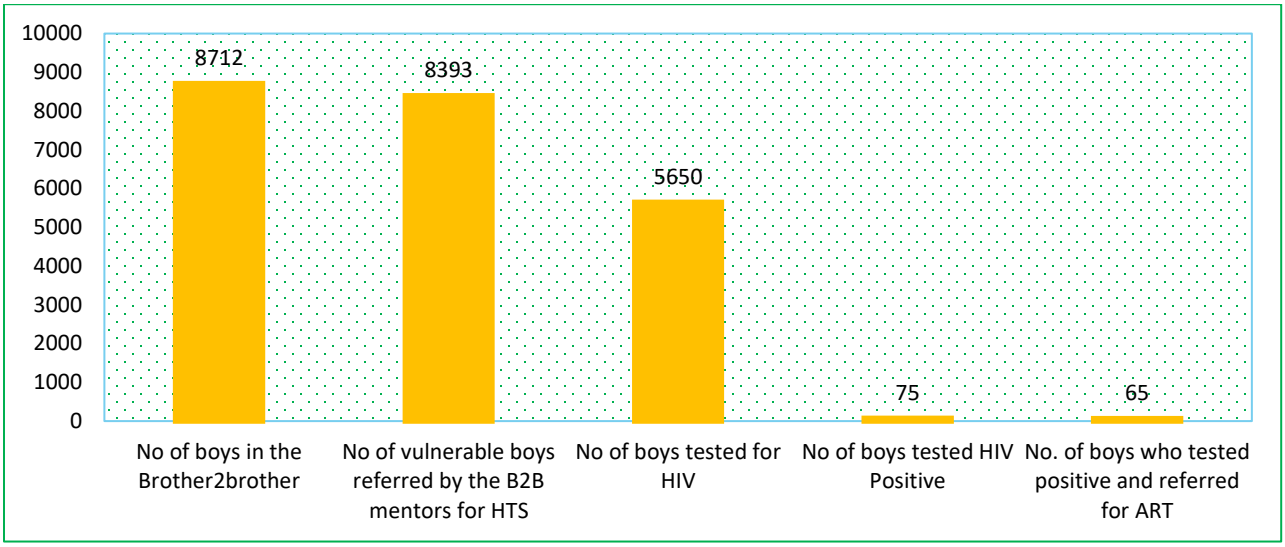
During the reporting period, the S2S program had a cohort of 36,303 AGYW. Of these 28,947 (79.7%) were referred for HTS and 23,406 (80.9%) accessed the service. A total of 149 (0.64%) tested HIV positive and were referred for ART.

1.7.5 BROTHA2BROTHA

This programme directly responds to the unique requirements of adolescent boys and young men (ABYM) aged 15 to 24 regarding their health, with a specific focus on HIV prevention, treatment and care services.

Through use of clubs, the program enhances access to these vital services and fosters positive male norms and behaviours related to seeking health services. The table below highlights the results of the B2B programme:

Figure 14: Brother2brother



The B2B had an annual caseload of 8,712 of which 8,393 (96.3%) ABYM were referred for HTS and 5,650 (67.3%) were tested for HIV and 75 tested positive. This translates to a positivity rate of 1.3%.

1.7.6 DREAMS PROJECT

Targeted at the most vulnerable adolescent girls and young women (AGYW) aged 10 to 24, the DREAMS programme empowers girls with knowledge and skills to make informed decisions and choices on their sexual and reproductive health. However, following funding cuts by the US Government, the programme closed in all the 22 USG and Centre for Diseases Control funded districts. By the end of the year, the programme was being implemented in the 4 Global Fund and the 17 NAC supported districts, but as a modified package with only parent to child communication and HIV testing as major pillars.

A total of 35,834 AGYW enrolled in the DREAMS's parent to child communication (PCC) pillar and completed the recommended 5 sessions. Of these 9,045 were tested for HIV and 40 tested HIV positive. The positivity rate was 0.4 %.

In view of the reduced focus of the DREAMS programme and the reduced overall impact, NAC convened the PEPFAR DREAMS transition meetings. The purpose of the meetings was to engage DREAMS partners and the relevant Government of Zimbabwe Ministries on strategies to transition the programme to continue providing services to adolescent girls and young women without compromising the quality of services.

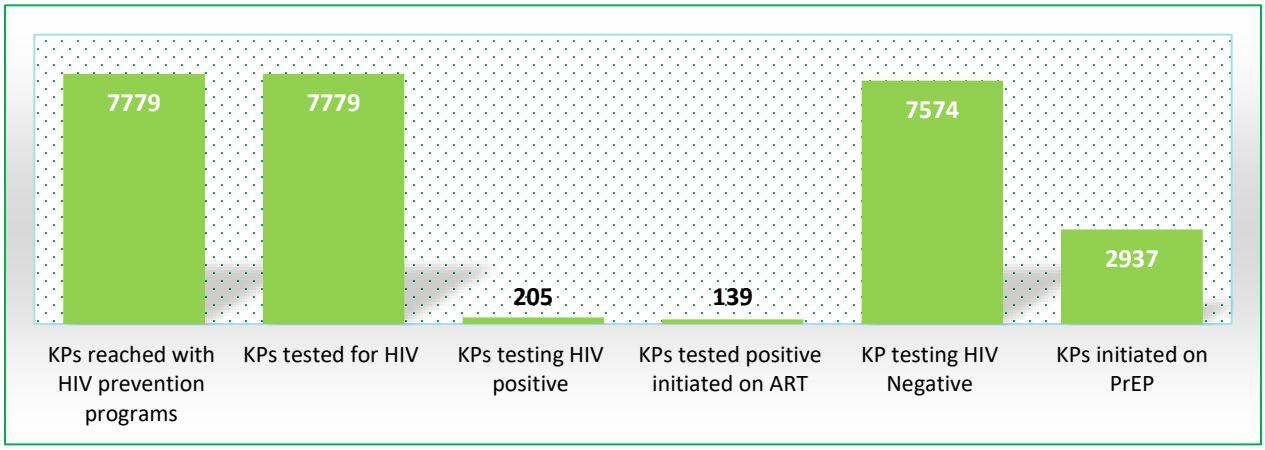
One of the major outcomes of the meeting was that Government ministries (MOHCC, MOPSE, MPSLSW, Ministry of Youth, Ministry of Women's Affairs, Community, Small and Medium Enterprise) expressed willingness to take up some of the activities which were being done by DREAMS partners with coordination from NAC.

1.8 Key and Vulnerable Populations (KVP)

1.8.1 Men who have sex with men (MSM)

As indicated below, a total of 7,779 MSM clients were reached with individual and/or small group-level HIV prevention interventions. The same number of clients were tested, with 205 individuals testing HIV positive.

Figure 15: MSM Cascade

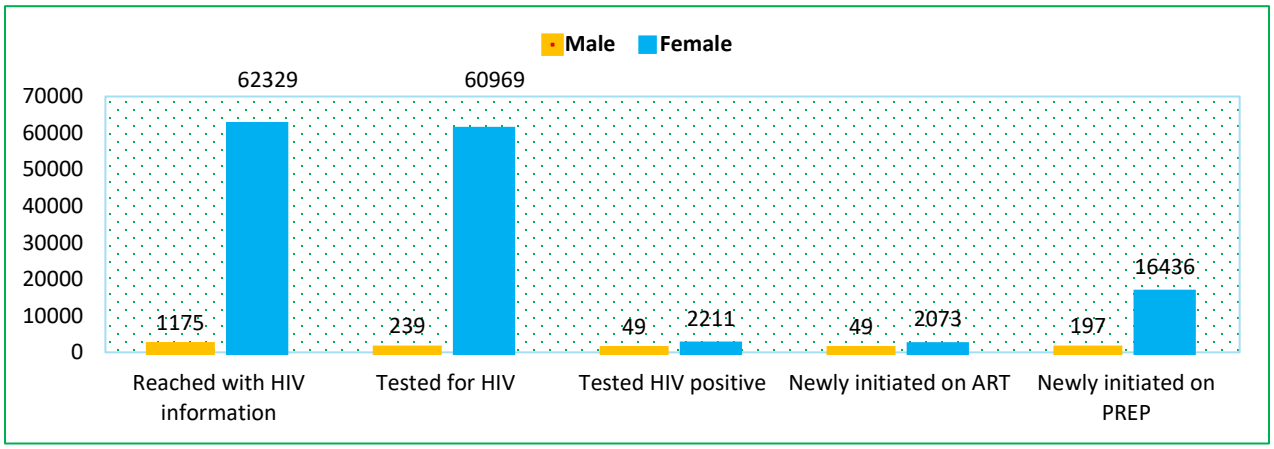


The HIV positivity rate for MSM was 2.6% while 139 were linked to antiretroviral therapy and 2,937 were initiated on PrEP.

1.8.2 Sex Workers

As illustrated below, 62,329 female sex workers FSWs and 1, 75 male sex workers (MSWs) were reached with HIV prevention information. In addition, 61,208 (239 males and 60,969 females) received HIV testing services, resulting in 2,260 (49 males and 2,211 females) tested positive for HIV. The HIV positivity rate for sex workers was 4% and 94% HIV positive clients were linked to ART.

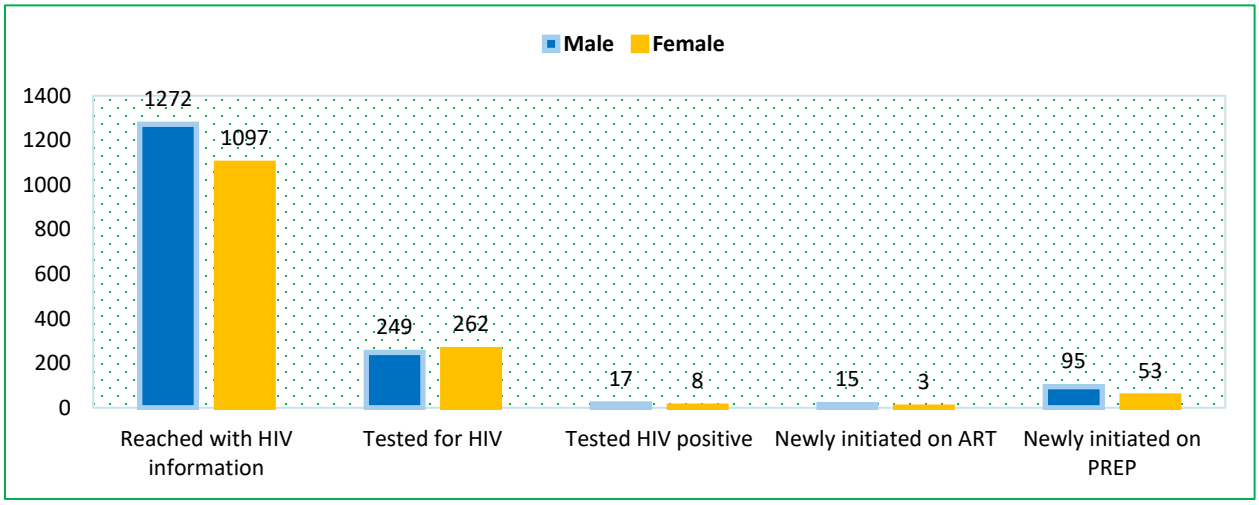
Figure 16: Sex workers Cascade



1.8.3 Transgender persons

Due to this nature, transgender people often face stigma and discrimination in society and have limited or no access to HIV services. The National AIDS council is coordinating the transgender programme to provide HIV prevention and treatment services through various implementing partners, including Tran smart Trust, Trans Research, Education, Advocacy and Training Zimbabwe (TREAT), SRC, GALZ, PZAT as well as Trans and Intersex Rising Zimbabwe (TIRZ). The CBOs are pivotal in providing targeted community-based HIV prevention and linking people to differentiated HIV services.

Figure 17: Transgender people cascade

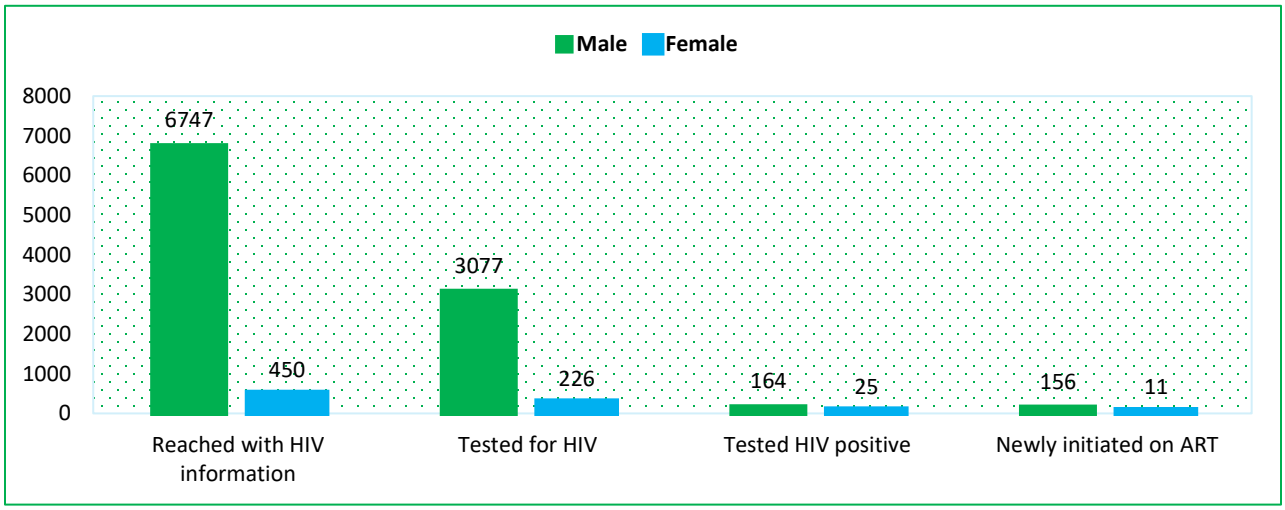


A total of 2,369 transgender people were reached with HIV prevention interventions and messages, of which 511 accessed HIV testing and 25 tested HIV positive. The ART linkage rate was relatively low at 72%, potentially attributed to the withdrawal of PEPFAR funding which resulted in the scale down and halting of KP programmes across the country.

1.8.4 Prisoners and other people in closed settings

HIV interventions in prisons reached 7,197 inmates of which 6,747 (93%) were male. Of those reached, 3,303 were tested for HIV, with 189 testing HIV positive.

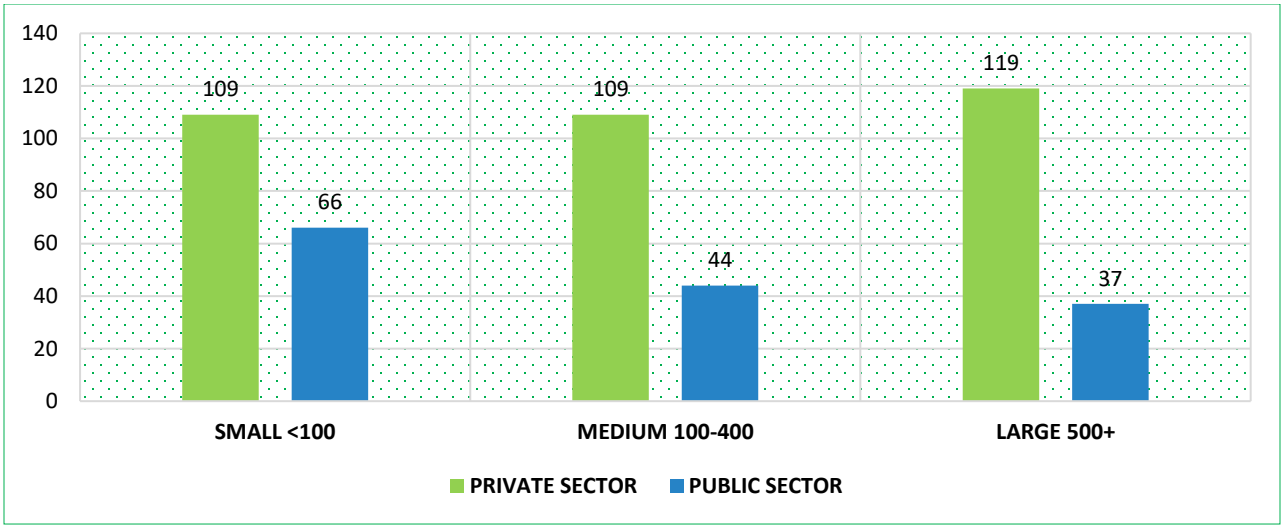
Figure 18: Prisoners cascade



1.9 Workplace

Workplace initiatives targeting workers with HIV interventions have continued to perform below par, raising fears that workers are missed by programmes both at home and at work, as most mainstream programmes are implemented during the day when they are at work.

Figure 19: Number of Companies with HIV prevention programmes at their workplace



Three hundred and thirty-seven (337) private sector companies and 147 public institutions had active HIV prevention programmes at their workplace, resulting in 23, 109 employees reached with HIV prevention programmes in the private sector and 7,093 in the public.

1.9.1 Workplace Peer Led

Figure 20:Peers reached with comprehensive HIV prevention package

Workplace peer-led model initiatives reached 71,761 males and 102,535 females with comprehensive HIV prevention packages. The aim of the peer-led model is to address the HIV, AIDS and sexual reproductive health needs of employees by giving them opportunities to learn from their peers, which has been proved to be effective in increasing access to health services.

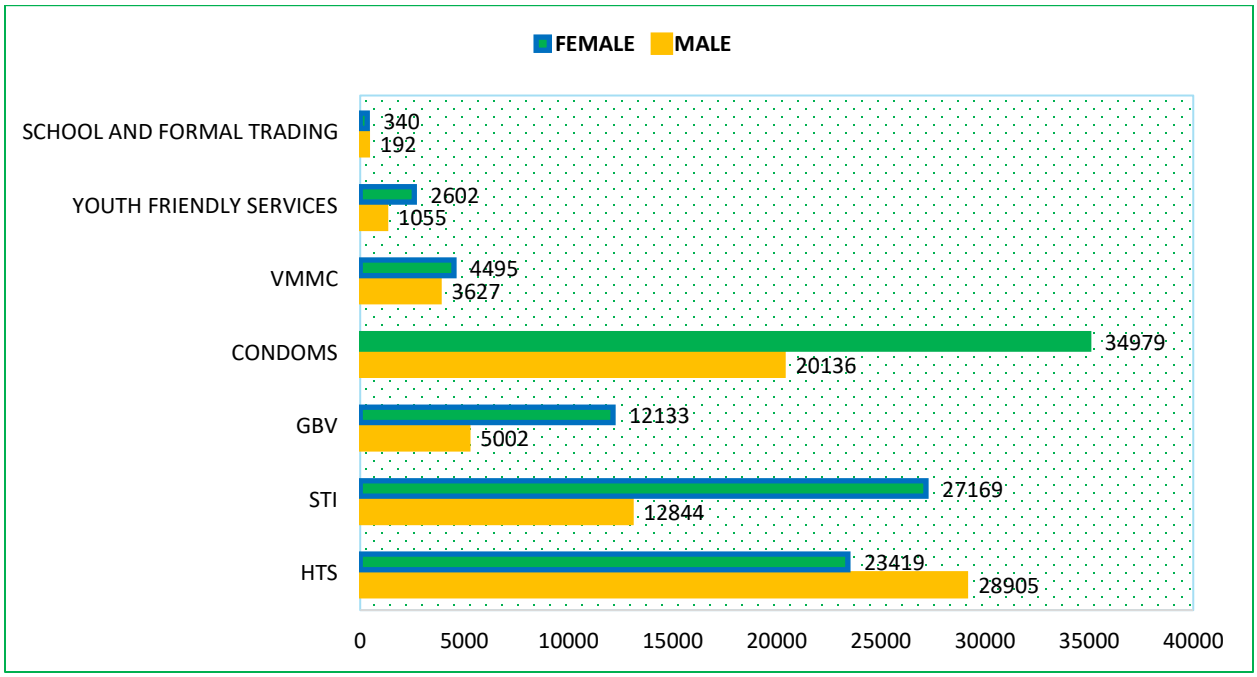
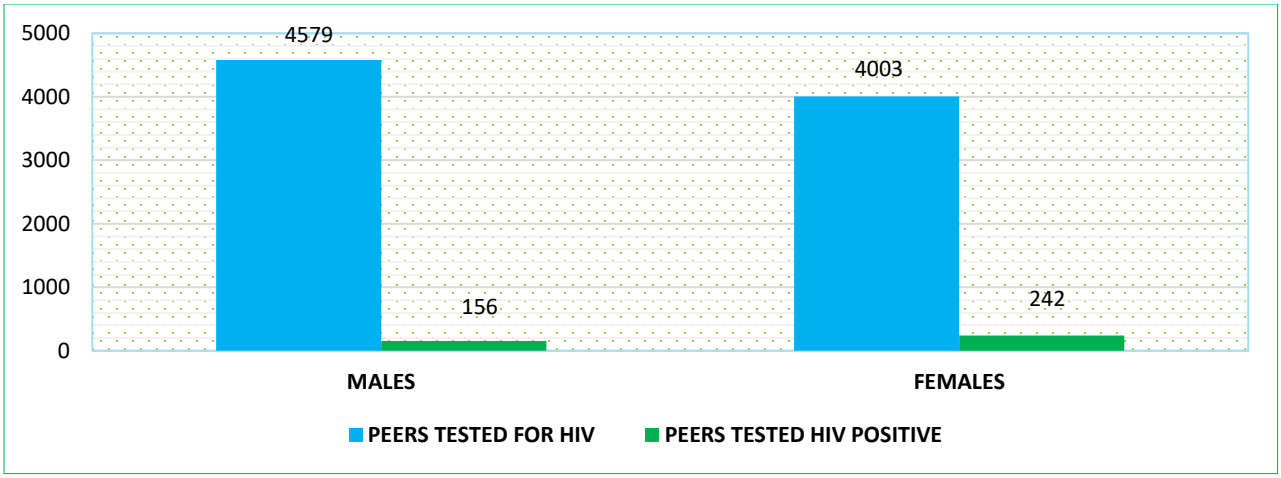


Figure 21: Peers HIV Tested

Through the initiatives of peer educators and their engagements, 8,582 people were tested for HIV at various workplaces as illustrated below, registering HIV positivity of 3.4 % among males and 6% among females.



Private Sector Engagement Initiatives

NAC supported various initiatives implemented through the Zimbabwe Private Sector HIV & AIDS and Wellness Association (ZIPSHAWA, which sought to enhance participation of the private sector in the HIV response. These included breakfast meetings, the national partnership forum, a mapping of the private sector HIV response and a review of the Private Sector HIV and AIDS Strategy.

In a bid to ensure that the informal economy is not left behind, NAC also supported various initiatives in that sector, which included capacity building of informal sector associations to better coordinate the response.

Harare ZIPSHAWA Partnership Forum Meeting

Bulawayo ZIPSHAWA Partnership Forum Meeting

NAC Support to Uniformed Forces

NAC provided support for different HIV and AIDS activities within the Uniformed Forces sector. These included Zimbabwe Prisons and Correctional Service (ZPCS) Annual HIV and Health Conference, the Zimbabwe Republic Police HIV Conference and the Zimbabwe Defence Forces Health Conference. The

ZPCS conference sought to assess the current state of HIV prevention, treatment, and care of the Zimbabwe Prisons and Correctional Service Health facilities, strengthen partnerships between key stakeholders for improved HIV and AIDS service delivery in prisons, advocate for increased resource mobilization and investment in sustainable healthcare solutions for inmates and correctional staff as well as to develop actionable policy recommendations to enhance Zimbabwe's national response to HIV and AIDS in correctional settings.

Recommendations from the ZRP conference included the need to prioritize routine screening for common NCDs within existing HIV platforms to enable early intervention, to develop specific approaches for high-risk populations based on demographic characteristics, to increase investment in integrated care models through multi-sectoral collaboration and strengthening of monitoring capabilities to track the burden of NCDs among PLHIV.

In addition to local stakeholders, the ZDF conference was attended by representatives of the uniformed forces from the SADC region and from Nigeria and Kenya.

NAC CEO Dr Madzima making his presentation at the ZDF Health Conference

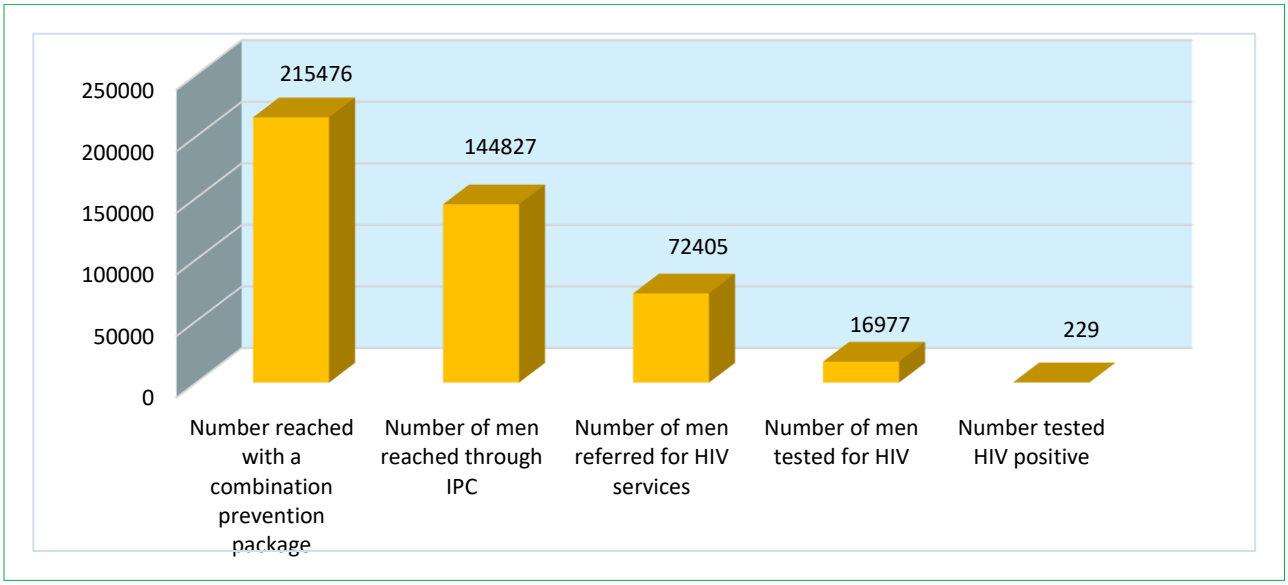
High profile delegates to the conference. Seated fourth from Left is former Commander Defence Forces General Phillip Valerio Sibanda

1.9.2 Male Engagement

The Male Engagement programme seeks to mobilise men to ensure that they change their risky sexual behaviours and promote uptake of HIV prevention and treatment services. NAC with support from the UN Joint Team of UNAIDS, UN Women, UNFPA and UNICEF developed a comprehensive and inclusive Training Manual on Male Engagement in HIV, SRHR and GBV. This will define and guide a minimum service package for use by Male Engagement Champions and implementing partners in the Male Engagement programme.

Various initiatives reached 360, 303 men who were also referred to additional services including HIV testing and ART initiation.

Figure 22: Male Engagement Cascade



1.10 Global Fund Grant

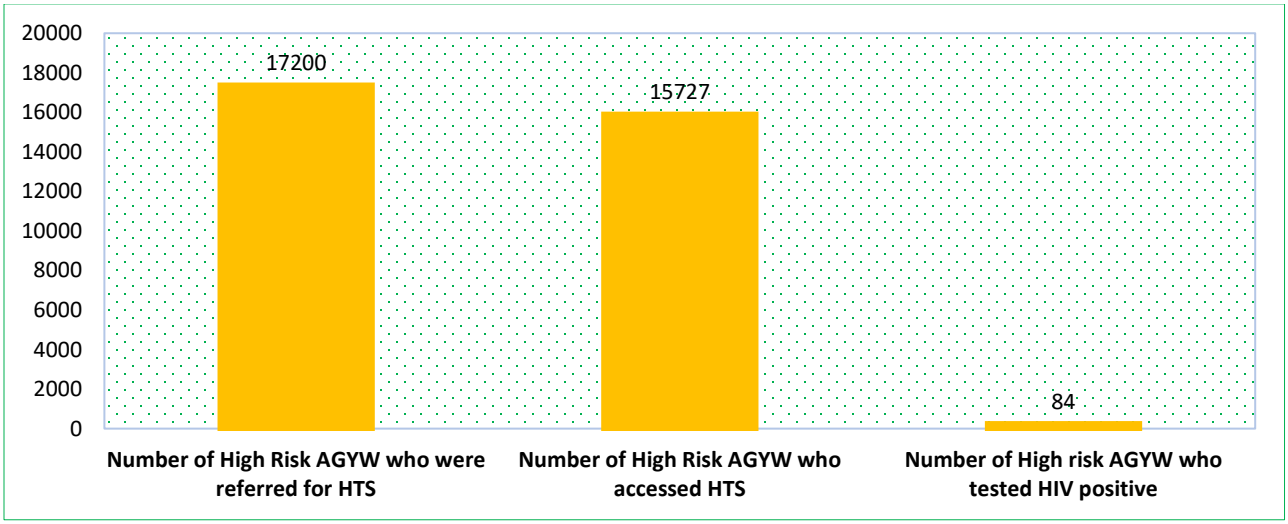
1.10.1 AGYW Program

NAC is the Subrecipient (SR) for the Global funded AGYW initiative, working in partnership with three SSRs. NAC implements the Sista 2 Sista (S2S) and Male Engagement programmes, covering 25 districts. Plan International is responsible for a modified version of the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme, which is active in 4 districts. Meanwhile, the Zimbabwe Association of Church-related Hospitals (ZACH) implements the Start Awareness Support and Action (SASA) programme in 6 districts and also operates One Stop Centres (OSC) in 4 districts.

Although significant achievements were recorded, implementation of some activities faced challenges due to the reprioritization process. As a result, certain activities were deferred and others underwent scope reductions, impacting the overall program delivery. Notably, the SASA! Action phase training was postponed, while partners continued with Support phase activities. The quarterly school monitoring under the DREAMS modified programme has also been indefinitely delayed, affecting feedback mechanisms and program assessments. Furthermore, there were adjustments in activities such as S2S support visits, modified DREAMS Comprehensive Sexuality Education (CSE) monitoring, and engagement meetings with religious and community leaders.

Figure 23: S2S HTS cascade

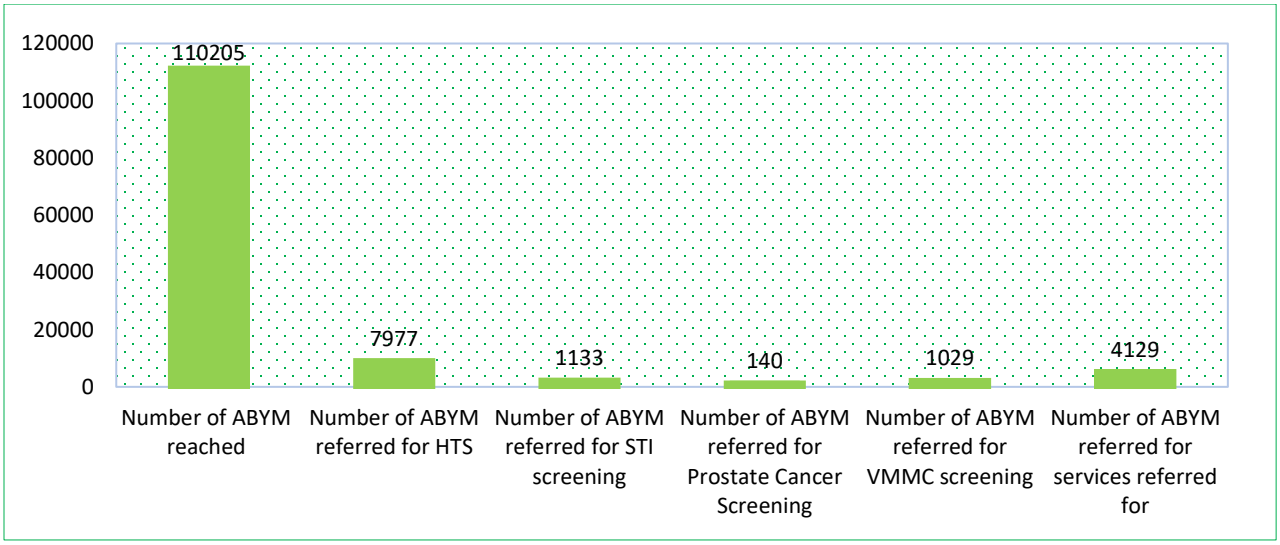
The Adolescent Girls and Young Women (AGYW) programme referred 17,200 high risk AGYW for HTS. Of these 15,727 accessed the service translating to 91.4 % achievement. Out of the 15,727 high risk AGYW who accessed HTS, 84 (0.53%) tested HIV positive and were referred for ART initiation as illustrated below.



Male Engagement program performance

The male engagement program complements the S2S program and the two programs are implemented in the same wards. The graph below shows the performance of the Male engagement program during the reporting period

Figure 24: Male Engagement Program Performance



From the figure above, 110,205 Adolescent Boys and Young Men (ABYM) were reached through transformational dialogues and individual sessions through the male engagement program. Of these, the majority (7,977) were referred for HTS and 1,029 were referred for VMMC.

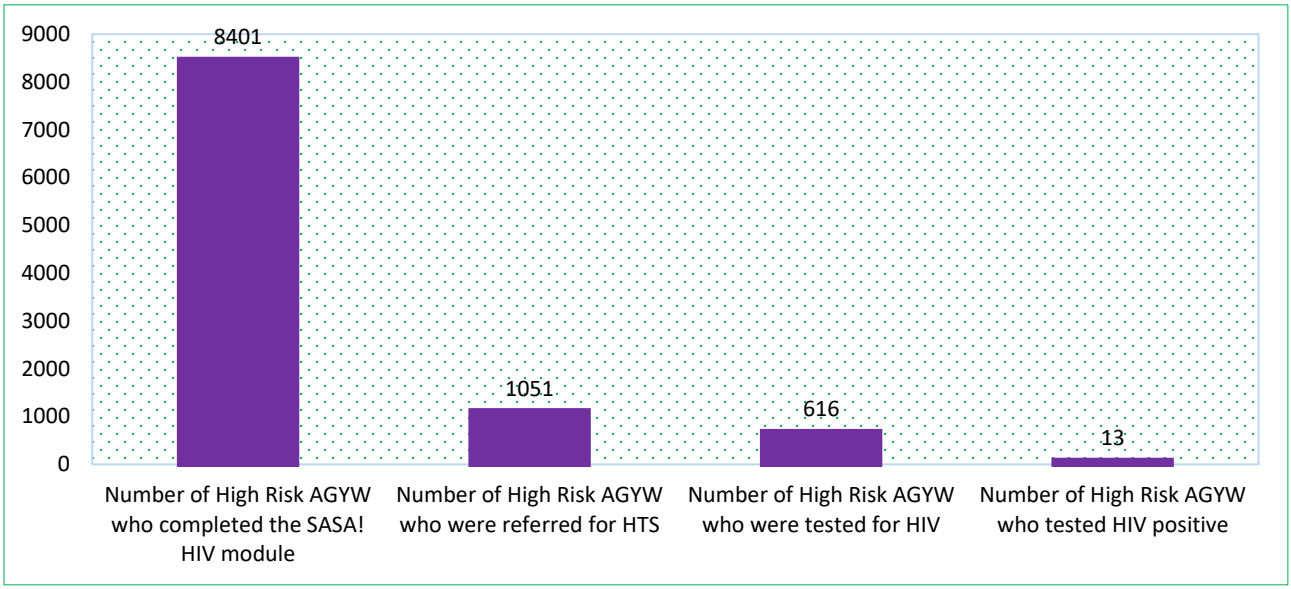
Modified DREAMS Programme

The AGYW programme successfully paid school fees for terms 1 to 3, supporting 6263 AGYW per term. In addition, the program paid examination fees for 2,663 form 4 and 6 AGYWs. This was done to facilitate completion of secondary education and enhancing AGYW chances to pursue further education or get employment, thus reducing the risk and vulnerability to HIV. However, the project recorded 337 dropouts against 175 which were in 2024. The major reasons for the dropouts were pregnancy (29), and marriage (67).

SASA/OSC Programme

Throughout the year, the SASA/OSC programming remained focused on strengthening comprehensive post-violence care services for high-risk adolescent girls and young women (AGYW) through the OSC model, while sustaining community-led violence prevention efforts through the continued rollout of SASA! modules facilitated by trained community SASA! champions. As illustrated below, 8,401 high risk AGYW completed the HIV module. Of these 1,051 were referred for HTS. A total of 616 were tested for HIV at the four OSCs and 13 tested HIV positive and were initiated on ART.

Figure 25: SASA! /OSC Program Performance



1.10.2 KP Program

The KP program was measured through six coverage indicators and the table below shows the performance.

Table 2: KP program Coverage Indicators

Indicator Description	Target	Achievement	Achievement ratio
KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	45% (38730/86066)	72.73% (62599/86066)	80.82%
KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	46.25% (37524/40566)	17.37% (/40566)	18.18%
HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	55.3% (17902/32372)	11.34% (3670/32372)	20.50%
HTS-3c Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results	92,5% (41398/44754)	86.52% (38719/4474)	93.53%
KP-6a Number of MSM who received any PrEP product at least once during the reporting period	10764	1442	13.40%

KP-6c Number of sex workers who received any PrEP product at least once during the reporting period KP-6c Number of sex workers who received any PrEP product at least once during the reporting period	19692	10429	52.96%

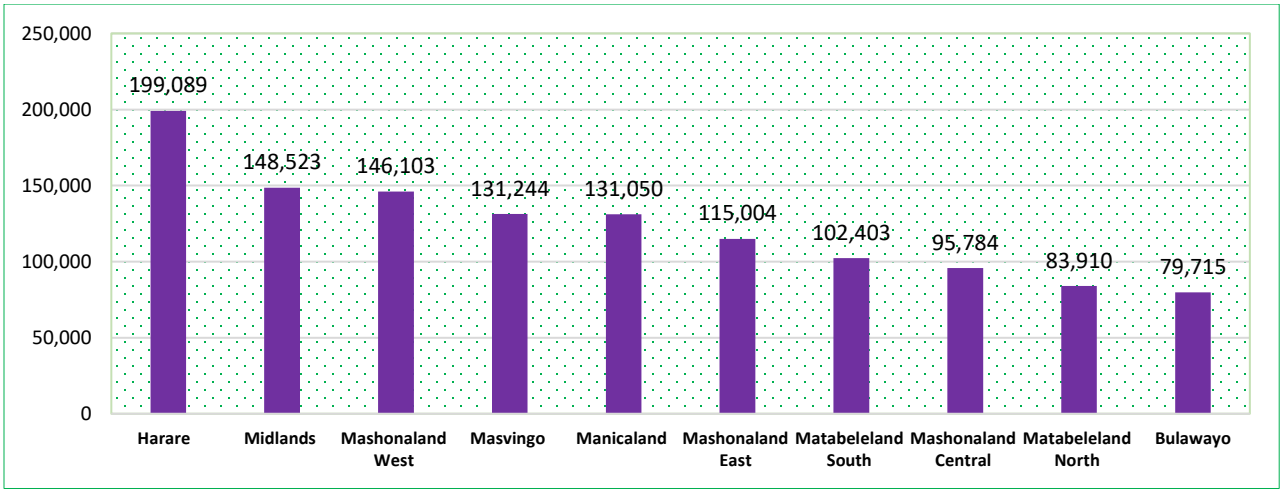
Chapter 2: Treatment Care and Support

Major activities that animated treatment, care and support included procurement of antiretroviral therapy drugs and commodities, provision of ART, HIV and TB collaboration and implementation of differentiated service delivery models among others.

2.1 ART Programme

By the end of the year, 1,232,825 people living with HIV were on ART in Zimbabwe (MOHCC DHIS2, December 2025). The graph below illustrates the number of people living with HIV on ART by Province.

Figure 26: People living with HIV currently on ART



The graph above, which shows regional HIV treatment case data in Zimbabwe, indicates that Harare has the highest case load, with 199,089 cases, significantly more than any other region. This aligns with the city's higher population density and migration patterns as well as extensive testing services.

Following Harare, the provinces of Midlands (148,523), Mashonaland West (146,103), and Masvingo (131,244) also show higher cases, indicating a widespread epidemic across much of the country. In contrast, the regions with the lowest reported cases are Bulawayo (79,715) and Matebeleland North (83,910), which may reflect differences in population size, epidemic dynamics, or potentially regional variations in testing coverage and access to health services.

New HIV Treatment and Prevention Options

Zimbabwe saw important progress in HIV prevention and treatment options, particularly with the fast-tracked approval of long-acting injectable pre-exposure prophylaxis (PrEP) using lenacapavir, administered once every six months to help reduce new infections among high-risk populations. Preparatory work for rollout began during the year, marking a shift toward more convenient prevention methods that improve adherence compared to daily pills.

Procurement of ART Commodities

ART commodities valued at USD 26,720,147.19 were procured as follows:

Table 3: Procurement of ART Medicines, Reagents, Test Kits and Equipment

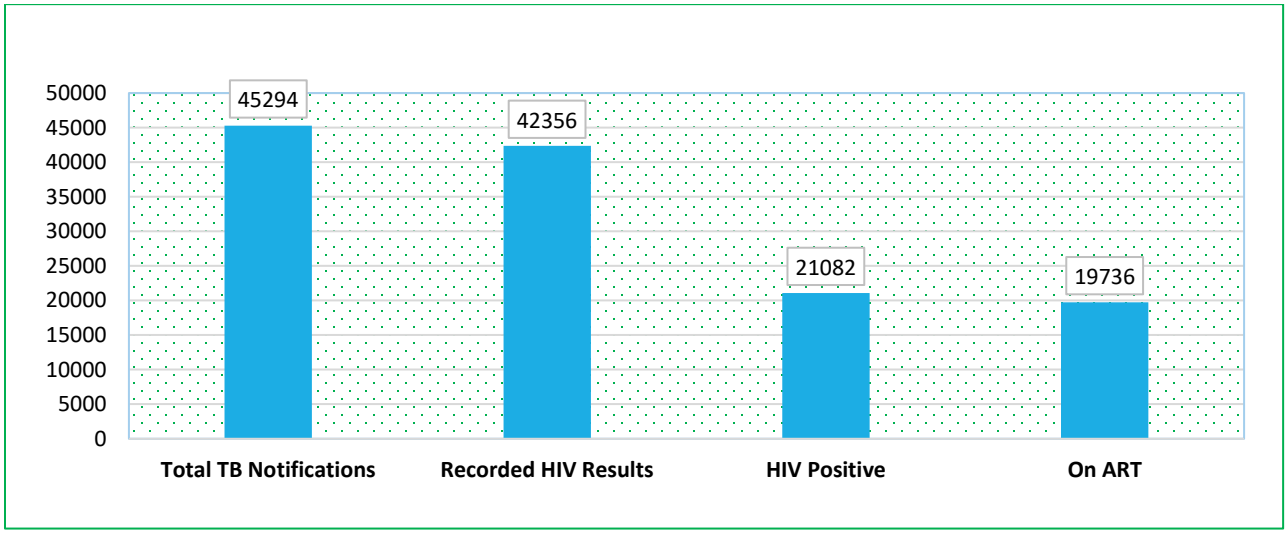
Description of item	Supplier	Amount USD	Remarks
Tenofovir DF 300mg	Mylan Labs	31,541.40	Delivered in full
Dolutegravir/Emitricitabine/Tenofovir AF 50/200/25mg	Mylan Labs	739,426.88	Delivered in full
Dolutegravir/Lamividune/Tenofovir DF 50/300/300mg tablets	Laurus Labs	8,223,143.65	Delivered in full
Efavirenz/Lamivudine/Tenofovir DF 400/300/300mg tablets	Mylan Labs	6,705.00	Delivered in full
Efavirenz/Lamivudine/Tenofovir DF 400/300/300mg tablets	Mylan Labs	22,269.54	Delivered in full
Dolutegravir/Emitricitabine/Tenofovir AF 50/200/25mg	Hetero Labs	3,243,052.16	Delivered in full
Dolutegravir/Emitricitabine/Tenofovir AF 50/200/25mg	Mylan Labs	6,927,888.15	Delivered in full
Dolutegravir/Lamividune/Tenofovir DF 50/300/300mg Tab	Laurus Labs	4,945,456.75	Delivered in full
Emtricitabine/Tenofovir DF200/300 mg tablets	Laurus Labs	526,331.52	Delivered in full
Efavirenz/Lamivudine/Tenofovir DF 400/300/300 Tabs	Mylan Labs	24,888.96	Delivered in full
Lamivudine/Zidovudine 30/60 mg tablets	Mylan Labs	170,428.50	Delivered in full
Tenofovir DF 300mg Tablet	Hetero Labs	61,750.26	Delivered in full
Salbutamol 0.1 mg/Dose (200 metered Doses) Inhaler	Hetero Labs	159,264.00	Delivered in full
Supply and Delivery of Partec CD4 Reagents	Sysmex	249,047.80	Delivered in full
Supply and Delivery of 43 x New Partec CD4 Machines	Sysmex	965,128.12	Delivered in full
Supply and Delivery in Blood Grouping/Cross Matching Machine (Parirenyatwa)	LAB Assist	112,780.00	Delivered in full

Supply and Delivery of Haematology Reagents	FIMA	207, 204.35	Delivered in full
Supply and Delivery of Various Cancer Machines	Sate Wave / Rudmond Dvpt	231, 399.00	Delivered in full
Supply and delivery of various Laboratory Equipment for Government Analyst Laboratory (MOHCC)	Muna International / Lab Assist	714, 998.11	Delivered in full
Supply and Delivery of TB Requirements	SolChris	311,044.50	Delivered in full
Supply and Delivery of BS240 Mindray Reagents	Medrite	12, 000.00	Delivered in full
Total		**26,720,147.19**	

2.2 TB/HIV Collaboration

Results of the HIV/TB collaboration initiatives are presented below, where-in 45,294 TB cases were notified. Of these, 42,356 patients had their HIV results recorded, indicating a very high level of HIV testing among TB patients. This translates to 93.5% testing coverage, demonstrating effective implementation of provider-initiated HIV testing and counselling within TB services.

Figure 27: TB/HIV Collaboration, 2025



Of the 21,082 TB/HIV co-infected patients, 19,736 were reported to be on antiretroviral therapy (ART). Overall, the 2025 data indicate strong performance in HIV testing among TB patients and high ART uptake among those co-infected.

The National AIDS Council (NAC) supported the Zimbabwe National TB Conference, held during the 4th quarter. Themed *"From Commitment to Action: Innovation, Sustainable Financing, and Person-Centred Care to End TB,"* the conference focused on translating political and policy commitments into practical,

actionable interventions at both national and sub-national levels. The conference strengthened multi-sectoral coordination, enhanced national ownership of the TB response, and fostered concrete commitments to scale up integrated, stigma-sensitive, and patient-centred TB and HIV services nationwide.

The Minister of Health and Child Care, Hon Dr. D. Mombeshora delivering the key note address during the opening ceremony of the National TB Conference, 2025.

2.3 Meaningful Involvement of People Living with HIV (MIPA)

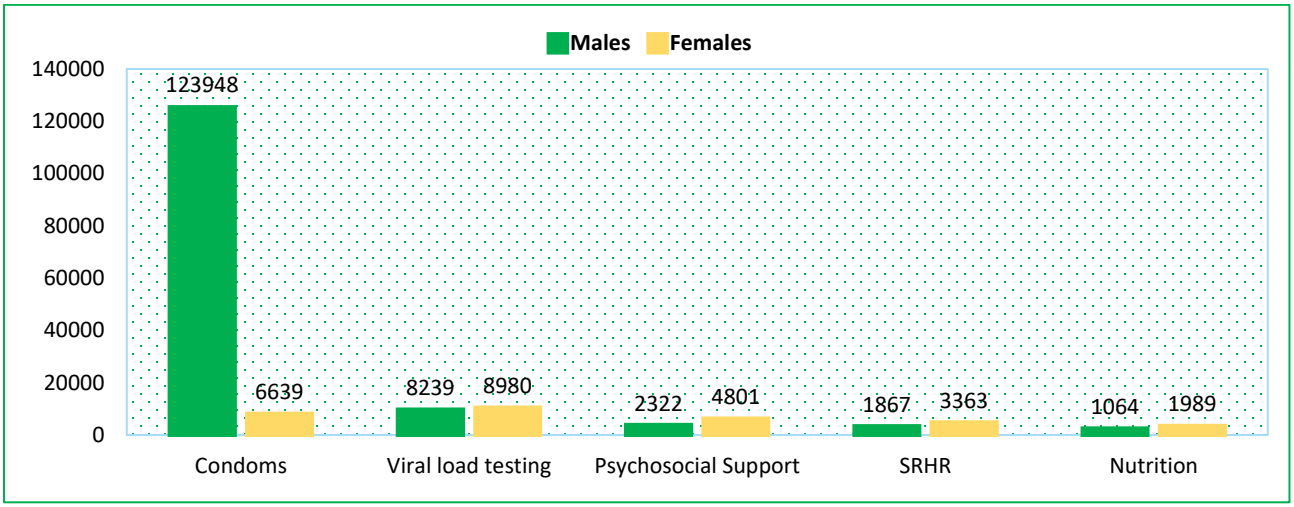
Additional to promoting the formation and sustenance of support groups for people living with HIV, the MIPA programme supported rolling out of differentiated service delivery models, such as Community Adolescent Treatment Supporters (CATS), Community ART treatment & Care Facilitators (CATCFs) and Community ART re-fill Groups (CARGs) for people living with HIV to adherence to treatment.

2.4 Community ART Groups

Active CATS reached 1,891 up from 1,255 in 2024. CATS provided adolescents living with HIV support from in the form of home visits, adherence monitoring, counselling as well as service referrals.

Modelled after the CARGs initiative, Community ART Treatment Care Facilitators (CATCFs) are active in Makoni district in Manicaland. They refereed 130,587 for condoms, 17,219 for viral load testing and other services as illustrated below.

Figure 28: Clients referred for services by CATFs



2.4.1 Social Contracting

Socially contracted partners continued to support the roll out of various prevention and treatment interventions, filling in the gap left by various externally funded partners. The coverage of the organisations and their programme areas is as illustrated below:

Table 4: Social Contracting Coverage

PROVINCE	DISTRICT	ORGANIZATION	PROGRAMME
Mashonaland East	Marondera	ZiCHIRE	B2B
Masvingo	Zaka	Tariro Development Trust	B2B
Midlands	Kwekwe, Chirumanzu, Shurugwi, Zvishavane	Jointed Hands Welfare Organization	Peer Led for Miners
Bulawayo	Magwegwe, Luveve	Dot Youth	B2B
	Outreach Sites	Zimbos Abantu	Mobile Outreach & NCDs
Manicaland	Chipinge	Rujeko	BCCM
Mashonaland West	Chegutu	Tsungirirayi	DREAMS
Mashonaland Central	Mbire	Katswe Sistahood	SASA
Harare	All Districts	ZiChire	B2B
Harare	All Districts	Zimbos Abantu	NCDs HIV Outreach Services
Matabeleland North	Tsholotsho	Tsoro-O tso	B2B
Matabeleland South	Gwanda	Insiza Godhlwayo AIDS Council	B2B, BCCM

ZNNP+ and ZAN are also supported to coordinate their sectors. ZNNP+ leads the PLHIV sector while ZAN leads the civil society sector.

2.5 Orphans and Vulnerable Children (OVC)

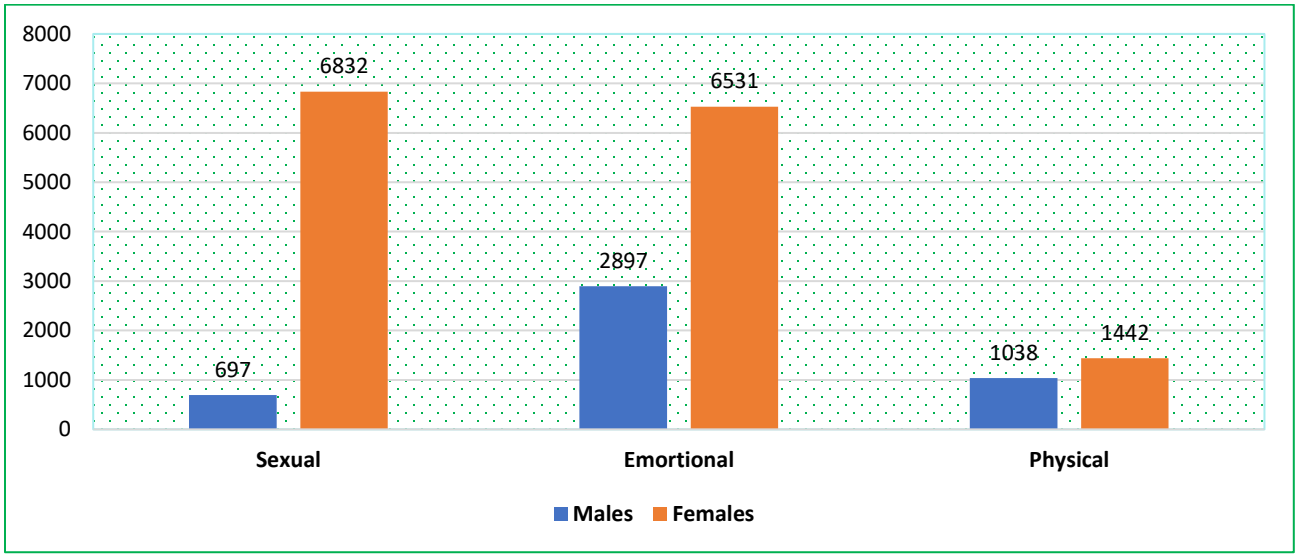
OVC programs are intended to create safety nets for the disadvantaged children and others in difficult circumstances.

NAC contributed USD50,000.00 to the Basic Education Assistance Module (BEAM) as one of its mitigatory strategies to ensure HIV orphaned and vulnerable children remain in school.

Child Abuse

Girls suffered more sexual, emotional and physical abuse compared to boys as illustrated below. There is a need for a concerted effort starting at community level to ensure that all abuse cases are reported and perpetrators are brought to book.

Figure 29: Cases of OVC Abuse



2.2 Non- Communicable Disease (NCDs)

Based on evidence that PLHIV now live longer due to ART and are becoming susceptible to NCDs, while access to screening is limited at community level, the National AIDS Council (NAC) has prioritized the integration of non-communicable diseases (NCDs) into its programming. In this regard, NAC procured and distributed screening equipment for blood pressure and diabetes to community cadres, who mobilise and conduct screening among PLHIV and the broader community, referring cases for further support at health centres as needed.

NCD Screening Outcomes

Table 5: Gender distribution of NCDs screening

Type of Gadget	Males	Females	Total
Temperature	83196	116580	199776
Blood Pressure	79735	125093	204828
Blood Sugar	9281	12066	21347
Total	**172,212**	**253,739**	**425,951**

As shown above, more females (60%) were screened for NCDs. Cases with elevated readings were referred to local health centres for further management.

Laboratory Equipment

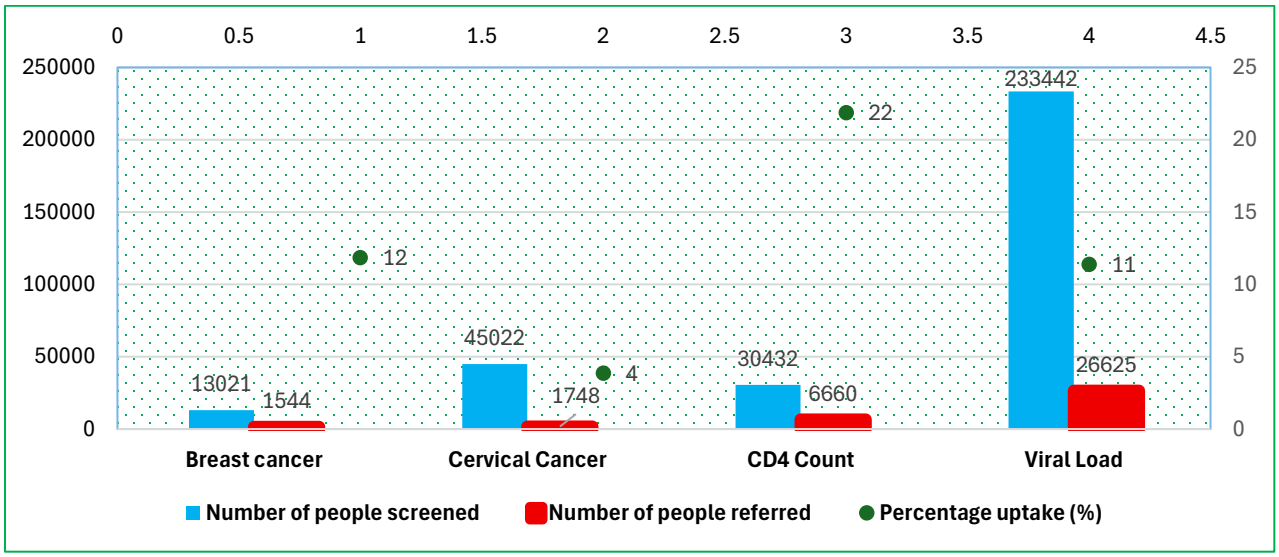
The management of laboratory equipment strengthens capacity for timely diagnosis and monitoring of HIV and related conditions, in turn supporting improved patient outcomes and more efficient healthcare delivery in the country.

Table 6: Number of functional NAC supported Lab equipment by province

Equipment	Byo	Harare	Manicaland	Mash Central	Mash East	Mash west	Masvingo	Midlands	Mat North	Mat South	Total
Cobas 311	1	1	0	4	0	0	1	1	0	0	8
Colposcopy	1	1	0	2	1	1	0	1	0	0	7
Partec CD4 Machines	0	1	6	12	1	6	5	7	2	4	44
Mindray Machines	4	2	3	7	0	1	4	0	0	5	26
Humaster	0	1	1	2	1	1	1	0	1	2	10
Humalyte	0	1	1	0	1	2	1	3	1	1	11
TrueScreen Machines	0	0	0	2	0	0	2	0	0	0	4
Mammogram	0	0	0	2	0	0	0	0	0	0	2
Sysmex XN Machines	6	4	6	7	2	7	8	3	5	5	53

Through the equipment above, 13 021 and 45 022 women were screened for breast and cervical cancer respectively. This resulted in 2% and 5% requiring further management after the screening. Other screenings which include viral load and CD4 count are shown below:

Figure 30: People screened



Cancer commemoration

The World Cancer Day commemoration was held in the 1st quarter at Chikangwe Stadium in Hurungwe, Mashonaland Province, with the aim of raising awareness and promoting collective action for equitable cancer care. The event, themed "United by Unique," brought together implementing partners, including ZNFPC, KIDZCAN, ZAZIC, and CeSHHAR, in collaboration with the National AIDS Council (NAC) and Ministry of Health and Child Care (MOHCC).

The Minister of Health and Child Care, Dr. Douglas Mombeshora (in coloured shirt) with delegates touring exhibition stands during the National Cancer Day commemoration

Chapter 3: Enabling Environment

3.1 Advocacy

3.1.1 National World AIDS Day Launch

Under the leadership of NAC, Zimbabwe commemorated the World AIDS Day guided by the theme "Overcoming Disruptions, Transforming The AIDS Response", at Mzingwane High School in Umzingwane district.

Dr Douglas Mombeshora, the Minister of Health and Child Care was the guest of honour at the event that was attended by government representatives, civil society, parliamentarians, traditional leaders, UN family and the community. Approximately 6500 people attended the event.

A live broadcast of the HIV State of the Nation address was made by the President of the Republic of Zimbabwe, His Excellency E.D. Mnangagwa on 3o November 2025.

HE President ED Mnangagwa delivering the HIV State of The Nation Address

NAC CEO, Dr. Bernard Madzima delivering his remarks at the WAD commemoration

HE President Mnangangwa chatting with Minister of Health and Child Care Dr Mombershora and NAC CEO Dr Madzima after the delivery of The State of The Nation Address

3.1.2 Candle Light Memorial

ZNNP+ coordinated the Candle Light Memorial whose objective is to remember those who have passed on due to AIDS. The Candle Light Memorial was conducted on the 30th of November 2025 the eve of the World AIDS Commemorations. The event was presided over by the Minister of Health and Child Care Dr Douglas Mombeshora.

Minister of Health and Child Care Dr D Mombeshora delivering remarks during the Candle Light Memorial

NAC CEO Dr Madzima receiving a Certificate of Appreciation From the ZNNP+ Chairperson, Mr. Makorowodo

3.1.3 World AIDS Marathon

NAC coordinated and supported the World AIDS Day Half Marathon on the 1st of December 2025 at Umzingwane High School. The marathon attracted over 600 athletes across the country who included People Living With HIV.

Some of the athletes who participated in the WAD half marathon

3.1.4 Exhibitions and Commemorations

NAC exhibited at various shows and commemorative events including the Zimbabwe International Trade Fair, the Harare Agricultural Show, provincial agricultural shows and health related days. The organisation scooped first award prizes in Mashonaland West, Manicaland, Midlands and Masvingo. The remaining provinces got second prize awards each.

Zimbabwe Members of Parliament from Portfolio Committee on Health and Child Care and Thematic Committee on HIV and AIDS at NAC Exhibition Stand Interacting with Young People's Network at the Zimbabwe International Trade Fair

3.1.5 NAC Support to Health Services in Zimbabwe

NAC invested nearly USD 1 million to refurbish the Family Blood Bank and Renal Unit at the Parirenyatwa Group of Hospital to improve integration with HIV. Integrating HIV, Non-Communicable Diseases (NCDs) and Blood Safety represents a strategic evolution in global public health. Traditionally managed through separate, "vertical" programmes, these areas are increasingly being woven together to build resilient, efficient and patient-centered health systems. Both units were handed over by NAC to the Deputy Minister of Health &Child Care, Hon Sleiman Timios Kwidini.

Deputy Minister of Health and Child Care Hon Sleiman Timios Kwidini officially opening the Family Blood Bank, with NAC CEO Dr Bernard Madzima looking on.

In addition, NAC supported the National Blood Services Zimbabwe to roll out the Nucleic Acid Testing rollout for enhanced safe blood transfusion.

NAC Board members and Directors receiving an honor from NBSZ for the support they have extended to the organization

Organisation of African First Ladies for Development (OAFLAD)

Following the final approval of the NAC proposal to OAFLAD, activities were initiated in 6 provinces, focusing on preventing adolescent pregnancies and improving access to maternal health services among that age group. As party of the one-year project, 30 nurses were trained in providing adolescent friendly maternal health services, while 12 mentors and 300 mentees were recruited. Community dialogue meetings on action to prevent and manage adolescent pregnancies were held in all the provinces.

Training of Traditional Health Practitioners

Following a request for support from the Traditional Practitioners Council (TMPC), NAC supported a sensitisation meeting for traditional health practitioners (THPs), that focused on mainstreaming HIV within THPs work. In addition to information capacitation on HIV and AIDS, TB, cholera, malaria, NCDs, drug use and other current topics, the THPs discussed their role in these issues. One hundred and ten THPs were capacitated in both the southern and northern regions.

THPs attending NAC capacity and mainstreaming supported northern region meeting

3.2 Communications

3.2.1 Media Engagement

There was considerable media coverage on HIV and related topics, with stories generated from media workshops and tours hosted by NAC. The amount of coverage on social media has significantly increased. These improvements followed various NAC led engagements with the media, which included workshops, 8 field tours to Midlands, Mashonaland East, Masvingo, Mashonaland Central and Matabeleland North; and media awards.

The Minister of Health & Child Care, Dr. Douglas Mombeshor (in tan suit), NAC CEO Dr. B. Madzima, late Ms. M. Dube (far right) and other dignitaries and winners pose for a picture after the NAC Media Awards ceremony

3.3 Monitoring and Evaluation (M&E)

Compilation of HIV and AIDS Estimates, Global Monitoring Report, research and other activities comprised monitoring and evaluation initiatives in the year.

2025 HIV and AIDS Estimates

NAC, in collaboration with the Ministry of Health and Child Care (MOHCC) and the Technical Working Group (TWG), produced the 2025 HIV and AIDS Estimates. The updated estimates provided critical insights into HIV prevalence, incidence, and treatment coverage, informing strategic planning and resource allocation at both national and subnational levels. A key focus was on refining paediatric HIV estimates, addressing gaps in data for children, and improving ART coverage to meet UNAIDS 2030 fast-track targets.

NAC also participated in the Regional HIV Estimates Meeting in South Africa, sharing insights and best practices with other countries in the region. This collaboration informed Zimbabwe's approach to refining its HIV estimates and programming strategies.

Global AIDS Monitoring (GAM) and SADC HIV Report

In alignment with global HIV response and reporting obligations, NAC collaborated with MOHCC, implementing partners and other stakeholders to validate and submit a complete Global AIDS Monitoring (GAM) dataset and narrative report to UNAIDS. Additionally, NAC submitted a comprehensive report to the Southern African Development Community (SADC), providing an overview of Zimbabwe's HIV and AIDS situation and ensuring the timely dissemination of Zimbabwe's HIV and AIDS status to regional

partners. The report highlighted progress, challenges, and strategic priorities within the national response.

CEO's Performance Contract Evaluation
To enhance institutional accountability, NAC conducted an evaluation of the CEO's performance contract, with findings submitted to the Office of the President and Cabinet (OPC). Validation visits were undertaken, involving consultants from the OPC and NAC teams to verify the assessment and ensure alignment with organizational, national and international goals. These visits confirmed the ratings and outcomes, culminating in a feedback report that affirmed the assessment.

Client Satisfaction and Service Evaluation
A national Client Satisfaction Survey was conducted to assess service quality across NAC facilities. Key findings included an 82% customer satisfaction rating, PESA 81%, satisfaction with service delivery 98%, 83.6% described service accessibility as "excellent" or "good."
These results reinforce NAC's commitment to client-centred service delivery and highlight areas for continuous improvement.

3.3.1 Research

Research Studies
The NAC Research and Ethics Committee approved 8 protocols that will be forwarded to the Medical Research Council of Zimbabwe for further review.

2026 National HIV Research Symposium
After the call for abstracts closed, the symposium planning committee met to select the abstracts for presentation at the symposium. Submitted abstracts fell from 123 the previous year to 75 probably due to the stop work orders. Twenty-four abstracts were selected for oral presentation. Following this, the symposium was held and attended by 143 people, much lower from the 255 who attended in 2024. They keynote address was delivered by Dr, Tsitsi Apollo, who presented scenarios that would have to be adopted.

ICASA
A Zimbabwe delegation led by the Minister of Health and Child Care, Dr. Douglas Mombeshora participated at the International Conference on AIDS and STIs in Africa in Accra in Ghana from the 3rd to the 8th of December 2025. The delegation comprised Members of the Parliament, officials from the Ministry of Health and Child Care, the National AIDS Council and representatives of various sectors in the national response to HIV. The conference, whose theme was Catalysing Integrated Sustainable Responses to end AIDS, TB & Malaria. NAC participated in various platforms including presenting 4 abstracts of which 2 were oral. More than 5 other abstracts were submitted by partners.

Regional Evidence Synthesis Workshop
NAC supported the planning and hosting of the regional Evidence Synthesis Workshop whose aim was to synthesize evidence on barriers to SRH service access for adolescents in Zimbabwe, with a focus on consent laws, climate-induced shocks, and health system responses, and to identify best practices for regional exchange. NACs support included identifying and inviting relevant stakeholders as well as the actual facilitation of the event.

NAC Integrated Knowledge Management Platform

NAC developed D-Space Integrated Knowledge Management Platform, which is being rolled out to create and manage digital repositories for the organisation. DSpace will assist NAC to capture, store, index, preserve, and distribute digital content across the structures. All NAC reports, plans, minutes, speeches, pictures and videos and any other documentary outputs will be captured allowing for access and storage. All IT and Comms staff were trained to lead the rollout.

SADC Call for proposals

Following a call for proposals, various Zimbabwe entities were shortlisted, resulting in two being invited for oral presentations. The two, Zimbabwe National Family Planning Council and Youth Advocates Zimbabwe, were approved for the USD 600,000.00 grants each under the current HIV Funds cycle.

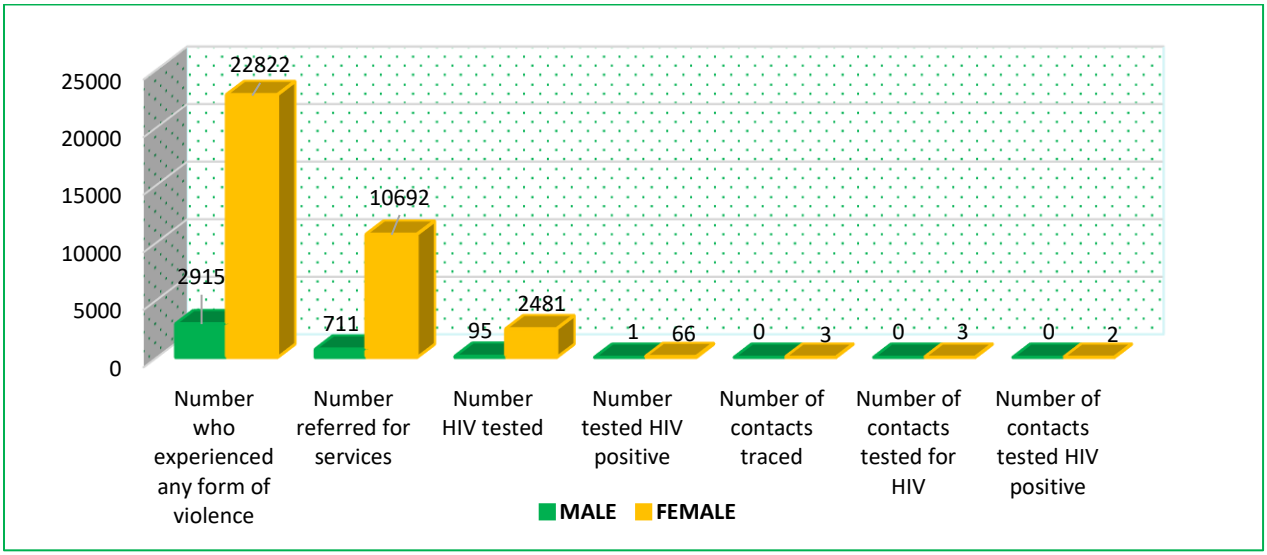
Clients Charter

The client's charter was revised and relevant translations in line with corporate governance expectations will be done in 2026.

3.4 Gender

Gender activities were implemented mainly through the SASA model focusing on advocacy and policy engagement and sensitization meetings on GBV.

Figure 31: SASA Cascade



A total of 2,915 males and 22,822 females experienced all forms of gender-based violence with 24% and 47% being referred for services respectively. Positivity rate among those tested for HIV was 1.1 % for males and 2.7 % for females.

Participation at Commission on the Status of Women

NAC together with other representatives from government, civil society and private sector participated in the sixty-ninth session of the Commission on the Status of Women (CSW) which took place at United Nations Headquarters in New York from 10 to 21 March 2025.

The main focus of the sixty-ninth session was on the review and appraisal of the implementation of the Beijing Declaration and Platform for Action and outcomes of the 23rd special session of the General Assembly. The review included an assessment of current challenges that affect the implementation of the Platform for Action and the achievement of gender equality and the empowerment of women and its contribution towards the full realization of the 2030 Agenda for Sustainable Development.

Zimbabwe Delegation to CSW

3.4.1 Management and Coordination

NAC Management Meetings

NAC held the relevant quarterly management meetings. The meetings served as platforms to review progress on implementation of programmes, identify challenges, gaps and solutions in view of the changing funding landscape, come up with a minimum package of programmes in light of stoppage of donor support, review the 2021-2025 NAC Strategy and development of a new strategy 2026-2030 as well as ZNASP V prioritisation among other key issues.

Provincial and District Coordination meetings

Provincial and district stakeholder, coordination and task force meetings were conducted as planned in all the quarters, providing participants a platform to share progress and address challenges.

National Technical Working Group Meetings

Technical working group meetings at national level were conducted as planned. These were held under the different programme areas of Gender, Workplace, Youth, Treatment and Care, Community TB, Research, M & E and MIPA. Most discussions focused on programmes review and re-prioritisation in the current operating environment as well as providing policy guidance.

Chapter 4: Audited Financial Statements

4.1 Administration

Key administrative achievements included construction of provincial offices, upgrade of security and solar infrastructure, modernization and redistribution of assets and fleet rationalization & disposal to improve utilization among others.

Capital Projects

All three major provincial buildings continued across the year and moved at different paces as follows:

Table 7: New Provincial Offices Construction

Province	Q1 Status	Q2 Status	Q3 Status	Q4 Status	Key Notes
Masvingo	First floor works & second floor approvals progressing	No active work, awaiting PPRAZ approval	Contractor caught up post-approval	Two active sites, progressing with supervision	Procurement approval delays slowed progress; As the contractor is now demanding suspension cost, now back on track
Mash East	Superstructure brickwork underway; funding challenges	Awaiting approval for additional works	PPRAZ approvals granted; near-complete	completion across components, received Voidcon	Final timeline shifted to March 2026 pending power connection
Mash West	Superstructure and first floor progressing	Contractor doing remedial work	Near completion & overrun original dates	Internal finishes progressing	Weather + contract changes caused slippage

Solar & Security Installations

Security systems (alarms, CCTV, sensors, access control) and solar backup systems were installed across NAC premises. Works on enhanced perimeter protection were implemented at relevant sites. As a result, no major breaches were reported.

Asset Management & Disposal

Through a disposal of obsolete assets, NAC recovered US$356,888 against a reserve budget of US$91,893, with the highest recovery realized from motor vehicle category.

Chapter 5: HUMAN RESOURCES

The Council enjoyed high levels of organizational stability with fewer disengagements, closing the year with an annual turnover rate of 1.7%. This low attrition rate was a key driver of institutional success, preserving institutional memory and ensuring the continuity of specialized skills. As of December 31, 2025, the Council had a total staff establishment of 357.

5.1.1 5.1.1 Human Capital Development

As part of its commitment to national human capital development, the Council continues to host a robust Student Internship and Work-Related Learning Program. Over 50 interns were deployed across various districts as of 31 December 2025. This initiative serves as a vital talent pipeline, providing students from tertiary institutions with practical experience while contributing to the Council's Corporate Social Responsibility goals.

Impact of the US Government Work - Stop Order
The reporting period was marked by a significant external challenge following the withdrawal of US Government funding from selected programmes supporting the national HIV response. As a result, 10 employees seconded to the Council were placed on unpaid leave and subsequently separated. This development had direct and indirect operational impacts, necessitating strategic adjustments, including the absorption of some affected staff to retain critical skills and sustain service delivery.

5.1.2 Employee Health, Safety, and Wellness

In a drive to strengthen employee wellness, the Councill standardized its package across all station, and entered a strategic partnership with First Mutual Health who delivered sessions covering the social and financial wellness domains, providing employees with valuable insights into maintaining holistic wellbeing.

Industrial Relations
Throughout the year, the Council maintained a stable and productive industrial relations environment, which supported effective delivery of its mandate. Employee participation platforms remained fully operational, with both the Workers' Committee and Works Council meetings taking place as mandated.

Performance Management and Capacity Development

Annual workplans and periodic performance reviews were conducted as per guidance. The average performance rating for non-managerial employees was **4.4.**

5.1.3 Employee Engagement and Satisfaction

To assess overall organizational health, the Council conducted an Employee Engagement and Satisfaction Survey, which recorded an overall satisfaction index of 87%, indicating a strong level of employee engagement. While the results were encouraging, key areas for improvement were identified.

5.1.4 Corporate Governance

The Council's newly appointed Board assumed office in January 2025 and executed its mandate through implementation of the Board workplan as guided by relevant statutes and Government guidelines. The following were key highlights of Board activities and programmes:

- Inaugural and consultative meetings with the Minister to receive strategic policy direction.
- A comprehensive Board Induction and a strategic retreat.
- National ideology training for Board members and Senior Management
- Board and Board Committee meetings as per schedule
- Provincial field monitoring visits
- Annual General Meetings (AGMs) for 2023 and 2024 respectively
- 2025 Board evaluation
- 2026 –2030 Strategic Planning
- Participation in flagship local and international conferences, commemorations and exhibitions including the World AIDS Day Commemorations, International AIDS Conference and the International Conference on AIDS and STIs in Africa (ICASA).

Chapter 6: 2025 COMPLIANCE REPORT

Corporate Governance Compliance Statement

This Corporate Governance Compliance Report serves to confirm and demonstrate the National AIDS Council of Zimbabwe (NAC or the Council)'s dedication to upholding principles of good corporate governance. The Council adhered to applicable corporate governance laws and regulations and continued to embody the values of integrity, professionalism, accountability, team work, inclusivity and innovation in its operations.

Legal and Regulatory Framework

The Council is a creature of statute whose functions and other critical aspects are provided for by the National AIDS Council of Zimbabwe Act [Chapter 15:14]. Other legal instruments relevant to the Council include, but are not limited to, the 2013 Constitution of Zimbabwe, the Public Entities Corporate Governance Act [Chapter 10:31], the Public Procurement and Disposal of Public Assets Act [Chapter 22:23], the Public Finance Management Act [Chapter 22:19], the Labour Act [Chapter 28:01], the Audit Office Act [Chapter 22:18] among others, as well as relevant statutory instruments.

NAC is a state-owned entity that is wholly owned by and also accountable to the Government of Zimbabwe, Parliament and the people of Zimbabwe at large. The Council's operations are overseen by the Ministry of Health and Child Care, Corporate Governance Unit and the Parliamentary Portfolio Committee on Health and Child Care. The accounts of the Council are audited annually by the Office of the Auditor General.

Financial Statements

The Board of the Council acknowledges that it is responsible for the preparation and integrity of the financial statements and related information contained in the Council's 2025 Annual Report and that the information presents fairly the state of affairs and the results of the organisation's operations for the year ended 31 December 2025.

The Council's financial statements were audited by the Auditor General's office in accordance with section 6 of the Audit Office Act [Chapter 22:18] as read together with section 81 of the Public Finance Management Act [Chapter 22:19] and section 36 (b) of the Public Entities Corporate Governance Act [Chapter 10:31].

While the Council has an Internal Audit Department which reports directly to the Audit Committee of the Board, the Board exercised oversight and fiduciary duties on the financial reporting process during the year under consideration. The Board confirms responsibility for the preparation and fair presentation of the financial statements in a manner prescribed and in accordance with the International Public Sector Accounting Standards (IPSAS), thus it adopted the financial statements.

Governance Structure and Organisation

NAC's operations are overseen by a Board which comprises a majority of non-executive directors in keeping with the provisions of the Public Entities Corporate Governance Act as read with the National AIDS Council of Zimbabwe Act. The Board of the Council is responsible for directing and controlling Council operations while the Chief Executive Officer and senior Management is responsible for tactical functions and accountable to the Board for the achievement of the Council's mandate.

In 2025, the Council operated with a full Board complement following its appointment effective 01 January 2025. It consisted of twelve (12) non-executive Members while the Council's Chief Executive Officer as well as a representative of the Line Ministry were ex-officio members. Of the non-executive members, there was a 50-50 percent representation between males and females in compliance with section 17 of the Constitution as read with section 11(7) (a) of the Public Entities Corporate Governance Act.

The Board had a considerable diversity of skills and experience from a membership comprising of representatives of healthcare providers, women, religious groups, organisations that protect the interests of persons infected with HIV, industry, commerce, information media, trade unions, law society, Traditional Medical Practitioners Council and the Ministry of Health and Child Care.

In terms of representation, the Board covered 10 of the 11 sectors provided for in the enabling legislation, with youth representation being the only gap. Regionally, seven of Zimbabwe's ten regions were represented. The Board also lacked Audit and Finance expertise, which was addressed through the co-option of two experts to the relevant Board Committees.

Directors' Interests

The Directors and Senior Management declared in writing their assets, their interests and those of related parties, in compliance with Part VIII, Section 37 of the Public Entities Corporate Governance Act. In addition, the Directors were required to sign declarations of interest indicating whether they had any material interest in any matter or agenda item of each meeting.

Board Committees

The NAC Board was supported by an institutionalised decision-making process in that it had constituted Committees in accordance with relevant regulations. The Committees performed an oversight role over strategic operations of the organization and the Board retained overall responsibility for the performance of the Council. The Council had the following Committees:

a) Risk Management, Operations, Advocacy and Strategic Information Committee,
b) Human Resources Management and Governance Committee,
c) Finance, Administration and Procurement Committee
d) Audit Committee
e) Integrity Committee
f) Executive Committee

All committees consisted of a majority of non-executive Board Members and were chaired by non-executive Directors.

Board and Board Committees' Membership, Meetings Convened and Attended

The Public Entities Corporate Governance Act requires the Board and its Committees to meet at least four times a year, except for the Integrity Committee, which is required to meet at least twice a year, and the Executive Committee, which meets on an ad hoc basis as necessary. The Board and all Committees complied with the applicable meeting requirements during the year. Meetings were scheduled at the beginning of the year, with additional meetings convened as required to address emerging matters. All meetings were convened with appropriate notice.

The schedules below set out the composition of the Board and its Committees, together with the meetings held during the year ended 31 December 2025;

2025 Board Meetings Attendance Schedule

Name	Nature of Membership	Number of Meetings	
		Convened	Attended
Mrs. N. Mukwehwa	Non-Executive Board Chairperson	7	7
Adv. T.S.T. Dzvetero	Non-Executive Board Vice-Chairperson	7	5
Adv. R. J. Tsivama	Non-Executive Member	7	7
Dr. G. Chahwanda	Non-Executive Member	7	7
Dr. I. Nkomo	Non-Executive Member	7	7
Ms. T. Westerhof	Non-Executive Member	7	7
Dr B. Dupwa	Non-Executive Member	7	7
Ms. R. Zinyuke	Non-Executive Member	7	5
Dr. N. A. Vella	Non-Executive Member	7	6
Dr. M. Mare	Non-Executive Member	7	7
Mr. J. Muradzikwa	Non-Executive Member	7	7
Ms. M.T. Buzuzi	Non-Executive Member	7	7
Dr. W. Nyamayaro	Ministry Representative	7	6
Dr. B. Madzima	Chief Executive Officer	7	5

2025 Risk Management, Operations, Advocacy and Strategic Information Committee (RMOASIC) Meetings Attendance Schedule

Name	**Nature of Membership**	**Number of Meetings**	
		Convened	**Attended**
Ms. T. Westerhof	Chairperson (Non-Executive)	4	4
Dr B. Dupwa	Non-Executive	4	4
Dr N. A. Vella	Non-Executive	4	4
Ms. R. Zinyuke	Non-Executive	4	3
Dr. W. Nyamayaro	Ministry representative	4	2
Dr. B. Madzima	Chief Executive Officer	4	1

2025 Human Resources Management and Governance Committee (HRMGC) Meetings Attendance Schedule

Name	**Nature of Membership**	**Number of Meetings**

		Convened	Attended
Adv. R. J. Tsivama	Chairperson (Non-Executive)	4	4
Mrs. N. Mukwehwa	Non-Executive (Board Chairperson)	4	4
Dr. G. Chahwanda	Non-Executive	4	4
Dr. B. Madzima	Chief Executive Officer	4	3

2025 Finance, Administration and Procurement Committee (FAPC) Meetings Attendance Schedule

Name	Nature of Membership	Number of Meetings	
		Convened	Attended
Dr. M. Mare	Chairperson (Non-Executive)	6	6
Mr. J. Muradzikwa	Non-Executive	6	5
Ms. M. T. Buzuzi	Non-Executive	6	5
*Mr. W. Chimini	Expert	6	3
Dr. B. Madzima	Chief Executive Officer	6	4

**NB – Mr. W. Chimhini was coopted to the Committee effective 09 June 2025.*

2025 Audit Committee (AC) Meetings Attendance Schedule

Name	Nature of Membership	Number of Meetings	
		Convened	Attended
Adv. T.S.T. Dzvetero	Chairperson (Non-Executive)	6	6
Dr. I. Nkomo	Non-Executive	6	6
*Mr. T. Tapera	Expert	6	2

**NB – Mr. T. Tapera was coopted to the Committee effective 09 June 2025.*

2025 Integrity Committee (IC) Meetings Attendance Schedule

Name	Nature of Membership	Number of Meetings	
		Convened	Attended
Mrs. N. Mukwehwa	Chairperson (Non-Executive)	2	2
Adv. R. J. Tsivama	Non-Executive	2	2
Dr. M. Mare	Non-Executive	2	2
Dr. B. Madzima	Chief Executive Officer	2	2
Ms. S. Mhlanga	Human Resources Director	2	2

Executive Committee

The Executive Committee is chaired by the Board Chairperson and comprises the Chairpersons of all other Board Committees. It meets on an ad hoc basis to address urgent or emerging matters. The Committee did not convene during the year under review.

Board Fees, Allowances and Other Expenses

Board members were paid quarterly retainer fees and sitting allowances based on circulars issued by the Corporate Governance Unit. In addition to the fees and allowances the Board incurred other expenses in the form travel, airtime, data as well as capacity building initiatives. The Board's total expenditure for the year ended 31 December 2025 was **ZWG5, 502, 607.00** against a budget of **ZWG8, 988, 708.**

Chapter 7: INTERNAL AUDIT

Compared to the seventy (70) routine audit assignments were planned, a total of eighty-two (82) were ultimately conducted, resulting in twelve (12) additional assignments beyond the approved plan. All audit assignments were conducted in accordance with the acceptable global auditing standards, and the audit reports were issued to the respective clients.

A summary of the planned versus actual audits is presented in the table below:

Table 8: Planned vs Actual Audits for Year 2025

Audit Area	Planned	Actual	Variance
Head Office – Finance and Administration	1	1	0
Head Office – Human Resources Department	1	1	0
Social Contracting Organizations	6	5	-1
Provincial Offices	10	10	0
DAACs	24	26	+2
Value for Money (ART Programme) (VFM)	6	9	+3
Global Fund SSRs/Ips	10	11	+1
Audit Follow – Ups Provincial Offices	3	6	+3
Audit Follow – Ups Social Contracting	5	6	+1
Audit Follow – Ups VFM	4	7	+3
Total	**70**	**82**	**+12**

7.1.1 Audit Progress Reports

Five (5) progress reports were prepared and shared to the Board and senior management. These reports ensured continuous communication of audit results in compliance with the Global Internal Audit Standards on Effective Communication (Standard 11.3).

Chapter 8: OPERATIONAL CHALLENGES AND RECOMMENDATIONS

8.1 Operational Challenges

The following were operational challenges which were encountered during the reporting period:

i) **Funding Cuts and Uncertainty**:

a) A significant decline in donor support, which has historically been heavily relied upon to fund HIV programs in Zimbabwe.
b) A "Stop Work Order" issued by the US government earlier in the year has led to program suspensions, particularly affecting HIV prevention services

ii) **Programmatic Impacts of Funding Shortfalls**:

a) Defunding of key HIV prevention programs like Voluntary Medical Male Circumcision (VMMC), Pre-Exposure Prophylaxis (PrEP), and the DREAMS program
b) Previously free services, such as circumcision, may now come at a cost
c) Potential disruptions to essential HIV prevention, testing, and treatment services

8.2 Recommendations

a) The government is exploring domestic financing options, including selected taxes and the AIDS Levy, to support health programs.
b) NAC is working to produce a robust strategy aligned with national development goals to end AIDS by 2030
c) The organization is absorbing activities and human capital from donor-supported programs into its structure
d) NAC shall strengthen the involvement of private healthcare providers in service delivery to reduce the burden on public resources
e) NAC continues to fund research to identify new and effective methods for HIV prevention and treatment.