

Social Work and HIV Care in Zimbabwe: Coping with the Shrinking Donor Funding Landscape

Ruth Muregi^{1*}, Francis Mause², Tatenda Aneni Gambiza³, Tafadzwa Zulu⁴, Lucia Kahomwe⁵, Cynthia Chinengundu⁶

¹Bindura University of Social Science, Harare, Zimbabwe

²University of Zimbabwe, Harare, Zimbabwe

³Reformed Church University, Harare, Zimbabwe

*Corresponding author

Abstract

Donor aid has historically been instrumental in Zimbabwe's HIV response, supporting a range of interventions including antiretroviral therapy (ART), prevention, counselling, and community-based care. However, a gradual decline in donor support, resulting from shifting global health priorities and economic constraints, threatens the sustainability of critical services. This paper explores the role of social work in mitigating the consequences of reduced funding for HIV programming in Zimbabwe. Through a qualitative study involving in-depth interviews with frontline social workers and an analysis of key policy documents, we examine the impact of funding shortages on service delivery, professional practice, and client outcomes. Findings reveal increasing workloads, diminished psychosocial support services, and compromised care pathways. Yet, despite these challenges, social workers have developed innovative responses, including leveraging informal support networks, integrating HIV care into social protection systems, and advocating for domestic resource mobilisation. The study underscores the urgent need to institutionalise social work within national HIV responses, increase state funding, and ensure the resilience of community-based care models in the face of donor withdrawal.

Key words

Donor Funding, Social Work, HIV, Care, Shrinking

1. Introduction

The HIV epidemic in Zimbabwe has posed a profound public health challenge over the past decades, necessitating multifaceted interventions targeting prevention, treatment, and care. Historically, Zimbabwe's response to HIV/AIDS has been deeply intertwined with donor-funded programs, which have provided essential resources for antiretroviral therapy (ART), prevention initiatives, psychosocial counselling, and community-based care models [1]. The extensive donor support facilitated scale-up efforts that were critical in expanding access to life-saving therapies and supportive services across the country. Through the support of international donors, most notably the Global Fund, PEPFAR, and other bilateral partners, Zimbabwe has been able to achieve commendable milestones, such as achieving over 85% ART coverage and scaling up prevention services [2]. Primary among the contributors to these programs were international donors whose funding landscapes underpinned many HIV interventions, serving as a lifeline for maintaining and enhancing service delivery.

Social work has occupied a pivotal role within the HIV response framework in Zimbabwe. As a profession, social workers have been instrumental in delivering psychosocial support, counselling, facilitating adherence to ART, and linking affected individuals and communities with health and social protection resources [3]. Their involvement has bridged gaps in care, promoted patient retention, and contributed to enhancing the overall quality and comprehensiveness of HIV services. The importance of social work's contribution extends beyond clinical settings into community mobilisation, stigma reduction, and fostering peer-led support structures, which collectively constitute the backbone of an effective and sustainable HIV response.

However, this landscape is shifting considerably. Donor funding for HIV programs has flattened and even declined in recent years, a trend reflecting broader global health financing challenges. These trends have been documented, highlighting how stabilisation or reduction in funding hampers countries' ability to sustain universal access targets and the progress made in HIV control efforts [1]. Simultaneously, there is increased emphasis on "country ownership", with calls for affected nations, including Zimbabwe, to mobilise domestic resources to replace diminishing external aid. Nevertheless, this transition is far from straightforward, given economic and institutional constraints [2].

At the global level, health funding priorities have experienced significant shifts. International donor contributions, once on an ascending trajectory, have plateaued or declined, influenced heavily by competing global demands, evolving health priorities, and economic downturns affecting donor countries [4]. Low- and middle-income countries (LMICs),

Zimbabwe, included, now faces growing fiscal constraints amid increasing healthcare demands [5]. This reality threatens the sustainability of HIV programs, underscoring the risk of service disruptions and diminished care quality. A study analysed how global economic shocks, such as those precipitated by the COVID-19 pandemic, exacerbate funding challenges, compelling urgent adaptation to maintain HIV service continuity [3].

Given these challenges, this study aims to elucidate the role of social work in mitigating the consequences of shrinking donor funding in Zimbabwe's HIV response. Specifically, it investigates the experiences of frontline social workers grappling with resource limitations, examines the adaptive strategies they employ to sustain services, and analyzes the policy environment that shapes social work's integration within HIV care. By combining qualitative interviews with social workers and a review of key policy documents, the research seeks to contribute to understanding how vital HIV services can be preserved amid evolving financial landscapes.

2. Problem Statement

The decline in donor funding directly impacts the sustainability of HIV services in Zimbabwe, triggering multifaceted challenges for healthcare delivery systems [6]. Critical services supported largely by international aid, such as ART provision, counselling, adherence support, and community mobilisation, face reductions in resources, affecting program coverage and quality [7]. As demand for HIV-related services continues to rise with epidemiological needs and treatment scale-up imperatives, resource scarcity constrains the capacity to respond effectively. This underscores the negative ramifications of donor funding flattening on program coverage, signalling increased difficulty for countries like Zimbabwe to meet treatment targets [2]. One of the most severely affected cadres in this funding contraction is social workers. These practitioners encounter intensified workloads as their client loads increase without commensurate staffing or resource augmentation. The reduction in available psychosocial support capacity directly compromises the comprehensive care needed by people living with HIV (PLHIV). Fragmented care pathways emerge when services are curtailed, undermining integrated service delivery and hindering referral systems essential for effective HIV management [8]. Additionally, social workers are vulnerable to burnout due to resource limitations and high demand pressures, which diminish their ability to provide quality care.

Beyond operational challenges, there exists a significant policy gap regarding the institutionalisation and sustainable financing of social work roles within Zimbabwe's national HIV response. Government financing for social work positions remains insufficient, reflecting broader difficulties in incorporating social services formally into health and social protection frameworks. As donor withdrawal looms without reliable domestic alternatives, risks escalate concerning program collapse or service deterioration. Domestic government spending on HIV/AIDS, although showing some positive trends globally, continues to be inadequate in many low- and middle-income countries to fully offset reduced donor aid [5]. This gap highlights the urgent need for strengthened governmental commitment and financing for social work integration.

3. Literature Review

The intersection of social work and HIV care in Zimbabwe presents a critical area of study, particularly in the context of a shrinking donor funding landscape. Zimbabwe has one of the highest HIV prevalence rates in the world, necessitating comprehensive and sustained interventions to support affected individuals and communities. Social workers play a pivotal role in providing essential services, including counselling, health education, and community mobilisation. However, recent trends indicate a decline in international donor funding, which poses significant challenges to the sustainability and effectiveness of HIV care programs. This literature review will explore the current state of social work in HIV care within Zimbabwe, examining the impacts of reduced funding on service delivery and outcomes. It will engage with scholarly perspectives on the challenges faced by social workers, the adaptive strategies employed in response to funding constraints, and the implications for vulnerable populations. By critically analysing existing research, this review aims to highlight the urgent need for innovative solutions and policy support to ensure the continuity of HIV care services in the face of these financial challenges.

3.1 Donor Funding and HIV Response Sustainability

Donor contributions have historically formed the cornerstone of HIV program financing in Zimbabwe and other LMICs, comprising a large share of available resources for treatment, prevention, and community support interventions [9]. Reliance on international aid presents both opportunities and vulnerabilities. Since the early 2000s, Zimbabwe's HIV response has relied heavily on donor funding [10]. Over 75% of HIV-related spending came from external sources, making the country one of the most aid-dependent for HIV programs globally [11]. PEPFAR alone committed more than US\$1 billion to Zimbabwe from 2006 to 2021 [12]. These funds enabled large-scale ART rollouts, behaviour change communication, prevention campaigns, and orphan and vulnerable children (OVC) programming.

However, the COVID-19 pandemic, competing global health crises, and evolving donor priorities have led to flatlined or declining support [13]. For example, in 2021-2022, the Global Fund allocation to Zimbabwe was significantly reduced compared to previous cycles [14]. While donor aid enabled rapid expansion of ART and other services, the sustainability of these gains is questioned due to funding volatility and shifting global priorities. A study that examined the spectrum of alternative financing mechanisms to reduce donor dependence, including earmarked taxes, debt conversions, and insurance schemes, and discussed the enabling factors and risks associated with these options.

[15,16,17]. These alternatives have been variably adopted across countries, illustrating the complexity of financing reforms.

In sub-Saharan Africa, innovative financing instruments have been explored to diversify funding sources. A systematic review of such instruments, ranging from tax-based trusts to debt swap agreements, and their modest but potentially scalable contributions to HIV financing [18,19]. While promising, these mechanisms remain supplementary without delivering substantial financial relief to fill gaps left by donor reductions.

The decline in donor funding often precipitates service disruptions, particularly in counselling and psychosocial support programs. Research has demonstrated how the COVID-19 pandemic-induced economic recession disproportionately affected HIV financing, resulting in programmatic interruptions that risk reversing gains made in treatment adherence and prevention efforts [20,7]. Similarly, the vulnerability of Nigeria's HIV response to economic shocks and stress highlights the critical need for proactive measures to safeguard funding amidst crises [20].

Amid shrinking budgets, social work and community-level interventions have proven essential to maintaining HIV care continuity. Studies have revealed the critical role of peer-led community-based programs in supporting ART adherence and retention, emphasising their cost-effectiveness and sustainability [21,11]. The Zvandiri program in Zimbabwe exemplifies such an approach. In the same vein, this differentiated service delivery model integrates trained adolescents living with HIV into service provision, leveraging peer support to improve outcomes at scale [11,2]. These approaches underscore the need to embed social work and community engagement firmly within HIV responses as essential pillars.

3.2 Social Work and HIV

Social work plays an essential role in holistic HIV care, particularly in psychosocial support, stigma reduction, adherence counselling, and community empowerment [21]. In the Zimbabwean context, social workers also facilitate support groups, school reintegration for affected children, and linkages to economic strengthening programs for caregivers [22]. Despite this, social work remains under-recognised in the formal health system. Funding for social workers is often donor-driven and project-based, which leaves many roles unsustainable once donor support ends [16].

3.3 Shrinking donor support: Implications

The issue of shrinking donor support for HIV care in Zimbabwe is emblematic of broader challenges faced by developing countries in the wake of fluctuating international aid. As donor funding declines, the implications for social work and HIV care become increasingly critical, affecting service delivery, program sustainability, and the health outcomes of vulnerable populations. A significant body of literature highlights the dependence of HIV programs in developing countries on international donor funding. For example, in Zimbabwe, approximately 90% of HIV-related services are funded through external sources [12]. This heavy reliance makes programs vulnerable to budget cuts and policy shifts in donor countries. In contrast, donor funding has been essential; it has also led to a lack of local ownership and accountability, which undermines long-term sustainability [13,15]. Research from other developing countries, such as Uganda, supports these findings. A reduction in donor support led to significant service disruptions, highlighting how programs struggled to adapt without adequate financial resources [21]. This pattern underscores a pervasive concern that as donor support dwindles, HIV care services may become less accessible, particularly for marginalised groups.

The implications of shrinking donor support extend beyond the immediate operational challenges faced by organisations; they significantly impact the health and well-being of vulnerable populations. Reduced funding often leads to the scaling back of essential services, such as antiretroviral therapy (ART) and counselling, which are vital for maintaining health outcomes for people living with HIV [16]. This is echoed in a study from Tanzania, where a funding shortfall resulted in a notable increase in treatment interruptions among HIV patients [22,8]. On the contrary, some studies suggest that community-led initiatives can partially offset the negative impacts of funding cuts. For example, grassroots organisations in Zimbabwe have successfully mobilised local resources and created peer support networks, enhancing service delivery despite reduced funding [18]. This highlights a potential pathway for resilience in the face of financial challenges.

4. Theoretical Framework

The conceptualisation of social work within the broader health systems strengthening agenda situates it as a core component of integrated service delivery. The advancement of sustainable HIV services through primary healthcare integration, emphasising resource investment, infrastructure improvements, and the harmonisation of social and health services, is believed to be instrumental [5]. Social work functions at this intersection, addressing social determinants of health and facilitating linkage to care and social protection. Innovation and resilience theories provide lenses to comprehend social workers' adaptive responses amidst resource constraints. Sustained investment in community cadres and peer supporters is regarded as foundational for resilient HIV systems [12]. The capacity of social workers and communities to leverage informal networks, innovate service delivery, and advocate for resources epitomises health system resilience. These theoretical perspectives frame the understanding of how social work contributes to sustaining HIV care in the face of shrinking external funding.

5. Methodology

To explore the role of social work in cushioning the impact of donor funding reductions on HIV service delivery in Zimbabwe, a qualitative research design was adopted. This approach is most appropriate for capturing the lived experiences, contextual challenges, and professional adaptations of frontline social workers, providing depth and nuance beyond quantitative data. Data collection centred on in-depth, semi-structured interviews with purposively sampled 12 social workers engaged in HIV programming. Inclusion criteria ensured participants had direct experience with the impacts of changing funding environments on their practice. Interviews sought detailed accounts of workload changes, psychosocial support capacity, professional challenges, client outcomes, and adaptive strategies. Complementing empirical data, key policy documents and donor funding reports (Zimbabwe's National HIV Strategic Plan (2021-2025), PEPFAR country operational plans, and donor exit assessments) were systematically analysed to situate frontline experiences within the broader structural and policy context. This triangulation enhanced the study's validity and provided insights into national commitments and strategic orientations relating to social work and HIV care.

Transcribed interviews and policy documents underwent thematic content analysis to identify recurrent patterns, concepts, and divergences. Coding procedures aligned with analytical objectives, categorising findings around the impacts of funding shortages, social worker adaptive responses, and policy enablers or barriers. Multiple validation strategies were employed. Triangulation across data sources reduced risks of bias and enriched interpretations. Peer debriefing sessions within the research team and member checking with select participants ensured the credibility and resonance of emergent themes.

6. Findings

The findings that were gathered were presented and analysed pointing how shrinking donor funding affected social work practice. Interviews with 12 participants and review of key documents informed the analysis section.

6.1 Impact of shrinking donor funding

Social workers reported a significant escalation in workload, managing expanding caseloads without parallel increases in staffing or resources. This overstretching adversely affected the quality and reach of psychosocial support services. The reduction in available time and resources for individualized counseling, support groups, and community engagement compromised responsiveness to clients' complex needs.

The shrinking donor funding has hit us hard. We're seeing more clients than ever, but with fewer resources. It's a constant struggle to provide the level of care they deserve. I'm often working overtime just to keep up with the caseload (Participant 1).

We used to have dedicated programs for specific needs, like psychosocial support groups for newly diagnosed individuals. Now, those groups are less frequent, and the individual counselling sessions are shorter. We're forced to prioritise, which means some clients don't get the attention they need (Participant 4).

The paperwork has increased as we try to account for every penny. This takes away from our time with clients. We are spending more time trying to secure funding and less time providing support (Participant 11).

Overall, these findings reveal a systemic crisis in the provision of HIV care services, where financial constraints are leading to diminished service quality and a potential increase in unmet client needs. This situation calls for urgent attention to address funding issues and support the social work workforce to ensure that vulnerable populations receive the care they need.

The study participants (9 out of 12) revealed that diminished scope and quality of psychosocial and community care were also manifested in reduced frequency and effectiveness of support group activities, key to fostering adherence and mitigating stigma. Integrated service delivery models linking HIV care with social welfare programs suffered disruptions, fragmenting pathways essential for holistic care as revealed by the study participants. Consequently, client care pathways were compromised, with delays and gaps emerging in referral systems and continuity of care. As revealed in the documents that were reviewed, these breakdowns elevated risks for treatment default, increased psychosocial distress, and jeopardised health outcomes for PLHIV. The compounded effect threatened to undermine previous gains achieved through concerted efforts.

6.2 Social Workers' Adaptive Strategies

In response to constrained resources, the study found that social workers actively leveraged informal and community support networks. It was obtained that 10 out of 12 interviewed participants highlighted that mobilising family members, peer groups, and community volunteers supplemented formal services, bridging gaps and sustaining client engagement. Peer support initiatives such as Zvandiri demonstrated the effectiveness of harnessing lived experience to empower adherence and retention.

Integration of HIV care within existing social protection systems represented another strategic adaptation. Social workers sought coordination with government social welfare programs, aligning HIV services with broader safety nets to enhance coverage and sustainability. Efforts advanced multi-sectoral collaboration, incorporating health, social protection, and community stakeholders.

The peer support initiatives, such as Zvandiri, have been a game changer for our clients. Seeing someone who has lived through similar experiences empowers them. It not only helps with treatment adherence but also builds a sense of community (Participant 3).

We've had to get creative with the resources we have. By mobilising family members and community volunteers, we've managed to fill in the gaps left by reduced funding. These informal networks are invaluable for maintaining client engagement and support (Participant 8).

Engaging community volunteers has been essential. They bring a level of understanding and empathy that can sometimes be more impactful than formal interventions. It's about creating a holistic support system for our clients (Participant 12).

The findings highlight a strategic and adaptive approach to HIV care in response to resource constraints, emphasising the integration of HIV services within existing social protection systems. By aligning HIV care with broader government social welfare programs, social workers are enhancing both coverage and sustainability. This integration allows for a more comprehensive safety net that addresses the multifaceted needs of clients, ensuring that health services are not isolated but part of a larger framework of support. Additionally, the study found that social workers engaged in advocacy and resource mobilisation, lobbying policymakers for increased domestic funding and formal recognition of social work's critical role in HIV care. Community advocacy campaigns aimed to sustain political and institutional commitment amidst donor withdrawal.

7. Discussion

The findings illuminate significant implications for HIV policy and practice in Zimbabwe. First, the necessity to institutionalise social work roles within the national HIV response is paramount to sustaining care quality amid evolving funding landscapes. The study findings resonate with the experiences in other sub-Saharan African countries. Malawi's Emergency Human Resources Programme exemplifies a comprehensive approach to address workforce shortages imperative for HIV service delivery [3,5,8]. South Africa's implementation of differentiated service delivery models has yielded increased client retention and reduced facility congestion, aligning with Zimbabwean goals for quality care and system efficiency. Kenya's partner notification and index testing programs enhance case finding and linkage to care, demonstrating innovative community-based engagement complementary to clinical services [2].

Contrasting experiences arise from contexts where social work remains informally structured, limiting its efficacy. Variations in donor dependence and domestic financing capacities further differentiate country responses, influencing program adaptability and sustainability [22]. Moreover, the degree of community and peer support integration varies, with some contexts embracing participatory models while others rely heavily on centralised facility-based care [16].

These comparative insights reinforce the necessity of context-specific tailoring of HIV responses. While principles of institutionalising social work, sustainable financing, and community engagement are broadly applicable, local economic, political, and sociocultural conditions profoundly shape implementation outcomes [14,17,23]. Awareness of these nuances is crucial when extrapolating Zimbabwean findings or designing regional policies. Formalising social work functions within health and social protection systems ensures stability and responsiveness. Second, sustainable financing models emphasising domestic resource mobilisation emerge as vital policy priorities [1]. Reliance on unpredictable donor funding threatens service continuity. Critically, effective HIV financing should not occur in isolation but rather be integrated within broader health system investments. Aligning HIV funding streams with primary healthcare and social welfare initiatives cultivates synergies, improving resource use efficiency and addressing systemic bottlenecks [5]. Aligning HIV financing with broader health system strengthening and social welfare investments creates more resilient frameworks.

The integration of HIV care with social protection and community-based models amplifies resilience [3]. Such integration fosters holistic approaches addressing biomedical and social determinants, improving client outcomes. These conclusions resonate with global evidence on the challenges of donor withdrawal, which frequently precipitates service disruptions and compels nations to innovate domestically [4,23]. Zimbabwe's experiences echo those of similar contexts, where community-led, peer-supported care emerges as both effective and sustainable. On the contrary, domestic resource mobilisation strategies lack robust empirical assessments that quantify their impact across diverse settings. The scalability, fidelity, and adaptation requirements of peer-led interventions require further investigation to optimise replication in varied socio-cultural landscapes. Limitations of this study include potential biases inherent in qualitative self-reporting and the specificity of Zimbabwe's context, which may limit generalizability.

8. Conclusion

This study underscores the critical role social work plays in sustaining HIV care amid shrinking donor funding in Zimbabwe. Frontline practitioners navigate heightened workloads, diminished resources, and fragmented systems while innovating to preserve essential services. Their adaptive strategies highlight the value of community engagement, integration with social protection systems, and advocacy for domestic resource commitments.

9. Recommendations

The following recommendations were proffered;

- The government should enhance its investment in social work roles and formal recognition within national HIV frameworks.
- Financing policies must refocus on expanding domestic resource mobilisation while reducing reliance on volatile donor funding streams.
- Integration of HIV care with social protection and community-led models should be scaled up with sufficient supervisory and technical support to improve reach and quality of services.
- Multisectoral collaboration is essential to establish holistic care pathways addressing both biomedical and social determinants of health.
- Aligning HIV financing with broader health system and social welfare investments fosters resilient, efficient, and sustainable program structures capable of withstanding external shocks.
- Programmatically, scaling community-based models such as Zvandiri and strengthening workforce support structures are crucial. Further research is warranted to evaluate the long-term effects of social work institutionalization on HIV program sustainability.
- Sustaining HIV responses amid declining donor aid necessitates multi-sectoral approaches that align financing, service delivery, and community engagement. Increased domestic funding remains a primary pathway to sustainable HIV financing.
- Complementary innovation in financing mechanisms can provide additional leverage while sustained investment in community cadres ensures long-lasting impact.

References

- [1] Murai, T. "Operationalising human rights-based approaches: Experiences of civil society organisations advocating for the rights of men who have sex with men in Zimbabwe." 2023.
- [2] Nyatsanza, S.T. "Towards A Framework For Curbing Corruption In Zimbabwe: The Case Of Zimbabwe Anti-Corruption Commission (ZACC) And The Ministry Of Health & Child Care (MOHCC)." 2023.
- [3] Muriuki, A.M. and Tamarah, M. "The impact of Para-professional social workers and community health care workers in Côte d'Ivoire: contributions to the protection and social support of vulnerable children in a resource-poor country." *Children and youth services review* 67, 2016: 230-237.
- [4] Mawdsley, D.E. *From recipients to donors: emerging powers and the changing development landscape*. Bloomsbury Publishing, 2012.
- [5] Chiwaridzo, O.K.. "Austerity Measures and the Resilience of Zimbabwe's Healthcare System: Challenges and Solutions." *International Journal of Social Determinants of Health and Health Services* 54, no. 4. 2024: 380-395.
- [6] Musuka, G., Tatenda, M.K., and Dzinamarira, T. "Towards a sustainable HIV response: strengthening Zimbabwe's domestic financing for HIV programs amid declining donor support." *Frontiers in Health Services* 5 2025: 1558992.
- [7] Hamisi, R. "The impact of withdrawal of international non-governmental organisations from public health facilities: A case study of Tsholotsho district, Matabeleland North Province, Zimbabwe." 2021.
- [8] Obeagu, Emmanuel Ifeanyi. "Strengthening health systems for effective hiv prevention in Africa: A review."
- [9] Bizimana, R.T. "Enhancing Sustainable HIV/AIDS Funding through Integrated Capacity-Building Programs: A Multi-Stakeholder Policy Development Approach." 2024.
- [10] Garbus, L., and Khumalo-Sakutukwa, G. "HIV/AIDS in Zimbabwe." *AIDS Policy Research Centre, University of California, San Francisco*, 2003: 1-97.
- [11] van Schalkwyk, C., Mahy, M., Johnson, L.F., and Imai-Eaton, J.W., "Updated data and methods for the 2023. UNAIDS HIV estimates." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 95, no. 1S (2024): e1-e4.
- [12] Walker, S. "PEPFAR Spending Types and Reduction in HIV Infection Rates." *medRxiv*, 2022: 2022-11.
- [13] Brown, S. "The impact of COVID-19 on development assistance." *International Journal* 76, no. 1, 2021: 42-54.
- [14] Sabin, M.L. "Global Fund secures \$14.3 billion from donors." *Lancet (London, England)* 400, no. 10358, 2022: 1091.
- [15] Katz, I., Routh, S., Bitran, R., Hulme, A., and Avila, C. "Where will the money come from? Alternative mechanisms to HIV donor funding." *BMC Public Health* 14, no. 1, 2014: 956.
- [16] Chikadzi, V. *Challenges Facing Social Workers in the Public Health Sector in Zimbabwe*. Social Work/Maatskaplike Werk, 53(2), 189-207. 2017.
- [17] Global Fund. *Grant Performance Report: Zimbabwe HIV Grant*. Geneva: Global Fund. 2022.
- [18] Ministry of Health and Child Care (MOHCC). *Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III) 2021-2025*. Harare: Government of Zimbabwe. 2021.
- [19] Mupambireyi, Z., Bernays, S., Bwakura-Dangarembizi, M., & Cowan, F. "I don't feel shy because I will be among others who are just like me": The role of support groups for children on antiretroviral therapy in Zimbabwe. *Children and Youth Services Review*, 45, 106-113. 2014.
- [20] Nyathi, M., & Dzimiri, C. (Financing Public Health in Zimbabwe: Sustainability Challenges in a Post-Donor Environment. *African Journal of Social Work*, 13(1), 45-60. 2023.
- [21] PEPFAR. *Zimbabwe Country Operational Plan COP 2021*. Washington, DC: U.S. Department of State. 2021.
- [22] Tanga, P. T., & Maphosa, F. *The Role of Social Work in Health Care: Bridging the Gaps in HIV Care in Zimbabwe*. *Southern African Journal of Social Work and Social Development*, 31(3), 1-15. 2019.
- [23] UNAIDS. *Global AIDS Update: In Danger*. Geneva: UNAIDS. 2023.