REGIONAL PROFILE

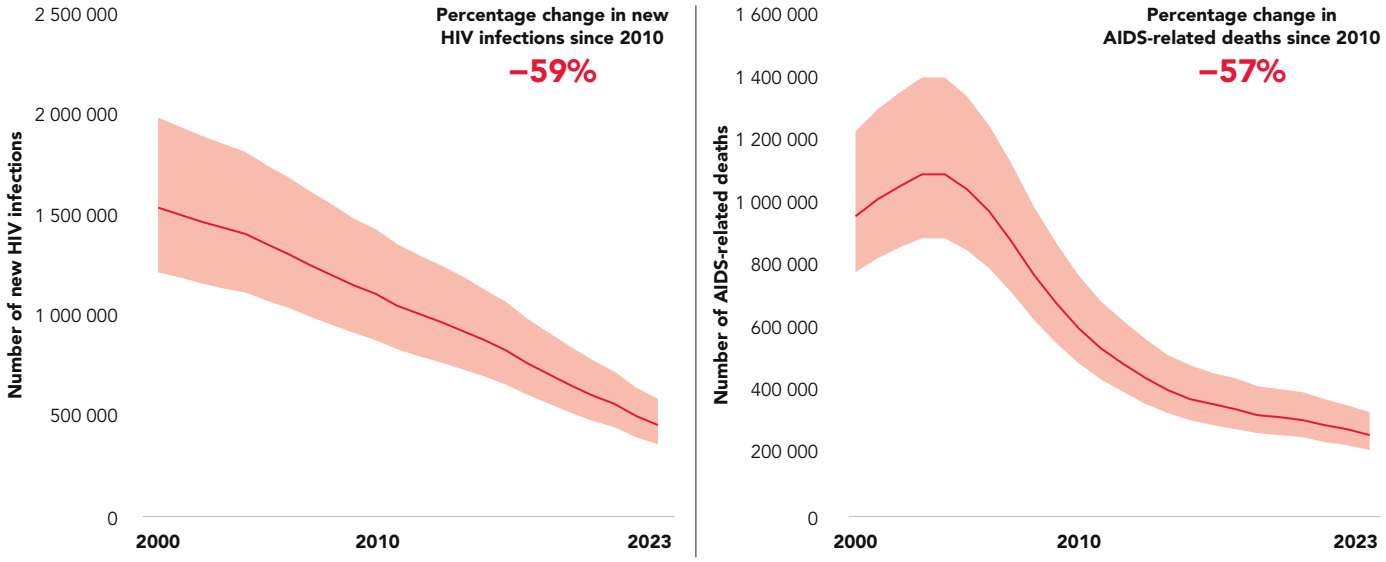
EASTERN AND SOUTHERN AFRICA

There has been major progress in the HIV response in eastern and southern Africa, the region most affected by the HIV pandemic. The annual number of people acquiring HIV fell by 59% from 1.1 million [880 000–1.4 million] to 450 000 [360 000–580 000] between 2010 and 2023. The number of AIDS-related deaths decreased by 57%, from 600 000 [490 000–770 000] to 260 000 [210 000–330 000] between 2010 and 2023 (Figure 13.1).

Despite this overall progress, adolescent girls and young women (aged 15–24 years) still accounted for 27% of new HIV infections and were three times as likely to acquire HIV than their male counterparts. HIV incidence decreased among all key populations from 2010 to 2022 in the region, but at slower rates among gay men and other men who have sex with men and people who inject drugs *(1)* (Figure 13.2). It is essential to prioritize increased investment in intensified and more precise prevention efforts.

Fast declines in numbers of new HIV infections and AIDS-related deaths

Figure 13.1 Numbers of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

2023 DATA

- **59%** decrease in new HIV infections since 2010
- **57%** decrease in AIDS-related deaths since 2010
- People living with HIV: **20.8 million** [19.2 million–23.0 million]
- New HIV infections: **450 000** [360 000–580 000]
- AIDS-related deaths: **260 000** [210 000–330 000]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their status: **93 [75–>98]**
- % of people living with HIV who are on treatment: **83 [68–96]**
- % of people living with HIV who have a suppressed viral load: **78 [72–86]**

Financing the HIV response:

- Resource availability for HIV: **US$ 9.3 billion**

HIV treatment coverage continues to expand. An estimated 84% [68–96%] of the more than 20 million people living with HIV aged 15 years and over were receiving antiretroviral therapy, and an estimated 94% [76–>98%] of those on treatment were virally suppressed. Seven countries (Botswana, Eswatini, Kenya, Malawi, Rwanda, Zambia and Zimbabwe) have already reached the 95–95–95 testing and treatment targets for the general population. At 65% [46–88%], treatment coverage among children continues to be much lower than among adults. Both treatment coverage and outcomes for men still lag behind at 79% [64–91%].

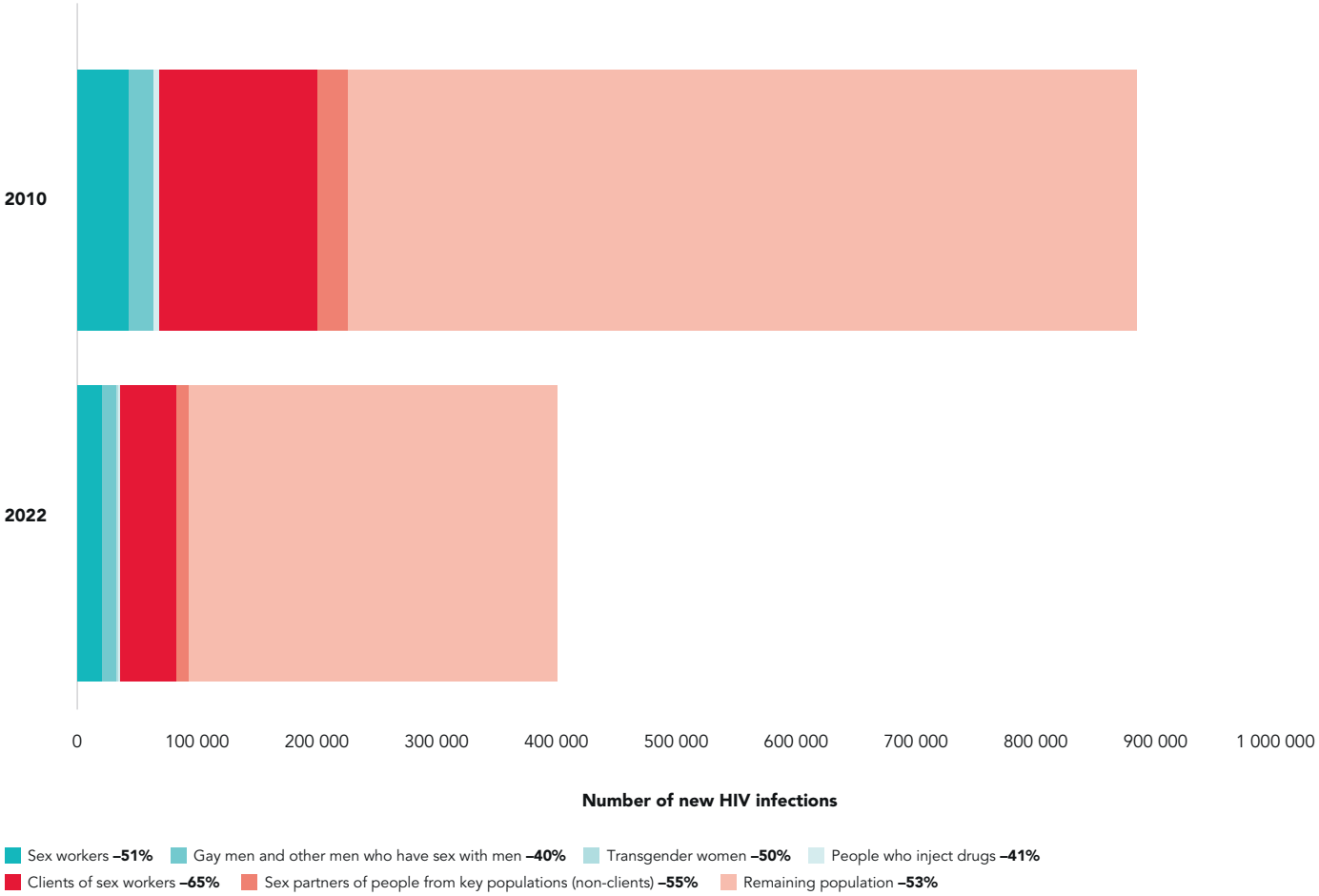
Several countries have achieved steep reductions in their vertical HIV transmission rates. In May 2024, Namibia became the second high-burden country, after Botswana, to be recognized on the path to elimination of vertical transmission of both HIV *(2)*.

Structural barriers—including gender inequalities, poverty and social exclusion—persist and prevent people, especially those from key populations, from realizing their right to health. Most countries in the region maintain laws that criminalize same-sex sexual relations, sex work or drug use. Discriminatory attitudes towards people living with HIV have reduced in some places, such as Eswatini and Rwanda, but they remain widespread in others, such as Comoros and Madagascar *(3)*. Furthermore, a rise in anti-gender and anti-LGBTQI+ rhetoric is putting at risk sexual and reproductive health, HIV and other vital services for women and girls and for people from marginalized communities *(4)*.

Community-led organizations are best placed to provide much-needed HIV treatment and prevention services and broader health and social services to their peers in ways that are acceptable and accessible and address the underlying inequalities that make these very same communities vulnerable to HIV. For example, the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) is a national network that unites people living with, at risk of, or affected by HIV in Kenya. NEPHAK aspires for a nation where affected communities are at the forefront and meaningfully involved in the interventions geared towards an "improved health and well-being of communities" and where their rights are recognized and respected. NEPHAK, in partnership with the Ministry of Health under the differentiated service delivery initiative, established community antiretroviral therapy groups to

More than half of new HIV infections are in the general population

Figure 13.2 Distribution of new HIV infections and percentage change among adults, eastern and southern Africa, 2010 and 2022



Source: Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. J Acquir Immune Defic Syndr. 2024;95(1S):e34–e45.

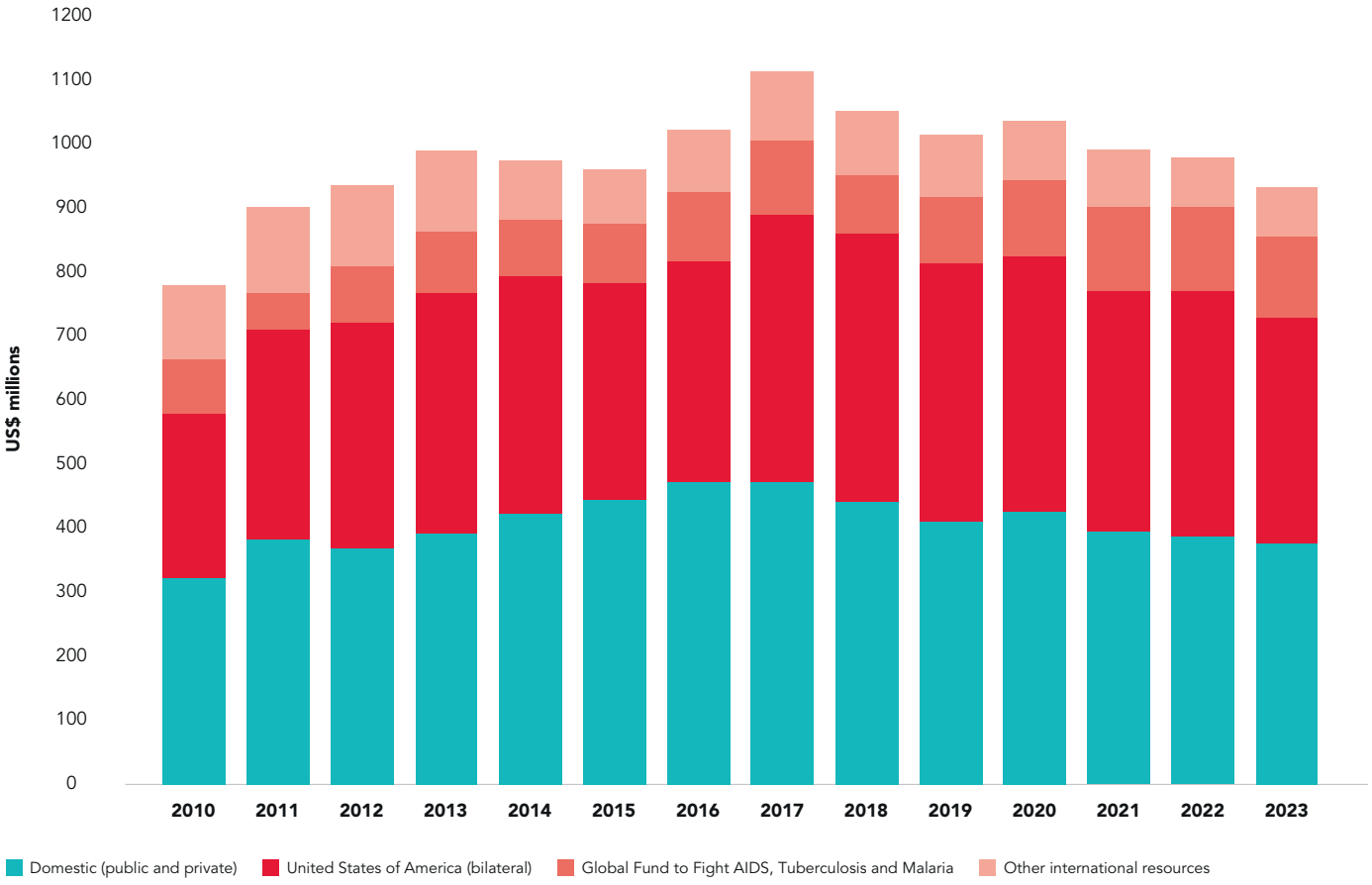
ensure continuity of HIV service uptake and avoid overcrowding in health facilities. People living with HIV operate under a small group led by their peer leader, who interacts with health facilities on behalf of members for collection of antiretroviral medicines and laboratory results for CD4 and viral load testing. Psychosocial support and treatment literacy are provided during community group meetings *(5)*.

In 2023, the total resources allocated for HIV in the region amounted to US$ 9.3 billion, despite a slight decline since 2020 (Figure 13.3). Approximately 40% of the funding is domestically sourced. The United States President's Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria contribute the bulk of external resources. Excluding South Africa, however, the share of domestic funding in the region drops to 25%. HIV prevention programmes absorbed about 11% of total HIV spending, 91% of which was from international sources. The region has been largely successful in increasing antiretroviral therapy coverage, but there is still a gap in spending on HIV prevention to increase the share of spending level to reach 18% of total resource needs for the region by 2025. The current spending

on societal enabler interventions comprised 8% of spending, compared with the estimated need of 12% of all HIV spending by 2025. Overall, there is a need for improved efficiency. To maximize the use of available resources, the region must prioritize and implement processes that enhance allocative and technical efficiency in its programmes. Accelerating and sustaining the progress made in the region requires further investments in data for focused prevention and for community-led responses; reforming harmful laws; and prioritizing human rights and gender equality.

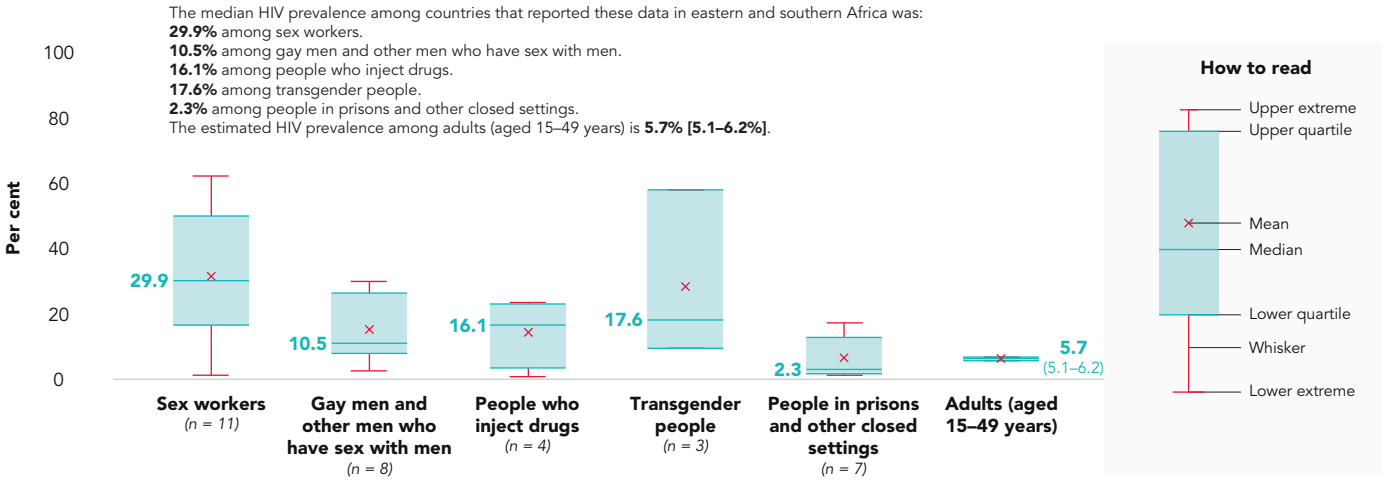
The HIV response in eastern and southern Africa is showing return on investments

Figure 13.3 Resource availability for HIV, eastern and southern Africa, 2010–2023



Source: UNAIDS financial estimates, July, 2024 (http://hivfinancial.unaids.org/hivfinancialdashboards.html).

Figure 13.4 HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in eastern and southern Africa, 2019–2023



Source: Global AIDS Monitoring, 2020–2024; UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).
Note: *n* = number of countries. Total number of reporting countries = 21. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 13.1 Reported estimated size of key populations, eastern and southern Africa, 2019–2023

Country	National adult population (aged 15–49 years) for 2023 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15–49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons and other closed settings	People in prisons and other closed settings as percentage of adult population (aged 15–49 years)
Eswatini	646 000	7100		4000	0.65%						
Kenya	27 162 000	197 100	0.79%					4400			
Malawi	10 689 000	39 000	0.38%	49 800	0.48%					18 300	0.18%
Mauritius	656 000										
Namibia	1 342 000	8500	0.64%							5400	0.41%
Rwanda	7 002 000										
Seychelles	55 000									400	0.76%
South Africa	32 560 000			309 700	0.98%			179 300	0.56%	154 700	0.48%
South Sudan	6 778 000										
Uganda	21 911 000									157 400	0.72%
United Republic of Tanzania	30 009 000	155 800	0.52%	3300		32 000	0.11%				
Zambia	10 094 000			88 400	0.88%	30 000	0.30%			25 300	0.25%
Zimbabwe	8 856 000	70 400	0.80%	23 300						24 000	0.27%
Estimated regional median proportion as percentage of adult population (aged 15–49 years): [a]			0.65%		0.68%		0.12%		0.13%		-

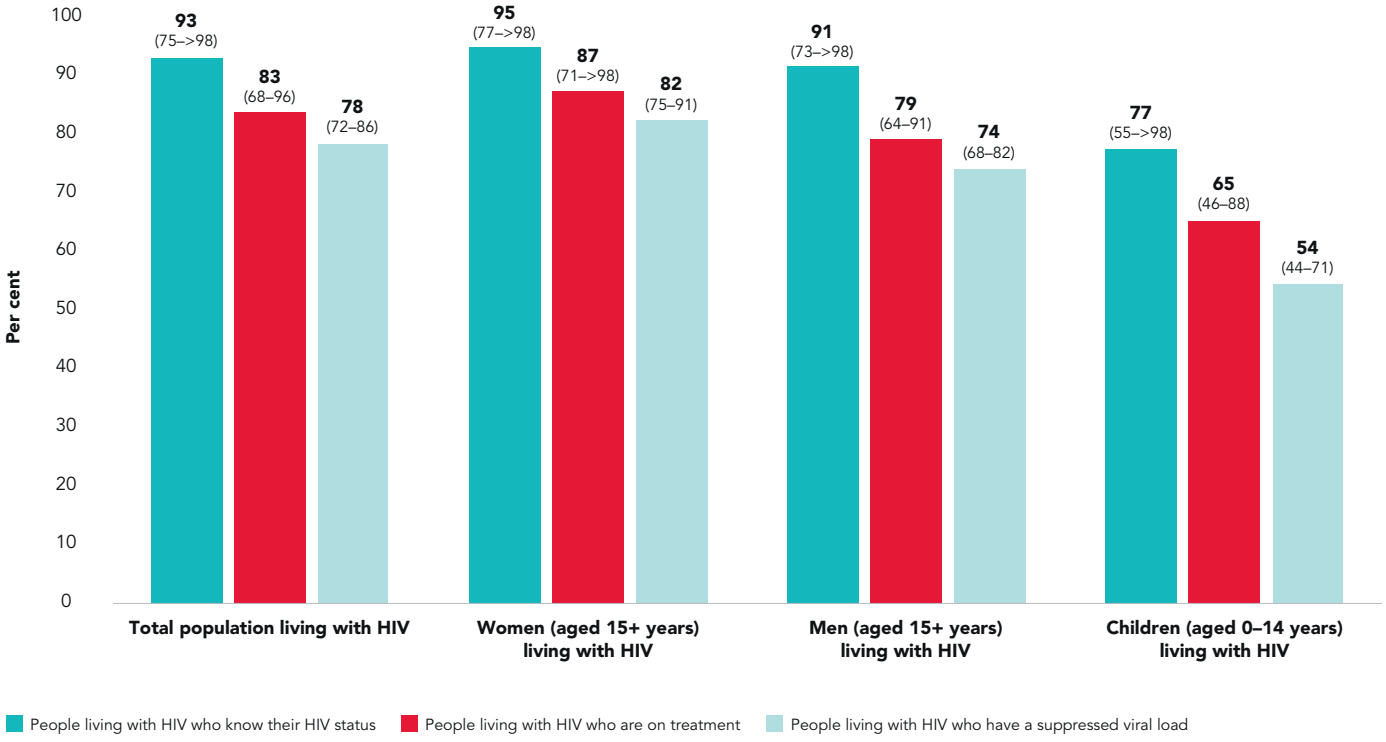
National population size estimate | Local population size estimate | Insufficient data | No data

Source: Global AIDS Monitoring, 2020–2024 (https://aidsinfo.unaids.org/).
Spectrum DemProj module, 2024.
United Nations Population Division, World Population Prospects: The 2022 revision (https://population.un.org/dataportal/home?df=b97292bf-b220-4cce-9978-f1820bb65792).
[a] Guide for updating Spectrum HIV estimates, UNAIDS 2024 (https://hivtools.unaids.org/hiv-estimates-training-material-en/).

Notes: Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications and institutional documents.
The regions covered by the local population size estimates are as follows:
Eswatini: Manzini, Mbabane, Nhlangano, Pigg's Peak, Siteki
Kenya: 47 cities
United Republic of Tanzania: Zanzibar
Zimbabwe: Bulawayo, Harare

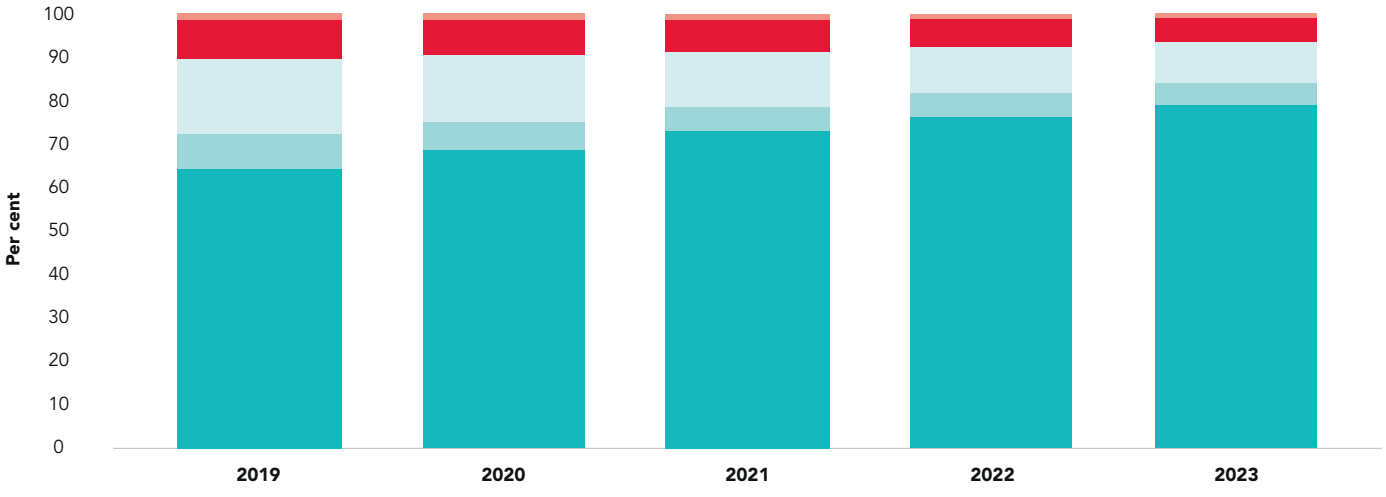
Note on methodology
"The estimated size of key populations refers to reported values through Global AIDS Monitoring since 2019 only. A comprehensive review of the data was conducted during these reporting rounds and therefore estimates should not be compared with data presented in previous UNAIDS reports. As a result of this process, the estimates reported can be categorized as follows:
"National population size estimate" refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale-up method (NSUM) or population-based survey, or respondent-driven sampling–successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear approach to extrapolating to a national estimate.
"Local population size estimate" refers to estimates that are empirically derived using one of the before mentioned methods but only for a subnational group of sites that are insufficient for national extrapolation.
"Insufficient data" refers to estimates derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national."

Figure 13.5 HIV testing and treatment cascade, by age and sex, eastern and southern Africa, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Figure 13.6 Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), eastern and southern Africa, 2019–2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Table 13.2 Laws and policies scorecard, eastern and southern Africa, 2024

Country	Criminalization of transgender people[a]	Criminalization of sex work[b]	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs[c]	Laws criminalizing HIV nondisclosure, exposure or transmission[d]	Laws or policies restricting the entry, stay and residence of people living with HIV[e]	Parental or guardian consent for adolescents to access HIV testing
Angola	48	6	13	22	2	5	31
Botswana	7	3	3	4	2	5	32
Comoros	2	2	2	3	2	5	3
Eritrea		2	2	23	24	5	
Eswatini	2	8	2	2	2	5	33
Ethiopia	1	9	14	1	25	5	34
Kenya	2	2	15	2	3	5	35
Lesotho	1	10	16	1	1	5	36
Madagascar		11	3	3	3	5	3,37
Malawi	1	1	17	1	1	5	1,38
Mauritius		4	13	4	26	5	1,39
Mozambique	7	4	13	4	4	5	40
Namibia	1	1	18	1	27	5	1,41
Rwanda	1	12	1	1	28	5	1,42
Seychelles	1	2	1	1	1	5	1
South Africa	1	1	1	1	1	5	43
South Sudan		2	19	2	2	5	3,44
Uganda	1	1	20	1	29	5	45
United Republic of Tanzania	1	1	1	1	1	5	1,46
Zambia	1	1	21	1	1	5	3
Zimbabwe	2	2	2	2	30	5	47

Criminalization of transgender people

- Yes
- No
- Data not available

Criminalization of sex work

- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations or is not criminalized
- Data not available

Criminalization of same-sex sexual acts in private

- Death penalty
- Imprisonment (14 years–life, up to 14 years) or no penalty specified
- No

Criminalization of possession of small amounts of drugs

- Yes
- No
- Data not available

Laws criminalizing HIV nondisclosure, exposure or transmission

- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

Laws or policies restricting the entry, stay and residence of people living with HIV

- Deport, prohibit short and/or long stay, and require HIV testing or disclosure for some permits
- Prohibit short and/or long stay and require HIV testing or disclosure for some permits
- Require HIV testing or disclosure for some permits
- No restrictions

Parental or guardian consent for adolescents to access HIV testing

- Yes, for adolescents aged 17–18 years
- Yes, for adolescents aged 15–16 years
- Yes, for adolescents aged 13–14 years
- Yes, for adolescents aged 12 years or younger
- Not addressed in laws or policy
- Data not available

Country	Mandatory HIV testing for marriage, work or residence permits or for people from certain groups	Laws protecting against discrimination on the basis of HIV status	Constitutional or other nondiscrimination provisions for sex work[b]	Constitutional or other nondiscrimination provisions for sexual orientation[e]	Constitutional or other nondiscrimination provisions for gender identity[e]	Constitutional or other nondiscrimination provisions for people who inject drugs[e]
Angola	1					4
Botswana	4		3	3	3	3
Comoros	2		3	3	3	3
Eritrea	2					
Eswatini	2	2	2	2	2	2
Ethiopia	1	1		1	1	1
Kenya	2	2	2	3	2	2
Lesotho	1	1	1	1	1	1
Madagascar	3	2	3	3	3	2
Malawi	1	1	3	3	2	2
Mauritius	4					4
Mozambique	1					4
Namibia	1	1	1	1	1	4
Rwanda	1	1	1	1	1	1
Seychelles	2	1	1	1	1	1
South Africa	1	1	1	1	1	1
South Sudan	2	2			2	4
Uganda	1	1	1	1	1	1
United Republic of Tanzania	1	1	1	1	1	1
Zambia	1	1	1	1	1	1
Zimbabwe	1	1	1	1	1	1

Mandatory HIV testing for marriage, work or residence permits or for people from certain groups

- Yes
- No
- Data not available

Laws protecting against discrimination on the basis of HIV status

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sex work

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sexual orientation

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for gender identity

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for people who inject drugs

- No
- Yes
- Data not available

a Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expresssion, such as laws against cross-dressing or impersonating the opposite sex.

b Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.

c Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.

d HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.

e Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV criminalization laws.

Source:

1 National Commitments and Policy Instrument, 2024 (http://lawsandpolicies.unaids.org/).
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17 Penal Code Chapter 7:01, Section 153 (https://database.ilga.org/api/downloader/download/1/MW%20-%20LEG%20-%20Penal%20Code%20(1930-2014)%20-%20OR(en).pdf).
18 Namibia: Dausab v The Minister of Justice (HC-MD-CIV-MOT-GEN-2022/00279) NAHCMD 331 (21 June 2024) – (https://www.humandignitytrust.org/wp-content/uploads/resources/Judgment.pdf).
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30 Marriages Act, 2022 (https://www.veritaszim.net/sites/veritas_d/files/MARRIAGES%20ACT%20%20No.%201%20of%202022.pdf); and Criminal Law (Codification and Reform) Act, Article 79 (https://www.jsc.org.zw/upload/Acts/2017/0923updated.pdf).
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