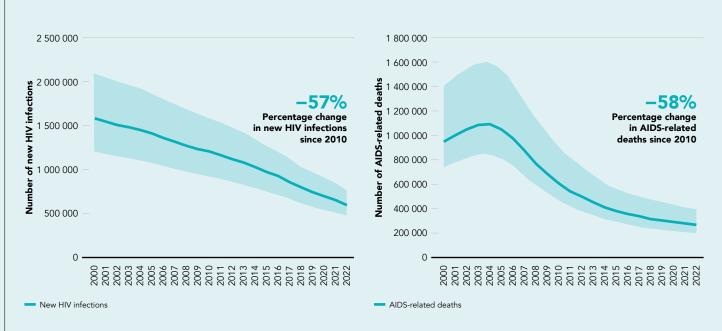
Eastern and southern Africa



Eastern and southern Africa, the region most heavily impacted by HIV, has made significant progress in reducing numbers of new HIV infections and AIDS-related deaths (Figure 6.1). The decline in incidence differs markedly between countries and populations, however, and the overall decline is not yet rapid enough to achieve the 2025 targets.

HIV incidence among women and girls has reduced by 65% since 2010. Women aged 15 years and over, however, still accounted for 61% of all people living with HIV in the region in 2022, with adolescent girls and young women aged 15–24 years at inordinate risk of HIV infection. Many adolescent girls and young girls lack sufficient decision-making power about their sexual relations, contraceptive use and health care.

Figure 6.1 Numbers of new annual HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (https://aidsinfo.unaids.org/).

2022 DATA

- **57%** decrease in new HIV infections since 2010
- 58% decrease in AIDS-related deaths since 2010
- People living with HIV:

20.8 million [17.4 million-24.5 million]

- New HIV infections:
 - 500 000 [370 000-670 000]
- AIDS-related deaths:260 000 [200 000–370 000]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their HIV status:92 [77->98]
- % of people living with HIV who are on treatment:83 [69–97]
- % of people living with HIV who are virally suppressed: **77** [65–91]

Financing of the HIV response:

Resource availability for HIV:
 US\$ 9.8 billion

As well as ensuring access to effective HIV prevention tools and services, programmes must address the underlying gender and other inequalities that generate this high risk among adolescent girls and young women, including through prevention of gender-based violence and increasing access to good-quality comprehensive sexuality education and sexual and reproductive health services. Reducing the vulnerability of women and girls also requires strong and resilient social protection systems that effectively meet the needs of women and girls, who are most heavily affected by economic shocks and other emergencies.

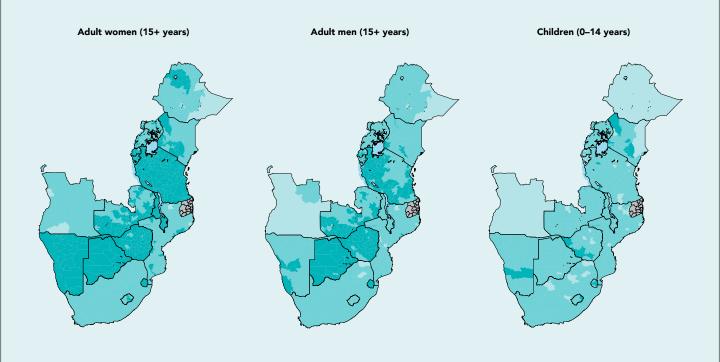
Numbers of new HIV infections have levelled off in South Sudan but increased in Madagascar. HIV incidence has reduced substantially (by 73% since 2010) among adult men aged 15–49 years, but it is not declining among gay men and other men who have sex with men (1). Greater investment in intensified and more precise prevention efforts is a priority.

The successes of Botswana and Malawi in reducing their vertical HIV transmission rates by 83% and 74%, respectively, offer inspiration and practical lessons. Strong partnerships with other health programmes (e.g. child immunization, sexual and reproductive health services) and community engagement can ensure all pregnant women are screened for HIV and syphilis, and that the children of women living with HIV are reached with HIV services.

In the region, HIV treatment coverage continues to expand, with 83% of people aged 15 years and over living with HIV on antiretroviral therapy in 2022. An estimated 93% of people receiving treatment were virally suppressed—roughly the same level as in Europe and North America. Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe have achieved the 95–95–95 targets overall, although coverage lags in several other countries.

The achievements are shadowed by low coverage of treatment among children (64% in the region overall). Coverage among adult men (78%) is significantly lower than among adult women (86%) (Figure 6.2). People from key populations are not benefiting equally from the rollout of treatment. Disaggregated data can be used more effectively to identify populations that are being missed. Stronger action against stigma and discrimination, including at health-care facilities, can increase access to and use of testing and treatment services.

Figure 6.2 Antiretroviral treatment coverage among children (0–14 years), adult men and adult women (aged 15+ years), subnational levels, eastern and southern Africa, 2022



Antiretroviral therapy coverage (per cent)

<50

50–89 >=90

No data available

Source: UNAIDS epidemiological estimates, 2023.

Note: analysis available for 16 countries in eastern and southern Africa with required data at the subnational level. Countries in the region not included are Comoros, Eritrea, Madagascar, Mauritius, Seychelles and South Sudan.

Figure 6.3 HIV prevalence among key populations compared with adults (aged 15-49 years), reporting countries in eastern and southern Africa, 2018–2022



Sources: UNAIDS Global AIDS Monitoring, 2023; UNAIDS epidemiological estimates, 2023 (https://aidsinfo.unaids.org/).

Notes: 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.

> The majority of countries in the region retain laws that criminalize samesex sexual relations, sex work or drug use. Together with high levels of stigma and discrimination, those laws block equitable HIV care, particularly for people from key populations. Removal or reform of these laws, in line with public health evidence, would boost the HIV response and the human rights of people from marginalized populations, in particular key populations, who continue to have much higher HIV prevalence than the general population (Figure 6.3).

> Resources available for HIV in eastern and southern Africa in 2022 totalled US\$ 9.8 billion. Botswana, Kenya and South Africa account for a large share of that funding. The rest of the region experienced a 5% funding gap, measured against the 2025 target. In 2022, domestic financing in the region represented 39% of total HIV resources. In light of competing priorities globally and regionally, efficiency gains and political commitment to sustain or increase domestic funding levels are needed.

Table 6.1 Reported estimated size of key populations, eastern and southern Africa, 2018–2022

Country	National adult population (aged 15–49 years) for 2022 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	People in prisons as percentage of adult population (aged 15–49 years)
Comoros (the)	420 000										
Eswatini	640 000	7100		4000							
Kenya	26 400 000	197 000	0.79%					4400			
Lesotho	1 000 000	7500		6100							
Madagascar	14 900 000										
Malawi	10 300 000	39 000	0.38%	49800	0.48%					18 300	0.18%
Namibia	1 300 000	8500	0.64%							5400	0.41%
Rwanda	6 800 000	37 600	0.55%	5900							
Seychelles	55 000									330	0.60%
South Africa	32 200 000	146 000	0.46%	310 000	0.98%			179 000	0.56%	154 700	0.48%
South Sudan	6 600 000										
Uganda	21 200 000										
United Republic of Tanzania	29 000 000										
Zambia	9 800 000			20 100		12 300				25 700	0.26%
Zimbabwe	8 600 000			23 300						20 100	0.25%
Estimated regional n proportion as per ce of adult population (ent		0.39%		0.84%		-		0.57%		-

National population size estimate

Local population size estimate

Insufficient data

No data

Source: UNAIDS Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/); Spectrum DemProj module, 2023;

"Guide for updating Spectrum HIV estimates, UNAIDS 2023 (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhivtools.unaids.org%2Fwp-content%2Fuploads%2F73D-Guide-for-updating-Spectrum-HIV-estimates.docx&wdOrigin=BROWSELINK).

Note 1: Estimates shown are government-provided estimates reported for 2018–2022. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications or institutional documents.

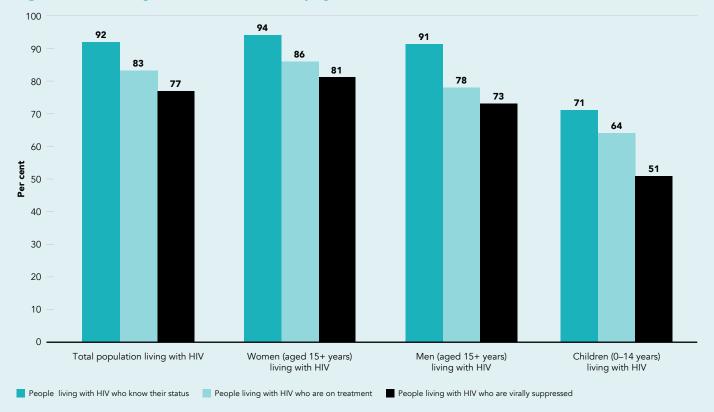
Note 2: The regions covered by the local population size estimate are as follows:
Eswatini: Manzini, Mbabane, Nhlangano, Pigg's Peak and Siteki.

Kenya: 47 cities

Kenya: 47 cities

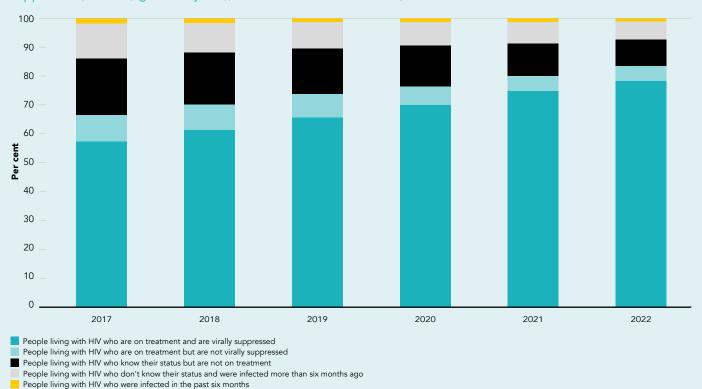
Lesotho: Butha Buthe, Leribe, Mafeteng and Maseru.
Rwanda: Kigali.
Zambia: Sex workers: Lusaka, Kitwe, Livingstone and Solwezi; People who inject drugs: Lusaka, Livingston, and Ndola.
Zimbabwe: Bulawayo and Harare.

Figure 6.4 HIV testing and treatment cascade, by age and sex, eastern and southern Africa, 2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

Figure 6.5 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, 2017–2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

Table 6.2 Laws and policies scorecard, eastern and southern Africa, 2023

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°	Laws criminalizing transmission of, non-disclosure of or exposure to HIV transmission	Laws or policies restricting the entry, stay and residence of people living with HIV ⁴	Parental consent for adolescents to access HIV testing
Angola	3	9	19	8	1		10
Botswana	2	2	2	2	1		2
Comoros	1	1	1	2	1		2
Eritrea		1	1	11	1		
Eswatini	1	12	1	1	1		1
Ethiopia	5	2	2	2	2		29
Kenya	1	1	13	1	2		1
Lesotho	3	16	19	15	3		14
Madagascar	2	17	2	2	2		2
Malawi	1	1	1	1	1		1
Mauritius	3	3	19	3	1		2
Mozambique	3	3	19	3	3		20
Namibia	3	22	21	7	1		23
Rwanda	1	25	1	1	1		24
Seychelles	1	1	1	1	1		1
South Africa	1	1	1	1	1		1
South Sudan	3	1	26	1	1		3
Uganda	1	1	27	1	1		1
United Republic of Tanzania	1	1	1	1	1		6
Zambia	1	28	1	2	1		1
Zimbabwe	1	1	1	1	18		1

Criminalization of transgender people Criminalization of possession of small Laws or policies restricting the entry, stay amounts of drugs and residence of people living with HIV Deport, prohibit short- and/or long-stay Yes No and require HIV testing or disclosure for No some permits Data not available Prohibit short- and/or long-stay and require HIV testing or disclosure for some permits Require HIV testing or disclosure for some permits Data not available Criminalization of sex work Any criminalization or punitive regulation Laws criminalizing transmission of, non-disclosure of sex work of or exposure to HIV transmission No restrictions Sex work is not subject to punitive regulations or is not criminalized No, but prosecutions exist based on general criminal laws Data not available Parental consent for adolescents to access HIV testing Criminalization of same-sex sexual acts in private Data not available No Death penalty Imprisonment (14 years–life, up to 14 years) or no penalty specified Data not available Laws penalizing same-sex sexual acts have been decriminalized or never existed, or no specific legislation

Data not available

Country	Mandatory HIV testing for marriage, work or residence permits or for certain groups	Laws protecting against discrimination on the basis of HIV status	Constitutional or other non-discrimination provisions for sex work⁴	Constitutional or other non-discrimination provisions for sexual orientation⁴	Constitutional or other non-discrimination provisions for gender identity ^d	Constitutional or other non-discrimination provisions for people who inject drugs⁴
Angola	3					3
Botswana	3		30			2
Comoros	1		2	2	2	2
Eritrea	1					
Eswatini	1		1		1	1
Ethiopia	2					5
Kenya	1	1		2	1	
Lesotho	3					3
Madagascar	2		2	2	2	1
Malawi	1					1
Mauritius	3					3
Mozambique	3					3
Namibia	2					3
Rwanda	1		1	1	1	1
Seychelles	1	1	1			1
South Africa	1		1			1
South Sudan	1				1	3
Uganda	1	1	1	1	1	1
United Republic of Tanzania	1	1	1	1	1	1
Zambia	1		1	1	1	1
Zimbabwe	1	1				



Notes: a Laws criminalizing transgender people refers to laws that criminalize the gender expression of transgender and gender diverse people, including laws against cross-dressing or impersonating the opposite sex.

^bCriminalization 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

*Criminalization of sex work refer to criminalization of any aspect of sex work, including buying sexual services, and profiting from organizing or managing sex work.

*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 still considered to criminalize possession of small amounts of drugs, even if use or possession of marijuana has been decriminalized.

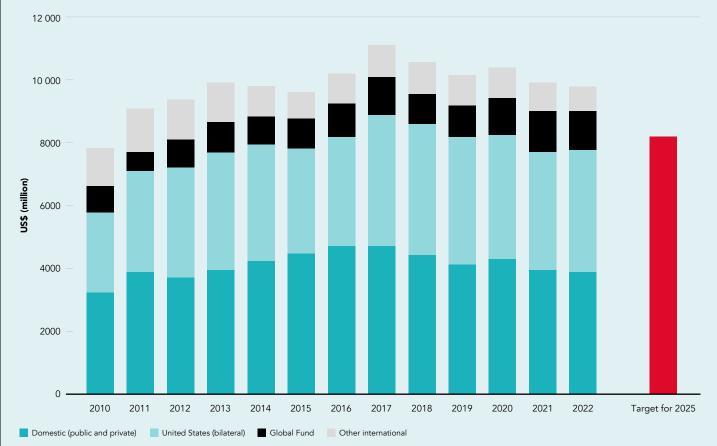
*Constitutional or other non-discrimination provisions refer to whether constitutional prohibitions of discrimination have been interpreted to include discrimination on the grounds of sex work/sexual orientation/gender identity/drug use or dependency by courts and/or government policy, and/or whether there are other legislative non-discrimination provisions specifying sex work/ sexual orientation/gender identity/drug use or dependency.

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Figure 6.6 Resource availability for HIV, eastern and southern Africa, 2010–2022, and estimated resource needs for HIV by 2025



Source: UNAIDS financial estimates and projections, 2023 (http://hivfinancial.unaids.org/hivfinancialdashboards.html); Stover J, Glaubius R, Teng Y, Kelly S, Brown T, Hallett TB et al. Modelling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. PLoS Med. 2021;18(10):e1003831.

Note: the resource estimates are presented in constant 2019 US dollars.

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