UNAIDS 2025

Results in Eastern and Southern Africa

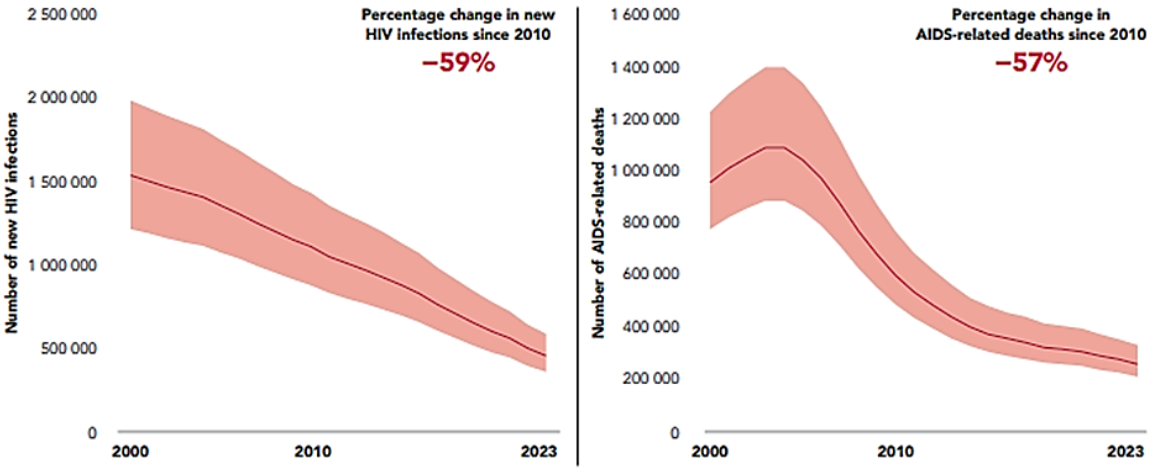
2024 Regional Report

Eastern and southern Africa

19 countries with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

Total expenditures and encumbrances[1] of the Joint Programme (Cosponsors and Secretariat) in 2024: **US$ 126.8 million**

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



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

Selected UBRAF indicators progress in 2024

19 countries received support to scale up combination HIV prevention programmes.

17 countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.

17 countries received support for the incorporation and expansion of community-led HIV responses.

15 countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.

13 countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

10 countries have developed and report implementation of measures advancing full and sustainable HIV financing.

14 countries implement interventions/services for key populations in humanitarian settings.

[1] For more information on budget implementation breakdown, please see the Executive Summary of the 2024 Performance Monitoring Report.

Key results

- *Data-driven HIV combination prevention strategies for targeted interventions to close gaps improved across the region effectively aided by updated prevention scorecards in all countries and the finalization of prevention roadmaps in five countries.*
- *Accelerated action on gender and HIV after the adoption of a landmark Southern African Development Community (SADC) resolution and the Sexual and Reproductive Health and Rights roadmap by the East African Community, and implementation of the "men and boys" frameworks in five countries.*
- *HIV sustainability advanced through the development of roadmaps in 11 countries and capacity- building for sustainability planning in 21 countries.*

UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

The region accelerated evidence-based and targeted approaches to expand HIV prevention, treatment and care services. For example, data-driven HIV combination prevention strategies for targeted interventions to close gaps improved across the region thanks to updated prevention scorecards in all countries and the finalization of prevention roadmaps in five countries. To complement this, regular South-South learning exchange led to improved capacities to strengthen HIV prevention strategies across all countries (UNFPA and Secretariat). Six countries developed evidence-based action plans and technical assistance plans to identify HIV prevention needs and agree on strategies for addressing them (UNICEF, UNDP, UNFPA, WHO and Secretariat). Evidence-based programming was further boosted in Madagascar through resources mobilized to conduct antenatal surveillance, Integrated Biological and Behavioural Surveillance for key populations and key performance indicator surveys (Secretariat, UNICEF, WHO, UNFPA and UNODC). "HeForShe" dialogues reached over 120 000 people in South Africa and promoted community-wide uptake of HIV testing in Malawi. In both countries, men and women engaged through dialogues in places of congregation (taverns, soup kitchens, churches, etc.) and, subsequently, accessed HIV testing and counselling in health clinics or via mobile health teams (UN Women).

The Joint Programme invested in support to advance HIV prevention and treatment programmes for adolescent girls and young women. A regional mapping of "what works for adolescent girls and young women" outlined effective strategies and available financial and technical resources. Malawi and Kenya developed stronger capacity for estimating population sizes of adolescent girls and young women and for developing precision prevention and service packages (UNFPA and Secretariat). HIV data quality, analysis and use improved through capacity-building of 57 government managers (UNICEF and Secretariat). Support to SADC resulted in recommended strategies on climate, HIV and sexual and reproductive health, as well as civil society-recommended resolutions relating to adolescent girls and young women and key populations, which were adopted by SADC Ministers (UNICEF, UNDP, UNFPA, UN Women and Secretariat).

Pre-exposure prophylaxis (PrEP) programming improved in 14 countries and the adoption of effective strategies for scaling up PrEP was accelerated as an outcome of an Africa Regional Learning initiative through the sharing of good practices and government commitment (WHO and UNAIDS Secretariat).

With the Joint Programme support, SADC adopted a HIV/AIDS strategic framework (2025-–030), and HIV Prevention Framework (UNAIDS Secretariat, UNFPA, UNICEF, WHO and ILO) and revised its Strategy on HIV and Key Populations (to be approved*)* (UNDP, Secretariat and UNFPA). To reduce gaps in ensuring that 95% of people know their status, HIV testing services were improved through differentiated service delivery models and the transition to a more effective third-generation HIV test ("HIV test 3") in Botswana, Eswatini, Lesotho and South Africa (WHO and Secretariat).

Four promising practices in condom programme were documented and the community-based "last-mile" condom distribution initiatives were rolled out and included in draft national condom strategies in Malawi, Uganda and Zambia. As a result, these practices are now contributing to evidence-informed programming and guiding future investments in comprehensive HIV prevention efforts (UNFPA and Secretariat). Through the convening support from the Joint Programme, NGOs developed a regional advocacy strategy by and for key populations (UNDP, UNFPA, UN Women, Secretariat and OHCHR). Capacity-building sessions resulted in increased knowledge and skills on condom market programming for adolescent girls and young women and key populations, law enforcement engagement, HIV in prisons and HIV prevention self-evaluation tools (UNFPA, UNODC and Secretariat).

Noticeable progress was made towards eliminating AIDS in children. Namibia achieved milestones on the "Path to Elimination" for HIV (bronze) and hepatitis B (silver); Botswana submitted its maintenance report; and preliminary assessments of programmes to eliminate vertical transmission of HIV were supported in Eswatini, South Africa and Zimbabwe (UNICEF, WHO and Secretariat). The sharing of paediatric case finding was shared as a good practice from the United Republic of Tanzania and guided national scale-up and adaptation in Zimbabwe. Over 5,000 women living with HIV in rural areas accessed cervical cancer screening and received treatment and care in the United Republic of Tanzania, as the network of women living with HIV led efforts to increase awareness and knowledge of the importance of regular cervical cancer screenings among rural women. All women who were diagnosed with early symptoms received treatment and were linked to care (UN Women and WHO).

Partnerships played key roles in advancing HIV prevention in the region. Working with Global Law Enforcement & Public Health Association Inc, AIDS Fonds, Love Alliance, University of Pretoria, and others, the first Africa Regional Harm Reduction Conference issued the "Tshwane Declaration" to strengthen harm reduction programmes (UNODC, WHO and Secretariat).

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

Across the region, key and vulnerable populations faced significant HIV-related human rights violations and sociocultural barriers to access HIV services. The Joint Programme successfully advocated for and led initiatives to address these barriers. Gains were made in expanding and improving community-led monitoring, including the development and piloting of guidance on costing community-led responses in Zimbabwe (UNAIDS Secretariat with Sexual Rights Center and Centre for Sexual Health and HIV/AIDS Research Zimbabwe). To support efforts to initiate social contracting mechanisms as ways to finance community-led responses, case studies from Botswana, Namibia, South Africa and Zimbabwe were documented (Secretariat).

There was improved documentation of HIV-related human rights violations experienced by vulnerable populations, including LGBTQI+ people. Through sustained advocacy, international attention was brought to the forced and coerced sterilization of 104 women living with HIV, culminating in a historic milestone as the United Nations Human Rights Committee formally recognized these acts as torture and gross human rights violations. This was the first global acknowledgment of such abuses and it has set a precedent for accountability, justice and rights-based, non-discriminatory healthcare (UN Women). New strategies led by LGBTQI+ communities helped to elevate advocacy for human rights at the regional and global levels (UNDP, UNFPA, UN Women, OHCHR and Secretariat). An innovation fund for and led by key populations focused on sexual and reproductive health initiatives (UNICEF, UNFPA, WHO and Secretariat). Twelve key population organizations in five countries are now better equipped for “knowing their rights” legal education and advocacy, policy reform and for mitigating barriers in access to HIV care (UNDP and Secretariat). A roadmap and strategy to advance sexual and reproductive health within the East African Community is available (UNFPA, WHO, Secretariat, UNICEF). Awareness was raised among key populations regarding a landmark 2014 decision of African Commission on Human and Peoples’ Rights that affirms the rights of LGBTQI+ persons in Africa (Resolution 275) and the members of the African Intersex Movement members gained better knowledge on resolution 552 and 55 on the rights of intersex persons in Africa and for contributing to reports from intersex people (UNDP and OHCHR).

With the Joint Programme support, the SADC reviewed and adopted a technical update to the Commission on the Status of Women Resolution 60/2 on women, the girl child and HIV (UNFPA, UN Women and Secretariat). Gender assessments in three countries informed national HIV policies and strategies (UNICEF, UNFPA, UN Women, WHO and Secretariat). Increased access to HIV-related commodities and services and the reduction of inequalities are expected following the implementation of the regional men and boys framework in five countries and the development of related action plans in 10 countries (UNFPA, UN Women and Secretariat). Technical support to Rwanda and Malawi resulted in gender-responsive plans and monitoring frameworks. As a result, Malawi’s AIDS coordinating body developed and costed a gender and HIV/AIDS implementation plan 2024–2027 that is fully aligned with its National HIV Strategic Plan (UN Women).

Regional youth-led organizations’ capacities for leadership and advocacy are stronger thanks to the work of the UNITED movement with 300 leaders from 14 countries (UNICEF, UNFPA and Secretariat). The Joint Programme influenced the African Union to adapt the African Union Convention on Ending Violence Against Women and Girls, which will be adopted in 38th Ordinary Session of the Assembly of the African Union Heads of State (UNFPA, UN Women and ILO). In Kenya, United Republic of Tanzania and Zimbabwe, young women increased their leadership capacities to participate in the HIV response through online and in-person feminist leadership workshops and engagement with established women leaders as mentors. In South Africa, young women organized themselves into the Young Women for Life Movement, which has grown to over 3,000 members and reached over 10 000 young women with information about HIV prevention, treatment and care services. The network has expanded to Botswana, Eswatini, Lesotho and Namibia (UN Women).

The Joint Programme continued its support to education of women and girls through the Education Plus initiative, including on policy, legal and normative frameworks aligned to the key components of the programme. Policy and strategic changes in Eswatini, Malawi, the United Republic of Tanzania and Uganda’s school health and sexual and reproductive health policies will positively impact at least 8.6 million adolescent girls aged 15–18 years in those countries. To enhance school-to-work

transitions and economic empowerment of at least 2.2 million adolescent girls and young women in Malawi, the National Strategy for Adolescent Girls and Young Women (2024–2030) and the endorsed National Youth Policy promote an enabling environment for all young people to develop to their full potential and realize their creative and productive capacities, with education as key. In Kenya, religious leaders from 10 mainstream religious institutions committed to address the "Triple Threat" of New HIV infections, sexual and gender-based violence, and teenage pregnancies. In Cameroon, local leaders were capacitated to end harmful practices like child marriage and female genital mutilation (UNFPA, UN Women UNESCO and Secretariat). In Rwanda, a national programme to prevent new HIV infections among adolescent girls and young women was launched, with a monitoring and evaluation framework and a tool to track HIV testing and treatment uptake (UN Women).

A regional workshop involving 18 countries and focusing on the Accelerated Action for the Health of Adolescents Framework resulted in national commitments to adopt a framework for the health and well-being of young people. Additionally, the framework provided an entry point to encourage the implementation of the eastern and southern Africa ministerial commitments (UNICEF, UNFPA, UNESCO, WHO and Secretariat). Other important leadership events, supported by the Joint Programme, contributed to empowering youth for better health, including knowledge of HIV. The Youth Connekt Africa Summit focused on mental health, sexual and reproductive health and youth health workforces (UNFPA and UNICEF), while a regional conference sensitized 300 youth students on HIV and sexual and reproductive health issues (UNFPA, UNESCO and Secretariat). The cost of inaction on sexual and reproductive health for young people was documented to inform evidence-based to make the case for investing in services in Kenya, Rwanda and Uganda (Secretariat). Y+ Global has a stronger capacity for protection from exploitation and abuse, cash transfers and ethical programme implementation. Adolescent and youth-led networks and champions were boosted in South Sudan, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe (through the Joint Strategic Fund) to implement awareness campaigns on sexual and reproductive health, HIV-related service provision, including HIV treatment and advocacy through human stories.

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

Sustainability of the HIV response was advanced through technical and financial support for the development of HIV sustainability roadmaps in 13 countries, and a peer learning workshop on sustainability planning with participants from 21 countries and health financing dialogues in the United Republic of Tanzania and Zimbabwe. Eleven countries have draft sustainability roadmaps (UNICEF, UNDP, UNFPA, World Bank and Secretariat).

Resource tracking was made more efficient through the harmonization of tools for tracking of health resources: national health accounts (WHO), National AIDS Spending Assessments (Secretariat), sexual and reproductive health in Universal Health Coverage and budget tracking (UNFPA) and primary healthcare budget tracking (UNICEF), and strategies for making better use of those data (UNICEF, UNFPA, WHO and Secretariat). Social contracting modalities from four countries were documented to inform financing of community-led responses (UNFPA and Secretariat).

The Joint Programme produced advocacy arguments informed by the cost of inaction studies for increased investment in health, sexual and reproductive health and HIV, including support for development of investment cases in four countries (Mozambique, Lesotho, Rwanda and South Africa) and the development of sexual and reproductive health investment briefs in five countries (UNFPA and Secretariat). In Malawi and Uganda, women living with HIV formed community savings and loan groups, accessed seed capital and training services, and began income-generating activities, thereby improving household nutrition, health outcomes and HIV treatment adherence (UN Women). In Mozambique, over 1,700 young women from displaced communities received skills in information and communication technology, mechanics, carpentry and financial literacy, thus boosting economic opportunities and reducing HIV risk (UN Women).

The Joint Programme supported countries to implement recommendations from the Minimum Initial Service Package Readiness Assessments and Vulnerability Assessments through the 2gether 4 SRHR initiative, enhancing national preparedness and response mechanisms for sexual and reproductive health, HIV, and gender-based violence in humanitarian settings (UNHCR, UNICEF, UNFPA, WHO and Secretariat). There is now effective coordination for HIV in humanitarian responses through a joint action plan of seven UN partners for 2024–2025 with clear priorities and strategies, including for improved access to services and information (UNHCR, WFP and Secretariat). A joint mission to Ethiopia identified data gaps on HIV in humanitarian settings and led to key recommendations and follow-up actions, including the revision of the Inter-Agency Task Team (IATT) guidelines on HIV in emergencies, stronger collective response capacity, and laid the groundwork for improving HIV data collection and integration in humanitarian settings (UNHCR, UNICEF, WFP, UNFPA and Secretariat). The development of the SADC El Nino Drought Appeal also benefited from support (UNICEF, WFP, WHO and Secretariat). Forty Emergency Response Team members at the SADC Humanitarian and Emergency Operation Center gained knowledge on interventions for sexual and reproductive health and gender-based violence vulnerabilities (UNICEF and UNFPA).

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