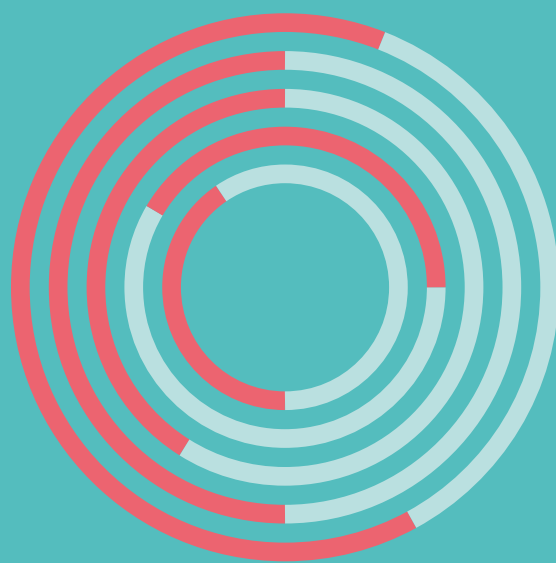


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EASTERN AND SOUTHERN AFRICA



Eastern and southern Africa remains the region most heavily affected by HIV, with 20.6 million [18.9 million–23.0 million] people—54% of all people living with HIV in the world. Substantial regional progress—more than any other region—has been made, however: the number of new HIV infections among all ages declined by 44% from 2010 to 2021 (38% among women versus 52% among men).

The region has also made notable progress in reducing new HIV infections among children: a 61% decline since 2010. Nonetheless, the rate of vertical HIV transmission after breastfeeding is still estimated to be 8.6%. One country in the region, Botswana, is the first high HIV burden country to achieve Silver status on the Path to Elimination of vertical HIV transmission.

Despite this progress, reductions in new HIV infections need to be accelerated for the region to end AIDS as a public health threat by 2030. Regional gains also obscure slower progress in countries such as Madagascar and South Sudan, where new HIV infections have increased since 2010.

Women and girls continue to be disproportionately affected by HIV, accounting for 63% of the region's new HIV infections in 2021. New HIV infections are three times higher among adolescent girls and young women (aged 15 to 24 years) than among males of the same age. Since 2010, the decline in new HIV infection has been much sharper among adolescent boys and young men (56%) than among adolescent girls and young women (42%) or older women (aged 25 to 49 years) (29%). Age of consent laws also impede efforts to ensure that adolescent girls and young women have access to HIV testing and sexual and reproductive health services.

20.6

MILLION

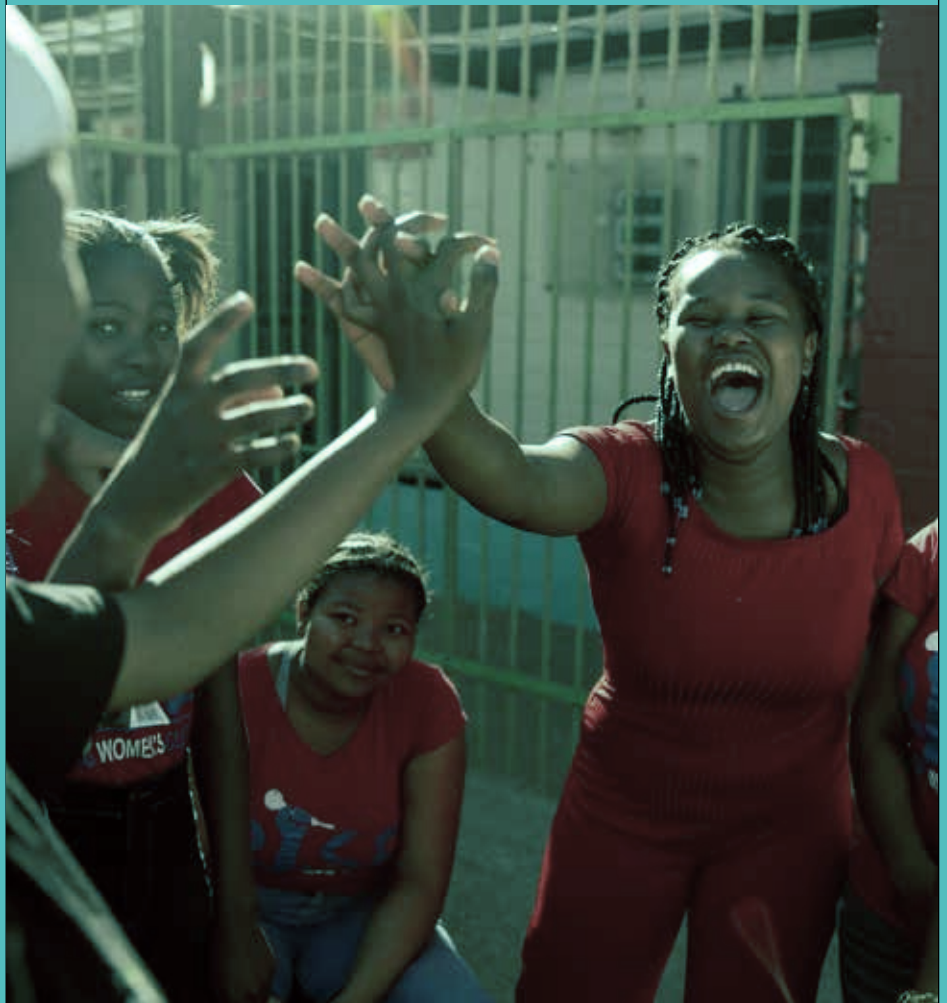
PEOPLE LIVING WITH HIV IN
THE REGION

Eastern and southern Africa is the only region where key populations and their sexual partners comprise less than half of new HIV infections (46% in 2021). However, key populations across the region have a higher relative risk of acquiring HIV than the general population, with sex workers experiencing especially elevated risks. Laws criminalizing key populations in many countries undermine efforts to reach and engage them in national HIV responses.

At least six countries in eastern and southern Africa achieved the 90–90–90 targets for HIV testing and treatment by 2020 (Botswana, Eswatini, Malawi, Rwanda, Zambia and Zimbabwe). Four more countries achieved viral suppression of 73% of people living with HIV by the end of 2020 (Kenya, Namibia, South Africa and Uganda). While many countries have achieved the second and third of the 95–95–95 targets for 2025 (over 95% of people who know their HIV-positive status are accessing treatment and over 95% of people on treatment have suppressed viral loads), the first target of over 95% of people living with HIV knowing their HIV status has not been met by any country in the region. Men are less likely than women to access essential HIV services, underscoring the need for innovative approaches to: (a) ensure service use among men living with or at risk of HIV; (b) improve their health outcomes; and (c) prevent HIV transmission to their sexual partners.

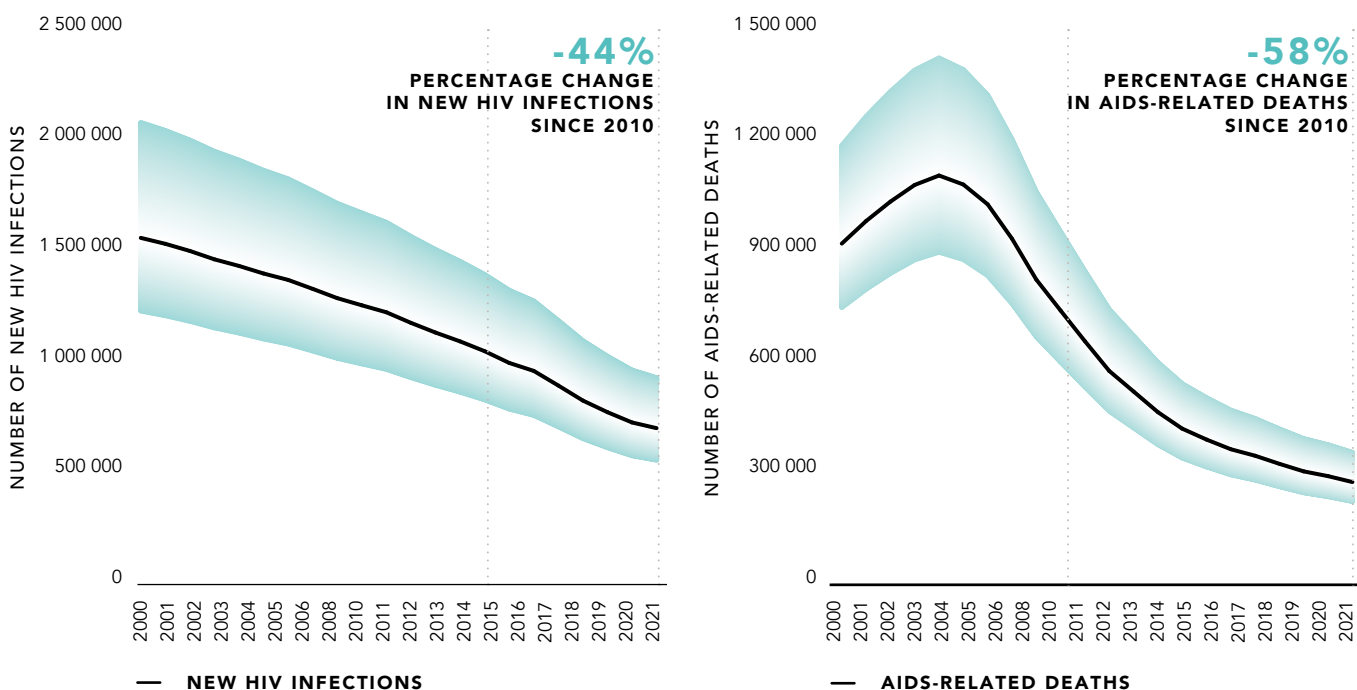
The regional response to HIV faces important challenges, including the lingering effects of the COVID-19 pandemic, which disrupted services and led some countries to reallocate their finite health resources away from the HIV response. Civil unrest, drought and flooding also impede HIV service provision and affect the commitment of countries to continue prioritizing the HIV response.

63%

OF THE REGION'S NEW HIV
INFECTIONS IN 2021 WERE
AMONG WOMEN AND GIRLS

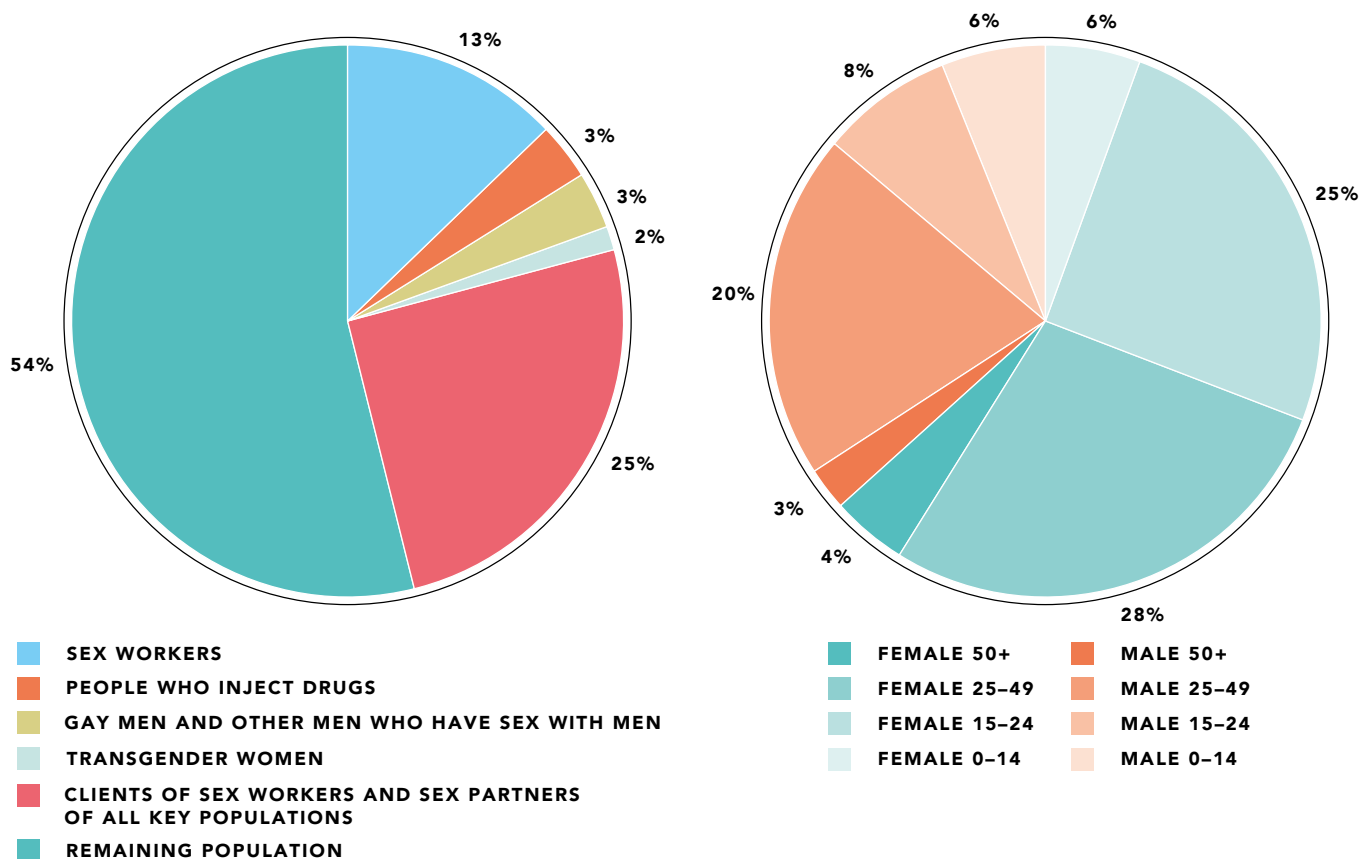
STATE OF THE PANDEMIC

FIGURE 1.1 Number of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2021



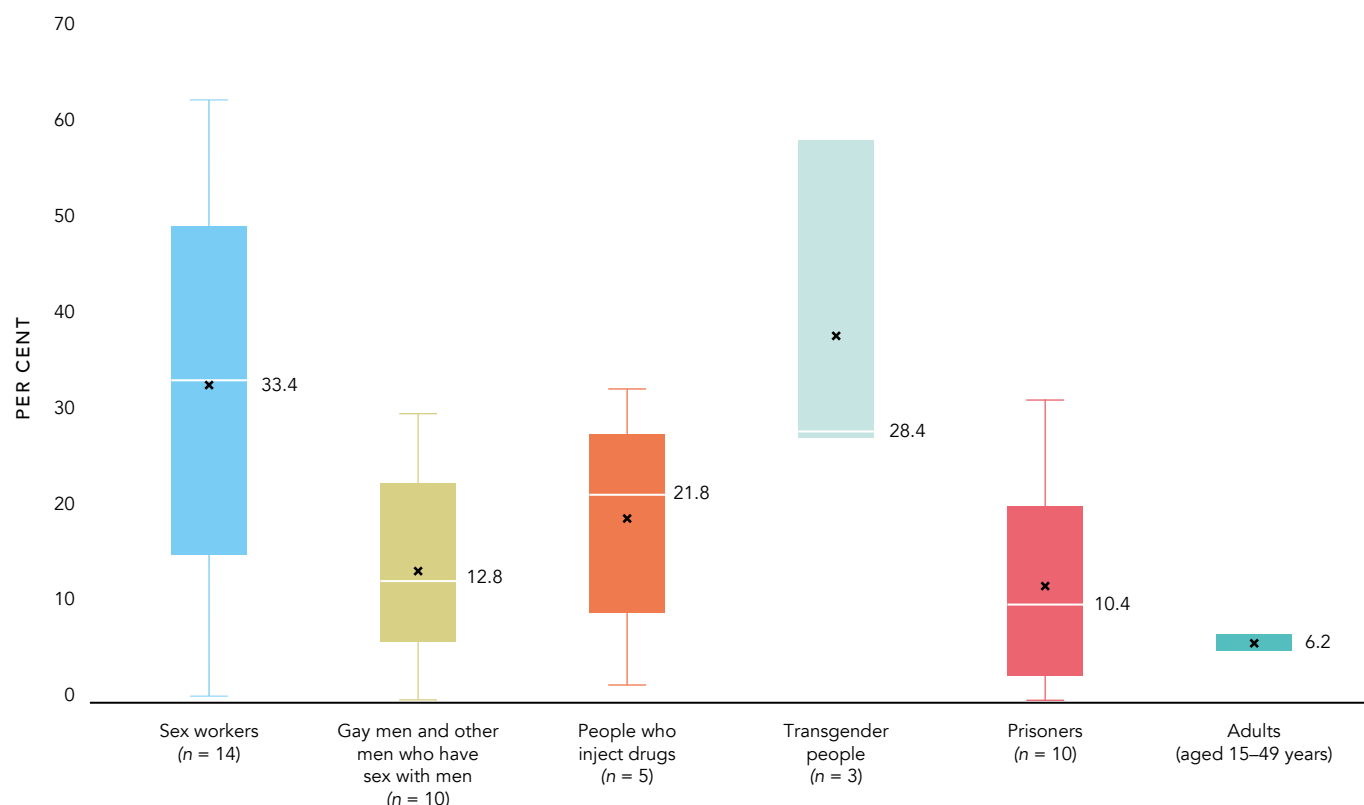
Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

FIGURE 1.2 Distribution of acquisition of new HIV infections by population and sex (aged 15–49 years), eastern and southern Africa, 2021

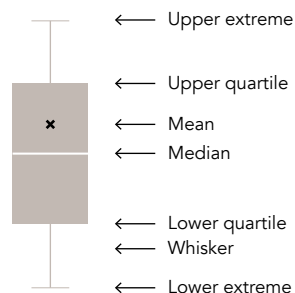


Source: UNAIDS special analysis, 2022 (see Annex on Methods).

FIGURE 1.3 HIV prevalence among key populations, reporting countries in eastern and southern Africa, 2017–2021



How to read?



The median HIV prevalence among countries that reported these data in eastern and southern Africa was:

- 33.4%** among sex workers.
- 12.8%** among gay men and other men who have sex with men.
- 21.8%** among people who inject drugs.
- 28.4%** among transgender people.
- 10.4%** among prisoners.

The estimated HIV prevalence among adults (aged 15–49 years) is **6.2% [5.5–6.9%]**.

Source: UNAIDS Global AIDS Monitoring, 2022; UNAIDS epidemiological estimates, 2022 (<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.

TABLE 1.1 Reported estimated size of key populations, eastern and southern Africa, 2018–2021

	National adult population (aged 15–49 years) for 2021 or relevant year	Sex workers	Sex workers as per cent 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 per cent of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as per cent of adult population (aged 15–49 years)	Transgender people	Transgender people as per cent of adult population (aged 15–49 years)	Prisoners	Prisoners as per cent of adult population (aged 15–49 years)
Comoros	450 000										
Eswatini	600 000	7 100		4 000	0.68%					46 800	7.94%
Kenya	25 700 000	197 000	0.79%					4 400			
Lesotho	1 000 000	7 500		6 100							
Madagascar	14 000 000										
Malawi	9 200 000	36 100	0.41%					1 000		14 200	
Namibia	1 300 000	3 900		2 200							
Rwanda	6 600 000	13 700	0.23%	5 900							
Seychelles	99 000									280	0.29%
South Africa	32 000 000	146 000	0.46%	310 000	0.98%			179 000	0.56%	166 000	0.53%
South Sudan	6 500 000	8 400									
Uganda	20 700 000										
United Republic of Tanzania	28 200 000										
Zambia	10 500 000									22 400	0.21%
Zimbabwe	8 200 000			23 300						20 100	0.25%
Estimated regional median proportion as per cent of adult population (aged 15–49 years)^a:			0.55%	0.73%							

 NATIONAL POPULATION SIZE ESTIMATE	 LOCAL POPULATION SIZE ESTIMATE
 INSUFFICIENT DATA	 NO DATA

^a Quick Start Guide for Spectrum, 2020. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/QuickStartGuide_Spectrum_en.pdf).

Source: UNAIDS Global AIDS Monitoring, 2022 (<https://aidsinfo.unaids.org/>); Spectrum Demproj module, 2022; World population prospects 2019. United Nations Department of Economic and Social Affairs, Population Division; 2019 (custom data acquired via website).

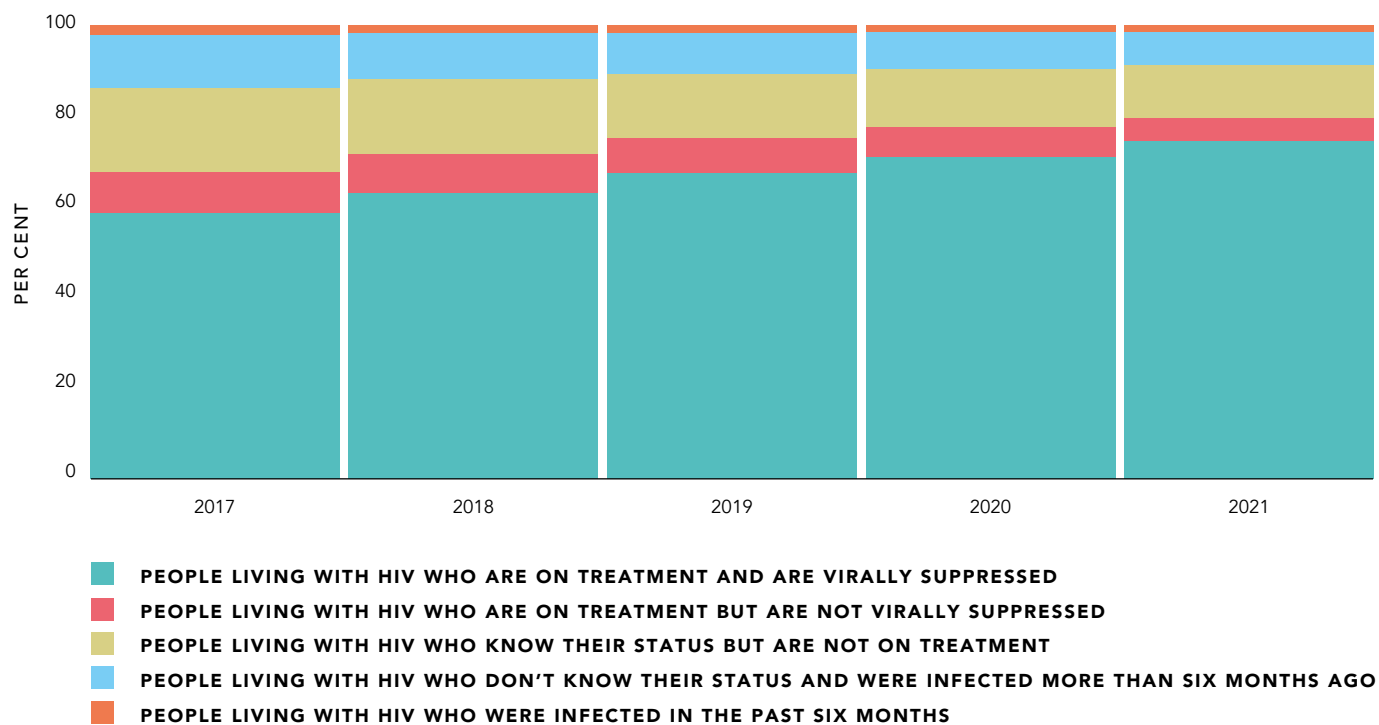
Note: Estimates shown are government-provided estimates reported for 2018–2021. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (<https://kpatlas.unaids.org/>), academic publications or institutional documents.

Note: The regions covered by the local population size estimate are as follows:

- Namibia: Windhoek.
- Lesotho: Butha Buthe, Leribe, Mafeteng and Maseru.
- Malawi (transgender people): Blantyre, Lilongwe, Mzuzu, Chikwawa and Nkhotakota; Blantyre, Chikwawa, Chitipa, Dedza, Karonga, Kasungu, Lilongwe, Mangochi, Mulanje, Mzimba, Mzuzu, Nkhata Bay, Nkhotakota, Ntcheu, Ntchisi, Nsanje, Rumphu, Thyolo and Zomba (prisoners).
- Rwanda: Kigali.
- South Sudan: Wau and Yambio.
- Zimbabwe: Bulawayo and Harare.

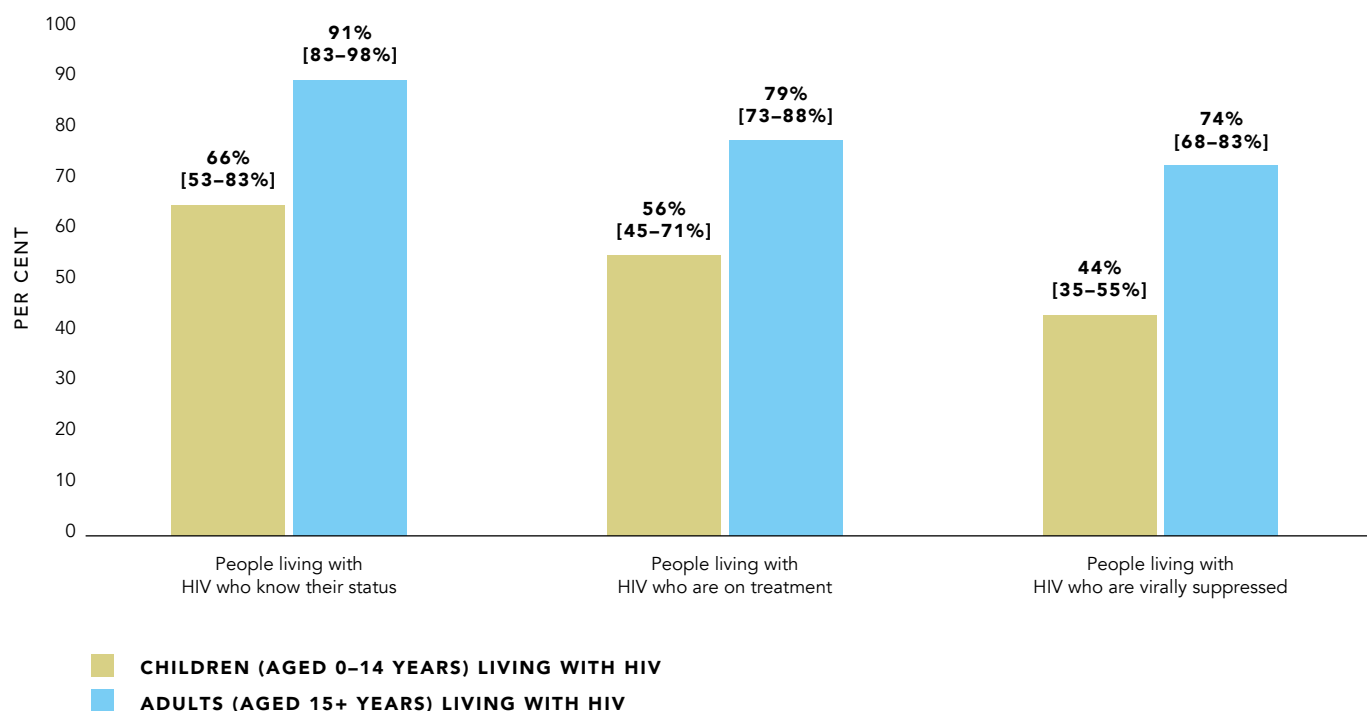
HIV SERVICES

FIGURE 1.4 People living with HIV, people newly infected in the past six months, and HIV testing and treatment cascade, adults (aged 15+ years), eastern and southern Africa, 2017–2021



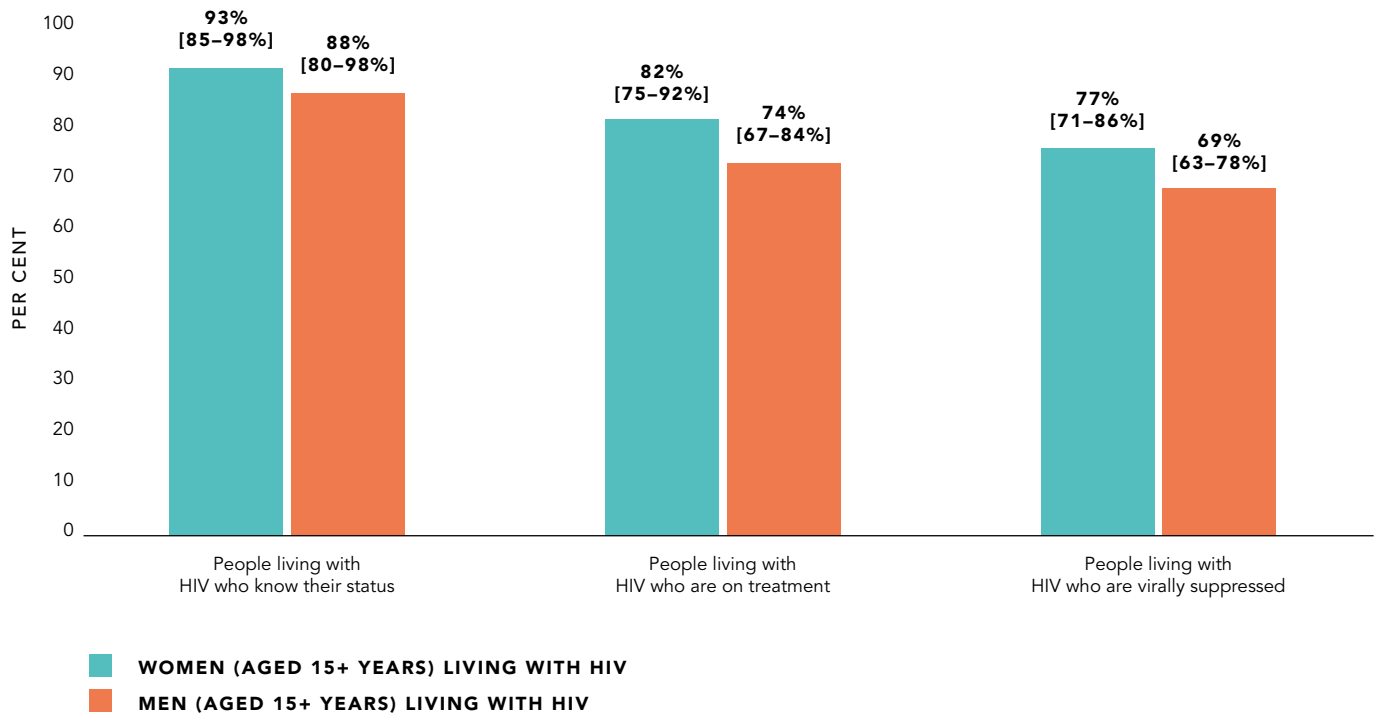
Source: UNAIDS special analysis, 2022.

FIGURE 1.5 HIV testing and treatment cascade, children (aged 0–14 years) compared to adults (aged 15+ years), eastern and southern Africa, 2021



Source: UNAIDS special analysis, 2022.

FIGURE 1.6 HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), eastern and southern Africa, 2021



Source: UNAIDS special analysis, 2022.

LAWS AND POLICIES

TABLE 1.2 Laws and policies scorecard, eastern and southern Africa, 2022

	PUNITIVE LAWS							
	Criminalization of transgender people	Criminalization of sex work	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs	Laws criminalizing the transmission of, non-disclosure of, or exposure to HIV	Laws or policies restricting the entry, stay and residence of people living with HIV ²¹	Parental consent for adolescents to access HIV testing	Mandatory HIV testing for marriage, work or residence permits, or for certain groups
Angola	5	6	13	17	1		22	3
Botswana	2	2	2	2	1		2	3
Comoros	1	1	2	2	1		2	1
Eritrea		1	2	18	1			1
Eswatini	2	7	2	1	1		1	1
Ethiopia	4	3	1	2	2		23	2
Kenya	1	1	14	1	2		1	1
Lesotho	3	8	1	19	3		24	3
Madagascar	2	9	2	2	2		2	2
Malawi	1	1	1	1	1		1	1
Mauritius	3	3	13	3	1		2	3
Mozambique	3	3	1	3	3		25	3
Namibia	3	10	15	20	1		26	2
Rwanda	1	11	1	1	1		27	1
Seychelles	1	1	1	1	1		1	1
South Africa	1	1	1	1	1		1	1
South Sudan	3	1	16	1	1		3	1
Uganda	1	1	1	1	1		1	1
United Republic of Tanzania	1	1	1	1	1		28	1
Zambia	1	12	1	2	1		1	1
Zimbabwe	1	1	1	1	29		1	1

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
- Laws penalizing same-sex sexual acts have been decriminalized or never existed, or no specific legislation
- Data not available

CRIMINALIZATION OF POSSESSION OF SMALL AMOUNTS OF DRUGS

- Yes
- No
- Data not available

LAWS CRIMINALIZING THE TRANSMISSION OF, NON-DISCLOSURE OF OR EXPOSURE TO HIV

- Yes
- No, but 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 CONSENT FOR ADOLESCENTS TO ACCESS HIV TESTING

- Yes
- No
- Data not available

MANDATORY HIV TESTING FOR MARRIAGE, WORK OR RESIDENCE PERMITS, OR FOR CERTAIN GROUPS

- Yes
- No
- Data not available

	PROTECTIVE LAWS				
	Laws protecting against discrimination on the basis of HIV status	Constitutional or other non-discrimination provisions for sex work	Constitutional or other non-discrimination provisions for sexual orientation	Constitutional or other non-discrimination provisions for gender identity	Constitutional or other non-discrimination provisions for people who inject drugs
Angola					3
Botswana	2	2	2	2	2
Comoros		2	2		2
Eritrea					
Eswatini	1	1		1	1
Ethiopia	2				4
Kenya	1	1	2	1	1
Lesotho					3
Madagascar	1	2	2	2	1
Malawi	1	2	2	1	1
Mauritius	3				3
Mozambique	3				3
Namibia	2				3
Rwanda	1	1	1	1	1
Seychelles	1	1	1	1	1
South Africa	1	1	1	1	1
South Sudan	1			1	3
Uganda	1	1	1	1	1
United Republic of Tanzania	1	1	1	1	1
Zambia	1	1	1	1	1
Zimbabwe	1	1	1	1	1

LAWS PROTECTING AGAINST DISCRIMINATION ON THE BASIS OF HIV STATUS

- Yes
- No
- Data not available

CONSTITUTIONAL OR OTHER NON-DISCRIMINATION PROVISIONS FOR SEXUAL ORIENTATION

- Yes
- No
- Data not available

CONSTITUTIONAL OR OTHER NON-DISCRIMINATION PROVISIONS FOR PEOPLE WHO INJECT DRUGS

- Yes
- No
- Data not available

CONSTITUTIONAL OR OTHER NON-DISCRIMINATION PROVISIONS FOR SEX WORK

- Yes
- No
- Data not available

CONSTITUTIONAL OR OTHER NON-DISCRIMINATION PROVISIONS FOR GENDER IDENTITY

- Yes
- No
- Data not available

Note: Constitutional or other non-discrimination provisions refer to whether constitutional prohibitions of discrimination have been interpreted to include sex work, sexual orientation, gender identity or people who use drugs by courts/government policy and/or whether there are other legislative non-discrimination provisions that specify sex work, sexual orientation, gender identity or people who use drugs.

1. UNAIDS National Commitments and Policy Instrument, 2022 (see <http://lawsandpolicies.unaids.org/>).
2. UNAIDS National Commitments and Policy Instrument, 2021 (see <http://lawsandpolicies.unaids.org/>).
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4. UNAIDS National Commitments and Policy Instrument, 2017 (see <http://lawsandpolicies.unaids.org/>).
5. Angola. Código Penal. Article 189 (https://governo.gov.ao/fotos/frontend_1/gov_documentos/novo_codigo_penal_905151145fad02b10cd11.pdf).
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7. Eswatini. Sexual offences and domestic violence Act. 2018. Articles 13–18; Eswatini. Crimes Act 61 of 1889. Article 49 (<http://www.osall.org.za/docs/2011/03/Swaziland-Crimes-Act-61-of-1889.pdf>); National Commitments and Policy Instrument, 2022.
8. Lesotho. Penal Code Act (No. 6 of 2012), 2010. Article 55 (<http://www.wipo.int/edocs/lexdocs/laws/en/ls/ls022en.pdf>).
9. Madagascar. Penal Code Article 334bis sub-section 9 (<http://www.justice.mg/wp-content/uploads/textes/1TEXTES%20NATIONAUX/DROIT%20PRIVE/les%20codes/CODE%20PENAL.pdf>).
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11. Rwanda. Organic Law Instituting the Penal Code. Section 4 (https://sherloc.unodc.org/cld/uploads/res/document/rwa/1999/penal-code-of-rwanda_html/ Penal_Code_of_Rwanda.pdf).
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15. Namibia. Article 299 of the Criminal Procedures Act 2004 ([https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/implementingLaws.xsp?documentId=270C1710ED0A0ECCC12576CE004F3845&action=openDocument&xp_countrySelected=NA&xp_topicSelected=GVAL-992BU6&from=state&SessionID=DYHWPVAPG4#:~:text=Act%20No.,related%20matters%20in%20criminal%20proceedings.&text=The%20Criminal%20Procedure%20Act%20\(Act,Gazette%20on%2024%20December%202004\)](https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/implementingLaws.xsp?documentId=270C1710ED0A0ECCC12576CE004F3845&action=openDocument&xp_countrySelected=NA&xp_topicSelected=GVAL-992BU6&from=state&SessionID=DYHWPVAPG4#:~:text=Act%20No.,related%20matters%20in%20criminal%20proceedings.&text=The%20Criminal%20Procedure%20Act%20(Act,Gazette%20on%2024%20December%202004))).
16. South Sudan. Article 248 of the Penal Code (<https://www.wipo.int/edocs/lexdocs/laws/en/ss/ss014en.pdf>).
17. Angola. Artigo 23 lei sobre o tráfico e consumo de estupefacientes, substâncias psicotrópicas e precursores 1999 (<https://gazettes.africa/archive/ao/1999/ao-government-gazette-dated-1999-08-06-no-32.pdf>).
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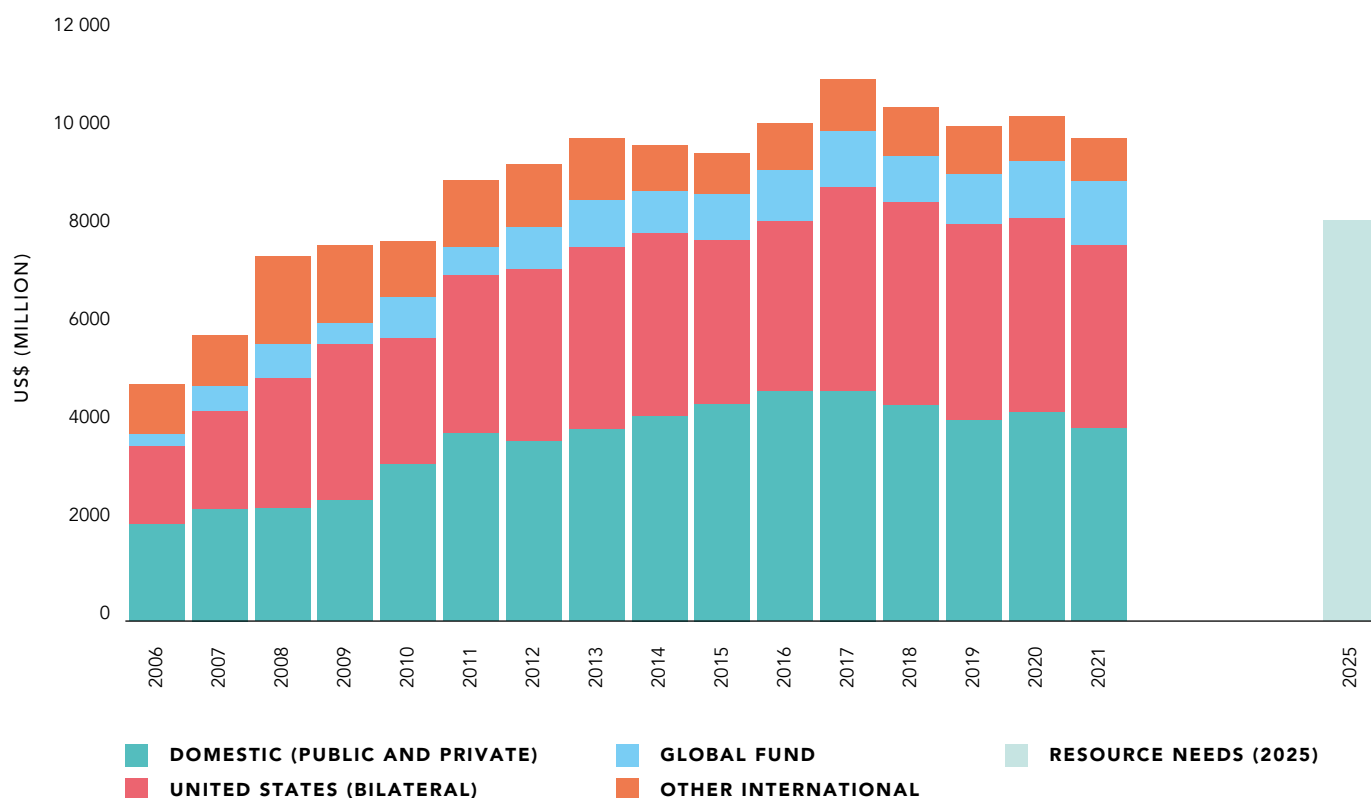
INVESTING TO END AIDS

Eastern and southern Africa has been successful at both mobilizing resources and reducing new infections and AIDS-related mortality. Despite recent increases in annual resources, however, there was a 5% decrease in annual HIV resources in the region in 2021 (Figure 1.7). The United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) contributed 38% and 13% of regional resources, respectively; 40% of resources were mobilized from domestic sources.

Despite success in resource mobilization, the share of domestic resources was 22% of the total. Based on the latest domestic expenditure data, five countries increased domestic public resources for HIV during the last five years, while nine countries decreased government spending. Ten per cent of total HIV resources were allocated to prevention interventions in the region. The share of HIV spending allocated to key populations was very low (2%), and it continues to depend on international resources.

Compared to annual resource needs in 2025, sufficient resources were available in 2021. The region will have to emphasize allocative efficiency for the most efficient interventions, increase resources from domestic and international sources for key populations and vulnerable groups, and enhance technical efficiency processes to use the available resources efficiently.

FIGURE 1.7 Resource availability for HIV, eastern and southern Africa, 2006–2021, and estimated resource needs for HIV by 2025



Source: UNAIDS financial estimates and projections, 2022 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>); Stover J, Glabius 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.



An estimated 80 000 people participated in the Kabaka Birthday Run 2022, an annual event with the theme "Men for Good Health and Ending AIDS by 2030". Buganda, Uganda, July 2022.

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