

### 2024 DATA

56% decrease in number of new HIV infections since 2010

- 59% decrease among adult men and 49% decrease among adult women
- 71% decrease among children and 53% decrease among adults

59% decrease in number of AIDS-related deaths since 2010

- 50% decrease among adult men and 56% decrease among adult women
- 76% decrease among children and 54% decrease among adults

People living with HIV:  
21.1 million  
[19.5 million–23.4 million]

New HIV infections:  
490 000 [390 000–620 000]

AIDS-related deaths:  
260 000 [210 000–330 000]

### Testing and treatment cascade (all ages):

People living with HIV who know their status:  
93% [75–>98%]

People living with HIV who are on treatment:  
84% [68–97%]

People living with HIV who have a suppressed viral load:  
80% [73–88%]

### Financing of the HIV response:

Resource availability for HIV:  
US\$ 9.3 billion

# EASTERN AND SOUTHERN AFRICA

There has been continued progress in the HIV response in eastern and southern Africa, the region most affected by the HIV pandemic, accounting for 52% of the global HIV burden. This progress, however, is at risk of being reversed due to recent reductions in funding for the HIV response. Moreover, the progress has not been consistent across the region—the countries with large HIV epidemics have shown considerable declines in the number of new HIV infections, but trends in some smaller epidemics, especially in the Indian Ocean islands, have shown increases.

By 2024, significant progress had been made in HIV prevention in the region, with numbers of new HIV infections declining by 56% since 2010—from 1.1 million [880 000–1.4 million] to 490 000 [390 000–620 000] annually. The region accounted for 37% of the global number of new HIV infections in 2024. The number of AIDS-related deaths decreased by 59%, from 630 000 [510 000–800 000] to 260 000 [210 000–330 000] between 2010 and 2024 (Figure 13.1).

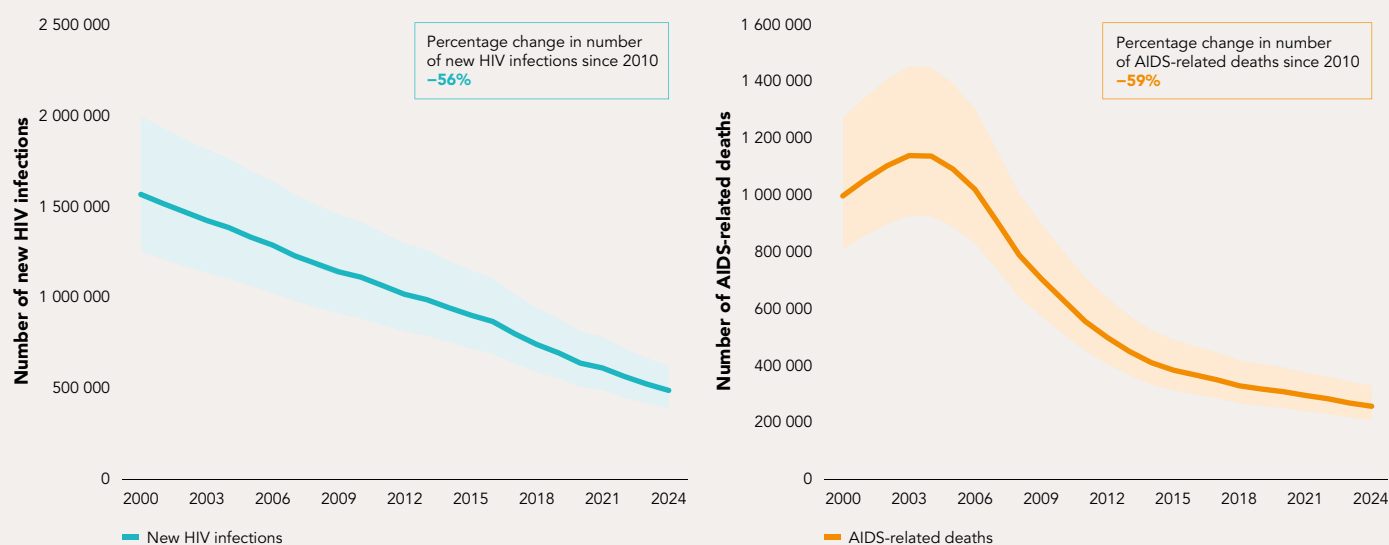
Despite this overall progress, adolescent girls and young women aged 15–24 years accounted for 28% of new HIV infections and were three times as likely to acquire HIV than their male counterparts. Recent studies have shown that incidence rates now peak among women aged 25–34 years in some countries, such as Uganda (1). HIV prevalence among people from key populations and their sex partners remains high. Funding cuts, including reductions in support from the United States President's Emergency Plan for AIDS Relief (PEPFAR), have disrupted essential programmes in some countries, especially for marginalized groups (2–4).

HIV treatment coverage continues to expand. An estimated 85% [69–>98%] of the 20.3 million [18.7 million–22.5 million] people living with HIV aged 15 years and over were receiving antiretroviral therapy in 2024, and an estimated 95% [77–>98%] of people on treatment had a suppressed viral load. Seven countries have already reached the 95–95–95 testing and treatment targets for the general population.<sup>1</sup> At 61% [45–83%], treatment coverage among children continues to be much lower than among adults. Treatment coverage and outcomes for adult men (81% [65–93%]) lag behind those for adult women (87% [71–>98%]).

1 Botswana, Eswatini, Lesotho, Namibia, Rwanda, Zambia, Zimbabwe.

## Numbers of new HIV infections and AIDS-related deaths continue to decline

**Figure 13.1.** Numbers of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2024

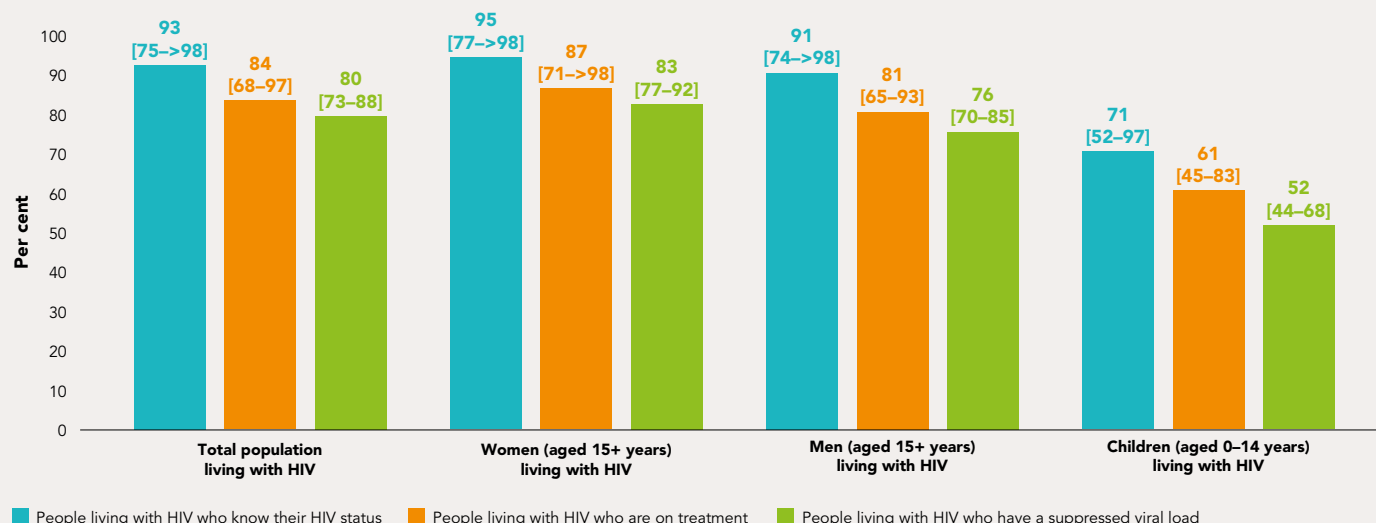


Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Several countries have achieved significant reductions in vertical HIV transmission rates, largely due to the successful implementation of prevention of vertical transmission programmes. In 10 countries across the region, coverage of prevention of vertical transmission has exceeded 95%, contributing substantially to these declines and bringing them closer to the goal of eliminating vertical transmission.<sup>2</sup> This progress is at risk of being reversed in some countries because of the recent reductions in funding for HIV.

## Numbers of new HIV infections and AIDS-related deaths continue to decline

**Figure 13.3.** HIV testing and treatment cascade, by age and sex, eastern and southern Africa, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

<sup>2</sup> Botswana, Eritrea, Eswatini, Malawi, Namibia, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia.

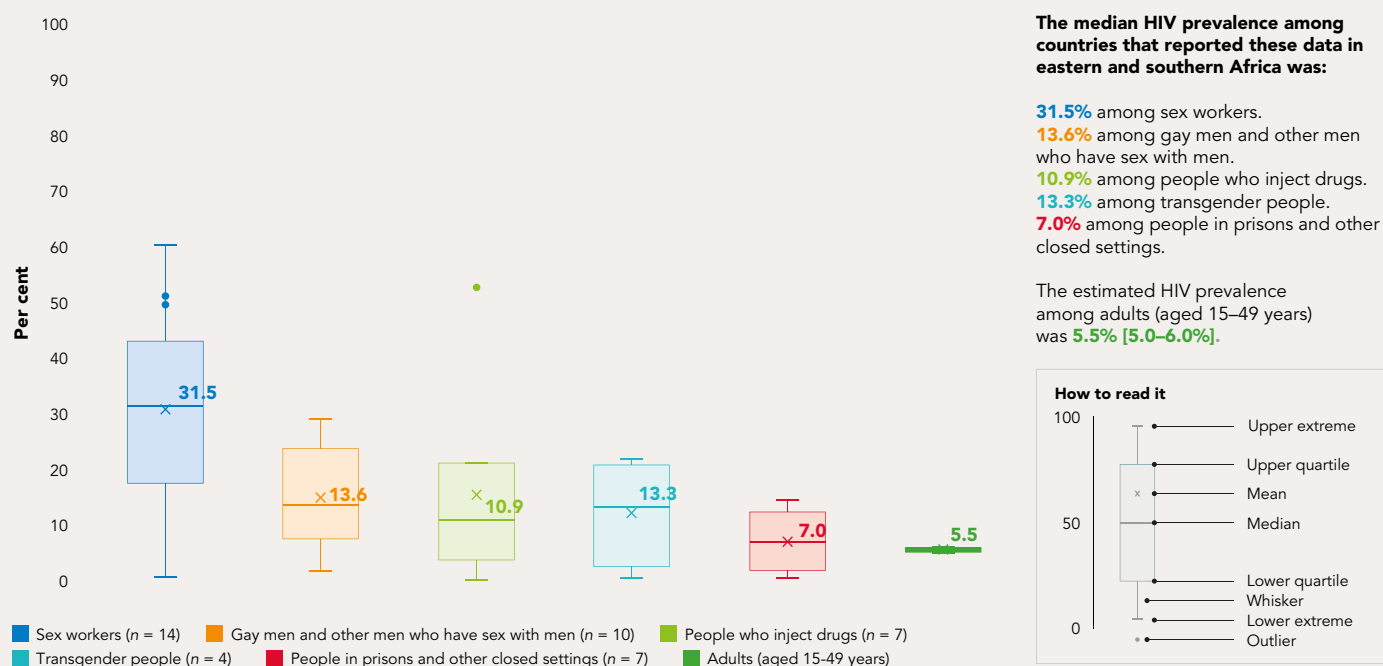
Some people from key populations still lack regular access to HIV prevention services. The average coverage of prevention services among sex workers was 40% (two reporting countries), 38% among people who inject drugs (one reporting country) and 11% among gay men and other men who have sex with men (one reporting country).

Structural barriers—including gender inequalities—persist in the region. This heightens vulnerability to HIV, particularly for girls, women and people from key populations, and prevents access to services (5). Girls and women, particularly those facing economic hardship, such as in humanitarian crises, may engage in intergenerational and transactional sex as a survival strategy, which increases their exposure to violence and to HIV (6, 7). A rise in anti-gender and anti-LGBTQI+ rhetoric is putting at risk sexual and reproductive health, HIV and other vital services for girls and women (8). The expansion of community-led initiatives with a growing emphasis on empowering adolescent girls and young women through comprehensive sexuality education, economic empowerment programmes and school-based interventions has helped delay sexual debut and reduce HIV risk in some contexts (9–11).

In this region, 11 of 21 countries continue to criminalize same-sex sexual relations, 19 have laws targeting some aspect of sex work, and all criminalize drug use. Fourteen countries criminalize HIV either directly or under broader communicable disease laws. Most countries do not legally recognize the gender identity of transgender people. 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 (12, 13).

## People at increased risk of HIV still lack services

**Figure 13.2.** HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in eastern and southern Africa, 2020–2024



Note: n = number of countries. Total number of reporting countries = 21. Data presented are from fewer than five reporting countries for transgender people (Kenya, South Africa, Zambia, Zimbabwe).

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Community-led organizations are best placed to provide much-needed HIV treatment and prevention services to their peers in ways that are acceptable and accessible (14, 15). The shifts in global funding in 2025, however, have exposed the dependency of community systems on international aid, highlighting the urgent need to strengthen their resilience by expanding access to domestic resources, such as through social contracting and other sustainable financing mechanisms (16, 17).

HIV services, including treatment access, are increasingly disrupted across eastern and southern Africa due to conflict, climate shocks and displacement. In 2023–2024, the region hosted more than 28.9 million internally displaced people and 6.4 million refugees (18). Ethiopia's health systems are under strain from droughts, landslides and conflict, limiting care for people living with HIV (19). In Malawi and Mozambique, treatment continuity has been severely disrupted by extreme weather associated with Cyclone Freddy (20). An effective HIV response in humanitarian settings must address these barriers through integrated, gender-responsive approaches.

In 2024, total resources allocated to the HIV response in eastern and southern Africa amounted to US\$ 9.3 billion, reflecting a 6% decline since 2020. Approximately 34% of 2024 funding was sourced domestically—but this proportion drops to only 20% if South Africa is excluded, underscoring the region's continued reliance on external donors such as PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

HIV treatment remains relatively well-funded, but investment in HIV prevention interventions is low, with only 8% of HIV funding allocated to prevention in Kenya, 10% in Namibia and South Africa, and 12% in Uganda.

Many countries in the region are grappling with low economic growth and unsustainable debt, limiting fiscal space to offset donor reductions and exposing the fragility of external donor dependence. Reductions in United States Government funding have triggered widespread service disruptions, clinic closures and stockouts of antiretroviral medicines. This evolving financial landscape places critical areas of the response—particularly prevention, social enablers and community-led services—at risk, demanding urgent shifts towards domestic ownership, innovative financing and long-term sustainability planning.

Several countries in eastern and southern Africa have developed HIV response sustainability roadmaps at the time of production of this report (see Chapter 4). These plans emphasize national ownership, HIV integration into broader health systems, and increased domestic resource mobilization.

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