

2024 DATA

55% decrease in number of new HIV infections since 2010

60% decrease in number of AIDS-related deaths since 2010

People living with HIV: 5.2 million [4.5 million–6.0 million]

New HIV infections: 160 000 [110 000–250 000]

AIDS-related deaths: 120 000 [93 000–170 000]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 81% [62–97%]

People living with HIV who are on treatment: 76% [59–92%]

People living with HIV who have a suppressed viral load: 70% [61–81%]

Financing of the HIV response:

Resource availability for HIV: US\$ 2.2 billion (it is critical to mobilize additional domestic resources, sustain and strategically align external support, and maximize efficiency in the use of all available resources)

WESTERN AND CENTRAL AFRICA

In western and central Africa, there was a 55% reduction in the annual number of new HIV infections between 2010 and 2024—from 360 000 [230 000–560 000] to 160 000 [110 000–250 000] (Figure 16.1). The region accounts for 13% of annual new HIV infections globally.

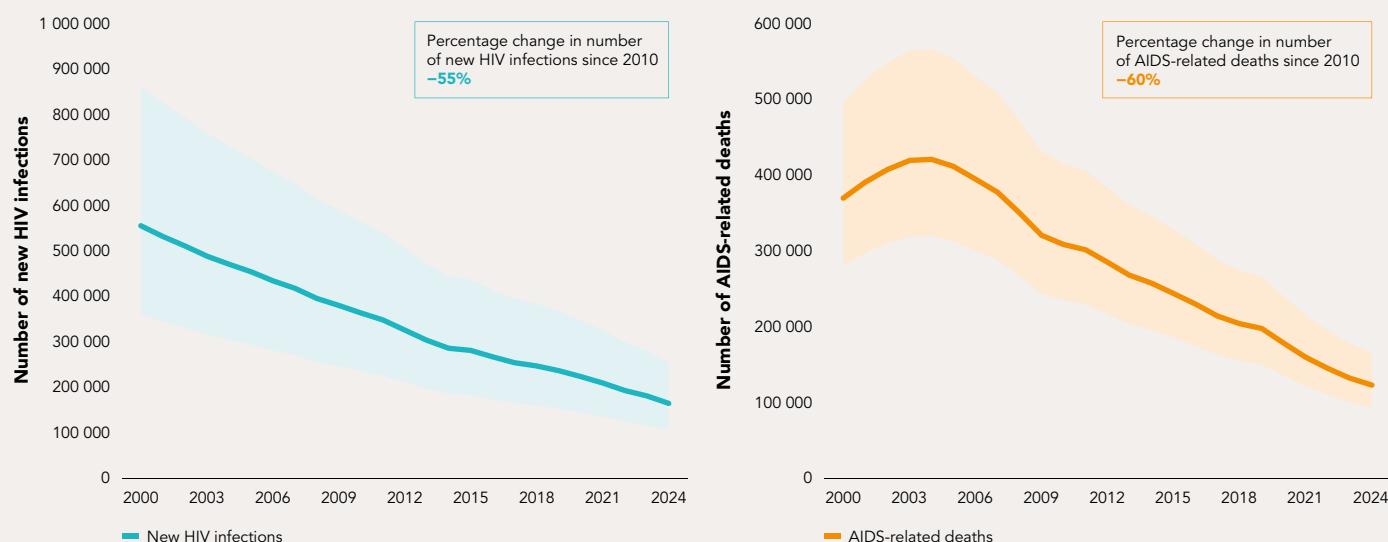
The percentage of people living with HIV in the region with access to treatment and care has increased to 76% [59–92%] in 2024, compared with 72% [56–87%] in 2023.

The high prevalence of HIV in people from key populations compared with adults aged 15–49 years (Figure 16.2) implies that more efforts are needed to reach these often marginalized populations and calls for increased investment in primary prevention programmes. It is essential to prioritize increased investment in intensified and more targeted prevention efforts.

In 2024, adolescent girls and young women aged 15–24 years accounted for 19% of all new HIV infections and were three times more likely to acquire HIV than their male counterparts, who accounted for 6% of all new infections.

From 2010, numbers of new HIV infections have declined by 55% and AIDS-related deaths by 60%

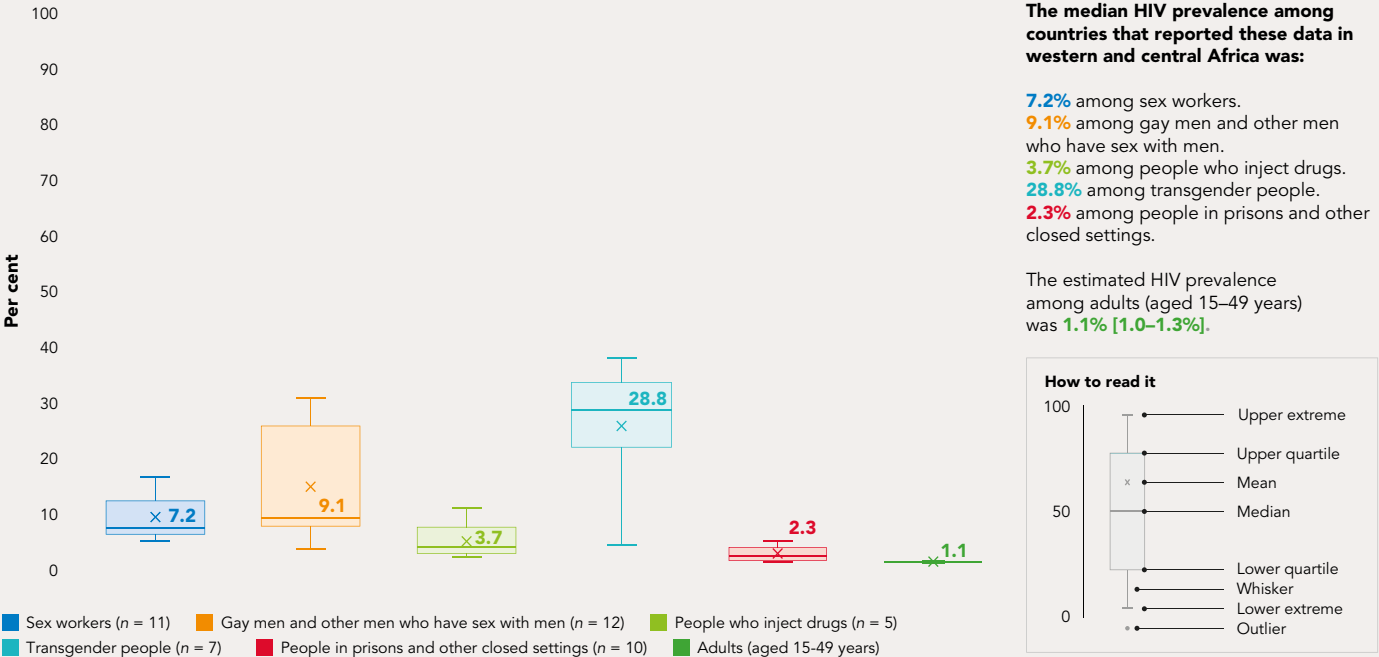
Figure 16.1. Numbers of new HIV infections and AIDS-related deaths, western and central Africa, 2000–2024



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

People at increased risk of HIV still lack services

Figure 16.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in western and central Africa, 2020–2024



Note: n = number of countries. Total number of reporting countries = 25.

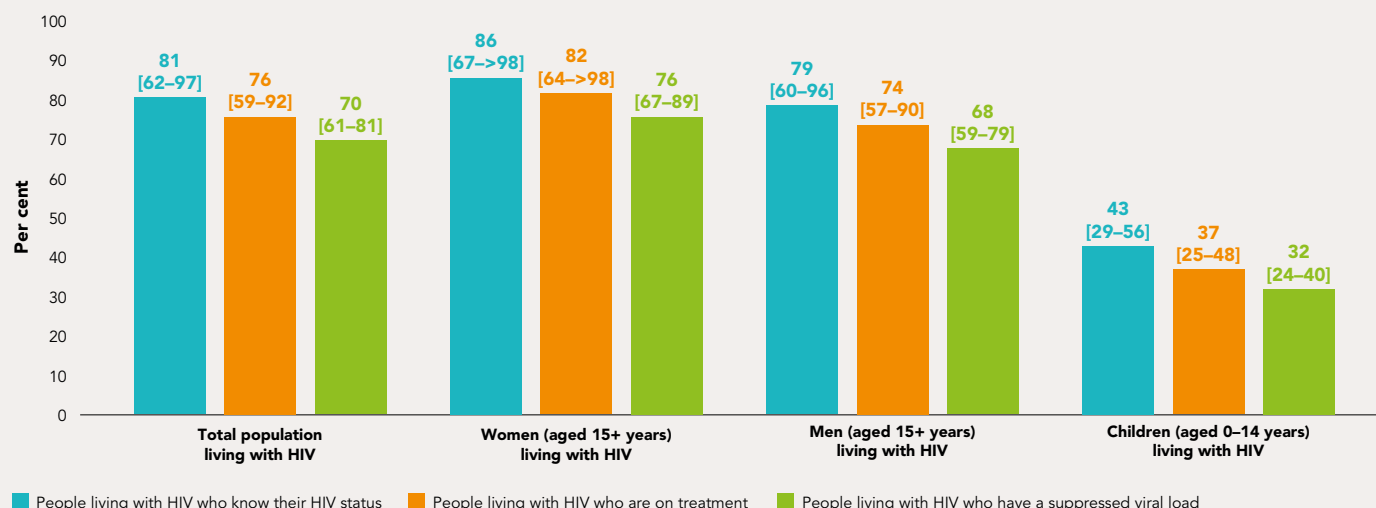
Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

The expansion of differentiated services for HIV testing, treatment and support services has yielded noticeable progress, with 81%[62–97%] of people living with HIV knowing their status, 94%[73–>98%] of people who know their HIV–positive status receiving antiretroviral therapy, and 92%[71–>98%] of people on treatment having a suppressed viral load. The number of adults aged 15 years and over receiving HIV treatment has more than doubled since 2015. Between 2010 and 2024, the number of AIDS–related deaths decreased by 60%.

The region is home to 18% of pregnant women living with HIV globally, but only half of these (56% [47–71%]) received antiretroviral medicines to prevent vertical transmission in 2024. Only slightly more than a third of children living with HIV (37% [25–48%]) were receiving treatment in 2024. Given these findings, paediatric HIV is a top priority for countries in the region. A combination of strong political commitment, technical expertise and community mobilization is needed to continue progress towards preventing vertical transmission of HIV.

HIV testing and treatment cascade, by age and sex, western and central Africa, 2024

Figure 16.3. HIV testing and treatment cascade, by age and sex, western and central Africa, 2024



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

In 2024, median coverage of prevention services was 58% among gay men and other men who have sex with men (seven reporting countries), 47% among transgender people (four reporting countries) and 27% among sex workers (seven reporting countries). Median coverage of prevention services for people who inject drugs was even lower, at only 24% in 2024 (five reporting countries).

Efforts to bring about legal reforms and combat stigmatization and discrimination are under way in several countries despite increased hostile narratives against key populations and human rights. Discriminatory attitudes towards people living with HIV remain high—ranging from 33% in Gabon to 79% in Mauritania (1). Adolescents and young people face limitations to access HIV testing—eight countries still require parental or guardian consent for HIV testing for young people aged under 18 years. Women face numerous barriers in accessing sexual and reproductive health services. This is reflected in the low proportion of women who report being able to make their own decisions regarding sexual relations, contraceptive use and health care: only 8% in Senegal, 19% in Côte d'Ivoire, 20% in Gambia, 25% in Mauritania, 52% in Ghana and 59% in Liberia.

The region remains highly dependent on external donors for funding the HIV response, which is a key challenge in ensuring the sustainability of efforts. The recent funding crisis has highlighted the fragility of gains, particularly in key countries with high levels of dependency on external funding, such as Nigeria (96%), Senegal (83%) and Mali (75%). There is a need for an increased focus on domestic resource mobilization to reduce this dependency and strengthen long-term sustainability. There has been a 16% increase in total HIV resources for the region since before COVID-19, driven mainly by increases from international resources. Domestic resources remain critically low, representing only 29% of total HIV resources in the region. This limited domestic investment raises concerns about the sustainability and future of the response. Domestic resources declined annually by 4% in 2024, however—a decline of about 15% from the peak in 2018.

HIV prevention programmes and societal enabler programmes require increases in domestic spending. Even though over a third of new HIV infections occur among people from key populations, their clients and other sex partners (2), only about 1% of total HIV resources goes towards prevention interventions for people from these populations (3, 4). Renewed advocacy for increased investments is needed urgently to promote a human rights-based HIV response, with a focus on scaling up prevention, ending gender inequalities, and stopping HIV-related stigma and discrimination.

References

- 1 Population-based surveys, 2020–2024.
- 2 Korenromp EL, Sabin K, Stover J, 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 (<https://doi.org/10.1097/QAI.0000000000003340>).
- 3 UNAIDS financial estimates, 2024. Geneva: Joint United Nations Programme on HIV/AIDS; 2024.
- 4 UNAIDS epidemic estimates, 2024. Geneva: Joint United Nations Programme on HIV/AIDS; 2024.