

UNAIDS 2024

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# Results in Eastern and Southern Africa

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**2022-2023 Regional report**

the 1990s, the number of people in the world who are illiterate has increased from 400 million to 600 million.

It is not only the illiterate who are at risk of being left behind. The world's population is growing rapidly, and the number of people who are poor is increasing. In 1990, there were 1.2 billion people living on less than \$2 a day. By 2000, there were 1.5 billion, and by 2010, there will be 2 billion.

The world's population is also becoming more diverse. There are now over 200 different languages spoken in the world, and the number of different ethnic groups is increasing. This diversity is a source of strength, but it also presents challenges.

One of the biggest challenges is how to ensure that everyone has access to the same opportunities. In many parts of the world, people are still living in poverty and lack access to basic services like education and healthcare.

Another challenge is how to deal with the effects of climate change. The world's climate is changing, and this is having a major impact on the lives of people in many parts of the world.

There are many challenges ahead, but there are also many opportunities. If we work together, we can create a better world for everyone.

The world is a beautiful and diverse place, and it is our responsibility to ensure that everyone has the chance to thrive. Let's work together to make a difference.

There is still much work to be done, but I am optimistic about the future. If we have the will and the resources, we can create a world where everyone has a chance to succeed.

Let's continue to work together to make a better world for everyone. The future is bright, and it is up to us to make it so.

Thank you for your attention, and I look forward to continuing our conversation. The world is full of possibilities, and I am excited to see what we can achieve together.

With a lot of love and hope,  
Barack Obama

Barack Obama is a former President of the United States and a member of the Obama family. He is known for his leadership and his commitment to social justice.

He is a member of the Obama family, which includes his wife Michelle and their two daughters, Malia and Sasha. Barack Obama is a member of the Obama family, which includes his wife Michelle and their two daughters, Malia and Sasha.

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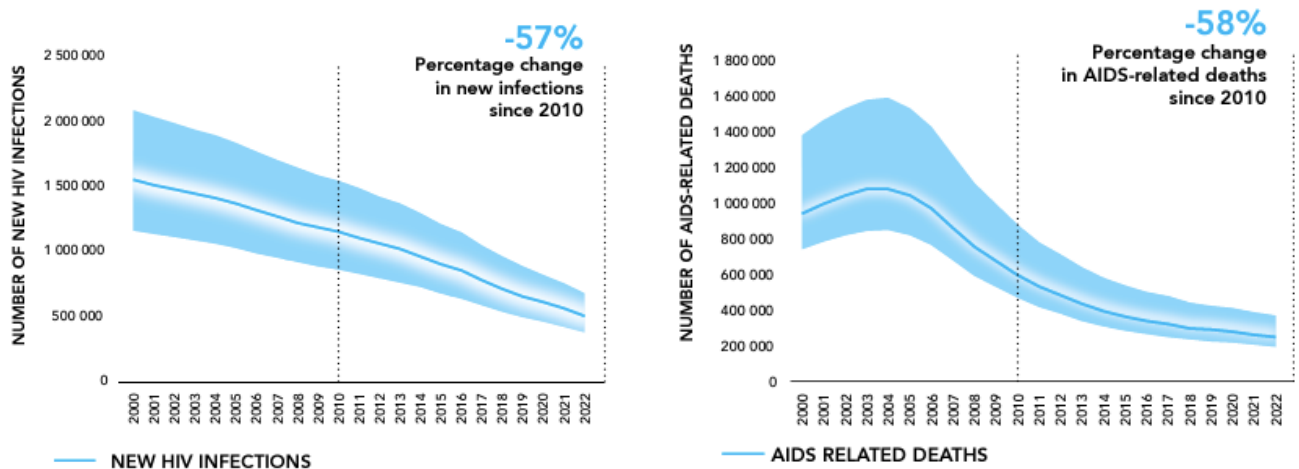
## Eastern and southern Africa

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

Total expenditures and encumbrances<sup>1</sup> of the Joint Programme (Cosponsors and Secretariat) in 2022–2023: **US\$ 255.9 million**

### Progress towards saving lives

**Number of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2022**



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

### Selected UBRAF indicators progress in 2023

- **18** 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.
- **18** 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.
- **9** 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.
- **11** 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.

<sup>1</sup> For more information on budget implementation breakdown, please see the executive summary of the 2022–2023 Performance Monitoring Report.

## Overview

*During the 2022–2023 biennium, significant progress was made in enhancing access to HIV prevention, testing and treatment services in the eastern and southern Africa region. The 95–95–95 targets have been achieved in five countries and 10 other countries are close to matching that accomplishment. Five countries have achieved the global target of reducing the rate of vertical transmission of HIV below 5%, while many others have endorsed prioritized plans to achieve the elimination of vertical transmission targets as part of the Global Alliance to end AIDS in children.*

*The Joint Programme’s support has played a pivotal role in expanding services and ensuring better access for all. Notably, efforts have been focused on strengthening national coordination and capacity, programme monitoring and evidence generation, with a particular emphasis on SRH and CSE for young people and harm reduction strategies for vulnerable and key populations. Expansion of community-led HIV service delivery and programme monitoring also contributed to more equitable access to services. Efforts to enhance humanitarian preparedness and response have resulted in increased access to SRH services, as well as HIV prevention, testing and treatment services for migrants, refugees and asylum seekers.*

### **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.**

Combination prevention programmes are stronger thanks to the Joint Programme’s strategic technical support and active coordination with development partners. Southern African Development Community (SADC) ministers of health adopted the recommendations from the 2022–2023 HIV Prevention Scorecard to improve HIV services, and new HIV prevention guidelines helped expand access to better-targeted prevention programmes among priority and key populations (UNICEF, UNDP, UNFPA, UN Women, UNAIDS Secretariat). As part of the South-South Learning Network, an initiative of the Global HIV Prevention Coalition is working to support HIV prevention by improving access to and uptake of PrEP. This is being done by facilitating country learning and networking and the sharing of best practices by ministries of health and civil society organizations from nine countries (WHO).

As members of the Global HIV Prevention Coalition, Botswana, the Democratic Republic of Congo, Kenya and Zambia finalized their national prevention roadmaps. Six countries, including Rwanda and South Sudan, are accelerating their prevention efforts with technical support from the Joint Programme, following their recent inclusion in the Coalition. In addition, implementation of the Condom Strategic Initiative was also supported to increase access to and use of condoms in five countries (UNFPA, UNAIDS Secretariat).

Fourteen countries endorsed the Eastern and Southern Africa Ministerial Commitment to implement gender-sensitive, culture-appropriate and evidence-based sexuality education. More than 100 experts, including from civil society organizations working on disabilities from 13 countries, improved their knowledge of CSE delivery through cascading training in their countries (UNICEF, UNDP, UNFPA, UNESCO). Integration of HIV and SRH has improved in 16 countries’ Global Fund grants thanks to technical support from the Joint Programme (UNFPA, WHO, UNAIDS Secretariat). Data quality, linkages and referrals for differentiated

services, as well as social and behavioural communication among adolescent girls and young women, was improved in 13 countries, while 14 countries completed a baseline study on young people's health behaviours and protective factors to further improve quality of SRH programmes targeting youth (UNAIDS Secretariat).

Following advocacy by the Joint Programme, African Union member states attending a high-level summit on substance use and related mental health disorders committed to implement harm reduction programmes (UNODC, UNAIDS Secretariat). The South African Central Drug Authority and other government institutions also committed to implement harm reduction interventions for key populations, following a visit to the Kenyan Department of Correctional Services and various harm reduction projects (UNAIDS Secretariat). Over 600 policy-makers improved their knowledge of evidence-based harm reduction for people who inject drugs in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe (UNODC, WHO, UNAIDS Secretariat).

Testing and treatment 95–95–95 targets were achieved in Botswana, Eswatini, Rwanda and Zimbabwe, while 10 countries in the region are on track to achieve those targets by 2025, with strategic support from the Joint Programme. All but one of the countries in eastern and southern Africa are implementing dolutegravir-based treatment, thereby improving access to quality medicines for people living with HIV.

Several countries also maintained programmes for 3–6 months multimonth dispensing of antiretroviral medicines during 2022–2023, with most countries adopting a three-month dispensing protocol. Support for programme reviews and development of HIV/STI/hepatitis national plans and guidelines further improved national HIV and integrated responses in selected countries. Point-of-care technology for early infant diagnosis and viral load monitoring were also scaled up in several countries (UNICEF, WHO, UNAIDS Secretariat).

### **Celebrating EMTCT milestones across eastern and southern Africa**

Namibia received a "silver tier" certification on the path to EMTCT of hepatitis B and a "bronze tier" for the elimination of vertical transmission of HIV, while Botswana, Eswatini, Mauritius, Namibia and South Africa achieved the target of reducing the rate of vertical transmission of HIV below 5% by 2022. This was achieved thanks to combined and coordinated efforts of UNICEF, WHO and UNAIDS Secretariat to support development of national validation roadmaps, build capacity, strengthen data quality and assurance, review testing algorithms and strategies, and assess laboratory quality systems. This coordinated approach has resulted in the use of a gender equality lens as part of elimination efforts and it has generated new momentum in the region for shifting from single to dual and triple path to elimination.

Following the African launch of the Global Alliance to end AIDS in children in February 2023, eight countries endorsed prioritized actions plans for the elimination of vertical transmission. They established the Global Alliance Regional Hub to enhance South-South learning and cooperation towards paediatric and adolescent HIV and elimination of vertical transmission, drawing on technical and financial support from the Joint Programme's (UNICEF, WHO, UNAIDS Secretariat).

Evidence regarding vertical transmission of HIV improved in the United Republic of Tanzania following a study on paediatric HIV case finding, as well as in Eritrea, Eswatini and Rwanda following studies on the rates of vertical transmission of HIV (WHO, UNICEF, UNAIDS Secretariat). In addition, 53 government partners from 14 countries improved their knowledge

of data analysis and use through the hybrid data mentoring programme thanks to a Joint Programme's partnership with the University of Zambia and IQVIA (UNICEF, UNAIDS 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.**

Sustained support from the Joint Programme advanced equitable access to HIV services for all in 10 countries by reinforcing community-led interventions and monitoring. Sixteen countries developed national workplans and roadmaps to scale up and improve the quality of community engagement in the HIV response. Seven countries received technical support from the Joint Programme to develop national plans for social contracting mechanisms (UNAIDS Secretariat).

Community-led monitoring also expanded significantly, strengthening evidence for policy and programmatic changes, as well as Global Fund and PEPFAR grants' implementation. Four regional networks of young people living with HIV, sex workers and transgender people developed community-led evidence gathering tools to monitor the level and quality of access to HIV, SRH and other essential health-care services (UNDP, UNAIDS Secretariat).

The regional Joint UN Sex Workers and Civil Society Advocacy Framework is being used to scale up HIV programmes for sex workers, strengthen partnerships and mobilize resources to close gaps that had been exacerbated by the COVID-19 pandemic (UNHCR, WFP, UNDP, UNFPA, UN Women, ILO, UNAIDS Secretariat). The Africa Key Population Experts group developed and rolled out a renewed advocacy agenda with and for key populations, and Uganda completed a mapping of national emergency resources for key populations (UNDP, UNAIDS Secretariat).

Madagascar and Mauritius improved their HIV data and size estimations for key populations, using technical support from the Joint Programme. Angola, Zanzibar (in the United Republic of Tanzania) and Zimbabwe implemented the Stigma Index 2.0 among people living with HIV (UNAIDS Secretariat). In addition, six countries ratified the 2019 International Labour Organization's Convention 190 to eliminate violence and harassment in the world of work (ILO).

National HIV strategic plans in 14 countries now include actions on human rights and gender equality that are aimed at addressing inequalities in HIV responses (UNAIDS Secretariat). Gender assessments in five countries enhanced national responses and HIV grant applications, while evidence of national experiences on sexual and gender-based violence improved programmes in Namibia, Malawi, South Africa, Uganda and Zambia, thanks to technical support from the Joint Programme (UNDP, UN Women, UNAIDS Secretariat).

Ten countries implemented evidence-based interventions to transform unequal gender norms, including harmful masculinities, which have contributed to the prevention of violence against women and improvements in men's health-seeking behaviours. As part of implementation of the Spotlight Initiative, the "SASA!" community-based initiative was further scaled up to address power imbalances between women and men and thereby help prevent violence against women and reduce HIV vulnerabilities (UN Women). In addition, strategies

and campaigns in Botswana, Eswatini, Lesotho, Malawi, South Africa and Zambia engaged men and boys to address unequal gender norms and harmful traditions (UNDP, UN Women, UNAIDS Secretariat).

African Union member states reaffirmed their commitment to accelerate actions to ensure gender equality, women empowerment and leadership, and end violence against women and girls following the Third African Union Men's Conference on Positive Masculinity (UNAIDS Secretariat). SADC reinforced the importance of HIV and gender among members states following a review of its Resolution 60/2, which calls for actions to address the underlying causes of high rates of HIV acquisition among adolescent girls and young women (UNFPA, UN Women, UNAIDS Secretariat). To monitor implementation of the resolution and enhance government accountability, a regional gender-responsive oversight model was developed and adopted by Angola, Lesotho, Malawi, Mozambique, Namibia and Zimbabwe (UN Women).

Young women's leadership has been strengthened in Eswatini, Lesotho, Uganda and the United Republic of Tanzania through technical and financial support provided by the Joint Programme (UNICEF, UNFPA, UN Women). In partnership with PEPFAR, adolescent girls and young women in 15 countries increased their leadership skills and engaged in advocacy efforts in the HIV response (UN Women). In addition, adolescent girls and young women are leading various initiatives in seven countries to shift policies and traditional norms and increase socioeconomic empowerment through the use of tools such as "Edu+" and the "Young Women for Life Movement". As a result, Uganda, Lesotho and South Africa introduced progressive return-to-school policies and developed "second chance" education for underage mothers (UN Women, UNESCO, UNAIDS Secretariat).

As part of the "2gether 4 SRHR" regional programme, 10 countries made encouraging progress in creating an enabling policy and legal environment for adolescents, sharing knowledge, empowering communities and delivering SRHR and gender-based violence services, with sustained support from the Joint Programme (UNICEF, UNFPA, WHO, UNAIDS Secretariat). Young people from the SADC countries developed strategies to reach decision-makers and respond to opposition to equitable access to SRHR services and CSE. Youth leadership and advocacy also improved after the expansion of the "UNITED! Movement" to include 130 new youth advocates from 11 countries in the region (UNICEF, UNFPA, UNAIDS Secretariat).

### **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.**

During the biennium, the Joint Programme advocated for and continued to provide financial and technical support for sustainable health systems across the region. African ministers of finance committed to invest US\$ 66 billion in health-care systems and infrastructure annually until 2025 to achieve the SDGs in the region, and called for the domestic production of high-quality medicines. High-level health financing dialogues in Kenya, Mauritius, Mozambique and Rwanda resulted in commitments to increase domestic financing for the HIV response. The United Republic of Tanzania has developed a new national strategy that includes

finance, market and technology actions to strengthen its pharmaceutical sector (UNAIDS Secretariat). South Sudan also built on the COVID-19 pandemic response and related Global Fund grants for longer-term investments for a more resilient health system, with significant guidance and support from the Joint Programme (UNHCR, IOM).

Vulnerable households in Zambia benefited from extensive social protection programming, including the provision of cash transfers. In addition, capacity-building initiatives in Botswana, Kenya, South Africa and Zambia promoted social protection approaches that are inclusive of people living with HIV and key populations (WFP, ILO).

Steps were taken to enhance nutrition and food security for pregnant and breastfeeding women, infants and families affected by or at risk of HIV in the province of Cabo Delgado in Mozambique, which is heavily affected by an armed conflict that has forced more than one million people to flee from their homes and livelihoods. WFP's Innovation Accelerating Spring Programme enabled a nongovernmental organization to leverage the knowledge and experience of local women living with HIV, as mentor mothers, to provide peer-led primary health services and education across three districts in that province. This six-month pilot provided malnutrition screening to more than 6400 people, while 1000 people improved their healthy meal cooking skills and understanding of nutrition support packages, and nearly 1000 people were reached with prevention messages (WFP).

Refugees and asylum seekers in 11 countries can now access SRHR and HIV prevention, testing and treatment services thanks to the expansion of services (UNHCR, UNFPA, WHO). In Kenya, Mozambique and South Sudan, people in humanitarian settings and hard-to-reach areas accessed primary health-care services through mobile and temporary clinics, including for SRH and HIV, as well as services for survivors of gender-based violence (UNHCR, IOM). All countries in eastern and southern Africa developed action plans to enhance their preparedness to implement the Minimum Initial Service Package for Humanitarian Settings, and a legislative and policy review of migrants' right to access health care was used to inform advocacy efforts (UNICEF, UNFPA, WHO, UNAIDS Secretariat). The creation of a repository of Inter-Agency Toolkits for HIV in Emergencies and Humanitarian Settings and the integration of HIV, SRHR and gender-based violence in the vulnerability assessment tool for humanitarian settings will continue to boost implementation of evidence-based humanitarian responses across the region (UNHCR, UNICEF, UNFPA, UNAIDS Secretariat).



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