UNAIDS 2026

Results in Eastern and Southern Africa

2025 Performance Monitoring Report

In 2025, the Joint Pogramme in eastern and southern Africa (ESA) safeguarded and expanded access to people-centred HIV and sexual and reproductive health (SRH) services despite funding shifts, while advancing legal, gender-transformative and youth-responsive approaches and laying foundations for long-term sustainability. Stand-out results include multi-country readiness for long-acting pre-exposure prophylaxis (PrEP), region-wide acceleration of harm reduction and adolescent and youth-friendly services, renewed momentum on the prevention of vertical transmission of HIV, paediatric ART, stronger community-led and rights-based responses, and concrete steps toward sustainable financing, service integration and emergency readiness.

With the Joint Programme's advocacy, guidance, tools and other support, nine countries completed preparedness for lenacapavir introduction covering policy, regulation, financing and delivery, with South Africa finishing all stages (registration, stakeholder validation) for rollout in 2026; Kenya finalized implementation policies and Eswatini and Zambia began clinic pilots, while other countries advanced planning for equitable, safe integration into combination prevention. Inclusive prevention expanded by way of the last mile condom distribution in Uganda and Zambia, while national condom strategies were endorsed in Kenya and Lesotho. In South Africa, WHO provided guidance and technical support for the South African National Guidelines for Medical Male Circumcision, setting clear targets to aid the prevention of HIV transmission. Additionally, UNODC provided technical support to scale up harm reduction activities in Mozambique, South Africa and Zambia, improving access to HIV services among people who use drugs.

WHO updated guidance on paediatric/adolescent ART, adolescent ART sequencing, postnatal prophylaxis, and breastfeeding to inform regional priorities and better access to and quality of HIV treatment and care. The Joint Programme also guided Botswana to attain Gold Tier status on the path to the elimination of vertical transmission and supported six countries in transitioning to triple elimination frameworks, with better data quality and stronger community engagement.

Evidence and guidance were produced by the Joint Programme and partners to support the scale up of peer led, youth responsive and community-based HIV and SRH services. For instance, support to the development of a new policy framework resulted in the operationalization of three model adolescent and youth friendly centres in Kenya. Adolescent self-care services were initiated in Zimbabwe, and 445 trained health workers reached 53 000 young people online in Tanzania with health information and counselling. In addition, disability inclusive comprehensive sexuality education programmes were rolled out in South Africa and Malawi, Braille condom instructions are now available in Botswana, and a regional Menstrual Health & Disability guideline was developed and disseminated across the region. The We Belong Africa initiative supported by UNDP, UNFPA and the Secretariat, launched a policy guidance which provided stakeholders with practical directions to address harmful norms, improve access to quality health services and integrate HIV-related human rights standards into national health policies.

UNFPA, UN Women and the Secretariat improved accountability and tracking of gender and HIV commitments by supporting state actors to operationalize, monitor, and report on the implementation of CSW Resolution 68/1 on women, girls, and HIV.

This tracking mechanism informed Southern African Development Community (SADC) position paper and policy brief, positioning the region with a strong evidence base to strategically advocate for the reaffirmation of the 2024 CSW Resolution 68/1 on Women, the Girl Child and HIV/AIDS at the 70th Session of the Commission of the status of women in March 2026. Furthermore, the Joint Programme demonstrated transformative results with the ratification of ILO Convention 190 by Angola and Mozambique and demonstrating tangible progress in reducing gender-based violence in the work environment.

A Traditional and Religious Leaders Platform co created a handbook on harmful practices, and targeted gender assessment follow ups in Namibia and Tanzania improved gender-based violence prevention coordination and amplified youth participation, especially among young women. Technical and financial support provided by the Joint Programme to five countries (Botswana, Eswatini, Kenya, Rwanda and Zambia) strengthened access to SRH services for men and boys, and drove institutionalization of positive masculinity frameworks, expanded referral pathways and standardized service packages to improve uptake and quality of SRH services among men and boys.

Fourteen countries finalized Sustainability Roadmaps with guidelines and tools from the Joint Programme, anchoring SRH within HIV sustainability as well as universal health coverage (UHC) reforms and broader health-system transformation. High-level health financing dialogues in Uganda and Namibia generated concrete commitments such as to increase health budget shares, inclusion of HIV services into National Health Insurance Schemes, and health protection in 10 countries. Regional accountability tools were improved through the SADC SRH Milestone Scorecard, while analysis of social contracting in Botswana, Namibia, South Africa and Zimbabwe paved the way for responsible financing in 2026.

The Data Mentorship Programme, a regional capacity-building initiative in the health sector led by UNICEF and the Secretariat was expanded through rapid stock-take and mapped service and commodity risks from funding shifts. The University of Zambia develop a similar course to institutionalize the programme into a formal academic training.

On emergencies and climate, an El Niño action brief guided by the UNHCR, WFP and the Secretariat informed SADC appeals and emergency policy, while 20 countries benefited from capacity building on maintaining SRH and HIV services in emergencies. To ensure continuity of HIV services in a crisis, the Joint Programme supported an Emergency SRH Fund in Burundi which provided access to HIV and GBV services for refugees including ART continuity. In Sudan, the Joint Programme's work in humanitarian settings expanded, building the capacity of over 180 participants on community-led approaches, while WFP strengthened HIV-nutrition integration, and multi-agency preparedness efforts enhanced continuity of HIV and nutrition services during the 2025 funding shift. Despite widespread conflict in the country, that left an estimated 80% of health facilities non-operational, UNDP and UNFPA with partners, helped sustain essential health services supporting the deployment of nine state-of-the-art mobile health centers, which delivered HIV and TB care, malaria testing and treatment, maternal and child health services and psychosocial support in hard-to-reach areas. Each mobile unit reached more than 50 people per day, with demand

often rising to 150 daily, significantly expanding access to lifesaving services for displaced and remote communities. Four oxygen plants and just under 5400 cylinders were also distributed, expanding emergency and critical-care capacity. UNDP also deployed solar arrays powering health information systems, ensuring uninterrupted operation of medical equipment, data systems, and supply-chain coordination during prolonged national power failures and installed over 110 solar systems in public health facilities across six states in Sudan. These achievements underscore the Joint Programme's catalytic role in helping countries sustain essential HIV gains, protect the most vulnerable in complex settings, and advance resilient, integrated and rights-based systems across eastern and southern Africa.

2025 Expenditures and Encumbrances in Eastern and Southern Africa against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
29 455 326	27 235 917	97 741 900	54 107 359	127 197 226	81 343 275

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