

UNAIDS 2020

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# Eastern and Southern Africa

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**Regional report 2018-2019**



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## Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
85% of people with an HIV diagnosis receive ART	<ul style="list-style-type: none"> <li>• WITHIN REACH</li> </ul>	79% against of people who were diagnosed with HIV receive ART (85–79–87)
85% of children living with HIV receive ART	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	Treatment coverage among children rose from 52% in 2015 to 62% in 2019
At least eight Fast-Track countries reach and sustain at least 90% antiretroviral coverage among pregnant women	<ul style="list-style-type: none"> <li>• WITHIN REACH</li> </ul>	Seven countries achieved at least 90% ART coverage among pregnant women by 2019 (Botswana, Malawi, Namibia, Rwanda, Uganda, Zambia and Zimbabwe)
New HIV infections among key populations and their partners reduced to fewer than 50 000 (200 000 in 2015)	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	800 000 new infections in 2018*. Key populations and their partners account for 25% (200 000)
New HIV infections among young people, adolescent girls and young women reduced to 150 000 (350 000 in 2015)	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	Young women (aged 15–24 years) accounted for 26% of 800,000 new HIV infections in the region

\* An estimated 800 000 [620 000–1 000 000] people acquired HIV in eastern and southern Africa in 2018, a decrease of 28% from the number of new HIV infections in 2010. [Source: UNAIDS Data 2019]

## Joint Programme contributions and results

**HIV testing and treatment**—technical support (UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)

Eastern and southern Africa results against the 90–90–90 targets stood at 85–79–87, though ART coverage varied among countries, from 91% in Namibia to a very low 11% in Madagascar. Three countries (Botswana, Eswatini and Namibia) have achieved all three 90s.

Four countries have achieved >90% viral suppression among people who know their status and are receiving ART (Botswana, Eswatini, Lesotho and Namibia).

Mainstreaming of HIV interventions has ensured continuation of care and treatment, including access to ART for all new arrivals in countries affected by humanitarian situations and receiving influx of refugees (Ethiopia, Kenya, Sudan, Uganda and Zambia).

**Elimination of mother-to-child transmission (EMTCT)**—*policy dialogue, coordination and technical support, partnerships (UNICEF, UNFPA, WHO, UNAIDS Secretariat)*

PMTCT coverage reached 92% in 2019, but disparities remain. Coverage ranged from above 95% in 7 countries (Botswana, Malawi, Mauritius, Mozambique, Namibia, Rwanda and Zambia) to below 50% in 3 countries (Angola, Eritrea and Madagascar). The estimated percentage of children newly infected with HIV through vertical transmission decreased from 18.4% in 2010 to 9.2% in 2019. Through increased use of point-of-care EID technologies, as part of PMTCT scale up, EID coverage rose to 69% in 2019, from 43% in 2010.

New national strategic plans have been developed in 5 countries (Malawi, Namibia, Uganda, Zambia and Zimbabwe) following comprehensive national reviews. These plans have helped countries identify priorities for investment from the Global Fund, UBRAF, PEPFAR and others. Gaps in infant and child diagnosis and treatment were addressed and data quality improved, following technical assistance on paediatric HIV to Ministries of Health in 10 of the "AIDS-Free" countries.

An EMTCT regional score card has been populated, with trends for 2016–2018 made available for all eastern and southern Africa countries. Challenges and required actions towards achieving the 90–90–90 targets have been identified through virtual consultations (7 countries) and a workshop (5 countries) on use of HIV-disaggregated data to improve planning and monitoring for children, adolescents, pregnant and breastfeeding women living with HIV.

**HIV prevention**—*technical support (UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat, IOM)*

The eastern and southern Africa region continued to record the greatest decline in new infections among all populations since 2010 (a 28% decrease), as a result of interventions at regional and national levels, including through UN agencies.

All countries in the region have adopted and are implementing new paediatric and adolescent ART guidelines, with introduction of DTG as first-line regimen.

The high number of new infections (26% of all infections) among adolescent girls and young women aged 15–24 years continues to require urgent attention. Regional frameworks on SRHR and on sexual and gender-based violence have been developed as a result of Regional Joint Team support (advocacy and technical assistance) to Regional Economic Committees and countries.

Assessments of HIV and SRHR minimum standard compliance for prison populations was conducted in 10 countries (Angola, eSwatini, Lesotho, Malawi, Mozambique, Namibia, United Republic of Tanzania, South Africa, Zambia and Zimbabwe). Knowledge of HIV and SRHR was enhanced among 700 hundred prison officers across 7 countries through the production of a study guide on the SRHR of women prisoners.

**Social Justice and Human rights**—*technical support, financial support, advocacy, policy advice (UNHCR, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, World Bank, UNAIDS Secretariat)*

The Regional Joint Team established an Emergency Response Fund to provide direct support to victims of human rights violations across the region. This led to the release of (and additional support for) 16 members of an LGBTI organization in Uganda, who had been unlawfully arrested because of their sexual orientation and/or gender identity.

A declaration of commitment was issued by 33 parliamentarians from the Republic of Congo and Pan-African Parliament, the President of the National AIDS Assembly, President of the Senate and President of the AIDS Commission, renewing their commitment to address legal barriers for key populations and young people to access to services.

As a result of Joint Team advocacy, the final Resolution of Africa Common Declaration on Beijing +25 included the issues of HIV and gender and was adopted by Members States in the region.

## **Contribution to the integrated SDG agenda**

Guidance and technical support to the Southern African Development Cooperation Parliamentary Forum resulted in the development of the Regional Gender Responsive Oversight Model—a framework used by National Women’s Parliamentary Caucuses to monitor the implementation of UN Commission on the Status of Women Resolution 60/2. This tool helps parliaments address structural drivers of HIV among girls and young women, by monitoring the implementation of laws, policies and programmes that can contribute to preventing HIV among girls and young women.

A Framework of Action for engaging men and boys, developed in partnership with the Sonke Gender Justice NGO, was drafted, based on lessons learned from engagement work done with men and boys, as well as a review of literature. That work resulted in an online resource which can be searched by topic, country and type of guidance required by the user ([www.menandhiv.org](http://www.menandhiv.org)).

## **Challenges and bottlenecks**

Young people, particularly adolescent girls and young women have inadequate access to SRHR and HIV services, due to misaligned laws and policies on age of consent, stigma and discrimination. There is also push-back on HIV prevention in schools, particularly around access to comprehensive sexuality education (CSE) and SRHR services.

A highly criminalized environment for the LGBTI community, sex workers and people who use drugs in almost all counties in the region, paired with limited national ownership and stewardship of adolescent girls and young women and key population programmes, has resulted in slow progress around regional and global guidance and commitments.

Linkage in HIV testing, treatment and care is a key challenge in several countries, while EID and paediatric treatment remain major challenges throughout the region.

Reliable data on key populations, including prevention and treatment coverage, are not yet sufficiently available and granular data for evidence-informed programming and monitoring of services is lacking. This is exacerbated by a general reluctance to accept data collected and presented by key population groups as valid.

National programmes for people who inject drugs are lacking and effective services for this key population, such as harm reduction and PrEP, have not been scaled up.

## **Key future actions**

Support adaptation of youth-friendly ICT and improvement of efficiency to expand prevention programming and reinforce adolescents' comprehensive knowledge on HIV, SRHR, sexuality- and gender-based violence, along with other accelerators for improving adolescents' health, through social media platforms.

Leverage greater ownership and scale up of adolescent girls and young women and key population programming, including final review of the Eastern and Southern Africa Commitment on SRHR.

Facilitate adoption of the 2018 WHO EID guidelines for quality EID and follow up of HIV-negative children.

Conduct joint country visits and facilitate and provide technical assistance to countries on prevention self-assessment, acceleration roadmap for 90–90–90 scale-up, point-of-care diagnostics for EID and strengthened linkages of children to care and treatment, as well as rapid scale-up of key population prevention programmes to address gender-based violence and violence against key populations.

Support strengthening of regional and national systems, as well as community-led research to collect and analyse data (disaggregated by age, gender and geographic location), enhance its granularity, and expand the use to identify programmatic and population gaps.

Conduct a Stigma Index study and initiate community-led evidence to complement the key population data.





**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)