According to reports East and Southern Africa remain the area most heavily affected by the HIV/AIDS epidemic, with 10 countries in the region accounting for 34% of the world's HIV/AIDS cases.
However, amidst these stark figures and though HIV/AIDS remains one of Africa's most significant public health challenges, significant progress has been made. For example, prior to 2001, HIV/AIDS treatment in Africa was nearly nonexistent; yet by 2012, approximately 7.5 million Africans were receiving anti-retroviral therapy (ART).

As well, a 2013 UNAIDS report found that the annual number of new infections continues to decline, with especially sharp reductions in the number of children newly infected, while Africa has become a global leader in the drive to eliminate mother to child transmission of HIV.

One African country with an especially strong record battling HIV/AIDS is Eritrea. Eritrea is on pace to achieve the UN's Millennium Development Goal related to combating HIV/AIDS, malaria, and other diseases. Further, Eritrea's figures are distinguished as amongst the best, both within the region and comparatively across the continent. At the same time, the potentially devastating consequences posed by HIV/AIDS – in terms of severe human toll and national developmental disaster – mean that Eritrea has little room for complacency. Rather, the country must augment existing programmes and continue to promote effective initiatives and interventions in order to control and reduce the harmful impact of HIV/AIDS.

The first documented case of HIV/AIDS in Eritrea dates back to 1988, during the latter stages of the independence struggle. During this period, prevalence was 2.0%. Though the figures were "relatively low" in comparison to other countries in Africa, the situation was serious enough. However, in stark contrast to the dire projections, Eritrea currently has a very low prevalence, one of the lowest in Africa. An examination of Eritrea's achievements – made in spite of a multitude of challenges – finds that they have been the result of a wide array of efforts.

Notably, some of the success may relate to Eritrea's targeting of traditional and patriarchal stereotypes and practices, many of which can serve to increase HIV/AIDS risk factors. For example, in several countries throughout the region, child or adolescent marriage is still quite common. In addition to representing a significant child rights issue, the practice is thought to increase HIV/AIDS prevalence via several mechanisms. Importantly, Eritrea has made child and adolescent marriage (under 18) illegal, and remained committed to enforcement, especially within rural areas. Accordingly, the outcome is that one potential risk factor for HIV/AIDS has been averted.

As well, female genital mutilation (FGM) – a harmful traditional practice found in parts of Africa and the Middle East – was outlawed in 2007, although efforts to eradicate were in place during Eritrea's pre-independence era. Like child marriage, not only is FGM a women's, child, and human rights issue, it can place females at a high risk for HIV/AIDS through several causal pathways. Beyond abolishment, Eritrea has also promoted support, awareness, educational, prevention, and recovery programs in both urban and rural areas. Consequently, FGM prevalence rates have decreased, women's and children's rights have been better protected, and potential risk factors for HIV/AIDS have been prevented.

Gender equality has been a central focus in the country, potentially providing the foundation for continued positive outcomes in battling HIV/AIDS. Further, the feminization of poverty places women at a tremendous risk for HIV/AIDS since "above all… poverty limits people's options for protecting themselves and forces them into situations of heightened risk." Through improving gender equality, a key driver of the HIV/AIDS epidemic may be controlled since women will face fewer barriers in accessing HIV prevention, treatment and care services due to limited decision-making power, lack of control over financial resources, restricted mobility, or unbalanced child-care responsibilities.

Eritrea's efforts at improving gender equality and decreasing the burden of poverty borne by women include, inter alia: ratifying several relevant international rights instruments, including The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979); making gender equality a fundamental component of the National Education Policy and national poverty reduction strategies; issuing Labour and Land Reform Proclamations to secure the equal status of women in society; and working closely with the National Union of Eritrean Women (NUEW) to coordinate, monitor, and implement gender-equality programs and policies across all sectors of society.

In addition to the broad societal and legal factors contributing to the nation's HIV/AIDS response, Eritrea's national public health measures have proven quite effective. Like other countries that have made successful responses, commitment has come from the highest level, starting with President Afwerki, who states, "It is our timely duty, more so than at any other time, to go beyond control, to eradicate this disease from the face of the earth and to defend ourselves against it."

Eritrea's Ministry of Health (MoH) has been central within the national response. Specifically, it established a national HIV/AIDS policy that, amongst other things, provided guidelines on

preventative activities, the provision of treatment and care, and securing the rights and dignity of people living with HIV/AIDS. A notable, tangible outcome of the policy was the implementation of the HAMSET programme, which seeks to reduce the economic, social and health burden caused by HIV/AIDS, Malaria, Sexually Transmitted Infections (STIs) and Tuberculosis. Particular features of the programme include data collection, upgrading resources, expanding and enhancing facilities, and improving health management structures.

National institutional efforts, particularly the establishment of Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) centers, have also been critical within Eritrea's response. There are two types of VCT sites: free standing and integrated VCT sites located inside health facilities. VCTs offer rapid testing and pre- and post-test counseling, are staffed with trained counselors, and they operate according to national guidelines. PMTCT centers chiefly focus on pregnant women, offering testing services and supporting those found HIV positive in preventing the transmission of HIV to their children.

Impressively, while in 2001, there were a mere 19 VCTs (18 integrated and 1 free standing), by 2011, there were 239 VCTs dispersed throughout the country (228 integrated and 11 free standing). Regarding PMTCTs, whereas in 2002 there were a total of 3 located in Eritrea, by 2011 there were a total of 198 PMTCTs found across the country. Consequently, Eritreans have received greater access to better quality care (quite important for rural populations), as well as training, education, and support.

Another important component of the nation's response has been the National Union of Eritrean Youth and Students (NUEYS), which has promoted education and awareness of HIV/AIDS across all demographic groups. First beginning its activities in the 1990s, NUEYS has been vigorous and effective in communicating safe practices, offering awareness and educational programs, and providing youth peer counseling. As a result, awareness of HIV/AIDS [is] nearly universal [in Eritrea]".