

Overview of progress towards the Sustainable Development Goal 3.3 targets on HIV, tuberculosis, viral hepatitis and sexually transmitted infections in the EU/EEA, 2025

Data from 2023–2024

Key findings at a glance

- **EU/EEA countries are not on track** to reach many of the SDG 3.3 health targets on HIV, tuberculosis, viral hepatitis and sexually transmitted infections.
- **Millions of people in the EU/EEA** are living with or experiencing the effects of these illnesses and nearly 59 000 people die from them annually, with 90% of these deaths due to hepatitis B and C.
- **Highly effective prevention and control measures** are available for each of these illnesses and recommended priority actions include scaling up prevention interventions, scaling up effective integrated testing and treatment services, and improving data for action.

Although preventable, HIV, tuberculosis (TB), viral hepatitis and sexually transmitted infections (STIs) remain public health issues in the European Union and European Economic Area (EU/EEA), causing substantial morbidity and nearly 59 000 deaths annually – 90% of which are due to hepatitis B and C.

Further work is needed in the EU/EEA to accelerate progress and reach the Sustainable Development Goal (SDG) 3.3 targets by 2030 to end the epidemics of AIDS and TB, and to combat viral hepatitis. With a few exceptions, most EU/EEA countries are either not on track to reach the targets related to these diseases by 2030 or lack the data to measure progress towards the targets. There are large inequities across countries in the availability and coverage of prevention, testing and treatment services.



For more information, read ECDC's monitoring report [‘Overview of progress towards the Sustainable Development Goal 3.3 targets on HIV, tuberculosis, viral hepatitis and sexually transmitted infections in the EU/EEA, 2025 – Data from 2023–2024’](#)

In the EU/EEA

500 000

Nearly 500 000¹ cases of HIV, TB, hepatitis B, hepatitis C, chlamydia, gonorrhoea and syphilis are reported annually.

800 000

Approximately 800 000 people are living with HIV².

3.2 million

Approximately 3.2 million people are living with hepatitis B³.

1.8 million

Approximately 1.8 million people are living with hepatitis C⁴.

¹ 2024 estimates

³ 2022 estimate

² 2024 estimate

⁴ 2019 estimate

Progress summary

- Incidence estimates for HIV and TB have declined but still have not reached the reduction targets. While incidence data are lacking for viral hepatitis and STIs, incidence estimates for hepatitis B and C are not declining and are increasing for gonorrhoea and syphilis in many EU/EEA countries.
- Although progress has been made in the area of prevention, the EU/EEA has not met the targets for implementing highly effective public health interventions.
- The EU/EEA is on track to meet the testing and treatment targets for HIV and has reached the TB detection rate target; however, treatment success for TB remains well below the target of 90% of patients being successfully treated.
- Vast numbers of people are still living with undiagnosed hepatitis B and C in the EU/EEA, putting them at risk of severe consequences and mortality. The limited data available indicate major shortfalls related to hepatitis B virus (HBV) and hepatitis C virus (HCV) testing and treatment.
- Progress for STIs cannot be assessed due to limited data availability.

Recommended priority actions

Priority actions that must be taken to reach the SDG 3.3 targets and reduce morbidity and mortality associated with these infections in the EU/EEA are to:

- Scale up prevention interventions;
- Scale up effective integrated testing and treatment services; and
- Improve data for action.

Incidence (new infections)

Estimated **HIV incidence** has decreased by 20% since 2010 but still has not reached the 2025 target of a 75% reduction.

Estimated **TB incidence** has decreased by 37% since 2015 but still has not reached the 2025 target of a 50% reduction.

EU/EEA-level data on the incidence of **chronic hepatitis B and C incidence** are insufficient to measure progress towards the target, but reported diagnoses of acute hepatitis B are increasing.

EU/EEA-level **incidence estimates for STIs** are not available; however, the number of reported syphilis and gonorrhoea diagnoses is increasing.

Incidence	Midterm status
HIV	2025 target not met
Tuberculosis	2025 target not met
Hepatitis	No data
Sexually transmitted infections	No data

Prevention	Midterm status
PrEP for HIV	2025 target not met
Needle and syringe exchange	2025 target not met
Opioid agonist treatment	2025 target not met
Condom use	Insufficient data
TB preventive treatment for childhood contacts	2025 target not met
HBV vaccination	2025 target not met



Testing	Midterm status
HIV	Within 5% of target
Tuberculosis	2025 target met
Hepatitis	Insufficient data
Sexually transmitted infections	Insufficient data

Treatment	Midterm status
HIV	2025 target met
Tuberculosis	2025 target not met
Hepatitis	Insufficient data
Sexually transmitted infections	Insufficient data



Prevention

Although efforts are being made to implement prevention measures across the region, this progress still falls short of the targets that have been set for the following indicators:

- Pre-exposure prophylaxis (PrEP) to prevent HIV acquisition;
- Provision of needles and syringes through exchange programmes to prevent viral hepatitis and HIV;
- Opioid agonist treatment to prevent viral hepatitis and HIV;
- Condom use to prevent HIV, hepatitis and STIs;
- TB preventive treatment for childhood contacts; and
- HBV vaccination.

Testing and treatment

In the EU/EEA, 7% of people living with **HIV** remain unaware of their status, 5% of those diagnosed are not on HIV treatment and 6% of those on treatment have not reached viral suppression.⁵ This means that, overall, one in six people living with HIV in the region are living with transmissible levels of virus.

The **TB** case detection target of 85% for 2025 was reached. However, achieving TB treatment success remains a challenge, as progress in 2025 was well below the 90% target.

The available data are insufficient to assess progress toward the testing and treatment targets for **hepatitis** and **STIs**.

⁵ Targets: 95% of people living with HIV know their status (have been diagnosed), 95% of people diagnosed with HIV receive treatment, 95% of people on treatment have suppressed viral loads

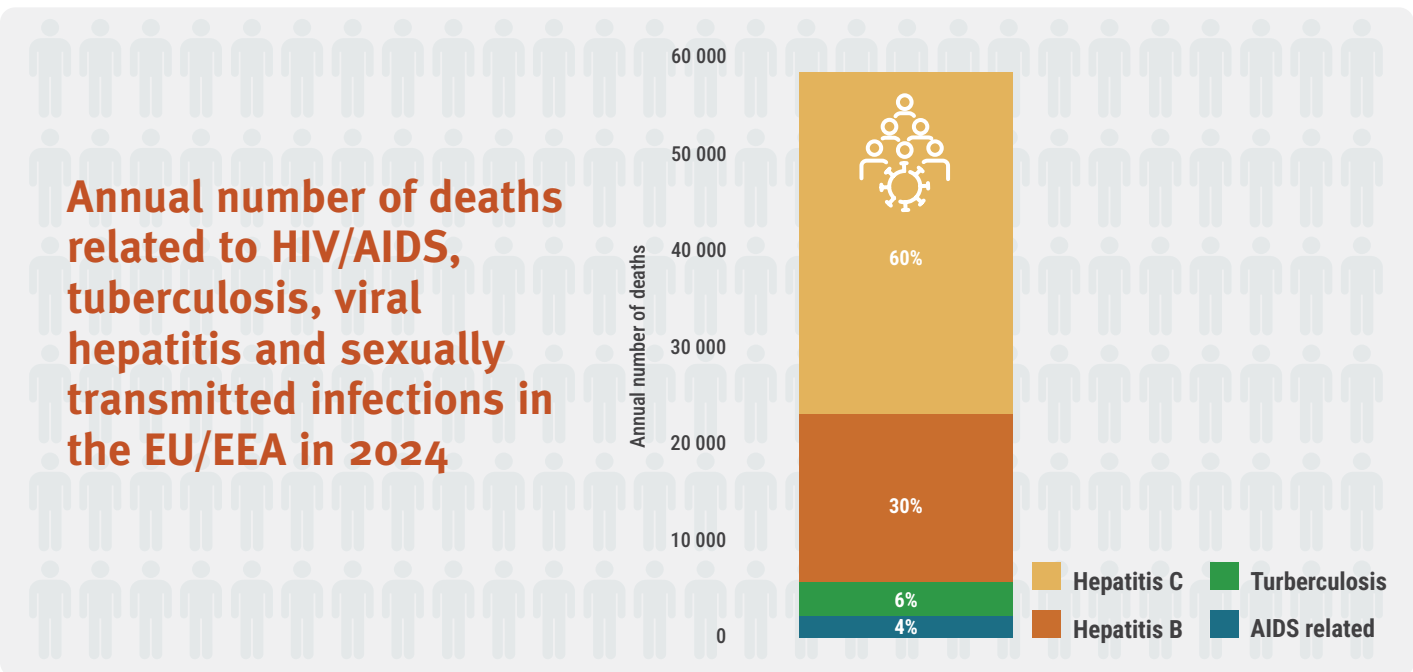
Mortality	Midterm status
HIV	Within 5% of target
Tuberculosis	2025 target not met
Hepatitis B	2025 target met
Hepatitis C	2025 target not met

Mortality

Although mortality has decreased by 47% for **HIV** since 2010 and by 16% for **TB** since 2015, neither trend is on track to reach the targets of a 50% reduction for HIV and a 75% reduction for TB by 2025.

For **hepatitis B and C**, mortality remains high, with no sign of a declining trend.

Together, **these four diseases** cause over 59 000 deaths annually in the EU/EEA, with 90% of these deaths due to hepatitis B and C.



Priorities for action

1

Scale up prevention interventions



- **For HIV**, further expand the number of people receiving PrEP and ensure equity of access for all population groups in need, including but also beyond gay, bisexual and other men who have sex with men.
- **For TB**, scale up prevention efforts such as contact tracing and TB preventive treatment for childhood contacts.
- **For HIV, HBV and HCV**, scale up comprehensive harm reduction programmes for people who inject drugs in order to prevent onward transmission.
- **For HBV**, prioritise intensifying activities to increase the uptake of vaccination against the virus among all affected population groups in all EU/EEA countries.

2

Scale up effective integrated testing and treatment services



- Tailor testing and treatment services to the needs of key populations and expand support services for retention in care.
- Remove barriers to accessing testing and treatment services, and expand innovative testing approaches such as community-based lay provider testing and opt-out testing in emergency departments.
- Scale up testing services that offer testing for multiple infections during one visit in a broad range of settings.
- Focus on efforts that enrol and retain people for completion of effective treatments, using a people-centred approach with integration of services.

3

Improve data for action



- Improve the availability of high-quality surveillance and monitoring data in order to track progress and guide public health action.
- Increase efforts to strengthen implementation of modelling approaches to estimate progress towards key targets – including but not limited to incidence and mortality – both at national and EU/EEA levels, in particular for HBV and HCV.
- Prioritise improving the availability of data for key populations across disease areas.

Overview of current progress towards SDG 3.3 targets

The following tables provide an overview of the indicators, targets and their status in 2024 (or latest available data).



	Infection	Indicator	2025 target	2030 target	Status in 2024
Incidence	HIV	Number of estimated new HIV infections per year	75% reduction from a 2010 baseline	90% reduction from a 2010 baseline	20% decline
	Tuberculosis	TB incidence per 100 000 population	50% reduction from a 2015 baseline	85% reduction from a 2015 baseline	37% decline
	Hepatitis B	Number of new HBV infections per year	11 new infections per 100 000 population	Two new infections per 100 000 population	No data
	Hepatitis C	Number of new HCV infections per year	13 new infections per 100 000 population	Five new infections per 100 000 population	No data
	Sexually transmitted infections	Number of new syphilis and gonorrhoea cases per year	20% reduction from a 2020 baseline	90% reduction from a 2020 baseline	No data

Prevention	HIV	Percentage of people at very high and moderate risk of HIV acquisition accessing pre-exposure prophylaxis (PrEP)	50% of those at very high risk; 5% of those at moderate risk	50% of those at very high risk; 5% of those at moderate risk	No data
		Number of people on PrEP	300 000 in the EU/EEA	660 000 in the EU/EEA	203 000 people in EU/EEA ^a
	HIV, hepatitis	Needles and syringe programme, number distributed per person who injects drugs.	200 per year	300 per year	NSP: Seven countries reached the 2025 target ^b OAT: 15 countries reached the 2025 target ^c
		Percentage of high-risk opioid users receiving opioid agonist treatment.	40%	40%	Six countries reached both 2025 targets ^a
	HIV, hepatitis, sexually transmitted infections	Condom use at last sex	90%	90%	gbMSM: 25–75%; no country reached the 2025 target ^d PWID: 14–34%; no country reached the 2025 target ^e Migrants: 11–55%; no country reached the 2025 target ^f SW: 55–100%; two countries reached the 2025 target ^g Transgender people: 62–85%; no country reached the 2025 target ^h
			Tuberculosis	TB preventive treatment for contacts less than five years old	90% coverage
Hepatitis B	Childhood HBV vaccination coverage (third dose).	95% coverage	95% coverage	Nine countries reached the 2025 target ^b	

	Infection	Indicator	2025 target	2030 target	Status in 2024
Testing	HIV	Percentage of people living with HIV diagnosed (first UNAIDS 95-95-95 target)	95%	95%	93% (range: 72% to ≥99%); eight countries reached the 2025 target ^l
	Tuberculosis	Percentage of estimated new and relapse TB patients who have been notified (TB case-detection rate)	85%	85%	86% (range: 69–100%); 18 countries reached the 2025 target ^k
	Hepatitis	Percentage of people living with HBV who have been diagnosed	60%	90%	Range: 33–57%; no countries reached the 2025 target ^h
		Percentage of people living with HCV who have been diagnosed	60%	90%	Range: 11% to >99%; three countries reached the 2025 target ^h
	Sexually transmitted infections	Percentage of priority populations* screened for gonorrhoea	20%	90%	gbMSM: 47%; one country reached the 2025 target ^l PLHIV: 87%; one country reached the 2025 target ^l
		Percentage of priority populations* screened for syphilis	80%	90%	gbMSM: 0–51%; no country reached the 2025 target ^l Migrants: 2%; no country reached the 2025 target ^l PLHIV: 5%; no country reached the 2025 target ^l
Treatment	HIV	Percentage of people diagnosed with HIV who are receiving treatment (second UNAIDS 95-95-95 target)	95%	95%	95% (range: 52% to ≥99%); 16 countries reached the 2025 target ^m
		Percentage of people diagnosed with HIV on treatment who have suppressed viral loads (third UNAIDS 95-95-95 target)	95%	95%	94% (range: 82% to ≥99%); 17 countries reached the 2025 target ^c
	Tuberculosis	Percentage of all new and relapse TB patients who were successfully treated (TB treatment success rate)	90%	90%	64% (range: 20–90%); two countries reached the 2025 target ⁿ
	Hepatitis	Percentage of people living with HBV who were treated	50%	80%	Range: 2–13%; no countries reached the 2025 target ^h
		Percentage of people living with HCV who were treated and cured	50%	80%	Range: 5–11%; no countries reached the 2025 target ^h
	Sexually transmitted infections	Percentage of priority populations* screened positive for gonorrhoea who receive treatment	90%	95%	Young people aged 15–24 years: 7–100%; three countries reached the 2025 target ^e gbMSM: 81–98%; one country reached the 2025 target ^f SW: 100%; one country reached the 2025 target ^l Transgender people: 82–100%; one country reached the 2025 target ^f PLHIV: 95–100%; two countries reached the 2025 target ^f
		Percentage of priority populations* screened positive for syphilis who receive treatment	90%	95%	gbMSM: 97–100%; two countries reached the 2025 target ^f Migrants: 100%; one country reached the 2025 target ^l PLHIV: 17–100%; one country reached the 2025 target ^f

	Infection	Indicator	2025 target	2030 target	2024 status
Mortality	HIV	Number of AIDS-related deaths per year	50% reduction from a 2010 baseline	90% reduction from a 2010 baseline	47% decline
	Tuberculosis	Number of TB deaths per year	75% reduction from a 2015 baseline	90% reduction from a 2015 baseline	16% decline
	Hepatitis	Number of deaths due to HBV per year	Seven deaths per 100 000 population	Four deaths per 100 000 population	3.8 deaths per 100 000 population
		Number of deaths due to HCV per year	Three deaths per 100 000 population	Two deaths per 100 000 population	7.8 deaths per 100 000 population

gbMSM: gay, bisexual and other men who have sex with men; HBV: hepatitis B virus; HCV: hepatitis C virus; NSP: needle and syringe programme; OAT: opioid agonist treatment; PWID: people who inject drugs; PrEP: pre-exposure prophylaxis for HIV; STIs: sexually transmitted infections; SW: sex worker; TB: tuberculosis.

* Priority populations should be defined by countries based on their epidemiological and social contexts.

^a From 22 countries with available data

^b From 25 countries with available data

^c From 23 countries with available data

^d From five countries with available data

^e From eight countries with available data

^f From two countries with available data

^g From six countries with available data

^h From four countries with available data

ⁱ From 11 countries with available data

^j From 28 countries with available data

^k From 29 countries with available data

^l From one country with available data

^m From 26 countries with available data

ⁿ From 24 countries with available data

