



ECDC EVIDENCE BRIEF

Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia – 2025 progress report

November 2025

Dublin Declaration

This evidence brief summarises the progress towards UN Sustainable Development Goal 3.3 to 'end the epidemic of AIDS' in the European Union and European Economic Area (EU/EEA). It is largely based on data collected by the European Centre for Disease Prevention and Control (ECDC) through an online reporting tool disseminated to the 30 EU/EEA countries between February and April 2025, followed by data validation during April-June, to monitor implementation of the 2004 Dublin Declaration.



Although reported in 2025, data for most of the indicators relate to 2024. If no new data were reported, data from the most recent year available were reused (2020 or later).

Key messages

- Nearly 800 000 people are living with HIV in the European Union/European
 Economic Area (EU/EEA). The United Nations Sustainable Development Goal (SDG)
 3.3 aims to end AIDS by 2030. The Joint United Nations Programme on HIV/AIDS
 (UNAIDS) and the World Health Organization (WHO) have set global targets for
 2025 and 2030. This evidence brief provides an update on the progress in relation
 to HIV prevention, testing and treatment, the number of new HIV infections, HIVrelated deaths and HIV-related stigma and discrimination in the EU/EEA. Annex 1
 provides country-level progress towards meeting these targets.
- In terms of **prevention**, although pre-exposure prophylaxis (PrEP) availability
 and uptake has increased across the region, five countries in Europe have not
 developed PrEP guidelines. Where PrEP is available, there is room for
 improvement in the number of people accessing it, the equity in its delivery, and
 estimates of the unmet need for PrEP per country.
- With regard to testing and treatment, the EU/EEA is on track overall to meet the 95-95-95 targets for 2030 set by UNAIDS, with 93% of all people living with HIV knowing their HIV status, 95% of people who know their status on treatment, and 94% of those on treatment having suppressed viral loads. However, one in six of all people living with HIV (17%) in the 23 EU/EEA countries with available data had not achieved viral suppression and only 11 countries had achieved the overall 86% target of ensuring that all people living with HIV are virally suppressed by 2025 – although this is an improvement on two countries that had achieved the target at the end of 2022.
- While the number of new HIV infections and the number of HIV-related deaths have fallen over the last decade in the EU/EEA, based on current trajectories increased efforts need to be made to improve prevention, testing and treatment services in the region if the 2025 and 2030 targets for incidence and mortality are to be achieved.
- More than 10% of people living with HIV report experiencing HIV-related stigma and discrimination in healthcare and community settings, indicating that further work is required to reach the goal of zero stigma.
- For some indicators, many countries did not report data. A lack of robust, reliable data presents a significant challenge to assessing progress on certain aspects of the HIV response. Improved monitoring, estimation and reporting systems and processes are urgently needed to better understand and take action to end the HIV epidemic by 2030.

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Introduction

In 2015, all the Members of the United Nations (UN), including the countries in the EU/EEA, committed to working towards achieving the Sustainable Development Goals (SDGs) by 2030 in order to shape the global future in a 'new, better and more intentional way' [1].

The SDGs, comprising 17 goals with 169 targets and 232 indicators, address many interlinked aspects of development, including poverty, hunger, health, gender equality, education and economic growth. The third goal, 'to ensure healthy lives and promote well-being for all at all ages', includes Target 3.3: 'end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases' [2].

In 2021, UNAIDS published the Global AIDS Strategy 2021–2026 to help end AIDS as a public health threat by 2030 [3]. The strategy aims to 'reduce the inequalities that drive the AIDS epidemic and put people at the centre' of the HIV response. The UNAIDS Strategy includes global targets related to testing and treatment which form a continuum of care, a conceptual framework that provides a snapshot of critical stages toward achieving viral suppression among people living with HIV (Figure 1). Achieving a high rate of viral suppression for people living with HIV is key to reducing the impact of the HIV epidemic, both at the population and individual level, resulting in reduced transmission, morbidity and mortality. In addition, due to the sequential nature of the UNAIDS testing and treatment targets, they allow countries to monitor, evaluate and improve the effectiveness of specific areas of their national HIV response.

UNAIDS testing and treatment targets for 2025

- 95% of people living with HIV know their HIV status;
- 95% of people living with HIV who know their HIV status are on antiretroviral therapy;
- 95% of people living with HIV who receive antiretroviral therapy have suppressed viral loads;
- 86% of all people living with HIV have suppressed viral loads.

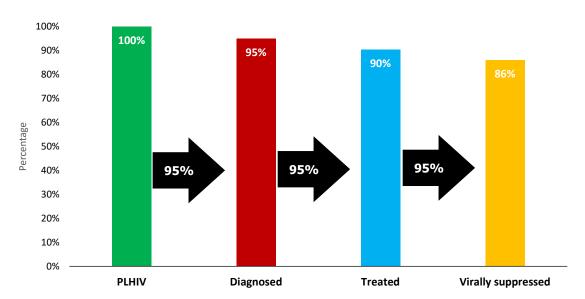


Figure 1. Continuum of HIV care, as envisioned by the 95-95-95 UNAIDS targets for 2025

PLHIV: people living with HIV. Source: Global AIDS Strategy 2021-2026: End Inequalities. End AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 [3].

In addition to the continuum of care targets, the UNAIDS Strategy also includes targets related to reducing incidence (new infections) and mortality (HIV-related deaths), the so-called elimination targets. The Strategy also includes various other targets identified as critical for progressing towards the SDGs, such as targets for increasing prevention services, improving women's health services, reducing stigma and discrimination and removing punitive laws and policies [3].

This evidence brief will focus on a selection of targets, as outlined in Table 1. The targets in the UNAIDS Strategy are coherent with the HIV targets in the World Health Organization's Global Health Strategy and European Regional Action Plan on HIV, viral hepatitis and sexually transmitted infections, 2022–2030 [4, 5]. Annex 1 provides an overview of data availability and progress towards the UNAIDS Global AIDS Strategy targets at country level.

Table 1. Key indicators and targets for monitoring progress towards HIV prevention, testing and treatment and elimination in the EU/EEA

| Area | Indicators to measure progress towards the SDG 3.3 | 2025 targets | | | |
|-------------------------------|---|--|--|--|--|
| Prevention | Number and percentage of people at very high and moderate risk of HIV acquisition who received pre-exposure prophylaxis (PrEP) at least once during the reporting year. | 50% of those at very high risk.5% of those at moderate risk.500 000 people on PrEP in the WHO European Region. | | | |
| Incidence | Number of people newly infected with HIV per year. | A 75% reduction in new HIV infections from a 2010 baseline. | | | |
| Testing and treatment | Percentage of people living with HIV who know their HIV status. | 95% of people living with HIV know their HIV status. | | | |
| | Percentage of people who know their HIV-positive status that receive antiretroviral therapy | 95% of people living with HIV who know their status are on antiretroviral therapy. | | | |
| | Percentage of people living with HIV and receiving antiretroviral therapy who have suppressed viral loads. | 95% of people living with HIV and receiving antiretroviral therapy have suppressed viral loads. | | | |
| | Percentage of all people living with HIV who have suppressed viral loads. | 86% of all people living with HIV have suppressed viral loads. | | | |
| Supportive policy environment | Percentage of people living with HIV and key populations who report experiencing stigma and discrimination in healthcare and community settings. | Less than 10% of people living with HIV experience stigma and discrimination. | | | |
| Mortality | Number of people dying from HIV-related causes per year. | A 50% reduction in HIV-related deaths from a 2010 baseline. | | | |
| | Percentage of countries that criminalise sex work, possession of small amounts of drugs, same-sex sexual behaviour, and HIV transmission, exposure or non-disclosure. | Less than 10% of countries have punitive legal and policy environments that deny or limit access to services. | | | |

Progress towards the SDG targets in the EU/EEA

Prevention

UNAIDS targets for 2025

- 50% of people at very high risk of HIV acquisition and 5% of those at moderate risk of HIV acquisition receive pre-exposure prophylaxis (PrEP).
- 500 000 people receiving PrEP in the WHO European Region.

Pre-exposure prophylaxis (PrEP) is an antiretroviral medication taken by people who are HIV-negative in order to reduce their risk of acquiring HIV. As a highly effective HIV prevention tool, PrEP accessibility and uptake is an important element in the HIV response, and critical for progress towards ending the AIDS epidemic [6-8]. In the EU/EEA, 22 countries reported that PrEP guidelines had been developed and were being implemented [9]. Furthermore, three countries said that guidelines had been developed but were not yet being implemented (Cyprus, Greece and Romania) – although a few people were reported as having received PrEP in 2024 (Figure 2). Five countries (Bulgaria, Hungary, Latvia, Lithuania and Slovenia) reported that no PrEP guidelines had been developed, however, Slovenia is implementing PrEP as part of its national programme based on European (EACS) guidelines [9]. Bulgaria, Latvia and Lithuania indicated that plans are underway to adopt a PrEP recommendation.

Measuring this target is challenging due to the fact that most countries lack data on both the numerator (exactly how many people received PrEP at least once during the reporting year), and the denominator (determining the size of the population in need of PrEP or 'at very high risk of HIV acquisition'). The WHO Regional Action Plan for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022-2030 includes a more measurable target of 500 000 people receiving PrEP in the WHO European Region by 2025 [5]. In 22 of the 30 EU/EEA countries with available data on PrEP use for 2024, a total of 203 223 people had received PrEP at least once in the last 12 months, ranging from 59 326 in France, 40 000 in Germany and 34 247 in Spain to ≤50 in Cyprus, Greece and Lithuania (Figure 2). This is an increase of 40 000 people compared with 2023 and 70 000 people compared with 2022.

PrEP scale-up is not evenly distributed across population groups, with 95% of all people on PrEP being men who have sex with men.

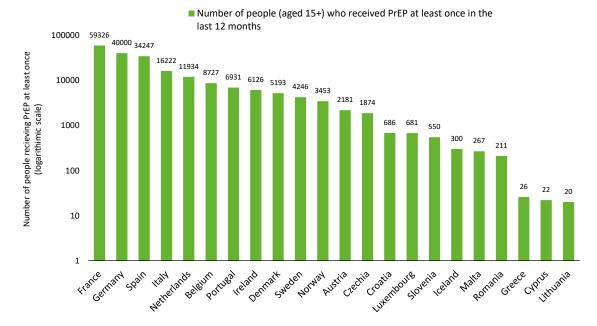


Figure 2. Number of people receiving PrEP at least once in 2024*, EU/EEA countries (n=22)

* 2024 or most recent year with available data. Data from Belgium, Cyprus, Lithuania, Malta and Portugal are from 2023; data from Luxembourg and Sweden are from 2021. No data available from Estonia, Finland, Liechtenstein, Poland and Slovakia. Bulgaria, Hungary and Latvia do not have PrEP guidelines/recommendations available and are not implementing PrEP and are therefore not included.

Unmet needs for PrEP

In addition to understanding how many people are accessing PrEP, it is important to identify gaps in access [9]. Only four countries in the EU/EEA were able to estimate the proportion of men who have sex with men in need of PrEP who were receiving it: France (33%), Germany (50%), Romania (50%) and Slovenia (20%). Only one country provided estimates of the unmet needs for PrEP in other population groups. These data reveal an important information gap regarding the unmet needs for PrEP overall, and particularly in population groups other than MSM. In order to reduce the unmet PrEP needs, it is important to better understand and continue to remove barriers to PrEP access. Countries are encouraged to assess their unmet needs for PrEP across population groups, improve understanding of their local PrEP needs and address the barriers limiting PrEP scale-up.

Incidence

UNAIDS targets for 2025 and 2030

- A 75% reduction in new HIV infections by 2025 from a 2010 baseline.
- A 90% reduction in new HIV infections by 2030 from a 2010 baseline.

Despite advances in HIV prevention and increased accessibility to prevention services, such as PrEP, the estimated number of new HIV infections remains high in the EU/EEA. In 2024, an estimated 19 500 people were newly infected with HIV, 4 000 women and 15 5000 men (Figure 3). This represents a 20% decrease in the annual number of estimated new HIV infections compared with a 2010 baseline. Additional efforts are required to further reduce the number of people becoming newly infected with HIV in the EU/EEA each year and get the region on track to meet the target of a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030.

30,000

Total Women Men

25,000

20,000

15,000

10,000

5,000

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

Year

Figure 3. Estimated new HIV infections, EU/EEA, 2010–2024

Dotted lines indicate progress needed to reach the 2025 and 2030 targets. Source: UNAIDS estimates, 2025.

Testing and treatment

UNAIDS targets for 2025

- 95% of people living with HIV know their HIV status;
- 95% of people living with HIV who know their HIV status are on antiretroviral therapy;
- 95% of people living with HIV who receive antiretroviral therapy have suppressed viral loads;
- 86% of all people living with HIV have suppressed viral loads.

People living with HIV who know their HIV status

Twenty-eight countries in the EU/EEA were able to provide data on the estimated number of people living with HIV who know their status (have been diagnosed) (Figure 4). Of the estimated 791 755 people living with HIV in these 28 countries, 734 635 (93%) had been diagnosed, ranging from 72% in Lithuania to >99% in Cyprus and Latvia. Eight countries had met the first 95% target, six more than in 2022, and an additional 11 were within 5% of reaching it. These data suggest that many EU/EEA countries are well on track to reach the 2025 target, but also that testing services must be scaled up in the countries that are lagging behind in order to for all EU/EEA countries to reach the 2025 target of 95% of all people living with HIV knowing their HIV status.

100% Target: 95% ____ 90% EU/EEA average: 93% 80% 70% 60% 50% 40% 30% 20% 10% Linkemboure Weiterlands Denmark Finland Potrika Estonia Germany reland celand Coatia sweder 12014 HOLMON Greece Romania Bulgaria , Clechia Slovenia France Belgium Spain

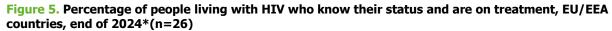
Figure 4. Percentage of all people living with HIV who know their HIV status, EU/EEA countries, end of 2024* (n=28)

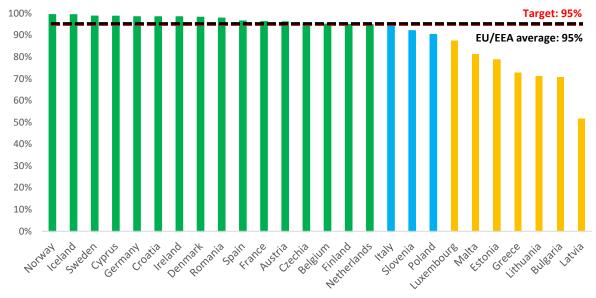
^{* 2024} or most recent year with available data (2020 or later): Austria, Belgium. Germany, Italy, Netherlands, Poland, and Portugal (2023 data); France and Ireland (2022 data), Malta, Norway, and Spain (2021 data). No data available from Hungary and Liechtenstein.



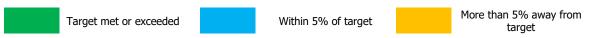
People living with HIV who know their status and are on treatment

In the 26 countries able to report data on the number of people living with HIV who know their status and are on treatment, 686 159 people were living with diagnosed HIV, 650 665 (95%) of whom were on antiretroviral therapy, ranging from 52% in Latvia to >99% in Norway and Iceland (Figure 5). This suggests that the EU/EEA as a whole has indeed reached the HIV treatment coverage target. At country level, 16 of the 26 countries had met the second 95% target, while three were within 5% of reaching it. Countries that have not yet reached the 2025 target should remove barriers for people to access treatment, scale up accessible and equitable treatment services and implement measures to support retention in treatment.





^{* 2024} or most recent year with available data (2020 or later): Austria, Belgium, Germany, Italy, Netherlands, and Poland (2023 data); France and Ireland (2022 data), Malta, Norway, and Spain (2021 data). No data available from Hungary, Liechtenstein, Portugal and Slovakia.



People on treatment reaching viral suppression

In the 23 countries across the EU/EEA that reported data on the percentage of people living with HIV who are on treatment and had suppressed viral loads, an estimated 630 128 were on treatment and 592 717 of them (94%) were virally suppressed, ranging from 82% in Romania to >99% in Croatia, Cyprus, Denmark, Iceland and Norway (Figure 6). With 17 countries having achieved the third 95% target and three being within 5% of reaching it, the EU/EEA as a whole is on track to achieve the 2025 target for viral suppression by 2025. However, data were unavailable for seven countries, meaning that progress at EU/EEA level overall could not be assessed in a valid manner, and suggesting that efforts to retain people on effective treatment regimens should remain a priority, particularly in countries that remain below the 95% target.

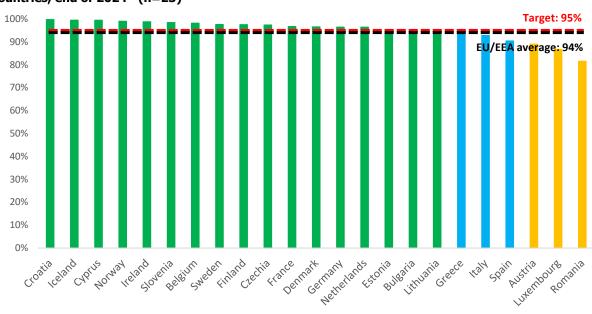
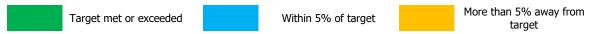


Figure 6. Percentage of people living with HIV on treatment who have suppressed viral loads, EU/EEA countries, end of 2024* (n=23)

^{* 2024} or most recent year with available data (2020 or later): Austria, Belgium, Germany, Italy, and Netherlands (2023 data); France and Ireland (2022 data), Norway, and Spain (2021 data). No data available from Hungary, Latvia, Liechtenstein, Malta, Poland, Portugal and Slovakia.



Viral suppression among all people living with HIV

Overall, 23 EU/EEA countries were able to report data for all four stages of the continuum of HIV care. Based on the data, 592 717 (83%; range 49–97%) of the estimated 710 218 people living with HIV in those 23 countries were virally suppressed. By the end of 2024, 11 countries (Belgium, Cyprus, Denmark, Finland, France, Germany, Iceland, Ireland, the Netherlands, Norway and Sweden) had met the overall substantive target of 86% of all people living with HIV having suppressed viral loads (Figure 7) — an improvement on the nine countries in 2022. Another five (Austria, Croatia, Cyprus, Italy and Spain) were within 5% of the target.

These updated numbers suggest that the EU/EEA remains just below the overall target of 86%, meaning that one in six (17%) of all people living with HIV in the 23 EU/EEA countries with available data were living with transmissible levels of virus. Seven countries (Bulgaria, Estonia, Greece, Lithuania, Luxembourg, Romania, and Slovenia) were below the target. It is also significant that seven countries (Hungary, Latvia, Liechtenstein, Malta, Poland, Portugal and Slovakia) had no data available and were currently unable to assess their progress towards the overall 95-95-95 target.

100% Target: 86% 90% 80% EU/EEA average: 83% 70% 60% 50% 40% 30% 20% 10% 0% Wetterlands Lixenboure celand Austria Germany Cloatia Clechia Finland Belgium Slovenia Romania Bulgaria reland France Ital4 Spain

Figure 7. Percentage of all people living with HIV who have suppressed viral loads, EU/EEA countries, end of 2024* (n=23)

* 2024 or most recent year with available data (2020 or later): Austria, Belgium, Germany, Italy, and Netherlands (2023 data); France and Ireland (2022 data), Norway, and Spain (2021 data). No data available from Hungary, Latvia, Liechtenstein, Malta, Poland, Portugal and Slovakia.



Mortality

UNAIDS targets for 2025 and 2030

- A 50% reduction in HIV-related deaths by 2025 from a 2010 baseline.
- A 90% reduction in HIV-related deaths by 2030 from a 2010 baseline.

Effective testing and treatment programmes are essential to reduce the number of AIDS-related deaths. In 2024, an estimated 4 300 people died from HIV-related causes in the EU/EEA, according to UNAIDS estimates. This represents a 47% decrease since 2010, suggesting that the EU/EEA is very close to reaching the 50% mortality reduction target for 2025 (Figure 8). For men, mortality declined by 52% and for women by 29%. However, estimates for the period since 2020 also suggest that the reduction in HIV-related deaths in the region has stagnated and even increased slightly in 2021. This might be explained in part by the impact of the COVID-19 pandemic, the persistent high proportion of people being diagnosed at a late stage of infection, and the aging cohort of people living with HIV. It is also worth noting that many EU/EEA countries had already reduced AIDS-related mortality substantially by the baseline year of 2010 due to widespread availability of antiretroviral therapy, meaning that a further reduction in AIDS-related deaths to 90% by 2030 might be difficult to achieve. It therefore remains important that countries continue to sustain, and scale up accessible testing and treatment services where necessary, to further reduce the number of people dying from HIV-related causes in the EU/EEA and progress towards the 2030 target.

0

■Total — Women = 4500 4000 3500 HIV-reated deaths 3000 2025 2500 target 2000 1500 2030 1000 target 500

Figure 8. Estimated number of HIV-related deaths, EU/EEA, 2010-2024

Dotted lines indicate progress needed to reach the 2025 and 2030 targets. Source: UNAIDS estimates, 2025.

At country level, the estimated rates of HIV-related deaths vary substantially across the EU/EEA countries, ranging from \geq 10.0 per 100 000 (Latvia) to \leq 0.1 per 100 000 (Croatia, Norway and Slovakia) (Figure 9).

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

13.8 14.0 AIDS-related deaths per 100 000 population 12.0 10.0 8.0 6.0 4.0 1.4 2.0 0.8 0.6 0.5 0.4 0.3 0.2 0.2 0.2 0.2 0.2 0.1 0.1 0.1 0.6 0.5 0.0 Cloatia Lithuania Portugal Bulgaria Denmark Ireland Latina Estonia EUIEEA Spain Greece Romar

Figure 9. Estimated AIDS-related deaths per 100 000 population, EU/EEA countries, 2024 (n=20)

Source: UNAIDS estimates 2025; official cause of death statistics for Germany. No published UNAIDS country-level mortality estimates were available from Austria, Cyprus, Czech Republic, Finland, France, Hungary, Liechtenstein, the Netherlands, Poland or Sweden.

Supportive policy environment

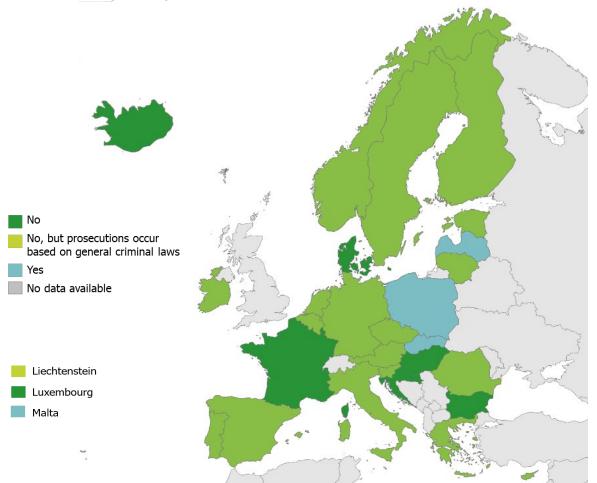
UNAIDS 2025 target

- Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.
- Less than 10% of people living with HIV experience stigma and discrimination.

Punitive laws and policies

Discriminatory laws that restrict people living with HIV and key populations at risk of HIV infection from accessing or utilising the health services they need can drive and sustain public health inequalities. In order to achieve SDG 3.3, UNAIDS recommends that these discriminatory laws are repealed, and legal structures implemented to support those affected by HIV [11]. In the EU/EEA, four countries (13%) reported the existence of laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission in 2024 (Figure 10). An additional 19 countries (63%) reported that, although no specific laws criminalising the transmission of, non-disclosure of, or exposure to HIV exist, prosecutions do occur based on general criminal laws. Only seven countries (23%) reported not having laws criminalising the transmission of, non-disclosure of, or exposure to HIV.

Figure 10. Countries that have laws criminalising HIV transmission, non-disclosure of, or exposure to HIV transmission, EU/EEA, 2024



Discriminatory laws that target key populations at risk of HIV, such as the criminalisation of sex work, same-sex relationships and the possession of drugs for personal use, can also have an impact on progression towards attaining SDG 3.3. Research indicates that countries with discriminatory laws of this type have up to 14.5% lower rates of viral suppression [12].

Among the 30 EU/EEA countries, although only two (Liechtenstein and Lithuania) reported that selling sexual services was criminalised, 11 countries (Bulgaria, Finland, France, Iceland, Ireland, Italy, Latvia, Liechtenstein, Luxembourg, Poland, and Romania) reported that ancillary activities associated with selling sexual services were criminalised, and six countries (France, Iceland, Ireland, Lithuania, Norway, and Sweden) reported that buying sexual services was criminalised. Only eight countries (27%) specifically reported that sex work was not subject to any punitive laws or regulations and was not criminalised.

All EU/EEA countries except one (97%) indicated that no punitive laws exist affecting lesbian, gay, bisexual, transgender or intersex (LGBTI) people. Only Poland reported that morality laws or religious norms exist which limit lesbian, gay, bisexual, transgender and intersex freedom of expression and association.

Regarding the existence of laws on drug possession, only 11 countries (20%) reported that the law either allows for the possession of a certain amount of drugs (six countries) or specifies that the possession of drugs for personal use is a non-criminal offence (eight countries). In turn, possession for personal use is considered a criminal offence in 19 (63%) countries.

Experienced stigma and discrimination in healthcare settings

Measurement of stigma and discrimination is challenging, as reflected in the low response rates to stigma-related indicators in previous ECDC and UNAIDS monitoring. In an effort to improve the understanding of HIV-related stigma in Europe and Central Asia, ECDC conducted two surveys to measure the experience of stigma among people living with HIV and key populations at risk of HIV: one in collaboration with the European AIDS Treatment Group (EATG) and AIDS Action Europe (AAE) focusing on stigma in community settings, and another in collaboration with the European AIDS Clinical Society (EACS) on stigma in healthcare settings.

Results from the 2021/2022 ECDC/EACS/AAE Community Stigma Survey of 1 772 people living with HIV in the EU/EEA highlighted that people continue to experience HIV-related stigma in healthcare settings (Figure 12) [13]. One in four respondents (23%) reported concerns about being treated differently by healthcare staff in the last 12 months. Consequently, this fear resulted in one in eight (12%) people living with HIV avoiding healthcare services altogether during the same period.

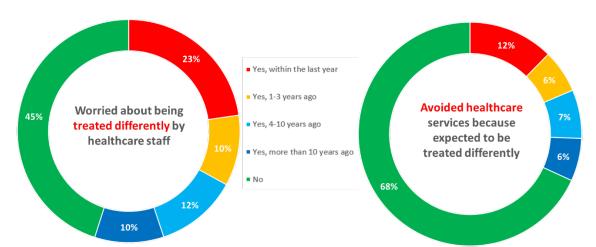


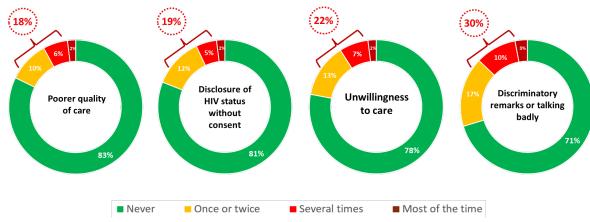
Figure 11. Reported experiences of HIV-related stigma in healthcare settings, EU/EEA, 2021/2022

Source: ECDC. Stigma: survey of people living with HIV. 2023 [13].

Additional data from the ECDC/EACS survey on HIV-related stigma in healthcare settings provided information on levels of misconception regarding HIV among healthcare staff, whether and how often healthcare providers had observed stigma and discrimination towards people living with HIV in their workplace during the past 12 months [14, 15].

The majority had never observed 'poorer quality of care' (83%), 'disclosure of HIV status without consent' (81%), 'unwillingness to care' (78%), or 'discriminatory remarks or talking badly' (71%) (Figure 12). However, a substantial proportion of respondents had observed this type of behaviour 'once or twice', 'several times', or 'most of the time', highlighting the fact that, while not pervasive, discriminatory practices do occur in healthcare settings.

Figure 12. Proportion of healthcare providers who observed different forms of stigma and discrimination towards people living with HIV during the past 12 months, by frequency, 2023



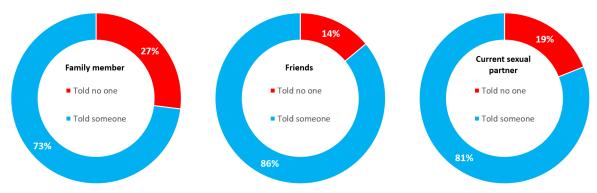
Source: ECDC/EACS stigma survey [14].

Stigma and discrimination in home and community settings

In terms of stigma and discrimination experienced in community settings, based on data from the ECDC/EACS/AAE survey, more than a quarter (27%) of respondents had not told a single family member that they were living with HIV [13]. One in seven (14%) and one in five (19%) respectively had not told a single friend or a current sexual partner that they were living with HIV (Figure 13).

In broader family and community settings, the survey results show that people living with HIV also continue to experience HIV-related stigma. Approximately one in four (26%) respondents reported that they had been rejected by friends at some time due to their HIV status (5% in the past year) and one in five (20%) reported having heard discriminatory remarks or being gossiped about by family members (5% in the past year) [13].

Figure 13. Proportion of survey respondents in the EU/EEA who had ever told people in their life about their HIV status, 2021–2022



Source: ECDC. Stigma: Survey of people living with HIV: ECDC; 2023 [12].

Conclusions

In 2021, UNAIDS released the Global AIDS Strategy 2021–2026, with targets to achieve SDG 3.3: ending the AIDS epidemic by 2030. This evidence brief outlines progress towards the targets set to end the AIDS epidemic by 2030 and the interim targets for 2025. Data collected in 2025 suggest that some countries in the EU/EEA are currently a long way from achieving several of the targets.

While the number of new HIV infections and HIV-related deaths in the EU/EEA have declined over the last decade, based on current trajectories progress must be accelerated to meet the 2025 and 2030 targets, notably for HIV incidence. The reductions noted are not uniform across countries. Furthermore, not all countries have measures that are robust enough to enable data to be displayed and compared at national level, and some do not have any data on estimated new infections and HIV-related deaths. To further reduce the number of new infections and HIV-related deaths, existing HIV prevention (e.g. PrEP), testing and treatment services need to be scaled up, particularly in countries that are lagging behind.

In terms of testing and treatment, the EU/EEA as a whole is on track to meet the 2025 targets set by UNAIDS, with 93% of all people living with HIV knowing their status, 95% of those who know their status being on treatment, and 94% of those on treatment being virally suppressed. However, progress is unevenly distributed across the EU/EEA: eight countries have achieved the first 95% target, 16 countries the second 95% target, and 17 countries the third 95% target. However, among 23 countries with available data, only 11 have achieved the overall 86% target of viral suppression among all people living with HIV. While this is an improvement on the two countries that achieved the target in 2022, and although the EU/EEA as a whole is nearing this target (currently at 83%), 19 EU/EEA countries have either not reached the target or do not have data available to assess their progress. Overall, one in six (17%) of all people living with HIV in the EU/EEA were living with transmissible levels of virus by end of 2024. It is worrying that seven EU/EEA countries did not have data available from the last five years to assess their progress toward the overall target of 86% of all people living with HIV achieving viral suppression.

To reach the remaining individuals living with undiagnosed, untreated and transmissible HIV infection, testing and treatment services need to be expanded, and countries should consider implementing innovative testing interventions and strategies, such as community-based lay provider testing and self-testing services, and lower barriers for individuals and service providers to make testing more accessible. Tailored, person-centred strategies to enrol and retain people on effective treatment should remain a priority.

Although evidence suggests that punitive laws affecting people living with HIV and key populations at increased risk of HIV perpetuate health inequalities and have a negative impact on countries' responses to the HIV epidemic [16], some countries in the EU/EEA report that discriminatory laws or policies continue to exist or that prosecutions occur based on general laws. More work must be done in order to meet the target of less than 10% of countries reporting discriminatory laws.

While there is a general lack of national-level data on stigma and discrimination experienced by people living with HIV in healthcare settings, data from recent ECDC stigma surveys highlight the fact that more than 10% of people living with HIV in the EU/EEA report experiencing stigma and discrimination in healthcare and community settings. Thus, stigma continues to have an impact on people living with HIV, indicating that further work is required in this area.

Overall, efforts to reach the targets outlined in the UNAIDS Global AIDS Strategy must be revitalised if EU/EEA countries are to achieve SDG 3.3 and bring the HIV epidemic to an end.

Recommendations

- More equal access to and greater uptake of PrEP is needed to reach the goal of ending the AIDS epidemic by 2030. To achieve this, countries are encouraged to share best practice experiences with those that have not implemented PrEP in their healthcare systems and to explore expanding the settings in which PrEP is available.
- Countries are encouraged to develop comprehensive monitoring systems for PrEP coverage, including the unmet needs for PrEP by key population, to evaluate progress against the UNAIDS Global AIDS Strategy. ECDC has provided guidance for EU/EEA countries on PrEP monitoring 1.
- In the 28 EU/EEA countries able to provide data, seven percent of people living with HIV are undiagnosed, with variation across individual countries. Countries that have not yet met the target should work to increase HIV testing accessibility and coverage and implement tailored strategies to increase uptake of testing in key populations to ensure that 95% of people living with HIV know their HIV status by 2025.
- Overall, one in six people living with HIV in the EU/EEA have not achieved viral suppression, and only 11 countries have reached the 86% target. Countries therefore need to improve the implementation of treatment guidelines and policies and retain people on effective treatment to reduce the number of people living with transmissible levels of virus.
- Countries should review and address discriminatory laws on HIV transmission, exposure and non-disclosure, and discriminatory laws affecting key populations at risk of HIV infection.

¹ 'Monitoring HIV pre-exposure prophylaxis programmes in the EU/EEA'. Available at: www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea

- HIV-related stigma is commonly experienced in the community and stigma and discrimination have been observed in healthcare settings. Stigma and discrimination remain major barriers to achieving the HIV prevention, testing and treatment targets. Concerted action is needed to address stigma and discrimination and reduce misconceptions about HIV at both community, healthcare and policy levels.
- Countries should implement effective surveillance, monitoring and estimation mechanisms to monitor the
 key indicators for prevention services, incidence (estimated new infections) and the continuum of care
 (diagnosed infections, number on treatment and number who are virally suppressed), as well as for AIDSrelated deaths. ECDC will continue to work with UNAIDS and countries to improve the availability and
 robustness of national level estimates for HIV incidence and mortality and the 95-95-95 targets.

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Annex 1. Data availability and progress towards UNAIDS 2025 targets in the EU/EEA, at country and regional level

| Country | Number of people receiving PrEP in the last 12 months | 75% reduction in new HIV infections by 2025 from a 2010 baseline | Testing and treatment | | | Mortality | Supportive policy environment | | |
|---------------|---|--|---|---|---|--|--|--|--|
| | | | 95% of people who are living with HIV know their HIV status | 95% of people who are living with HIV and know their HIV status are on antiretroviral therapy | 95% of people who are living with HIV on antiretroviral therapy have suppressed viral loads | 86% viral suppression among all people living with HIV | 50% reduction in new AIDS-related deaths by 2025 from a 2010 baseline | <10% of people living with HIV report experiencing stigms and discrimination in healthcare and community settings ^b | Countries reporting punitive laws and policies ^{od} |
| Austria | 2 181 | | 97% | 96% | 89% | 83% | | | |
| Belgium | 8 727 | -35% | 93% | 95% | 98% | 87% | -25% | | |
| Bulgaria | | 35% | 87% | 71% | 95% | 59% | -48% | | |
| Croatia | 686 | -52% | 86% | 99% | 100% | 84% | -54% | | |
| Cyprus | 22 | | 99% | 99% | 99% | 97% | | | |
| Czechia | 1 874 | | 87% | 95% | 97% | 81% | | | |
| Denmark | 5 193 | -64% | 96% | 98% | 97% | 91% | -52% | | |
| Estonia | | -77% | 92% | 79% | 95% | 69% | -27% | | |
| Finland | | | 95% | 95% | 98% | 88% | | | |
| France | 59 326 | | | | 97% | 88% | | | |
| Germany | 40 000 | -20% | 92% | 99% | 96% | 87% | -42% ^e | | |
| Greece | 26 | -20% | 91% | 73% | 94% | 62% | /- | | |
| Hungary | | | | | | | | | |
| Iceland | 300 | 37% | 90% | 99% | 99% | 89% | 34% | | |
| Ireland | 6 126 | -44% | 90% | 99% | 99% | 88% | -34% | | |
| Italy | 16 222 | -11% | 95% | 94% | 93% | 83% | 17% | | |
| Latvia | | -69% | 100% | 52% | | | -14% | | |
| Liechtenstein | | | | | | | | | |
| Lithuania | 20 | -33% | 72% | 71% | 95% | 49% | -51% | | |
| Luxembourg | 681 | 5% | 95% | 88% | 87% | | -29% | | |
| Malta | 267 | 45% | 77% | 81% | | | -28% | | |
| Netherlands | 11 934 | | 94% | 95% | 96% | 86% | | | |
| Norway | 3 453 | | 93% | 100% | 99% | 92% | -15% | | |
| Poland | | | 81% | 90% | | | | | |
| Portugal | 6 931 | -46% | 94% | | | | -82% | | |
| Romania | 211 | -38% | 89% | 98% | 82% | 71% | -53% | | |
| Slovakia | | 143% | 85% | | | | 1% | | |
| Slovenia | 550 | -28% | 86% ^f | 92% | 98% | 78% | 18% | | |
| Spain | 34 247 | -9% | 92% | 97% | 90% | 81% | -65% | | |
| Sweden | 4 246 | | 96% | 99% | 98% | 93% | | | |
| EU/EEA | 203 223 | -20% | 93% | 95% | 94% | 83% | -47% | | |

a National level PrEP coverage data are not available. ECDC will work with countries to improve estimates for the percentage of people in need of PrEP who are accessing it

^f This figure is underestimated and will be updated in the coming year(s).

| | Meeting target | Within 5% of target | Not meeting target | No data or insufficient data available |
|--|-------------------|---------------------|--------------------|--|
| | | | | |

b The percentage reductions are based on unrounded UNAIDS estimates for 2010 and 2024 for countries whose national estimates have been approved for publishing (available from aidsinfo.unaids.org as rounded estimates).

o No national estimates available due to the lack of representativeness of the data.

 $^{^{\}it d}$ UNAIDS target: <10% of countries have punitive laws and policies

e Data derived from German official cause of death statistics.