ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

SUSTAINABLE DEVELOPMENT GOALS

SURVEILLANCE & MONITORING

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

ECDC SURVEILLANCE & MONITORING

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

This report of the European Centre for Disease Prevention and Control was coordinated by Charlotte Deogan with support from Teymur Noori, Veronica Cristea, Senia Rosales-Klintz, Erika Duffell and Lina Nerlander.

The draft version of the report was produced by the Centre of Excellence for Health, Immunity and Infections (CHIP) in Copenhagen, Denmark, under Specific contract No 11 ECD.18216. It was written by Annemarie Rinder Stengaard, with input from Marie-Louise Jakobsen, Oleksandr Korotych, Sarah North, Anne Raahauge and Dorthe Raben.

This report is one in a series of thematic reports on progress towards Sustainable Development Goal 3.3 related to HIV, viral hepatitis, sexually transmitted infections and tuberculosis based on information submitted by reporting countries between 2023 and 2025. Other reports in the series can be found on ECDC's website: Sustainable Development Goals.

Acknowledgements
ECDC would like to acknowledge the support and guidance provided by members of the ECDC monitoring advisory groups for HIV (Dublin Declaration monitoring), viral hepatitis, sexually transmitted infections and tuberculosis.

Suggested citation: European Centre for Disease Prevention and Control. 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. Stockholm: ECDC; 2026.

Stockholm, May 2026

ISBN: 978-92-9498-880-5
doi: 10.2900/0852312
Catalogue number: TQ-01-26-025-EN-N

Contents

Figures

Tables

Abbreviations

ART	Antiretroviral therapy
CHIP	Centre of Excellence for Health, Immunity and Infections, Denmark
EEA	European Economic Area
EU	European Union
EUDA	European Union Drugs Agency
gbMSM	Gay, bisexual and other men who have sex with men
HBV	Hepatitis B virus
HCV	Hepatitis C virus
NSP	Needle and syringe programmes
OAT	Opioid agonist treatment
PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
SDG	Sustainable Development Goals
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Executive summary

Millions of people in the EU/EEA are living with or experiencing the effects of HIV, viral hepatitis, tuberculosis (TB) or sexually transmitted infections (STIs) and nearly 59 000 people die from them annually – with 90% of these deaths due to hepatitis B and C. These infections share common risk factors and disproportionately affect similar population groups. They also share common features in terms of public health response, as they are preventable through the application of similar highly effective, evidence-based interventions. Effective testing and screening also exist for these infections, with rapidly increasing possibilities for diagnosis and testing.

This monitoring report provides an update on the progress towards the Sustainable Development Goal (SDG) 3.3 targets and other main global and regional targets for eliminating HIV, viral hepatitis, TB and STIs as public health threats. Using a cross-cutting approach, it assesses progress towards the targets set for each disease area related to incidence, prevention, testing, treatment and mortality so that outcomes and impact can be compared more readily between infections.

Incidence

Modelled incidence estimates suggest that new HIV infections in the EU/EEA declined by 20%, from 24 300 (5.5 per 100 000 population) in 2010 to 19 400 (4.3 per 100 000) in 2024, and incident TB cases declined by 37%, from 14.2 per 100 000 population (64 000 cases) in 2015 to 9.0 (41 000 cases) in 2024. While good progress has been made for both disease areas and particularly for TB, neither are on track to meet the interim 2025 targets of a 75% reduction in HIV incidence (from a 2010 baseline), and a 50% reduction in TB incidence (from a 2015 baseline).

Data are not currently available to measure progress towards the targets for reducing the incidence of chronic hepatitis B and C; however, surveillance data show no decline in reported cases of acute or chronic hepatitis B. Similarly, incidence estimates are not available for STIs, but surveillance data on gonorrhoea and syphilis diagnoses show that new diagnoses are increasing in the EU/EEA.

Prevention

The implementation of prevention measures is progressing across the region, but progress is below the targets set for all indicators. By the end of 2024, 203 000 people in the EU/EEA were reported to have used pre-exposure prophylaxis (PrEP) to prevent HIV acquisition, 70 000 more than in 2022. However, data on the number of people in need of PrEP are lacking, making it difficult to assess progress towards the targets of 50% of those at very high risk and 5% of those at moderate risk of HIV acquisition receiving PrEP.

Regarding the prevention of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) transmission through the sharing of contaminated needles, seven countries had reached the WHO target of distributing 200 needles and syringes per year per person who injects drugs, and 15 had reached the target of 40% of opioid users receiving opioid agonist treatment. For HBV, nine countries met the 95% target for childhood HBV vaccination coverage (three doses). Of 11 countries with data on TB preventive treatment in childhood TB contacts, 10 had met the 90% coverage target.

Testing

For HIV testing, the EU/EEA is close to the 95% target, with 93% of the estimated number of people living with HIV having been diagnosed. In 2024, among 41 000 estimated incident TB cases, 86% (34 941) of new and relapse cases were diagnosed and notified, indicating that the 2025 case detection target of 85% was met.

For hepatitis B and C, only four countries had data available to report on progress towards the WHO target of at least 60% of people with chronic hepatitis being diagnosed by 2025. For HBV, none of the four countries had met the target, while three had met it for HCV. Available EU/EEA-level modelling estimates suggest that 35% of people living with HBV and 41% of people living with HCV had been diagnosed as of 2024, indicating that huge numbers of people are living with undiagnosed hepatitis B and C in the region and that countries are falling behind considerably for this target.

There are insufficient data available on the percentage of priority populations tested for gonorrhoea and syphilis to assess progress towards the testing targets, highlighting major gaps in national STI surveillance and monitoring systems.

Treatment

For HIV treatment, 95% of those diagnosed received antiretroviral therapy (ART) and 94% of those on treatment had suppressed HIV viral loads (and therefore could not pass on the virus). While the EU/EEA as a whole is on track to reach the 95% treatment targets for HIV, progress varies by country.

For TB, despite the EU/EEA having met the TB case-detection rate target early, only 64% of those who were notified in 2023, started TB treatment and had a treatment outcome reported in 2024 successfully completed treatment. This indicates that the region is falling short of the 90% TB treatment success target.

For HBV and HCV treatment, of the four countries with available data, none met the WHO goal of 50% of people with chronic HBV receiving treatment and 50% of those with HCV being cured.

Data on the percentage of priority populations diagnosed with gonorrhoea and syphilis who were treated are far from sufficient to assess progress towards the STI treatment targets.

Mortality

The number of people dying from AIDS-related causes declined by 47%, from 4 300 (1.0 per 100 000 population) in 2010 to 2 300 (0.5 per 100 000 population) in 2024, bringing the EU/EEA very close to achieving the 50% mortality reduction target set for 2025.

The estimated number of TB deaths declined by 16%, from 4 200 (0.9 per 100 000 population) in 2015 to 3 540 (0.8 per 100 000) in 2024, falling significantly short of the 75% reduction target for 2025.

Overall, there were significantly more deaths due to hepatitis B and C (53 000) compared with AIDS-related deaths (2 300) and TB deaths (3 500). Trends in hepatitis-related deaths have shown no sign of decrease nor progress towards the 2025 target, and liver cancer deaths due to hepatitis continue to increase.

STI-related mortality is not covered in this report.

Conclusions

The EU/EEA has reached three of the SDG 3.3 targets: for HIV treatment , TB detection and HBV mortality. It is also on track for three others, all related to HIV: HIV testing , HIV treatment and AIDS-related mortality reduction. Compared with the previous year, the main advancements towards the targets related to HIV: 95% of people diagnosed with HIV are receiving treatment (target met) and HIV mortality has declined by 47% since 2010 (within 5% of the 50% target).

However, the majority of countries are either not on track to reach most of the SDG3.3 targets or lack the necessary data to measure intervention coverage and progress towards the targets – most prominently for viral hepatitis and STIs. There are also large variations between countries in terms of both how far they've progressed towards targets and the availability of data.

Priorities for action include:

- Scale up prevention interventions, for example PrEP for HIV, TB preventive treatment, harm reduction efforts, condom promotion and HBV vaccination;
- Scale up effective integrated testing and treatment services, remove barriers to access for vulnerable and key populations at greater risk of infection, and tailor services according to needs;
- Improve data for action by improving surveillance and monitoring, particularly for viral hepatitis and STIs.

1 Introduction

This monitoring report provides public health decision-makers at European and national levels with an overview of progress towards the Sustainable Development Goal (SDG) 3.3 and other global targets related to incidence, prevention, testing, treatment and mortality for HIV, viral hepatitis, tuberculosis (TB) and sexually transmitted infections (STIs) (focusing on gonorrhoea and syphilis). It offers a mid-term snapshot and highlights data gaps and areas where further information or action is needed.

The SDGs, comprising 17 goals with 169 targets and 232 indicators, were agreed by all United Nations (UN) Member States in 2015 and focus on wide-ranging objectives from poverty, hunger, health, gender equality, education and economic growth to climate change [1]. Health targets are a key part of the SDGs, as they play an important role in several of the other areas, including reducing poverty, inequality and impact on economic growth. This report focuses on SDG 3, which aims to 'ensure healthy lives and promote well-being for all at all ages' and, more specifically, SDG 3.3, which aims to 'end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases' [1].

The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have published global strategies and regional action plans aimed at eliminating HIV, TB, viral hepatitis and STIs as public health threats by 2030 [2-5]. The strategies and action plans set concrete targets for reducing new infections and mortality, testing and treatment, and various other targets identified as critical for progressing towards the SDGs, including increasing prevention services, addressing stigma and discrimination, and removing structural barriers in society that restrict people from accessing the services they need.

As UN Member States, European Union/European Economic Area (EU/EEA) countries have committed to work towards achieving and monitoring their progress towards the SDGs, including identifying where further work is needed. This report uses a cross-cutting approach, assessing thematic areas across disease areas, so that outcomes and impact can be compared more readily between infections. While addressed consecutively in this report and intrinsically important, interventions related to prevention, testing and treatment are not mutually exclusive and all play a role in reducing morbidity and onward transmission (i.e. incidence).

HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), TB and STIs share common risk factors and disproportionally affect similar population groups. They also broadly share common features in terms of public health response, as they are preventable through the application of similar evidence-based interventions. These include condom promotion (to prevent HIV, HBV, HCV, and STIs), provision of clean needles and syringes (to prevent HIV, HBV, HCV), vaccines (to prevent HBV and TB), preventive therapy (to prevent HIV and TB) and effective treatment of those infected to prevent onward transmission. Effective testing and screening also exist for these infections, with rapidly increasing possibilities for diagnosis at point of care and in community settings, and testing for multiple infections at once using a single multiplex test kit.

Each infection affects specific populations in different ways; however, there is a certain amount of overlap. For instance, in the EU/EEA, HIV disproportionately affects migrant populations; gay, bisexual and other men who have sex with men; transgender people; and people who inject drugs. The hepatitis B and C burden is greatest among people who inject drugs and, for hepatitis B, among people born in high-prevalence areas and – to some extent – gay, bisexual and other men who have sex with men. TB is also predominant among migrant populations, including those from high-prevalence areas, but it also affects other groups such as people in prison, people living with HIV or people experiencing homelessness. STIs disproportionately affect young people and gay, bisexual and other men who have sex with men.

Designing interventions to improve progress requires nuanced and careful consideration of national or subnational prevalence of these infections in affected populations, the partial overlap in the populations affected, shared transmission routes between the diseases and the fact that many populations may face structural barriers to accessing the health services they need.

2 Methods

This report is based on data collected by ECDC through online questionnaires disseminated to the 30 EU/EEA countries to monitor progress towards the WHO and UNAIDS global and regional targets for HIV, viral hepatitis, TB and STIs.

For HIV, data from up to the end of 2024 were collected between February and April 2025. This was followed by a round of data validation from April to June 2025, during which each country responded to queries regarding the reported data, making corrections where necessary. The initial HIV monitoring questionnaire was developed in 2009 and has been regularly updated to cover emerging aspects of HIV response and implementation of the 2004 Dublin Declaration [6]. If no new data were reported for a given indicator for 2024, data were re-used from the most recent year for which data were available. Estimates of HIV incidence and AIDS-related mortality were provided by UNAIDS [7].

For TB, European-level surveillance and monitoring data are being collected jointly by ECDC and the WHO Regional Office for Europe, based on underlying standards and definitions agreed by leading European experts [8]. Indicators are based on the monitoring framework of the WHO European Tuberculosis Action Plan [5]. These indicators assess progress towards the implementation of prevention and control measures, as well as effectiveness and impact of interventions, in accordance with the 2025 and 2030 targets at national and regional levels. Estimates of TB incidence and mortality were provided by WHO [9], based on a globally agreed methodology and using the latest available input data and analytical approaches.

For hepatitis B and C, ECDC developed its first monitoring questionnaire in 2017 in consultation with an expert advisory group. This questionnaire was designed to monitor EU/EEA countries' responses to the hepatitis B and C epidemics, and their progress towards the targets for the elimination of viral hepatitis, as defined by WHO [4]. The questionnaire was revised in 2022 and again in 2024, ahead of the fourth round of data collection, which took place between March and May 2025 (collecting data from up to the end of 2024). As data validation is still ongoing, this report refers to the 2022 data collected in 2023 [10]. Prevention data come from WHO (hepatitis B vaccination coverage, 2024 data) [11] and the European Union Drug Agency (EUDA) (prevention of infections related to injecting drug use, 2023 data or latest available) [12]. Estimated deaths due to HBV and HCV are from the Global Burden of Disease (GBD) study (2023 data) [13].

For STIs, data are from two sources: EpiPulse Cases and ECDC STI monitoring. EU/EEA countries submit annual case-based surveillance data on newly diagnosed STI cases to ECDC via EpiPulse Cases [14]. ECDC STI monitoring collects data on indicators related to enabling environments, prevention, and testing and treatment [15]. The first ECDC STI monitoring data collection took place between 10 October and 13 December 2024, with data validation occurring during January and March 2025. Indicators were developed by ECDC with guidance from an ECDC monitoring advisory group. This was a broad collaborative and consultative process that included gathering input during the ECDC STI network meeting. A group of external consultants based at the Centre of Excellence for Health, Immunity and Infections (CHIP) in Denmark also provided support by mapping existing relevant indicators and monitoring processes.

In the data visualisations in this report, colours are used to indicate the current status of progress towards targets, based on an EU/EEA average. Green indicates that the target has been met, blue indicates that the EU/EEA is within 5% of the target, yellow indicates that the target has not been met and grey indicates that there are no or insufficient data. For indicators where there are less than five countries reporting data, the status is labelled as grey to indicate the data are insufficient to draw conclusions.

3 Progress towards the SDG 3.3 targets in the EU/EEA

3.1 Incidence (new infections)

The 2025 incidence targets for HIV and TB were not reached and no data were available to assess progress towards the incidence targets for hepatitis or STIs (Table 1).

Table 1. Indicators, targets and 2024 status for reducing incidence of HIV, tuberculosis, hepatitis B and C, and sexually transmitted infections, EU/EEA

Infection	Indicator	2025 target	2030 target	2024 status
HIV	Estimated new HIV infections per year	75% reduction from a 2010 baseline	90% reduction from a 2010 baseline	20% decline
Tuberculosis	Estimated TB incidence per 100 000 population	50% reduction from a 2015 baseline	85% reduction from a 2015 baseline	37% decline
Hepatitis	Estimated new HBV infections per year	11 new infections per 100 000 population	two new infections per 100 000 population	No data
	Estimated new HCV infections per year	13 new infections per 100 000 population	five new infections per 100 000 population	No data
Sexually transmitted infections	Estimated new gonorrhoea and syphilis infections per year	20% reduction from a 2020 baseline	90% reduction from a 2020 baseline	No data

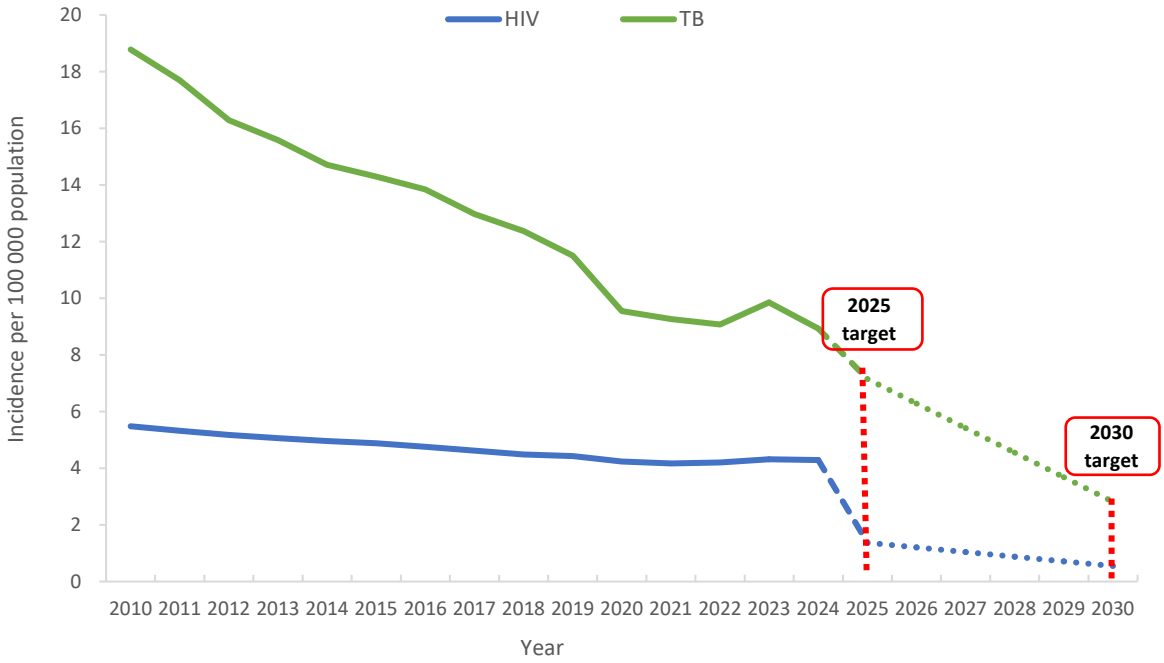
2025 target met or exceeded | 2025 target not met | No or insufficient data available

HBV: hepatitis B virus; HCV: hepatitis C virus; TB: tuberculosis.

The incidence target for HIV is to reduce new HIV infections by 75% in 2025 and by 90% in 2030 from a 2010 baseline. HIV incidence estimates are produced by UNAIDS on an annual basis for all countries globally [7]. In 2024, an estimated 19 400 people (4.3 per 100 000 population) were newly infected with HIV in the EU/EEA, representing a 20% decline compared with 24 300 (5.5 per 100 000) in 2010, suggesting that the 2025 target is not within reach for the region (Figure 1).

For TB, the 2025 target was to reduce incidence by 50% from a 2015 baseline. Estimated TB incidence declined from 14.2 per 100 000 population (64 000 cases) in 2015 to 9.0 per 100 000 (41 000 cases) in 2024 (a 37% reduction) [8,9]. While this represents greater progress towards the 2025 target than for HIV, it still falls short of the 50% reduction target (Figure 1). The steep decline between 2019 and 2020 was likely due in part to decreased case detection and reporting as a result of the measures introduced in response to the COVID-19 pandemic, with rates having risen slightly again between 2022 and 2023.

Figure 1. HIV and TB incidence per 100 000 population, EU/EEA, 2010–2024



Sources: UNAIDS estimates (HIV incidence) [7], WHO Global TB programme estimates (TB incidence) [9]

Reliable EU/EEA-level incidence estimates are not available for hepatitis B and C or STIs, meaning that it is currently not possible to monitor progress towards the incidence targets for HBV, HCV, gonorrhoea or syphilis. Surveillance data on new diagnoses (notifications) of hepatitis B and C (acute and chronic), gonorrhoea and syphilis are available. However, the numbers of cases reported (surveillance data) are not a good proxy measure for actual incidence due to under-reporting and case notifications being strongly affected by levels of testing in a given country or population group, with many diagnoses made long after the infection.

According to the surveillance data, chronic hepatitis B notification rates have been increasing in the EU/EEA in recent years and there has been no decline for acute hepatitis B [16]. In addition, the most recent estimates suggest that approximately 3.2 million people in the region are living with chronic HBV infection [17] and 1.8 million with chronic HCV infection [18].

For STIs, surveillance data on new gonorrhoea and syphilis cases suggest that the number of new diagnoses increased between 2015 and 2024. Notification rates more than doubled for syphilis (from 5.1 per 100 000 population in 2015 to 10.8 per 100 000 population in 2024) and an even sharper rise was observed for gonorrhoea, where the rate of new cases more than tripled from 6.7 to 26.9 per 100 000 population during the same period. The year 2024 marked the highest number of gonorrhoea cases reported in the EU/EEA since the start of European STI surveillance in 2009. While both STIs are most common among gay, bisexual and other men who have sex with men, substantial increases have also been seen among heterosexual men and women since 2021. Increases were observed across several age groups but were most pronounced for gonorrhoea among younger people (15–24years old) in 2022 and 2023 [18, 20]. While the number of gonorrhoea cases reported has started to decrease among women and younger heterosexual men in 2024, syphilis cases continue to increase among all age groups, accompanied by a concerning almost 80% increase in congenital syphilis cases between 2023 and 2024.

3.2 Prevention targets

The 2025 targets for prevention were not reached for the EU/EEA overall (Table 2). Although data to monitor progress towards these targets are not consistently available, an overview of the progress achieved as of 2024 is provided where data are available.

Table 2. Indicators, targets and 2024 status for preventing new infections of HIV, hepatitis B and C, sexually transmitted infections and tuberculosis, EU/EEA

Infection	Indicator	2025 target	2030 target	2024 status
HIV	Percentage of people at very high and moderate risk of HIV acquisition accessing 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	500 000 people on PrEP in the WHO European Region (~300 000 in the EU/EEA)	1.1 million people on PrEP in the WHO European Region (~660 000 in the EU/EEA)	203 000 people in the EU/EEA[a]
HIV and hepatitis	Needle and syringe programmes (NSP): number distributed per person who injects drugs Percentage of high-risk opioid users receiving opioid agonist treatment (OAT)	200 per year 40%	300 per year 40%	NSP: seven countries reached the 2025 target[b] OAT: 15 countries reached the 2025 target[c] Six countries reached both targets[d]
HIV, hepatitis and sexually transmitted infections	Condom use at last sex	90%	90%	gbMSM: 25–75%; no country reached the 2025 target[e] PWID: 14–34%; no country reached the 2025 target[f] Migrants: 11–55%; no country reached the 2025 target[g]; SW: 55–100%; two countries reached the 2025 target[h]; Transgender people: 62–85%; no country reached the 2025 target[i]
Tuberculosis	TB preventive treatment of childhood TB contacts less than five years old	90% coverage	95% coverage	10 countries reached the 2025 target[j]
Hepatitis B	Childhood HBV vaccination coverage (third dose)	95% coverage	95% coverage	Nine countries reached the 2025 target[k]

Hepatitis B virus: HBV; NSP: Needle and syringe exchange programme; OAT: opioid agonist treatment; gbMSM: gay, bisexual and other men who have sex with men; PrEP: pre-exposure prophylaxis; PWID: people who inject drugs; SW: sex workers; TB: tuberculosis.

[a] *From 22 countries with available data [21]*
[b] *From 25 countries with available data [12]*
[c] *From 23 countries with available data [12]*
[d] *From 22 countries with available data [12]*
[e] *From five countries with available data [15]*
[f] *From eight countries with available data [15]*
[g] *From two countries with available data [15]*
[h] *From six countries with available data [15]*
[i] *From four countries with available data [15]*
[j] *From 11 countries with available data [9]*
[k] *From 25 countries with available data [11].*

2025 target met or exceeded | 2025 target not met | No or insufficient data available

Pre-exposure prophylaxis (PrEP) is an antiretroviral medication that can be taken by people who are HIV negative to reduce their risk of acquiring HIV. It is a highly effective HIV prevention tool [21-23]. WHO has set the following prevention targets: 50% of those at very high risk and 5% of those at moderate risk of acquiring HIV accessing

PrEP and 500 000 people on PrEP in the WHO European Region by 2025 [4]. For the EU/EEA, this corresponds to approximately 300 000 people [21].

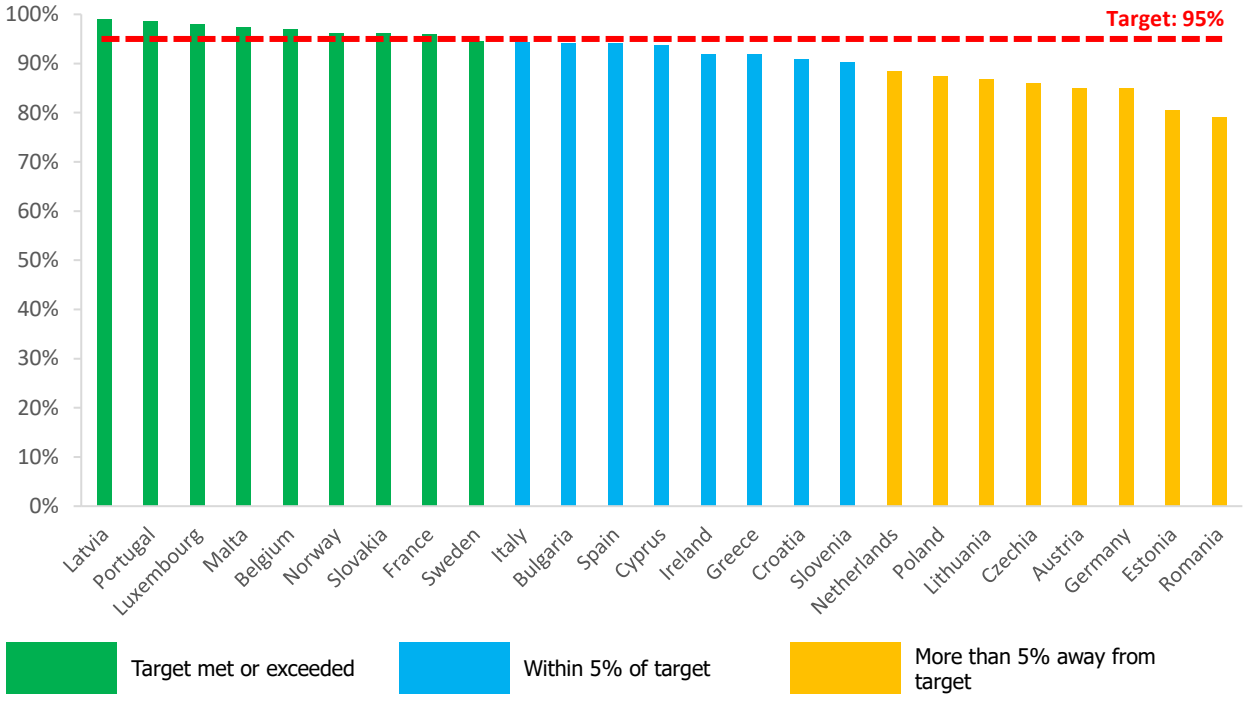
In 22 of the 30 EU/EEA countries with data on PrEP use available, a total of 203 223 people had received PrEP at least once in the last 12 months by the end of 2024 [24]. This is an increase of 40 000 people compared with 2023 and 70 000 people compared with 2022. PrEP scale-up is, however, unevenly distributed across population groups, with 95% of all people on PrEP in the EU/EEA being gay, bisexual or other men who have sex with men.

For both HIV and hepatitis, there are targets to prevent onward transmission by ensuring sufficient availability of clean needles and syringes for people who inject drugs and opioid agonist treatment for people who use opioids. Overall, 15 of 23 reporting countries reached the target of distributing 200 needles and syringes per person who injects drugs per year. Of 18 reporting countries, five reached the target of 40% of people who use opioids that are at a higher risk of infection receiving opioid agonist treatment [12].

For TB, WHO recommends that TB preventive treatment is provided to eligible household contacts of people with TB regardless of age [25]. Indicators were set by WHO to assess TB preventive treatment coverage among children less than five years old who are household contacts of people with bacteriologically confirmed pulmonary TB, with coverage targets of 90% for 2025 and 95% for 2030 [5]. Among 11 EU/EEA countries with data available, 10 had achieved 100% coverage and one reported 0% coverage for childhood TB contacts.

For hepatitis B, according to available data from WHO for 25 countries [11], childhood vaccination coverage (third dose) ranged from 79% in Romania to 99% in Latvia by the end of 2024, with nine countries having reached the 95% coverage target and an additional eight within 5% of achieving it (having therefore reached 90% coverage) (Figure 2).

Figure 2. HBV childhood vaccination coverage (three doses) in countries that implement universal HBV childhood vaccination, 25 EU/EEA countries[a], 2024



Source: WHO/UNICEF vaccination coverage estimates [11]

[a] No data available for Denmark, Finland or Iceland (no universal childhood vaccination programme); Liechtenstein (their data are included within data reported by Switzerland); or Hungary (they have a universal vaccination programme targeting school-aged children but vaccination coverage data are not available).

3.3 Testing targets

The target for detection was reached for TB, while for HIV the region is within 1% of reaching the testing target. The testing targets have not been reached for hepatitis B or C, or for STIs (Table 3).

Table 3. Indicators, targets and 2024 status for testing for HIV, tuberculosis, hepatitis B and C, and sexually transmitted infections, EU/EEA

Infection	Indicator	2025 target	2030 target	2024 status
HIV	Percentage of people living with HIV diagnosed (first UNAIDS 95-95-95 target [3])	95%	95%	93% (72% to ≥99%); eight countries reached the 2025 target[a]
Tuberculosis	Percentage of estimated new and relapse TB patients who have been notified (TB case detection rate)	85%	85%	86% (69–100%); 18 countries reached the 2025 target[b]
Hepatitis	Percentage of people living with HBV who have been diagnosed	60%	90%	Range: 33–57%; no country reached the 2025 target[c]
	Percentage of people living with HCV who have been diagnosed	60%	90%	Range: 11% to ≥99%; three countries reached the 2025 target[c]
Sexually transmitted infections	Percentage of priority populations* screened for gonorrhoea	20%	90%	gbMSM: 47%; one country reached the 2025 target[e] PLHIV: 87%; one country reached the 2025 target[e]
	Percentage of priority populations* screened for syphilis	80%	90%	gbMSM: 0–51%; no country reached the 2025 target[d] Migrants: 2%; no country reached the 2025 target[e] PLHIV: 5%; no country reached the 2025 target[e]

gbMSM: gay, bisexual and other men who have sex with men; HBV: hepatitis B virus; HCV: hepatitis C virus; PLHIV: people living with HIV; STIs: sexually transmitted infections; TB: tuberculosis.
** Priority populations should be defined by individual countries based on their epidemiological and social contexts.*

[a] *From 28 countries with available data [26]*
[b] *From 29 countries with available data [8]*
[c] *From four countries with available data [10]*
[d] *From two countries with available data [15]*
[e] *From one country with available data [15]*

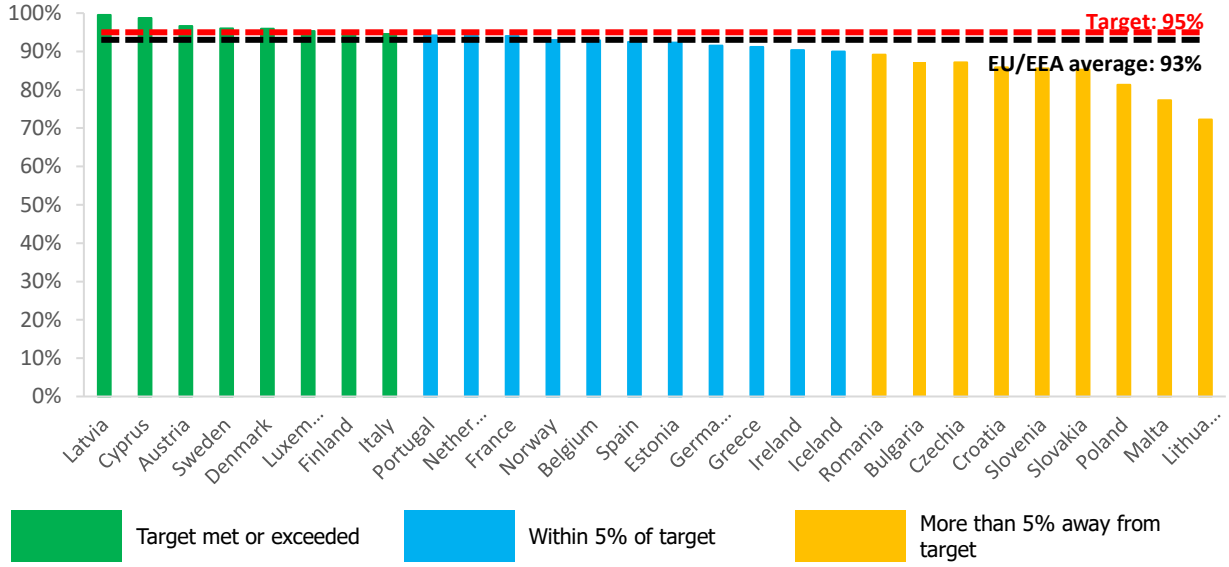
2025 target met or exceeded | Within 5% of target | 2025 target not met | No or insufficient data available

HIV

Of 30 EU/EEA countries, 28[1] were able to provide data on the first UNAIDS 95-95-95 target [3]: the estimated proportion of people living with HIV who know their status (Figure 3). In these 28 countries, 734 635 of the estimated 791 755 people living with HIV had been diagnosed, representing 93% (range: 72% to ≥99%) [26]. Eight countries had met the 95% target, an additional 11 were within 5% of it and nine countries remained more than 5% below it. These data suggest that testing services must be scaled up in most countries in order to reach the target of 95% of all people living with HIV knowing their HIV status.

[1] No data from Hungary or Liechtenstein.

Figure 3. Percentage of all people living with HIV who know their HIV status, 28 EU/EEA countries, end of 2024[a]

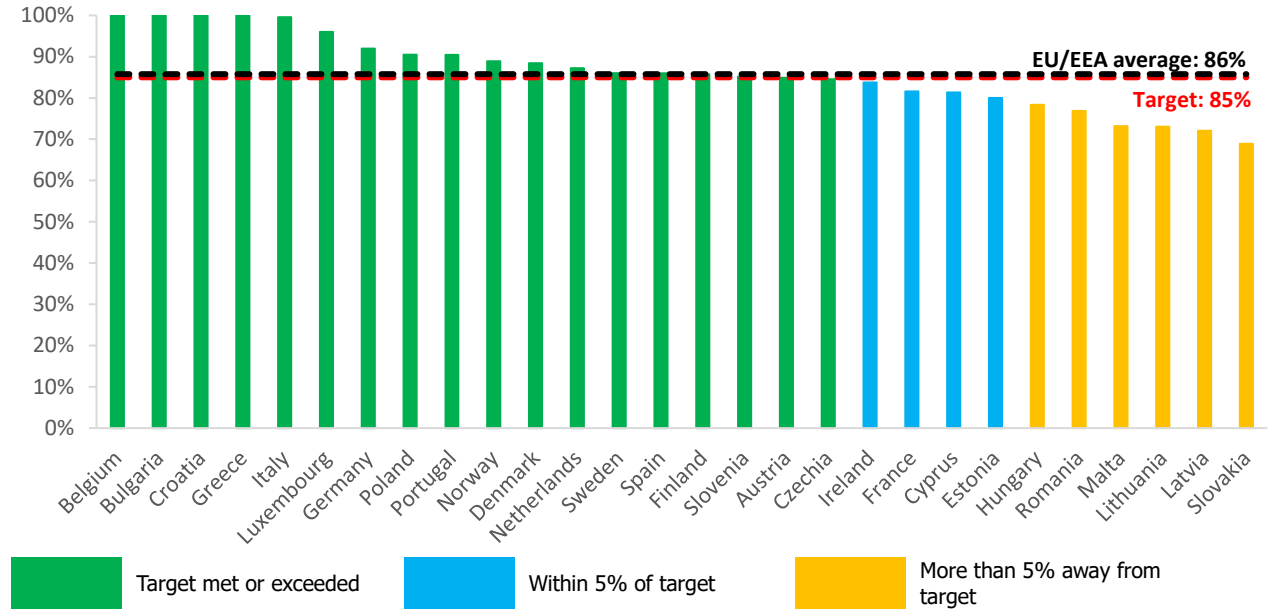


[a] 2024 or most recent year with available data: 2023 (Austria, Belgium, Germany, Italy, the Netherlands, Poland and Portugal); 2022 (France and Ireland); 2021 (Malta, Norway and Spain). No data available from Hungary or Liechtenstein.

Tuberculosis

In 2024, 34 941 new and relapse TB cases were notified in 29[2] EU/EEA countries, among an estimated 41 000 incident TB cases. This represents an EU/EEA-level case detection rate of 86% (Figure 4). While this shows a decline from the 94% achieved in 2023 – which was partially due to changes in the estimation method – the EU/EEA as a whole has reached the 2025 target of detecting 85% of the total estimated incident TB cases [8]. At the national level, 18 countries had met or exceeded the target (including four that had more notified cases than estimated cases and therefore exceeded 100%), four were within 5% of achieving the target and six had detected fewer than 80% of cases and were therefore more than 5% away from the target. Reduced case detection rates in countries with a higher burden of TB such as Romania and Poland – but also France, Germany, Italy and Spain – have also contributed to the lower EU/EEA-level case detection rate in 2024 compared with 2023.

Figure 4. TB case-detection rate (%), 29 EU/EEA countries[a], 2024



[a] Data from Liechtenstein not included.

[2] Data from Liechtenstein were included within data reported by Switzerland (not shown, as Switzerland is not part of the EU/EEA).

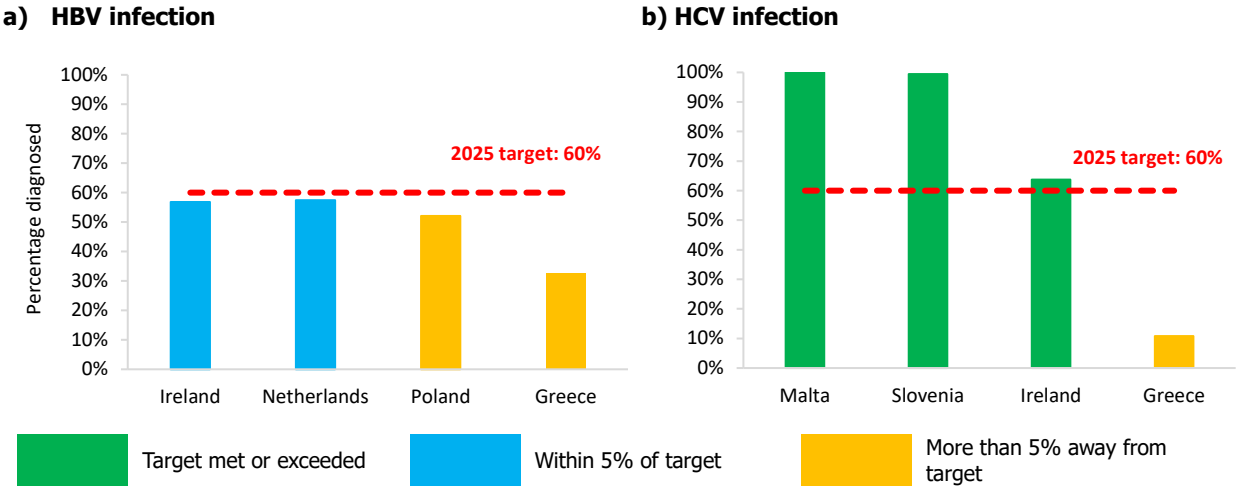
Hepatitis

In general, very limited data are available for assessing progress towards the hepatitis testing target. Only four countries reported data to assess progress towards the WHO 2025 HBV diagnosis target of diagnosing 60% of all people living with chronic hepatitis B infection (Figure 5a). While none met the target, two countries were within 5% of reaching it. At the national level, the proportion of people diagnosed ranged from 33% in Greece to 57% in Ireland and the Netherlands [10].

For hepatitis C, there were also four countries with sufficient data to assess progress towards the HCV diagnosis target, with three having reached or exceeded the 60% target (Figure 5b). At the national level, the proportion diagnosed ranged from 11% in Greece to 100% in Malta [10].

Given the low number of countries with data available, it is not possible to assess progress towards the diagnosis targets at the EU/EEA level. However, available modelling estimates for the EU/EEA suggest that 35% of people living with HBV (hepatitis B surface antigen (HBsAg) positive) and 41% of people living with HCV (RNA positive) had been diagnosed as of 2024, indicating that large numbers of people are still living with undiagnosed hepatitis B and C in the EU/EEA [27].

Figure 5. Percentage of all people living with a) chronic HBV infection (HBsAg positive) and b) current chronic HCV infection (RNA positive), who have ever been diagnosed, EU/EEA, end of 2022[a]



[a] *2022 or most recent year with available data: 2016 (Greece).*

Sexually transmitted infections

The STI testing targets are that 80% of priority populations should be screened for syphilis and 20% for gonorrhoea. 'Priority populations' should be defined by the individual countries based on their epidemiological and social contexts, and may include pregnant people and women of reproductive age; young people 15–24 years old; sex workers and their clients; gay, bisexual and other men who have sex with men (including those enrolled in PrEP programmes); transgender people; people who use drugs; people with a prior STI; and people living with HIV. In some contexts, migrants and displaced people may also be considered a priority population for STIs. Only a few countries – between one and four countries, depending on infection and population group – were able to report data on the proportion of people with an STI who have been diagnosed [15], leaving insufficient data to measure progress against the respective targets and highlighting major gaps in national STI surveillance and monitoring systems (Table 3).

3.4 Treatment targets

For HIV treatment, although some countries are lagging behind, the EU/EEA as a whole has now reached the second UNAIDS 95-95-95 target of treating 95% of people diagnosed with HIV and is only one percentage point away from reaching the third UNAIDS 95-95-95 target of ensuring that 95% of people on treatment achieve viral suppression. The targets have not been reached for the other disease areas (Table 4).

Table 4. Indicators, targets and 2024 status for treatment of HIV, hepatitis B and C, tuberculosis and sexually transmitted infections, EU/EEA

Infection	Indicator	2025 target	2030 target	2024 status
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 target[a]
	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 target[b]
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 target[c]
Hepatitis	Percentage of people living with HBV treated	50%	80%	Range: 2–13%; no country reached the 2025 target[d]
	Percentage of people living with HCV diagnosed and cured	50%	80%	Range: 5–11%; no country reached the 2025 target[d]
Sexually transmitted infections	Percentage of priority populations* screened positive for gonorrhoea who receive treatment.	90%	95%	Young people 15–24 years old: 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[g] 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: 81–98%; one country reached the 2025 target[f] SW: 100%; one country reached the 2025 target[g] Transgender people: 82–100%; one country reached the 2025 target[f] PLHIV: 95–100%; two countries reached the 2025 target[f]

2025 target met or exceeded | Within 5% of target | 2025 target not met | No or insufficient data available

gbMSM: gay, bisexual and other men who have sex with men; HBV: hepatitis b virus; HCV: hepatitis C virus; PLHIV: people living with HIV; SW: sex workers; TB: tuberculosis.
** Priority populations should be defined by individual countries based on their epidemiological and social contexts.*

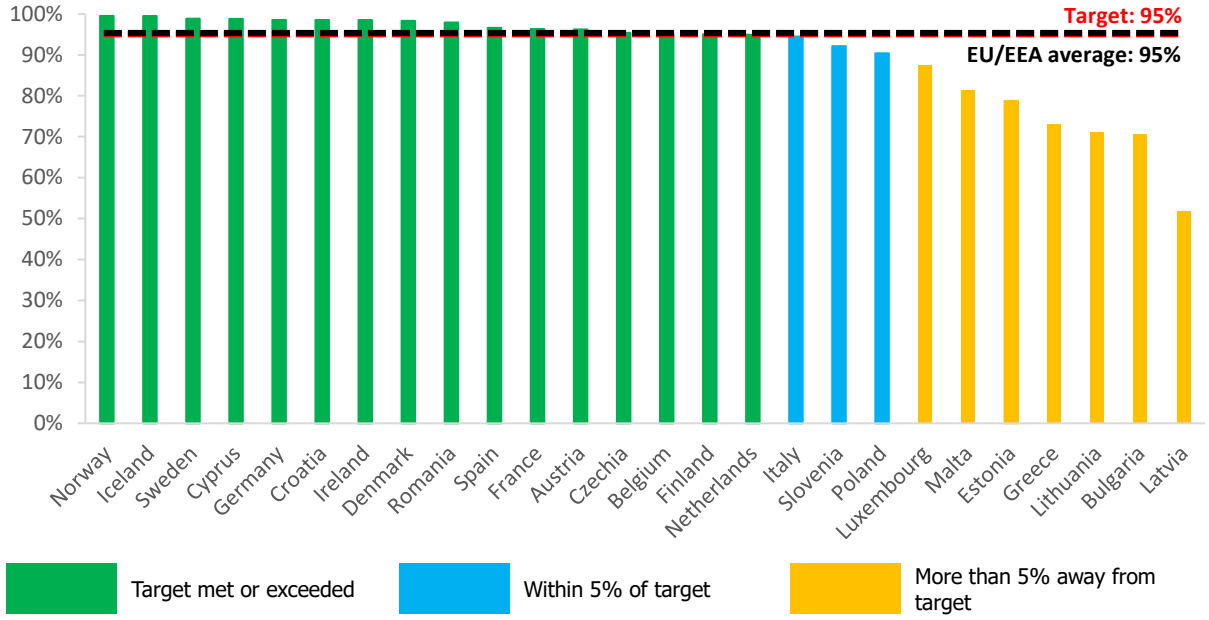
[a] From 26 countries with available data [26]
[b] From 23 countries with available data [26]
[c] From 24 countries with available data [8]
[d] From four countries with available data [10]
[e] From five countries with available data [15]
[f] From two countries with available data [15]
[g] From one country with available data [15]

HIV

A total of 26[3] EU/EEA countries were able to provide data on the second UNAIDS 95-95-95 target: for 95% of people living with HIV to receive treatment [3]. In these 26 countries, 686 159 people were living with diagnosed HIV, of whom 95% (range: 52% to >99%) were receiving antiretroviral therapy (Figure 6). This means that the EU/EEA as a whole has reached the HIV treatment coverage target of 95%. At the national level, 16 countries had met this target, while three were within 5% of reaching it [26]. Countries that have not yet reached the 2025 target should identify any barriers to accessing treatment and remove them, scale up accessible and equitable treatment services, and implement measures to support retention in treatment and care.

[3] No data from Hungary, Liechtenstein, Portugal and Slovakia.

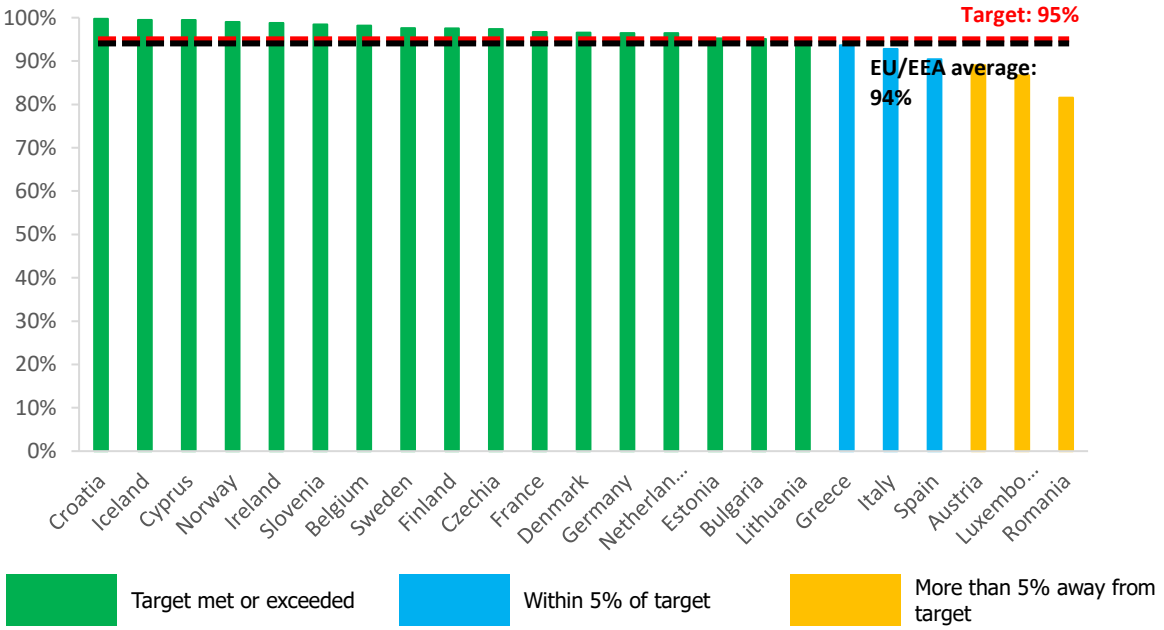
Figure 6. Percentage of all people living with HIV who know their status and are receiving treatment, 26 EU/EEA countries, end of 2024[a]



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

In the 23 countries[4] with data on the third UNAIDS 95-95-95 target (95% of people living with HIV have achieved viral suppression [3]), an estimated 630 128 people living with HIV were on treatment and 592 717 of them (94%; range: 82% to >99%) had suppressed viral loads (Figure 7). As 17 countries have achieved this target and three are within 5% of reaching it, the EU/EEA overall appears to be on track for achieving this 2025 target [26]. However, with seven countries not reporting, EU/EEA-level progress cannot be fully assessed and efforts to keep people on effective treatment regimens should remain a priority, notably in countries that remain below the 95% target.

Figure 7. Percentage of people living with HIV on treatment who have suppressed viral loads, 23 EU/EEA countries, end of 2024[a]



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

[4] No data available from Hungary, Latvia, Liechtenstein, Malta, Poland, Portugal or Slovakia.

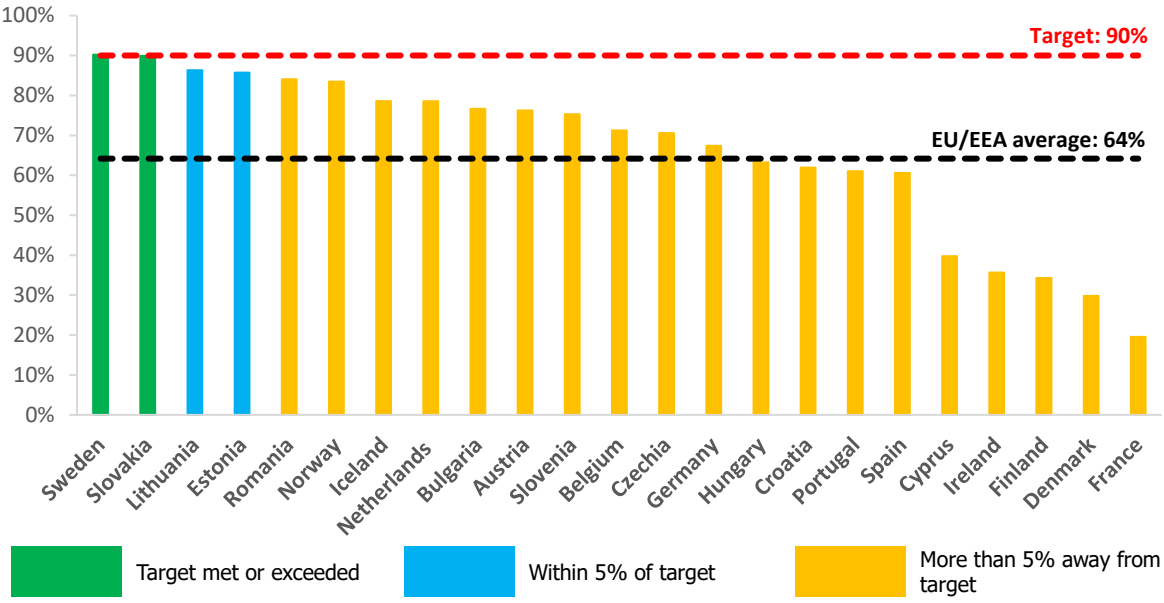
Overall, only 23[5] EU/EEA countries were able to report data for all four stages of the continuum of HIV care for 710 218 people living with HIV. In these 23 countries, 93% of all people living with HIV had been diagnosed, 95% of those diagnosed received treatment, and 94% of those on treatment had suppressed viral loads – translating into 83% of all people living with HIV having suppressed viral loads [26]. Therefore, the EU/EEA still remains just below the overall substantive target of ensuring viral suppression among 86% of all people living with HIV. This, in turn, means that 17% of all people living with HIV in the 23 EU/EEA countries with available data were living with transmissible levels of virus at the end of 2024.

The number of countries with available data on the UNAIDS 95-95-95 targets for key populations remains low, notably for sex workers, people in prison and migrants (between four and seven countries), while more countries (around half) are able to provide data for gay, bisexual and other men who have sex with men and people who inject drugs. Available data for these population groups are analysed and presented elsewhere [26].

Tuberculosis

Of the total 28 376 new and relapse TB cases notified in the EU/EEA in 2023 who had a treatment outcome reported in 2024, 18 210 (64%) were successfully treated (Figure 8). This means that the EU/EEA as a whole is lagging substantially behind the 90% treatment success target. Among the 24 countries with available data, two had met the target and another two were within 5% of reaching it [8].

Figure 8. TB treatment success rate (%) among all new and relapse TB patients, 24 EU/EEA countries[a], 2024



[a] One reported case from Liechtenstein was treated successfully (100% treatment success; data not shown in figure due to the small number). No data available from Greece, Italy, Latvia, Luxembourg, Malta or Poland.

Hepatitis

The availability of data for assessing progress towards the hepatitis treatment targets is generally very limited. While considerable efforts have been made to eliminate viral hepatitis, including through the scale-up of hepatitis treatment [29], these efforts are not well-captured with existing indicators and data flows. Four countries (Germany, the Netherlands, Poland and Romania) were able to provide data on the proportion of all people living with chronic HBV infection who received treatment in 2022, with national-level estimates ranging from 2% to 13%. None of the reporting countries are currently meeting the WHO 2025 target of 50% of all people living with chronic HBV infection receiving antiviral treatment [10].

For hepatitis C, four countries (Hungary, Ireland, Malta and Slovenia) provided sufficient data to monitor progress towards the HCV treatment target in 2022, with national-level estimates ranging from 5% to 11%. None of the reporting countries meet the 2025 target of 50% of all people ever diagnosed with chronic HCV infection (excluding any resolved, cured or spontaneous infections) having completed treatment and been cured [10].

Given the low number of countries with data available to assess progress towards the treatment targets, the data presented above are unlikely to be representative of the region's progress as a whole.

[5] No data available from Hungary, Latvia, Liechtenstein, Malta, Poland, Portugal or Slovakia.

Sexually transmitted infections

The treatment targets for STIs are to treat 90% of all people diagnosed with gonorrhoea or syphilis (who received a positive test result). Only very few countries (between one and five per infection and population group) had data available on the percentage of priority populations screened positive who received treatment for gonorrhoea or syphilis [15]. While several of the single-country responses indicated that the target had been reached in the given population, the amount of data are far from sufficient to assess progress towards the STI treatment targets for the EU/EEA as a whole (Table 4).

3.5 Mortality targets

For mortality, the EU/EEA is very close to reaching the target for reducing the number of HIV-related deaths by 50% compared with a 2010 baseline, having achieved a 47% decline. For HBV, the target has been met; however, for HCV, the region remained well above the target number of deaths as of 2024 (Table 5).

Table 5. Indicators, targets and 2024 status for reducing mortality from HIV, hepatitis B and C, and tuberculosis, EU/EEA

Infection	Indicator	2025 target	2030 target	2024 status
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 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 per 100 000 population

2025 target met or exceeded | Within 5% of target | 2025 target not met | No or insufficient data available

HBV: hepatitis B virus; HCV: hepatitis C virus; TB: tuberculosis.

An estimated 2 300 people (0.5 per 100 000 population) died from AIDS-related causes in the EU/EEA in 2024 [7]. This represents a 47% decrease from the 4 300 (1.0 per 100 000 population) deaths reported in the 2010 baseline year (Figure 9), suggesting that the region is very close to achieving the 50% reduction target set for 2025. The reduction in AIDS-related deaths appears to have stagnated somewhat since 2020, which may be partly explained by the aging cohort of people living with HIV and the persistent issue of late diagnosis of HIV. In addition, many EU/EEA countries had already reduced AIDS-related mortality substantially by the baseline year of 2010, meaning that a further reduction to 75% by 2030 might be challenging to achieve. Nevertheless, it remains important that countries continue to scale up accessible testing and treatment services to further improve progress towards the 2025 and 2030 targets.

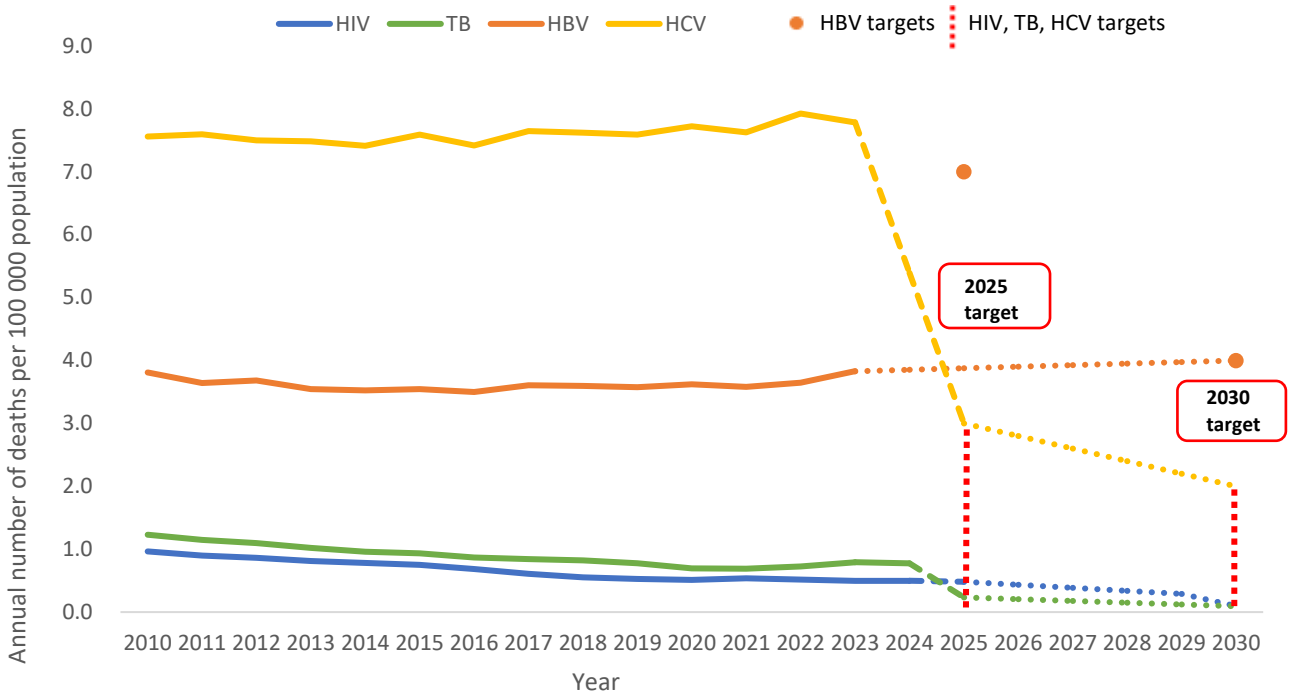
The estimated number of TB deaths[6] declined by 16%, from 4 200 (0.9 per 100 000 population) in 2015 to 3 540 (0.8 per 100 000 population) in 2024, falling significantly short of the 75% reduction target for TB mortality by 2025 (Figure 9).

The estimated number of deaths per 100 000 population due to hepatitis B and C in the EU/EEA markedly exceeds the number of both HIV-related and TB deaths (Figure 9). Trends in overall hepatitis-related deaths have remained stable over the past decade, with no progress towards the 2025 target. Deaths from liver cancer due to hepatitis continue to increase [30]. In 2023 alone (the latest year with available data), an estimated 17 400 people (3.8 per 100 000 population) died due to HBV and 35 300 people (7.8 per 100 000 population) died due to HCV [13]. WHO has set numerical targets for reducing deaths due to viral hepatitis in the WHO European Region by 2025 and 2030 (see Table 5). The numerical targets set by WHO – of seven deaths per 100 000 population for 2025 and four deaths per 100 000 population for 2030 for HBV – have been met in the EU/EEA. Yet, the EU/EEA has seen no decline in deaths due to hepatitis B in the past 15 years. For HCV, the region is considerably above the set targets of three deaths per 100 000 population by 2025 and two deaths per 100 000 population by 2030 and would need to reduce the number of deaths by over 40% to reach the 2025 target and by 75% to reach the 2030 target (Figure 9).

[6] TB deaths among HIV-negative people.

There are no global or European indicators or targets for STI-related mortality. Although gonorrhoea and syphilis have limited impact on mortality, many STIs can cause long-term complications such as chronic pelvic pain, reduced fertility and – in the case of syphilis – cardiac and neurological complications, as well as transmission to an unborn child. Congenital syphilis can cause a range of complications, including stillbirth [19,20].

Figure 9. Estimated annual number of deaths due to HIV-related causes, HBV, HCV and tuberculosis, EU/EEA, 2010–2024



Sources: UNAIDS estimates (HIV mortality) [7]; WHO Global TB Programme estimates (TB mortality) [9]; Global Burden of Disease estimates (hepatitis mortality) [13].

4 Limitations

This report brings together data from multiple sources to provide a cross-cutting overview of four disease areas in relation to regional and global health targets on five themes: incidence, prevention, testing, treatment and mortality. While this allows for a comparison of the progress made, both in relation to the topic and the disease area, the approach has several limitations.

Firstly, since data are taken from different sources, the methods used to obtain the data will vary, making it difficult to draw direct comparisons. There are also differences in relation to data availability and the time periods for which data were available. Furthermore, data and trends at the EU/EEA level will mask marked differences between individual countries in terms of progress towards the global and regional targets, and will also mask differences between specific population groups. For instance, for HIV there has been a fall in new HIV diagnoses among gay, bisexual and other men who have sex with men, which is not seen in heterosexual populations. Conversely, there was a large increase in sexually transmitted infections among gay, bisexual and other men who have sex with men. Therefore, while an EU/EEA-level overview is necessary, countries should be encouraged to explore their individual progress by specific population groups.

Direct comparisons of progress across disease areas are also hampered by differences in baseline years, spanning from 2010 for HIV to 2015 for TB and 2020 for viral hepatitis and STIs. In addition, it is important to be aware of the background context in order to better understand trends. For instance, the fall in TB incidence in 2020 is probably due to the effects of the measures introduced to counteract the COVID-19 pandemic.

Surveillance data on new diagnoses often do not reflect incidence and are greatly affected by underlying patterns of testing. Infections may be asymptomatic and may not be diagnosed until many years after infection, or may resolve spontaneously and never be diagnosed at all. It is important to note that a rise in diagnoses may be a positive public health outcome, arising from concerted efforts to improve testing accessibility and improve progress towards diagnosis targets. While modelled estimates were used where available, methodological approaches vary across disease areas and the extent to which these models fit the observed data will vary by country.

In relation to prevention, there is very limited information on condom use and TB preventive treatment coverage. While the number of people on PrEP has been ascertained, the denominator (i.e. an estimate of those in need of PrEP) is not available, making it challenging to measure coverage.

For testing and treatment, a continuum of care model is used where available. While every effort is made to ensure that data are analysed consistently between countries, there will be differences in relation to how countries estimate the population of people living with a given infection (the denominator), including assumptions about migration, deaths, and differences in how undiagnosed infection is estimated. For HIV and hepatitis, the data on the number of people ever diagnosed (the numerator) came from a wide range of sources of varying quality, including surveillance data, cohort studies and surveys. Given the low number of countries with available data for hepatitis overall, results are unlikely to be representative of the region's progress. Furthermore, the countries that are able to report data will probably be those that also have better public health outcomes for the infections of interest. TB case detection rates are dependent on accurate TB incidence estimates, which may require further examination for some countries.

For mortality, deaths may be under-reported in some settings where a diagnostic test has not been taken and the person has died from an infection or condition commonly associated with AIDS (such as TB or pneumonia) or hepatitis (such as liver cancer) [29]. Furthermore, estimated mortality is based on a number of assumptions and could be either over- or underestimated, depending on the quality of the input data fed into the model.

5 Conclusions

The EU/EEA has reached three of the targets presented (HIV treatment (second UNAIDS 95-95-95 target),TB detection and HBV mortality) and is on track for three other targets – all related to HIV (HIV testing (first UNAIDS 95-95-95 target), HIV treatment (third UNAIDS 95-95-95 target) and AIDS-related mortality reduction. However, most EU/EEA countries are either not on track to reach most of the SDG targets or lack the necessary data to measure intervention coverage and progress towards the targets, most prominently for viral hepatitis and STIs. The progress across the region is uneven, as there are large variations between countries in terms of both progress towards targets and availability of data.

- **Incidence:** Declines in estimated incidence were observed for HIV and TB, but progress is not aligned with the 2025 or 2030 EU/EEA targets. Estimates of the incidence of chronic infections are lacking for hepatitis B and C; therefore, progress towards the impact target cannot be assessed. Incidence estimates are also not available for gonorrhoea or syphilis, but case surveillance data suggest that the number of reported STI diagnoses has increased across the EU/EEA and the reduction target for 2025 has not been met.
- **Prevention:** The implementation of prevention measures such as PrEP for HIV, HBV childhood vaccination, provision of needle and syringe exchange, opioid agonist treatment and TB preventive treatment for childhood contacts is progressing, but most countries are not on track to reach prevention targets. The exception is for HBV vaccination, where two thirds of countries have achieved or are on track to achieve the target on HBV birth-dose vaccination. Progress towards prevention targets related to condom use cannot be assessed due to lack of data.
- **Testing:** Overall, the EU/EEA is making relatively good progress towards the testing target for HIV; however, only a quarter of countries have met the target. For TB, the region has reached the case-detection target. Limited data are available for viral hepatitis or STIs. The major challenge is to successfully diagnose the vast numbers of people that continue to live with undiagnosed hepatitis B and C in the EU/EEA (more than one third of people living with hepatitis B and C are undiagnosed).
- **Treatment:** The EU/EEA has now reached the treatment target for HIV, reaching 95% of people diagnosed receiving treatment (second UNAIDS 95-95-95 target). However, progress varies by country, and – overall – 17% of all people living with HIV in the 23 EU/EEA countries with available data were living with transmissible levels of virus at the end of 2024. For TB, the region falls substantially short of the 90% treatment success target, indicating challenges related to retaining patients in care and ensuring completion of treatment and recording of treatment outcomes, as well as the availability of new drug regimens. Progress for viral hepatitis is unclear, as data are only available from very few countries, but modelled estimates supplemented by the limited reported data indicate major shortfalls related to HBV and HCV treatment coverage. Data on the proportion of people diagnosed with an STI who received treatment are insufficient to assess progress.
- **Mortality:** Declines in estimated mortality have been observed for HIV and, to a lesser degree, TB. For HBV and HCV, there has been no apparent reduction in mortality over the past decade. HIV, TB, and hepatitis B and C cause nearly 59 000 deaths annually in the EU/EEA, with 90% of deaths being due to hepatitis B and C.
- **Compared with the previous year**, the main improvements in progress towards targets are related to HIV. In the EU/EEA, 95% of people diagnosed with HIV are receiving treatment (second UNAIDS 95-95-95 target) and therefore the HIV treatment target has been met. HIV mortality in the EU/EEA has declined by 47% since 2010 and therefore the region is within 5% of the target of a 50% reduction.
- **Data gaps:** Limited data availability and completeness across disease areas and the five themes is of continuing concern. There is still insufficient data to report on almost half of the indicators, mainly related to viral hepatitis and STIs. Countries that are unable to monitor the national situation will not be able to assess the scale of the challenges that need to be addressed, nor effectively plan services to prevent onward transmission and reduce morbidity and mortality. In particular, incidence estimates are lacking for hepatitis and STIs. Without estimates of the numbers of people in need of PrEP, we are also unable to measure progress towards this prevention coverage target. Many countries could provide data on HIV and TB testing and treatment at the national level, but national trends may mask underlying differences by population and location, and data regarding hepatitis and STIs were very scarce. The significant lack of data on hepatitis and national responses to HBV and HBC epidemics is critical given the high burden of disease (3.2 million people living with HBV and 1.8 million with HCV in the EU/EEA as of the end of 2023 [17,18]). Despite historically being the highest prioritised disease area in terms of funding, data on the HIV continuum of care are also still lacking from several countries, meaning that progress cannot be properly assessed until universal monitoring and estimation processes are in place.

6 Priorities for action

Highly effective prevention and control measures are available for HIV, TB, viral hepatitis and STIs. EU/EEA countries should prioritise actions to scale up prevention interventions, scale up integrated testing and treatment services, and improve monitoring and surveillance data to accelerate progress towards the 2030 targets.

6.1 Scale up prevention interventions

Efforts to prevent new infections and scale up coverage via key prevention interventions should be prioritised to reduce incidence in line with the respective disease-specific targets. For HIV, the number of people receiving PrEP must be further scaled up across all population groups in need [21], particularly in countries where the number of people on PrEP remains modest. TB prevention efforts, including contact tracing and TB preventive treatment coverage, need to be scaled up to further reduce incidence [31]. To progress towards achieving elimination targets, prevention and control programmes – including comprehensive harm reduction programmes for people who inject drugs – also need to be scaled up to prevent onward transmission of HIV and hepatitis B and C [32]. Activities to increase the uptake of vaccination against HBV across the region and among all affected population groups should be a priority for all countries [33]. Efforts should also be made to reduce disease-related stigma in the community and among healthcare staff in order to ensure equitable, inclusive and non-stigmatising prevention, testing and treatment of HIV, TB, viral hepatitis and STIs.

6.2 Scale up effective integrated testing and treatment services

With effective treatments available for treating and suppressing viral replication of HIV and HBV, and for curing TB (drug-susceptible strains), HCV and bacterial STIs, no one should be dying from these infections in the EU/EEA. Yet, they cause nearly 59 000 estimated deaths annually, with 90% due to hepatitis B and C.

Integrated testing and treatment services are needed to improve coverage and contribute to reducing both incidence and mortality [34-35]. Activities aimed at removing barriers to accessing testing and treatment services should be intensified [36], and integrated testing and prevention services for multiple infections should be scaled up to improve progress towards the testing targets, particularly for hepatitis B and C [37]. Innovative testing strategies – such as opt-out testing in emergency departments, community-based lay provider testing, self-testing and routine testing in prison settings – are recommended [34,38].

Gaps in access to treatment for all populations at greater risk of these infections need to be addressed. Scaling up accessible and equitable treatment and care services through tailored, person-centred strategies to enrol and retain people on effective treatment, ensure completion of treatment and provide integrated comprehensive care should remain a priority [39]. Examples include providing HCV treatment in harm reduction settings and migrant-sensitive approaches, including cultural and linguistic mediation to improve engagement in testing and linkage and retainment in care.

6.3 Improve data for action

A key priority area for action is improving the availability and quality of the data that is needed to measure progress towards the targets discussed in this report. The availability and quality of surveillance and monitoring data at the EU/EEA level currently varies across the four disease areas and between countries. Improving this data is critical to track progress and ensure that stakeholders have the data necessary to guide public health action.

The most apparent data gaps were observed for the indicators relating to hepatitis and STI incidence, testing and treatment. Efforts at improving surveillance systems and modelling approaches to estimate hepatitis and STI incidence should be prioritised at both national and EU/EEA levels. Comprehensive surveillance and monitoring systems are lacking in several countries and need to improve to facilitate the monitoring of progress towards the set targets, assess intervention coverage and gaps, and enable planning of comprehensive prevention, testing and treatment programmes.

For HIV and TB, good quality data are generally available for most countries and indicators; however, data availability for the estimated number of people who require PrEP needs to improve, alongside data on key harm reduction indicators (to prevent HIV and hepatitis infection) and data on TB preventive treatment in childhood TB contacts. For TB, surveillance system limitations make it difficult to capture long-term follow-up outcomes. Furthermore, for HIV – despite many years of efforts at global, regional and national levels – some countries remain unable to provide data on all four stages of the continuum of HIV care.

The collection and analysis of data by subpopulation across disease areas should also be a priority.

References

1. United Nations (UN). Transforming our world: the 2030 agenda for sustainable development. New York: UN. [Accessed 29 Apr 2026]. Available at: https://sdgs.un.org/2030agenda
2. World Health Organization (WHO). Global health sector strategies 2022–2030. Geneva: WHO; 2022. Available at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies
3. The Joint United Nations Programme on HIV/AIDS (UNAIDS). End Inequalities. End AIDS. Global AIDS Strategy 20212026. Geneva: UNAIDS; 2021. Available at: https://www.unaids.org/sites/default/files/PCBSS_Global_AIDS_Strategy_2021--2026_EN.pdf
4. World Health Organization Regional Office for Europe (WHO/Europe). Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030. Copenhagen: WHO Europe; 2023. Available at: https://iris.who.int/bitstream/handle/10665/369243/9789289058957-eng.pdf
5. World Health Organization Regional Office for Europe (WHO Europe). Tuberculosis action plan for the WHO European Region 2023–2030. Copenhagen: WHO Europe; 2023. Available at: https://www.who.int/publications/i/item/9789289060240
6. European Centre for Disease Prevention and Control (ECDC). Surveillance and updates for HIV and AIDS. Monitoring implementation of the Dublin Declaration. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/infectious-disease-topics/hiv-infection-and-aids/surveillance-and-updates-hiv-and-aids#:~:text=The%20Dublin%20Declaration%20on%20Partnership,of%20Europe%20and%20Central%20Asia
7. Joint United Nations Programme on AIDS (UNAIDS). AIDSinfo – Global data on HIV epidemiology and response [online database]. Estimates provided by UNAIDS for the EU/EEA region. Geneva: UNAIDS; 2025. Available at: https://aidsinfo.unaids.org
8. European Centre for Disease Prevention and Control (ECDC), WHO Regional Office for Europe (WHO/Europe). Tuberculosis surveillance and monitoring in Europe 2026 – 2024 data. Stockholm, Copenhagen: ECDC, WHO/Europe; 2026. Available at: https://www.ecdc.europa.eu/en/publications-data/tuberculosis-surveillance-and-monitoring-europe-2026-2024-data
9. World Health Organization (WHO). Tuberculosis data [online database]. WHO TB burden estimates. Geneva: WHO. [Accessed: 26 Mar 2026]. Available at: https://www.who.int/teams/global-tuberculosis-programme/data
10. European Centre for Disease Prevention and Control (ECDC). Monitoring of the responses to the hepatitis B and C epidemics in EU/EEA countries, 2023. Stockholm: ECDC; 2024. Available at: https://www.ecdc.europa.eu/en/publications-data/monitoring-responses-hepatitis-b-and-c-epidemics-eueea-countries-2023
11. World Health Organization (WHO). Hepatitis B (HBV) vaccination coverage [online database]. WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) estimates. Geneva: WHO; 2024. [Accessed: 23 Jan 2026]. Available at: https://immunizationdata.who.int/global/wiise-detail-page/hepatitis-b-vaccination-coverage
12. European Union Drugs Agency (EUDA). Viral hepatitis elimination barometer among people who inject drugs in Europe. Lisbon: EUDA; 2025. Available at: https://euda.europa.eu/publications/data-factsheet/viral-hepatitis-elimination-barometer-among-people-who-inject-drugs-in-europe_en#section5
13. Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease (GBD) study 2021 [online database]. Seattle: IHME. [Accessed: 9 Dec 2025]. Available at: https://vizhub.healthdata.org/gbd-results
14. European Centre for Disease Prevention and Control (ECDC). STI cases continue to rise across Europe. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/news-events/sti-cases-continue-rise-across-europe
15. European Centre for Disease Prevention and Control (ECDC). Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024. Stockholm: ECDC; 2026. Available from: https://www.ecdc.europa.eu/en/publications-data/monitoring-responses-sexually-transmitted-infection-epidemics-eueea-countries
16. European Centre for Disease Prevention and Control (ECDC). Hepatitis B – Annual Epidemiological Report for 2023. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/AER-Hepatitis-B-2023.pdf
17. Canabarro A, Hansson D, Duffell E, Niehus R, Seyler T, Dudareva S, et al. Euro Surveill. 2026;31(14):2500322. Available at: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2026.31.14.2500322

18. Thomadakis C, Gountas I, Duffell E, Gountas K, Bluemel B, Seyler T, et al. Prevalence of chronic HCV infection in EU/EEA countries in 2019 using multiparameter evidence synthesis. Lancet Reg Health Eur. 2023 Dec 13;36:100792. Available at: https://doi.org/10.1016/j.lanepe.2023.100792
19. European Centre for Disease Prevention and Control (ECDC). Gonorrhoea – Annual Epidemiological Report for 2023. Stockholm: ECDC; 2026 (forthcoming).
20. European Centre for Disease Prevention and Control (ECDC). Syphilis – Annual Epidemiological Report for 2023. Stockholm: ECDC; 2026 (forthcoming).
21. European Centre for Disease Prevention and Control (ECDC). Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia: Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2025 progress report (2024 data). Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/publications-data/pre-exposure-prophylaxis-hiv-prevention-europe-and-central-asia-monitoring-dublin
22. European Centre for Disease Prevention and Control (ECDC). HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring. Operational guidance 2021. Stockholm: ECDC; 2021. Available at: https://www.ecdc.europa.eu/en/publications-data/HIV-PrEP-eueea-and-uk-implementation-standards-monitoring-guidance
23. World Health Organization (WHO). Pre-exposure prophylaxis (PrEP). Geneva: WHO. [Accessed: 26 Feb 2026]. Available at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis
24. European Centre for Disease Prevention and Control (ECDC). Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/publications-data/evidence-brief-progress-towards-reaching-sustainable-development-goals-related-1
25. World Health Organization (WHO). WHO consolidated guidelines on tuberculosis Module 1: prevention – tuberculosis preventive treatment, second edition. Geneva: WHO; 2024. Available at: https://www.who.int/publications/i/item/9789240096196
26. European Centre for Disease Prevention and Control (ECDC). Continuum of HIV care – Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2025 progress report. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/publications-data/continuum-hiv-care-monitoring-implementation-dublin-declaration-partnership-1
27. Centre for Disease Analysis Foundation (CDA). POLARIS Dashboard. Lafayette, Colorado: CDA. [Accessed: 25 Feb 2026]. Available at: https://cdafound.org/polaris/dashboard
28. European Centre for Disease Prevention and Control (ECDC). Continuum of HIV care – Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2023 progress report. Stockholm: ECDC; 2024. Available from: https://www.ecdc.europa.eu/en/publications-data/hiv-continuum-care-monitoring-implementation-dublin-declaration-2023
29. Razavi HA, Waked I, Qureshi H, Kondili LA, Duberg A-S, Aleman S, et al. Number of people treated for hepatitis C virus infection in 2014 – 2023 and applicable lessons for new HBV and HDV therapies. Journal of Hepatology;83(2):329-347. Available at: https://doi.org/10.1016/j.jhep.2025.01.013
30. European Commission (EC) and European Centre for Disease Prevention and Control (ECDC). European Cancer Inequalities Registry (ECIR). Liver cancer inequalities in Europe and the role of viral hepatitis. Brussels, Stockholm: EC, ECDC; 2024. Available from: https://cancer-inequalities.jrc.ec.europa.eu/sites/default/files/ECIR-inequalities-factsheet-liver-cancer-viral-hepatitis-May2024.pdf
31. European Centre for Disease prevention and Control (ECDC). Programmatic management of latent tuberculosis infection in the European Union. Stockholm: ECDC; 2018. Available from: https://www.ecdc.europa.eu/en/publications-data/programmatic-management-latent-tuberculosis-infection-european-union
32. European Centre for Disease Prevention and Control (ECDC), European Drug Agency (EUDA). Prevention and control of infectious diseases among people who inject drugs – update 2023. Stockholm, Lisbon: ECDC, EUDA; 2023. Available at: https://www.ecdc.europa.eu/en/publications-data/prevention-and-control-infectious-diseases-among-people-who-inject-drugs-2023
33. European Centre for Disease Prevention and Control (ECDC). Prevention of hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2026 (forthcoming).
34. European Centre for Disease Prevention and Control (ECDC). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA – An integrated approach. Stockholm: ECDC; 2018. Available at: https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea
35. World Health Organization (WHO). WHO consolidated operational handbook on sexually transmitted infections. Geneva; WHO: 2026. Available from: https://www.who.int/publications/i/item/9789240120365

36. Stengaard AR, Sullivan AK, Simões D, Diderichsen J, Raben D, Rockstroh JK, for the EuroTEST Steering Committee. An overview of European consent requirements for HIV and viral hepatitis B and C testing. HIV Medicine. In press.
37. World Health Organization (WHO). Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection. Geneva: WHO; 2024. Available from: https://www.who.int/publications/i/item/9789240090903
38. UK Health Security Agency (UKHSA). Public health evaluation of BBV opt-out testing in EDs in England: 24-month interim report. London: UKHSA. [Accessed: 24 Jun 2025]. Available from: https://www.gov.uk/government/publications/bloodborne-viruses-opt-out-testing-in-emergency-departments/public-health-evaluation-of-bbv-opt-out-testing-in-eds-in-england-24-month-interim-report
39. Medecins Sans Frontieres (MSF). Bridging the gap: Securing access to essential TB medicines in the EU and EEA. Geneva: MSF; 2025. Available from: https://msfaccess.org/bridging-gap-securing-access-essential-tb-medicines-eu-and-eea

European Centre for Disease Prevention and Control (ECDC)

Gustav III:s Boulevard 40
16973 Solna, Sweden

Tel. +46 858 60 10 00
ECDC.info@ecdc.europa.eu

www.ecdc.europa.eu

Publications Office
of the European Union