



## 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 – 2023 progress report

February 2024

### 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. It is largely based on data collected between February and August 2023 by the European Centre for Disease Prevention and Control (ECDC) to monitor implementation of the 2004 Dublin Declaration.



The monitoring questionnaire was disseminated to the 30 countries of the European Union/European Economic area (EU/EEA) via an online survey in 2023.

### Key messages

- The United Nations Sustainable Development Goal (SDG) 3.3 aims to end AIDS by 2030. This brief provides an update on the progress in relation to HIV prevention, testing and treatment, the number of new HIV infections, AIDS-related 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, nine countries in Europe have still not developed PrEP guidelines. Where PrEP is available, there is room for improvement in the number of people accessing it, and the equity in its delivery.
- With regard to **testing and treatment**, the EU/EEA is on track to meet the 95-95-95 targets set by UNAIDS, with 91% of all people living with HIV (PLHIV) knowing their status, 93% of people who know their status on treatment, and 91% of those on treatment being virally suppressed. However, nearly one in four of all PLHIV (23%) in the 23 EU/EEA countries with available data had still not achieved viral suppression and only two countries have achieved the overall 86% target of ensuring that all PLHIV are virally suppressed by 2025.
- While the **number of new HIV infections** and the **number of AIDS-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 2030 target is 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, especially those related to stigma and discrimination, a significant number of countries did not report data. A lack of robust, reliable data presents a significant challenge to making progress on certain aspects of the HIV response. Improved monitoring systems and reporting are urgently needed to better understand and take action to end the HIV epidemic by 2030.

### Introduction

In 2015, all the Members of the United Nations, including the countries in the European Union (EU)/European Economic Area (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. They provide a framework towards sustainable development that promotes prosperity and a good life for all, while ensuring justice and safeguarding the environment.

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].

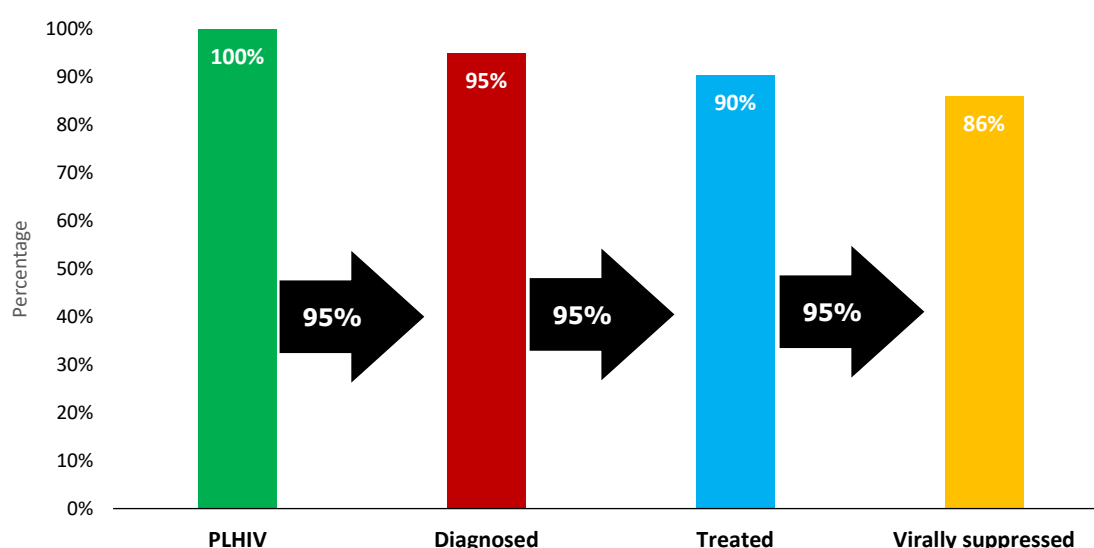
In 2021, UNAIDS published the Global AIDS Strategy 2021–2026 to help end AIDS as a public health threat by 2030 [3]. The strategy aims to 'reduce the inequalities that drive the AIDS epidemic and put people at the centre' of the HIV response [3].

The UNAIDS targets related to testing and treatment form a continuum of care, a conceptual framework that provides a snapshot of critical stages in achieving viral suppression among people living with HIV (Figure 1). Achieving a high rate of viral suppression for HIV plays a major role in reducing the impact of HIV, resulting in reduced transmission, morbidity and mortality. In addition, due to its sequential nature it allows countries to monitor, evaluate and improve the effectiveness of specific areas of their HIV response.

### UNAIDS Global AIDS Strategy 2021–2026

- 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 achieved viral suppression.

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



Source: *Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.* Geneva: Joint United Nations Programme on HIV/AIDS; 2021 <https://www.unaids.org/resources/documents/2021/2021-2026-global-AIDS-strategy>

In addition to the elimination and continuum of care targets, various other targets have been identified as being critical for progress towards the SDGs, including targets for increasing prevention services, improving women's health services and reducing stigma and discrimination.

This evidence brief will focus on a selection of targets included in the UNAIDS Global AIDS Strategy 2021–2026, as outlined in Table 1. The targets in the UNAIDS strategy are coherent with the HIV targets in the World Health Organization's European Regional Action Plan for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections, 2022–2030 [4]. Annex 1 provides an overview of data availability and progress towards the UNAIDS Global AIDS Strategy targets that can be displayed at country level.

**Table 1. Indicators for monitoring progress towards HIV prevention, care and elimination included in the UNAIDS Global AIDS Strategy 2021–2026**

Indicators to measure progress towards the SDG 3.3		2025 targets
Prevention	PrEP use	50% of people at very high risk of HIV acquisition and 5% of those at moderate risk of HIV acquisition are accessing PrEP.
Incidence	Number of people newly infected with HIV per year.	A 75% reduction in new HIV infections by 2025 from a 2010 baseline.
Testing and treatment	Percentage of people living with HIV who know their HIV status.	In total, 95% of those living with HIV know their HIV status.
	Percentage of people who know their HIV-positive status that are accessing anti-retroviral therapy.	In total, 95% of those living with HIV know their HIV status and are on anti-retroviral therapy.
	Percentage of people living with HIV and receiving treatment who have suppressed viral loads.	In total, 95% of those who are living with HIV on anti-retroviral therapy have suppressed viral loads.
Mortality	Number of people dying from HIV or related causes per year.	75% reduction in new AIDS-related deaths by 2025 from a 2010 baseline.
Supportive policy environment	Percentage of people living with HIV, viral hepatitis and sexually transmitted infections, and priority populations who experience stigma and discrimination.	Less than 10% of people living with HIV report experiencing stigma and discrimination in healthcare and community settings.
	Percentage of countries which have punitive laws and policies.	Less than 10% of countries criminalise sex work, possession of small amounts of drugs, same-sex sexual behaviour, and HIV transmission, exposure or non-disclosure.

## Progress towards the SDG targets in the EU/EEA

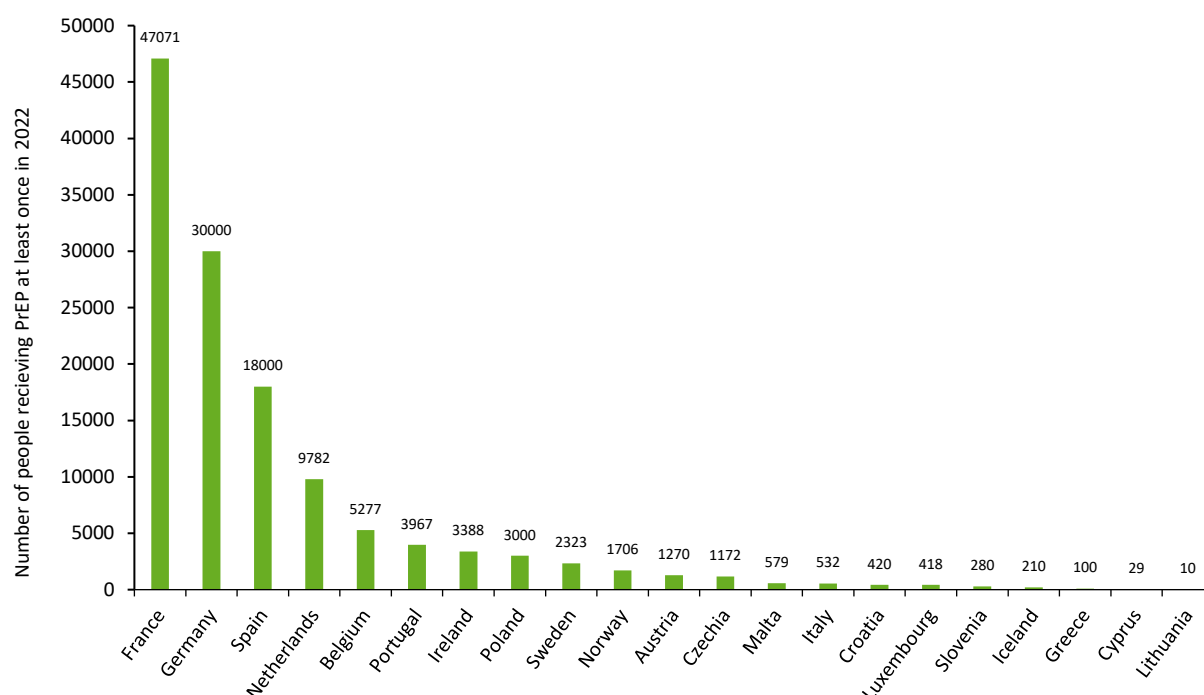
### Prevention

#### UNAIDS target 2025

In total, 50% of people at very high risk of HIV acquisition and 5% of those at moderate risk of HIV acquisition are accessing PrEP.

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, critical for progress towards ending the AIDS epidemic [5,6]. In the EU/EEA, 21 countries reported that PrEP guidelines had been developed and were being implemented and nine countries reported that no PrEP guidelines had been developed [7]. Two of the nine countries, Cyprus and Greece, indicated that discussions to implement PrEP are currently underway.

Measuring this target is challenging due to the fact that most countries lack data on both the numerator (exactly how many people are currently taking PrEP), and the denominator (determining the size of the population 'at very high risk of HIV acquisition'). Although data on PrEP access by risk group are not available, in the 21 EU/EEA countries which were able to report data on PrEP use, there were 129 534 people who had received PrEP at least once in the last 12 months (Figure 2).

**Figure 2. Number of people receiving PrEP in 2022<sup>1</sup> in the EU/EEA (n=21)**

Source: ECDC Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2023 progress report. (Unpublished.)

### Unmet needs for PrEP

In addition to understanding how many people are accessing PrEP, it is important to identify gaps in access. Only one country in the EU/EEA, France, was able to identify the proportion of men who have sex with men (MSM) in need of PrEP who were accessing PrEP (only 22%). This figure is of particular interest given that France reported the largest number of people receiving PrEP in 2022. This highlights the need to understand and remove barriers to PrEP access, and countries are encouraged to collect data on unmet needs for PrEP and barriers to access in order to better understand their local PrEP needs and address barriers to accessibility.

## Incidence

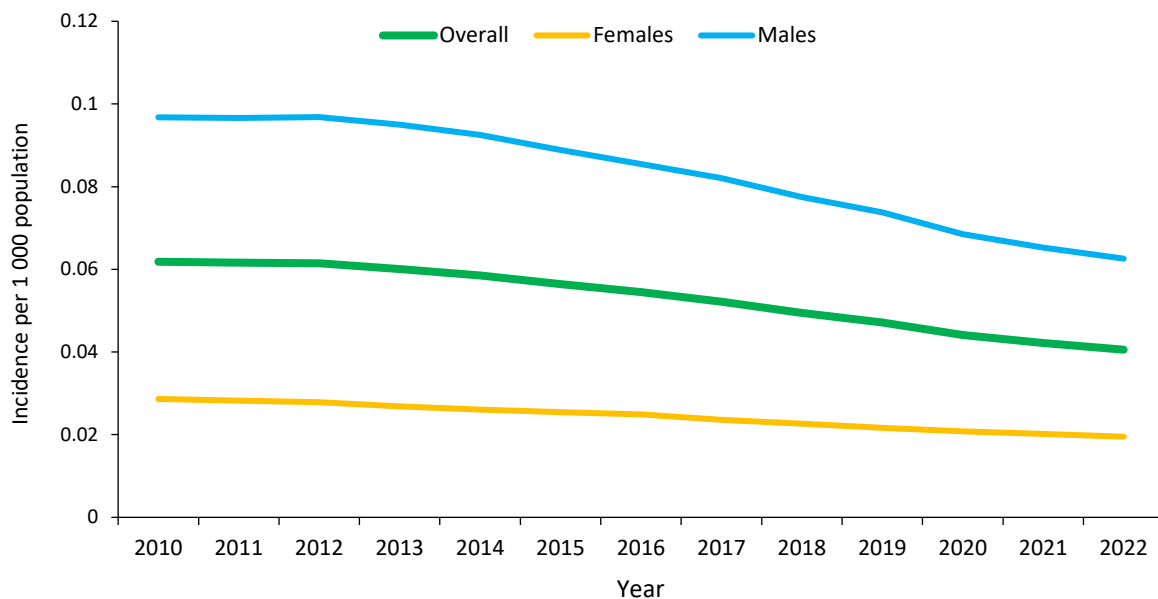
### UNAIDS 2025 target

A 75% reduction in new HIV infections by 2025 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 in the EU/EEA remains high. In 2022, there were around 18 000 people newly infected with HIV in the EU/EEA<sup>2</sup>. While this represents a 34% decrease in the annual number of estimated new HIV infections since 2010, additional efforts are required to further reduce this number and get the region on track to meet the target of a 75% reduction in new HIV infections by 2025.

<sup>1</sup> Data collection period was 1 January 2022 – 31 December 2022 unless specified: 1 November 2016 – 30 April 2018 (Greece); 3 January 2019 – 29 March 2019 (Poland); 8 January 2018 – 31 December 2020 (Slovenia); 1 November 2019 – 31 December 2021 (Spain); 1 January 2021 – 31 December 2021 (Germany, Luxembourg, the Netherlands).

<sup>2</sup> Based on UNAIDS Spectrum estimates for the EU/EEA.

**Figure 3. Changes in HIV incidence per 1 000 population between 2010 and 2022 in the EU/EEA<sup>3</sup>**

Source: UNAIDS Spectrum estimates.

## Testing and treatment

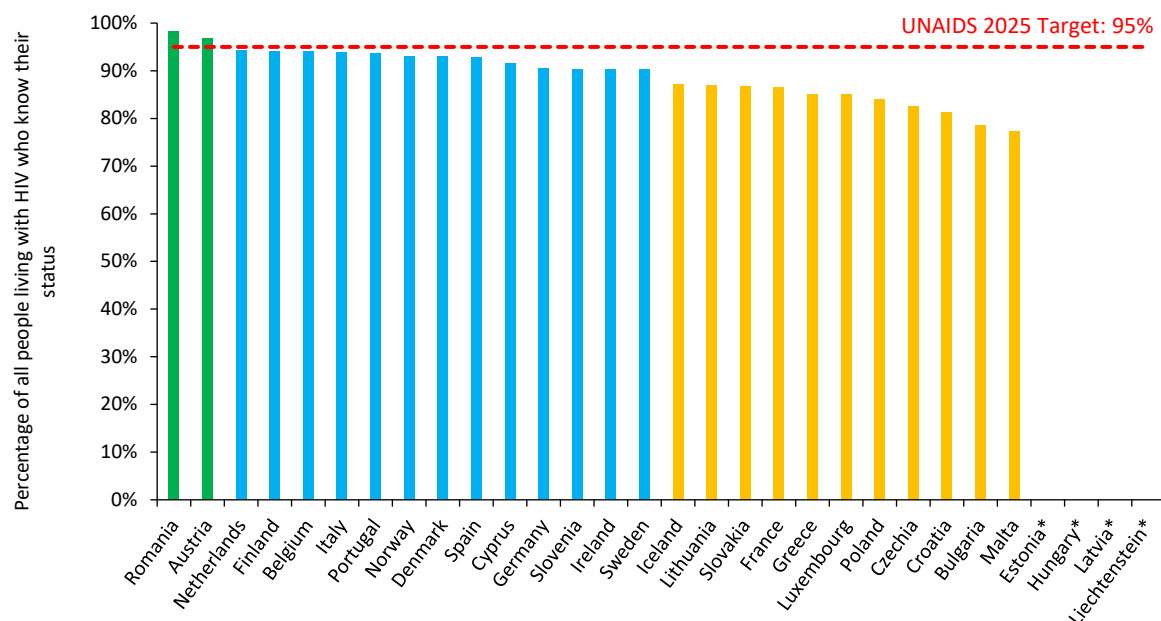
### UNAIDS targets 2025

- 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 achieved viral suppression.

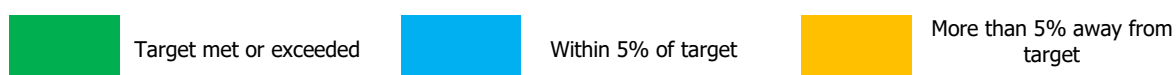
### People living with HIV who have been diagnosed

Twenty-six countries in the EU/EEA were able to provide data on the estimated number of people living with HIV (PLHIV) who have been diagnosed (Figure 4). Of the estimated 778 237 PLHIV in these 26 countries, 706 541 have been diagnosed (91%; range 77–98%). Only two countries are currently meeting the 95% target, and an additional 13 countries are within 5% of the 2025 target. These data suggest that testing services across the region must be scaled up in order to reach the 2025 target of 95% of all PLHIV knowing their HIV status.

<sup>3</sup> Incidence estimates from UNAIDS were published for 17 countries in the EU/EEA, the remaining 13 are based on UNAIDS shadow estimates.

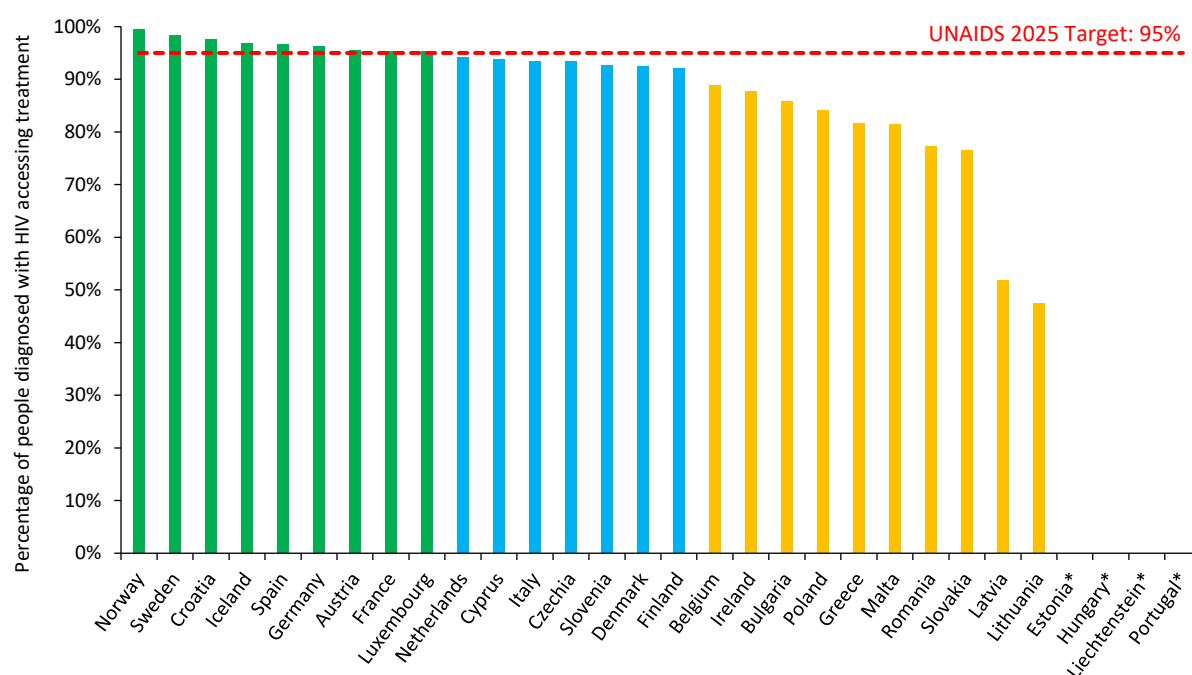
**Figure 4. Percentage of all people living with HIV who know their status in EU/EEA countries, reported in 2023**

\*Indicator could not be calculated due to lack of available data.



### People living with HIV who are on treatment

In the 26 countries able to report data on the number of people living with diagnosed HIV who are on treatment, an estimated 669 927 people were diagnosed as living with HIV, of whom 622 283 (93%; range 47–100%) were on antiretroviral treatment (Figure 5). Nine of the 26 countries are currently meeting the 95% target, while seven are within 5% of the target. Countries which are currently not within 5% of the 2025 target should remove barriers to accessing treatment and scale up accessible treatment services.

**Figure 5. Percentage of all people living with diagnosed HIV who are on treatment in EU/EEA countries, reported in 2023**

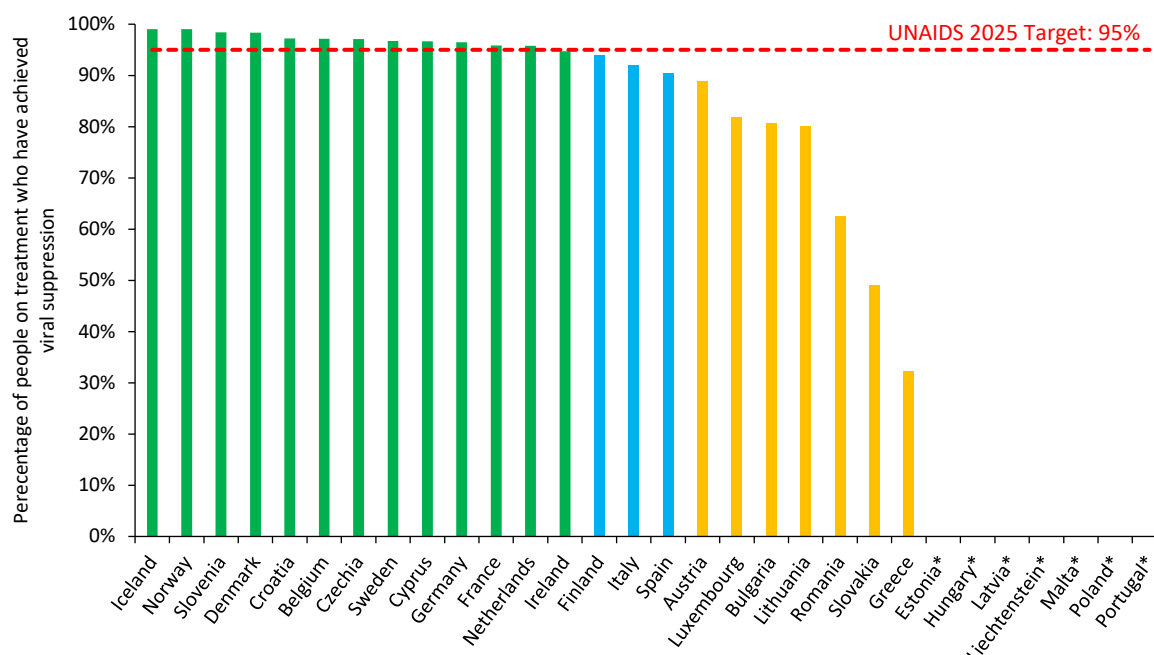
\*Indicator could not be calculated due to a lack of available data



### People on treatment reaching viral suppression

In the 23 countries across the EU/EEA that reported data on the percentage of people virally suppressed among those living with HIV who are on treatment, an estimated 605 270 are on treatment and 549 676 of them (91%; range 32–99%) are virally suppressed (Figure 6). This suggests that the EU/EEA as a region is not on track to achieve the 2025 target for viral suppression, with seven countries currently not within 5% of the 2025 target.

**Figure 6. Percentage of people on treatment achieving viral suppression in EU/EEA countries, reported in 2023**



\*Indicator could not be calculated due to a lack of available data

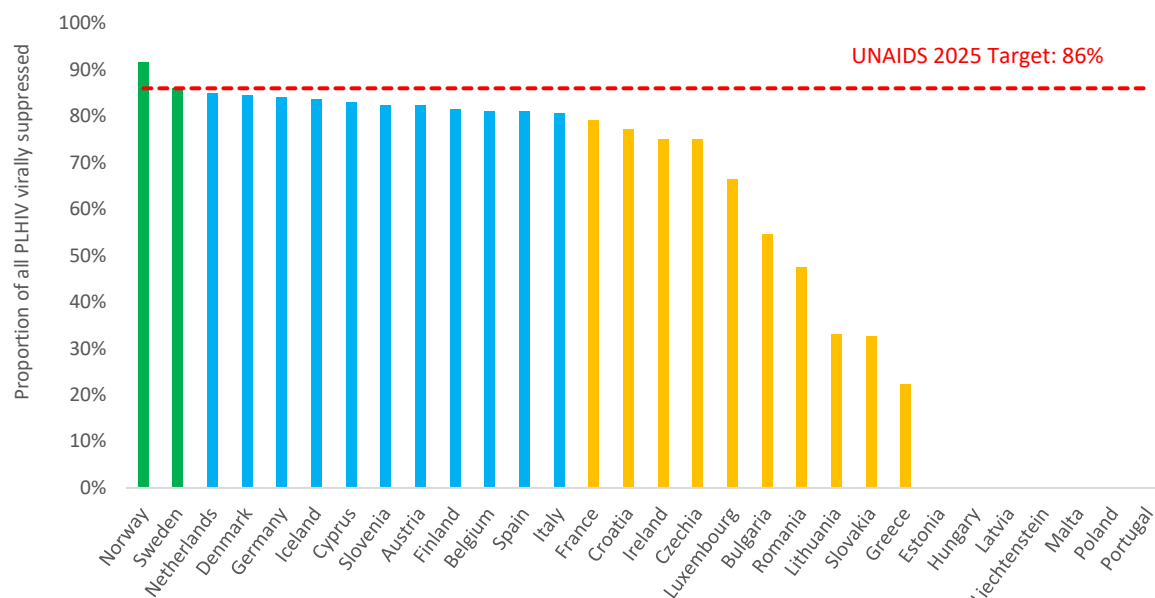


### Viral suppression among all people living with HIV

Overall, 23 EU/EEA countries were able to report data for all four stages of the continuum of HIV care in 2023. Based on these data, 77% (549 676; range 22–92%) of the estimated 712 968 PLHIV were virally suppressed, which falls short of the substantive target of 86% (Figure 7). This means that nearly one in four of all PLHIV (23%) in the 23 EU/EEA countries with available data had still not achieved viral suppression.

Overall, two of 23 countries able to report data for all four stages of the continuum met or exceeded the substantive target of 86% of all PLHIV being virally suppressed (Norway and Sweden; Figure 7). Another eleven countries were within 5% of the target (Austria, Belgium, Cyprus, Denmark, Finland, Germany, Iceland, Italy, the Netherlands, Slovenia and Spain). The remaining 10 countries were more than 5% away from the target (Bulgaria, Croatia, Czechia, France, Greece, Ireland, Lithuania, Luxembourg, Romania and Slovakia). It is also significant that seven countries are currently unable to assess their progress towards the overall 95-95-95 target.



**Figure 7. Proportion of all people living with HIV who were virally suppressed in 23 countries of the EU/EEA, reported in 2023**

\*Indicator could not be calculated due to a lack of available data.

The global substantive target is for 86% of all people living with HIV to be virally suppressed. The information in this figure reflects the latest available data reported by countries in 2023.

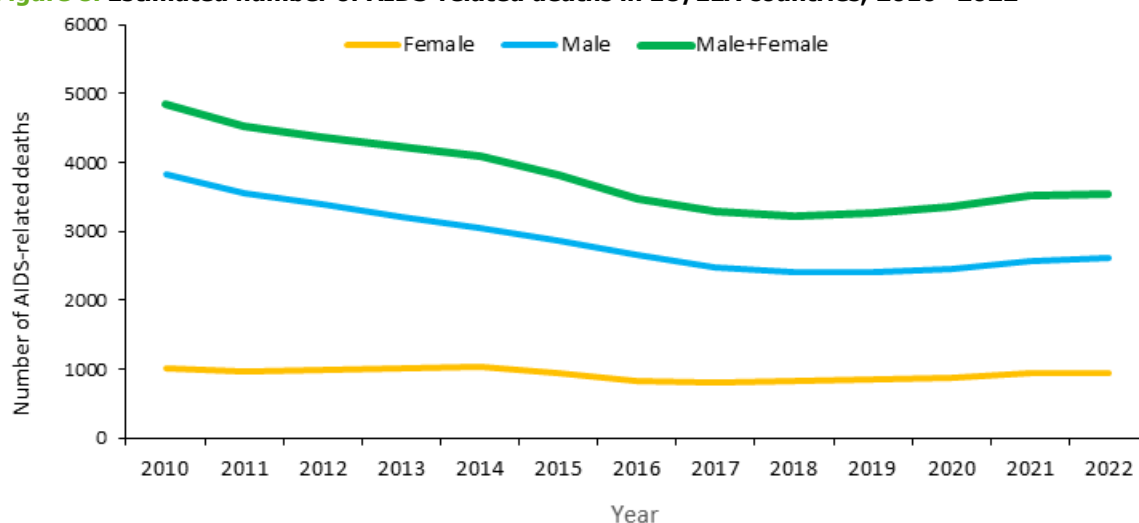


## Mortality

### UNAIDS 2025 target

75% reduction in new AIDS-related deaths by 2025 from a 2010 baseline.

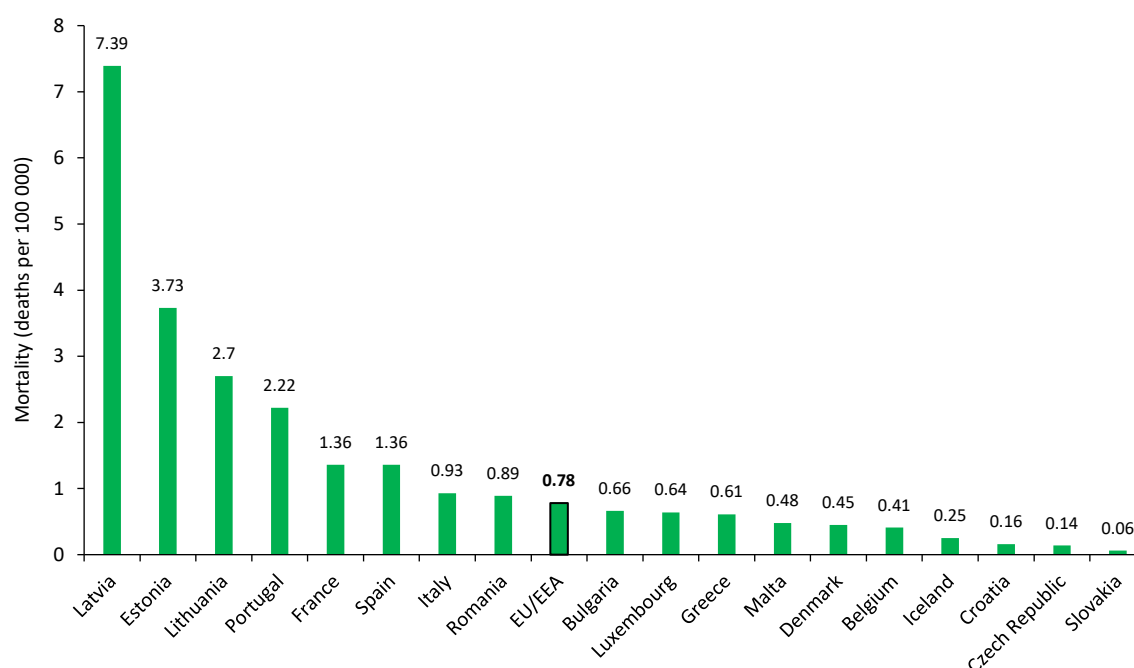
Effective testing and treatment programmes are essential in order to reduce the number of AIDS-related deaths. In 2022, there were an estimated 3 500 AIDS-related deaths based on the UNAIDS Spectrum estimates for the EU/EEA (Figure 8). This represents a 27% decrease in AIDS-related deaths since 2010 (Figure 8). However, estimates for the period since 2020 suggest that the reduction in AIDS-related deaths in the region has stagnated, which can be explained in part by the aging cohort of PLHIV. It is important that countries continue to scale up accessible testing and treatment services to reach the 2025 target of a 75% reduction in AIDS-related deaths. The estimated rates for AIDS-related deaths in 2022 in the EU/EEA range from 7.39 per 100 000 (Latvia) to 0.06 per 100 000 (Slovakia) (Figure 9).

**Figure 8. Estimated number of AIDS-related deaths in EU/EEA countries, 2010–2022<sup>4</sup>**

Source: UNAIDS Spectrum estimates, 2023.

<sup>4</sup> Mortality estimates from UNAIDS were published for 19 countries in the EU/EEA, the remaining 11 are based on UNAIDS shadow estimates.



**Figure 9. Estimated AIDS mortality per 100 000 population for EU/EEA countries, 2021 (n=19)**

Source: UNAIDS Spectrum estimates, 2023

## Supporting policy environment

### UNAIDS target 2025

- Less than 10% of countries criminalise sex work, possession of small amounts of drugs, same-sex sexual behaviour, and HIV transmission, exposure or non-disclosure.
- Less than 10% of people living with HIV report experiencing stigma and discrimination in healthcare and community settings.

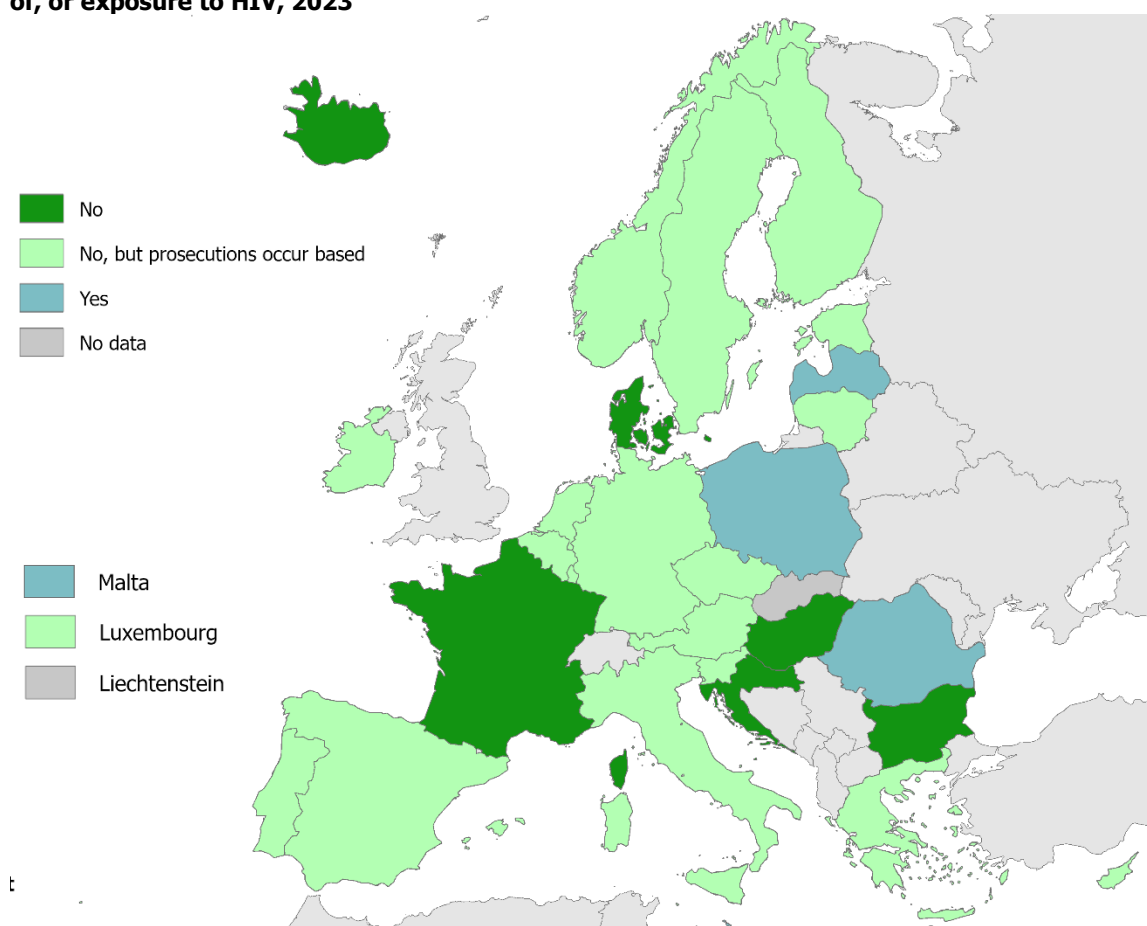
Measurement of stigma and discrimination is challenging and this is reflected in the generally low response rate to stigma-related indicators in ECDC and UNAIDS monitoring. It is worth noting that the capacity of countries to respond to questions concerning stigmatising laws and policies was higher than people's responses regarding individual experiences of stigma.

### Punitive laws and policies

Discriminatory laws that target people living with HIV and key populations at risk of HIV 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 [9].

In the EU/EEA, four (14%) countries reported that laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission exist (Figure 10). An additional 18 (64%) countries reported that, although no specific laws criminalising the transmission of, non-disclosure of, or exposure to HIV exist, prosecutions occur based on general criminal laws. Only six (21%) of the 28 countries that responded reported not having laws criminalising the transmission of, non-disclosure of, or exposure to HIV.

**Figure 10. Countries in the EU/EEA that have laws criminalising HIV transmission, non-disclosure of, or exposure to HIV, 2023**



Source: ECDC. Dublin Declaration monitoring: ECDC; 2023.

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 [10].

Of 28 reporting countries, 27 (96%) indicated that punitive laws affecting lesbian, gay, bisexual, transgender and intersex (LGBTI) people do not exist. One country, Poland, reported that morality laws or religious norms exist which limit lesbian, gay, bisexual, transgender and intersex freedom of expression and association.

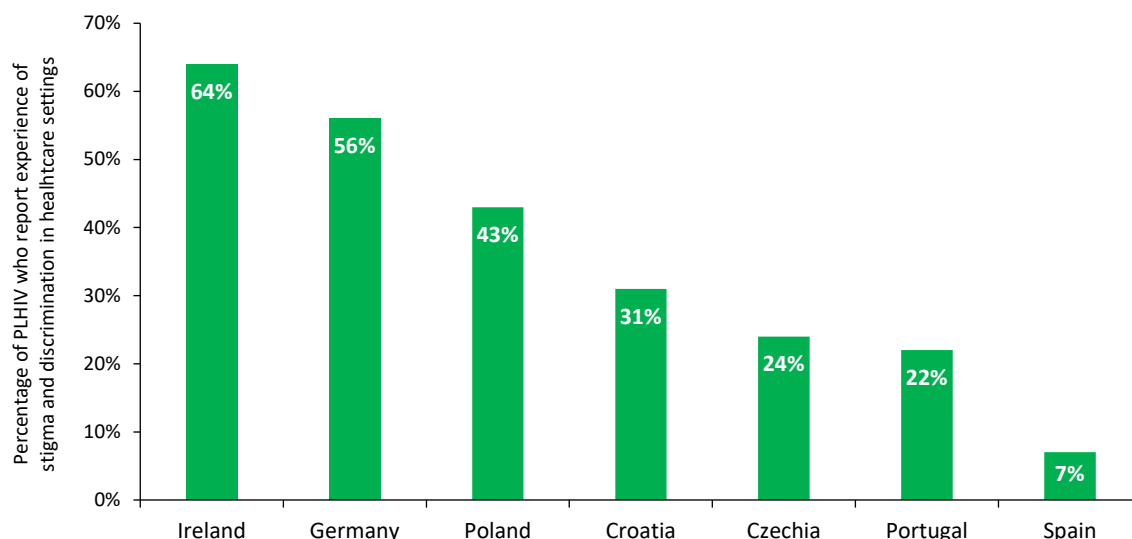
Twenty-eight countries reported data on the existence of laws affecting sex workers. Although only one country, Lithuania, indicated that selling sexual services was criminalised, seven countries reported that ancillary activities associated with selling sexual services were criminalised. Only six countries (21%) reported that there were no punitive laws or regulations on sex work.

Of the countries reporting data on the existence of drug possession laws, only four (14%) reported that the law allows for the possession of a certain amount of drugs. With regard to the possession of drugs for personal use, this is a non-criminal offence in eight countries (31%) and a criminal offence in 18 (69%) countries.

### *Stigma and discrimination in healthcare settings*

Data availability on the experiences of people living with HIV in relation to stigma and discrimination in healthcare settings are severely limited. Only seven of 30 countries were able to provide data on the percentage of people living with HIV who have reported experiences of stigma and discrimination in healthcare settings over the past 12 months (Figure 11). Moreover, the studies often had limited sample sizes, and may not be reflective of the overall population of PLHIV within the countries. The dates from which the data were derived ranged from 2018 to 2022. The percentage of people living with HIV who experienced discrimination and stigma ranged from 64% in Ireland (2022 data) to 7% in Spain (2020 data).

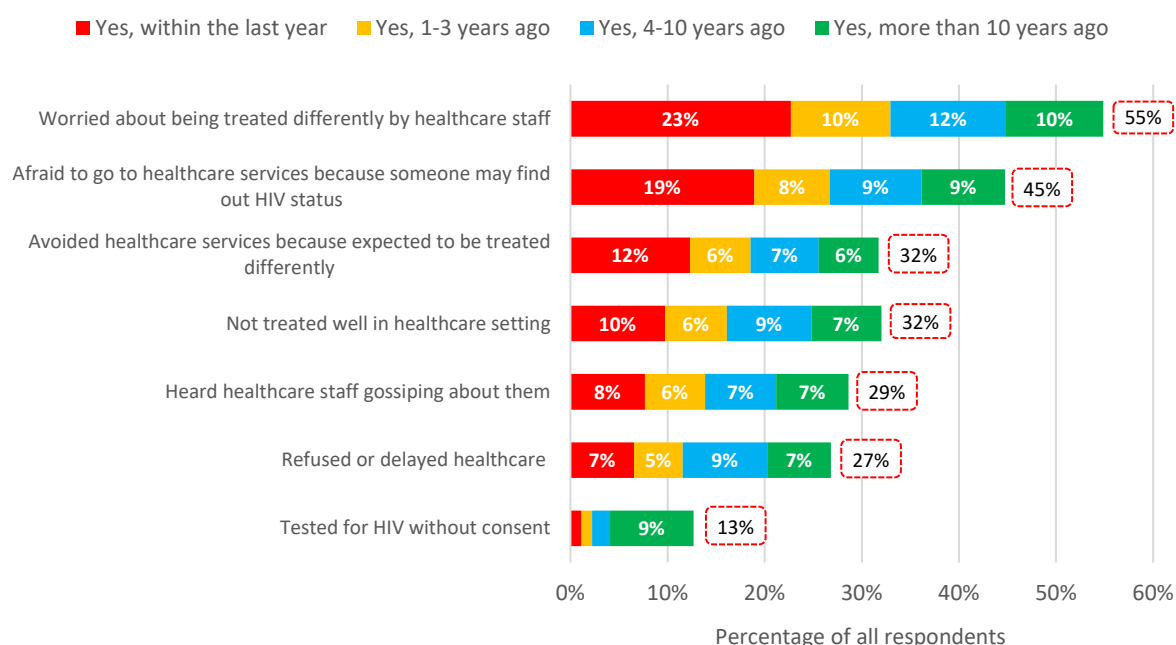
**Figure 11. The percentage of people living with HIV who reported experiences of stigma and discrimination in healthcare settings, 2018–2021**



Source: ECDC. Dublin Declaration monitoring: ECDC; 2023.

Results from a 2021 ECDC Community Stigma Survey can help fill gaps in the data reported by countries [11]. An analysis of the survey responses of 1 772 people living with HIV in the EU/EEA highlights that PLHIV in the EU/EEA continue to experience HIV-related stigma in healthcare settings (Figure 12). 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%) PLHIV avoiding healthcare services altogether during the same period.

**Figure 12. Reported experiences of stigma within healthcare settings in the EU/EEA, 2021–22**

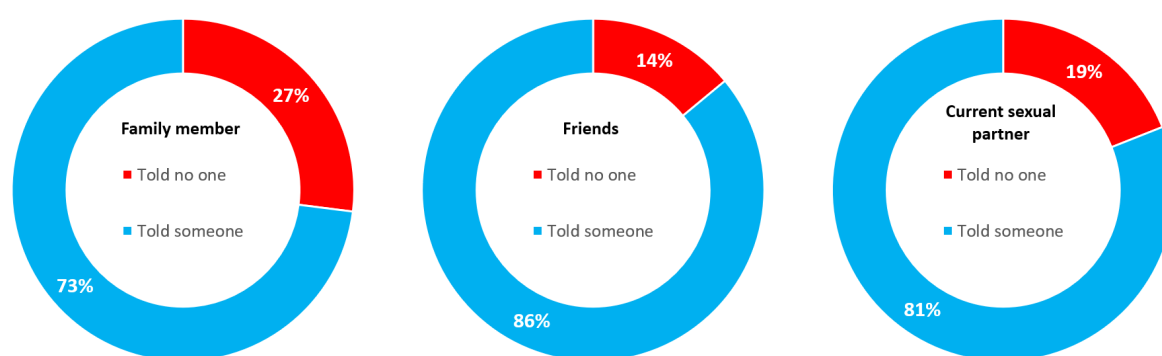
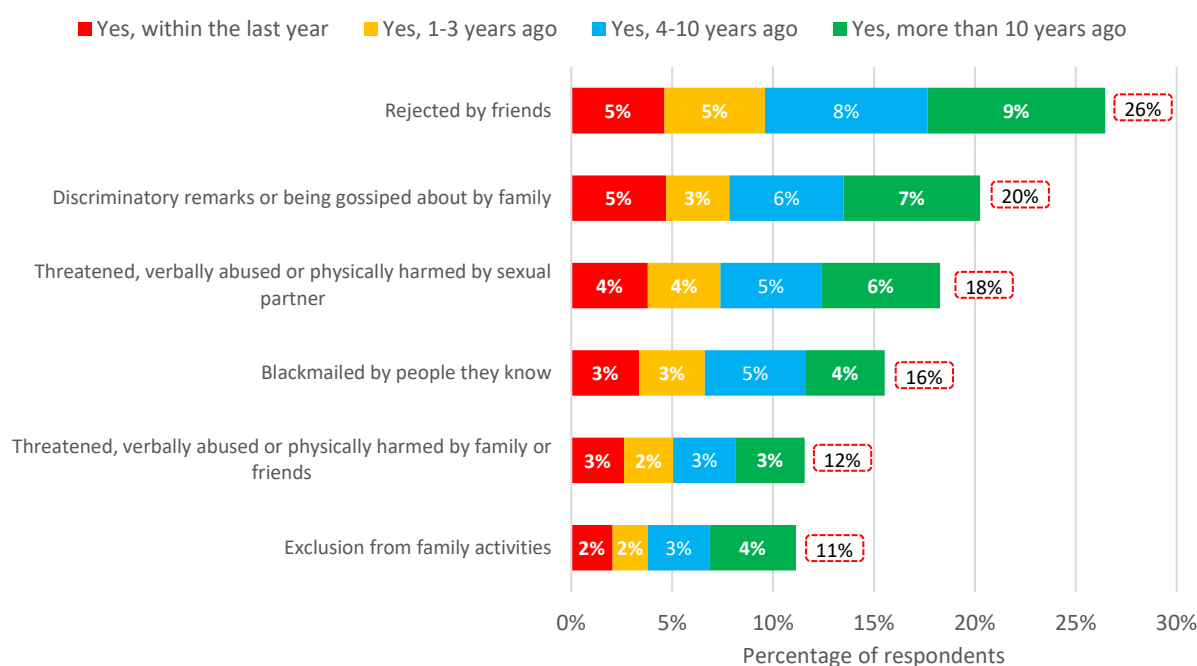


Source: ECDC. Stigma: survey of people living with HIV. 2023 [10].

### Stigma and discrimination in home and community settings

More than a quarter (27%) of respondents had not told a single family member that they were living with HIV [11]. 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 13A).

In broader family and community settings, the survey results show that people living with HIV also continue to experience HIV-related stigma (Figure 13B). 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).

**Figure 13. Proportion of respondents in the EU/EEA who have ever told people in their life about their HIV status (A) and reported experiences of stigma from friends, family or sexual partners (B), 2021–22****A.****B.**

Source: ECDC. *Stigma: Survey of people living with HIV: ECDC; 2023 [11].*

# 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 achieve an end to the AIDS epidemic by 2030. Data collected in 2023 suggest that many countries in the EU/EEA are currently far from achieving the targets.

While the number of new HIV infections and AIDS-related mortality rates in the EU/EEA have fallen over the last decade, based on current trajectories progress must be accelerated to meet the 2025 and 2030 targets. Moreover, not all countries have measures that are robust enough to enable data to be displayed and compared at national level. Nevertheless, the declines at EU/EEA level suggest that existing HIV prevention (i.e. PrEP), testing and treatment services have been effective, even if they do need to be scaled up to further reduce the number of new infections and AIDS-related deaths.

In testing and treatment, the EU/EEA as a whole is on track to meet the 2025 targets set by UNAIDS, with 91% of all people living with HIV knowing their status, 93% of those who know their status being on treatment, and 91% of those on treatment being virally suppressed. However, only two countries have achieved the first 95% target, nine countries the second 95% target, 13 countries the third 95% target. Furthermore, only two countries have achieved the overall 86% target of viral suppression in all PLHIV. To reach the remaining individuals living with undiagnosed and untreated HIV testing and treatment services need to be expanded, and countries should consider implementing innovative testing interventions, such as community and self-testing services.

Although evidence suggests that punitive laws affecting people living with HIV and key populations at increased risk of HIV perpetuate health inequalities and negatively impact countries' responses to the HIV epidemic, many countries in the EU/EEA report that discriminatory laws or policies continue to exist. More work must be done in order to meet the target of less than 10% of countries reporting discriminatory laws.

There is a worrying lack of national-level data on stigma and discrimination experienced by people living with HIV in healthcare settings, with only seven of 30 countries able to provide information on the percentage of people living with HIV who experienced stigma in any health services. Data from a recent ECDC stigma survey 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 UNAIDS Global AIDS Strategy must be revitalised if EU/EEA countries are to achieve SDG 3.3 and bring the AIDS epidemic to an end.

## Priority areas for action

- Countries should implement effective surveillance and monitoring mechanisms to monitor the key indicators for prevention services and the continuum of care (estimated infections, diagnosed infections, number on treatment and number who are virally suppressed), as well as for HIV-related mortality. ECDC will work with UNAIDS and countries to improve the availability and robustness of national level estimates for HIV incidence and mortality.
- Greater access to and 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 through their healthcare system and to explore expanding the settings in which PrEP is available.
- Countries are encouraged to develop comprehensive monitoring systems for PrEP coverage, including disaggregation by key population and risk category, to evaluate progress against the UNAIDS Global AIDS Strategy (see link below for ECDC guidance<sup>5</sup>).
- In the 26 EU/EEA countries able to provide data, approximately 9% of people living with HIV are undiagnosed. Countries should work to increase their HIV testing capacity and accessibility and to improve targeting and subsequent uptake of testing in key populations to meet the 95% target by 2025.
- Overall, nearly one in four people living with HIV in the EU/EEA have not achieved viral suppression and only two countries have reached the 86% target. Countries therefore need to improve the implementation of treatment guidelines and policies 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.
- HIV-related stigma is commonly experienced in the community. A significant proportion of people living with HIV had not told a single family member, friend or current sexual partner that they were living with HIV. One in four people living with HIV reported concerns about being treated differently by healthcare staff in the last 12 months, and this fear resulted in one in eight people living with HIV in the EU/EEA actually avoiding healthcare services altogether. Stigma and discrimination remain major barriers to achieving the HIV prevention, testing and treatment targets. Concerted action is needed to address stigma and discrimination at both community and healthcare level.

<sup>5</sup> [www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea](https://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea)

# References

1. Independent Group of Scientists appointed by the UN Secretary-General. Global Sustainable Development Report 2019: The Future is Now – Science for Achieving Sustainable Development. UN: New York, 2019. Available from: [https://sdgs.un.org/sites/default/files/2020-07/24797GSDR\\_report\\_2019.pdf](https://sdgs.un.org/sites/default/files/2020-07/24797GSDR_report_2019.pdf)
2. United Nations (UN). The Sustainable Development Goals. UN: New York, 2015. Available from: <https://sdgs.un.org/goals>
3. UNAIDS. Global AIDS Strategy 2021–2026: End Inequalities. End AIDS. Geneva: Joint United Nations Programme on HIV/AIDS, 2021. Available from: <https://www.unaids.org/resources/documents/2021/2021-2026-global-AIDS-strategy>
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 from: <https://iris.who.int/bitstream/handle/10665/369243/9789289058957-eng.pdf?sequence=7>
5. McCormack S, Dunn DT, Desai M, Dolling DI, Gafos M, Gilson R, et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. *Lancet*. 2016;387(10013):53-60.
6. Molina JM, Capitant C, Spire B, Pialoux G, Cotte L, Charreau I, et al. On-Demand Pre-exposure Prophylaxis in Men at High Risk for HIV-1 Infection. *N Engl J Med*. 2015;373(23):2237-46.
7. European Centre for Disease Prevention and Control (ECDC). Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2022 progress report. Stockholm: ECDC; 2023. Available at: [www.ecdc.europa.eu/en/publications-data/hiv-infection-prevention-pre-exposure-prophylaxis-monitoring-dublin](http://www.ecdc.europa.eu/en/publications-data/hiv-infection-prevention-pre-exposure-prophylaxis-monitoring-dublin)
8. Hayes R, Schmidt AJ, Pharris A, Azad Y, Brown AE, Weatherburn P, et al. (ECDC Dublin Declaration Monitoring Network). Estimating the 'PrEP Gap': how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. *Eurosurveillance*. 2019; 24(41): 1900598. Available from: <https://pubmed.ncbi.nlm.nih.gov/31615599>
9. The Lancet HIV. Time to end discriminatory laws against people with HIV. *The Lancet HIV*. 2021 Dec; 8(12): e729.
10. Kavanagh N, Agbla SC, Joy M, Kashish A, Pillinger M, Case A, et al. Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response? *BMJ Global Health*. 2021; 6(8): e006315. Available from: <https://pubmed.ncbi.nlm.nih.gov/34341021>
11. European Centre for Disease Prevention and Control (ECDC). Stigma: survey of people living with HIV. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia:2022 progress report. Stockholm: ECDC; 2023. Available from: <https://www.ecdc.europa.eu/en/publications-data/hiv-stigma-survey>

## Annex 1. Data availability and progress towards UNAIDS Global AIDS Strategy 2021–2026 targets in the EU/EEA, at country and regional level

Country	Prevention	Incidence	Testing and treatment				Mortality	Supportive policy environment	
	50% of people at high risk of HIV acquisition and 5% of people at moderate risk of HIV acquisition are accessing PrEP <sup>6</sup>	90% reduction in new HIV cases by 2030 from a 2010 baseline <sup>7</sup>	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	90% reduction in new AIDS-related deaths by 2030 from a 2010 baseline <sup>7</sup>	<10% of people living with HIV report experiencing stigma and discrimination in healthcare and community settings <sup>1</sup>	<10% of countries have punitive laws and policies
Austria									
Belgium									
Bulgaria									
Croatia									
Cyprus									
Czechia									
Denmark									
Estonia									
Finland									
France									
Germany									
Greece									
Hungary									
Iceland									
Ireland									
Italy									
Latvia									
Liechtenstein									
Lithuania									
Luxembourg									
Malta									
Netherlands									
Norway									
Poland									
Portugal									
Romania									
Slovakia									
Slovenia									
Spain									
Sweden									
EU/EEA									

	Meeting target		Not meeting target		No data or insufficient data available
--	----------------	--	--------------------	--	--

<sup>6</sup> National level data are not available or not robust enough to make cross-country comparison. ECDC will work with UNAIDS and countries to improve the availability and robustness of national-level estimates for HIV incidence and mortality.