



## 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 – 2024 progress report

November 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 (EU/EEA). It is largely based on data collected by the European Centre for Disease Prevention and Control (ECDC) through an online reporting tool disseminated to the 30 EU/EEA countries between February and June 2024 to monitor implementation of the 2004 Dublin Declaration.



While reported in 2024, data for most of the indicators relate to 2023. If no new data were reported, data from the most recent year with available data were reused (2019 or later).

### Key messages

- The United Nations Sustainable Development Goal (SDG) 3.3 aims to end AIDS by 2030. This evidence 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, five 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 overall on track to meet the individual 95-95-95 targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), with 92% of all people living with HIV (PLHIV) knowing their HIV status, 93% of people who know their status on treatment, and 93% of those on treatment having suppressed viral loads. However, one in five of all PLHIV (21%) in the 23 EU/EEA countries with available data had still not achieved viral suppression and only eight countries have achieved the overall 86% target of ensuring that all people living with HIV are virally suppressed by 2025 – an improvement from two countries by the end of 2022.
- 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 2025 and 2030 targets are to be achieved.
- More than 10% of people living with HIV report experiencing **HIV-related stigma and discrimination** in healthcare and community settings, indicating that further work is required to reach the goal of zero stigma.
- For some indicators, many countries did not report data. A lack of robust, reliable data presents a significant challenge to assessing progress on certain aspects of the HIV response. Improved monitoring, estimation and reporting systems and processes are urgently needed to better understand and take action to end the HIV epidemic by 2030.

### Introduction

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

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

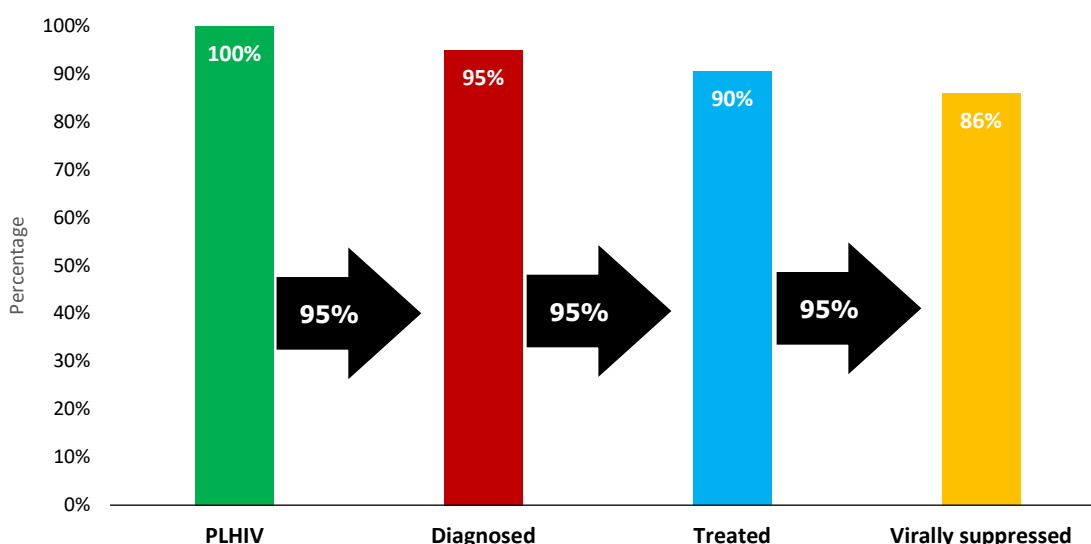
In 2021, UNAIDS published the Global AIDS Strategy 2021–2026 to help end AIDS as a public health threat by 2030 [3]. The strategy aims to 'reduce the inequalities that drive the AIDS epidemic and put people at the centre' of the HIV response.

The UNAIDS Strategy includes global targets related to testing and treatment which form a continuum of care, a conceptual framework that provides a snapshot of critical stages toward achieving viral suppression among people living with HIV (Figure 1). Achieving a high rate of viral suppression for people living with HIV is key to reducing the impact of HIV both at the population and individual levels, resulting in reduced transmission, morbidity and mortality. In addition, due to the sequential nature of the UNAIDS testing and treatment targets, they allow countries to monitor, evaluate and improve the effectiveness of specific areas of their HIV response.

### UNAIDS testing and treatment targets for 2025

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

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



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

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

This evidence brief will focus on a selection of targets as outlined in Table 1. The targets in the UNAIDS strategy are coherent with the HIV targets in the World Health Organization's 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. Key indicators and targets for monitoring progress towards HIV prevention, testing and treatment and elimination in the EU/EEA**

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

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

### Prevention

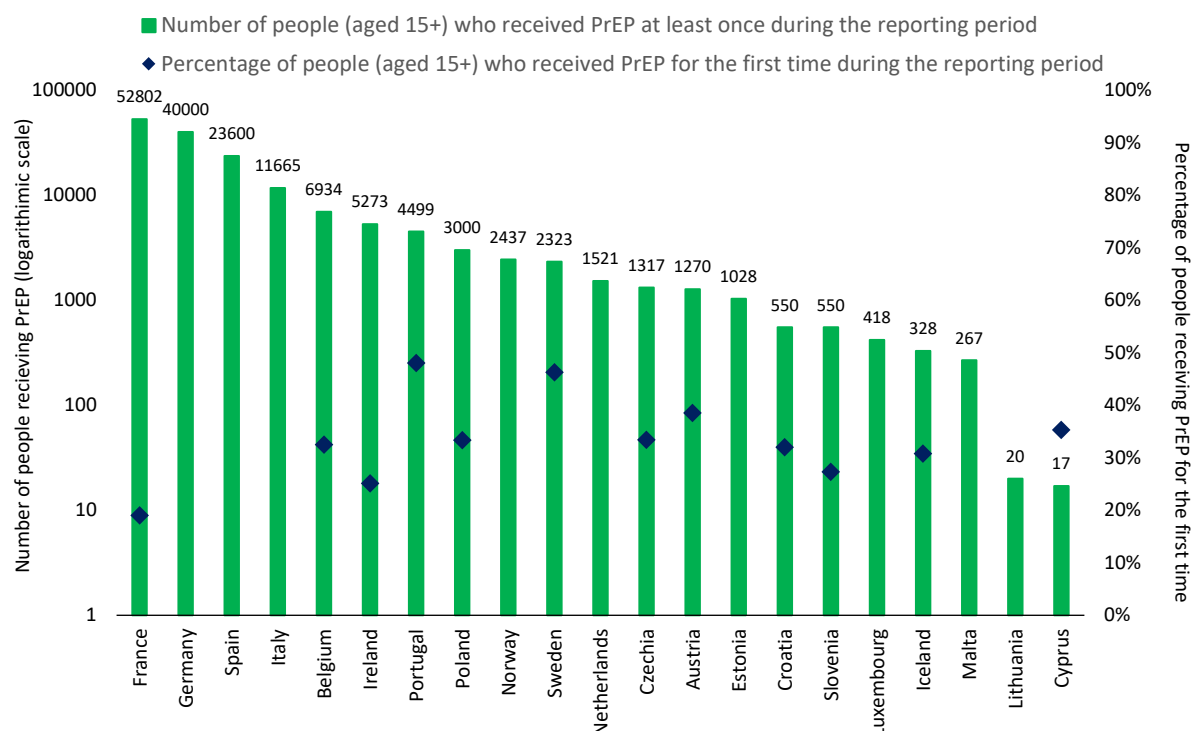
#### UNAIDS target 2025

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, and critical for progress towards ending the AIDS epidemic [5-7]. In the EU/EEA, 23 countries reported that PrEP guidelines had been developed and were being implemented [8] – two countries more than in 2023. A further two countries said that guidelines had been developed but were not yet being implemented (Greece and Romania), and five (Bulgaria, Cyprus, Hungary, Latvia, and Lithuania) reported that no PrEP guidelines had been developed [8]. Among these five countries, four indicated that plans to adopt a PrEP recommendation are underway.

Measuring this target is challenging due to the fact that most countries lack data on both the numerator (exactly how many people received PrEP at least once during the reporting year), and the denominator (determining the size of the population in need of PrEP or 'at very high risk of HIV acquisition'). The WHO Regional Action Plan for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 includes a more measurable target of 500 000 people receiving PrEP in the WHO European Region by 2025 [4]. In 21 of the 30 EU/EEA countries with available data on PrEP use for 2023, a total of 159 819 people had received PrEP at least once in the last 12 months, ranging from 52 802 in France, 40 000 in Germany and 23 600 in Spain to ≤50 in Cyprus and Lithuania (Figure 2). This is an increase by 30 000 people compared to 2022.

However, PrEP scale-up is not evenly distributed across population groups, with 98% of all people on PrEP being men who have sex with men (MSM).

**Figure 2. Number of people receiving PrEP, EU/EEA countries, 2023\* (n=21)**

\* 2023 or most recent year with available data. Data from Austria, Belgium, the Netherlands, and Norway are from 2022; data from Luxembourg and Sweden are from 2021. No data available from Bulgaria, Denmark, Finland, Greece, Hungary, Latvia, Liechtenstein, Romania, and Slovakia.

### Unmet needs for PrEP

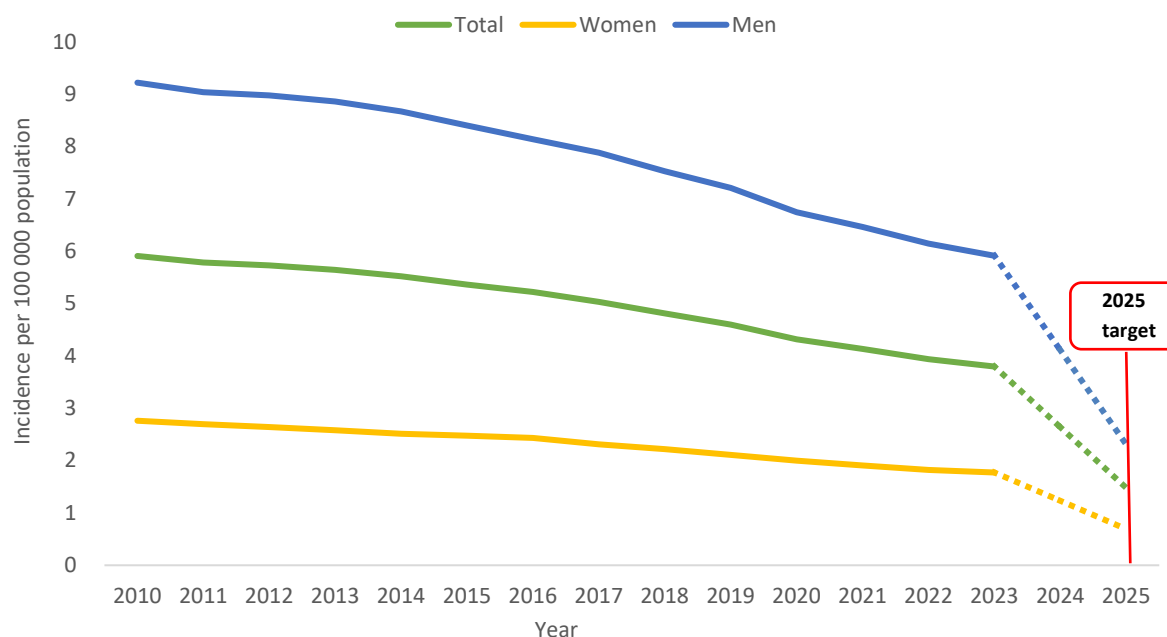
In addition to understanding how many people are accessing PrEP, it is important to identify gaps in access [9]. Only three countries in the EU/EEA were able to estimate the proportion of MSM in need of PrEP who were receiving it: France (33%), Germany (50%) and Slovenia (85%). However, none of the countries were able to provide an estimate of the unmet needs for PrEP in any other population group. Therefore, while these data suggest that Germany and Slovenia have met the 2025 target of 50% of people at very high risk of HIV acquisition accessing PrEP in the group of MSM, they also reveal an important information gap regarding the unmet need for PrEP in other population groups. Further, given that France reported the largest number of people receiving PrEP in 2023, the remaining unmet PrEP need reported there also highlights the need to better understand and remove barriers to PrEP access. Countries are encouraged to assess their unmet needs for PrEP across population groups as well as the barriers limiting PrEP scale-up 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 2023, an estimated 17 000 people became newly infected with HIV in the EU/EEA (Figure 3). This represents a 34% decrease in the annual number of estimated new HIV infections compared with a 2010 baseline, and the decrease has been more pronounced among men than women, likely due to more widespread PrEP use among MSM. However, 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.

**Figure 3. HIV incidence per 100 000 population, EU/EEA, 2010–2023**

Dotted lines indicate progress needed to reach the 2025 targets. Source: UNAIDS estimates, 2024.

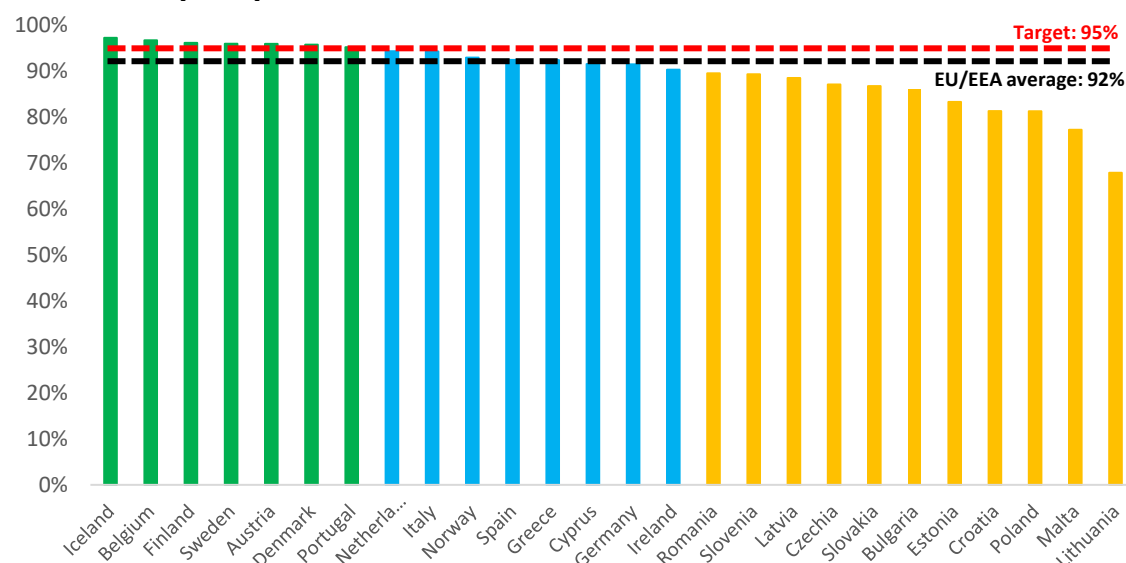
## Testing and treatment

### UNAIDS targets 2025

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

### People living with HIV who know their HIV status

Twenty-six countries in the EU/EEA were able to provide data on the estimated number of people living with HIV who know their status (have been diagnosed) (Figure 4). Of the estimated 625 368 people living with HIV in these 26 countries, 576 550 (92%) had been diagnosed, ranging from 68% in Lithuania to 97% in Iceland and Belgium. Seven countries had met the first 95% target, five more countries than in 2022, and an additional eight were within 5% of reaching it. These data suggest that testing services across the region must be scaled up in several countries in order to reach the 2025 target of 95% of all people living with HIV knowing their HIV status.

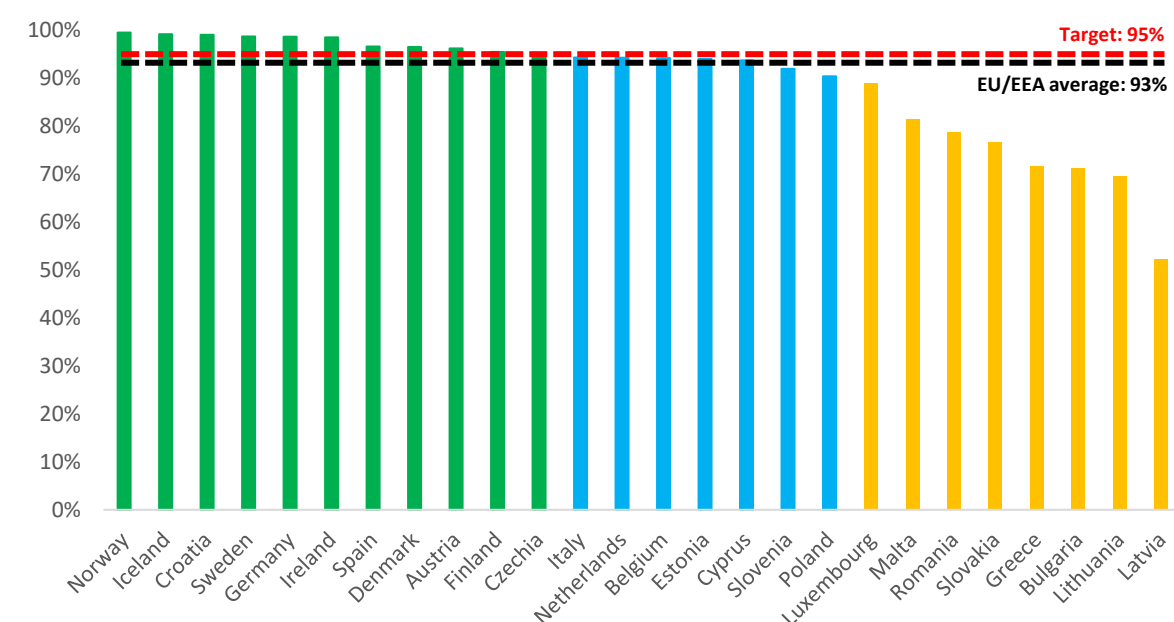
**Figure 4. Percentage of all people living with HIV who know their HIV status, EU/EEA countries, end of 2023\* (n=26)**

\* Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, the Netherlands, Portugal (2022 data); Cyprus, Italy, Malta, Norway, Spain (2021 data); Slovakia (2020 data). No data available from France, Hungary, Liechtenstein, or Luxembourg.



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

In the 26 countries able to report data on the number of people living with HIV who know their status and are on treatment, 533 452 people were living with diagnosed HIV, of whom 497 251 (93%) were on antiretroviral therapy, ranging from 52% in Latvia to >99% in Norway and Iceland (Figure 5). Eleven of the 26 countries had met the second 95% target, while seven were within 5% of the target. Countries that have not yet reached the 2025 target should remove barriers to accessing treatment and scale up accessible and equitable treatment services.

**Figure 5. Percentage of people living with HIV who know their status and are on treatment, EU/EEA countries, end of 2023\* (n=26)**

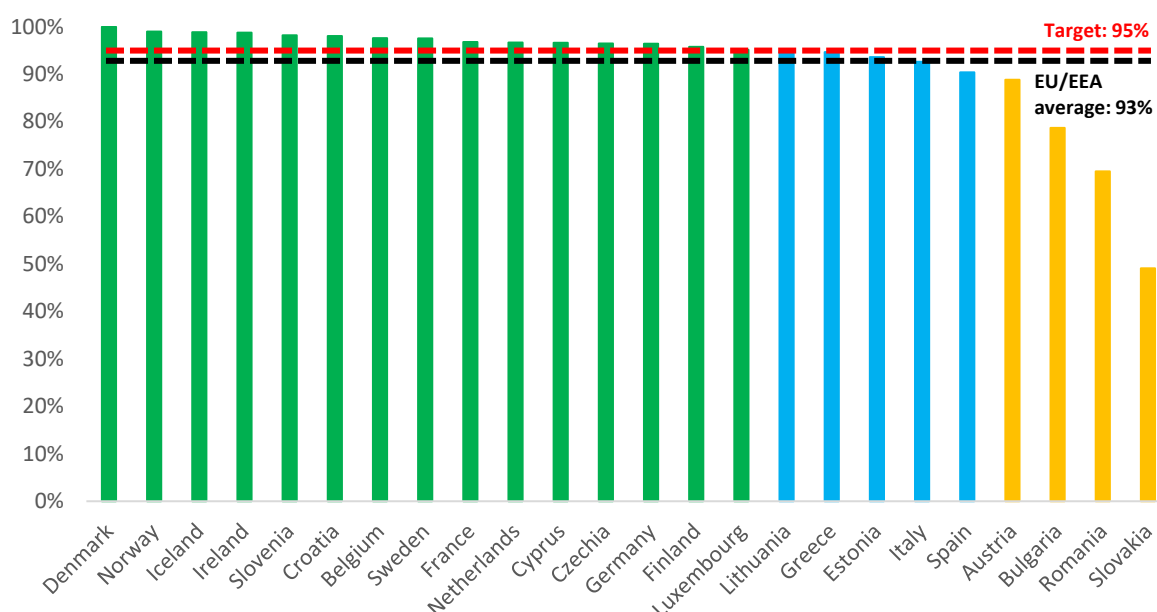
\* Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, the Netherlands (2022 data); Cyprus, Italy, Malta, Norway, Spain (2021 data); Slovakia (2020 data). No data available from France, Hungary, Liechtenstein, or Portugal.



### People on treatment reaching viral suppression

In the 24 countries across the EU/EEA that reported data on the percentage of people living with HIV who are on treatment and had suppressed viral loads, an estimated 630 004 were on treatment and 584 869 of them (93%) were virally suppressed, ranging from 52% in Slovakia to >99% in Denmark and Norway (Figure 6). With 15 countries having achieved the third 95% target and five being within 5% of reaching it, the EU/EEA as a whole is well on track to achieve the 2025 target for viral suppression. However, four countries with available data are currently not within 5% of the 2025 target, suggesting that efforts to retain people on effective treatment regimens should remain a priority.

**Figure 6. Percentage of people living with HIV on treatment who have suppressed viral loads, EU/EEA countries, end of 2023\* (n=24)**



\* Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, the Netherlands, Portugal (2022 data); Cyprus, France, Italy, Norway, Spain (2021 data); Slovakia (2020 data). No data available from Hungary, Latvia, Liechtenstein, Malta, Poland, or Portugal.



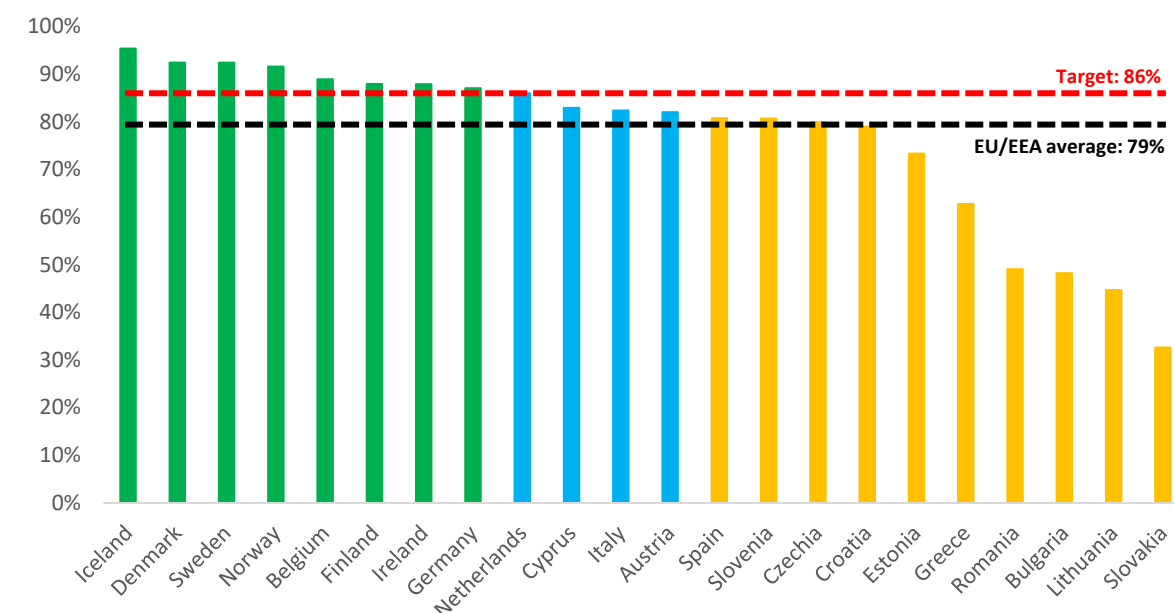
### Viral suppression among all people living with HIV

Overall, 22 EU/EEA countries were able to report data for all four stages of the continuum of HIV care. Based on these data, 435 249 (79%; range 33–95%) of the estimated 547 994 people living with HIV in those 22 countries were virally suppressed. By the end of 2023, eight countries (Belgium, Denmark, Finland, Germany, Iceland, Ireland, Norway, and Sweden) had met the overall substantive target of 86% of all people living with HIV having suppressed viral loads (Figure 7), an improvement from two countries in 2022. Another four (Austria, Cyprus, Italy, and the Netherlands) were within 5% of the target.

Yet, as a region, the EU/EEA still falls short of reaching this overall target, meaning that one in five (21%) of all people living with HIV in the 23 EU/EEA countries with available data were living with transmissible levels of virus. Ten countries (Bulgaria, Croatia, Czechia, Estonia, Greece, Lithuania, Romania, Slovakia, Slovenia, and Spain) were not within 5% or fell well below the target.

It is also significant that eight countries (France, Hungary, Latvia, Lichtenstein, Luxembourg, Malta, Poland, and Portugal) had no data available and were currently unable to assess their progress towards the overall 95-95-95 target.

**Figure 7. Percentage of all people living with HIV who have suppressed viral loads, EU/EEA countries, end of 2023\* (n=22)**



\* Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, the Netherlands (2022 data); Cyprus, Italy, Malta, Norway, Spain (2021 data); Slovakia (2020 data). No data available from France, Hungary, Latvia, Lichtenstein, Luxembourg, Malta, Poland, or Portugal.

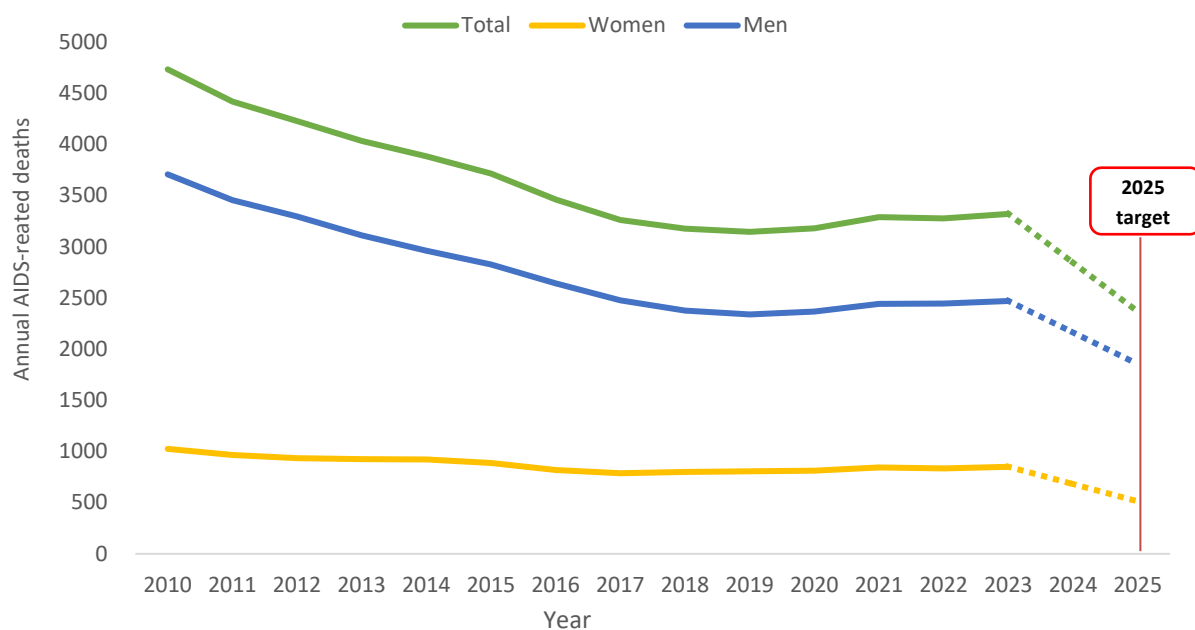


## Mortality

### UNAIDS 2025 target

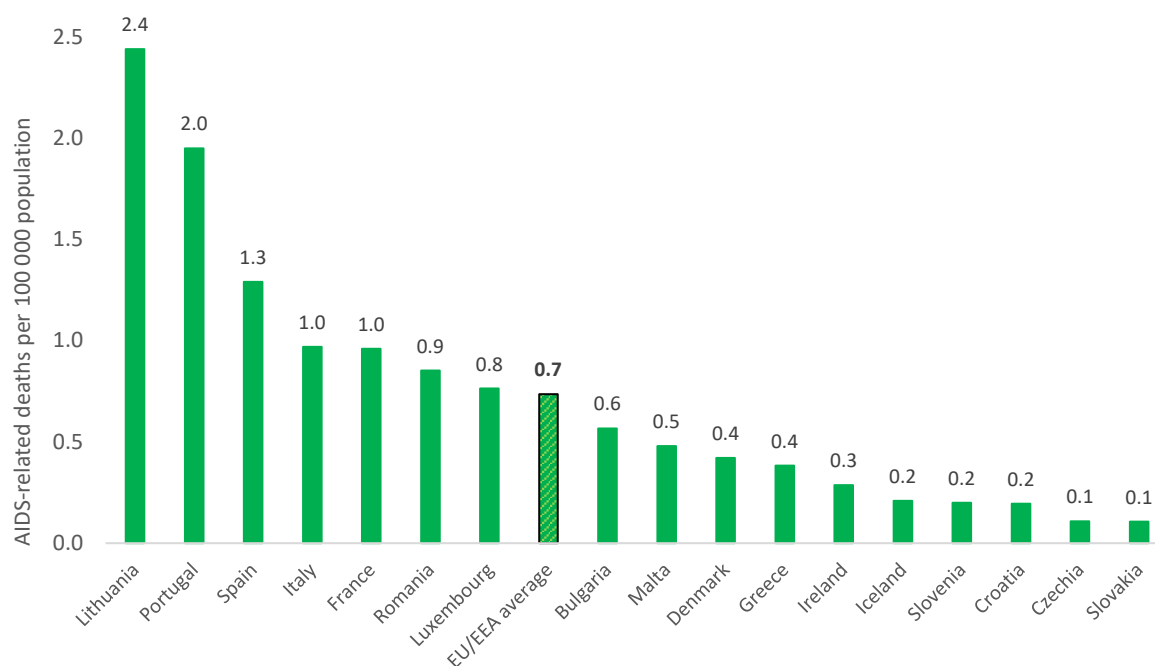
A 50% reduction in HIV-related deaths by 2025 from a 2010 baseline.

Effective testing and treatment programmes are essential to reduce the number of AIDS-related deaths. In 2023, an estimated 3 300 people died from AIDS-related causes in the EU/EEA, according to UNAIDS estimates. This represents a 30% 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 also worth noting that many EU/EEA countries had already reduced AIDS-related mortality substantially by the baseline year of 2010, meaning that a further 75% reduction in AIDS-related deaths by 2025 is hard to achieve. Yet, it remains important that countries continue to scale up accessible testing and treatment services to further improve progress toward the 2025 target.

**Figure 8. Estimated number of AIDS-related deaths, EU/EEA, 2010–2023**

Dotted lines indicate progress needed to reach the 2025 targets. Source: UNAIDS estimates, 2024.

At country level, the estimated rates for AIDS-related deaths vary substantially across the EU/EEA countries, ranging from  $\geq 2.0$  per 100 000 (Latvia and Portugal) to  $\leq 0.1$  per 100 000 (Czechia and Slovakia) (Figure 9).

**Figure 9. Estimated AIDS-related mortality per 100 000 population, EU/EEA countries, 2023 (n=17)**

Source: UNAIDS estimates, 2024. No published country-level mortality estimates were available from Austria, Belgium, Cyprus, Estonia, Finland, Germany, Hungary, Latvia, the Netherlands, Norway, Poland, and Sweden.

## Supportive policy environment

### UNAIDS target 2025

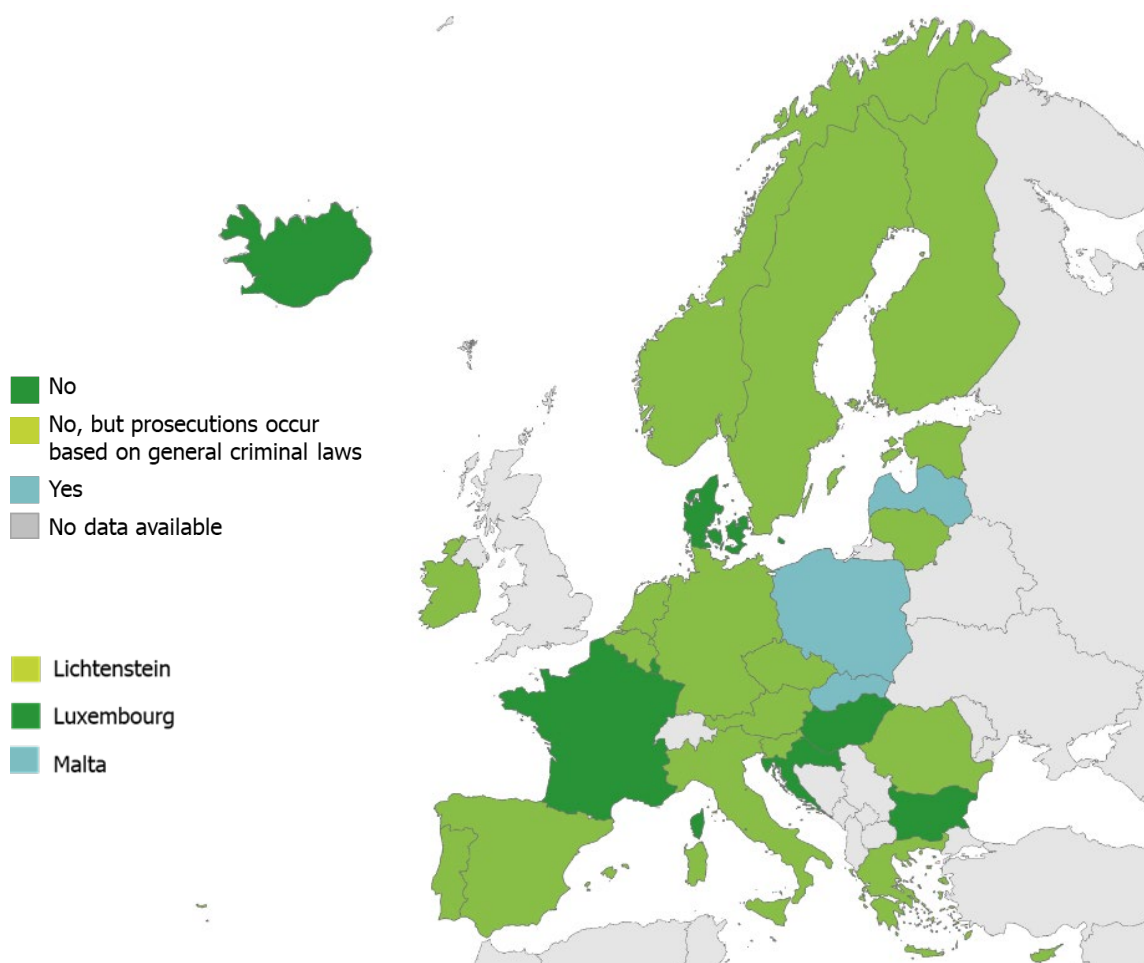
- Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.
- Less than 10% of people living with HIV experience stigma and discrimination.

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

### *Punitive laws and policies*

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

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



Discriminatory laws that target key populations at risk of HIV, such as the criminalisation of sex work, same-sex relationships and the possession of drugs for personal use, can also have an impact on progression towards attaining SDG 3.3. Research indicates that countries with discriminatory laws of this type have up to 14.5% lower rates of viral suppression [11].

Among the 30 EU/EEA countries, although only two (Liechtenstein and Lithuania) reported that selling sexual services was criminalised, 12 countries (Bulgaria, Finland, France, Iceland, Ireland, Italy, Latvia, Liechtenstein, Luxembourg, Poland, and Romania) reported that ancillary activities associated with selling sexual services were criminalised, and six countries (France, Iceland, Ireland, Lithuania, Norway, and Sweden) reported that buying sexual services was criminalized. Only eight countries (27%) specifically reported that sex work was not subject to any punitive laws or regulations and was not criminalized.

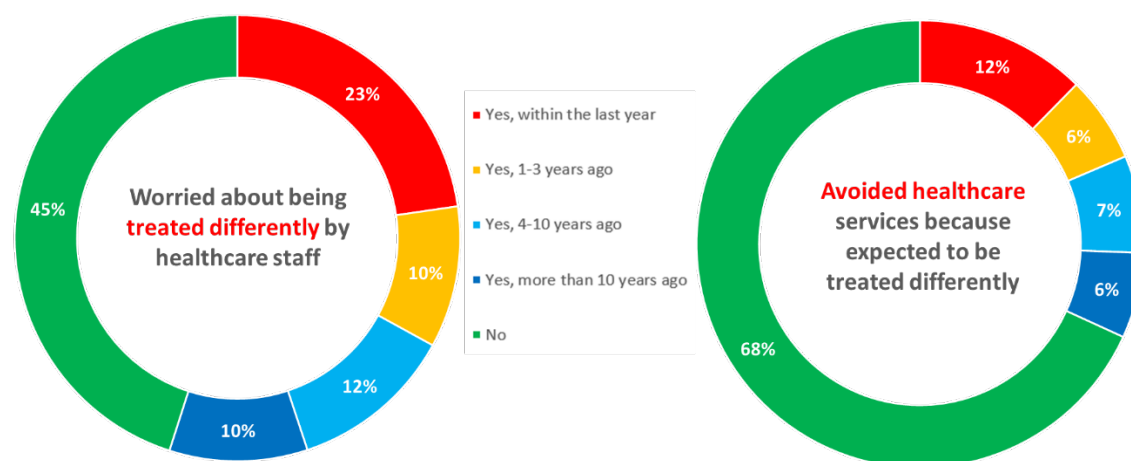
All EU/EEA countries except one (97%) indicated that no punitive laws affecting lesbian, gay, bisexual, transgender and intersex (LGBTI) people exist. Only Poland reported that morality laws or religious norms exist which limit lesbian, gay, bisexual, transgender and intersex freedom of expression and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

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

### *Stigma and discrimination in healthcare settings*

Results from the 2021/2022 ECDC/EACS/AEE Community Stigma Survey of 1772 people living with HIV in the EU/EEA highlighted that people continue to experience HIV-related stigma in healthcare settings (Figure 12) [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%) people living with HIV avoiding healthcare services altogether during the same period.

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

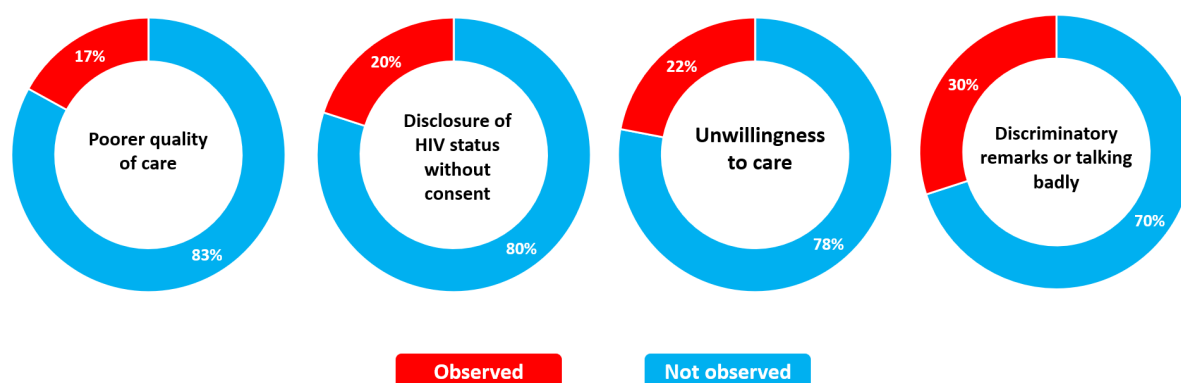


Source: ECDC. *Stigma: survey of people living with HIV. 2023* [12].

Additional data from the ECDC/EACS survey on HIV-related stigma in healthcare settings provided information on whether healthcare providers had observed stigma and discrimination towards people living with HIV in their workplace in the past 12 months [13].

Approximately one in six (17%) respondents had observed poorer quality of care given to a person living with HIV at their workplace during the past 12 months. One in five had observed disclosure of someone's HIV status without their consent (20%) and observed unwillingness to care for someone living with HIV (22%), and a third of respondents (30%) had observed discriminatory remarks towards a person living with HIV in their workplace in the past 12 months.

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



Source: ECDC/EACS stigma survey [13].

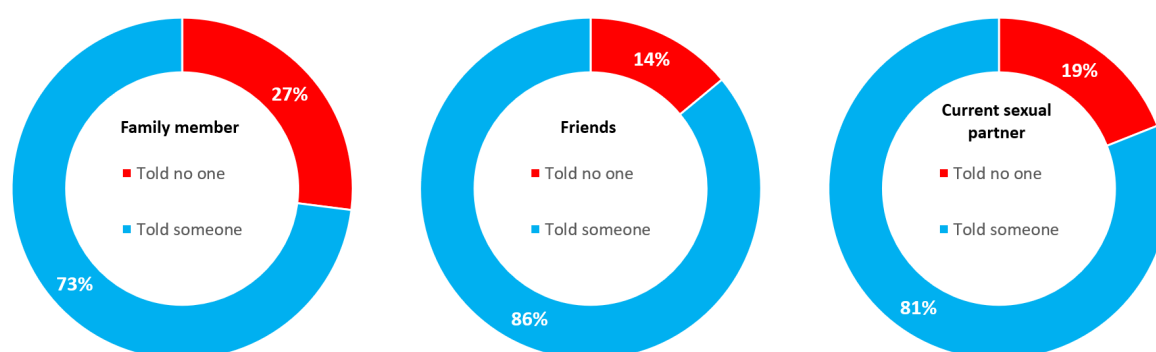
### Stigma and discrimination in home and community settings

In terms of experienced stigma and discrimination in community settings, based on data from the ECDC/EACS/AEE survey, more than a quarter (27%) of respondents had not told a single family member that they were living with HIV [12]. 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).

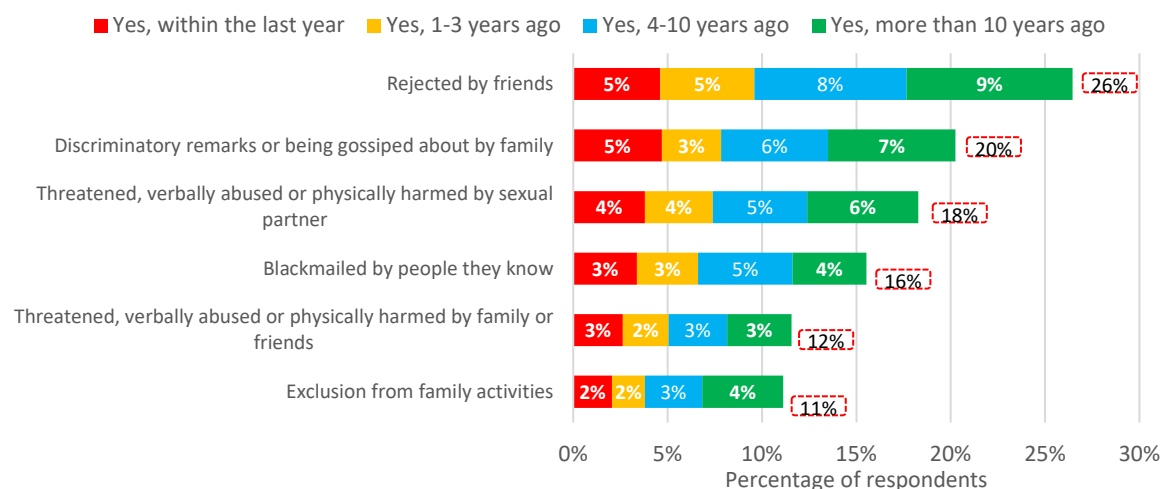
In broader family and community settings, the survey results show that people living with HIV also continue to experience HIV-related stigma (Figure 13B). Approximately one in four (26%) respondents reported that they had been rejected by friends at some time due to their HIV status (5% in the past year) 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 survey respondents in the EU/EEA who had 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 [12].

## Conclusions

In 2021, UNAIDS released the Global AIDS Strategy 2021–2026 with targets to achieve SDG 3.3: ending the AIDS epidemic by 2030. This evidence brief outlines progress towards the targets set to end the AIDS epidemic by 2030 and the interim targets for 2025. Data collected in 2024 suggest that some countries in the EU/EEA are currently far from achieving several of the targets.

While the number of new HIV infections and AIDS-related deaths in the EU/EEA have declined over the last decade, based on current trajectories progress must be accelerated to meet the 2025 and 2030 targets. However, reductions noted are not uniform across countries or across key populations within countries. Furthermore, not all countries have measures that are robust enough to enable data to be displayed and compared at national level, and some do not have any data on the key indicators at all. Nevertheless, the declines in incidence and mortality at EU/EEA level suggest that existing HIV prevention (e.g. 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, particularly in countries that are lagging behind the targets.

In terms of testing and treatment, the EU/EEA as a whole is well on track to meet the 2025 targets set by UNAIDS, with 92% of all people living with HIV knowing their status, 93% of those who know their status being on treatment, and 93% of those on treatment being virally suppressed. However, progress is unevenly distributed across the EU/EEA: only seven countries (23%) have achieved the first 95% target, 11 countries (37%) the second 95% target, and 15 countries (50%) the third 95% target. Furthermore, only eight countries have achieved the overall 86% target of viral suppression in all people living with HIV. While this is an improvement from two countries last year, the EU/EEA as a whole (standing at 79%) still falls short of reaching this target, meaning that one in five (21%) of all people living with HIV in the EU/EEA were living with transmissible levels of virus by end of 2023.

To reach the remaining individuals living with undiagnosed, untreated and transmissible HIV infection, testing and treatment services need to be expanded, and countries should consider implementing innovative testing interventions, such as community and self-testing services. It is of concern that eight EU/EEA countries did not have data available from the last five years to assess their progress toward the overall target of 86% of all people living with HIV achieving viral suppression.

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 or that prosecutions occur based on general laws. More work must be done in order to meet the target of less than 10% of countries reporting discriminatory laws.

While there is a lack of national-level data on stigma and discrimination experienced by people living with HIV in healthcare settings, data from recent ECDC stigma surveys highlight the fact that more than 10% of people living with HIV in the EU/EEA report experiencing stigma and discrimination in healthcare and community settings. Thus, stigma continues to have an impact on the lives of 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, monitoring and estimation mechanisms to monitor the key indicators for prevention services, incidence and the continuum of care (estimated new 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 and the 95-95-95 targets.
- Greater equity in 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 the unmet need for PrEP by key population, to evaluate progress against the UNAIDS Global AIDS Strategy. ECDC has provided guidance for EU/EEA countries on PrEP monitoring<sup>1</sup>.
- In the 26 EU/EEA countries able to provide data, approximately one in 12 people living with HIV are undiagnosed, with variation across individual countries. Countries that have not yet met the target should work to increase their HIV testing capacity and accessibility and improve tailoring and subsequent uptake of testing in key populations to ensure that 95% of people living with HIV know their HIV status by 2025.

<sup>1</sup> [www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea](http://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea)

- Overall, one in five people living with HIV in the EU/EEA have not achieved viral suppression, and only eight countries have reached the 86% target. Countries therefore need to improve the implementation of treatment guidelines and policies and retain people on effective treatment to reduce the number of people living with transmissible levels of virus.
- Countries should review and address discriminatory laws on HIV transmission, exposure and non-disclosure, and discriminatory laws affecting key populations at risk of HIV infection.
- HIV-related stigma is commonly experienced in the community and stigma and discrimination have been observed in healthcare settings. Stigma and discrimination remain major barriers to achieving the HIV prevention, testing and treatment targets. Concerted action is needed to address stigma and discrimination at both community, healthcare and policy levels.

## Errata

*On page 11, the following text was deleted on 7 March 2025: 'The majority had never observed 'poorer quality of care' (83%), 'disclosure of HIV status without consent' (81%), 'unwillingness to care' (78%), or 'discriminatory remarks or talking badly' (71%) (Figure 12). However, a substantial proportion of respondents had observed this type of behaviour 'once or twice', 'several times', or 'most of the time', highlighting the fact that, while not pervasive, discriminatory practices do occur in healthcare settings.'*

*It was replaced with this text: 'Approximately one in six (17%) respondents had observed poorer quality of care given to a person living with HIV at their workplace during the past 12 months. One in five had observed disclosure of someone's HIV status without their consent (20%) and observed unwillingness to care for someone living with HIV (22%), and a third of respondents (30%) had observed discriminatory remarks towards a person living with HIV in their workplace in the past 12 months.'*

*Figure 12 was also replaced with a new figure reflecting these changes, including the deletion of the phrase 'by frequency' from the figure's title.*

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## 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>2</sup>	90% reduction in new HIV cases by 2030 from a 2010 baseline <sup>2</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>2</sup>	<10% of people living with HIV report experiencing stigma and discrimination in healthcare and community settings	<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
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<sup>2</sup> National level data are not available or not robust enough to make cross-country comparisons. ECDC will work with UNAIDS and countries to improve the availability and robustness of national level estimates for HIV incidence and mortality and with countries to improve estimates for the percentage of people in need of PrEP who are accessing it.