

## HIV and laws and policies in Europe

### Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

#### Dublin Declaration

This ECDC evidence brief summarises key issues related to HIV and laws and policies in Europe, focusing on the EU/EEA and identifying priority actions for improvement. It draws on 2016 Dublin Declaration monitoring data reported to ECDC by 48 countries.



In 2004, under the leadership of the Irish Presidency of the EU Council, countries came together and adopted the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. Since 2009, ECDC has been responsible for monitoring its implementation.

#### Key messages

- More than one in three countries in Europe and Central Asia report that unfavourable laws and policies are a barrier to provision of HIV prevention services for people who inject drugs and sex workers.
- In two out of five countries, such laws and policies reportedly limit the provision of HIV prevention services, including harm reduction intervention, in prisons.
- In half of the countries, laws and policies are reported to limit access to HIV treatment for undocumented migrants.
- Greater effort is needed to address legal and policy barriers to the provision and uptake of HIV services for key populations.

This evidence brief summarises information reported to ECDC by government representatives in 48 countries as part of the Dublin Declaration monitoring in 2016. It reviews the extent to which specific laws and policies may limit access to or uptake of HIV prevention, testing and treatment services for key populations – men who have sex with men, people who inject drugs, sex workers, migrants and prisoners – and highlights priority options for action.

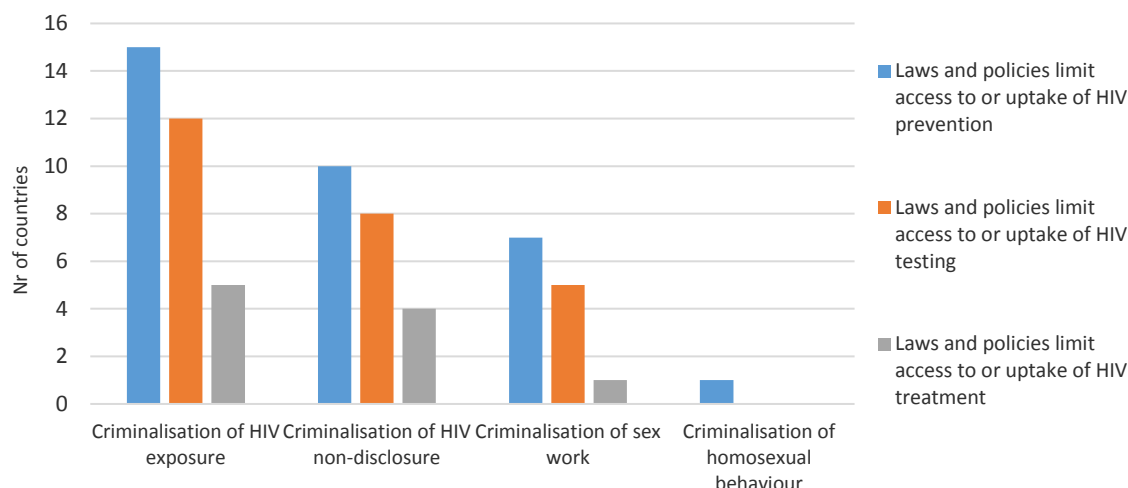
It is important to note that the Dublin monitoring process did not ask respondents to provide detailed information about examples of laws and policies or evidence to support their responses and, hence, this brief only provides a broad overview of the situation rather than a systematic assessment of the legal and policy environment.

#### What are the main challenges?

**Criminalisation can undermine delivery of essential HIV services to key populations.** Countries were asked about laws and policies that criminalise HIV exposure, HIV non-disclosure, homosexual behaviour and sex work and whether these have an adverse impact on services. Responses indicate that in a significant proportion of countries, criminalisation of HIV exposure and HIV non-disclosure is thought to limit access to and uptake of HIV services among key populations (Figure 1).

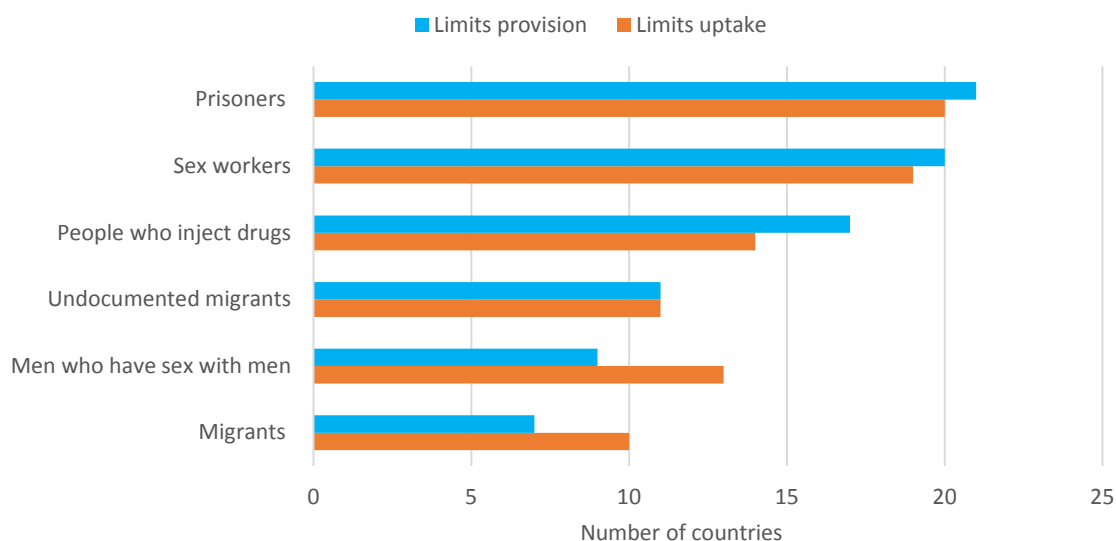
Country responses suggest that criminalisation has the most adverse impact on access to and uptake of HIV prevention services (Figure 1). Eight EU/EEA and seven non-EU/EEA countries reported that criminalisation of HIV exposure may limit access to and uptake of HIV prevention services, and four EU/EEA and six non-EU/EEA countries reported that criminalisation of HIV non-disclosure may have the same effect.

**Figure 1. Countries reporting that criminalisation may limit access to or uptake of HIV services among key populations, 2016**



Prisoners, sex workers and people who inject drugs are reported as the groups most likely to be affected by laws and policies limiting the availability of HIV prevention services for key populations. More than one in three countries in the region reports that unfavourable laws or policies limit provision of HIV prevention services for these three key populations (Figure 2). A similar pattern was seen in responses as to whether laws and policies limit uptake of HIV prevention services by key populations, with prisoners, sex workers and people who inject drugs again reported as the most affected (Figure 2).

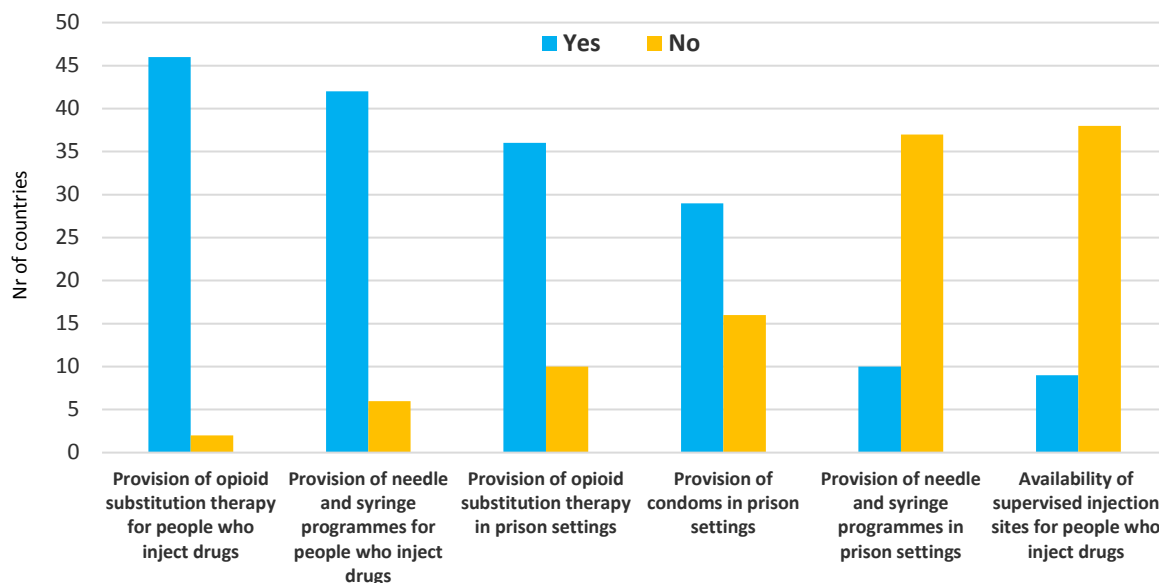
**Figure 2. Countries reporting that unfavourable laws and policies limit provision and uptake of HIV prevention services among key populations, 2016<sup>1</sup>**



**Most countries have laws and policies that allow HIV prevention intervention for people who inject drugs in the community, but fewer countries have laws and policies allowing such intervention in prison settings.** The majority of reporting countries in the region have laws and policies allowing the provision of needle and syringe programmes and opioid substitution therapy in the community for people who inject drugs, but few countries have laws and policies that allow supervised injection sites (Figure 3). Only six countries (one EU/EEA and five non-EU/EEA countries) report that they do not have laws and policies that allow community provision of needles and syringe programmes and only two countries – both non-EU/EEA countries – report that they do not have laws and policies allowing community provision of opioid substitution therapy.

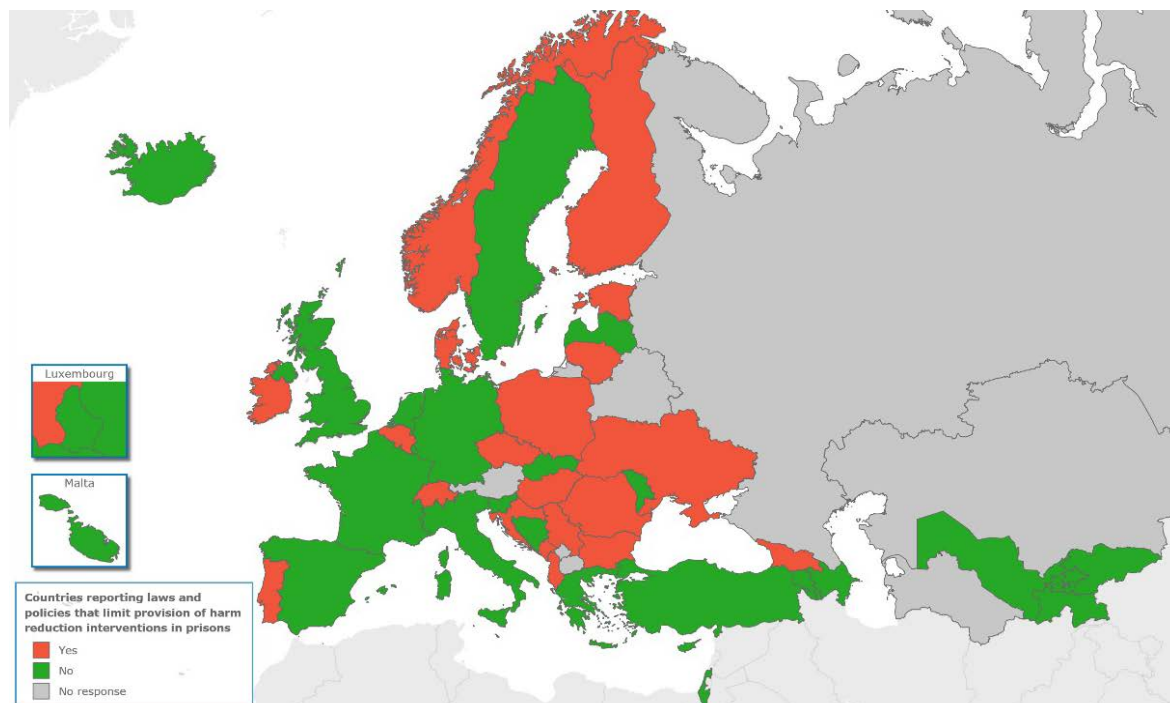
<sup>1</sup> Countries were asked to identify key populations for whom laws and policies are a barrier to provision and uptake of HIV prevention, testing and treatment services, and the significance of the barrier. This brief summarises all responses where countries indicated that key populations are affected (i.e. regardless of whether the significance was identified as high, medium or low.)

**Figure 3. Number of countries reporting laws and policies that allow HIV prevention intervention for people who inject drugs, 2016**



Most countries report that laws and policies allow the provision of opioid substitution therapy in prisons – of those reporting countries whose laws do not allow provision, three are EU/EEA countries and seven are non-EU/EEA countries. However, fewer countries report that they have laws and policies allowing needle and syringe programmes in prisons; only 10 countries – four EU/EEA and six non-EU/EEA – report having such laws (Figure 4). Twenty countries in the region report that they allow specific laws and policies to limit the provision of harm reduction intervention in prison settings (Figure 5).

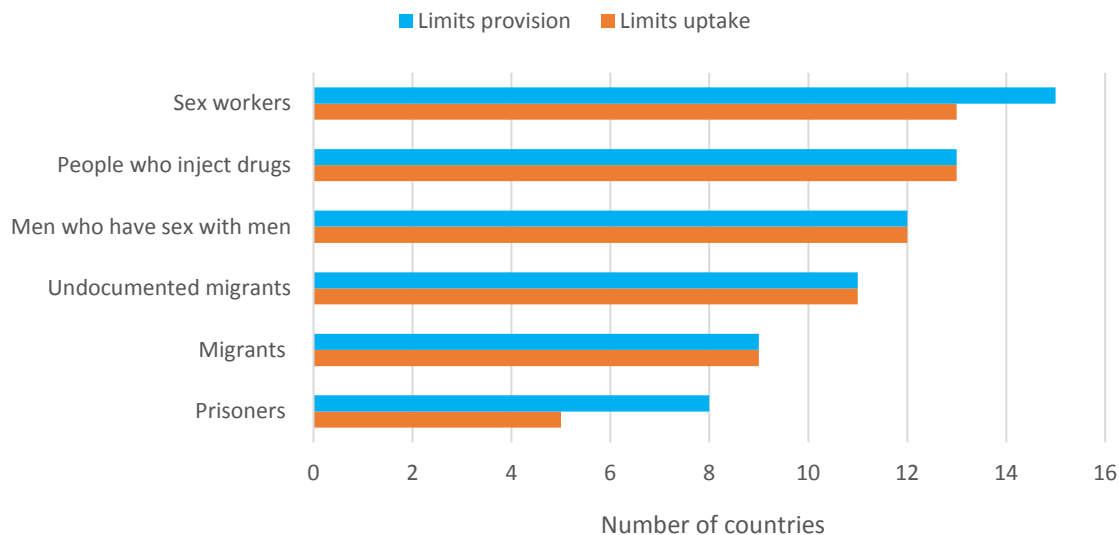
**Figure 4. Countries reporting laws and policies that limit the provision of harm reduction interventions in prisons, 2016**



**Laws and policies may also limit access to and uptake of HIV testing for key populations, in particular sex workers.** Almost one in three countries reports that unfavourable laws or policies limit the provision of HIV testing services for sex workers, and more than one in five countries reports the same for people who inject drugs, men who have sex with men and undocumented migrants (Figure 6). There was no major difference in the number of EU/EEA and non-EU/EEA countries reporting that unfavourable laws and policies limit provision of HIV testing for sex workers (seven EU/EEA and eight non-EU/EEA countries), people who inject drugs (six EU/EEA and seven non-EU/EEA countries) and men who have sex with men (six EU/EEA and six non-EU/EEA countries).

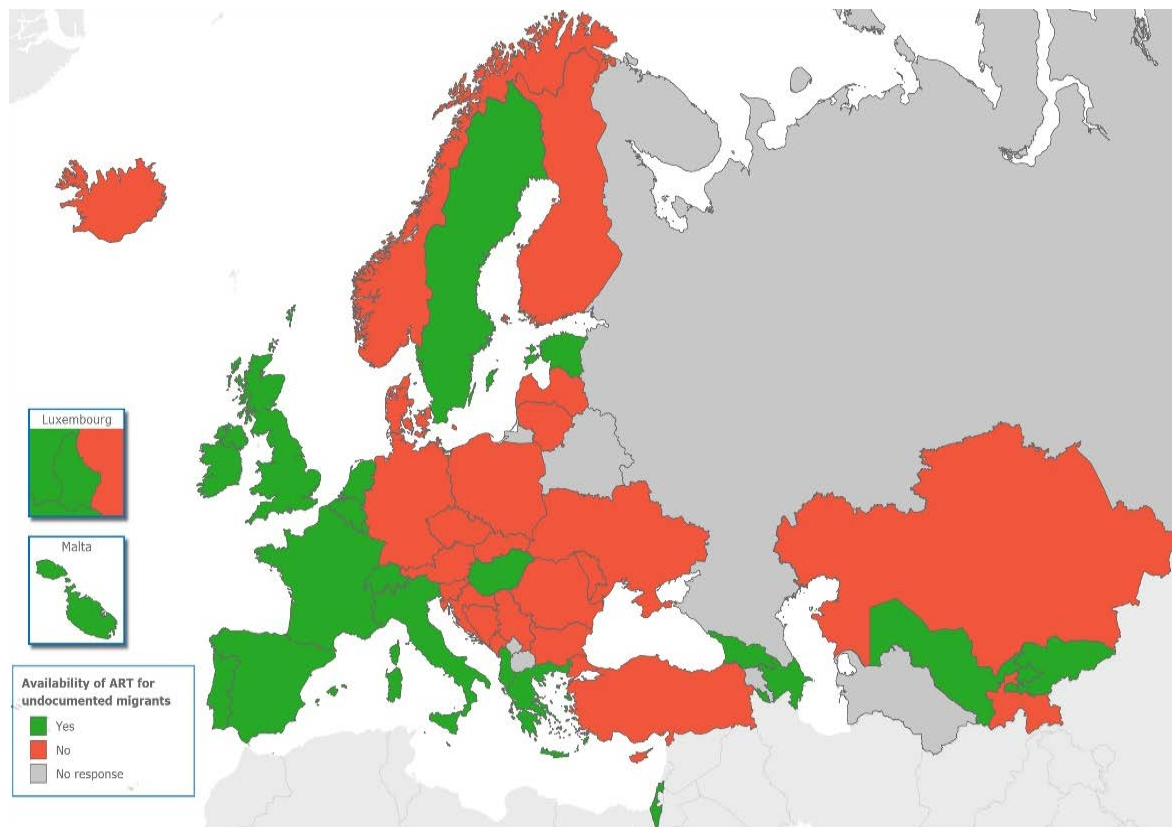
A similar pattern was seen in responses on laws and policies limiting uptake of HIV testing by key populations, with sex workers, people who inject drugs and men who have sex with men most often reported as being affected. Moreover, there was little difference in the number of EU/EEA and non-EU/EEA countries reporting unfavourable laws and policies as a barrier (Figure 6).

**Figure 5. Number of countries reporting that unfavourable laws and policies limit provision and uptake of HIV testing services among key populations, 2016**



**Laws and policies may limit provision of HIV treatment for undocumented migrants in almost half of the countries in the region.** Twenty-two countries report that ART is not provided for undocumented migrants (Figure 7) while 24 countries report that ART is provided for undocumented migrants. EU/EEA countries are most likely to report that treatment is provided; 17 of the 24 countries reporting that ART is provided for undocumented migrants are EU/EEA countries.

**Figure 6. Availability of ART for undocumented migrants in Europe and Central Asia, 2016**



## What needs to be done?

The 2016 Dublin monitoring round indicates that unfavourable laws and policies still limit the provision and uptake of essential HIV services among the most affected populations in the region and may therefore represent a barrier to effective responses to HIV. Unhelpful laws and policies have the greatest adverse impact on provision and uptake of HIV prevention services, in particular for prisoners, sex workers and people who inject drugs. Country responses also reinforce evidence from other sources suggesting that criminalisation can undermine HIV prevention and efforts to increase uptake of HIV testing<sup>1</sup>.

## Priority options for action

- Improve evidence showing the impact of criminalisation, especially criminalisation of HIV exposure and non-disclosure, on uptake of HIV services.
- Consider revising laws and policies that limit the provision and uptake of HIV prevention and testing services by key populations.
- Reduce legal and policy barriers to the provision of harm reduction intervention in prison settings, in particular needle and syringe and condom programmes and provision of opioid substitution therapy, building on examples of successful programmes and good practice in the region.
- Reduce legal and policy barriers to accessing treatment for undocumented migrants, in order to improve outcomes for individuals and achieve wider public health benefits through reduced HIV transmission.

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<sup>1</sup> Reeves A, Steele S, Stuckler D, McKee M, Amato-Gauci A, Semenza J. National sex work policy and HIV prevalence among sex workers: an ecological regression analysis of 27 European countries. *Lancet HIV* 2017. 4(3):134–140. Available at: [http://dx.doi.org/10.1016/S2352-3018\(16\)30217-X](http://dx.doi.org/10.1016/S2352-3018(16)30217-X)