

Progress towards reaching the Sustainable Development Goals related to HIV in Europe and Central Asia

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia – 2021/22 progress report

September 2023

Dublin Declaration

This evidence brief summarises the progress towards UN Sustainable Development Goal 3.3 to 'eliminate the epidemic of AIDS' in Europe and Central Asia. It is largely based on data collected between February and August 2022 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 55 countries in Europe and Central Asia (the 53 countries in the Europe and Central Asia, plus Kosovo¹ and Liechtenstein), including the 30 countries of the European Union/European Economic area (EU/EEA) via an online survey.

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, AIDS-related deaths and HIV-related stigma and discrimination in Europe and Central Asia (Annex 1 indicates which countries have met which targets).
- For **prevention**, although pre-exposure prophylaxis (PrEP) availability and uptake has increased across the region, it is still not available through health systems in 17 countries (five in the EU). Where PrEP is available, there is room for significant improvement in the number of people accessing it.
- With regard to **testing and treatment**, Europe and Central Asia are currently not on track to meet the 2025 targets set by UNAIDS, with only 83% of all people living with HIV knowing their status, 85% of people who know their status on treatment, and 93% of those on treatment being virally suppressed.
- In Europe and Central Asia, the **number of new HIV infections** and the **number of AIDS-related deaths** remain high. Increased and revitalised efforts need to be made to improve prevention, testing and treatment services in the region to achieve the 2030 target.
- There is limited data on the experiences of **HIV-related stigma and discrimination**, however, available data show an inconsistent picture. Some policy areas reflect more discriminatory legislation and practice than others.
- 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 epidemic. 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 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.

¹ This designation is without prejudice to positions on status and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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 put the world back on track to 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 concept of elimination for HIV is measured by the indicator set by the UN in the SDGs: the number of new infections per 1 000 uninfected population.

United Nations Sustainable Development Goal Indicator 3.3.1

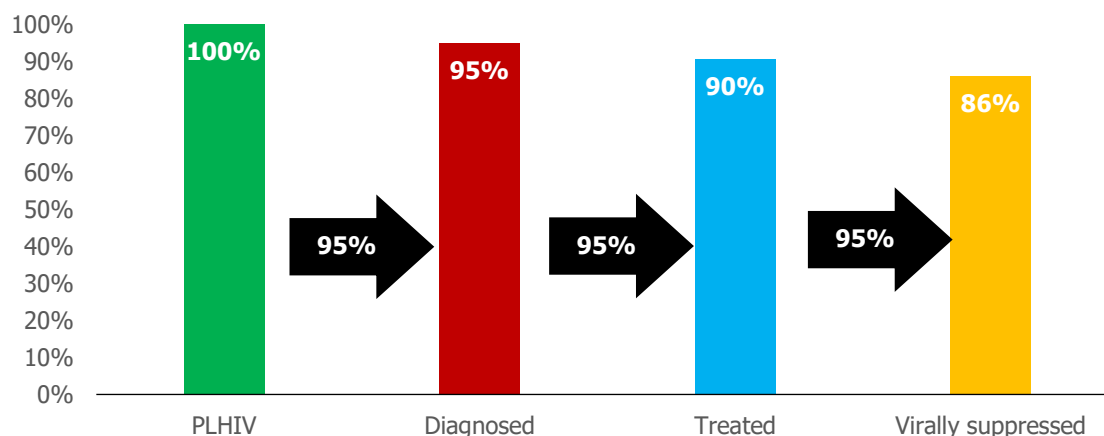
Number of new HIV infections per 1 000 uninfected population, by sex, age and key populations.

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, outlined in Table 1. Annex 1 provides an overview of data availability and progress towards the UNAIDS Global AIDS Strategy targets at country and regional 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 people at moderate risk of HIV acquisition are accessing PrEP.
Incidence	Number of people newly infected with HIV per year.	A 90% reduction in new HIV infections by 2030 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/related causes per year.	Zero AIDS-related deaths.
Supporting 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

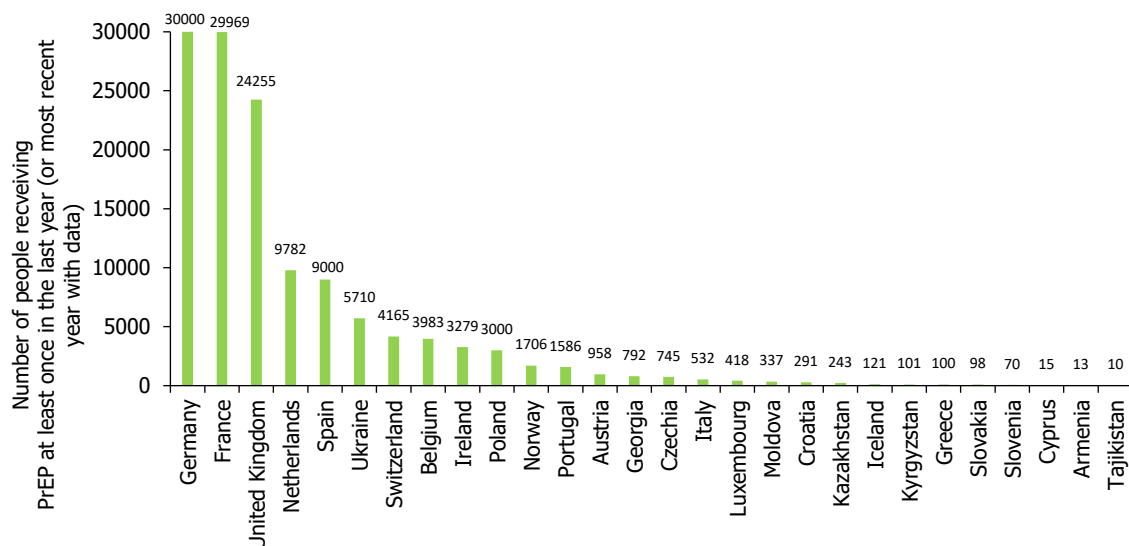
Prevention

UNAIDS target 2025

50% of people at very high risk of HIV acquisition and 5% of people 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 [4,5]. In Europe and Central Asia, 38 countries reported that PrEP was available through their healthcare system in 2022: 23 stated that PrEP was available and reimbursed and 15 that generic PrEP was available, but not fully reimbursed [6].

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 28 countries in Europe and Central Asia which were able to report data on PrEP use, there were 131 279 people who had received PrEP at least once in the last 12 months (Figure 2). In most countries, the majority of PrEP users were recent initiates and had only started using PrEP in the last twelve months, indicating that PrEP is being scaled up.

Figure 2. Number of people receiving PrEP in 2020/21 in Europe and Central Asia (n=28)

Source: *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 www.ecdc.europa.eu/en/publications-data/hiv-infection-prevention-pre-exposure-prophylaxis-monitoring-dublin

The PrEP gap

While significant progress has been made in improving PrEP availability across Europe and Central Asia, research suggests that there is a gap between those who want access to PrEP and the number of people accessing it [7]. In 2019, roughly 500 000 men who have sex with men (MSM) in the EU, who were very likely to use PrEP if it were available to them, were not able to access it [9]. There was wide variation across the region, with the proportion of MSM undiagnosed for HIV 'very likely' to use PrEP if accessible ranging from 44.8% in Russia to 4.3% in Portugal. Furthermore, there are large gaps in the data on PrEP needs and uptake for other key populations, such as people who inject drugs and sex workers, making it difficult to evaluate programmes at key population level.

Delays in PrEP will lead to increased risk of HIV acquisition, which is why it is so important to improve PrEP accessibility and uptake. Countries are encouraged to investigate the barriers responsible for creating the PrEP gap, and to work towards creating accessible PrEP services for all. This includes enhancing or creating monitoring systems to include disaggregation by key population and risk category.

Incidence

United Nations Sustainable Development Goal Indicator 3.3.1

Number of new HIV infections per 1 000 uninfected population.

UNAIDS target

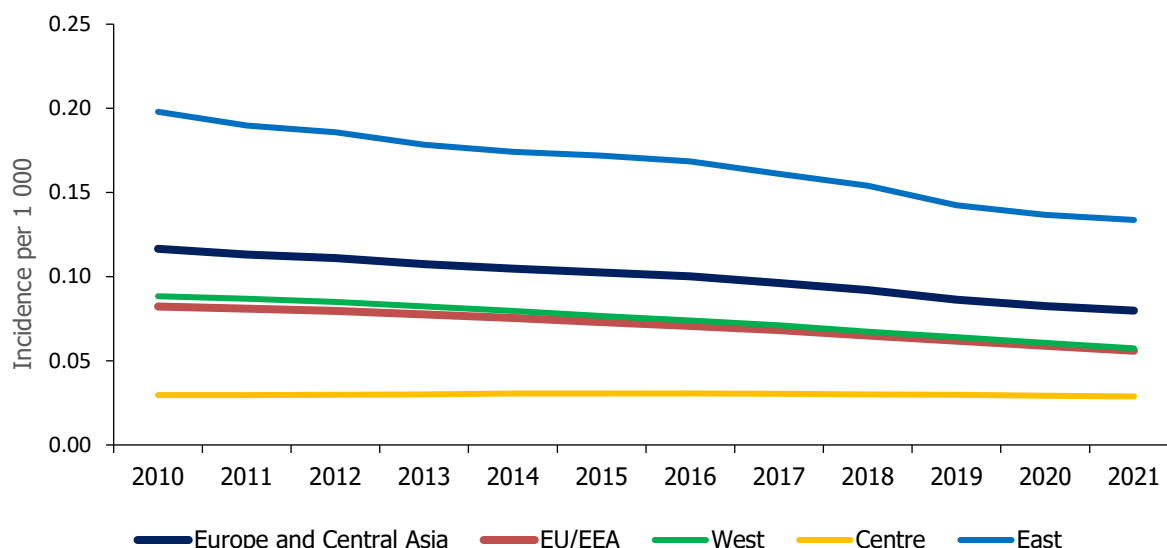
90% reduction in new HIV infections by 2030 compared to a 2010 baseline.

Despite advances in HIV prevention and increased accessibility to prevention services, such as PrEP, the number of new HIV infections in Europe and Central Asia remains high. In the 31 countries with available estimates, there were 33 965 people newly infected with HIV in 2021². While this represents a 33.7% decrease in the number of new HIV infections per year since 2010, additional efforts are required to further reduce this number and get the region back on track to meet the target of a 90% reduction in new HIV infections by 2030.

The reduction in new HIV infections is not equally reflected across Europe and Central Asia. All sub-regions have experienced an overall reduction in HIV incidence since 2010 (Figure 3). However, progress in the Centre sub-region has been limited. Between 2010 and 2016, there was an increase in HIV incidence in the Centre sub-region, with this incidence only falling below the 2010 level for the first time in 2020.

² UNAIDS: https://www.unaids.org/en/resources/documents/2023/2022_unaids_data

Figure 3. Changes in HIV incidence per 1 000 population between 2010 and 2021, by sub-region (n=31)³



Source: UNAIDS Spectrum estimates.

Testing and treatment

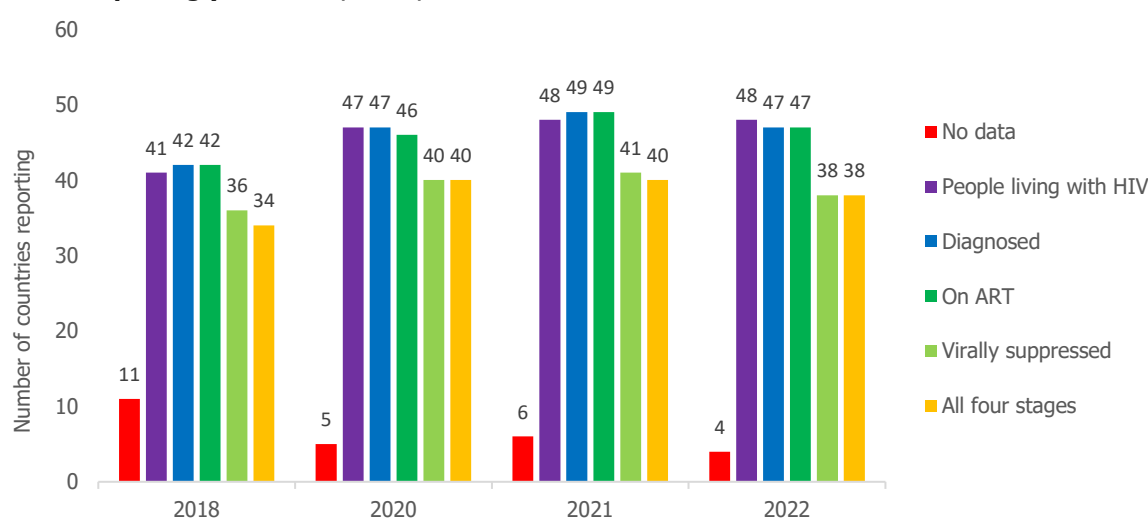
UNAIDS targets 2025

- 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.

Data availability

Data availability on the HIV continuum of care has improved since 2018 (Figure 4). By the reporting year 2022, 48 countries had provided data for at least one stage and 46 countries had provided data for at least two consecutive stages of the continuum of care. In 2022, 38 countries provided data for all four stages of the continuum. No data were available for any stage of the continuum of care for four countries: Andorra, Liechtenstein, Türkiye and Turkmenistan.

Figure 4. Data availability for different stages of the HIV continuum of care in Europe and Central Asia for reporting years 2018, 2020, 2021 and 2022



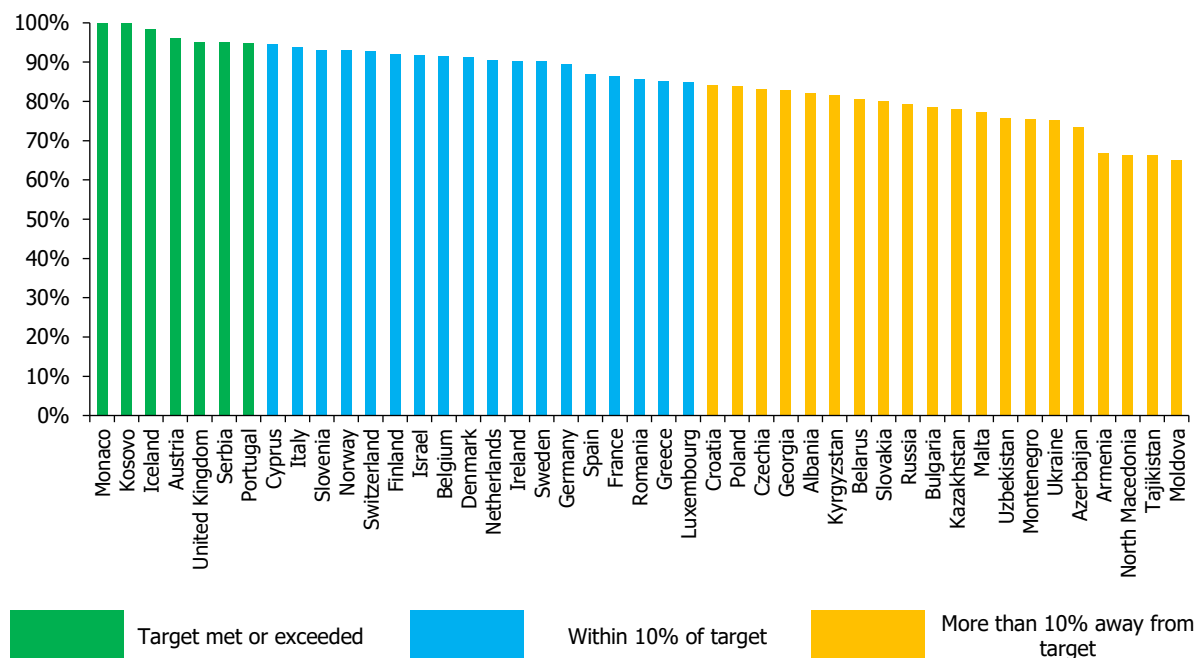
Source: ECDC. Continuum of HIV care. Stockholm: ECDC; 2023. In press.

³ Estimates from UNAIDS were available for 31 countries (West: France, Spain, Italy, Greece, Portugal, Ireland, Netherlands, Denmark, Norway, Luxembourg, Iceland; Centre: Romania, Serbia, Bulgaria, Slovakia, Croatia, Albania, Cyprus, Montenegro, Slovenia; East: Ukraine, Uzbekistan, Kazakhstan, Belarus, Tajikistan, Republic of Moldova, Kyrgyzstan, Georgia, Latvia, Azerbaijan, Lithuania)

Diagnosis

Forty-five countries in Europe and Central Asia were able to provide data on the number of people living with HIV who have been diagnosed (Figure 5). Of the estimated 2 312 179 people living with HIV in these 45 countries, 1 912 968 have been diagnosed (83%; range 65%–100%). Only seven countries are currently meeting the 95% target, with an additional 18 countries within 10% 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 people living with HIV knowing their HIV status.

Figure 5. Percentage of all people living with HIV who know their status in Europe and Central Asia, reported in 2022 (n=45)

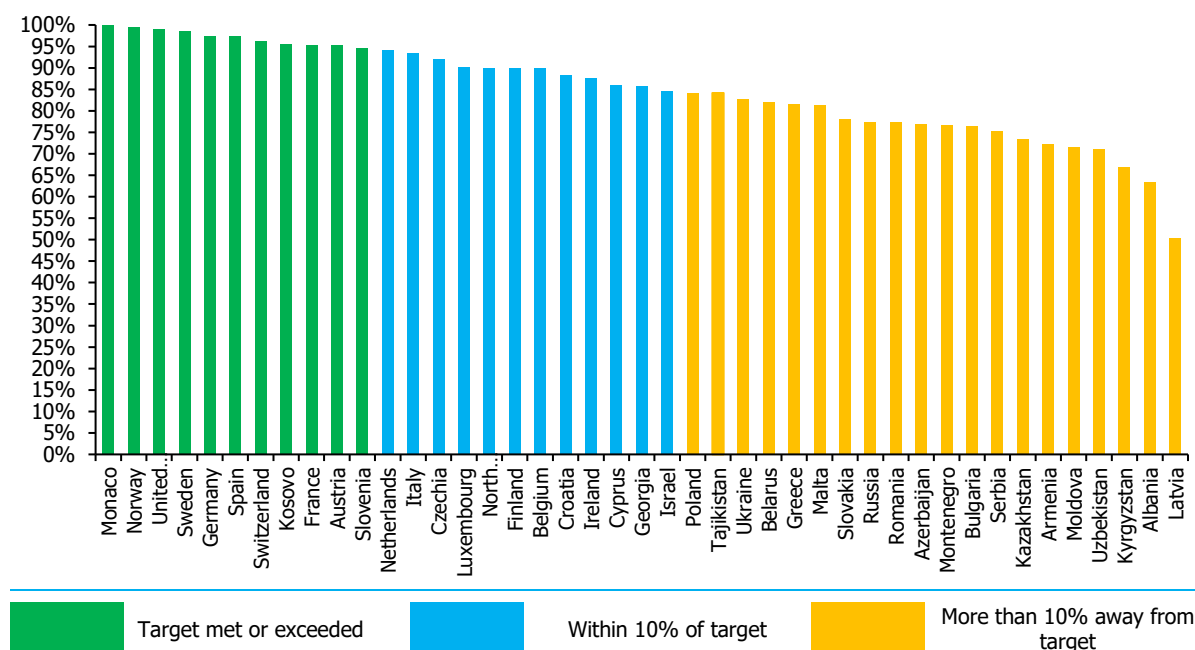


Source: ECDC. Continuum of HIV care. Stockholm: ECDC; 2023. In press.

Treatment

In the 43 countries able to report data on the number of people living with diagnosed HIV who are on treatment, an estimated 1 872 688 people living with HIV have been diagnosed, of whom 1 583 687 (85%; range 50%–100%) are on antiretroviral treatment (Figure 6). Eleven of the 43 countries have achieved the 95% target, while 12 countries are within 10% of the target. Countries which are currently not within 10% of the 2025 target should remove barriers to accessing treatment and scale up accessible treatment services.

Figure 6. Percentage of all people living with diagnosed HIV who are on treatment in Europe and Central Asia, reported in 2022 (n=43)

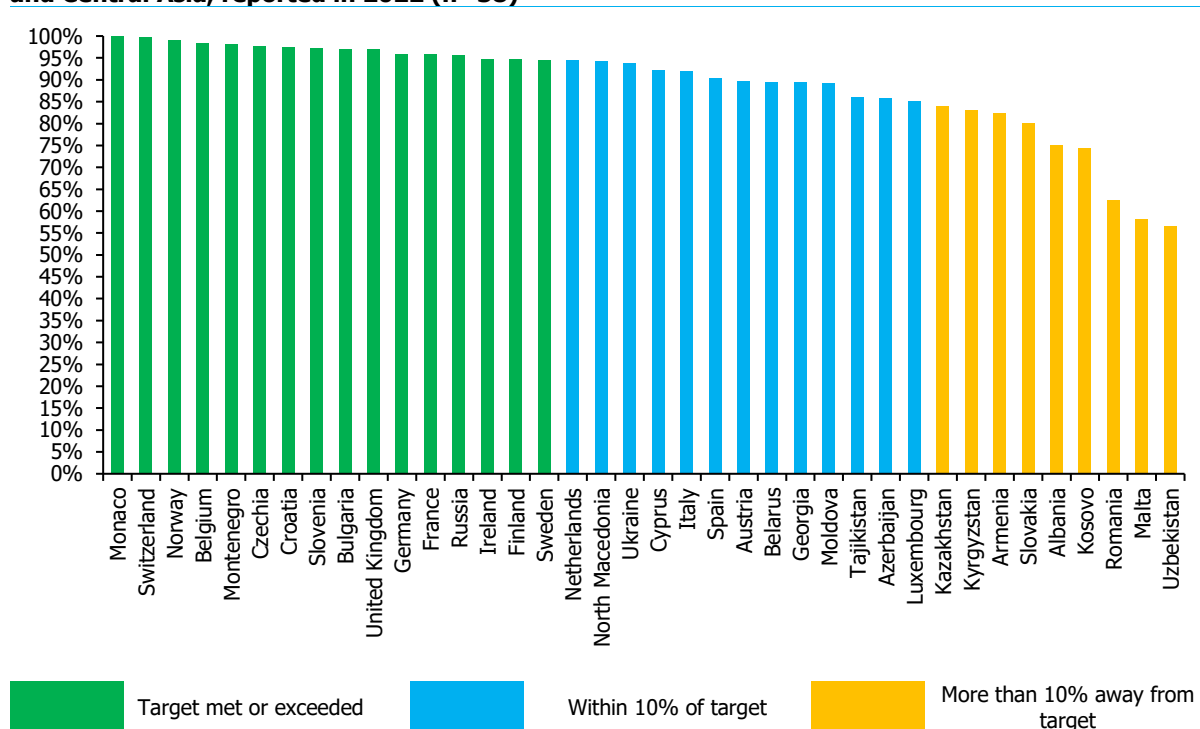


Source: ECDC. Continuum of HIV care. Stockholm: ECDC; 2023. In press.

Viral suppression

In the 38 countries across Europe and Central Asia that reported data on the percentage of people living with HIV who are on treatment and virally suppressed, an estimated 1 547 107 are on treatment, 1 443 490 of whom (93%; range 57%–100%) are virally suppressed (Figure 7), suggesting the region is on track to achieve the 2025 target for viral suppression. However, this trend is not reflected in all countries across the region, with nine countries currently not within 10% of the 2025 target.

Figure 7. Percentage of people on treatment reaching viral suppression in 38 countries of Europe and Central Asia, reported in 2022 (n=38)



Source: ECDC. Continuum of HIV care. Stockholm: ECDC; 2023. In press.

The continuum of care in the EU/EEA

In 2022, 29 countries from the EU/EEA were able to provide data across the continuum of care, with 20 of them providing data for the entire continuum.

Focussing on the 20 countries that were able to provide information for all four stages, an estimated 671 091 people were living with HIV in the EU/EEA, 89% (598 619) of whom were diagnosed. Of those diagnosed, 95% (566 939) were treated and of those treated 93% (526 412) were virally suppressed. Across the EU/EEA 78% of people living with HIV were virally suppressed.

The countries in the EU/EEA perform better at each stage of the continuum compared to other European and Central Asian countries. All countries in the EU/EEA are within 10% of the 86% substantive target. While some countries outside of the EU/EEA are currently meeting this target, this is largely based on data from Switzerland and the United Kingdom, both of which have been performing better along all steps of the continuum of care since monitoring began.

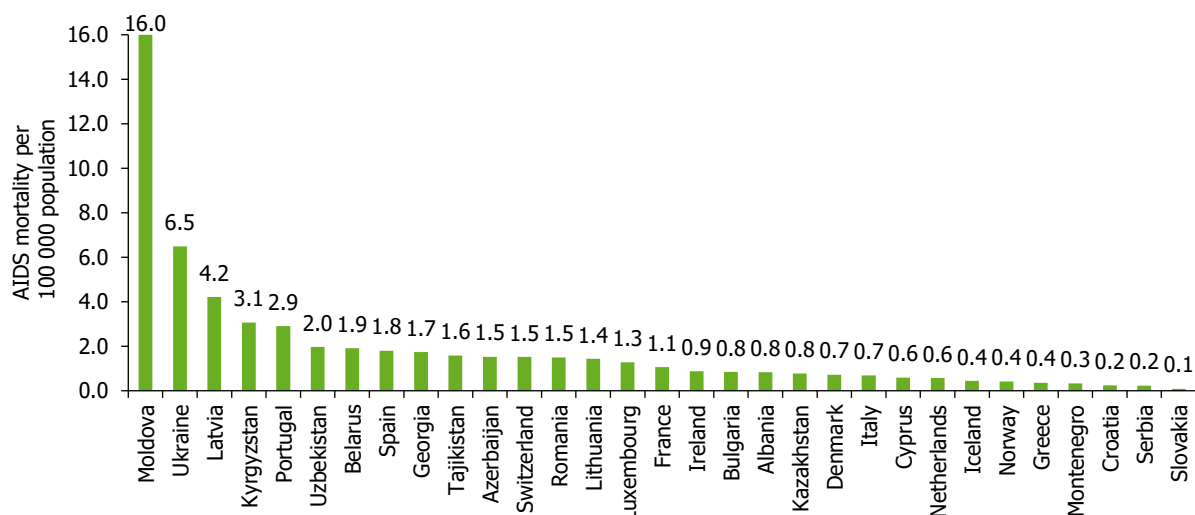
Mortality

UNAIDS Vision 2030

Zero AIDS-related deaths.

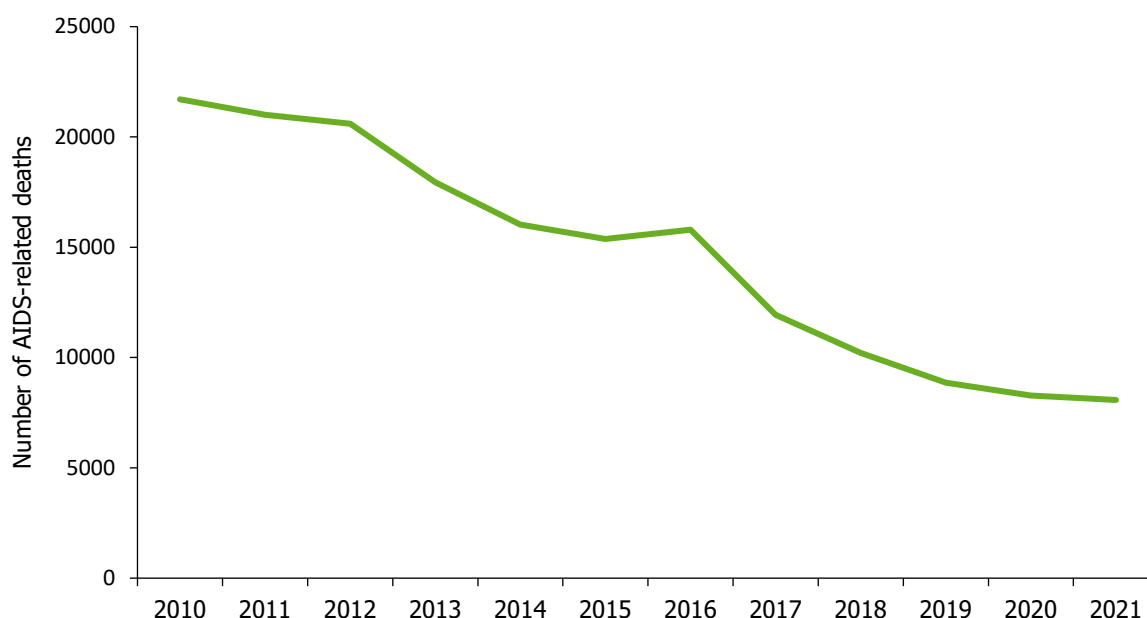
Effective testing and treatment programmes are essential in order to reduce the number of AIDS-related deaths. In Europe and Central Asia, there were an estimated 8 077 AIDS-related deaths in 2021, based on data available from 31 countries (Figure 8). In EU/EEA countries, there were an estimated 3 006 AIDS-related deaths in 2021. This represents a 63% decrease in AIDS-related deaths since 2010 (Figure 9). The estimated mortality rates for AIDS-related deaths in 2021 in Europe and Central Asia range from 16 per 100 000 (Republic of Moldova) to 0.1 per 100 000 (Slovakia).

Figure 8. Estimated AIDS mortality per 100 000 population for countries in Europe and Central Asia in 2021 (n=31)



Source: UNAIDS Spectrum estimates, 2022

Figure 9. Estimated number of AIDS-related deaths in Europe and Central Asia between 2010 and 2021 (n=31)



Source: UNAIDS Spectrum estimates, 2022

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.

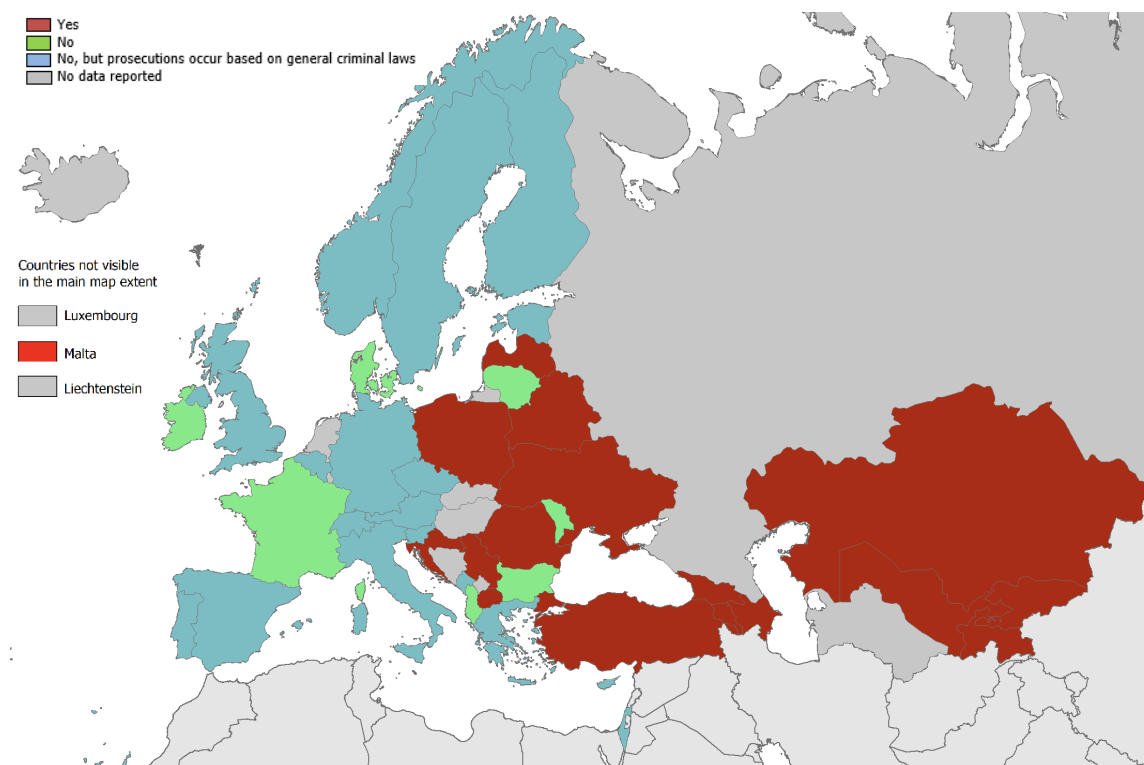
Measurement of stigma and discrimination is challenging and this is reflected in the generally low response rate to stigma-related indicators in ECDC and UNAIDS monitoring. It is interesting to note that the capacity to respond to questions concerning stigmatising laws and policies was higher than for people’s individual experience 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, it is critical that these discriminatory laws are repealed and legal structures implemented which support those affected by HIV [8].

In Europe and Central Asia, 17 (40%) countries reported that laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission exist (Figure 10). An additional 18 (42%) countries reported that, although no specific laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission exist, prosecutions occur based on general criminal laws. Only eight of the 43 (19%) countries that responded reported that they did not have laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission.

Figure 10. Countries in Europe and Central Asia that have laws criminalising exposure to HIV transmission, or non-disclosure of HIV, 2020



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

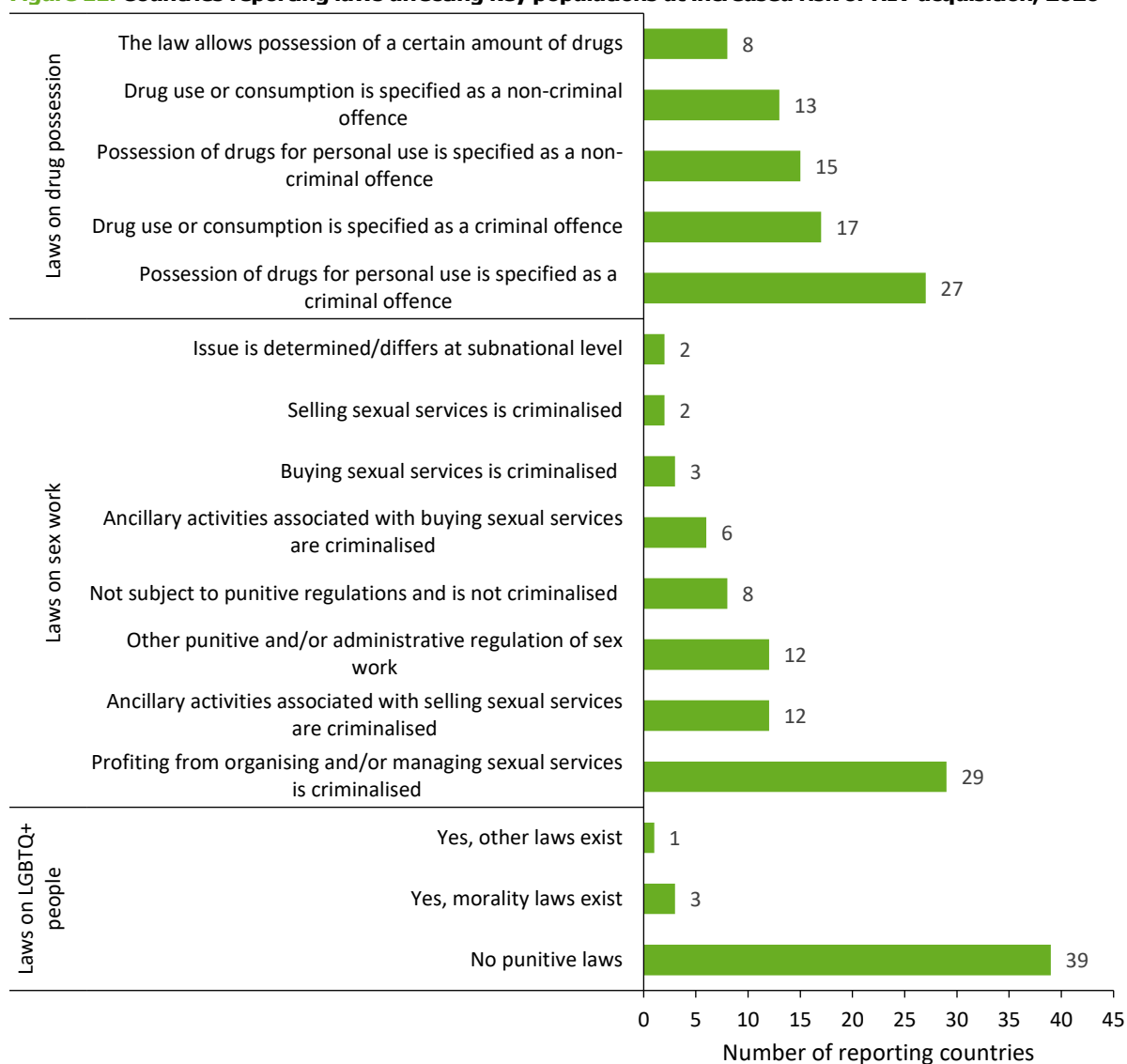
Discriminatory laws that target key populations at risk of HIV, such as the criminalisation of sex work, same-sex relationships and the possession of drugs for personal use, can also have an impact on progression towards attaining SDG 3.3. Research indicates that countries with discriminatory laws of this type have up to 14.5% lower rates of viral suppression [9].

Of 43 reporting countries, 39 (91%) indicated that punitive laws affecting lesbian, gay, bisexual, transgender and intersex (LGBTI) people do not exist (Figure 11). Three countries (Moldova, Poland and Uzbekistan) reported that morality laws or religious norms exist which limit lesbian, gay, bisexual, transgender and intersex freedom of expression and association. In addition, Austria reported that other laws exist which limit the freedom of expression and association of lesbian, gay, bisexual, transgender and intersex people.

Forty-three countries reported data on the existence of laws affecting sex workers. While only two countries indicated that selling sexual services was criminalised, an additional 12 countries reported that ancillary activities associated with selling sexual services were criminalised. Only eight countries (19%) reported that there were no punitive laws or regulations on sex work.

Of the 41 countries reporting data on the existence of laws on drug possession, eight (20%) reported that the law allows for the possession of a certain amount of drugs. Fifteen countries reported that the possession of drugs for personal use is specified as a non-criminal offence and 27 countries reported that the possession of drugs for personal use is specified as a criminal offence.

Figure 11. Countries reporting laws affecting key populations at increased risk of HIV acquisition, 2020

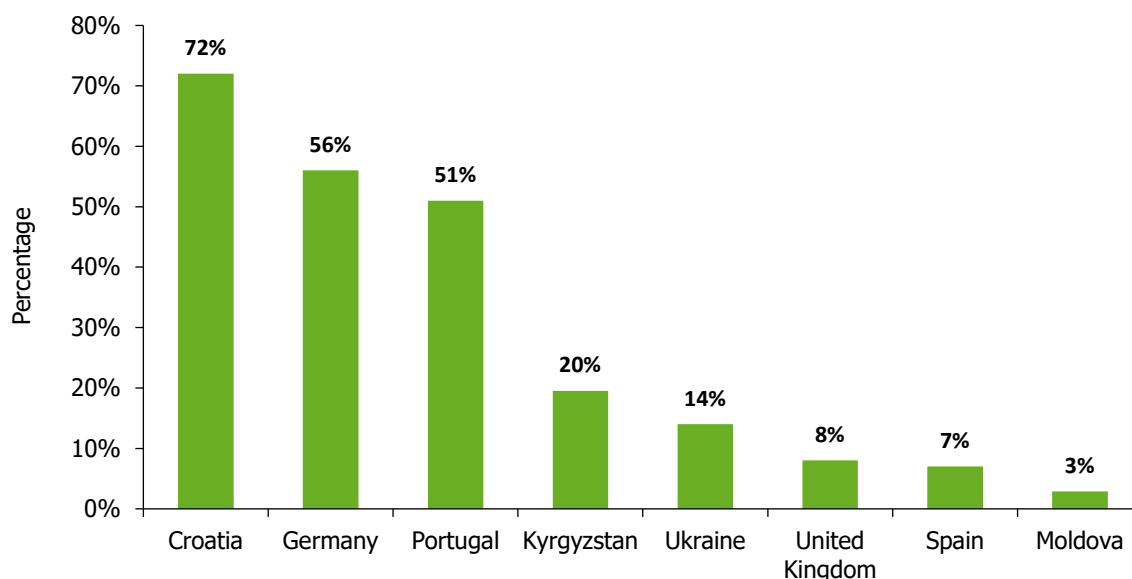


Source: ECDC. Dublin Declaration monitoring; ECDC; 2023.

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 eight of 55 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 in the past 12 months (Figure 12). Moreover, the dates from which the data were derived ranged from 2006–2021, suggesting some of the data may be out-of-date. The percentage of people living with HIV who experienced discrimination and stigma ranged from 72% in Croatia (2006–2008 data) to 2.9% in Moldova (2017–2019 data).

Figure 12. The percentage of people living with HIV who reported experiences of stigma and discrimination in healthcare settings, 2006–2021



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

In addition, four countries⁴ were able to provide data on stigma and discrimination experienced by people living with HIV in HIV-related services, with percentages ranging from 10% (Germany; 2020–2021 data) to 21% (Ukraine; 2020 data). Four countries⁵ were also able to provide data on stigma and discrimination experienced by people living with HIV in non-HIV-related services. The percentages ranged from 17% (Ukraine; 2020 data) to 22% (Germany; 2020–2021 data).

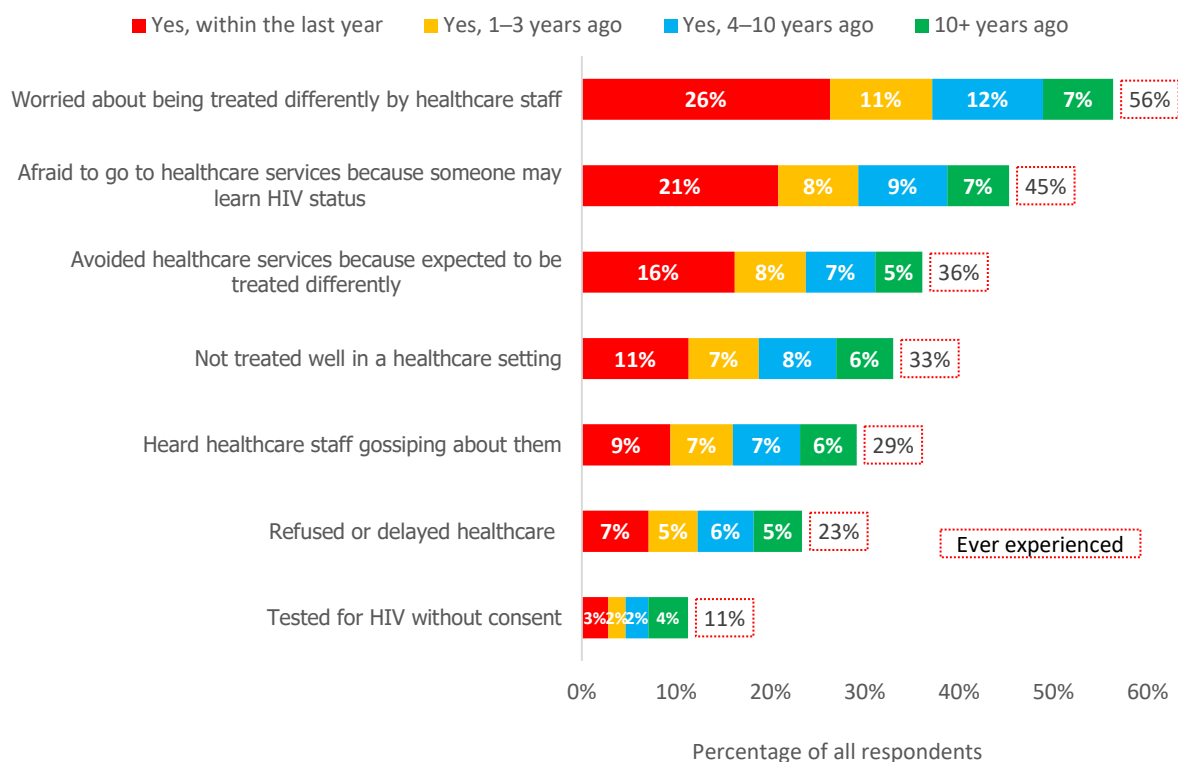
Results from a 2021 Community Stigma Survey⁶ can help fill gaps in the data reported by countries. The survey results highlight that people living with HIV continue to experience HIV-related stigma in healthcare settings (Figure 13). In the past year, approximately one fourth of respondents have been worried about being treated differently by healthcare staff.

⁴ Countries reporting data: Ukraine, (21%; 2020 data), Kyrgyzstan (17.3%; 2020 data), Lithuania (15%; 2017–2018 data), Germany (10%; 2020–2021 data)

⁵ Countries reporting data: Germany (22%; 2020–2021 data), Kyrgyzstan (20.3%; 2020 data), Lithuania (18%; 2017–2018 data), Ukraine (17%; 2020 data)

⁶ Survey was conducted between October 2021 and January 2022 by EATG, AIDS Action Europe and ECDC. The survey received responses from 3 272 people living with HIV across Europe and Central Asia.

Figure 13. Reported experiences of stigma within healthcare settings, by recency of experienced stigma, Europe and Central Asia HIV Stigma Survey, 2021–22



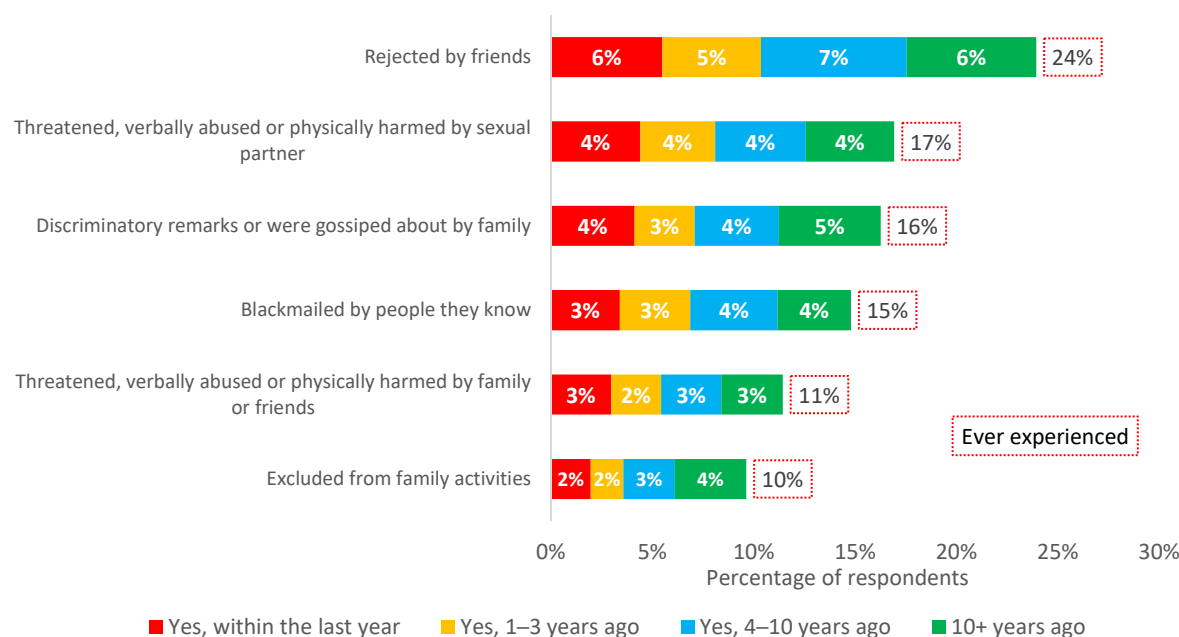
Source: ECDC. *Stigma: survey of people living with HIV: ECDC; 2023.*

Stigma and discrimination in home and community settings

In broader familial and community settings, the survey results show that people living with HIV also continue to experience HIV-related stigma (Figure 14). In the past year, 6% reported that they were rejected by friends due to their HIV status and 2% reported being excluded from family activities. In addition, during the past year, 7% reported being verbally harassed and 5% reported being threatened, verbally abused or physically harmed in their community.

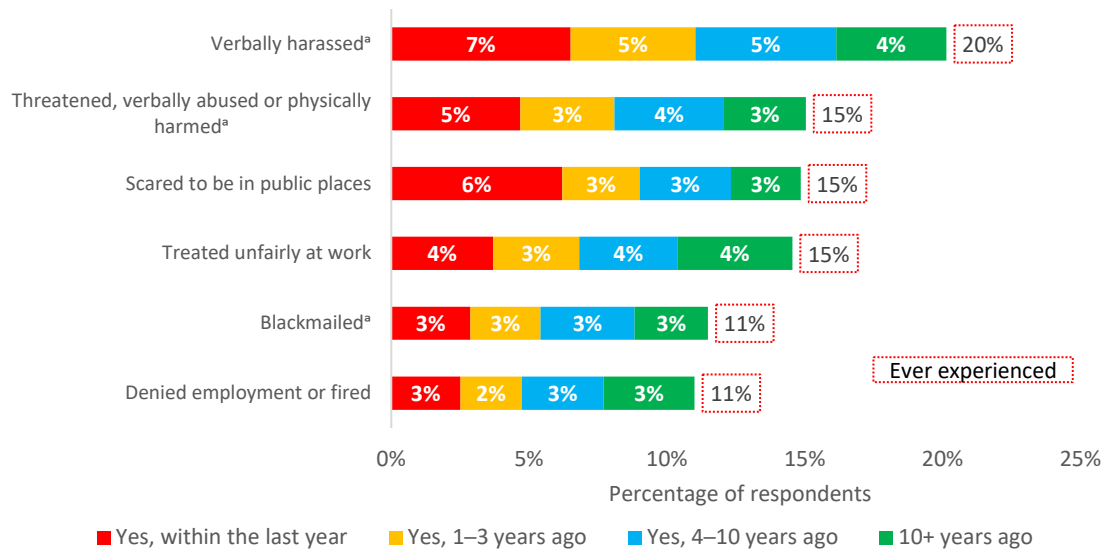
Figure 14. Experiences of stigma from friends, family or sexual partners (A) and in society (B), by how recently the experience occurred

A



Source: ECDC. *Stigma: survey of people living with HIV: ECDC; 2023.*

B



Source: ECDC. *Stigma: survey of people living with HIV: ECDC; 2023.*

Conclusions

In 2021, UNAIDS released the Global AIDS Strategy 2021–2026 with targets to help get the world back on track to achieve SDG 3.3: ending the AIDS epidemic by 2030. This evidence brief outlines progress towards the targets. Data collected in 2022 suggests that most countries in Europe and Central Asia are currently far from achieving the 2025 targets.

While the number of new HIV infections and AIDS-related mortality rates continues to fall in Europe and Central Asia, progress is variable across the region. The decreases suggest that existing HIV prevention, testing and treatment services have been effective, however, they need to be scaled up in order to further reduce the number of new infections and AIDS-related deaths.

In testing and treatment, the region is not on track to meet the 2025 targets set by UNAIDS, with only 83% of all people living with HIV knowing their status, 85% of people who know their status on treatment, and 93% of people on treatment virally suppressed. 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 Europe and Central Asia 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 regarding stigma and discrimination experienced by people living with HIV in healthcare settings, with only eight of the 55 countries able to provide information on the percentage of people living with HIV who experienced stigma in any health services. Data from a 2021/22 Europe and Central Asia HIV stigma survey highlight that stigma continues to have an impact on people living with HIV, indicating that further work is required to reach the goal of zero stigma.

Overall, there must be a revitalised push towards the targets outlined in UNAIDS Global AIDS Strategy if countries in Europe and Central Asia are to achieve SDG 3.3 of ending the AIDS epidemic.

Priority areas for action

- Countries should implement effective surveillance and monitoring mechanisms to monitor the key indicators for prevention services and across the continuum of care (estimated infections, diagnosed infections, number on treatment and number who are virally suppressed), as well as for HIV-related mortality.
- Greater access to and uptake of PrEP is needed to reach SDG 3.3, ending the AIDS epidemic. To achieve this progress, countries are encouraged to share 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 here for ECDC guidance⁷).
- Across Europe and Central Asia, approximately 17% of people living with HIV are undiagnosed. In the EU/EEA, approximately 11% 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.
- Implementing treatment guidelines and policies remains a key priority if the region is to meet the 95% target by 2025.
- There is limited data availability on stigma experienced by people living with HIV in specific settings, such as workplaces, the community and healthcare settings. In order to understand the experiences of people living with HIV who have been exposed to stigma and discrimination and to prevent this, better mechanisms are required for monitoring stigma and discrimination experienced by those living with HIV.
- Countries should consider repealing discriminatory laws on HIV transmission, exposure and non-disclosure, and discriminatory laws affecting key populations at risk of HIV infection.

⁷ www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea

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Annex 1. Data availability and progress towards UNAIDS Global AIDS Strategy 2021–2026 targets in Europe and Central Asia, at country and regional level

Country	Prevention	Incidence	Testing and treatment			Mortality	Supporting policy environment	
	50% of people at high risk of HIV acquisition and 5% of people at moderate risk of HIV acquisition are accessing PrEP	90% reduction in new HIV cases by 2030 from a 2010 baseline	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	Zero AIDS-related deaths	<10% of people living with HIV report experiencing stigma and discrimination in healthcare and community settings ¹	<10% of countries have punitive laws and policies
Albania								
Andorra								
Armenia								
Austria								
Azerbaijan								
Belarus								
Belgium								
Bosnia & Herzegovina								
Bulgaria								
Croatia								
Cyprus								
Czechia								
Denmark								
Estonia								
Finland								
France								
Georgia								
Germany								
Greece								
Hungary								
Iceland								
Ireland								
Israel								
Italy								
Kazakhstan								
Kosovo								
Kyrgyzstan								
Latvia								
Liechtenstein								
Lithuania								
Luxembourg								
Malta								
Moldova								
Monaco								
Montenegro								
Netherlands								
North Macedonia								
Norway								
Poland								
Portugal								
Romania								
Russia								
San Marino								
Serbia								
Slovakia								
Slovenia								
Spain								
Sweden								
Switzerland								
Tajikistan								
Türkiye								
Turkmenistan								
Ukraine								
United Kingdom								
Uzbekistan								
EU/EEA								
Europe & Central Asia								

