

Conquering HIV and AIDS: a three-year progress in Europe

Epidemic still on the rise

HIV infection remains a major public health concern in the WHO European Region. The most recent surveillance data indicate that the rate of new HIV diagnoses has increased by 80% over the last 10 years. Europe took strong action in 2011, by adopting the WHO European Action Plan for HIV/AIDS 2012–2015, and has made much progress. Nevertheless, much more needs to be done to halt and reverse the spread of HIV/AIDS. The Action Plan's overall objective is zero new HIV infections, zero discrimination and zero AIDS-related deaths in the Region.

Testing and counselling

Community-based testing is increasingly accepted and widespread in the western part of the



European Region, but remains a challenge in the east. Further, the overall increase in the numbers tested in the European Region does not reflect better coverage of those who need testing most. Only 53% of the vulnerable key populations are tested, which is well below the European target of 90% for 2015. In addition, the proportion of HIV infections diagnosed early has not increased since 2010: 50% of people newly diagnosed with HIV were tested late.

“I became a volunteer for HIV testing and counselling because I am driven by my passion for public health and human rights. I want to reach out, help people.”

– volunteer, Danish AIDS Foundation

HIV transmission through injecting drug use



Rates of HIV transmission through injecting drug use are still high. While rates have decreased slightly in the east, they have increased in central and western Europe, mainly owing to recent outbreaks.

Opioid substitution therapy (OST) is among the best ways to prevent HIV transmission among people who inject drugs. 6 countries have achieved the 2015 target of a 50% reduction in new HIV infections, and another 11 are on track to do so. Nevertheless, 14 countries report no substantial reduction, and the coverage of OST

is under 5% of people in need in most countries in the east of the Region.

“The people giving me methadone also give me my antiretroviral drugs. I do my whole treatment with them. Otherwise, there would be days when I wouldn't take my pill.”

– a client receiving OST in Portugal

Sexual transmission of HIV



Men who have sex with men and sex workers are particularly vulnerable to HIV/AIDS. Stigmatization can make these key populations difficult to reach. Between 2010 and 2012, 15 countries in the European Region reduced sexual transmission of HIV by 5% or more. Despite this positive trend, only 3 countries are close to reaching the target of a 50% reduction by 2015, and sexual transmission is increasing in the eastern and central parts of the Region. Condom use varies between different groups, ranging in 2012 from 88% among sex workers, 56% among men who have sex with men and 42% among people who inject drugs.

“I did not know that unprotected sex can give you AIDS. And I did not know what AIDS is.”

– A sex worker in Denmark

Mother-to-child transmission of HIV



The reduction in mother-to-child transmission is one of Europe’s successes in the fight against HIV/AIDS. This mode of transmission accounted for only 1% of new cases in 2012. The number of children infected in this way has decreased by 10% since 2010; 75% of such children were reported in the east of the Region. In 2011, European countries had the highest coverage globally of antiretroviral therapy for HIV-infected pregnant women (over 95%). Early HIV diagnosis for infants was widely implemented: more than 95% of babies of HIV-positive women were tested within 2 months of birth. As to HIV testing and counseling, almost 70% of all pregnant women were tested and knew their status.

“There are still pregnant women living with HIV who do not have access to antenatal care or present late for consultation or treatment.”

– WHO expert on prevention of mother-to-child transmission of HIV

HIV treatment and care



Countries in the European Region have made significant progress in delivering HIV treatment and care, including improved testing and counselling, laboratory monitoring and delivery of services. Antiretroviral treatment (ART) has been scaled up in the east, with 70 000 more people receiving it in 2012 than in 2010. This is equal to an increase in the coverage rate from 23% to 35%, but falls far short of reaching the European target of 80% by 2015. In the west, ART coverage is high; 560 000 people received ART in 2012, and most western European countries achieved the target or are on track to do so.

“It is so important for people living with HIV to get early treatment. This helps them to live longer, healthier lives, and reduces their risk of transmitting HIV to others.”

–WHO expert on HIV treatment

Vulnerable groups



Key population groups are more vulnerable to HIV infection and have poorer access to services for testing, counselling, treatment and care. These include people who inject drugs, men who have sex with men, sex workers, migrants, prisoners and transgender people. 13 of 28 European countries (46%) have reported that some of their regulations or policies present obstacles to effective HIV prevention, treatment and care, and support for key populations. Reducing vulnerability and removing structural barriers to accessing services make up the fourth strategic direction of the

European Action Plan.

“Drug users are still treated as criminals in many parts of the world, and are denied normal access to adequate medical and social care.”

– Director of the Vilnius Centre for Addictive Disorders, Lithuania

WHO supports universal access to HIV prevention, treatment and care

Since the adoption of the Action Plan, WHO has emphasized targeting the population groups that are most at risk HIV infection and provided critical support to European countries in:

1. expanding access to and increasing early uptake of HIV testing and counselling, publishing a policy framework to scale up HIV testing and counseling in 2010;
2. preventing new infections among people who inject drugs and improving the accessibility and quality of harm-reduction services;
3. preventing the sexual transmission of HIV, which includes translating global guidelines and disseminating them to sex workers, men who have sex with men and transgender people;
4. eliminating mother-to-child-transmission by promoting the use of WHO’s “Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection”;
5. adapting and implementing the consolidated guidelines through technical consultations and input to the development of national plans; and
6. reducing vulnerability and removing structural barriers by analysing risk factors in vulnerable groups, promoting human rights policies and working closely with civil society.