



## **SPECIAL REPORT**

# **HIV treatment and care**

**Monitoring implementation of the Dublin Declaration on  
Partnership to Fight HIV/AIDS in Europe and Central Asia:  
2017 progress report**

**ECDC SPECIAL REPORT**

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Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report



This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with technical support provided by Anastasia Pharris, Andrew J. Amato-Gauci, Jan C. Semenza, Denis Coulombier and Piotr Kramarz.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2016 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: <http://ecdc.europa.eu/en/healthtopics/aids/Pages/monitoring-dublin-declaration-2016-progress.aspx>.

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Erratum: In Annex 2 page 9 for Ireland the number of people living with HIV was incorrect and has been changed from 8160 to 6180 and coverage adjusted accordingly. Figure 1 on page 1 has also been adjusted to reflect this change.

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<sup>1</sup> This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

## Why is HIV treatment so important?

Nowadays, treatment with combination antiretroviral therapy (ART) enables people with HIV infection to live a long, healthy and productive life. It also reduces viral load significantly and this has been shown to be important in preventing onward transmission of HIV.

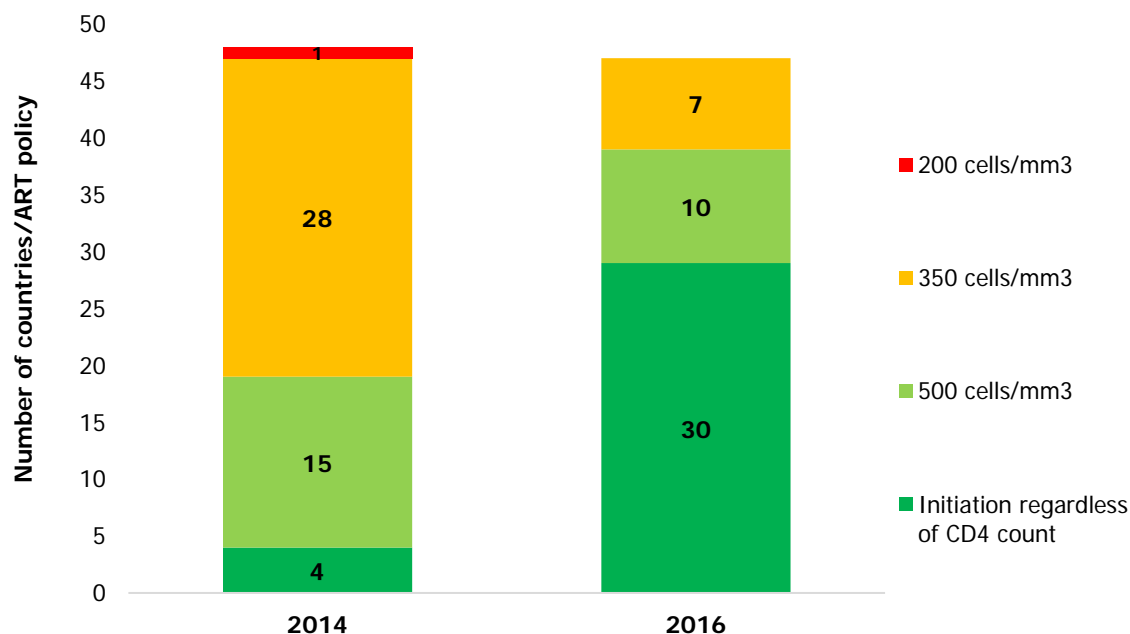
The effectiveness of HIV treatment depends on starting treatment early and adhering to it. Retention in care is essential to improve adherence and to correctly monitor the health of people who are on treatment. It is important that people living with HIV (PLHIV) also have access to care for other health issues and to support services.

This technical report summarises key findings concerning HIV treatment and care in Europe based on data reported to the European Centre for Disease Prevention and Control (ECDC) by 48 countries in Europe and Central Asia for the 2016 round of Dublin Declaration monitoring.

## Treatment initiation

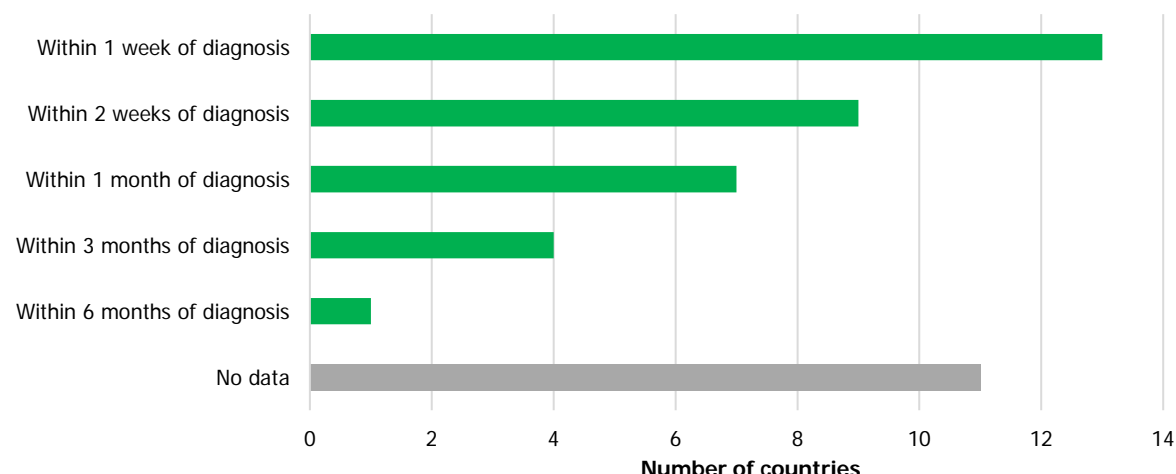
**More countries are starting treatment earlier.** An increasing number of countries in Europe and Central Asia have eliminated CD4 cell count thresholds altogether or have introduced higher thresholds for starting ART. This is consistent with WHO and European AIDS Clinical Society guidance published in 2015 recommending immediate ART initiation among persons found to be HIV positive, regardless of CD4 cell count (i.e. 'test and treat'). The number of countries reporting that treatment is initiated regardless of CD4 cell count has increased from four in 2014 to 30 in 2016 (see Figure 1).

**Figure 1. Policy on ART initiation in Europe and Central Asia 2014 (n=48) and 2016 (n=47), as of November 2016**



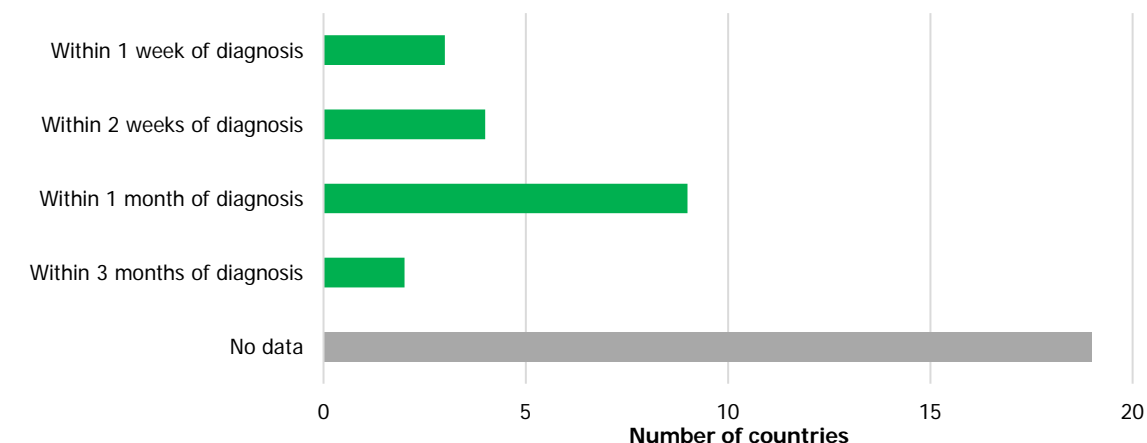
**In most countries, the average length of time between HIV diagnosis and first contact with care is less than two weeks.** Of the 33 countries in Europe and Central Asia that have data, 13 estimated the average time between diagnosis and first contact with an initial care provider (e.g. measured by first CD4 test, viral load test or start of ART), to be within one week and nine countries within two weeks; 11 countries reported a longer average length of time. However, 12 countries reported that they have no data on this measure.

**Figure 2. Average time between HIV diagnosis and first contact with initial care provider (n=45), 2016**



**In most countries, the average length of time between confirmed diagnosis and start of treatment is less than one month, but many countries have no data.** In 16 of the 23 countries in Europe and Central Asia with data, treatment was reported to start within one month of diagnosis; seven countries reported that the average length of time was longer. However, 18 countries in the region had no data on this.

**Figure 3. Average time between confirmed HIV diagnosis and start of treatment (n=37), 2016**



## Number of people on treatment

**By the end of 2015, the number of people on treatment in the region had reached more than 711 000.** Based on data reported to ECDC by 28 EU/EEA countries<sup>2</sup> and 16 non-EU/EEA countries<sup>3</sup>, approximately 711 000 people living with HIV are receiving treatment. The total for the 28 EU/EEA countries that reported data is 590 000<sup>4</sup> and the total for the 16 non-EU/EEA countries that reported data is 121 000.

**Figure 4. Number of people on antiretroviral therapy in Europe and Central Asia, 2015**



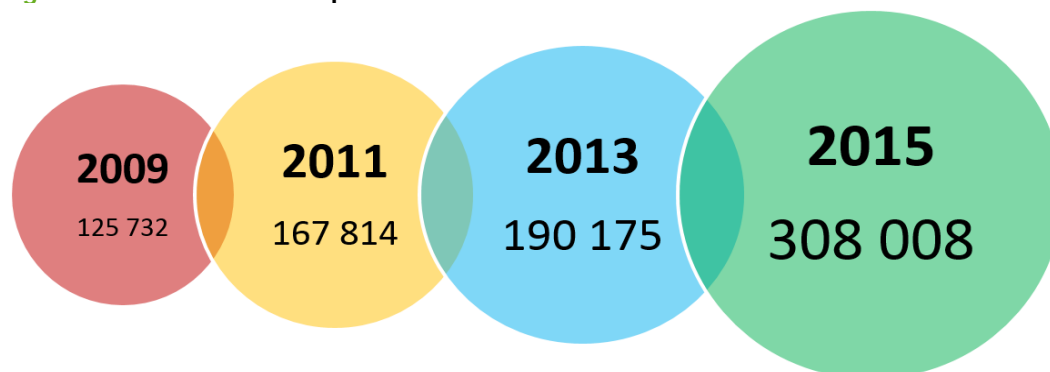
<sup>2</sup> All EU/EEA countries excluding Iceland, Lichtenstein, Slovakia.

<sup>3</sup> Albania, Andorra, Armenia, Azerbaijan, Georgia, Israel, Kazakhstan, Kosovo\*, Kyrgyzstan, Moldova, Montenegro, Serbia, Switzerland, Tajikistan, Ukraine, Uzbekistan (\* This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244 and the ICJ Opinion on the Kosovo Declaration of Independence).

<sup>4</sup> Italy data as of end 2014, France data as of end 2014.

**The number of people on treatment has increased significantly.** Data from the 18 EU/EEA countries<sup>5</sup> that reported in both 2014 and 2016 shows that the total number of people on ART in these countries increased by almost 20%, from 344 000 to 406 000. Data from the 11 non-EU/EEA countries<sup>6</sup> that reported in both 2014 and 2016 show that the total number of people on ART in these countries increased by almost 30%, from 78 000 to 100 000. Looking at treatment scale-up in the EU/EEA based on the 15 countries<sup>7</sup> that have reported data for all four rounds of Dublin Declaration reporting, the number of people on treatment more than doubled between 2009 and 2015 (Figure 5).

**Figure 5. Treatment scale up in 15 EU/EEA countries 2009–2015**

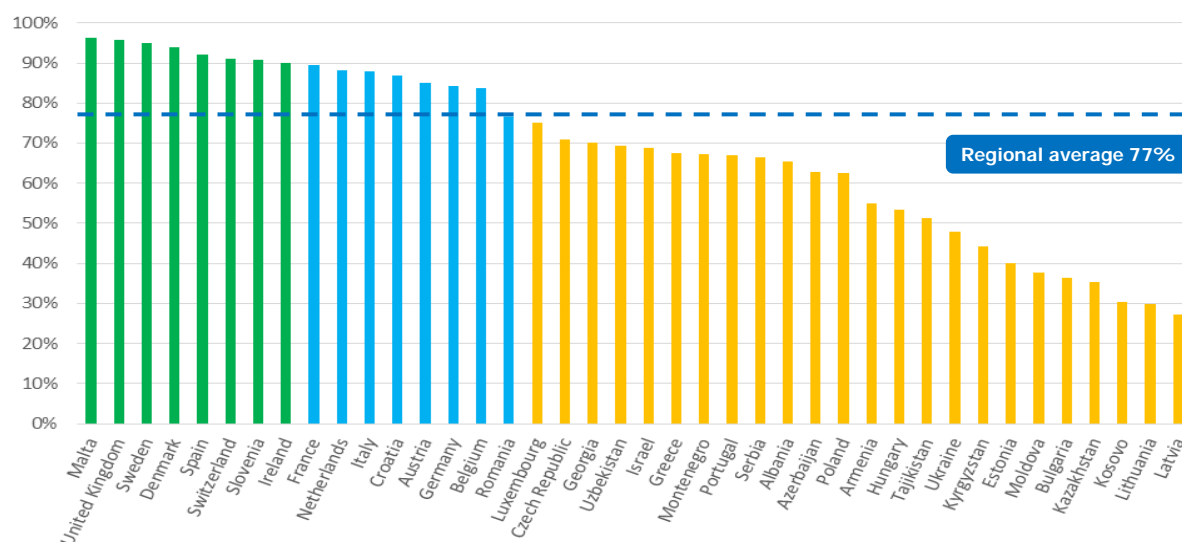


## Treatment coverage

**Despite progress in increasing the number of people on treatment, almost one in six people who have been diagnosed with HIV in the EU/EEA and one in two in non-EU/EEA countries are still not receiving treatment.** Based on data reported by 25 EU/EEA countries<sup>8</sup> for 2015, a total of 687 000 people in these countries have been diagnosed with HIV, of whom 586 000, or 85% (range 27–96%), are on treatment (Figure 6, Annex 1). However, this still means that 17%, or almost one in six, of PLHIV in the EU/EEA who have been diagnosed and could benefit from treatment are not receiving ART.

In non-EU/EEA countries, the proportion of people diagnosed with HIV who are on treatment is far lower. Based on data reported by 15 non-EU/EEA countries<sup>9</sup> for 2015, 53% of people who have been diagnosed with HIV (range 30%–91%) are on treatment (Annex 1). In the full region, 77% of those diagnosed with HIV were receiving ART in 2015.

**Figure 6: Proportion of people diagnosed with HIV receiving ART in Europe and Central Asia<sup>10</sup>**



<sup>5</sup> Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Germany, Estonia, Finland, Hungary, Lithuania, Poland, Romania, Spain, Sweden, United Kingdom

<sup>6</sup> Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, Ukraine, Uzbekistan

<sup>7</sup> Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Germany, Estonia, Finland, Hungary, Lithuania, Poland, Romania, Spain, Sweden, United Kingdom

<sup>8</sup> Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Spain, Sweden, United Kingdom

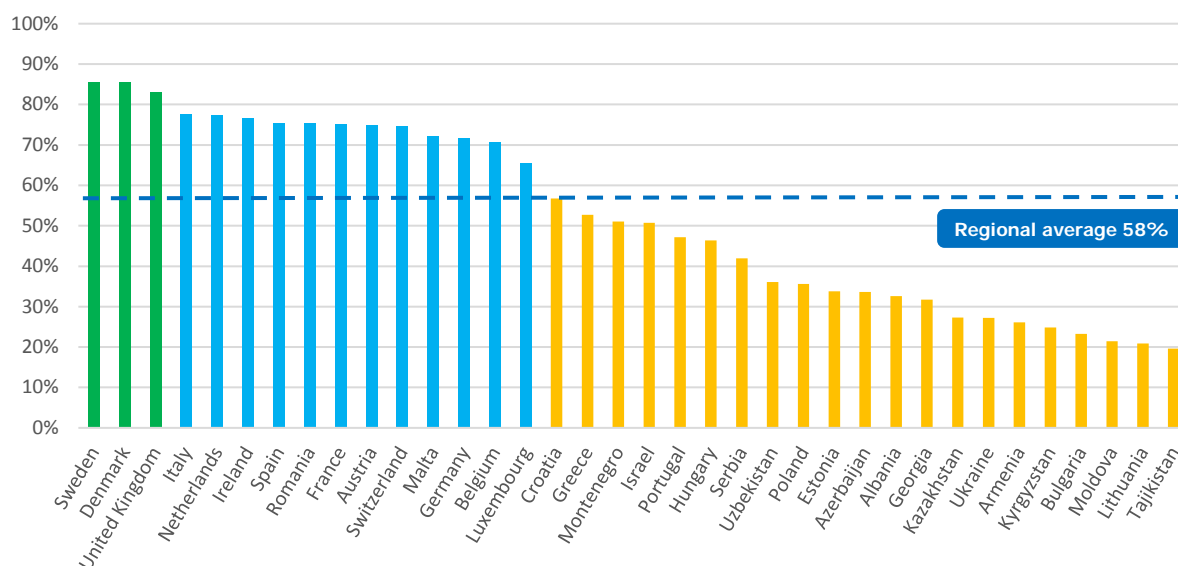
<sup>9</sup> Albania, Armenia, Azerbaijan, Georgia, Israel, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Montenegro, Serbia, Switzerland, Tajikistan, Ukraine, Uzbekistan

<sup>10</sup> Latest data available as reported by countries in March 2016; note that the latest available data may be from 2012, 2013, 2014, 2015 or 2016

**A lower proportion of the total number of people estimated to be living with HIV in the region is receiving treatment.** If the percentage on treatment is calculated for all people living with HIV, including the estimated number of persons with undiagnosed HIV, the proportion on treatment is lower still. Based on reporting in 2016 by 21 EU/EEA countries<sup>11</sup>, a total of 813 000 people are estimated to be living with HIV in these countries, of whom 577 000, or 71%, are on ART. However, the proportion varies considerably among countries, from 21% in Lithuania to 86% in Sweden (Annex 2).

In non-EU/EEA countries, the proportion of people estimated to be living with HIV who are on treatment is lower. Based on data reported by 14 non-EU/EEA countries<sup>12</sup> in 2016, 31% are on ART. Again, the proportion varies among countries, ranging from 20% in Tajikistan to 75% in Switzerland (Annex 2). In the region as a whole, 58% of all people estimated to be living with HIV were receiving ART in 2015.

**Figure 7. Proportion of people estimated to be living with HIV receiving ART in Europe and Central Asia<sup>13</sup>**



## Barriers to treatment

**Health system challenges are a barrier to getting people diagnosed with HIV onto treatment in many countries.** Half of the countries that responded to this question identified inadequate referral mechanisms as a barrier to treatment. Concerns about confidentiality and limited availability of treatment programmes are reported to be barriers in one in three countries (Table 1). A significant number of countries also identified lack of integration with other health and support services (e.g. nutrition or housing) as a barrier.

**Table 1. Countries reporting barriers to getting people diagnosed with HIV onto treatment (n=48), 2016**

Barrier	Number of countries
<b>Legal and policy issues</b>	
Laws and policies	16
<b>System and service delivery issues</b>	
Knowledge and skills of health professionals	9
Referral to treatment programmes	23
Availability of treatment programmes	16
Availability of drugs	12
Confidentiality	18
Integration with other health services	16
Integration with support services	12
<b>Social and cultural issues</b>	
Stigma and discrimination among health professionals	18
Stigma and discrimination within key populations	24
Language and culture	20

<sup>11</sup> Austria, Belgium, Bulgaria, Croatia, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Luxembourg, Netherlands, Poland, Portugal, Romania, Spain, Sweden, United Kingdom

<sup>12</sup> Albania, Armenia, Azerbaijan, Georgia, Israel, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Switzerland, Tajikistan, Ukraine, Uzbekistan

<sup>13</sup> Latest available data as reported by countries in March 2016. Note that the latest available data may be from 2012, 2013, 2014, 2015 or 2016.

**Stigma and discrimination, language and culture can prevent people diagnosed with HIV from getting treatment.** Stigma and discrimination within key populations are reported to be barriers to getting people diagnosed with HIV onto treatment in more than half of the countries reporting (Table 1). More than one in three countries report that stigma and discrimination among health professionals, and language and culture, are barriers to getting those diagnosed with HIV onto treatment.

**Unfavourable laws and policies may also limit access to or uptake of treatment.** One in three countries report that laws or policies are a barrier to getting people diagnosed with HIV onto treatment (Table 1), and that this is particularly the case for undocumented migrants. More specifically, criminalisation of HIV exposure is reported to be a potential barrier to treatment access or uptake in four countries, criminalisation of HIV non-disclosure in three countries, criminalisation of drug use in four countries, and criminalisation of sex work in one country (Table 1).

**Table 2. Countries reporting that criminalisation is a barrier to treatment access or uptake (n=48), 2016**

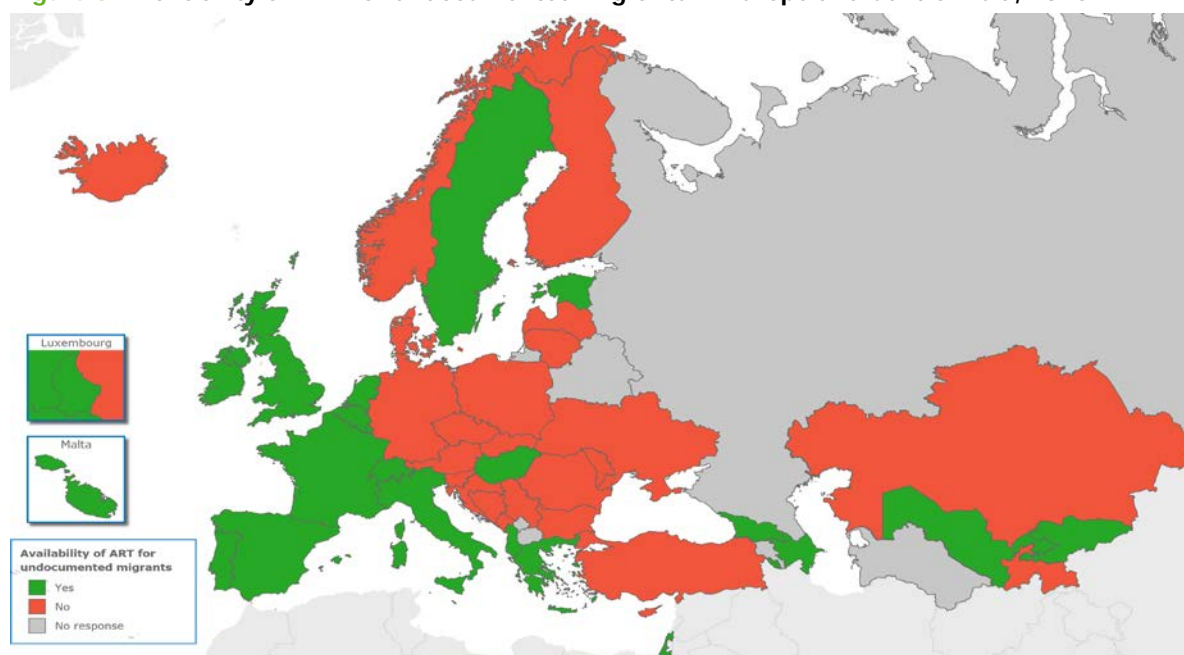
	Yes	No
<b>Criminalisation of HIV exposure</b>	<b>4</b> Georgia, Poland, Turkey and Ukraine	<b>44</b>
<b>Criminalisation of HIV non-disclosure</b>	<b>3</b> Georgia, Malta and Turkey	<b>45</b>
<b>Criminalisation of drug use</b>	<b>4</b> Georgia, Ireland, Turkey and Ukraine	<b>43</b>
<b>Criminalisation of sex work</b>	<b>1</b> Ukraine	<b>47</b>

**More than half of countries in the region do not provide treatment for undocumented migrants.**

Twenty-four countries report that ART is provided for undocumented migrants – in 22 of these countries treatment is provided on the same basis or at the same cost as for others in the country and in two countries it is not. Twenty-two countries report that ART is not provided for undocumented migrants (Figure 8). In many of the latter, undocumented migrants are only entitled to emergency healthcare and cannot access longer-term HIV treatment because they have no legal residence status and no health insurance.

There has been little change in the situation in the EU/EEA since the 2014 reporting round. In 2014, 15 EU/EEA countries reported that ART is provided for undocumented migrants and 14 that it is not. In 2016, 14 EU/EEA countries reported that ART is provided for undocumented migrants (12 on the same basis or at the same cost as others in the country) and 16 that it is not.

**Figure 8. Availability of ART for undocumented migrants in Europe and Central Asia, 2016**



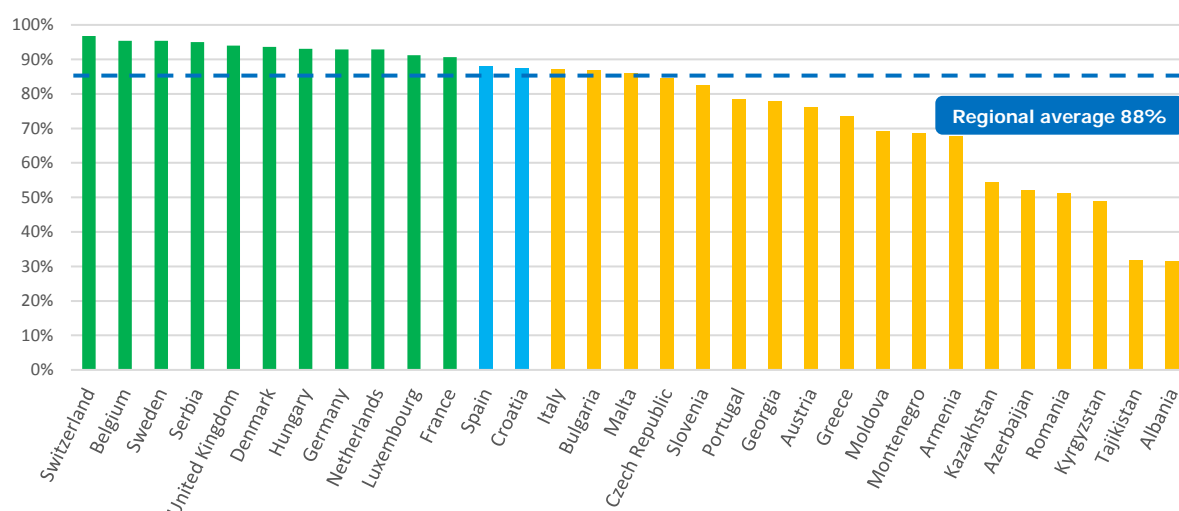


## Treatment outcomes

**Nine out of ten people living with HIV who are on treatment in the EU/EEA are virally suppressed, but the proportion varies between countries.** Based on the latest available data reported in 2016 by the 20 EU/EEA countries that have data on the number of people on treatment and the number who are virally suppressed, 500 000 of the 562 000 people on treatment in these countries, or 89%, have achieved viral suppression. However, the proportion of people on treatment achieving viral suppression varies significantly between countries, ranging from 51% to 95% (Figure 9).

**Overall, the proportion of people on treatment achieving viral suppression is lower in non-EU/EEA countries but again, the proportion varies among countries.** Based on the latest available data reported in 2016 by the 11 non-EU/EEA countries that have data on the number of people on treatment and the number who are virally suppressed, 26 000 of the 36 500 people on treatment in these countries, or 71%, have achieved viral suppression. However, the proportion of people on treatment achieving viral suppression varies significantly among countries, ranging from 32% to 97% (Figure 9).

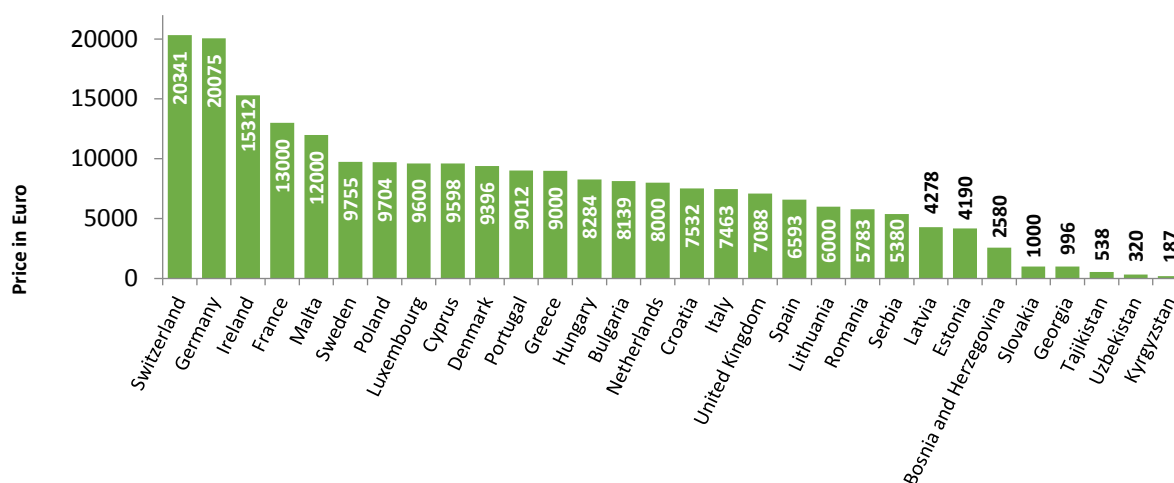
**Figure 9. Proportion of people on treatment achieving viral suppression<sup>14</sup>**



## Treatment costs

**Treatment costs vary widely among countries in the region.** Data reported by 18 EU/EEA and non-EU/EEA countries in 2014 and 20 EU/EEA and non-EU/EEA countries in 2016 highlights the variation in the cost of antiretroviral drugs among countries. The cost of drugs per patient per year ranged from EUR 3 800 to EUR 17 500 in 2014 and from EUR 1 000 to more than EUR 20 000 in 2016 (Figure 11). Eighteen countries either do not have data on the mean cost of ART per patient per year or did not respond, suggesting a need for better monitoring of treatment costs.

**Figure 11. Reported mean cost of ART per patient per year by country, 2014 and 2016<sup>15</sup>**



<sup>14</sup> Latest available data as reported in March 2016.

<sup>15</sup> Data on main cost of ART per patient may be collected using slightly different definitions and therefore may not be directly comparable. Furthermore, data from Croatia, Ireland and Slovakia were reported to ECDC in 2014. Data provided in other currencies than EUR were converted into EUR using the exchange rate for 31 March 2016.

## Access to other health care and support

**Most countries have systems to help link people living with HIV to TB, hepatitis, substance abuse and sexual and reproductive healthcare services.** However, countries are not so likely to report that there are systems to ensure links with other aspects of healthcare that may be important for some people living with HIV, in particular mental health and nutrition.

**Table 4. Countries reporting effective systems to link PLHIV with other healthcare services, 2016**

	Yes	No
Substance abuse	32	8
Mental health	25	13
Sexual and reproductive health	31	9
Hepatitis	33	7
Tuberculosis	38	2
Vaccinations	30	9
Chronic disease	30	9
Nutrition	18	18
Health literacy	19	17

**Although 38 countries report that they have systems to link people living with HIV to TB services, only half of the countries have data on TB testing in people newly diagnosed with HIV.** Twenty-three countries in Europe and Central Asia were able to provide data and 25 countries either reported that they had no data or did not respond to the question about the percentage of people newly diagnosed with HIV who are tested for active TB. EU/EEA countries are less likely to have data on this specific issue than non-EU/EEA countries.

**The proportion of people newly diagnosed with HIV who are tested for active TB varies considerably between countries.** In 17 of the 23 countries that reported data, more than 60% of those newly diagnosed with HIV are tested for active TB, but the proportion ranges from 0% to 100% among countries in the region.

**Rates of HIV and TB co-infection are high in a significant proportion of countries.** In nine of the 22 countries that provided data, more than 10% of those newly diagnosed with HIV who are tested for active TB are found to have TB. Although they are mainly non-EU/EEA countries, as noted above, these are also the countries that are most likely to have data.

## Priority areas for action

Many people living with HIV in Europe and Central Asia are not receiving treatment. Treatment changes HIV from a life-threatening disease into a manageable chronic condition. Treatment also plays an important public health role in preventing transmission of HIV. There is an urgent need to increase access to and uptake of HIV treatment and to ensure the sustainability of treatment programmes in the region.

Specific options for action:

- Adopt a 'test and treat' policy in all countries within the region, in line with European AIDS Clinical Society and WHO guidelines.
- Reduce barriers to accessing treatment, including inadequate treatment programme coverage, weak referral mechanisms and links to other health and support services, and prevent stigma and discrimination among key populations and by healthcare professionals.
- Identify opportunities to reduce the costs of antiretroviral drugs to ensure that all countries in the region can finance treatment for all people living with HIV diagnosis in the medium- and longer-term.

## Annex 1. ART coverage among people diagnosed with HIV in Europe and Central Asia\*

Country	Number of people diagnosed	Number of people on ART	ART coverage among those diagnosed	Year(s)
Malta	295	284	96%	2016
United Kingdom	87 700	83 900	96%	2015
Sweden	6 946	6 605	95%	2016
Denmark	5 000	4 700	94%	2014
Spain	115 620	106 370	92%	2011–2014
Switzerland	13 500	12 300	91%	2012
Slovenia	541	492	91%	2015–2016
Ireland	5 253	4 728	90%	2015
France	128 300	114 825	89%	2013
Italy	112 222	98 755	88%	2012
Netherlands	20 083	17 721	88%	2015
Croatia	1 097	953	87%	2015
Austria	5 745	4 891	85%	2013
Germany	72 000	60 700	84%	2015
Belgium	14 977	12 540	84%	2014
Romania	13 766	10 551	77%	2015
Luxembourg	927	696	75%	2015
Czech Republic	2 281	1 616	71%	2015
Georgia	4 339	3 044	70%	2015
Uzbekistan	19 026	13 186	69%	2015
Israel	7 171	4 928	69%	2015
Greece	11 096	7 488	67%	2013
Montenegro	147	99	67%	2015
Portugal	41 793	28 020	67%	2014
Serbia	1 956	1 300	66%	2014
Albania	698	456	65%	2015
Azerbaijan	4 704	2 960	63%	2015
Poland	19 915	12 465	63%	2015–2016
Armenia	1 714	941	55%	2015
Hungary	2 667	1 423	53%	2015
Tajikistan	6 117	3 135	51%	2015
Ukraine	126 604	60 753	48%	2015
Kyrgyzstan	4 767	2 109	44%	2015
Estonia	9 263	3 715	40%	2015
Moldova	10 213	3 850	38%	2015
Bulgaria	2 267	824	36%	2015–2016
Kazakhstan	17 726	6 285	35%	2015
Kosovo**	46	14	30%	2015
Lithuania	2 173	646	30%	2015
Latvia	5 091	1 388	27%	2015

\* Latest data available as reported by countries in March 2016. Note that the latest available data may be from 2012, 2013, 2014, 2015 or 2016.

\*\* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

## Annex 2. ART coverage among all people living with HIV in Europe and Central Asia\*

Country	Number of people living with HIV	Number of people on ART	ART coverage among all people living with HIV	Year(s)
Sweden	7 718	6 605	86%	2016
Denmark	5 500	4 700	85%	2014
United Kingdom	101 200	83 900	83%	2015
Italy	127 324	98 755	78%	2012
Ireland**	6 180	4 728	77%	2015
Netherlands	22 900	17 721	77%	2015
Spain	141 000	106 370	75%	2013–2014
Romania	14 000	10 551	75%	2015
France	153 100	114 825	75%	2013
Austria	6 527	4 891	75%	2013
Switzerland	16 500	12 300	75%	2012
Malta	394	284	72%	2016
Germany	84 700	60 700	72%	2015
Belgium	17 744	12 540	71%	2014
Luxembourg	1 065	696	65%	2015
Croatia	1 680	953	57%	2015
Greece	14 200	7 488	53%	2013
Montenegro	194	99	51%	2015
Israel	9 720	4 928	51%	2015
Portugal	59 365	28 020	47%	2014
Hungary	3 067	1 423	46%	2015
Serbia	3 100	1 300	42%	2014
Uzbekistan	36 552	13 186	36%	2015
Poland	35 000	12 465	36%	2015–2016
Estonia	11 000	3 715	34%	2015–2016
Azerbaijan	8 798	2 960	34%	2015
Albania	1 400	456	33%	2015
Georgia	9 600	3 044	32%	2015
Kazakhstan	23 000	6 285	27%	2015
Ukraine	223 000	60 753	27%	2015
Armenia	3 600	941	26%	2015
Kyrgyzstan	8 500	2 109	25%	2015
Bulgaria	3 543	824	23%	2015
Moldova	17 985	3 850	21%	2015
Lithuania	3 100	646	21%	2015
Tajikistan	16 000	3 135	20%	2015

\*Latest data available as reported by countries in March 2016. Note that the latest available data may be from 2012, 2013, 2014, 2015 or 2016.

\*\* Data for Ireland on number of people living with HIV was incorrect and has been changed from 8160 to 6180. Coverage has also been adjusted accordingly.

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