ECDC EVIDENCE BRIEF

September 2015

HIV and treatment

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia – 2014 progress report

Dublin Declaration

This ECDC evidence brief summarises key issues and priorities for action in Europe. It draws on country data reported to ECDC for Dublin Declaration monitoring and UNAIDS global reporting in 2012 and 2014 and surveillance data reported by countries to ECDC and WHO Europe since 2004.

Following ECDC's 2010 and 2012 progress reports, a new series of thematic reports and evidence briefs present the main findings, discuss key issues, and assess the progress made since 2012 in Europe's response to HIV.

Why is HIV treatment important?

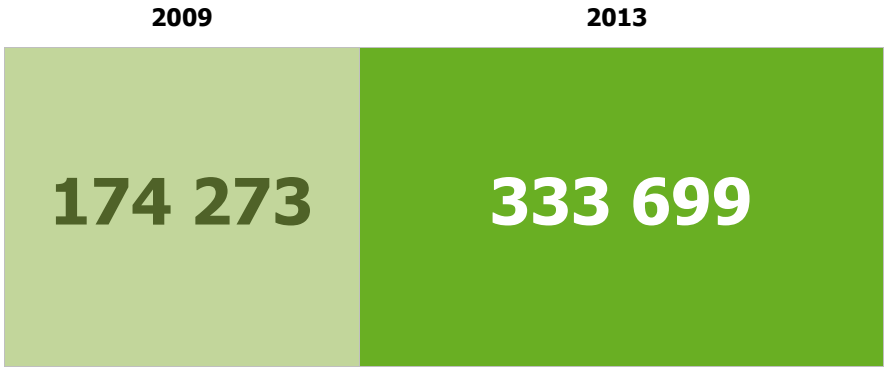
Antiretroviral therapy (ART) enables people with HIV infection to live a long, healthy and productive life.

Effective treatment reduces viral load and is important in preventing onward transmission of HIV.

What progress has been made?

Access to treatment has increased across the region. Based on data from 29 countries with consistent reporting, the number of people receiving ART almost doubled between 2009[1] and 2013. Although the majority of people who are on treatment are in EU/EEA countries, the rate of increase in the number of people receiving ART has been highest in non-EU/EEA countries.

Figure 1. Number of people living with HIV on antiretroviral therapy in 29 countries reporting consistently since 2009



[1] European Centre for Disease Prevention and Control. HIV testing: Increasing uptake and effectiveness in the European Union. Stockholm: ECDC; 2010

Erratum. 21 October 2015: The paragraph 'Overall, rates of viral suppression in the region are low' on page 2 was corrected. The text previously read 'Data on rates of viral suppression were provided by 15 countries in 2014. Only five countries, all in western Europe, report achieving viral suppression in more than 40% of people who are on treatment. Rates of viral suppression are below 40% in the other 10 countries, and below 20% in six of these countries.' The words 'on treatment' were deleted from the third Option for action.

Suggested citation: European Centre for Disease Prevention and Control. Evidence brief: HIV and treatment. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia – 2014 progress report. Stockholm: ECDC; 2015.

Treatment is available for most key populations in most EU/EEA countries. The majority of EU/EEA countries reported that they deliver treatment at the required scale for populations most affected by HIV. Of the 28 EU/EEA countries that responded, only 5 (17%) said sex workers, people who inject drugs, men who have sex with men, or prisoners faced problems accessing treatment, care and support.

Countries are starting treatment earlier. Evidence of efficacy and public health benefits has encouraged more countries to move towards higher CD4 count thresholds for starting treatment. Four countries – Austria, France, Italy and Romania – reported that they have stopped using CD4-count-based thresholds and have introduced a simple test-and-treat strategy. Although 28 countries still use a CD4 count of <350 cells/mm^3 as the threshold for starting ART, 15 countries now use <500; 17 of the 28 countries that currently use a threshold of 350 are planning to change to the higher threshold of 500.

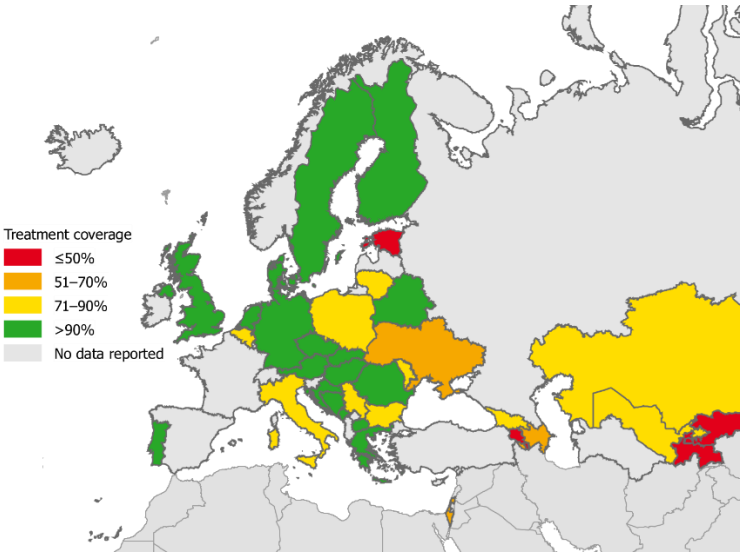
Table 1. CD4 thresholds for initiating ART in Europe and Central Asia 2014

Policy on ART initiation	Number of countries	Countries
Initiation regardless of CD4 cell count	4	Austria, France, Italy, Romania
500 cells/mm^3	15	Belgium, Bosnia and Herzegovina, Czech Republic, Estonia, Finland, Georgia, Iceland, Israel, Malta, Netherlands, Poland, Slovakia, Spain, Sweden, Turkey
350 cells/mm^3	28	Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Cyprus, Denmark, Germany, Greece, Hungary, Ireland, Kazakhstan, Kosovo, Kyrgyzstan, Lithuania, Luxembourg, Moldova, Montenegro, Norway, Portugal, Serbia, Slovenia, Switzerland, Tajikistan, Ukraine, United Kingdom, Uzbekistan
200 cells/mm^3	1	Latvia
No data reported	7	Andorra, the former Yugoslav Republic of Macedonia, Liechtenstein, Monaco, Russia, San Marino, Turkmenistan

What are the main challenges?

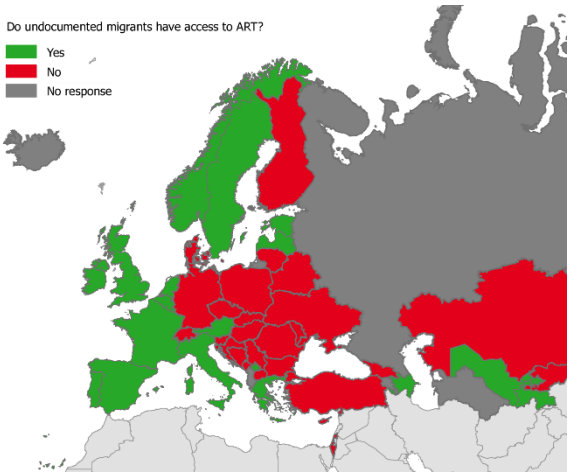
In a significant proportion of countries, one in six people who need treatment does not receive it. Despite increasing access to treatment across the region, coverage of people known to need ART is below 85% in more than one third of countries that provided data; in one in ten of these countries, treatment coverage among those needing treatment is below 50% (most of these countries are outside the EU/EEA).

Figure 2. Proportion of people living with HIV eligible for treatment who also receive ART[1] in Europe and Central Asia, 2010–2013



More than half of countries in the region do not provide treatment for undocumented migrants. In many countries, undocumented migrants are only entitled to emergency healthcare and do not have access to long-term HIV treatment. More than half of all government respondents, and almost three quarters of civil society respondents, report that undocumented migrants face problems in accessing treatment, mostly because they have no legal residence status and no health insurance. Other barriers include limited information about HIV and health services, fear of deportation, and stigma and discrimination.

Figure 3. Availability of ART for undocumented migrants in Europe and Central Asia, 2014



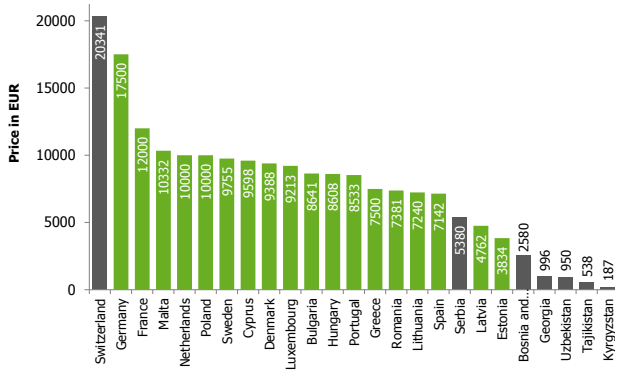
Overall, rates of viral suppression in the region are low. Data on rates of viral suppression were provided by 19 countries in 2014. Only nine countries, all but one in western Europe, report achieving viral suppression in more than 50% of people estimated to be living with HIV. Rates of viral suppression are below 40% in the other 10 countries, and below 20% in five of these countries. Low rates of viral suppression reflect weaknesses at different stages of the continuum of care, for example late diagnosis, inadequate links to care,

[1] Country-reported estimates; some countries could not provide estimates, and many provided the proportion of diagnosed people living with HIV/AIDS on treatment.

inadequate retention in care, late initiation of treatment, and poor adherence to treatment.

Treatment costs vary but are still of concern in most countries. The annual cost of ART per patient varies between countries. Regardless of the per-capita costs, in 2014, 84% of countries reported that national spending on HIV treatment had risen in the last two years; 69% of countries expected costs to continue to rise. Rising costs are due to the increasing number of people on treatment and the higher cost of new and second-line drugs. Some non-EU/EEA countries that are highly dependent on the *Global Fund to Fight AIDS, Tuberculosis and Malaria* would face significant difficulties in financing treatment from domestic resources if this external support was reduced.

Figure 4. Reported average cost of ART per patient per year, 2013



Legend: Non-EU/EEA countries grey, EU/EEA countries green

What needs to be done?

Increasing the number of people with HIV who receive treatment is critical to reduce AIDS-related illness and death in the region. Increasing the proportion of people on treatment who achieve viral suppression will also prevent ongoing transmission and reduce the number of new infections. Current scientific evidence strongly suggests that treatment is an effective addition to the prevention toolkit.

Key options for action

Strengthen interventions to increase uptake of HIV testing by those most at risk, in particular to promote earlier diagnosis and improve linkage to treatment and care.

Expand treatment access and uptake in non-EU/EEA countries where coverage is currently low.

Strengthen interventions to improve treatment retention and adherence in order to increase the proportion of people who have an undetectable viral load.

Explore opportunities to contain the **costs of treatment,** including support for countries to secure lower prices for antiretroviral drugs.

International donors should explore options for supporting **sustainable financing of treatment in non-EU/EEA countries**. This is important as it will also enable the introduction of 'treatment as prevention' and community post-exposure prophylaxis strategies.

Develop strategies and programmes to provide **access to treatment for undocumented migrants**.

Stockholm, September 2015

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