



EVIDENCE BRIEF

HIV treatment, care and support

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report

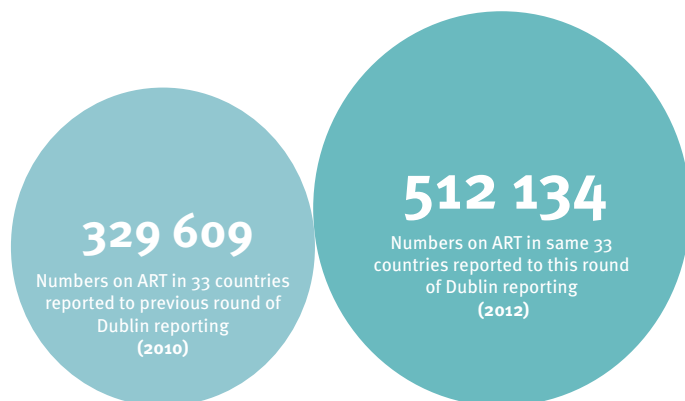
Policy implications

- As the costs for treatment are increasing, especially in EU/EFTA countries, there is a **need to ensure adequate funding to provide antiretroviral therapy (ART)**, both to those currently receiving it but also to the growing number of people in need. This will require domestic and regional financing mechanisms and efficiency savings on ART purchases.
- It is necessary to **scale-up ART provision in some countries in the eastern part of the region and especially in Central Asia.**
- For all countries, the **challenge of providing treatment to all in need is likely to increase** given the movement of international guidelines toward earlier antiretroviral treatment.
- There is a **need to ensure the systematic provision of care and support services currently provided by civil society.** This could be through government funding of NGOs to provide these services or through direct state provision of services.
- **All people newly-diagnosed with HIV should be linked to clinical care, with a CD4 count performed and reported** within three months of diagnosis.
- There remains a need to **diagnose HIV earlier in all countries**, particularly among some key population groups, e.g. migrants from high HIV prevalence countries.
- There remains a **need to address the obstacles and difficulties that vulnerable and marginalised populations face in accessing ART.** These populations include migrants, particularly those that are undocumented, people who inject drugs, prisoners and sex workers.

The number of people on antiretroviral therapy in the region is increasing

Since the last round of reporting, the number of people on ART in the 33 countries for which data was available in both reporting rounds rose from just over 300 000 to over 500 000. In that period, the number of people on ART in 19 EU/EFTA countries increased by 27%, while in 15 non-EU/EFTA countries the number more than trebled.

Figure 1: Numbers of people living with HIV reported to be receiving antiretroviral therapy in two rounds of Dublin reporting



There are concerns about the ability of countries to fund continued treatment expansion

Many countries expressed concerns about their ability to be able to sustain their provision of ART. Concerns included the rising number of people needing treatment, the current financial crisis and specific issues regarding continuation of Global Fund financing. Financing from the Global Fund has been particularly important for ART provision in the middle-income countries of the region. Some countries, such as Latvia and Ukraine, have managed the issue by making cost efficiency savings on ART purchases.



Most people who are diagnosed with HIV and require antiretroviral therapy receive it, particularly in EU/EFTA countries

Most countries in Europe and Central Asia track the proportion of people who receive treatment as a proportion of those diagnosed with HIV who are known to need treatment. In most countries, particularly in the EU/EFTA, reported rates of coverage are more than 85%. This is not the case for seven non-EU/EFTA countries where ART coverage among those diagnosed with HIV and known to need treatment is less than 85%. For all countries in the region, the challenge of providing treatment to all in need is likely to increase given the movement of international guidelines toward earlier antiretroviral treatment.

Civil society organisations play an important role in providing care and support services

In several countries, care and support services are largely provided by non-governmental organisations (NGOs). Some countries, such as Azerbaijan, expressed the desire to involve civil society organisations more in HIV responses. However, others, such as Moldova, Portugal and Ukraine, expressed concern about over-reliance on NGOs.

Rates of late diagnosis of HIV infection remain very high across the region

Once diagnosed and known to need treatment, people with HIV in the region largely receive it. But, almost half (46%) of people in the region are only diagnosed with HIV once they already need treatment (Figure 2). The number may be under-estimated because people who need treatment may not have symptoms and almost one third (32%) of those diagnosed with HIV do not have a CD4 count reported at the time of diagnosis, making it impossible to classify whether they are in need of treatment.

As a result, there are a large number of people in countries across the region that need ART but are not receiving it either because they have not yet been diagnosed with HIV infection or because they have not been linked to clinical care and follow-up. However, estimating this number of people and simply including them in the pool of people needing ART confuses two issues. Yes, they need ART but first they need to have their HIV infection diagnosed.

There is evidence that rates of late diagnosis have declined among men who have sex with men, for example, in Germany. But, rates of late diagnosis among migrants from countries with generalised HIV epidemics are particularly high in some countries, such as Austria, Germany and the UK. The number of countries reporting data on late diagnosis rose from 21 in the last round of reporting to 38 in this round.

Figure 2: Late diagnosis is a critical issue in the region



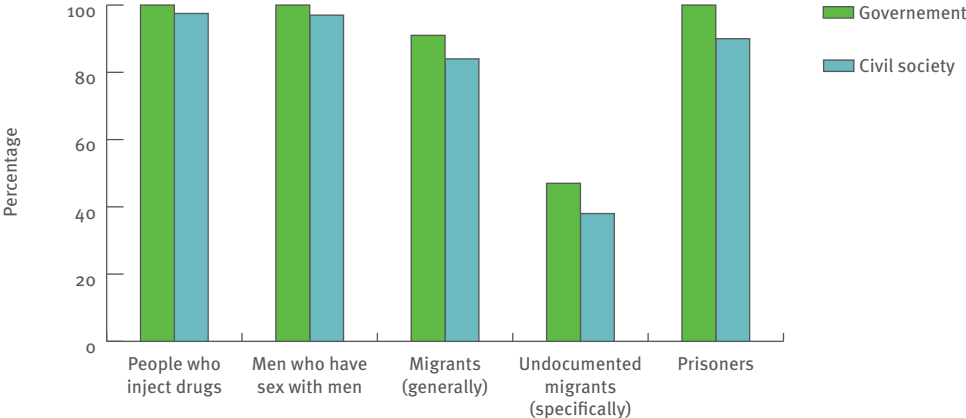
This data is based on the responses from 38 countries. Late diagnosis is classified as CD4 cell count of less than 350 at time of new HIV diagnosis.



Key populations face difficulties and obstacles in accessing treatment in many countries

EU/EFTA countries appear to be more willing than non-EU/EFTA countries to recognise the difficulties faced by some subpopulations in accessing ART. Government respondents from almost two thirds (64%) of EU/EFTA countries reported such difficulties as opposed to less than half (40%) of non-EU/EFTA countries. Obstacles due to laws, policies and regulations were reported more commonly in non-EU/EFTA countries. Subpopulations facing such difficulties include various types of migrants, particularly those who are undocumented (see Figure 3), people who inject drugs, sex workers, prisoners and, in a small number of countries, men who have sex with men.

Figure 3: Is antiretroviral therapy readily available for key populations?





About this series

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations which emphasise HIV as an important political priority for Europe and Central Asia.

Monitoring progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in a publication by the WHO Regional Office for Europe, UNAIDS and civil society organisations in August 2008.

In late 2007, the European Commission requested that ECDC monitor implementation of the declaration on a more systematic basis and ECDC set up an advisory group comprising 15 countries and various international partners, including EMCDDA, UNAIDS, WHO, UNICEF, and produced its first major country-driven, indicator-based progress report in 2010.

In 2012, the process of reporting was further harmonised with EMCDDA, UNAIDS, WHO, UNICEF, as well as with the EU Commission Communication and Action Plan on HIV/AIDS 2009–2013. The objective was to reduce the number of indicators, focus on reporting that was relevant in the European and Central Asian context and minimise the reporting burden for countries by making better use of existing country reported data. Responses were received from 51 of 55 countries (93%).

In this round, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports and this series of eight evidence briefs.

Other reports in the series can be found on the ECDC website at www.ecdc.europa.eu under the health topic HIV/AIDS.

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