Progress towards ending AIDS, hepatitis and STIs in the WHO European region

Focus on Eastern Europe

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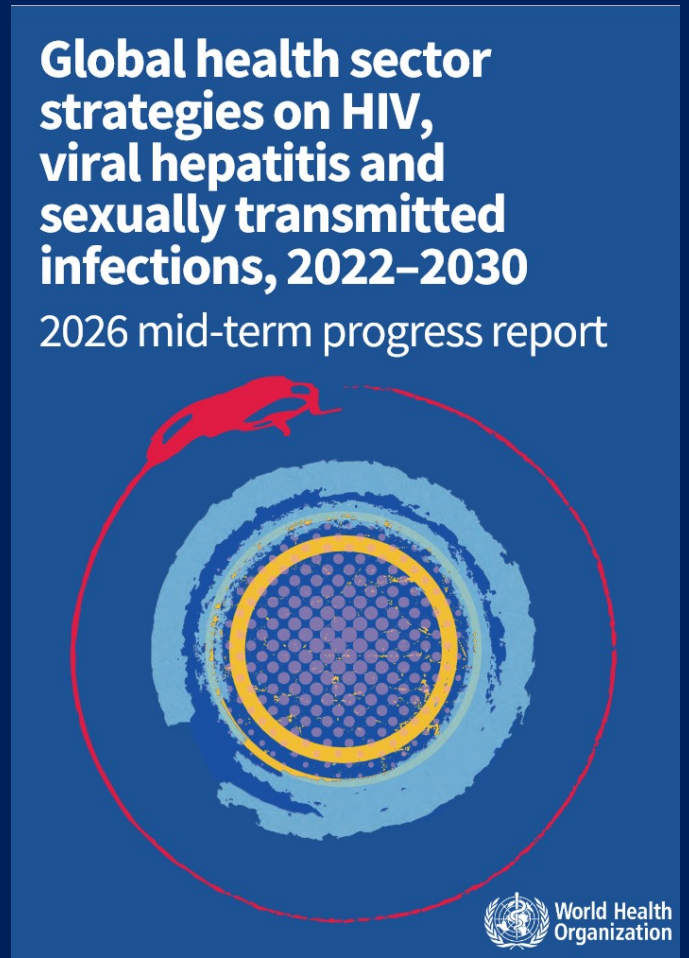
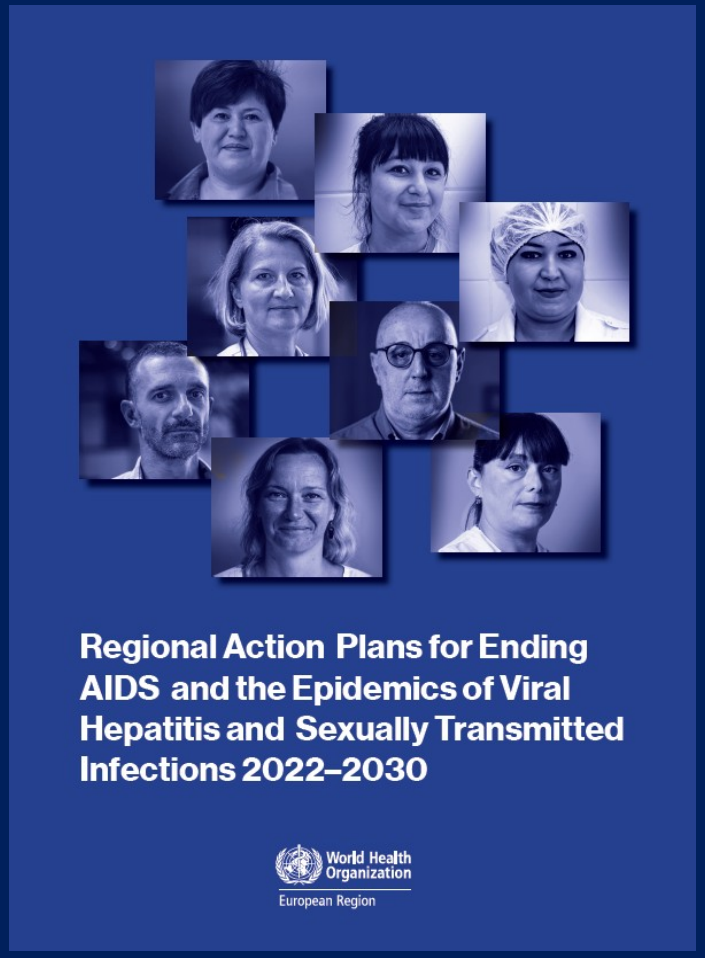
European Region





Regional Action Plans for ending AIDS and the epidemics of viral hepatitis and STIs 2022-2030



SD1: A shared response to HIV VH STIs within UHC and a health systems approach

SD2: Ending AIDS

SD3: Ending epidemics of viral hepatitis

SD4: Ending epidemics of STIs

Strategic shifts based on lessons learned

Targets

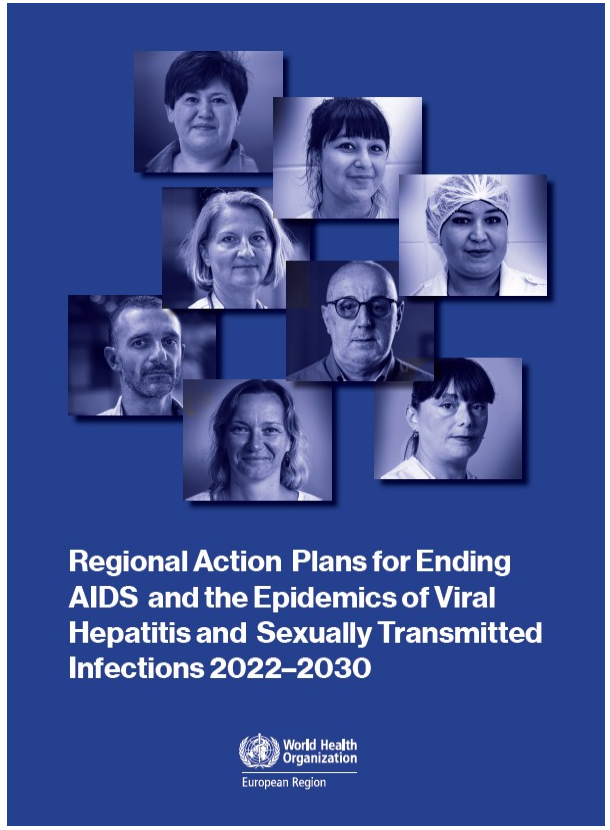
- Services, HIV Hep, STIs

SD1 priority actions

- **Better services** people centered, integrated.
- **Get back on track** resilience and recovery
- **Sustainability**
- **Key populations**

SD2-SD4 priority actions

- Strategic testing
- Urgent treatment scale up
- Revamped prevention
- Curating data
- Rapid uptake of innovations



English and Russian versions

HIV Hepatitis STIs burden and impact

HIV WHO European Region 2024 data

3.1 million people are living with HIV
New infections: **160 000**
Deaths: **51 000**
New diagnoses**:** 105,922, of them **late:** 54%
Diagnosed: 78%
On treatment: 81%

Hepatitis B WHO European Region 2024 data

9.7 million people are living with HBV
New infections: 7,196
Deaths: 39,493
Diagnosed: 22.6%
Treated: 4.2%

Hepatitis C WHO European Region 2022 data

5.6 million people living with HCV
New infections: 77,577
Deaths: 31,181
Diagnosed: 45%
Treated: 22.4 %

STIs WHO European Region 2020 data

23 million incident syphilis gonorrhea chlamydia trichomonas
EU/EEA; increase 300% for gonorrhoea and ~90% for syphilis MSM (2014-2023)

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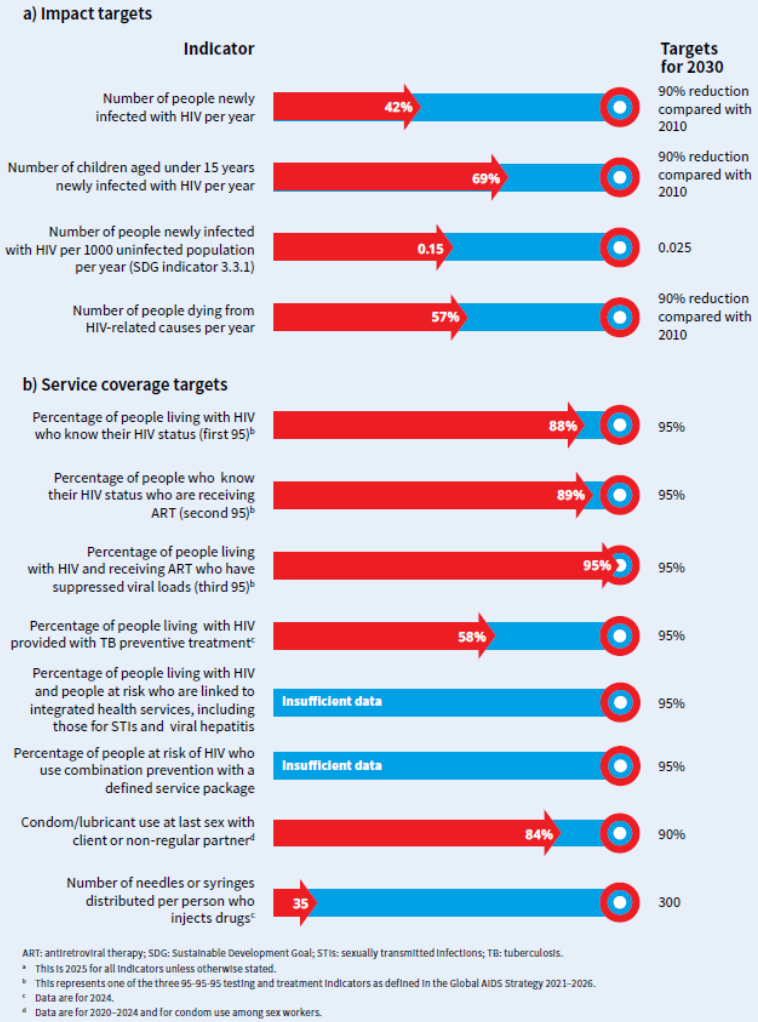
- **HIV: Incidence and mortality are not declining sufficiently**
  - The gap between estimated new infections and new diagnoses remains substantial.
  - Prevention coverage and uptake of effective interventions remain inadequate.
  - Late diagnosis and suboptimal viral suppression continue to drive ongoing transmission and preventable deaths.
- **Viral Hepatitis: Falling incidence, rising mortality**
  - Despite progress in reducing new infections, hepatitis-related deaths continue to increase.
  - Low diagnosis and treatment coverage for hepatitis B and C highlight persistent gaps across the care continuum.
  - Effective therapies are available, but access and uptake remain insufficient to achieve elimination goals.
- **Sexually Transmitted Infections: Increasing burden and emerging threats**
  - Syphilis and gonorrhoea cases continue to rise across the region.
  - Trends are driven by both behavioural factors and expanded testing and case detection.
  - Growing antimicrobial resistance, particularly in gonorrhoea, poses a significant threat to effective treatment and disease control.

Global HIV Progress 2026

Fig. 3.1. Global targets for HIV: latest status of progress[a]



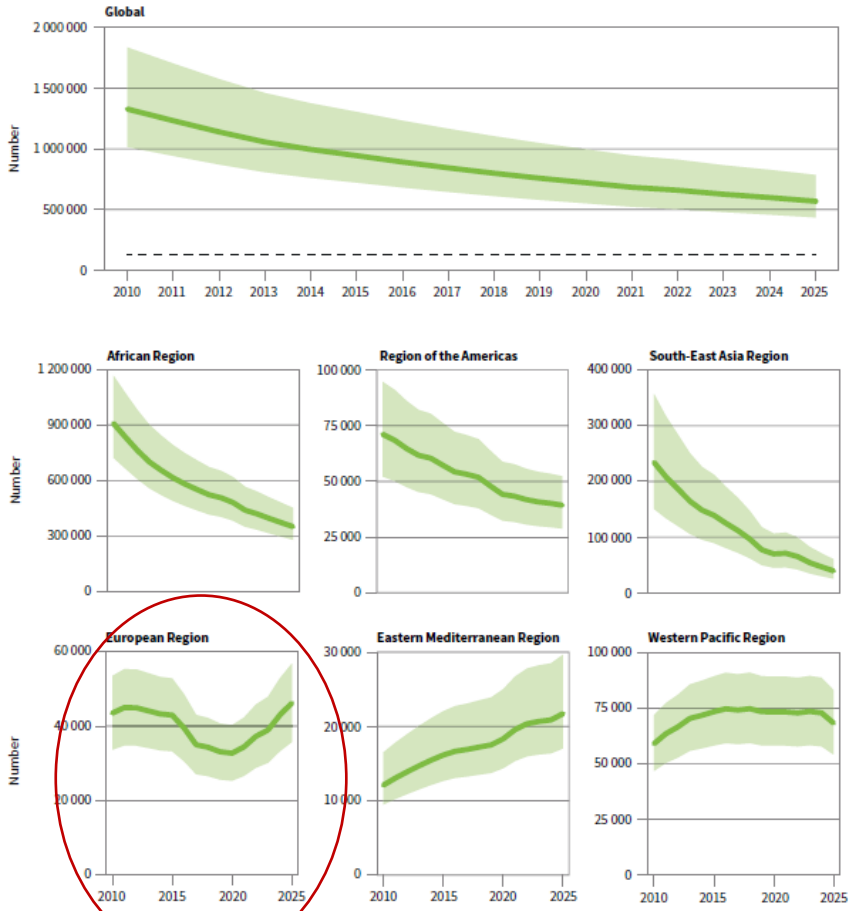
ART: antiretroviral therapy; SDG: Sustainable Development Goal; STIs: sexually transmitted infections; TB: tuberculosis.
[a] This is 2025 for all indicators unless otherwise stated.
[b] This represents one of the three 95-95-95 testing and treatment indicators as defined in the Global AIDS Strategy 2021–2026.
[c] Data are for 2024.
[d] Data are for 2020–2024 and for condom use among sex workers.

Fig. 3.6. Estimated number of people acquiring HIV disaggregated by sex, globally and for WHO regions, 2010–2025[a]



[a] Shaded areas represent 95% uncertainty intervals.
Source: UNAIDS 2026 epidemiological estimates; AIDSInfo.unaids.org.

Fig. 3.9. The number of HIV-related deaths, globally and for WHO regions, 2010–2025[a]



[a] Shaded areas represent 95% uncertainty intervals. The horizontal dashed line represents the global target of a 90% reduction by 2030, compared with 2010.
Source: UNAIDS 2026 epidemiological estimates; AIDSInfo.unaids.org.

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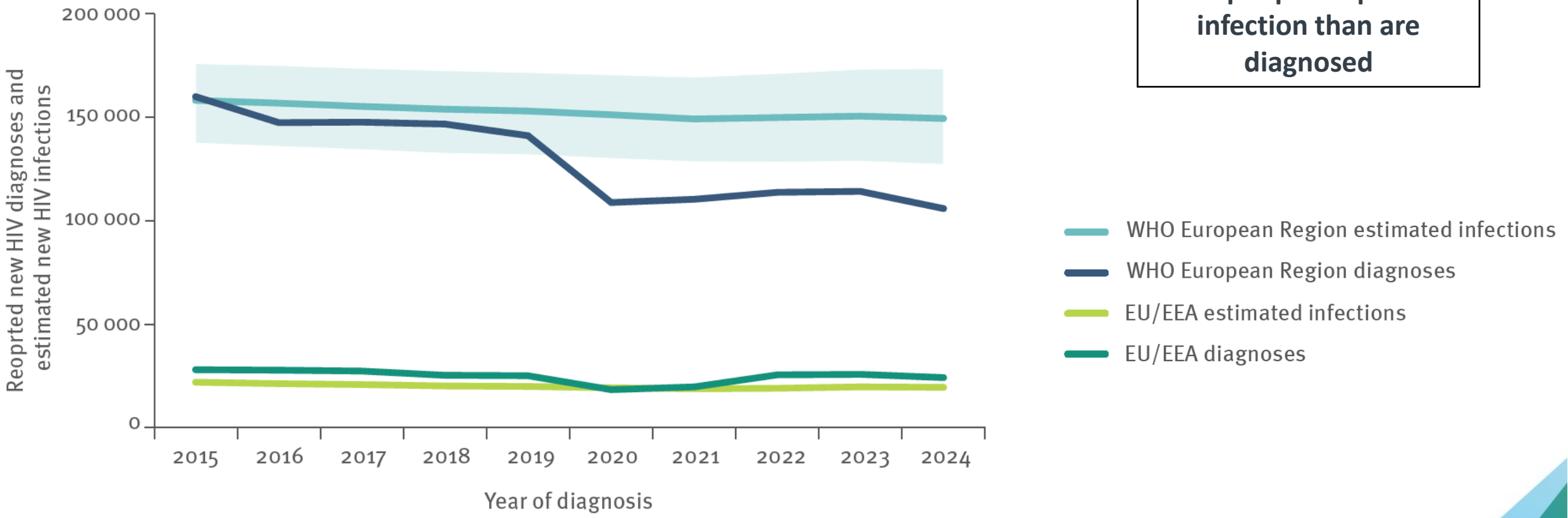
Estimated new HIV infections and reported HIV diagnoses in the EU/EEA and WHO European Region, 2015–2024

More people acquire HIV infection than are diagnosed

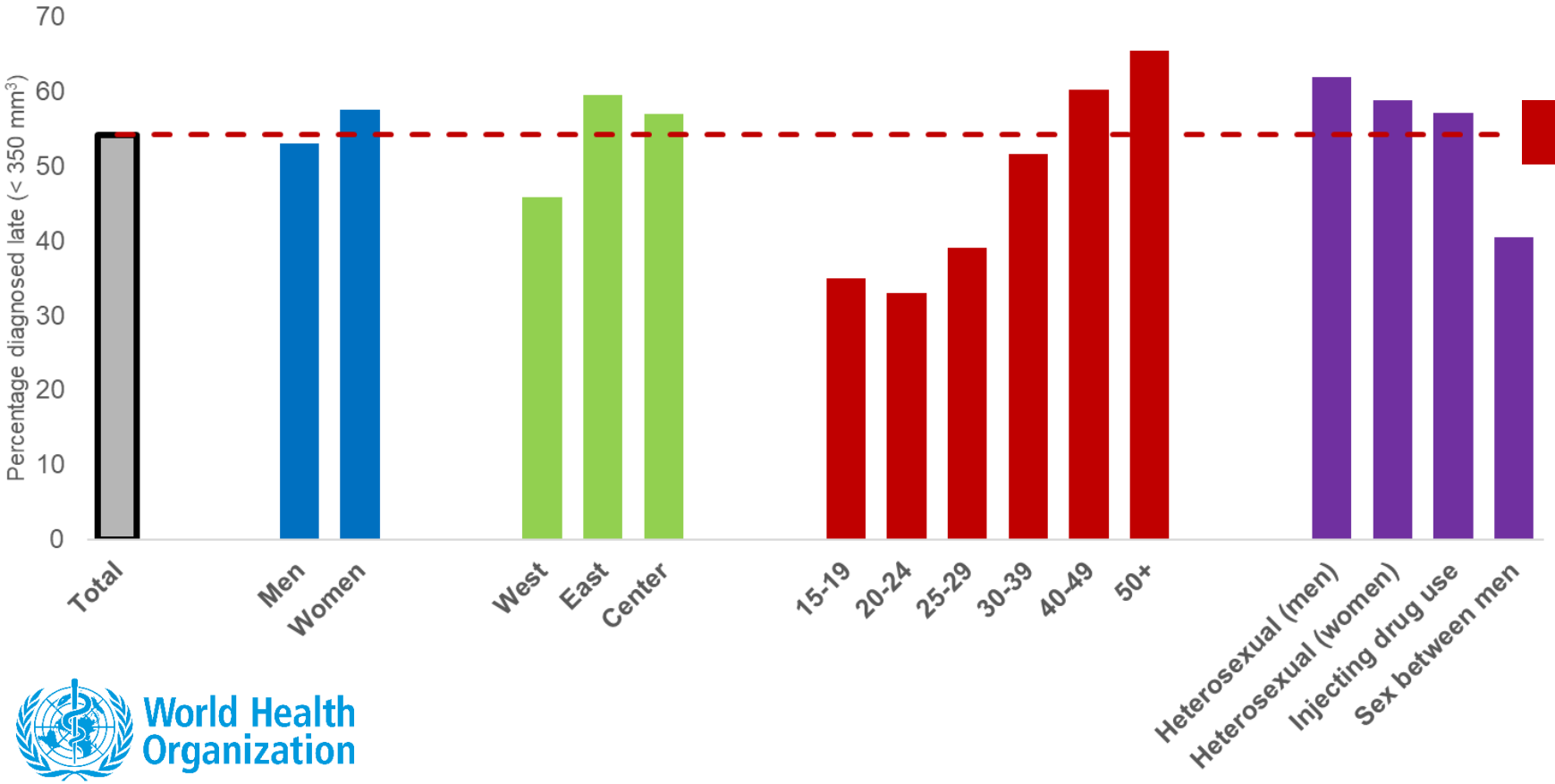


#Shaded areas represent uncertainty intervals around the best estimated new infections

Source: ECDC/WHO (2025). HIV/AIDS Surveillance in Europe 2025 (2024 data)

Late HIV diagnosis remains a challenge with variation across transmission mode & age

In 2024, 54% of reported diagnoses were diagnosed late, with CD4 < 350 cells/mm3 at diagnosis*



The percentage of people with HIV diagnosed late increases with age and is highest in people over the age 50

The percentage of people with HIV diagnosed late is highest among those men infected heterosexually

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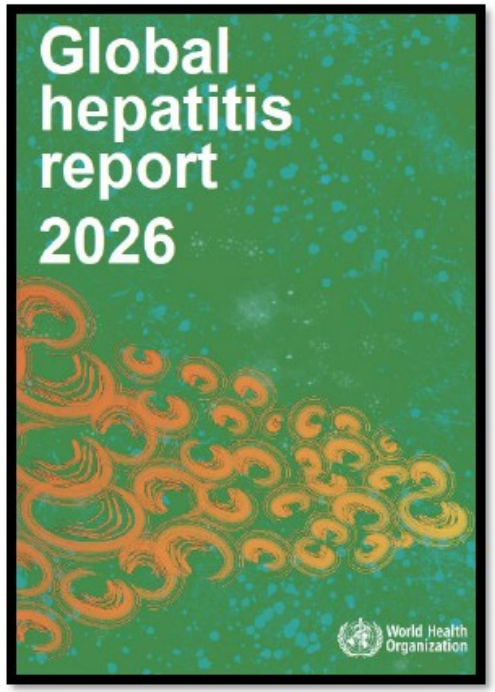
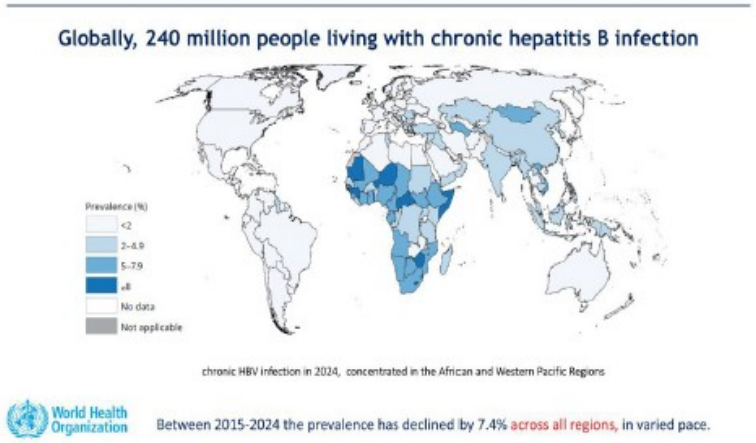
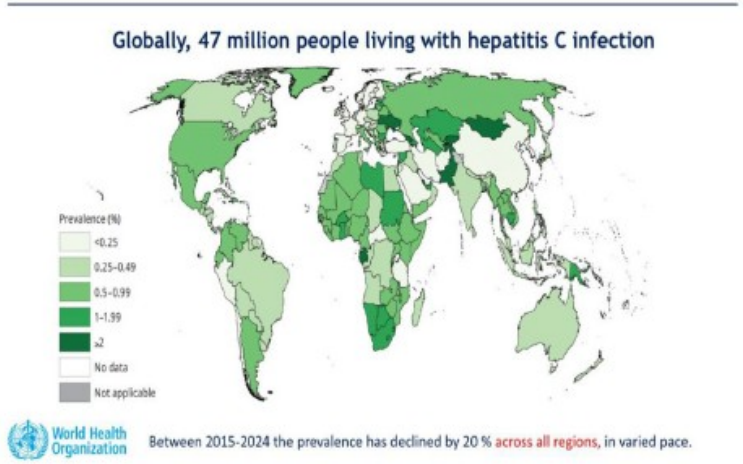
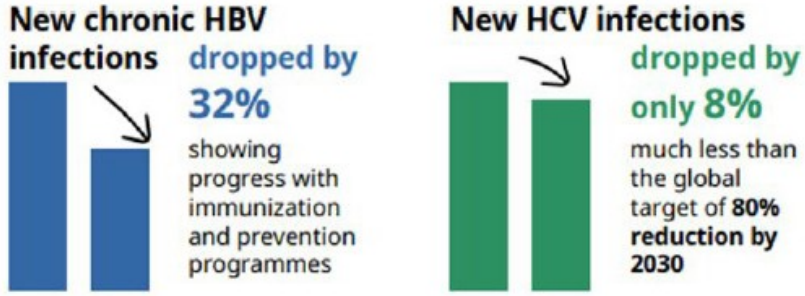
Source: ECDC/WHO (2025). HIV/AIDS Surveillance in Europe 2025 (2024 data)

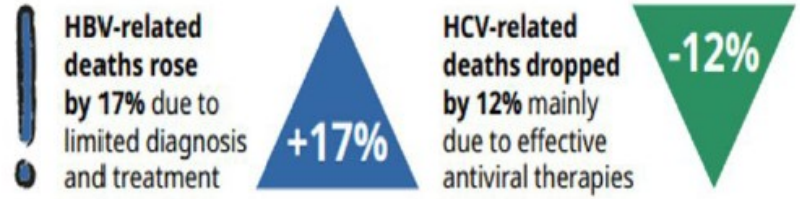
Viral hepatitis B and C claim the lives of over 1.3 million people annually, despite the existence of highly effective vaccines, prevention approaches, diagnostic and therapeutics











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Burden of viral hepatitis: WHO EURO region

Hepatitis B WHO European Region 2024

Prevalence 1.0 (0.7–1.3)

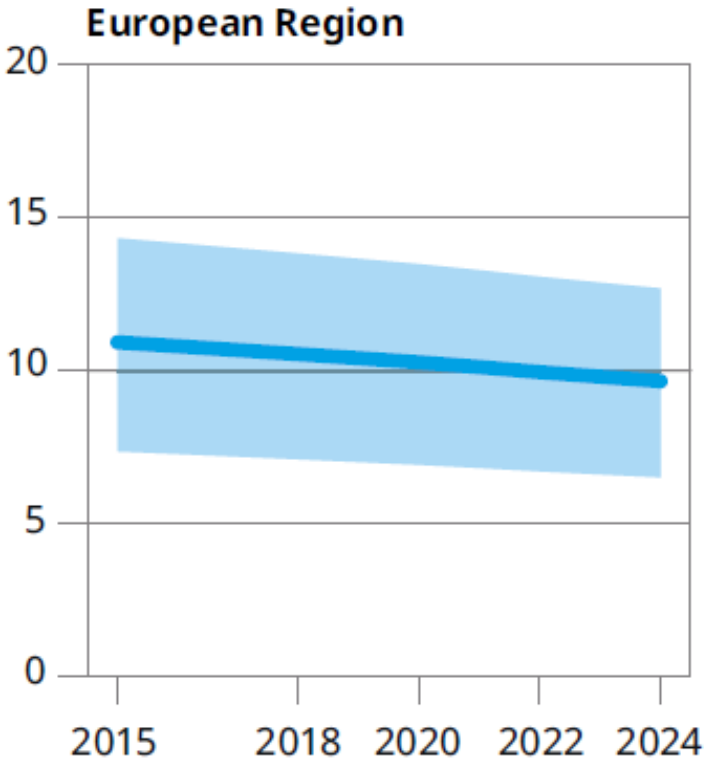
9.7 million people living with HBV

New infections: **7,196**

Deaths: **39,493**

Diagnosed: **22.6%**

Treated: **4.2%**



Hepatitis C WHO European Region 2024

Prevalence 0.6 (0.4–0.8)

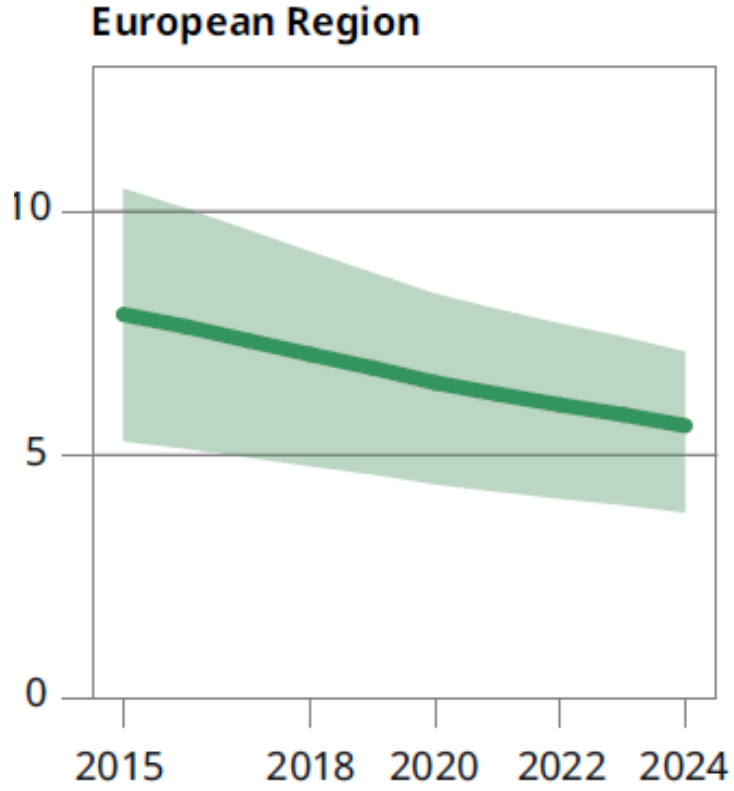
5.6 million people living with HCV

New infections: **77,577**

Deaths: **31,181**

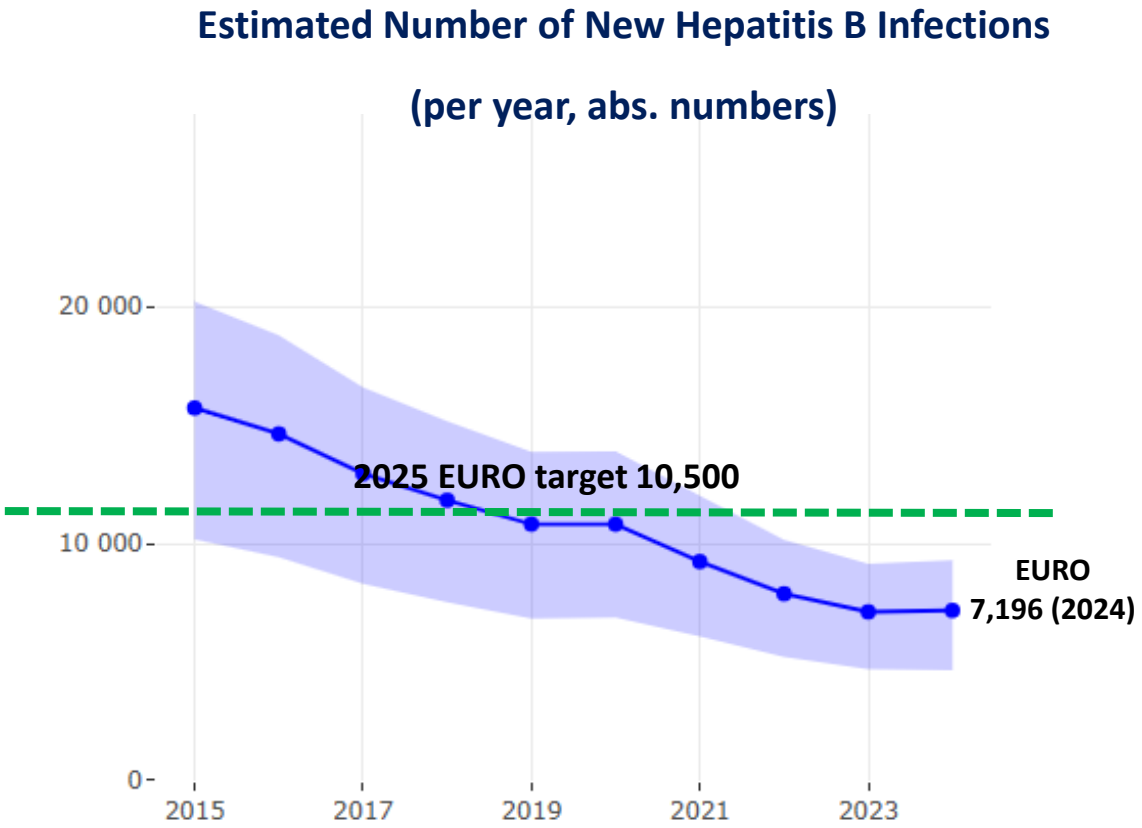
Diagnosed: **45%**

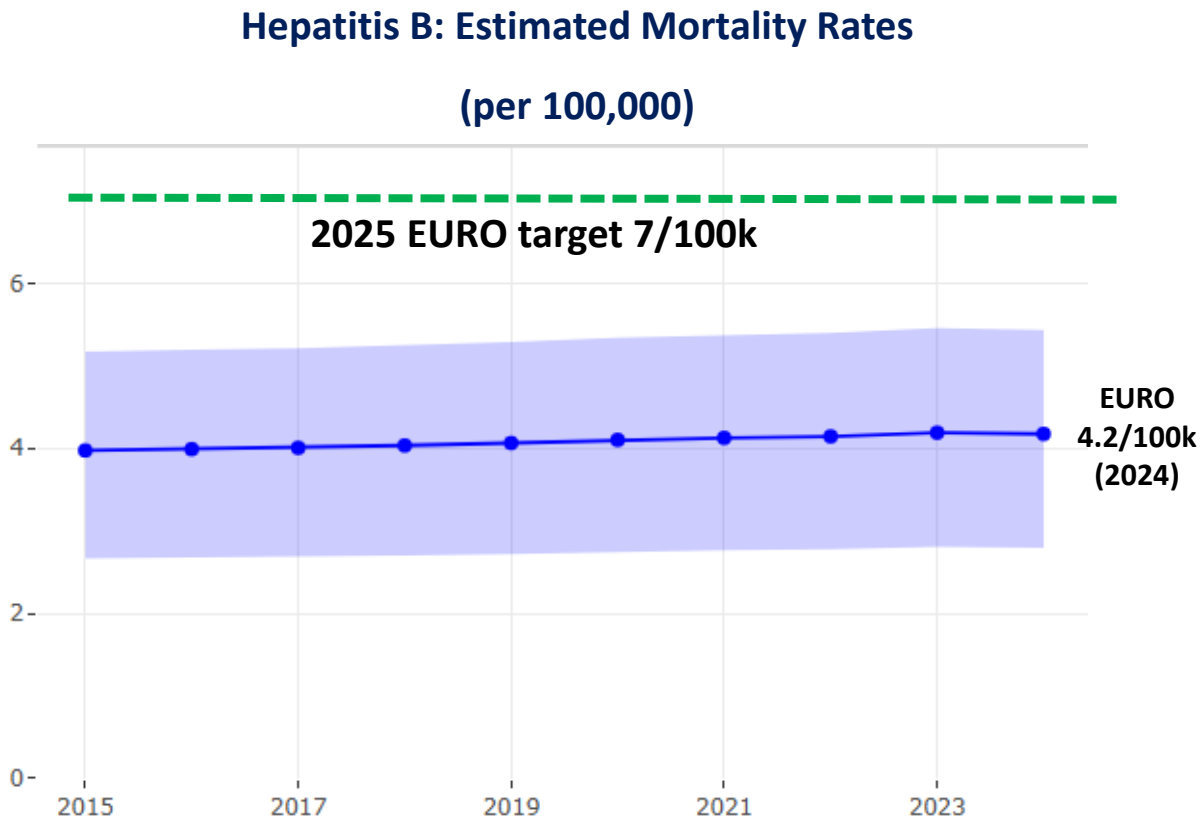
Treated: **22.4 %**



Source: WHO Global Hepatitis Report 2026

Estimated number of new Hepatitis B infections and mortality rates in WHO European region: 2015-2024





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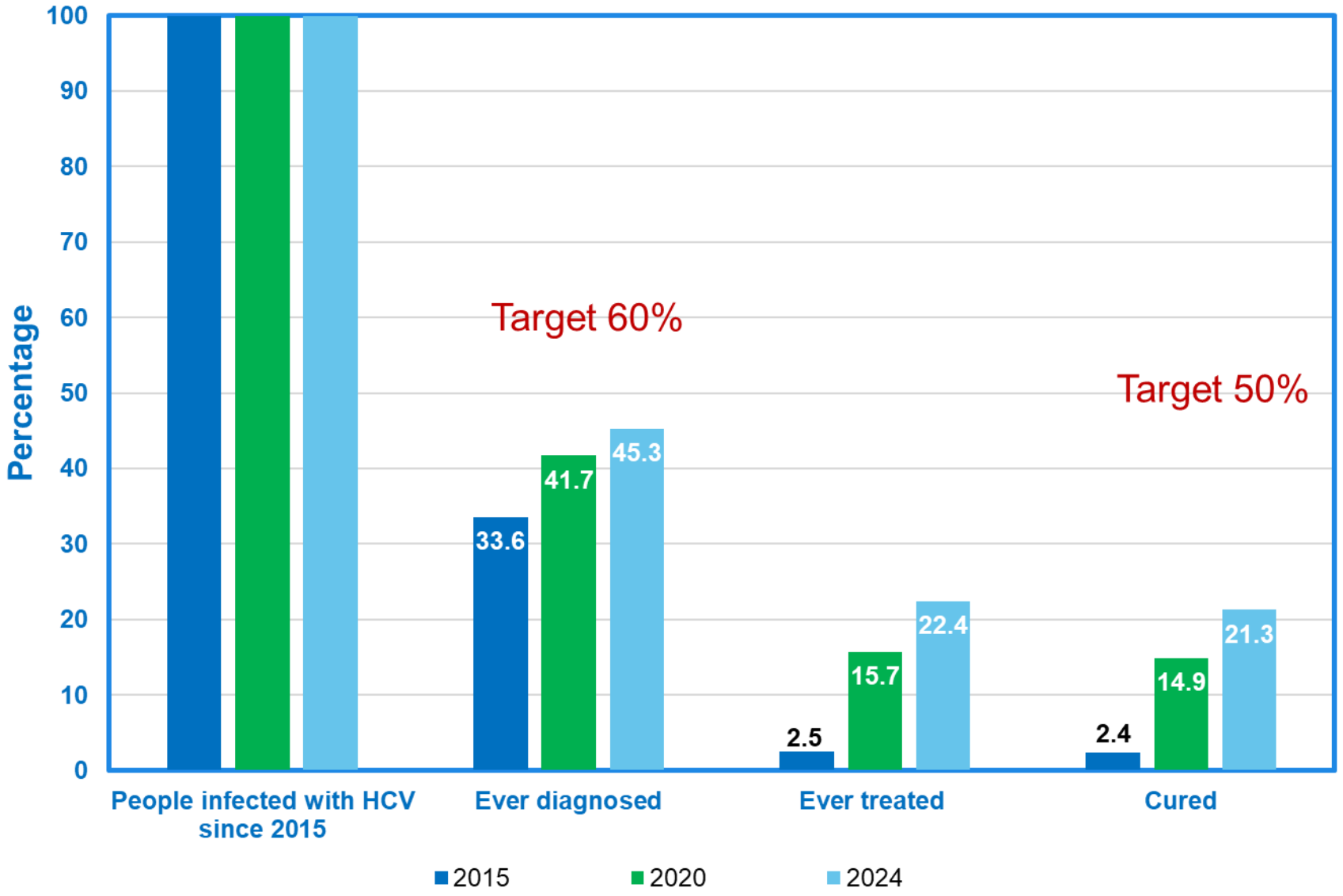
Source: WHO Global Hepatitis Report 2026

HCV diagnosis, treatment and cure cascade
WHO European Region, 2024



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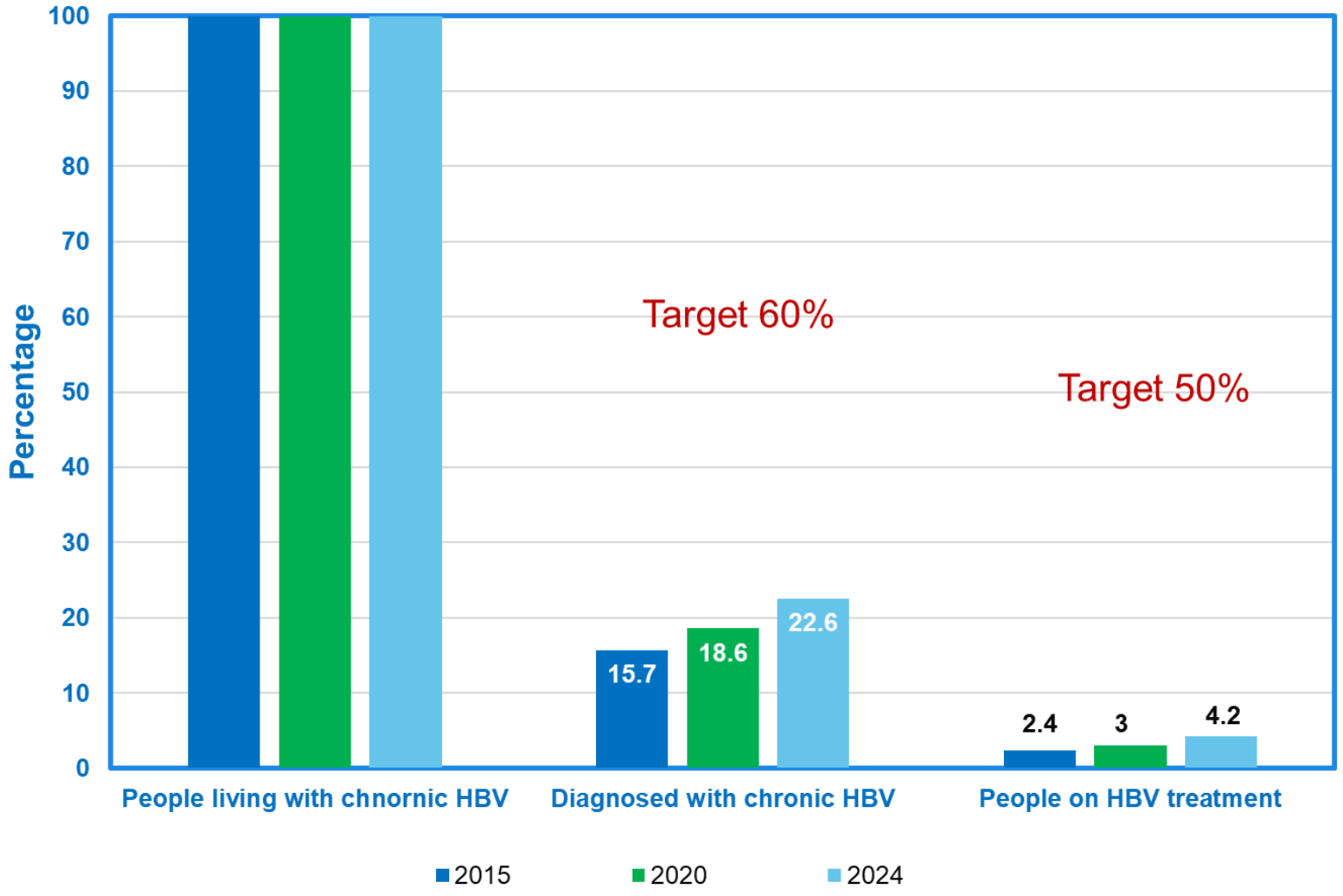
Source: WHO Global Hepatitis Report 2026

HBV diagnosis and treatment cascade
WHO European Region, 2024



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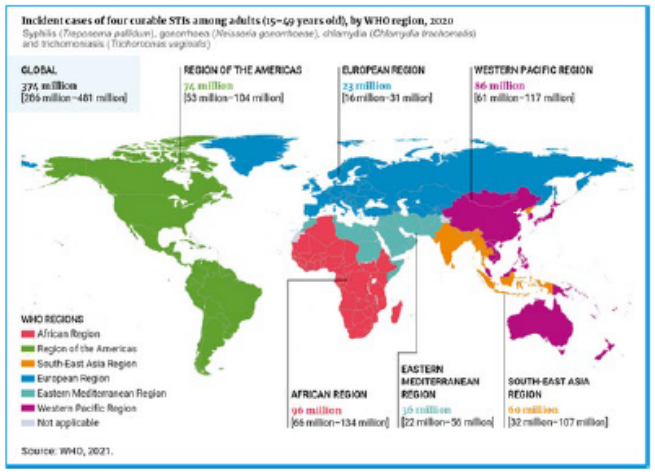
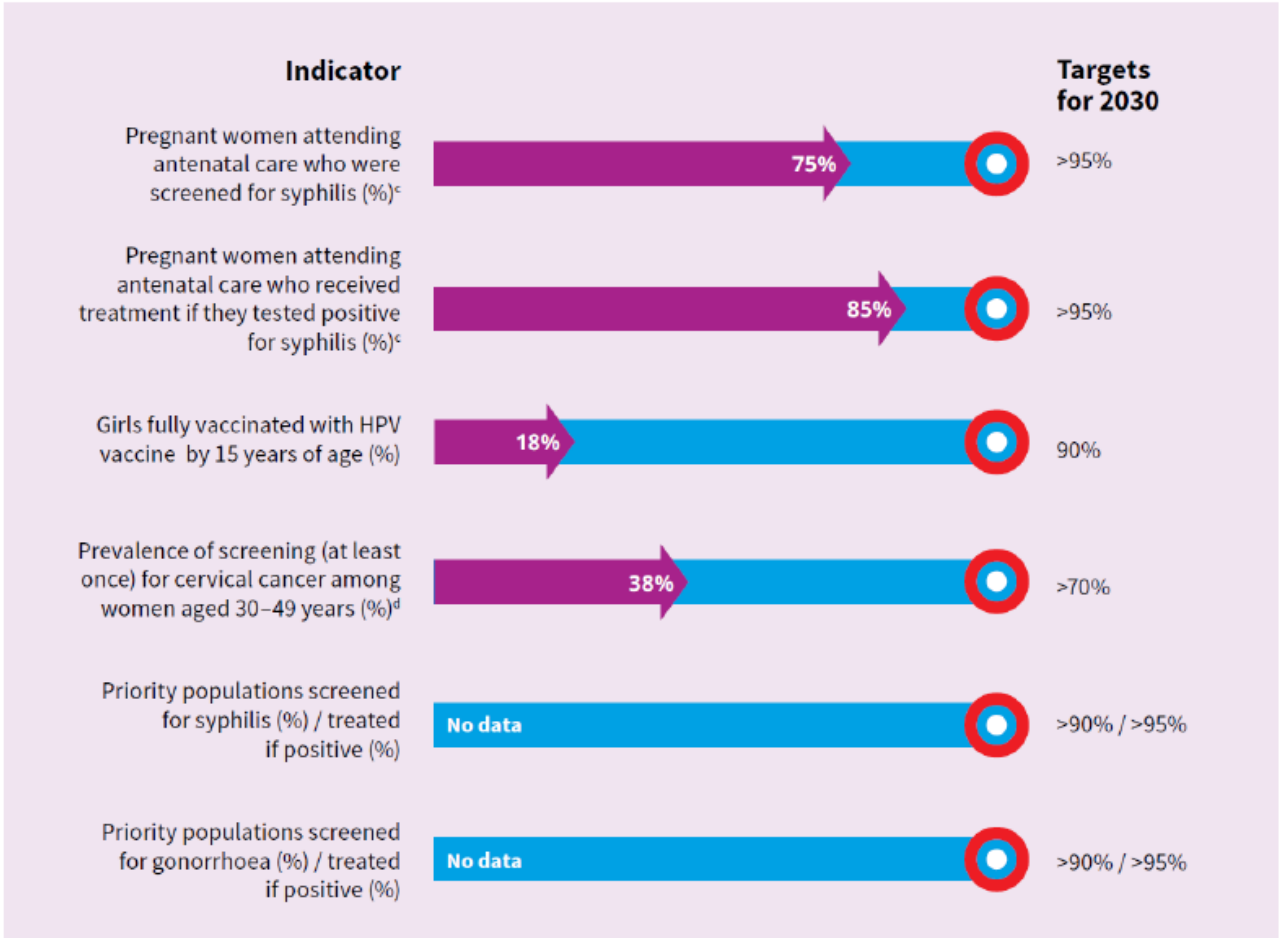
Source: WHO Global Hepatitis Report 2026

STIs: THE WORLD IS OFF TRACK

A LARGE AND PERSISTENT BURDEN – WITH PROGRESS INSUFFICIENT TO MEET THE 2030 GOALS

- STIs - 374 million
- 520 million adults live with genital HSV
- 1 million new infections per day

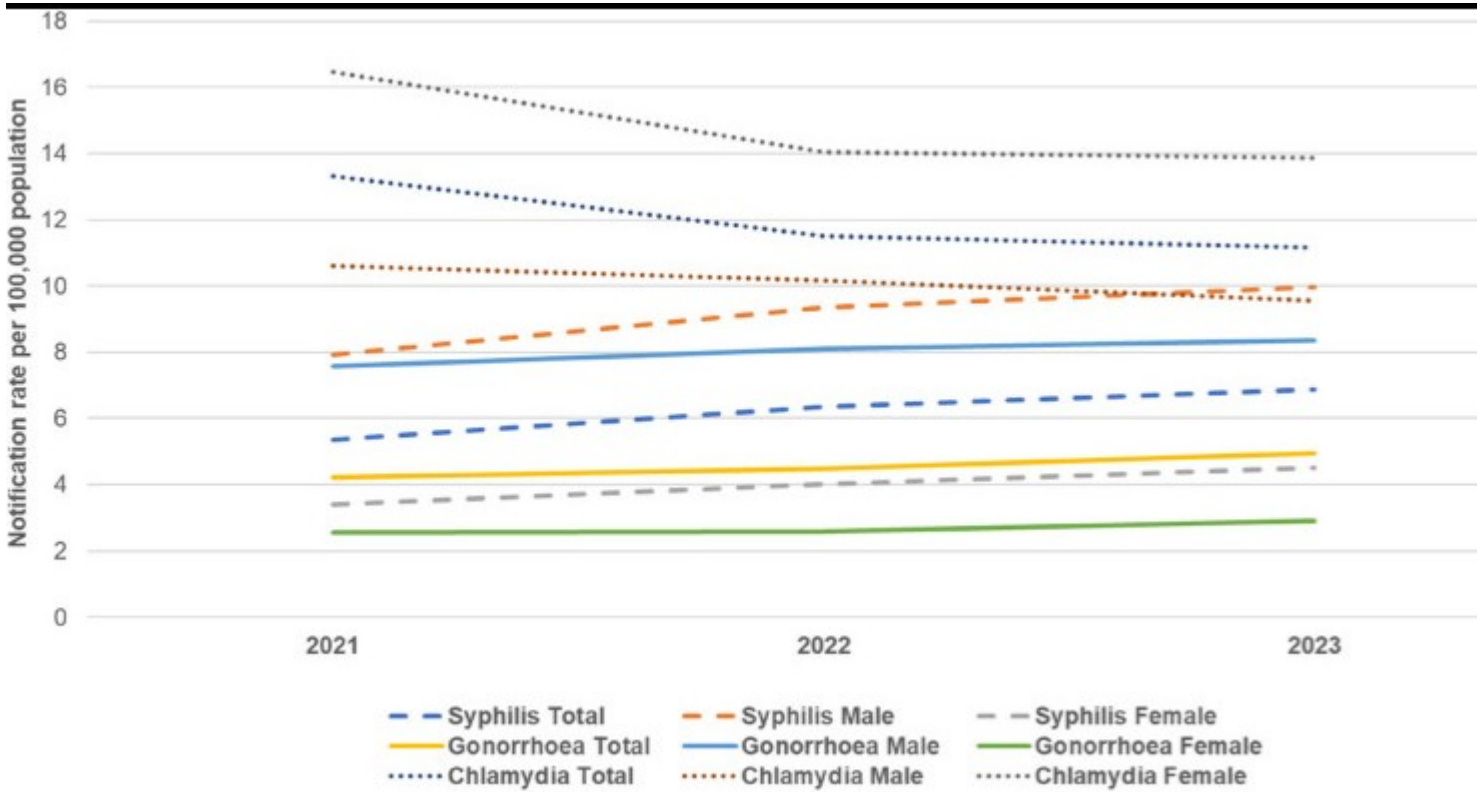




Global targets for STIs: latest status of progress towards service coverage targets

STIs in non-EU countries 2021-2023

- **21 countries** completed the survey, 19 (79%) agreed to publish their data.
- 19 countries reported surveillance activities for syphilis, 18 for gonorrhoea and chlamydia, and 8 for LGV.
- **Syphilis increased** from 13,553 to 17,113 (notification rate per 100,000 population 5.4 to 6.9)
- **Gonorrhea increased** from 12,001 to 13,067 (4.2 to 5.0)
- Chlamydia cases decreased from 32,556 to 27,802 (13.3 to 11.2).
- Only one to two LGV cases were reported per year.
- **Challenges with antimicrobial-resistant gonorrhoea** surveillance.
- STI cases are likely to be underreported due to incomplete surveillance systems and other factors.
- Need to strengthen surveillance systems of the non-EU/EEA and effective response to STIs.



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Otani et al (2025) Sexually transmitted infections in the non-European Union and European Economic Area of the World Health Organization European Region 2021-2023 BMC Public Health: https://pubmed.ncbi.nlm.nih.gov/40281539/

Regional strategic priorities in high-burden countries

HIV

- Strengthen case finding: differentiated HIV testing, including self-testing, network-based testing, community-based and provider-initiated testing. Accelerate shift to 3-test strategy to make same-day diagnosis possible
- Reduce advanced HIV disease through earlier diagnosis, rapid ART initiation and implementation of WHO-recommended AHD packages of care.
- Achieve HIV epidemic control: accelerate access to PrEP, including preparation for long-acting prevention options.
- Strengthen surveillance, generate data, innovations in the region.

Hepatitis

- HCV PTE validation of the first countries in the region
- Strengthen hepatitis B and C test-and-treat programmes, decentralized service delivery and elimination planning
- Monitoring: from aggregate reporting to cascade-based accountability

STIs

- Strengthen STI surveillance, data quality, and monitoring of antimicrobial-resistant gonorrhoea.
- Expand early diagnosis, testing, and integrated STI services, particularly for key populations.
- Advance Triple Elimination and integrated HIV/STI/SRH/PHC services while addressing stigma, legal barriers, and updating national guidelines.

Integration

- Prioritize Triple Elimination validation as a catalyst for strengthening antenatal screening, treatment, surveillance, lab and quality of care, community-led programs.
- Ensure uninterrupted care for migrants, displaced populations and people affected by crises.
- Accelerate implementation of integrated, people-centred TB, HIV, hepatitis and STI services within primary health care and universal health coverage, bringing services closer to people and communities.

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