Five Years to 2030: Europe's Race to End the AIDS Epidemic

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WITH ONLY 5 years remaining to meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2030 target of ending AIDS as a public health threat, Europe stands at a pivotal moment. At the 20th EACS Conference, held in Paris, France, Teymur Noori of the European Centre for Disease Prevention and Control (ECDC) presented a detailed and sobering overview of the HIV epidemic across the continent. Drawing on regional data, Noori highlighted that while progress has been made in some areas, Europe remains far from reaching many of the key targets that underpin the 2030 ambition.

HIV IN EUROPE: WHERE THE EPIDEMIC NOW STANDS

Europe is home to 2.1 million people living with HIV (PLHIV), distributed unevenly across the continent: 57% in the East, 40% in the West, and 3% in the Centre.[1] The region reported 110,000 new diagnoses in 2023, with 70% occurring in the East.[1] Late diagnosis, he explained, is still one of the most significant barriers to progress, and 52% of all cases across the region are diagnosed late, affecting men, older people, and migrants disproportionately.[1]

Transmission patterns reveal deep regional divides. In the West and Centre, men who have sex with men account for 40% of cases, followed by heterosexual men and women (53–54%), and people who inject drugs (4%).[1] In the East, the picture is reversed: heterosexual transmission dominates, injecting drug use accounts for 20%, and MSM transmission appears drastically low, and almost certainly underreported, at 4%,[1] reflecting high levels of stigma and misclassification.

Migration plays a major role in shaping Western Europe's epidemic. Six in 10 cases in the West occur among migrants, compared with 20% in the Centre and only 2% in the East.[2] Noori added that in the EU/EEA, 56% of all diagnoses occur in migrants, and in countries such as Ireland, Iceland, Norway, and Sweden, the proportion rises to 80–90%. France's migrant HIV diagnoses predominantly involve individuals from sub-Saharan Africa, while in Czechia, for instance, most come from Central and Eastern Europe.[2] These distinctions, Noori emphasised, show why interventions must be tailored, nuanced, and grounded in local realities.

PRE-EXPOSURE PROPHYLAXIS IMPLEMENTATION ACROSS EUROPE AND CENTRAL ASIA

Noori then turned to pre-exposure prophylaxis (PrEP), describing implementation as a story of rapid expansion but also stark inequality. By the end of 2024, 27 of 52 countries in Europe and Central Asia had national guidelines and funded programmes. Since then, Greece, Cyprus, Romania, and Lithuania have committed to implementation.[3]

PrEP use has expanded dramatically, from 22,000 users in 2018 to approximately 345,000 in 2024.[3] Some countries, like Ukraine, are scaling up impressively, with up to 50% first-time users among PrEP

recipients.[3] However, the region is still short of the target of 500,000 PrEP users, and the uptake is highly concentrated: 71% of all PrEP users live in just four countries: the UK, France, Germany, and Spain.[3]

Reaching key populations remains a major challenge, with women profoundly underrepresented. While the UK and Ukraine report the highest numbers of women on PrEP, and Ukraine stands out with 27% of users being women, across Europe and Central Asia, women accounted for only 2.5% of all PrEP users in 2024.[3] This is a critical equity issue, highlighted Noori, and the picture is similar for migrants. Although the Netherlands, Portugal, Italy, and Switzerland lead in PrEP uptake among migrants, overall proportions remain extremely low. Alarmingly, while 56% of all HIV diagnoses in the EU occur among migrants, they represented just 4% of all PrEP users in 2024.[3]

Another key barrier includes persistent cost issues. Even as generic PrEP prices fall, many countries still list cost as a barrier, and out-of-pocket payments remain common. Long-acting cabotegravir, Noori added, currently costs around 1,400 EUR, even after reimbursement, and its rollout will require close monitoring to prevent widening disparities.[3]

PROGRESS TOWARD THE UNAIDS 95-95-95 FRAMEWORK

Noori framed the 95-95-95 UNAIDS targets as a lens through which to view both Europe's successes and the persistent gaps that threaten progress. Each target reveals not only the effectiveness of testing and treatment programmes but also the inequities that shape the epidemic across the continent.

First 95: Knowing Your HIV Status

The first target, ensuring that 95% of PLHIV know their status, remains out of reach in much of Europe. Across the region, 86% of PLHIV are aware of their infection, but progress is uneven. While the West is approaching the target with 94%, the Centre lags at 88% and the East trails further behind at 80%. Ten countries have met the goal, 15 are close, but 21 countries remain well below target.[4]

Noori explained that, overall, there has been meaningful improvement. Since 2016, the proportion of people living with undiagnosed HIV has dropped from 25% to 14% in 2024, equivalent to 225,000 additional people now aware of their status. Yet, late diagnosis continues to pose a serious challenge. In 2023, 50% of people diagnosed in the WHO European Region were diagnosed late, defined as having a CD4 count <350 cells/mm³ at diagnosis. Men, especially heterosexual men, older adults, and people living in the East and Centre, are disproportionately affected.[4] This delay not only threatens individual health but also sustains ongoing transmission in the population.

Second 95: ART Coverage

The second target, ensuring that 95% of diagnosed people are on antiretroviral therapy (ART), shows similar mixed progress. The regional average is again 86%, with significant differences between subregions. Western Europe has reached 96%, surpassing the target, while Eastern Europe remains at 79%. Between 2017–2024, Europe added 540,000 more people on ART, demonstrating substantial progress, yet gaps remain. When considering all PLHIV, treatment coverage falls further: only 71% of PLHIV in Europe are on ART, below the global average of 77%.[4]

Third 95: Viral Suppression

Viral suppression among people on ART is the single 95 goal that Europe has achieved at a regional level. However, the broader target, 86% of all PHLIV being virally suppressed, remains elusive. Across 38 countries with available data, the regional average is only 70%, ranging from 85% in the West to only 59% in the East. Data limitations complicate the picture: 17 of 55 countries were unable to report sufficient information, suggesting the regional average may overestimate the progress.[4]

Noori highlighted the human implications behind the numbers. Around 620,000 people in Europe and Central Asia, or 30% of all PLHLIV, still have transmissible levels of virus.[4] Nearly 500,000 of them live in the East, where half are undiagnosed, and alarmingly, 42% are diagnosed but not on ART.[4] "We've done the hard work, but we are not putting them on treatment programmes. That is something we need to do better on." Representing both a human and public health urgency, these populations are at the greatest risk of disease progression. Reaching them is one of Europe's most urgent and complex challenges.

STIGMA: A PERSISTENT BARRIER

Noori then shifted to stigma, which continues to undermine every aspect of the HIV response. The UNAIDS target is for <10% of PLHIV to experience stigma and discrimination by 2025. However, the data show a far different reality.

According to ECDC data, one-third of PLHIV have never disclosed their status to a family member, one in five have never told a friend, and 22% have never told their current sexual partner.[5] In healthcare settings, around one-third worry about being treated differently, and amongthose who worry, one-third avoid seeking healthcare.[6]

Even more concerning are findings from the ECDC/EACS stigma survey of over 18,000 healthcare workers. A total of 39% did not know what Undetectable=Untransmittable means, 44% did not know what post-exposure prophylaxis is, and 59% were unaware of PrEP.[6] Stigmatising attitudes were also widespread: 12% believed PLHIV had "too many sexual partners," 22% felt that HIV is acquired through "irresponsible behaviour," and 26% believed that people with detectable viral loads should not engage in sexual activity. A full 30% had observed discriminatory remarks about PHLIV in the past year.[6] Noori stressed that stigma-reduction interventions must be revitalised and expanded.

ARE WE ON TRACK?

To close, Noori addressed the central question: is Europe on track to reduce HIV incidence? The answer, he explained, is clearly no. Instead of achieving a 75% reduction in new infections by 2025, the WHO European Region has seen a 5% increase. AIDS-related deaths, which were meant to fall by 90% by 2030, have instead increased by 37% as of 2024.

Noori concluded with a sobering assessment: the only target Europe has reached is viral suppression among people on treatment. All others, the first and second 95s, overall viral suppression, PrEP scale-up, stigma reduction, incidence, and mortality targets, are not within reach. Yet, he stressed that progress in several countries across all subregions should be recognised and celebrated. Integrated testing, community-led prevention, and highly effective treatment systems represent genuine achievements.

Nevertheless, disparities remain stark, and political commitment and sustained funding are essential. With 5 years left, Noori said, we must recognise that most targets will not be met, but our efforts cannot stop in 2030. People's lives depend on what we do next.

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