EUROPE

Fact sheet EURO/14/05
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HIV/AIDS IN EUROPE: OVERVIEW

HIV/AIDS is a major threat to health, economic stability and human development in many parts of the WHO European Region. WHO and UNAIDS estimate that at the end of 2005, 2.2 million people were living with HIV/AIDS in the 52 countries of Europe [1] – most of these (1.6 million) in the countries of eastern Europe and central Asia. The estimated HIV prevalence in adults exceeds 1% in three European countries (Estonia, the Russian Federation and Ukraine).

Estimated HIV/AIDS cases

People living with HIV/AIDS: 2.2 million (1.62–2.94 million)
Estimated prevalence: 0.4% (0.2–0.6%)

Source: WHO/UNAIDS (November 2005)

Reported HIV/AIDS cases

HIV infections: 884 060
AIDS cases: 303 377
AIDS deaths: 173 138

Source: WHO Regional Office for Europe (October 2005)

THE SITUATION

Western Europe

In western Europe, following peaks in HIV incidence in 1983 (among homosexual men) and in 1987/1988 (among injecting drug users (IDUs)) and a period of relative stability, HIV is increasing in some western European countries. Most new cases in western Europe occur through heterosexual transmission in people originating from sub-Saharan Africa. Following the introduction and widespread use of highly active antiretroviral therapy (HAART) in countries in this region, AIDS incidence and AIDS deaths declined sharply in the mid- to late 1990s and continued to fall, albeit with a noticeable levelling off after 1998. Recent increases in HIV and AIDS in some western European countries raise important concerns about the vulnerability of migrants, increased risk behaviours among homosexual and bisexual men, treatment complacency, weakening government commitment and waning or ineffective prevention efforts.

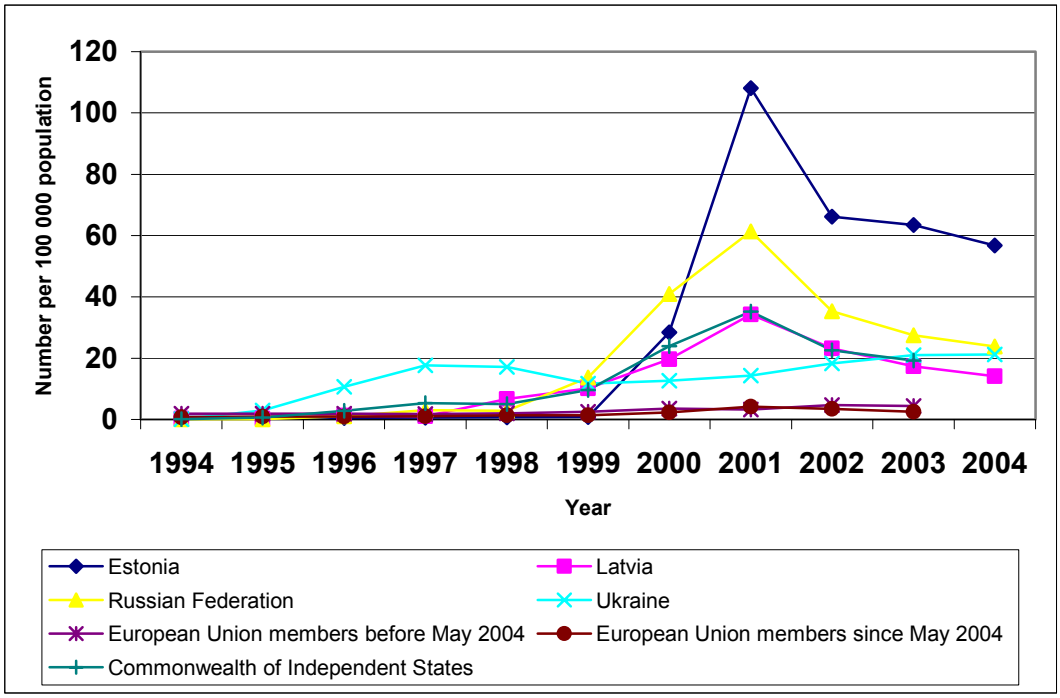
Central Europe

The overall rates of both newly diagnosed HIV infection and AIDS in central Europe are relatively low and have remained unchanged in recent years. Well over half (59%) of all HIV cases in central Europe are in Poland and Romania. Trends for newly reported HIV cases and for

[1] WHO European Region: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom and Uzbekistan.

AIDS deaths have stabilized over the past decade, while the numbers of reported AIDS cases have declined slowly in the last six years owing to the introduction of antiretroviral therapy. High levels of risk behaviour coupled with low levels of knowledge and poorly developed prevention and treatment services in some central European countries create the conditions for potentially devastating HIV/AIDS epidemics.

Fig. 1. New HIV infections reported per 100 000 population in Europe



Source: WHO European health for all database [online database]. Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/hfadb, accessed 28 October 2005).

Eastern Europe and central Asia

Most people living with HIV/AIDS in Europe are from countries in eastern Europe and central Asia. Here, overall rates of newly diagnosed HIV infection have increased dramatically since 1998, mainly among IDUs. In many eastern European and central Asian countries over 80% of all reported HIV cases are among IDUs. In 2004, 65% of newly reported cases with a known route of transmission were IDUs. Well documented epidemics of HIV among IDUs have been reported in Belarus, Estonia, Kazakhstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation and Ukraine. In some countries in eastern Europe – notably Estonia, Latvia, the Russian Federation and Ukraine – HIV incidence is among the highest in the world (see Fig. 1). Estonia, the Russian Federation and Ukraine accounted for 90% of all cases reported in eastern Europe and central Asia. By September 2005, the Russian Federation reported a cumulative total of over 325 000 new HIV infections, but only about 1400 AIDS cases and about 1000 AIDS deaths. In 2004, the Russian Federation had the highest estimated number of people living with HIV/AIDS and the highest unmet need for treatment. Moreover, eastern Europe and central Asia have a high incidence of tuberculosis and multi-drug resistant tuberculosis. In 2003, the number of newly reported HIV diagnoses in eastern Europe and central Asia declined, but this should not lead to complacency: reported cases greatly underestimate the number of actual cases and in 2004 the number of cases began to increase again.

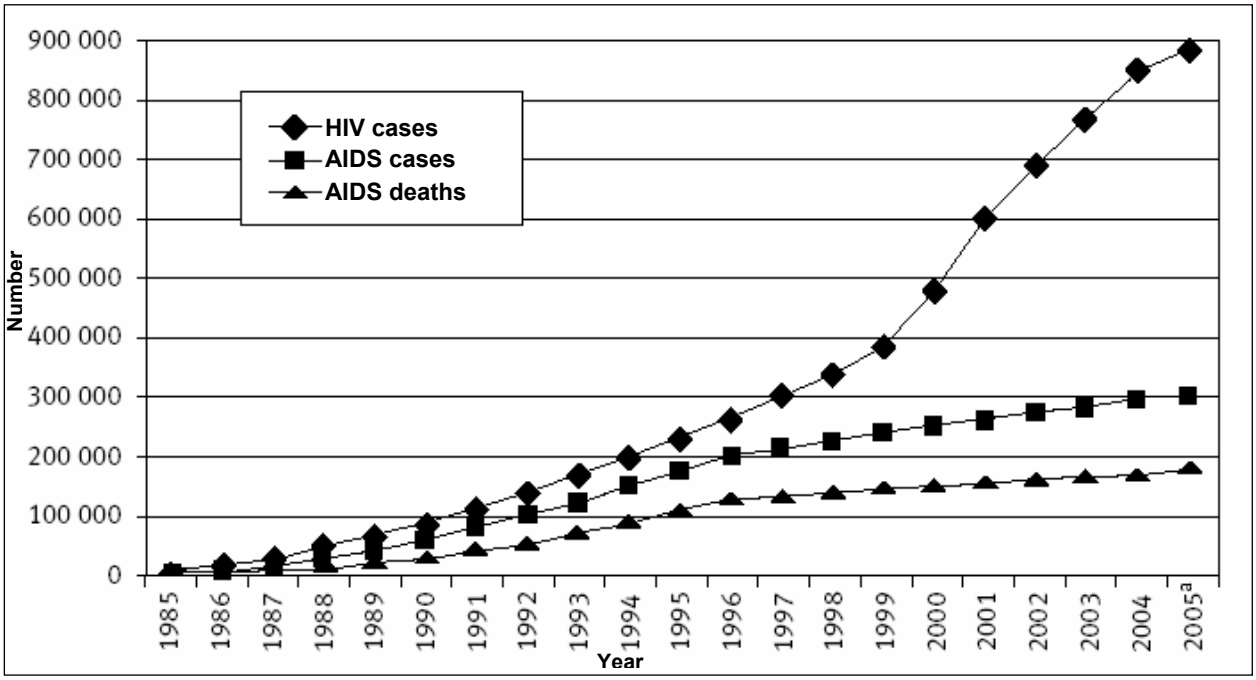
THE RESPONSE

Antiretroviral therapy

For the first time, the promise of increased access to HAART allows the development of a comprehensive public health response to the epidemic that fully integrates prevention, care and treatment. Coupled with prevention strategies as part of a comprehensive approach, notably harm reduction and opioid substitution treatment for IDUs, there has been a considerable impact on the spread of HIV infection in western Europe and increasingly in central Europe.

However, inequities in access to HIV/AIDS treatment and care are evident in the inadequate provision of HAART in many European countries. It is estimated that as of mid-2005, of the 535 000 people needing HAART in Europe, only 342 000 were receiving it (64%). Access to antiretroviral therapy urgently needs scaling up (see Fig. 2), especially in eastern European countries (particularly the Russian Federation and Ukraine) where AIDS cases are rapidly increasing. For example, AIDS incidence in Ukraine is now greater than the western European average. AIDS incidence has also risen to high levels in Estonia and Latvia. Access to HAART is near universal in western European countries, where AIDS incidence is highest in Portugal and Spain. It is estimated that by 2010 between 580 000 and one million Europeans will need HAART.

Fig. 2. Cumulative reported cases of HIV and AIDS in the WHO European Region



[a] Data as of 1 October 2005, based on partial and preliminary national reports.
Source: Sexually transmitted infections/HIV/AIDS programme, WHO Regional Office for Europe, unpublished data, 2005.

Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia

In February 2004, representatives of the governments of Europe declared that they would: "By 2005, provide universal access to effective, affordable and equitable prevention, treatment and care including safe anti-retroviral treatment to people living with HIV/AIDS in the countries in our region where access to such treatment is currently less than universal, including through the technical support of the UN through the global initiative led by the World Health Organization

and UNAIDS to ensure 3 million people globally are on anti-retroviral treatment by 2005 ("3 by 5")."[2] To date, 41 European countries provide universal access to antiretroviral treatment.

Harm reduction and opioid substitution therapy

WHO supports evidenced-based interventions such as harm reduction (in the form of needle and syringe exchange programmes) and opioid substitution for IDUs. The best hope to contain the epidemic and to reduce people's vulnerability to HIV infection is by expanding targeted interventions for vulnerable groups, particularly IDUs, their sexual partners and sex workers. Targeted interventions, in particular harm reduction programmes, are woefully inadequate in scale and coverage in eastern Europe and central Asia. Interventions to reduce the sexual risk behaviour of IDUs are also critically important to the future patterns of HIV transmission.

FURTHER INFORMATION

For further information, particularly epidemiological country profiles, see the WHO/Europe web site (http://www.euro.who.int/aids) and for selected country profiles addressing the scaling up of treatment, see The 3 by 5 Initiative web site (http://www.3by5.org/countryprofiles).

See also the new Regional Office publication *HIV/AIDS in Europe. Moving from death sentence to chronic disease management*[3]. This book tells the story of HIV/AIDS in Europe from a broad variety of perspectives: biomedical, social, cultural, economic and political. The authors are leading experts from across the Region and include both the infected and the affected, be they doctors or former drug users, United Nations employees or gay men, public health researchers or community activists. They describe how, from the first documented cases in 1981 to the present era of antiretroviral management, controlling the human immunodeficiency virus in Europe has proven elusive.

For further information contact:

TECHNICAL INFORMATION

Dr Srdan Matic
Regional Adviser, HIV/AIDS and Sexually Transmitted Infections
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 16 06
Fax: +45 39 17 18 75
E-mail: sma@euro.who.int

Mr Jeffrey V. Lazarus
Advocacy and Community Relations Officer
Sexually transmitted infections/HIV/AIDS programme
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel: +45 39 17 13 41

PRESS INFORMATION

Ms Liuba Negru
Press and Media Relations Officer
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 13 44
Fax: +45 39 17 18 80
E-mail: lne@euro.who.int

Press materials can be found on the Regional Office web site (http://www.euro.who.int).

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[2] *Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia*. Dublin, Government of Ireland, 2004 (http://www.eu2004.ie/templates/meeting.asp?sNavlocator=5,13&list_id=25, accessed 23 November 2005).

[3] Matic S, Lazarus JV, Donoghoe MC, eds. *HIV/AIDS in Europe. Moving from death sentence to chronic disease management.* Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/document/E87777.pdf).