

# EU Civil Society Forum UNAIDS update



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Seventy-third session

Agenda item 11

**Implementation of the Declaration of Commitment on  
HIV/AIDS and the political declarations on HIV/AIDS**

## **Galvanizing global ambition to end the AIDS epidemic after a decade of progress**

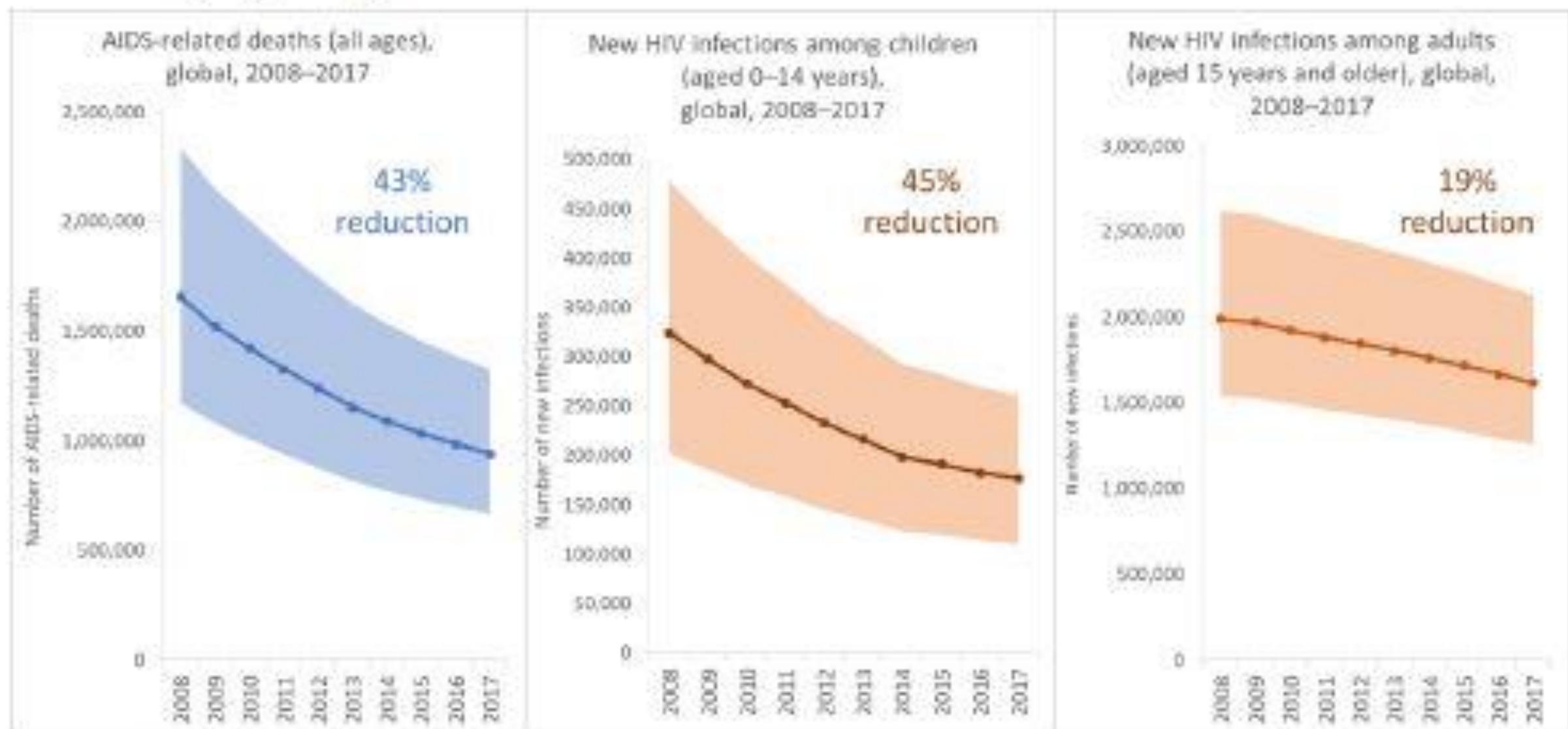
### **Report of the Secretary-General**

#### *Summary*

A world without AIDS was almost unimaginable when the General Assembly held its first special session on the epidemic 18 years ago. Since then, the global determination to defeat one of history's greatest health crises has produced remarkable progress. Over the past decade, the number of people living with HIV on treatment has increased 5.5 times, behaviour change communications and condom distribution programmes have successfully reduced the incidence of HIV infection in a variety of settings and a growing number of countries have eliminated mother-to-child transmission of HIV. Globally, deaths from AIDS-related illnesses among people of all ages and HIV infections among children have been cut nearly in half, and new infections among adults have declined by 19 per cent.

Figure I

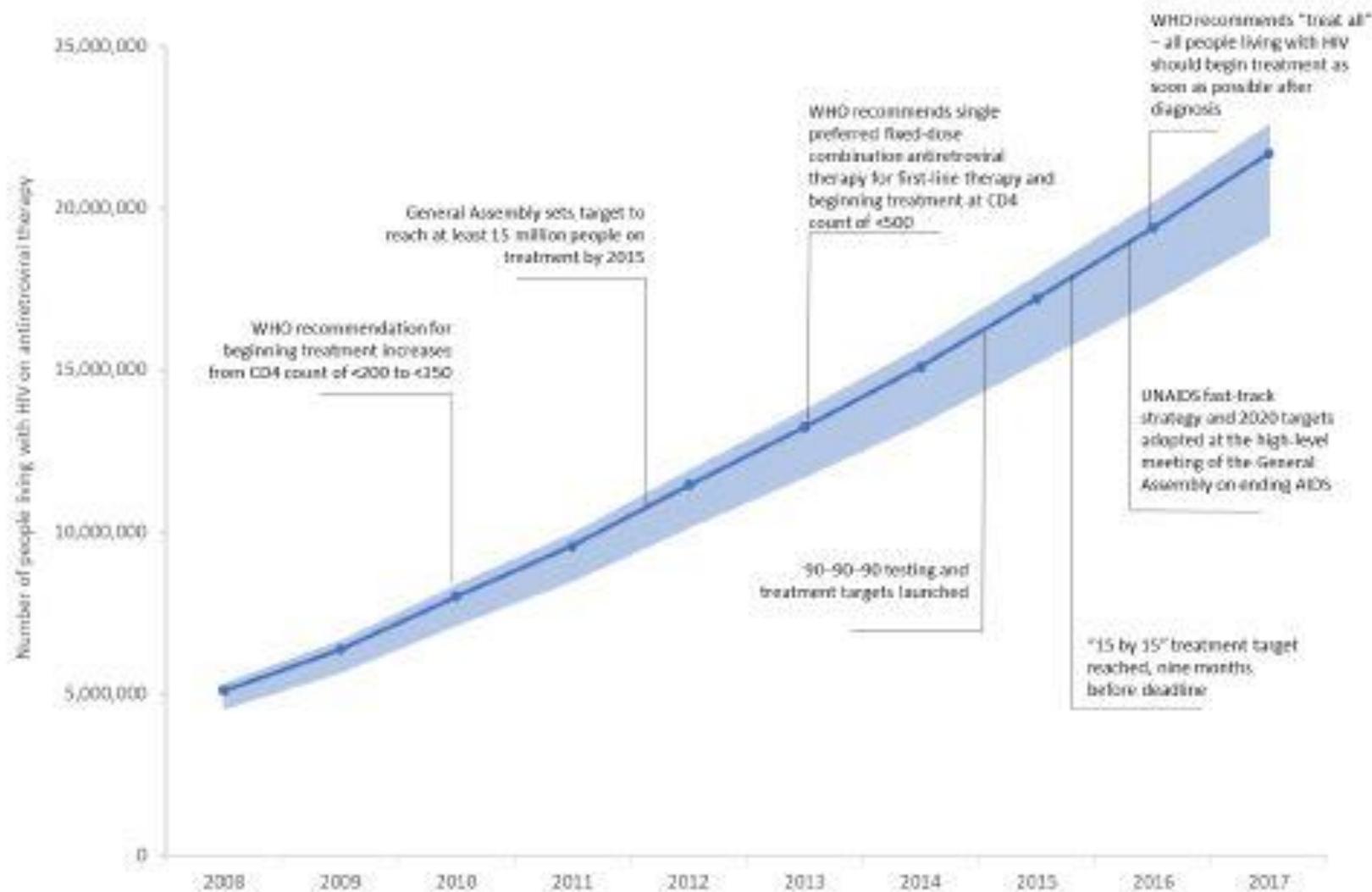
**Decade of progress against AIDS-related deaths and HIV infections**



Source: UNAIDS 2018 estimates.

Figure II

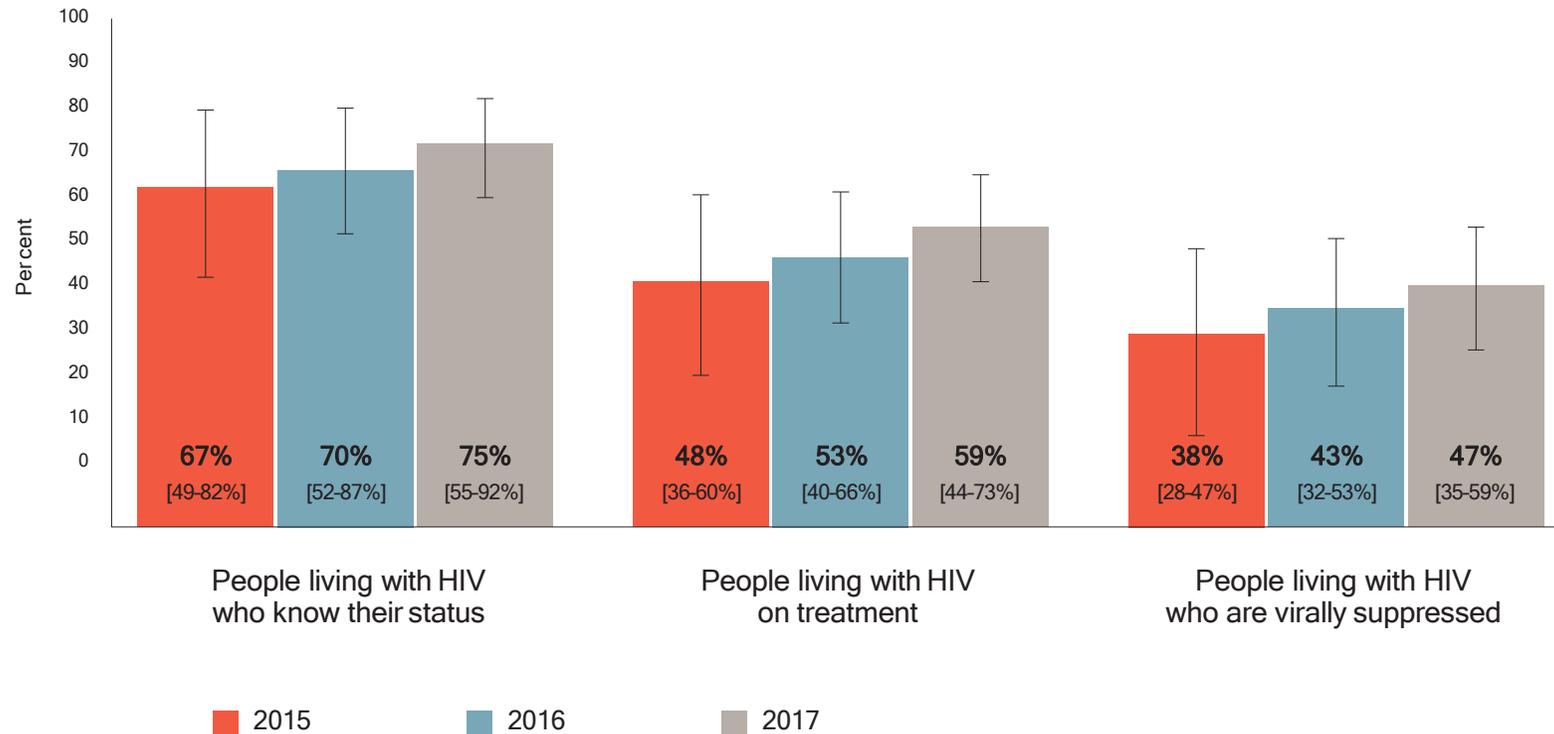
Milestones during the increase in people living with HIV (all ages) accessing antiretroviral therapy, 2008–2017



Source: UNAIDS 2018 estimates.

# Moving towards global targets

HIV testing and treatment cascade, global, 2015–2017



Source: UNAIDS special analysis, 2018; see annex on methods for more details.

## II. Critical gaps in services

- 25. ... However, the determination to make ending AIDS a reality by 2030 is not sufficiently widespread. Entire regions are off track, and, in dozens of countries, the epidemic is worsening.
- 26. In Eastern Europe and Central Asia the annual number of new HIV infections has risen by 30 per cent since 2010, and, in the Middle East and North Africa, deaths from AIDS-related illnesses have increased by 11 per cent over the same period.
- Services focused on key populations within these regions are few and far between, and harsh punishments for same-sex relationships, drug use and sex work in these regions and elsewhere are formidable barriers to the few services that are available.

# Stigma & Discrimination

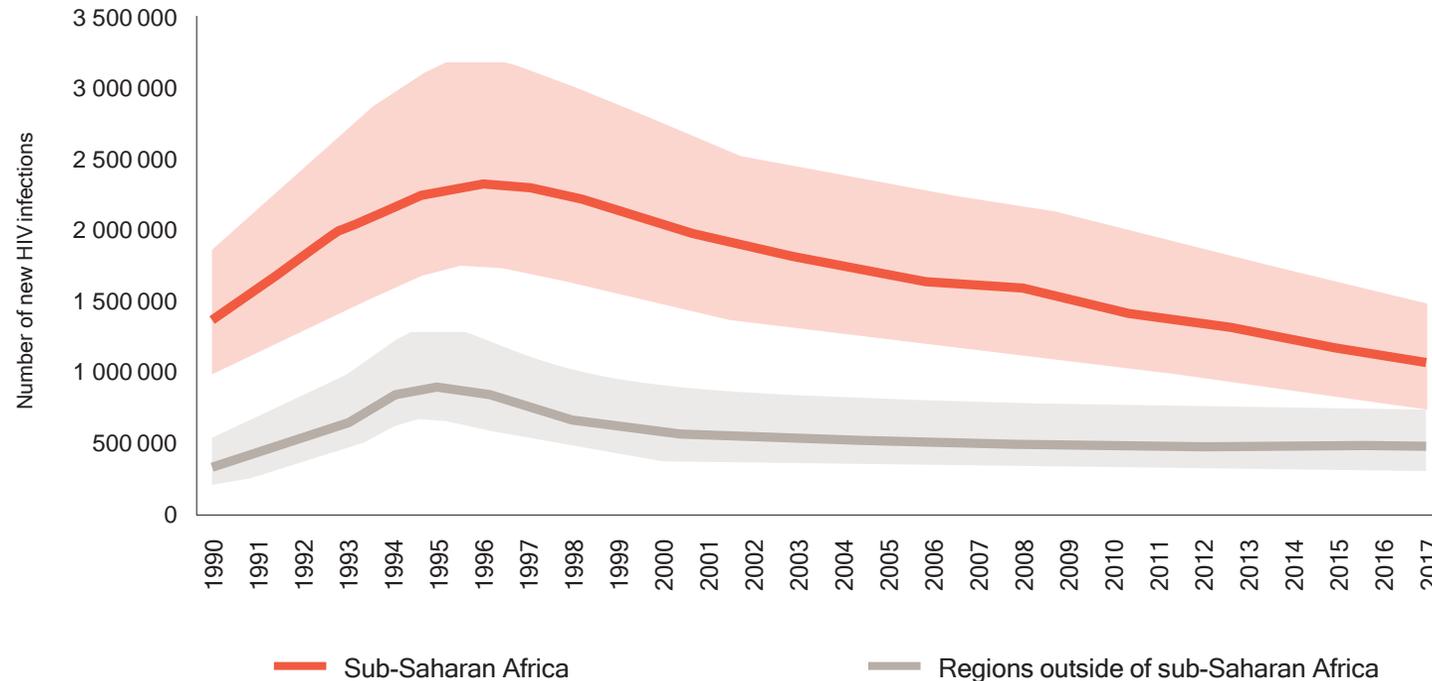
- 30. Key populations are largely ignored by public health policymakers in many countries, even though data show that nearly half (47 per cent) of new HIV infections globally in 2017 were among key populations and their sexual partners.
- Harm reduction services, for example, are provided at scale in only a handful of countries.
- Laws and policies that criminalize same-sex sexual relationships still exist in more than 68 countries, at least 17 countries criminalize transgender persons. Sex work is criminalized in more than 116 countries, and people who commit drug-related crimes still face the death penalty in 33 countries.
- Stigma and discrimination against key populations within health-care settings has been identified as a major barrier to HIV testing and treatment services, leading to late diagnosis and treatment initiation, treatment interruption and an increased risk of AIDS-related morbidity and mortality.

# III. Leaving no one behind as countries adopt universal health coverage

- 50. Efforts to end AIDS as a public health threat, to achieve the other health commitments within the Sustainable Development Goals and to deliver on the 71-year-old declaration of a global, inalienable right to health all rely heavily on progress towards one specific goal: **universal health coverage**.
- 51. The growing movement for universal health coverage aims to ensure that all people can access the high-quality health services they need, to safeguard all people from public health risks and to protect all people from impoverishment due to illness, whether from out-of-pocket payments for health care or loss of income when a household member falls sick.
- 52. The core principle of universal health coverage is **to leave no one behind**.
- Leaving no one behind requires a health benefit package that includes a comprehensive set of HIV services, additional public health and social protection services provided through dedicated government funding streams and structural changes to ensure that vulnerable and marginalized people can access the services they need.
- 53. The health benefit packages at the centre of universal health coverage should include facility-based HIV services, such as adult and child HIV testing and treatment, the prevention of mother-to-child transmission, PrEP and voluntary medical male circumcision.
- Universal health coverage platforms can also facilitate ongoing efforts to integrate HIV services with maternal and child health services, sexual and reproductive health services, the prevention and treatment of tuberculosis, hepatitis, sexually transmitted infections and non-communicable diseases, human papillomavirus vaccination and harm reduction services.
- 54. In addition, universal health coverage should include dedicated public health or social protection funding streams for other critical services delivered by a range of sectors, such as condom promotion, behaviour change interventions, comprehensive sexuality education, human rights programming, stigma and discrimination reduction and outreach services for key populations.

# More progress needed to reduce new HIV infections

Number of new HIV infections, sub-Saharan Africa and regions outside sub-Saharan Africa, 1990–2017



Source: UNAIDS 2018 estimates.

HIV Prevention  
Coalition



# Global HIV Prevention Coalition

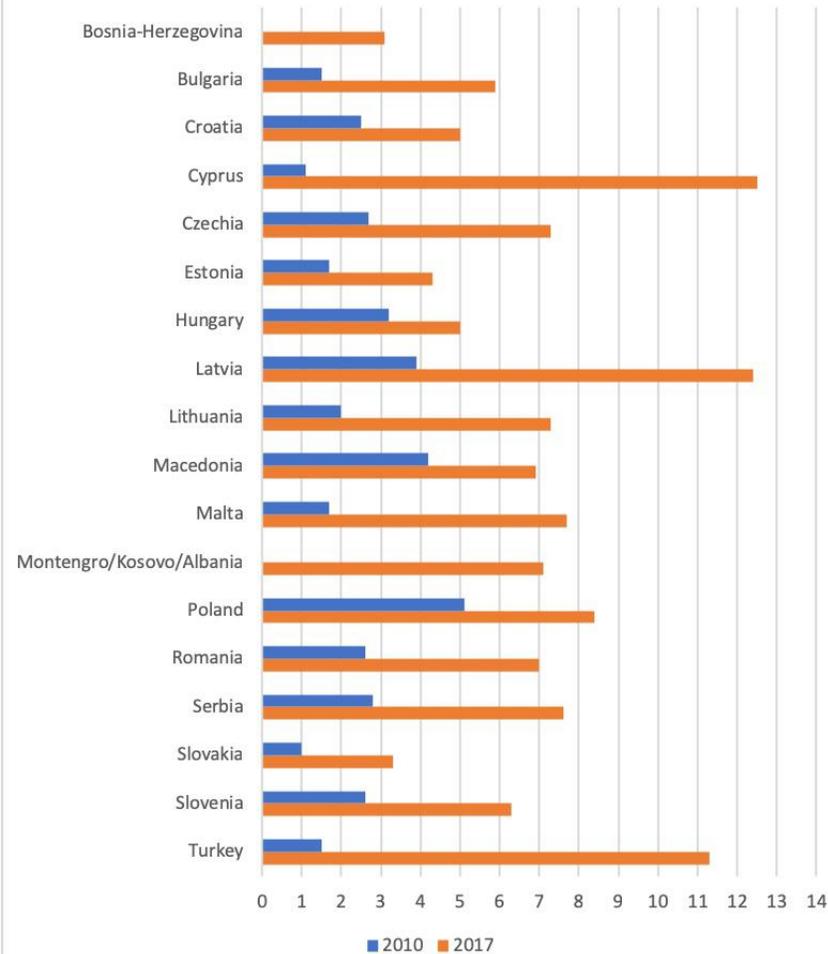
Accelerating HIV prevention to reduce new HIV infections by 75%



**HIV PREVENTION 2020 ROAD MAP**

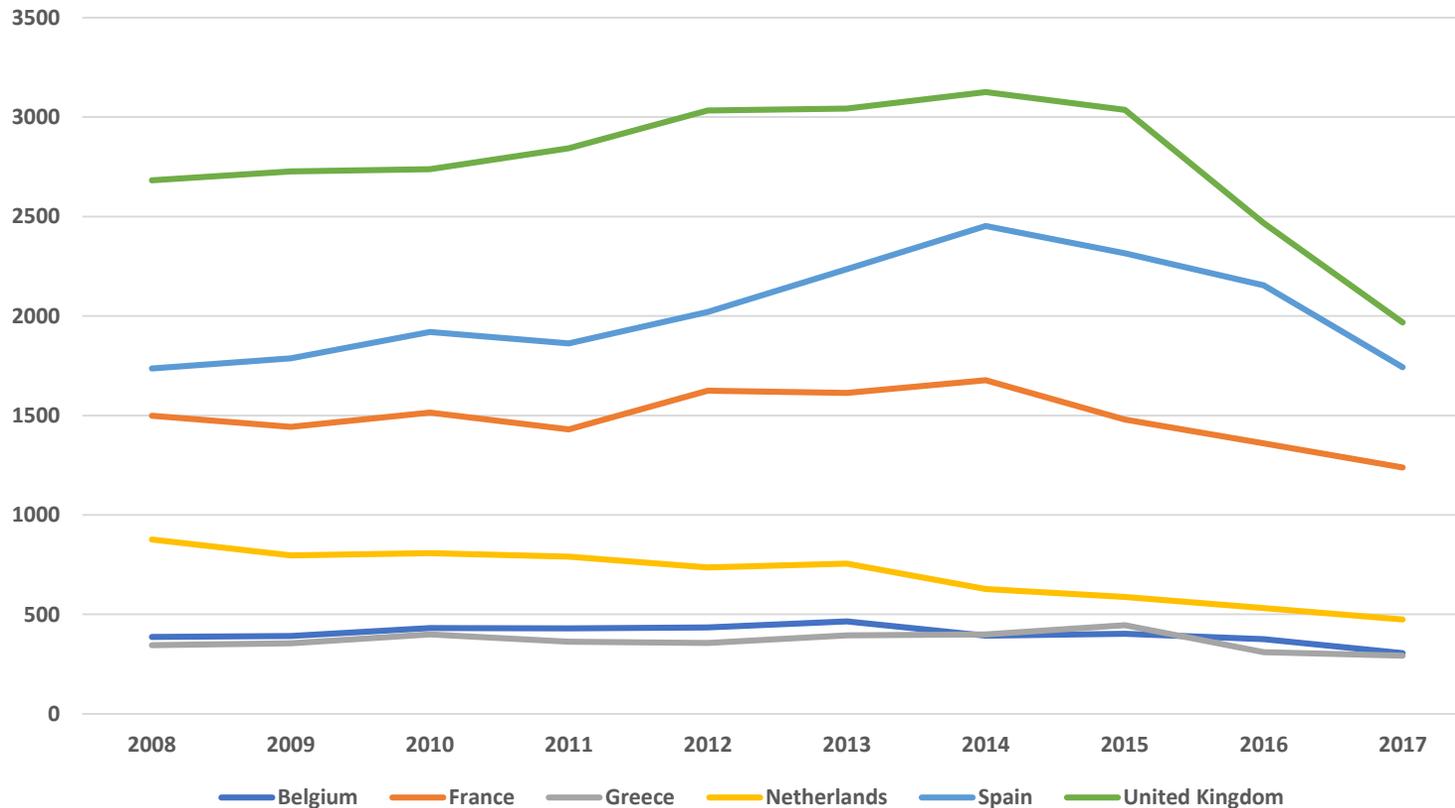
# Expanding HIV epidemics among gay and bisexual men in the eastern parts of the EU and EU enlargement countries, EMIS 2010-2017 data

**Figure 2. Self-reported HIV prevalence among men who have sex with men (%), EMIS 2010 and 2017**



# Declining HIV epidemics among gay and bisexual men in the western parts of the EU

Figure 1. New HIV diagnoses among gay and bisexual men, 2008-2017, ECDC  
2018



# Bridging the prevention gap across EU member states and EU enlargement countries

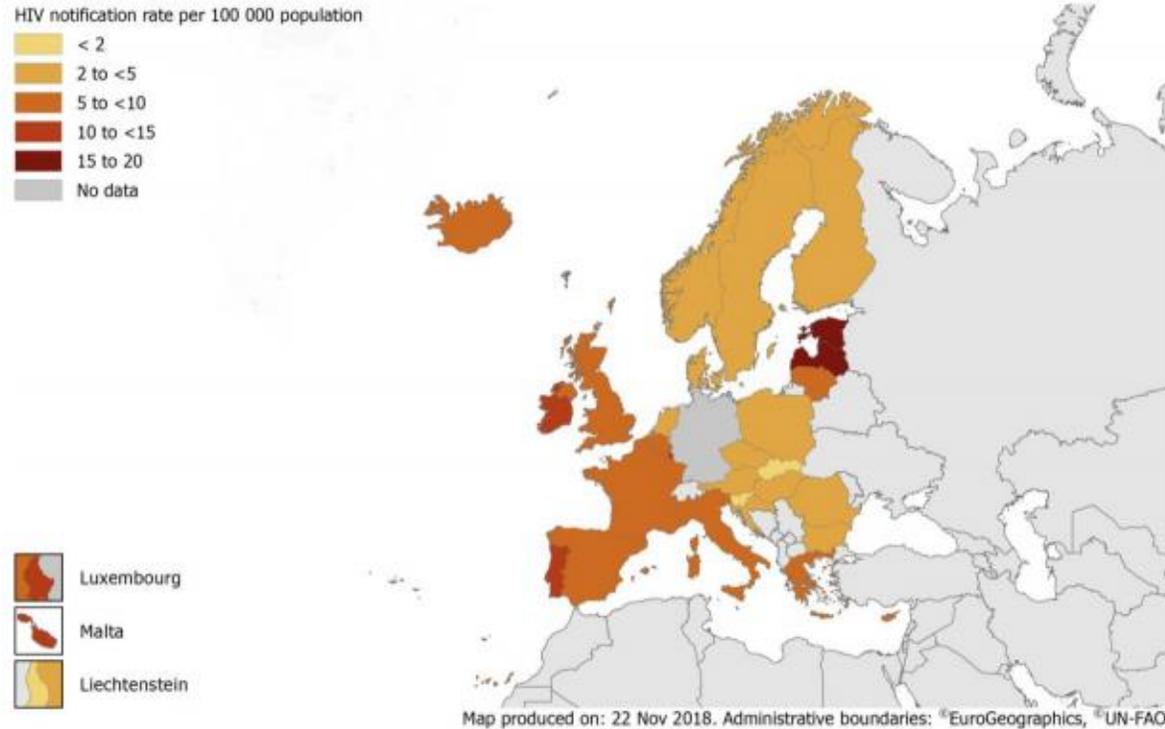
- Joint ECDC/UNAIDS article on the expanding epidemics
- Activist meeting and concept note on strategies for countries with difficult contexts (Poland, Hungary and Turkey)
- PrEP Summit
- Work with ECDC on principles and standards for PrEP service delivery (follow up of 2018 meeting in Stockholm)

# Monitoring the epidemic in Europe

- UNAIDS and ECDC have worked since 2015 to support improved estimation methods in the region.
- In 2018, 29 of 38 countries in the Western and Central Europe region published estimates of PLHIV, up from 4 of 37 in 2015.
- UNAIDS has supported ECDC and WHO-EURO to organise an HIV Estimates Training Workshop on March 20-22, 2019 in Stockholm, Sweden, for the Western and central Europe Region - 17 countries in the region attended.
- ECDC participates in the UNAIDS Reference Group on Estimates, Modelling and Projections meetings.

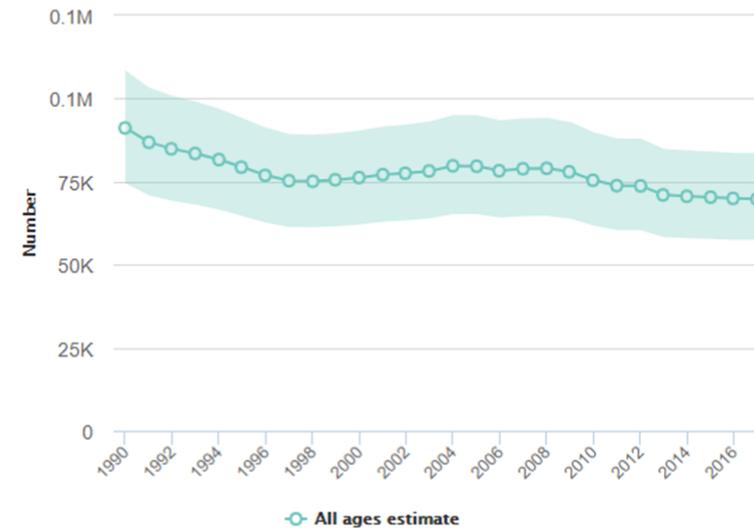
# ECDC reporting & Spectrum estimates

**Figure 1. Distribution of HIV diagnoses per 100 000 population by country, EU/EEA, 2017**



WESTERN AND CENTRAL EUROPE AND NORTH AMERICA | ▾

Trend of new HIV infections



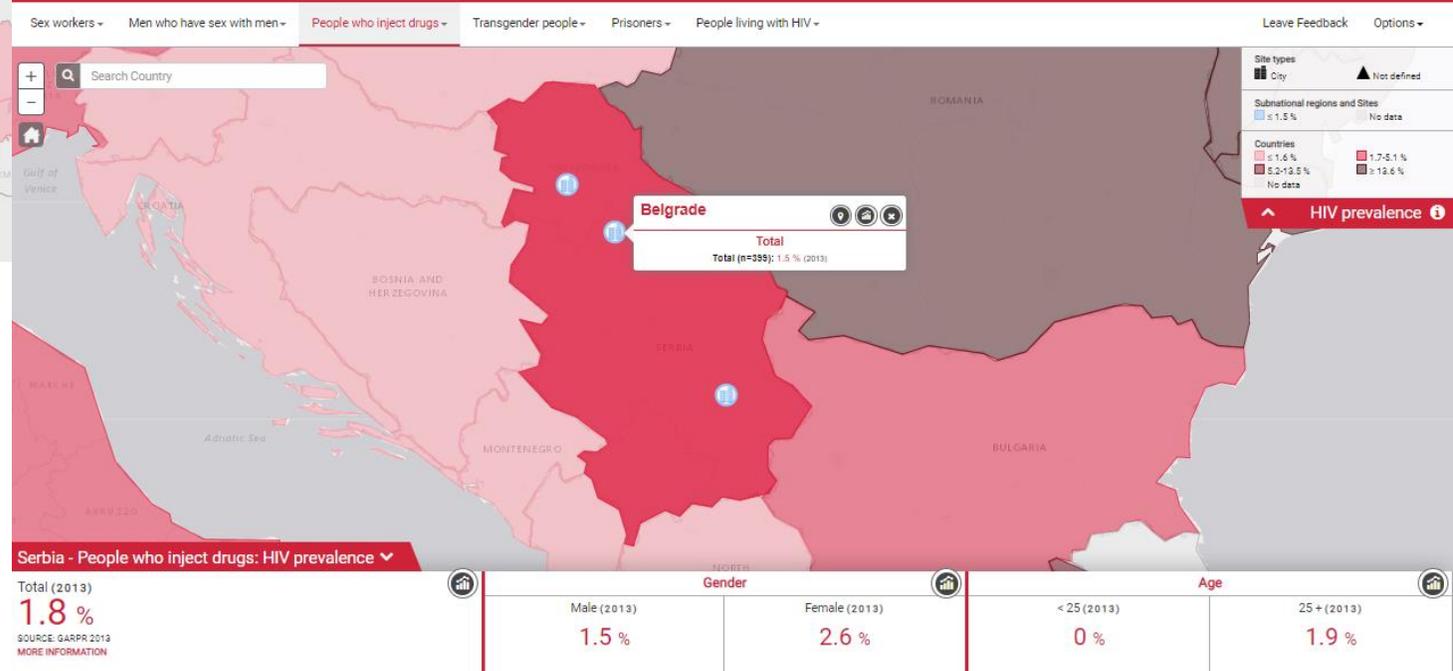
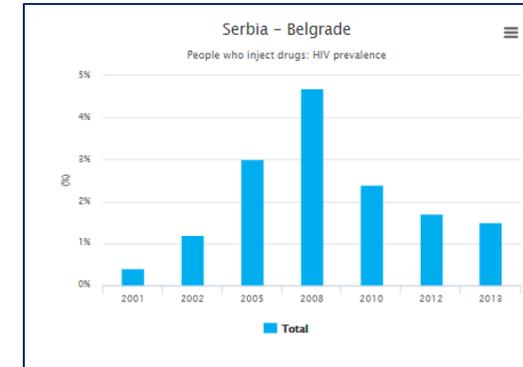
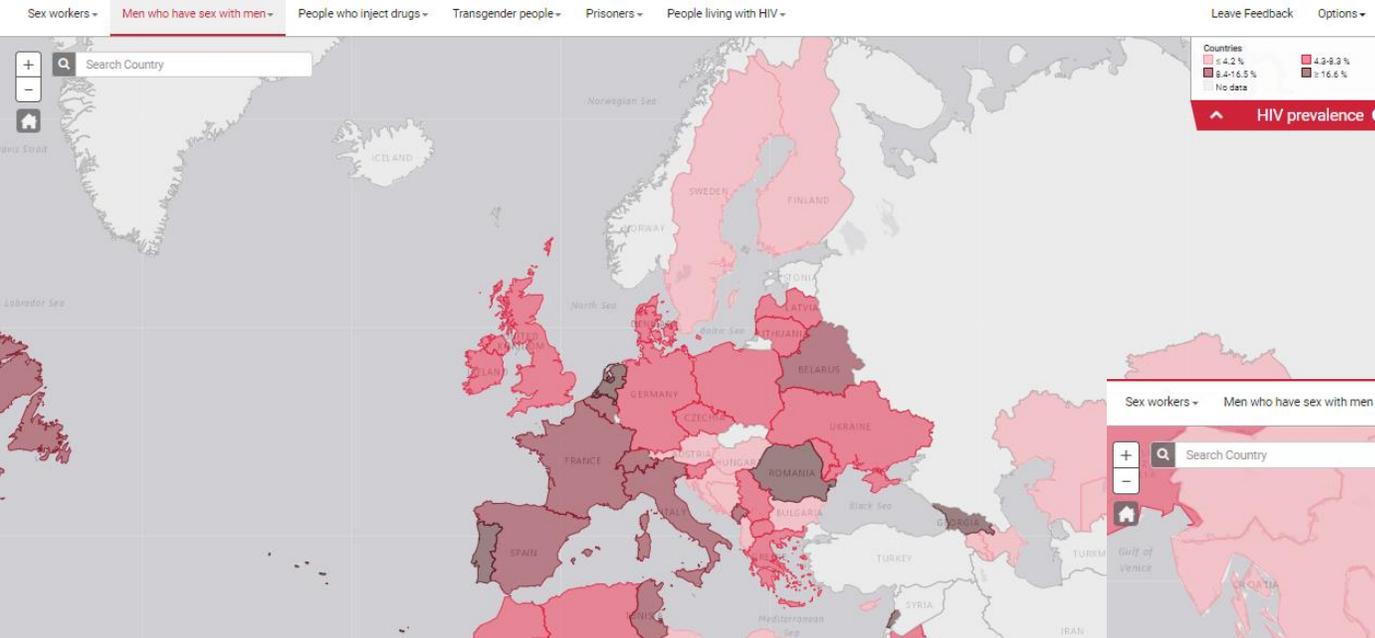
Change in new HIV infections since 2010

**-8 %**

Source: UNAIDS 2018 estimates

# Other sources: Key Population Atlas

## KEY POPULATIONS ATLAS



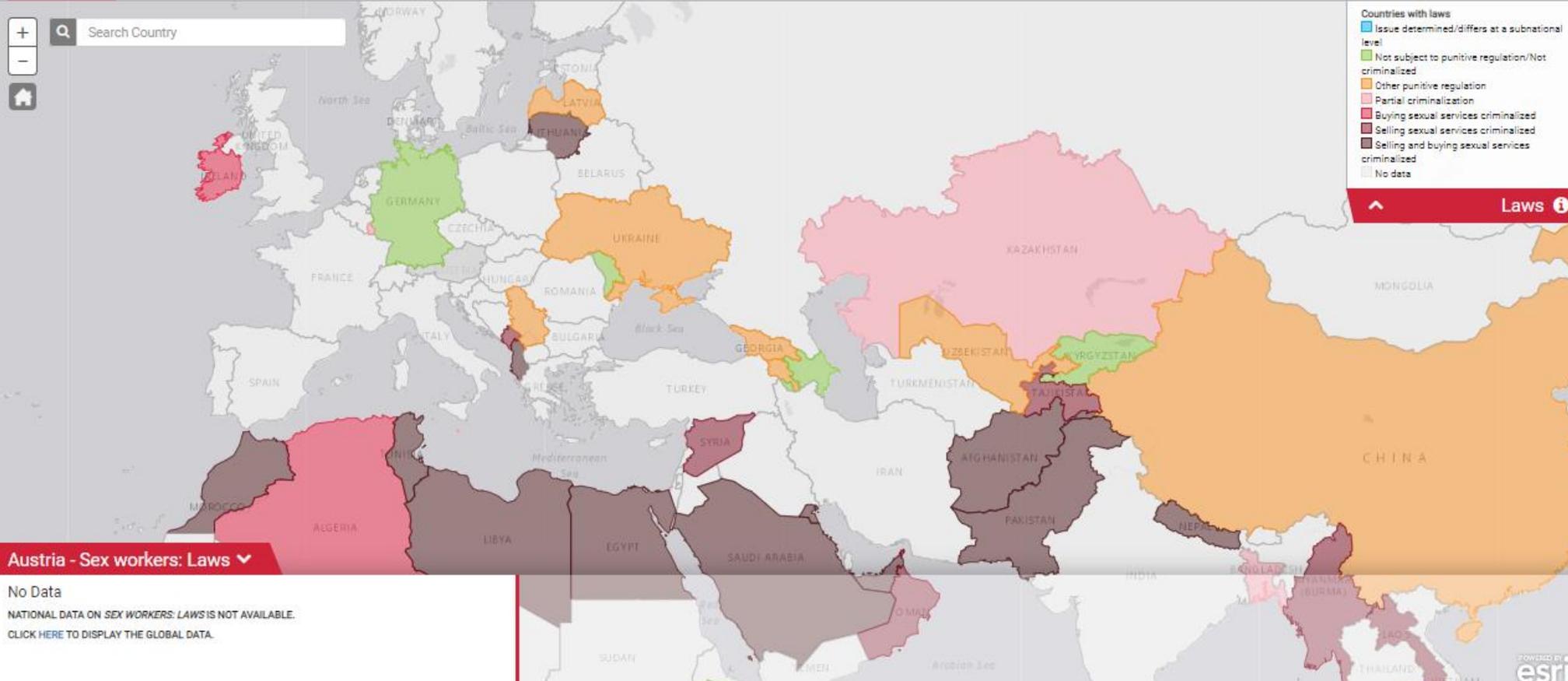
# Other sources: Key Population Atlas

## KEY POPULATIONS ATLAS



Sex workers ▾ Men who have sex with men ▾ People who inject drugs ▾ Transgender people ▾ Prisoners ▾ People living with HIV ▾

Leave Feedback Options ▾



- Reopening the UNAIDS office in Brussels (soon)
- Virtual Team for Europe to support programmatic work
- Fast-Track Cities initiative – Liondon Conference
- New UNAIDS leadership