



HIV PREVENTION IN EUROPE



Epidemic overview

The most recent HIV/AIDS report by the ECDC and WHO European Region uses data from 2021, the first full year since the COVID-19 pandemic.

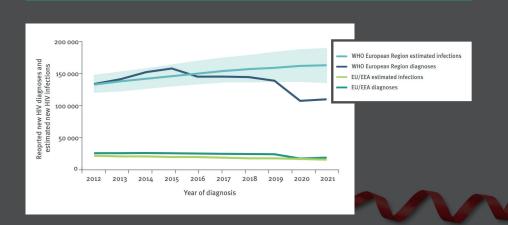
COVID-19 has meant potential issues of under-diagnosis and under-reporting of HIV in 2021.

Despite this, 106,508 newly diagnosed HIV infections were reported in 46 of 53 countries in the Region, including 16,624 from EU/EEA countries.

New diagnoses remain highest in the East (32.4 per 100,000 population). The rate in the EU/EEA is 4.3 per 100,000.

Sex between men is the most common mode of transmission in the EU/ EEA, whereas injecting drug use and heterosexual transmission are the main reported transmission modes in the East.

ESTIMATED NEW HIV INFECTIONS AND REPORTED NEW HIV DIAGNOSES IN THE EU/EEA AND WHO EUROPEAN REGION, 2012-2021



PrEP as prevention

• Generics available =

by provider

abroad

in healthcare settings, but costs not fully met

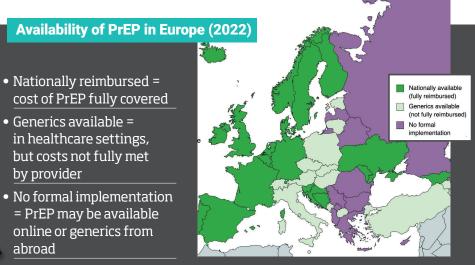
Making sure it reaches those who need it



- ▶ If taken as instructed, studies show PrEP is up to 99% effective in preventing HIV infection.
- ▶ In 2022, 17 countries in the WHO European Region were yet to formally implement PrEP, including five in the EU.
- ▶ Some key populations remain ineligible for PrEP in countries where it is available, including people who inject drugs and undocumented migrants.
- ▶ PrEP is mostly provided in clinical settings, such as sexual health clinics, and in most countries a doctor's prescription is required.

Diversifying the availability of PrEP is key. This means extending provision by empowering **community providers** with the resources to reach populations who may be unable to access PrEP in conventional clinical settings.

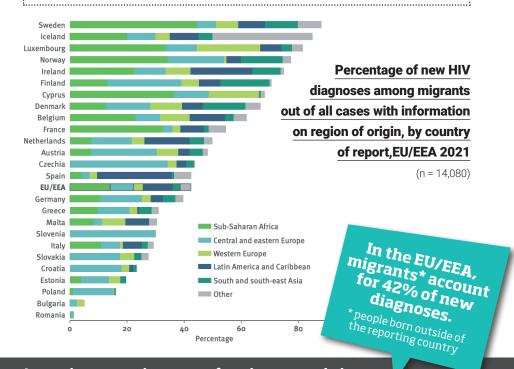
This includes migrants who may be unregistered with local clinicians, or LGBT+ people concerned about being discriminated against by authorities.



Men who have sex with men (MSM) account for 55% of new HIV diagnoses in the EU/EEA. Across the entire EU/EEA, cases of MSM born outside of the reporting country have increased. This suggests **prevention strategies are not reaching migrant populations as effectively**.

More needs to be done to ensure key populations have access to prevention and treatment services post-COVID, particularly those populations where cases are increasing.





Improving prevention access for migrant populations



Migrant populations face additional barriers to accessing prevention options – restricted access to health services, stigma, and socioeconomic factors can combine to stop migrants accessing PrEP, condoms and STI testing.

MSM and trans migrants can face an additional layer of stigma and may choose not to use HIV services due to concerns about LGBT+ discrimination.

Migrants are a key population who would benefit from anonymised services and community-based provision of prevention tools such as PrEP.

CASE STUDY

BCN CHECKPOINT - BRINGING PREVENTION SERVICES TO A COMMUNITY SETTING

- BCN Checkpoint is a community-based centre in Barcelona that offers a range of services for HIV prevention and the detection of STIs.
- Set up in 2006 by an HIV NGO, it is run by LGBT+ community members and provides services free of moral judgement.
- Services are free of charge and confidential, reaching around 6,000 people every year.
- The first centre in Spain to introduce rapid HIV testing in a non-medical setting, it also offers services including vaccinations, counselling for HIV-positive people, and a specialised chemsex care programme.
- A dedicated PrEP service, PrEP Point, works with health professionals from the LGBT+ community to combine dispensing with counselling and advice.
- Its community intervention model has been endorsed by UNAIDS, WHO and ECDC, and it has inspired similar services elsewhere in Europe.



KEY TAKEAWAY

Prevention tools like PrEP should be more widely available in community settings rather than exclusively clinical settings.

What can legislators do

- Vote to approve routine commissioning of PrEP.
- Pressure governments to implement PrEP, with costs met by insurance or public health systems.
- License community-based organisations to serve as PrEP providers, diversifying availability.
- Provide funding for community-based organisations to supply PrEP, condoms, testing and educational resources.
- Allow for users to access PrEP anonymously and without needing a prescription.
- Meet with community experts to discuss how HIV prevention messaging can be targeted effectively.
- Endorse community-based initiatives and use your public platform to give these projects visibility.

For more information, visit https://equalitycaucus.org/hiv-prevention-portal