European HIV response "falling behind" as Eastern European epidemic grows

Keith Alcorn
Published: 05 December 2014

HIV diagnoses have increased by 80% in the European region since 2004, and three quarters of new HIV diagnoses in the European region are occurring in Eastern Europe, yet the scale and targeting of HIV prevention, testing and treatment in Eastern Europe are inadequate, a European meeting on standards of care for HIV and co-infections in Europe heard last week in Rome, Italy.

The meeting, organised by the European AIDS Clinical Society, preceded a high-level European Union Ministerial Meeting on HIV organised by the Italian Ministry of Health, designed to renew momentum on HIV among European Union policy makers ten years after the 2004 Dublin Declaration set out a framework for actions to tackle the growing epidemics in Eastern Europe and Central Asia.

Need for improvements in testing and diagnosis

The meeting also compared treatment cascades – the proportion of people diagnosed, linked to care, retained in care, started on antiretroviral treatment and virally suppressed – between countries and regions. The best performance is seen in Western Europe – Denmark, France, the United Kingdom and the Netherlands, where between 52 and 60% of all people living with HIV are estimated to have suppressed viral load. The new UNAIDS target implies a viral suppression rate of 73%, which can be achieved only through improvements in HIV testing rates and frequency.

In Central and Eastern Europe estimated suppression rates are much lower: 19% in Estonia, 20% in Georgia and 25% in Russia. Low rates of diagnosis, retention in care and treatment initiation each contribute to these low rates of viral suppression.

“In order to retain people in the cascade of care, you need to establish the cascade of care first,” said Tamas Berezcky of European AIDS Treatment Group. He pointed to the lack of efforts to diagnose
and link to care people who inject drugs, and very low coverage of antiretroviral therapy in Eastern Europe, as fundamental weaknesses.