

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

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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.

Can the 90 / 90 / 90 target be reached in the European region?

The new target for HIV treatment scale up – 90% of all people living with HIV would know their status, 90% of those would be on treatment, and 90% of those would be virally suppressed – will be an important element of future efforts in the European region, but Martina Brostrom of UNAIDS told the meeting that many countries in the region – including some large countries in Western Europe – are falling behind some of the most successful countries in sub-Saharan Africa in their efforts to diagnose and treat HIV infection.

A survey of HIV expert physicians conducted by Dr Cristina Oprea of Victor Babes Hospital, Bucharest, Romania, found low estimated levels of HIV diagnosis in Eastern Europe, low levels of antiretroviral coverage and a high frequency of use of antiretroviral drugs no longer recommended by the World Health Organization (WHO). She expressed scepticism about the likelihood of achieving the 90 / 90 / 90 target in Eastern Europe and Central Asia, but revealed that Romania has already achieved treatment coverage above 60%, which compares favourably with many wealthier countries.

Professor Andrzej Horban of the Hospital for Infectious Diseases, Warsaw, Poland, agreed that in most central European countries it is possible to achieve the UNAIDS targets now, due in part to low HIV prevalence. It will be possible to achieve the targets in Central Asia in the near future, but in Eastern Europe – especially the Russian Federation – it will take time to achieve the goals due to lack of political will.

“The lack of political leadership in Eastern Europe is a real difference from sub-Saharan Africa,” said Prof. Manuel Battegay, President of the European AIDS Clinical Society (EACS).

Delegates expressed concern over the deep-seated political and social opposition to harm reduction for people who inject drugs, and the profound reluctance of Eastern European societies to tackle drug use as a public health problem rather than a criminal offence.

“The greatest political challenge we face is drug use rather than HIV or TB” said Dr Fiona Mulcahy of St James’s Hospital, Dublin, Vice-President of EACS.

“The Russian scientific community are talking about the scale of the problem; this indicates high-level political awareness that HIV represents a major challenge for Russia,” said Martin Donoghoe, director of WHO Europe’s HIV and hepatitis programme.

“It’s important that scientists continue to provide scientific backing for evidence-based policy making in the European region,” he said

Prof. Jens Lundgren of the University of Copenhagen, Denmark, who has led a physician training programme in Eastern Europe on behalf of EACS, said that a public health approach to treatment – as recommended by WHO Europe – was needed in Eastern Europe. Regimen simplification is the key to rapid scale up of treatment in Eastern Europe. Too many potential regimens make it more difficult for physicians to learn how to use antiretroviral therapy, increase costs and make it difficult to achieve economies of scale in purchasing, he told the meeting.

Developing an integrated system of harm reduction, drug substitution treatment and HIV care is also essential. At present these programmes are separated in Eastern Europe, meaning that many drug users never receive the offer of an HIV test, cannot access drug substitution therapy and are not linked to HIV care due to lack of communication and formal linkages between programmes. Less than 5% of drug users are able to obtain drug substitution therapy in Russia, Ukraine, Belarus and Central Asia, and coverage of needle and syringe programmes is extremely low.

“We need to remember that it took a number of years to gain acceptance for harm reduction practices in Western Europe, so we need to be persistent in expert dialogue,” said Martin Donoghoe of WHO Europe.