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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.

Priorities for action

Speaking at the High-Level Ministerial Meeting, Mark Sprenger of the European Centre for Disease Prevention and Control, said that the European region faced two distinct epidemics.

Despite the ambition of the Dublin Declaration to halt and reverse the spread of HIV in the European region, in Eastern Europe the rate of HIV diagnosis per 100,000 inhabitants has increased by 126% since 2004. The rate has remained stable in the European Union. The rate of increase has been greatest among heterosexuals, indicating that the epidemic among people who inject drugs is now resulting in onward transmission to sexual partners.

Although the rate of increase of HIV diagnoses has remained almost flat for the population as a whole in the European Union since 2004, this lack of increase disguises a major shift in the epidemic. Whereas HIV diagnoses among heterosexual men and women and people who inject drugs have gone down, new diagnoses among men who have sex with men have risen by 33% since 2004, with a particularly sharp increase seen in 2010 and 2011. “Men who have sex with men are the number one priority in the European Union,” he said.

He outlined five priorities for action in the European region to reverse the increase in HIV diagnoses.

The first priority is targeted prevention at an appropriate scale for key populations – men who have sex with men, people who inject drugs, migrants, prisoners and sex workers – he said. There is variable coverage of harm reduction interventions even within the European Union.

The second priority is greater coverage and frequency of HIV testing in order to reduce late diagnosis. Testing should be community-based and governments should look for innovative methods of expanding the uptake of testing, as well as targeting key populations rather than the general population. At present, uptake of HIV testing is consistently low across all key populations, he said.

The third priority is to scale up antiretroviral treatment coverage in Eastern Europe and to make antiretroviral therapy and care available to undocumented migrants throughout the European Union. National programmes need to improve rates of diagnosis and viral suppression in order to achieve the full impact of treatment as prevention. At present rates of diagnosis are still low, even in the best-performing countries.

The fourth priority is large-scale financing, especially for civil society delivery of key prevention and harm reduction services.

The fifth priority is strong political leadership, both at national and European level, in order to mobilise funding and change attitudes towards HIV.