Action Plan for the Health Sector Response to HIV in the WHO European Region

Final progress report

This report presents the final progress made under the Action Plan for the Health Sector Response to HIV in the WHO European Region.

Despite significant achievements in the cascade of care for HIV, major challenges remain in the WHO European Region, particularly in ensuring and scaling up HIV services for key populations and securing sustainable financing for prevention.

This final progress report is submitted to the WHO Regional Committee for Europe at its 72nd session, in accordance with resolution EUR/RC66/R9.
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BACKGROUND

1. HIV remains a serious public health threat in the WHO European Region, with an estimated 2.6 million people living with HIV (PLHIV), which represents 7% of those living with HIV globally. The HIV epidemics in the Region vary widely across Member States and are characterized by various economic, political, social and cultural contexts.

2. The Region faces persisting challenges to ending AIDS as a public health threat, as new infections continue to rise. These challenges are driven by insufficient access to HIV prevention, testing and treatment services for key populations. Ending AIDS is not possible without addressing the needs of these key populations.

3. The Action Plan for the Health Sector Response to HIV in the WHO European Region was developed to address these issues and to strategically coordinate and mobilize efforts across all Member States in the Region, while advocating for increased government financing to ensure sustainability of HIV service delivery. The Action Plan was adopted at the 66th session of the WHO Regional Committee for Europe (resolution EUR/RC66/R9).

4. The COVID-19 pandemic has challenged the ability of health care systems to maintain service delivery for PLHIV and those at risk of becoming infected. A review in 2020–2021 showed that diagnostic, antiretroviral therapy (ART) initiation and key population services have been negatively affected. However, the pandemic has compelled health systems across the Region to redesign models of care and has demonstrated that dramatic reorientation of models is possible.

5. The midterm report of the Action Plan prepared in 2019 showed that the Region was not on track to reach its 2020 targets. As the period of the current Action Plan has now ended, this report provides an overview of the latest epidemiological situation and progress towards the targets outlined in the Action Plan.

SITUATION ANALYSIS: EPIDEMIOLOGICAL TRENDS

6. The regional trend for new HIV infections is concerning. In 2020, an estimated 170 000 people became newly infected with HIV. A large majority of these new infections were in countries in eastern Europe and central Asia (EECA). Between 2015 and 2019, around 35 000–36 000 annual AIDS-related deaths were estimated to have occurred in the Region, which increased to 40 000 in 2020. Access to timely treatment of HIV–TB coinfection, which has lagged, has also contributed to excess mortality.

7. The Region did not meet its 90-90-90 targets, despite progress since 2015. By 2020, 77% of PLHIV in the Region were aware of their status, 83% of those diagnosed had initiated treatment, and 94% of those on treatment had achieved viral load suppression (compared to 69-69-91 in 2015). However, there is a pronounced geographical variation: the eastern part of the Region lagged behind considerably, with respective rates of 70%, 75% and 94%.

1 Key populations at higher risk of acquiring HIV in the Region include men who have sex with men; people who inject drugs; migrants; prisoners; transgender people; and commercial sex workers and their sexual partners.

2 Disruption in HIV, STIs and viral hepatitis services during the COVID-19 pandemic in the WHO European Region: a review of available data and publications between February 2020–August 2021. Copenhagen: WHO Regional Office for Europe; to be published by September 2022.

3 WHO Global Health Observatory 2021, see https://www.who.int/data/gho.

4 The Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets are as follows: by 2020, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained ART; and by 2020, 90% of all people receiving ART will have viral suppression.
8. The geographical variation in the HIV epidemic patterns in the Region persists: of those newly diagnosed in 2020, 81% were from the eastern part of the Region, 15% were from the west, and the remaining 4% were from the centre. This equates to an almost nine-times-higher rate in the east of the Region than in the west.

9. The HIV epidemic is almost exclusively concentrated in key populations in the Region, accounting for 99% of new infections. While the Region has made major progress towards elimination of mother-to-child transmission (EMTCT) of syphilis and HIV, prevention for key populations is lagging behind, with persisting discriminatory policies and legislation in a number of countries.

10. Late HIV diagnosis remains a challenge in most of the countries of the Region: half of people newly diagnosed with HIV are late presenters. This proportion remains unchanged since 2015. With the disruption to testing and health care services due to the COVID-19 pandemic, the proportion of people diagnosed late is likely to rise further in the coming years.

REVIEW OF PROGRESS AGAINST THE ACTION PLAN’S TARGETS

11. The Region did not meet most of the targets set by the Action Plan.

Table 1. Regional progress against the Action Plan’s targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Status by 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce new infections by 75%, including among key populations</td>
<td>Not achieved Number of new infections increased from 160 000 in 2016 to 170 000 in 2020</td>
</tr>
<tr>
<td>Reduce mother-to-child transmission of HIV to less than 2% in non-breastfeeding populations and less than 5% in breastfeeding populations</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Reduce the rate of congenital syphilis and the rate of child HIV cases due to mother-to-child transmission to ≤ 50 per 100 000 live births</td>
<td>Achieved for congenital syphilis Insufficient data for HIV</td>
</tr>
<tr>
<td>Achieve the following: 90% of PLHIV know their HIV status; 90% of people diagnosed with HIV receive ART; 90% of PLHIV who are on ART achieve viral load suppression</td>
<td>Not achieved The regional progress is 77-83-94</td>
</tr>
</tbody>
</table>

8 Data for 2021, the last year of the Action Plan, will be available in May 2022. When data are available, Table 1 will be amended to include the percentage of countries achieving the targets.

9 Data from WHO Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021. See https://apps.who.int/iris/handle/10665/341412.

10 See footnote 9.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce AIDS-related deaths to below 30 000</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>40 000 AIDS-related deaths were estimated in 2020(^{11})</td>
</tr>
<tr>
<td>Reduce TB deaths among PLHIV by 75%</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>5400 HIV-positive TB deaths were estimated in 2020, which is an increase compared with 2016</td>
</tr>
<tr>
<td>Reach zero HIV-related discriminatory policies and legislation</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Increase the number of countries sustainably funded for the HIV response with increased domestic financing, to more than 90%</td>
<td>Insufficient data</td>
</tr>
</tbody>
</table>

**OVERVIEW OF IMPLEMENTATION AND PROGRESS IN THE REGION**

**Strategic direction 1: Information for focused action**

12. Most Member States have revised their HIV national strategic plans to reach the 2020 and 2030 targets. This activity continued throughout the COVID-19 pandemic in 2020 and 2021.

13. Thirteen countries developed roadmaps\(^{12}\) for implementation of the Action Plan between 2018 and 2021 to close gaps in HIV prevention, testing, treatment and care in the east of the Region.\(^{13}\)

14. Member States worked closely with the WHO Regional Office for Europe (WHO/Europe), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the European Centre for Disease Prevention and Control (ECDC) in generating HIV estimates and strengthening HIV surveillance and HIV reporting through the European Surveillance System for the ECDC/WHO HIV/AIDS Surveillance in Europe annual reports.\(^{14}\)

15. WHO/Europe supported the adaptation of the regional portal of the WHO HIV drug resistance database to accommodate the reporting needs of countries with high and low HIV prevalence.

**Strategic direction 2: Interventions for impact**

16. All Member States adopted the 2016 WHO consolidated guidelines on the use of antiretroviral drugs that recommend rapid initiation of ART\(^{15}\) for all those diagnosed with HIV, regardless of their CD4 cell count (the “treat all” approach). Yet only two Member States in the east implement rapid start of ART.

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\(^{11}\) See footnote 9.

\(^{12}\) The following countries have completed roadmaps for implementation of the Action Plan: Armenia, Azerbaijan, Belarus, Estonia*, Georgia*, Kazakhstan*, Kyrgyzstan*, Latvia, Lithuania*, Republic of Moldova, Tajikistan*, Ukraine* and Uzbekistan (*countries that have received an official endorsement from their ministry of health).

\(^{13}\) Each roadmap highlights the Member State’s local epidemiological context; achievements to date; key action points to address gaps; status of HIV prevention, testing, treatment and care; social determinants of health (“enabling environment”); procurement and supply chain management; strategic information; and funding for a sustainable HIV response.

\(^{14}\) See https://apps.who.int/iris/handle/10665/349680.

\(^{15}\) Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. See https://apps.who.int/iris/handle/10665/342899.
17. To support countries in optimizing the treatment regimen and scaling up ART and care, WHO/Europe established the European HIV treatment reference group in 2018. The group’s experts have supported the updating of national treatment protocols in countries of the Region and the dissemination of key WHO recommendations on HIV treatment and rapid start of ART. By 2021, 20 countries reported the introduction of new antiretroviral drugs for preferred or alternative treatment regimens and 21 countries had introduced fixed-dose combinations of antiretrovirals. Sixteen seven countries strengthened their institutional capacities in monitoring the effectiveness of HIV treatment, including HIV drug resistance monitoring.

18. WHO/Europe disseminated the Consolidated guidelines on HIV testing services\(^{17,18}\) and the 2019 relevant policy briefs.\(^{19}\) Four Member States have committed to simplifying their HIV testing algorithm and to scaling up community-based testing.

19. A regional consultation to discuss the latest evidence on HIV and viral hepatitis testing and HIV pre-exposure prophylaxis was held in Berlin, Germany, in 2019 with participants from 21 Member States. Five countries received direct support from WHO/Europe to develop their national HIV pre-exposure prophylaxis guidance between 2019 and 2021.

20. WHO/Europe and the Centre of Excellence for Health, Immunity and Infections of the University of Copenhagen, developed and regularly updated an e-learning module on HIV treatment optimization as part of the online course on HIV clinical management offered by the European AIDS Clinical Society.

21. The Regional Validation Committee for EMTCT of HIV and syphilis was established in 2019 to support the validation of EMTCT in countries of the Region. EMTCT of HIV and/or syphilis was achieved in three Member States, and three more Members States are in the pipeline.

**Strategic direction 3: Delivering for equity**

22. In 2017, WHO/Europe developed the Essential HIV care package for migrants in central Asia together with UNAIDS and the International Organization for Migration. In 2021, WHO/Europe developed a Health Evidence Network synthesis report on existing national policies and guidelines for delivering effective TB, viral hepatitis and HIV-related services for refugees and migrants.\(^{20}\)

23. WHO/Europe promoted a focus on key populations and equity. Examples are the organization of the satellite session “Demystifying integration of HIV prevention and care” at the virtual 11th International AIDS Society Conference on HIV Science in 2021 and the satellite session “Integrated people-centred care models for people who use drugs” at the 5th European Harm Reduction Conference in 2021.

**Strategic direction 4: Financing for sustainability**

24. The 15 countries that received HIV grants under the Global Fund to Fight AIDS, Tuberculosis and Malaria in the period 2017–2021 have increased their domestic allocations, including three countries under transition grants that will no longer receive external funding in the years to come.

25. WHO/Europe supported the review of all Global Fund funding requests for countries of the Region, which were approved for funding up to 2023.

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\(^{16}\) 21 of 28 countries that reported to UNAIDS/WHO through the Global AIDS Monitoring tool and UNAIDS/WHO Laws and Policies Analytics. See https://lawsandpolicies.unaids.org/.

\(^{17}\) Consolidated guidelines on HIV testing services. See https://www.who.int/publications/i/item/978-92-4-155058-1.

\(^{18}\) See footnote 15.

\(^{19}\) WHO recommends countries move away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms: policy brief. See https://apps.who.int/iris/handle/10665/329915.

\(^{20}\) See https://apps.who.int/iris/handle/10665/352055.
**Strategic direction 5: Innovation for acceleration**

26. In 2020, in collaboration with the Robert Koch Institute, WHO/Europe organized a workshop on advancing implementation science on HIV and viral hepatitis in the EECA that supported the use of implementation science and programme data to redesign the countries’ national strategies on HIV and viral hepatitis.

**SUPPORTING MEMBER STATES IN MAINTAINING HIV SERVICE DELIVERY THROUGHOUT THE COVID-19 PANDEMIC**

27. Throughout the COVID-19 pandemic, WHO/Europe supported Member States in ensuring continuity of essential HIV services.

28. In April 2020, the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis developed a call to action in response to COVID-19, urging Member States and partners to increase their efforts to ensure a rights and equity-based approach to service provision and social support to PLHIV.

29. A WHO–ECDC meeting, Addressing TB, HIV and viral hepatitis during the COVID-19 pandemic,\(^{21}\) was conducted to discuss country and partner experiences in ensuring continuity of TB, HIV and viral hepatitis services and monitoring during the COVID-19 pandemic.

30. WHO/Europe conducted a desk review to consolidate findings from various assessments of the impact of COVID-19 on HIV services in 2020–2021\(^{22}\) (see paragraph 4 of this document).

31. WHO/Europe provided antiretroviral drugs for PLHIV stranded abroad during COVID-19-related lockdowns in 2020.\(^{23}\)

**CONCLUSION AND NEXT STEPS**

32. Despite significant achievements in the cascade of care for HIV, major challenges remain in the Region, particularly in ensuring and scaling up HIV services for key populations and securing sustainable financing for prevention.

33. WHO/Europe is currently developing the Regional Action Plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 in line with the European Programme of Work, 2020–2025. The development of the new plans will be guided by Member States and various stakeholders (civil society organizations and partners).

34. Future activity within the Region should focus on promoting the development of people-centred HIV services to those most in need, via universal health coverage and using a primary health care approach. As such, WHO/Europe will increasingly collaborate with partners to embed essential HIV services within broader health system operations and the transformations that are taking place in countries throughout the Region.

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\(^{21}\) Meeting report finalized but not published on WHO website.

\(^{22}\) Disruption in HIV, STIs and viral hepatitis services during the COVID-19 pandemic in the WHO European Region: a review of available data and publications between February 2020–August 2021. Copenhagen: WHO Regional Office for Europe; to be published by September 2022.