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SUSTAINABLE DEVELOPMENT GOALS

MONITORING

Progress towards reaching the Sustainable Development Goal 3.3 targets related to HIV, tuberculosis, viral hepatitis and sexually transmitted infections in the EU/EEA

2024 progress report (2022–2023 data)

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Abbreviations

ART	antiretroviral therapy
CHIP	Centre of Excellence for Health, Immunity and Infections, Denmark
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
EUDA	European Union Drugs Agency
GAM	Global AIDS Monitoring
HBV	hepatitis B virus
HCV	hepatitis C virus
MSM	men who have sex with men
NSP	needle and syringe programmes
OAT	opioid agonist treatment
PLHIV	people living with HIV
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
SDG	Sustainable Development Goals
STI	sexually transmitted infection
SVR	sustained viral response
TB	tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Executive summary

Background

This report provides an update on progress towards the Sustainable Development Goal Target (SDG) 3.3 and other main global and regional targets for eliminating HIV, viral hepatitis, tuberculosis (TB) and sexually transmitted infections (STIs) as public health threats. These infections disproportionately affect similar population groups and are preventable with the application of evidence-based interventions for prevention and control. Based on monitoring and surveillance data reported to ECDC or made available by partner agencies for the 30 European Union/European Economic Area (EU/EEA) countries, this report explores five themes and assesses progress toward the set targets for each disease area in terms of incidence, prevention, testing and treatment and mortality.

Incidence

Modelled incidence estimates suggest that new HIV infections in the EU/EEA declined by 35%, from 26 000 (5.9 per 100 000 population) in 2010 to 17 000 (3.8 per 100 000) in 2023, and incident TB cases declined by 35%, from 13.1 per 100 000 population (59 000 cases) in 2015 to 8.5 (39 000 cases) in 2023. While substantial progress has been made for both disease areas, neither are on track to meet the interim 2025 target of a 75% reduction in HIV incidence from a 2010 baseline, and a 50% reduction in TB incidence from a 2015 baseline. Data are not currently available to measure progress towards the impact target for the incidence of chronic hepatitis B and C, however surveillance data show increased diagnoses of acute hepatitis B. Similarly, incidence estimates are not available for STIs, however, surveillance data on new syphilis and gonorrhoea diagnoses indicate that incident cases are increasing in the EU/EEA.

Prevention

The implementation of prevention measures is progressing across the region, yet progress is below targets for all indicators. By the end of 2023, 160 000 people in the EU/EEA were reported to have used pre-exposure prophylaxis (PrEP) to prevent HIV acquisition, 30 000 more than in 2022. However, there are no data available on the number of people potentially at risk of HIV acquisition, making it difficult to assess the extent to which those most in need of PrEP are actually receiving it. With regard to the prevention of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) transmission through the sharing of contaminated needles, five countries had reached the WHO target of distributing 200 needles and syringes per year per person who injects drugs, and fifteen had reached the target of 40% of opioid users receiving opioid agonist treatment. For HBV, 11 countries met the 95% target for childhood HBV vaccination coverage. No data were available to assess progress related to TB preventive treatment coverage among people living with HIV and children aged <5 years who are household contacts of people with TB, with the exception of seven countries that had data on childhood TB contacts, six of which had met the 90% coverage target.

Testing

For HIV testing, 92% of the estimated number of people living with HIV had been diagnosed. In 2023, 94% of the 39 000 estimated TB disease cases (new and relapse) in the EU/EEA were diagnosed and notified, indicating that the 2025 case detection target of 85% was met. For hepatitis B, only four countries had data available to report on progress towards the WHO target of at least 60% of people with chronic hepatitis being diagnosed by 2025, with only four countries also having this data for hepatitis C. For HBV, none of the four countries had met the target, while three had met it for HCV. This suggests that the EU/EEA countries are falling behind considerably for this target. There are currently no data available on the percentage of priority populations tested for syphilis and gonorrhea.

Treatment

For HIV treatment, 93% of those diagnosed received antiretroviral therapy (ART) and 93% of those on treatment had suppressed HIV viral loads (and therefore could not pass on the virus). While the EU/EEA as a whole may be on track to reach the 95% treatment targets for HIV, progress varies substantially by country. For TB, despite the EU/EEA having met the TB case-detection rate target early, only 68% of those starting TB treatment, for whom a treatment outcome was reported in 2022, successfully completed treatment. This indicates that the EU/EEA is falling short of the 90% treatment success target. For HBV and HCV treatment, of the four countries with available data, none met the WHO goal of 50% of people with chronic HBV receiving treatment and 50% of those with HCV being cured. There are currently no data available on the percentage of priority populations diagnosed with syphilis and gonorrhea who were treated.

Mortality

The number of people dying from AIDS-related causes declined by 30%, from 4 700 (1.1 per 100 000 population) in 2010 to 3 300 (0.7 per 100 000 population) in 2023, however this declining trend is not on track to achieve a 50% reduction by 2025. The estimated number of TB deaths declined by 15%, from 4 200 (0.9 per 100 000 population) in 2015 to 3 550 (0.8 per 100 000) in 2023, remaining well below the 75% reduction target for 2025. There were significantly more deaths due to hepatitis B and C than AIDS-related deaths and TB deaths (an estimated 50 500 deaths across the EU in 2021). Although there continues to be an increase in the number of liver cancer deaths due to hepatitis, trends in overall hepatitis-related deaths have remained stable over the past decade, with no progress toward the 2025 target of reducing deaths by 35% from a 2020 baseline. STI-related mortality is not covered in this report.

Conclusions

There has been steady, but uneven progress towards the SDG targets across the EU/EEA, with only a few of the 2025 targets being met.

- Estimated HIV incidence has declined by 35% since 2010 but is still below the 2025 target of 75% reduction. Estimated TB incidence has decreased by 35% since 2015 but also remains below the 2025 target of 50% reduction. Although there is a lack of data available to inform on progress towards reducing new infections of chronic hepatitis B and C and STIs, new diagnoses of gonorrhoea, syphilis, and acute hepatitis B have increased over the period, thereby falling short of reduction targets.
- For HIV, the progress toward testing and treatment targets is evident and some countries have achieved the targets. Nevertheless, one in five of all people living with HIV in the EU/EEA were living with transmissible levels of virus. TB data indicate that testing and diagnostic activities are working well as the case-detection target has been reached, but treatment success remains well below the target. Progress for hepatitis is less apparent and unclear as data are only available from a few countries, but the limited data available indicate that there are major shortfalls in efforts related to testing and treatment. There are no data available for STIs on the percentage of people tested and treated.
- Mortality has declined for HIV and TB, but current numbers remain above targets for both diseases, most notably for TB. For hepatitis, mortality remains high and is not decreasing. Together, HIV, TB, hepatitis B and C cause nearly 57 000 deaths annually in the EU/EEA. More than 85% of these deaths are due to hepatitis B and C.

The majority of countries in the EU/EEA are either not on track to reach the SDG targets or lack the data to measure progress towards the targets. There are major inequities between countries in terms of progress towards targets, availability and coverage of prevention, testing and treatment services and availability of data to assess progress. To be able to measure progress in a valid manner, improvements in surveillance and monitoring data availability and quality are needed.

Priorities for action include:

- scaling up prevention interventions, for example PrEP for HIV, TB preventive treatment, harm reduction and condom promotion;
- scaling up effective integrated testing and treatment services, removing barriers for vulnerable and key populations and tailoring services according to needs,
- advancing data for action by improving surveillance and monitoring of HIV, TB, viral hepatitis and STIs.

1 Introduction

The aim of this report is to provide an overview of progress towards the Sustainable Development Goals (SDGs) and other main global targets regarding incidence, prevention, testing, treatment and mortality for HIV, viral hepatitis B and C, tuberculosis (TB) and sexually transmitted infections (STIs) (focusing on syphilis and gonorrhoea). The purpose is to provide public health decision-makers at European and national levels with an overview of progress, data gaps and areas where further information or action is needed.

The SDGs, comprising 17 goals with 169 targets and 232 indicators, were agreed by all United Nations (UN) Member States in 2015 and focus on wide-ranging objectives from poverty, hunger, health, gender equality, education and economic growth to climate change [1]. Health targets are a key part of the SDGs since they play an important role in several of the other areas, including reduction of poverty and inequality and impact on economic growth. This report focuses on progress towards SDG 3 on ensuring and promoting healthy lives and well-being for all at all ages, more specifically SDG 3.3, which aims to 'end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases'. HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), TB and STIs share common risk factors and, to some extent, disproportionally affect similar population groups. They also broadly share common features in the public health response as they are preventable through the application of similar evidence-based interventions, such as condoms (HIV, HBV, HCV, and STIs), vaccines (HBV and TB), provision of clean needles and syringes (HIV, HBV, HCV) and treatment. Effective testing and screening also exist for these infections, with rapidly increasing possibilities for diagnostics at point of care and in community settings, and testing for multiple infections through the use of a single multiplex test kit.

The World Health Organization (WHO) and UNAIDS have published global strategies and regional action plans aimed at eliminating HIV, viral hepatitis, TB and STIs as public health threats by 2030 [2-5]. The strategies and action plans set concrete targets for reducing new infections and mortality, targets for testing and treatment, and various other targets identified as critical for progressing towards the SDGs (e.g. targets for increasing prevention services and removing structural barriers in the society hindering people from accessing the services they need).

As UN Member States, the countries of the European Union/European Economic Area (EU/EEA) have committed to work towards achieving and monitoring their progress towards the SDGs, thereby seeking to identify where further work is needed. This report uses a cross-cutting approach so that outcomes and impact can be compared more readily between disease areas. Interventions related to prevention, testing and treatment are intrinsically important but not mutually exclusive and all play a role in reducing morbidity and onward transmission.

Each infection affects specific populations in different ways, however, there is a certain amount of overlap. For instance, in the EU/EEA, HIV disproportionately affects migrant populations, men who have sex with men (MSM), transgender populations and people who inject drugs (PWID). The hepatitis B and C burden is greatest among PWID, and, for hepatitis B, among people born in high-prevalence areas. TB is also predominant among migrant populations, including those from high-prevalence areas, but it also affects other groups such as prisoners, people living with HIV, or those experiencing homelessness. STIs disproportionately affect young people and MSM. The approach to proposing interventions to improve progress requires nuanced and careful consideration of the following: national or sub-national prevalence of these infections in affected populations, the partial overlap in the populations affected, shared transmission routes between the diseases and the fact that many populations may face structural barriers to accessing the health services they need.

2 Methods

This report is based on data collected by ECDC through online questionnaires disseminated to the 30 EU/EEA countries to monitor progress towards the WHO and UNAIDS global and regional targets for HIV, viral hepatitis, TB and STIs.

For HIV, data through to the end of 2023 were collected between February and June 2024, followed by a round of data validation from May to August 2024, during which each country performed a validation exercise and made corrections where necessary. The initial questionnaire was developed in 2009 and since then it has been regularly updated to monitor implementation of the 2004 Dublin Declaration [6]. If no new data were reported for 2023, data were reused from the most recent year for which data were available. Estimates of HIV incidence and AIDS-related mortality were provided by UNAIDS.

For TB, European-level surveillance and monitoring data are being collected jointly by ECDC and WHO's Regional Office for Europe, based on underlying standards and definitions agreed by leading European experts [7]. Indicators are based on the monitoring framework for the WHO European Tuberculosis Action Plan [5] which facilitates a harmonised approach to monitoring progress towards the 2025 and 2030 targets at national and regional levels. Data collection covers TB case surveillance data and monitoring data on progress in the implementation of activities, and effectiveness and impact of interventions. Estimates of TB incidence and mortality were provided by WHO [8], based on a globally agreed methodology and using the latest available input data and analytical approaches.

For hepatitis B and C, ECDC first developed a questionnaire in 2017 in consultation with an expert advisory group. This questionnaire was designed to monitor responses to the epidemics of hepatitis B and hepatitis C in the EU/EEA countries, and progress towards the targets for the elimination of hepatitis defined by WHO [4]. The questionnaire was revised in 2022 ahead of the third data collection, which took place between April and August 2023, collecting data as of the end of 2022, with data validation occurring from August to September 2023 [9]. Estimated numbers of deaths due to HBV and HCV were derived from the 2021 Global Burden of Disease (GBD) study [10].

For STIs, data were derived from two sources: annual case surveillance on newly diagnosed STI cases submitted by EU/EEA Member States to ECDC via TESSy [11], and a newly established ECDC STI monitoring process, collecting data on indicators related to enabling environments, prevention, testing and treatment in the EU/EEA countries. The first monitoring data collection took place between 10 October and 13 December 2024, with data validation occurring during January and March 2025. Indicators were developed by ECDC under the guidance of an ECDC monitoring advisory group through a broad collaborative and consultative process involving input from the ECDC STI network meeting and a group of external consultants based at the Centre of Excellence for Health, Immunity and Infections (CHIP), Denmark, supported by a mapping of existing relevant indicators and monitoring processes.

3 Progress towards the SDG targets in the EU/EEA

3.1 Incidence (new infections)

The 2025 targets for HIV and TB were not reached and no data were available to assess progress towards the hepatitis and STI targets (Table 1)

Table 1. Indicators, targets and status for reducing incidence of HIV, hepatitis B and C, tuberculosis and sexually transmitted infections, EU/EEA

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Number of new HIV infections per year	75% reduction from a 2010 baseline	90% reduction from a 2010 baseline	35% decrease
Tuberculosis (TB)	TB incidence per 100 000 population	50% reduction from a 2015 baseline	85% reduction from a 2015 baseline	35% decrease
Hepatitis (HBV and HCV)	Number of new HBV infections per year	11 new infections per 100 000 population	2 new infections per 100 000 population	No data
	Number of new HCV infections per year	13 new infections per 100 000 population	5 new infections per 100 000 population	No data
Sexually transmitted infections (STIs)	Number of new syphilis and gonorrhoea cases* per year	20% reduction from a 2020 baseline	90% reduction from a 2020 baseline	No data

** understood as infections*

2025 target met or exceeded

2025 target not met

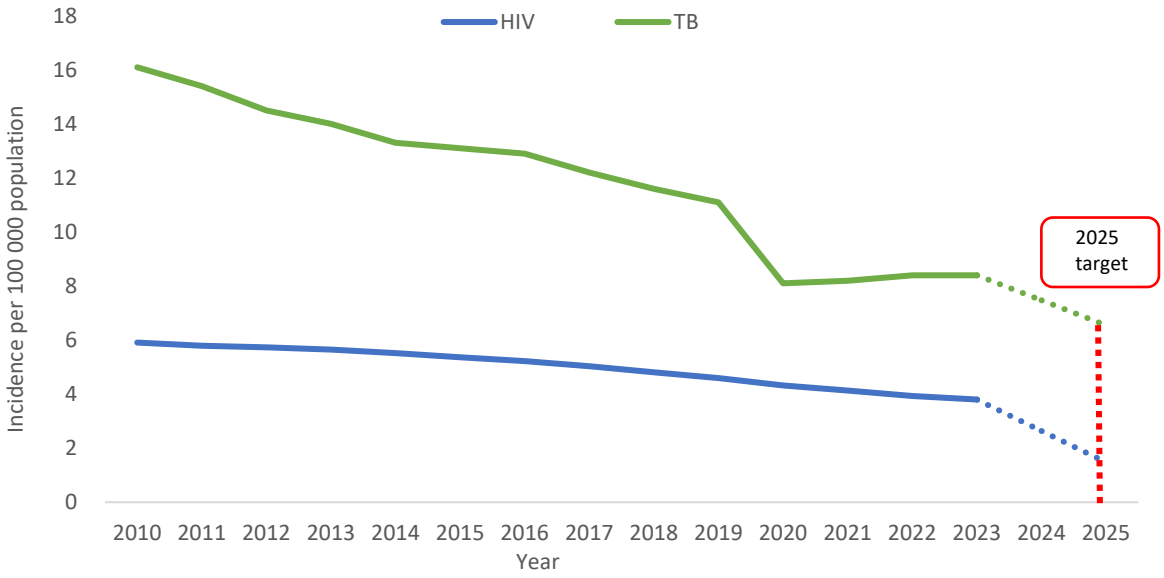
No or insufficient data available

It is difficult to measure the incidence of HIV, viral hepatitis, TB and STIs since people can be living undiagnosed with each of these infections without being aware of their infection. New diagnosis rates are often used as a proxy for incidence for several of these infections. However, a substantial proportion of diagnoses are made several years after the infection occurred, and notification rates and trends are affected by factors such as testing strategies and coverage, changes in reporting and migration patterns, as well as underlying transmission. Modelling approaches are therefore often used as an alternative to estimate incidence in a population.

The incidence target for HIV is to reduce new HIV infections by 75% in 2025 from a 2010 baseline. HIV incidence estimates are produced by UNAIDS on an annual basis for all countries globally [12]. In 2023, an estimated 17 000 people (3.8 per 100 000 population) were newly infected with HIV in the EU/EEA, a 35% decrease compared with 26 000 (5.9 per 100 000) in 2010 (Figure 1). The decrease was more pronounced among men than women (data not shown) [13], probably due to more widespread PrEP use among MSM as well as earlier diagnosis and treatment initiation (leading to reduced transmission rates) in this group.

For TB, the 2025 target is to reduce incidence by 50% from a 2015 baseline. Estimated TB incidence declined from 13.1 per 100 000 population (59 000 cases) in 2015 to 8.5 per 100 000 (39 000 cases) in 2023 (a 35% reduction) [7,8]. While this represents greater progress towards the 2025 target than for HIV, it still falls short of the 50% reduction target (Figure 1). The steep decline between 2019 and 2020 is probably due in part to decreased case detection and reporting as a result of the measures introduced in response to the COVID-19 pandemic, with rates having risen slightly again from 2021 to 2022.

Figure 1. HIV and TB incidence per 100 000 population, EU/EEA, 2010–2023



Sources: UNAIDS estimates (HIV incidence); WHO Global TB programme estimates (TB incidence).

Reliable EU/EEA level incidence estimates for hepatitis B and C and STIs are not currently available, meaning that it is challenging to monitor progress toward the incidence targets for HBV, HCV, syphilis and gonorrhoea. In addition, surveillance data on new cases of hepatitis B and C (acute and chronic), syphilis and gonorrhoea are under-reported and the incompleteness is also strongly affected by levels of testing in a given country or population group, which is why these are not good proxy measures for incidence.

Although the notification data suggest that transmission levels for hepatitis B and C are now low across the region, the most recent estimates suggest that there are still approximately 3.2 million people living with chronic HBV infection and 1.8 million people living with chronic HCV infection in the EU/EEA [14]. Although the number of acute cases of HBV reported to ECDC do not provide a good proxy to measure progress towards the impact target of chronic infection incidence, in recent years the rates of acute hepatitis B notifications have been increasing [15]. This indicates a need to improve vaccination coverage in key risk groups.

For STIs, in the absence of incidence data, surveillance data on new syphilis cases reported to ECDC suggest that new diagnoses have increased – by 86%, from 5.3 per 100 000 population in 2015 to 9.9 per 100 000 in 2023. An even sharper rise was observed for gonorrhoea, where the rate of new cases almost tripled from 6.7 to 24.8 per 100 000 population during the same period. The year 2023 marked the highest number of gonorrhoea cases reported in the EU/EEA since the start of European STI surveillance in 2009. While both STIs are most common among men who have sex with men, substantial increases have also been seen among heterosexual men and women since 2021. Increases are seen across many age groups but are most pronounced for gonorrhoea among younger people [16,17].

3.2 Prevention

The 2025 targets for prevention are not reached for the EU//EEA(Table 2). Data to monitor progress towards these targets are not consistently available but a status overview of the progress achieved as of 2023 is included where data are available.

Table 2. Indicators, targets and status for preventing new infections of HIV, hepatitis B and C, sexually transmitted infections and tuberculosis, EU/EEA (2023 or latest available data)

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people at very high and moderate risk of HIV acquisition accessing pre-exposure prophylaxis (PrEP)	50% of those at very high risk; 5% of those at moderate risk	50% of those at very high risk; 5% of those at moderate risk	No data (ECDC measures the number of people receiving PrEP annually)
	Number of people on PrEP	500 000 people on PrEP in WHO European Region	1.1 million people on PrEP in WHO European Region	160 000 people in the EU/EEA[a]
HIV and hepatitis	Needles and syringe programs (NSP): number distributed per PWID Percentage of high-risk opioid users receiving opioid agonist treatment (OAT)	200 per year 40%	300 per year 40%	NSP: fifteen countries reached 2025 target[b] OAT: five countries reached 2025 target[c] (Four countries reached both targets[d])
HIV, hepatitis and sexually transmitted infections (STIs)	Condom use at last sex	90%	90%	Men who have sex with men (MSM): 26-72%[e] Sex workers (SW): 51-100%[e] People who inject drugs (PWID): 14-46%[f]
Tuberculosis (TB)	TB preventive treatment coverage among: a) people living with HIV and	99% coverage	99% coverage	No data
	b) childhood TB contacts aged <5 years	90% coverage	95% coverage	Six countries reached 2025 target[g]
Hepatitis B (HBV)	Childhood HBV vaccination coverage (third dose)	95% coverage	95% coverage	Eleven countries reached 2025 target[h]

[a] Among 21 countries with available data [13]
[b] Among 23 countries with available data [18]
[c] Among 18 countries with available data [18]
[d] Among 15 countries with available data [18]
[e] Among four countries with available data
[f] Among five countries with available data
[g] Among seven countries with available data [8]
[h] Among 25 countries with available data [19].

2025 target met or exceeded | 2025 target not met | No or insufficient data available

Pre-exposure prophylaxis (PrEP) is an anti-retroviral medication taken by people who are HIV-negative in order to reduce their risk of acquiring HIV and is a highly effective HIV prevention tool [18]. There is a target of 50% of those at very high risk and 5% of those at moderate risk of acquiring HIV accessing pre-exposure prophylaxis (PrEP) and a target for 500 000 people to be on PrEP in the WHO European Region by 2025 [4]. In 21 of the 30 EU/EEA countries with available data on PrEP use, a total of 159 819 people had received PrEP at least once in the last 12 months by the end of 2023 [13]. This is a limited increase of 30 000 people compared to 2022. PrEP scale-up is also unevenly distributed across population groups, with 98% of all people on PrEP in the EU/EEA being MSM. Measuring whether 50% of those at very high risk and 5% of those at moderate risk of acquiring HIV are accessing PrEP is challenging and currently not possible at EU/EEA level, due to the fact that most countries lack data.

For both HIV and hepatitis, in order to prevent onward transmission, there are targets to ensure sufficient availability of clean needles and syringes for people who inject drugs (PWID) and availability of opioid agonist treatment (OAT) for opioid users. Overall, 15 of 23 reporting countries reached the target of distributing 200 needles and syringes per PWID per year, and five of 18 reporting countries reached the target of 40% of high-risk opioid users receiving OAT [19].

For TB, WHO recommends that TB preventive treatment is provided to people living with HIV and eligible household contacts of people with TB regardless of age [20]. Indicators were set by WHO to assess TB preventive treatment coverage among people living with HIV and children aged <5 years who are household contacts of people with bacteriologically confirmed pulmonary TB, with coverage targets of 90% for 2025 and 95% for 2030 [5]. For the PLHIV coverage indicator, no data were available from any EU/EEA country and therefore progress towards this target could not be monitored. For the indicator on childhood TB contacts, among seven EU/EEA countries with data available, six had achieved 100% coverage and one reported coverage levels below 90%.

For hepatitis B, according to data reported to WHO up to the end of 2023, childhood vaccination coverage (third dose) ranged from 46% in Lithuania to 99% in Portugal, with 11 countries (among 25 countries with available data) having reached the 95% coverage target, and seven within 5% of achieving it (having reached 90% coverage) [21].

3.3 Testing

The target for testing was reached for TB, while for HIV the EU/EEA is within 5% of the target. The targets have not been reached for the other disease areas (Table 3).

Table 1. Indicators, targets and status for testing for HIV, hepatitis B and C, tuberculosis and sexually transmitted infections, EU/EEA (2023 or latest available data)

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people living with HIV diagnosed (first 95 target)	95%	95%	92% (28-97%); seven countries reached target[a]
Tuberculosis (TB)	Percentage of estimated new and relapse TB patients who have been notified (TB case detection rate)	85%	85%	94% (80-100%); 27 countries reached target[b]
Hepatitis (HBV and HCV)	Percentage of people living with HBV who have been diagnosed	60%	90%	33–57%; no country reached 2025 target[c]
	Percentage of people living with HCV who have been diagnosed	60%	90%	11–100%; three countries reached 2025 target[c]
Sexually transmitted infections (STIs)	Percentage of priority populations* screened for syphilis and gonorrhoea.	Syph: 80% Gono: 20%	90%	No data

** Priority populations should be defined by countries based on their epidemiological and social contexts.*

[a] *Among 26 countries with available data*
[b] *Among 28 countries with available data*
[c] *Among 4 countries with available data.*

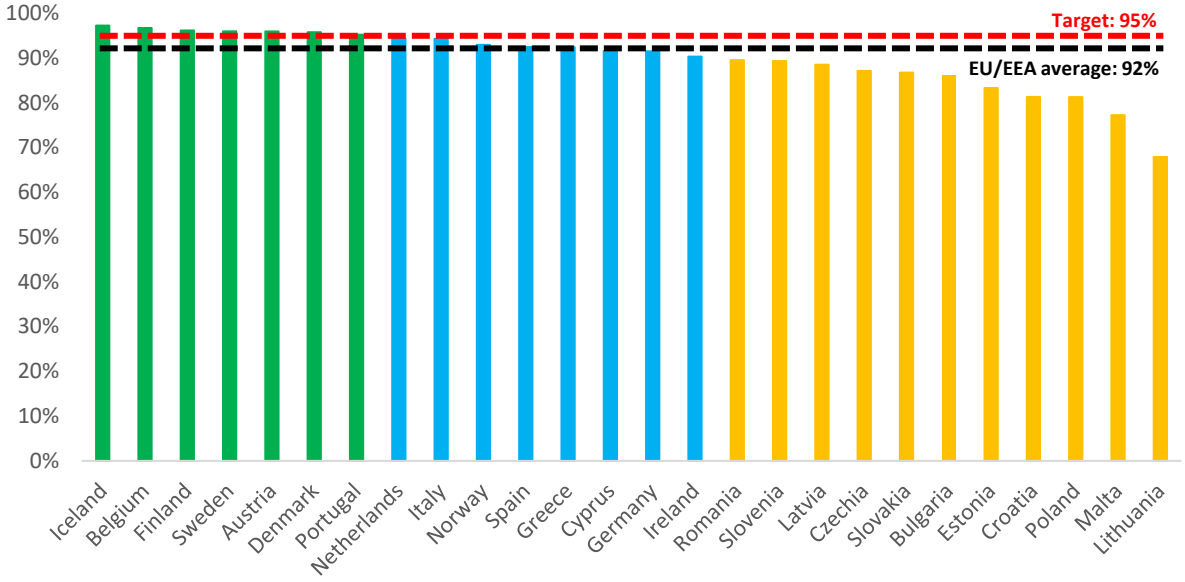
2025 target met or exceeded | Within 5% of target | 2025 target not met | No or insufficient data available

HIV

Among the 30 EU/EEA countries, 26[1] were able to provide data on the first 95% target – the estimated proportion of people living with HIV who know their status (Figure 2). In these 26 countries, 576 550 (92%, range 68–97%) of the estimated 625 368 people living with HIV had been diagnosed. Seven countries had met the 95% target, an additional eight were within 5% (five percentage points) of reaching the 2025 target and 11 countries remained more than 5% below. These data suggest that testing services across the region must be scaled up in the majority of countries in order to reach the 2025 target of 95% of all people living with HIV knowing their HIV status.

[1] No data from France, Hungary, Liechtenstein and Luxembourg.

Figure 2. Percentage of all people living with HIV who know their HIV status, EU/EEA countries, end of 2023* (n=26)



** No data available from France, Hungary, Liechtenstein and Luxembourg. Data as of 2023 or most recent year with data available (2019 or later): Austria, Belgium, Ireland, Netherlands, Portugal (2022 data); Cyprus, Italy, Malta, Norway, Spain (2021 data); Slovakia (2020 data).*

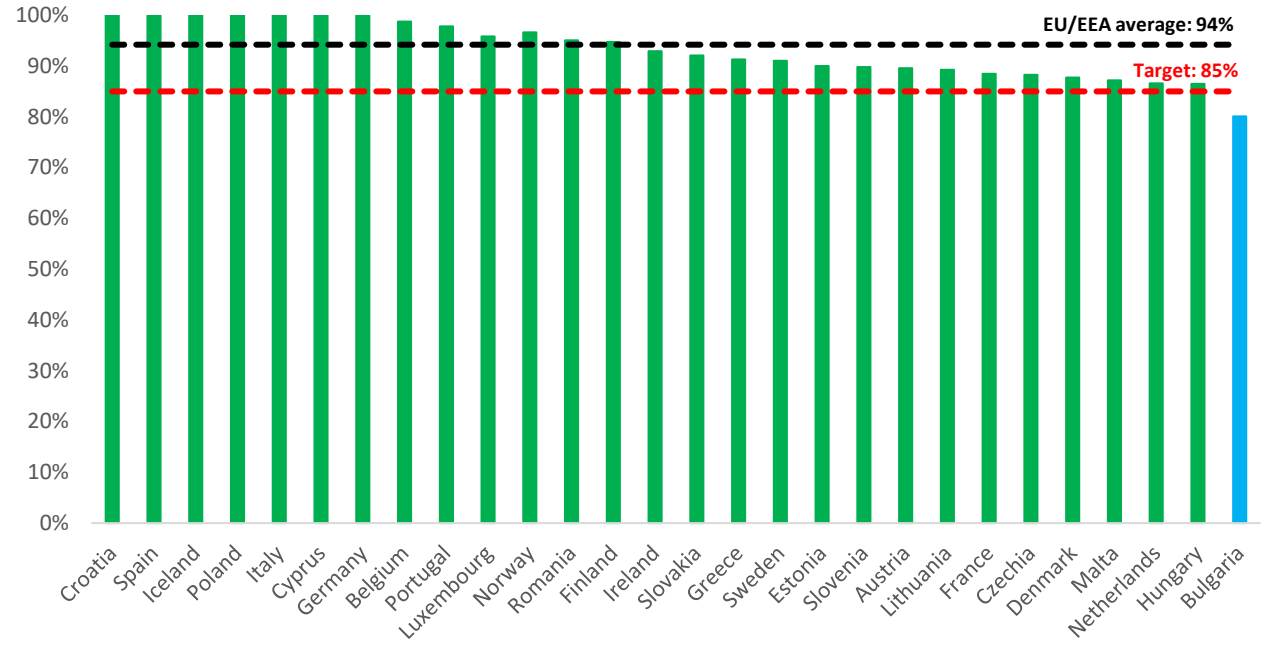
Target met or exceeded | Within 5% of target | More than 5% away from target

Tuberculosis

In 2023, 36 572 new and relapse TB cases were notified in 28[2] EU/EEA countries among an estimated 39 000 TB cases, representing a case detection rate of 94% (Figure 3). This suggests that the EU/EEA as a whole reached the 2025 case detection target of ≥ 85% early. At country level, twenty-seven countries had met or exceeded the target, including seven which had more reported than estimated cases and therefore exceeded the 100% target, and one which was within 5% of achieving it.

[2] No data from Latvia; data from Liechtenstein were included within the data reported by Switzerland and therefore not included (as Switzerland is not part of the EU/EEA).

Figure 3. TB case-detection rate (%), EU/EEA countries, 2023 (n=28*)



** No data from Latvia; data from Liechtenstein included within the data reported by Switzerland (not shown).*

Target met or exceeded

Within 5% of target

More than 5% away from target

Hepatitis

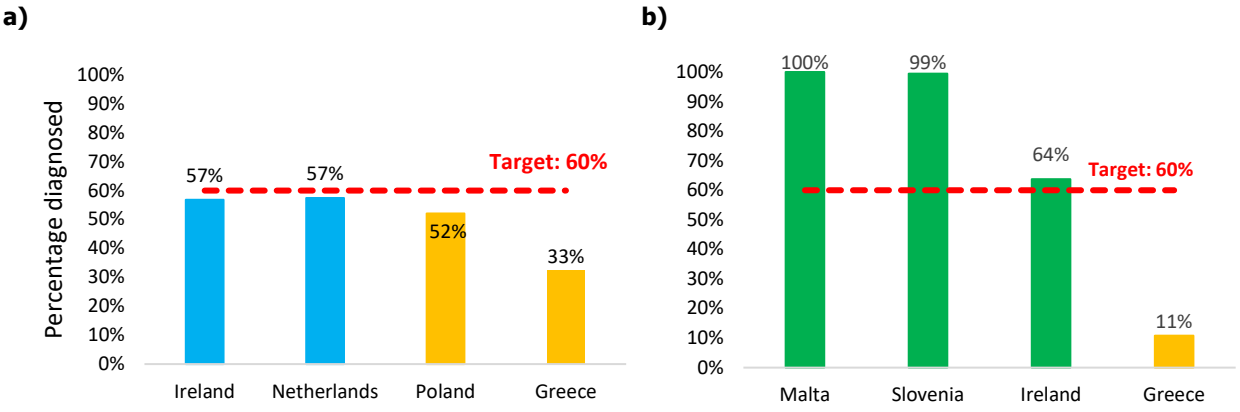
The availability of data for assessing progress toward the hepatitis testing target is generally very limited.

Just four countries had sufficient data to assess progress towards the WHO 2025 HBV diagnosis target of 60% of all people living with chronic hepatitis B infection being diagnosed (Figure 4a). While none met the target, two were within 5% of reaching it. At the national level, the proportion diagnosed ranged from 33% in Greece to 57% in Ireland and the Netherlands.

For hepatitis C, there were also four countries with sufficient data to assess progress toward the HCV diagnosis target, with three having reached or exceeded the 60% target (Figure 4b). At the country level, the proportion diagnosed ranged from 11% in Greece to 100% in Malta.

Given the low number of countries with data available, it is impossible to assess progress in the region towards the diagnosis targets. Available modelling estimates for the EU/EEA as a whole suggest that 34% of people living with HBV (hepatitis B surface antigen (HBsAg)) and 38% of people living with HCV had been diagnosed as of 2024, suggesting that large numbers of people are still living with undiagnosed hepatitis B and C in the EU/EEA countries [22].

Figure 4. Percentage of all people living with a) chronic HBV infection ever diagnosed (n=4); and b) chronic HCV infection ever diagnosed, excluding resolved infections (n=4), EU/EEA, end of 2022*



** 2022 or most recent year with available data: 2016: Greece (HBV); 2020: Netherlands (HCV).*

Target met or exceeded | Within 5% of target | More than 5% away from target

Sexually transmitted infections

The targets for STI testing are to screen 80% of priority populations for syphilis and 20% for gonorrhoea. Priority populations should be defined by the individual countries, based on their epidemiological and social contexts, and may include pregnant women and women of reproductive age, young people aged 15–24 years, sex workers and their clients, men who have sex with men (including those enrolled in PrEP programmes), transgender people, people who use drugs, people with a prior STI, and people living with HIV. In some contexts, migrants and displaced people may also be considered a priority population for STIs. There are currently no data available on the percentage of priority populations tested for syphilis and gonorrhea.

3.4 Treatment

For treatment, the EU/EEA is within 5% reach of the targets for HIV, while targets have not been reached for the other disease areas (Table 4).

Table 2. Indicators, targets and status for treatment of HIV, hepatitis B and C, tuberculosis and sexually transmitted infections, EU/EEA (2023 or latest available data)

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people diagnosed with HIV who are receiving treatment (second 95 target)	95%	95%	93% (range 52–99%); 11 countries reached target[a]
	Percentage of people diagnosed with HIV on treatment who have suppressed viral loads (third 95 target)	95%	95%	93% (range 49–100%); 15 countries reached target[b]
Tuberculosis (TB)	Percentage of all new and relapse TB patients who were successfully treated (TB treatment success rate)	90%	90%	68% (0.5–89%); no country reached the target[c]
Hepatitis (HBV and HCV)	Percentage of people living with HBV treated	50%	80%	2–13%; no country reached 2025 target[d]
	Percentage of people living with HCV diagnosed and cured	50%	80%	5–11%; no country reached 2025 target[e]
Sexually transmitted infections (STIs)	Percentage of priority populations* screened positive for syphilis and gonorrhoea who receive treatment.	90%	95%	No data

** Priority populations should be defined by countries based on their epidemiological and social contexts.*

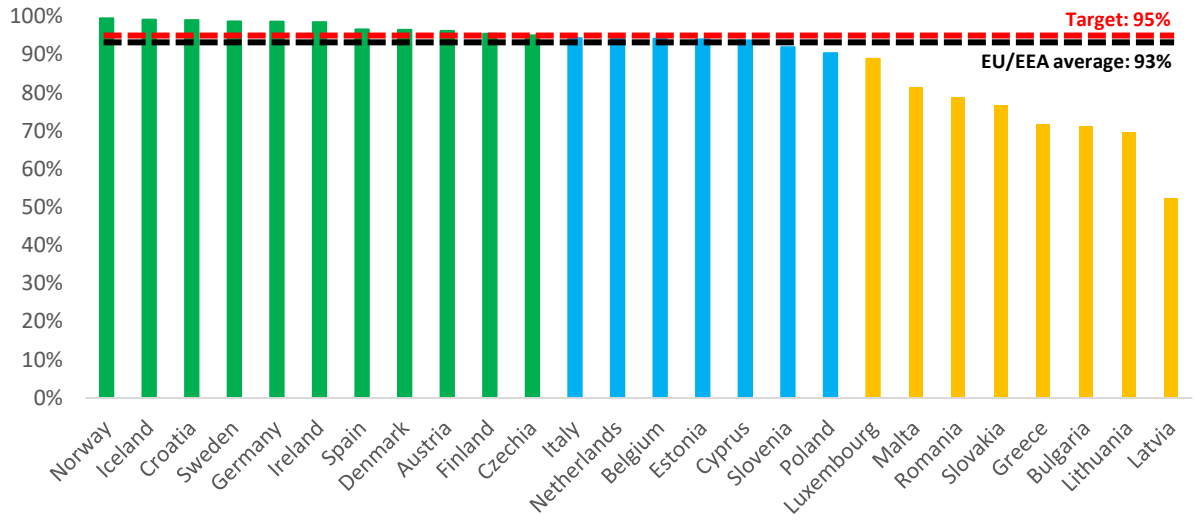
[a] Among 26 countries with available data
[b] Among 24 countries with available data
[d] Among 20 countries with available data
[d] Among four countries with available data
[e] Among five countries with available data

2025 target met or exceeded | Within 5% of target | 2025 target not met | No or insufficient data available

HIV

A total of 26[3] EU/EEA countries were able to provide data on the second 95 target. In these 26 countries, 533 452 people were living with diagnosed HIV, of whom 497 251 (93%; range 52% to >99%) were receiving antiretroviral therapy (Figure 5). Eleven countries had met the second 95% target, while seven were within 5% of the target. Countries that have not yet reached the 2025 target should remove barriers to accessing treatment, scale up accessible and equitable treatment services and implement measures to support retention in care.

Figure 5. Percentage of all people living with HIV who know their status and are receiving treatment, EU/EEA countries, end of 2023*(n=26)



** No data available from France, Hungary, Liechtenstein and Portugal. Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, Netherlands (2022 data); Cyprus, Italy, Malta, Norway, Spain (2021 data); Slovakia (2020 data).*

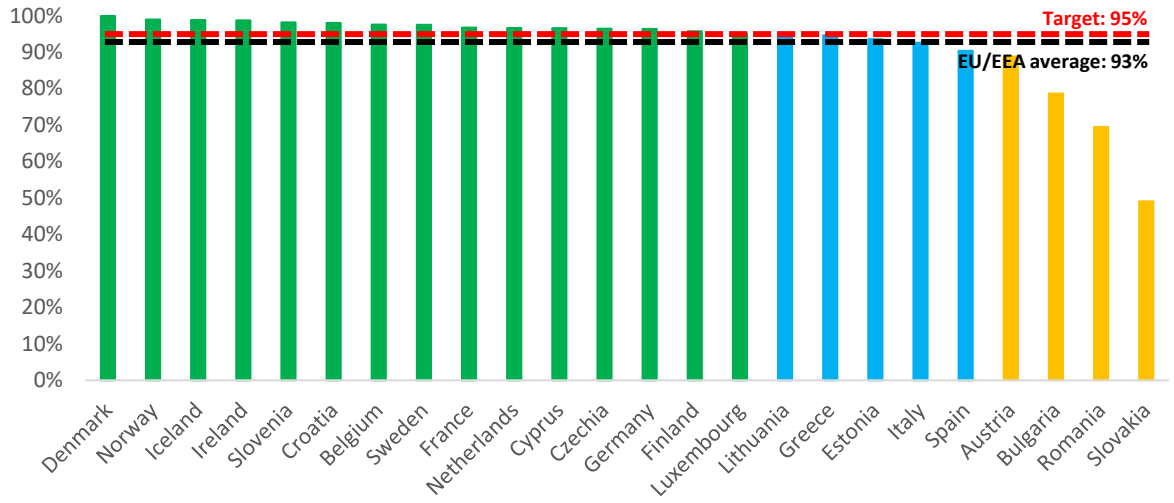
Target met or exceeded | Within 5% of target | More than 5% away from target

In the 24 countries[4] with data on the third 95 target, an estimated 630 004 were on treatment and 584 869 of them (93%; range 49% to >99%) had suppressed viral loads (Figure 6). With 15 countries having achieved the third 95% target and five being within 5% of reaching it, the EU/EEA overall appears to be on track for achieving the 2025 target for viral suppression. However, with six countries not reporting, progress cannot be assessed in a valid manner at EU/EEA level and efforts to retain people on effective treatment regimens should remain a priority.

[3] No data from France, Hungary, Liechtenstein and Portugal.

[4] No data available from Hungary, Latvia, Liechtenstein, Malta, Poland and Portugal.

Figure 6. Percentage of people living with HIV on treatment who have suppressed viral loads, EU/EEA countries, end of 2023* (n=24)



** No data available from Hungary, Latvia, Liechtenstein, Malta, Poland and Portugal. Data as of 2023 or most recent year with available data (2019 or later): Austria, Belgium, Ireland, Netherlands, Portugal (2022 data); Cyprus, France, Italy, Norway, Spain (2021 data); Slovakia (2020 data).*

Target met or exceeded | Within 5% of target | More than 5% away from target

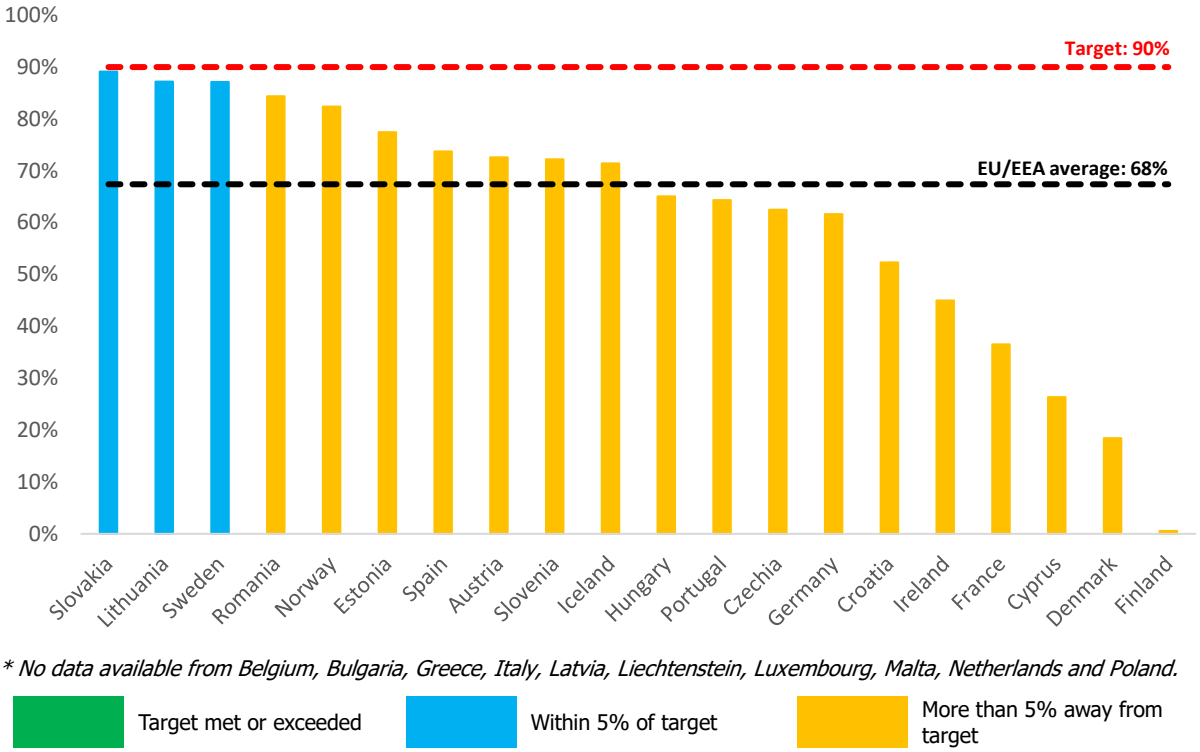
Overall, only 22 EU/EEA countries were able to report data for all four stages of the continuum of HIV care. In these 22 countries, 92% of all people living with HIV had been diagnosed, 93% of those diagnosed received treatment, and 92% of those on treatment had suppressed viral loads – translating into 79% of all people living with HIV having suppressed viral loads [13,23]. Hence, the EU/EEA still falls short of reaching the overall substantive target of 86% viral suppression among all people living with HIV, meaning that 21% of all people living with HIV in the 22 EU/EEA countries with available data were living with transmissible levels of virus.

The number of countries with available data on the 95-95-95 targets for key populations remains low, notably for sex workers, prisoners and migrants (between four and seven countries), while more countries (around half) are able to provide data for MSM and PWID. Available data for these population groups are analysed and presented elsewhere [23].

Tuberculosis

Of the total 24 901 new and relapse TB cases notified in the EU/EEA in 2022 with a treatment outcome reported in 2023, 16 906 (68%) were successfully treated (Figure 7). This means that the EU/EEA as a whole is lagging behind the 90% treatment success rate target. Among the 20 countries with available data, none had met the target, although three were within 5% of reaching it.

Figure 7. TB treatment success rate (%) among all new and relapse TB patients, EU/EEA countries, 2023* (n=20)



** No data available from Belgium, Bulgaria, Greece, Italy, Latvia, Liechtenstein, Luxembourg, Malta, Netherlands and Poland.*

Target met or exceeded | Within 5% of target | More than 5% away from target

Hepatitis

The availability of data for assessing progress toward the hepatitis treatment targets is generally very limited. However, considerable efforts have been made to eliminate viral hepatitis, including through the scale-up of hepatitis treatment [24], although these efforts are not well-captured with existing indicators and data flows for all countries. Four countries (Germany, Netherland, Poland and Romania) were able to provide data on the proportion of all people living with chronic HBV infection who received treatment in 2022, with country level estimates ranging from 2% to 13%. None of the reporting countries are currently meeting the WHO 2025 target of 50% of all people living with chronic HBV infection receiving antiviral treatment.

For hepatitis C, four countries (Slovenia, Malta, Hungary and Ireland) provided sufficient data to monitor progress towards the HCV treatment target in 2022, with country level estimates ranging from 5% to 11%. None of the reporting countries meet the 2025 target of 50% of all people ever diagnosed with chronic HCV infection (excluding any resolved infections, cured or spontaneous) having completed treatment and been cured.

Given the low number of countries with data available to assess progress toward the treatment targets, the data presented here are unlikely to be representative of the region's progress as a whole.

Sexually transmitted infections

The treatment targets for STI are to treat 90% of all people diagnosed (receive a positive test result) with gonorrhoea or syphilis. There are currently no data available on the percentage of priority populations treated for syphilis and gonorrhea.

3.4 Mortality

For mortality, the EU/EEA has not reached the targets in any of the disease areas (Table 5).

Table 3. Indicators, targets and status for reducing mortality from HIV, hepatitis B and C and tuberculosis, EU/EEA (2023 or latest available data)

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Number of AIDS-related deaths per year	50% reduction from a 2010 baseline	75% reduction from a 2010 baseline	30% decrease
Tuberculosis (TB)	Number of TB deaths per year	75% reduction from a 2015 baseline	85% reduction from a 2015 baseline	15% decrease
Hepatitis (HBV and HCV)	Number of deaths due to HBV per year	Seven deaths per 100 000 population	Four deaths per 100 000 population	No decline
	Number of deaths due to HCV per year	Three deaths per 100 000 population	Two deaths per 100 000 population	No decline

2025 target met or exceeded

2025 target not met

No or insufficient data available

An estimated 3 300 people (0.7 per 100 000 population) died from AIDS-related causes in the EU/EEA in 2023. This represents a 30% decrease from 4 700 (1.1 per 100 000) since 2010 (Figure 8). However, the reduction in AIDS-related deaths appears to have stagnated since 2020, which can be partly explained by the aging cohort of people living with HIV and the persistent issue of late diagnosis of HIV. Many EU/EEA countries had already reduced AIDS-related mortality substantially by the baseline year of 2010, meaning that a further reduction to 50% by 2025 is hard to achieve. Nevertheless, it remains important that countries continue to scale up accessible testing and treatment services to further improve progress toward the 2025 target.

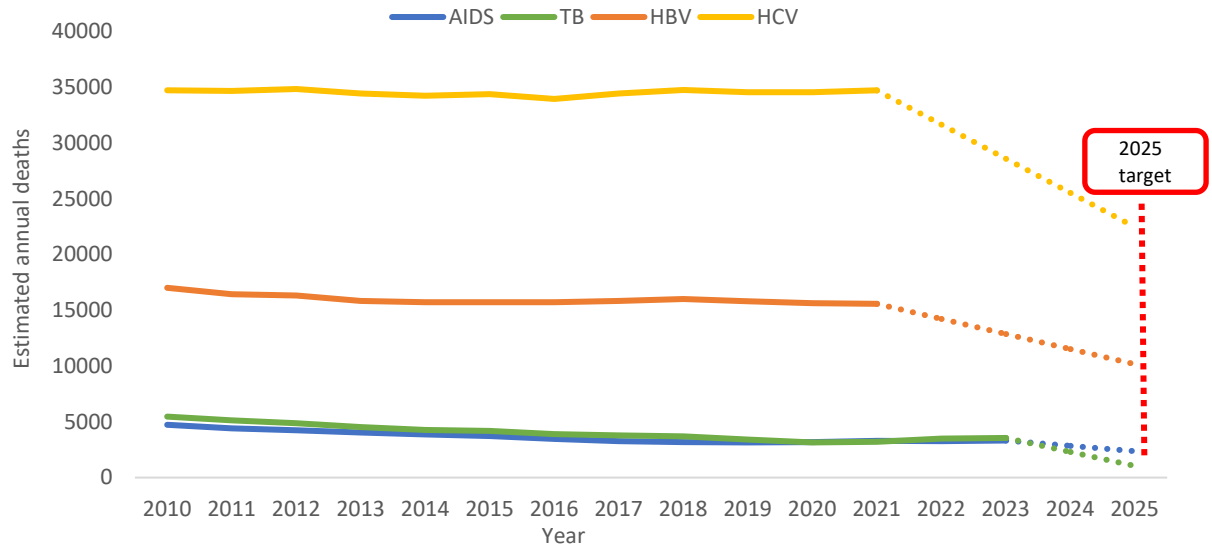
The estimated number of TB deaths[5] declined by 15%, from 4 200 (0.9 per 100 000 population) in 2015 to 3 550 (0.8 per 100 000) in 2023, thereby falling significantly short of the 75% reduction target for TB mortality by 2025 (Figure 8).

The estimated number of deaths due to hepatitis B and C in the EU/EEA, 15 500 and 35 000 respectively in 2021 (the last year with available data) [10] is markedly higher than the number of both AIDS-related deaths and TB deaths (Figure 8). WHO has set numerical targets for reducing deaths due to viral hepatitis in the WHO European Region (53 countries, including eastern Europe and central Asia): seven deaths per 100 000 population for HBV and three deaths per 100 000 population for HCV by 2025 and four/two deaths per 100 000 population for HBV/HCV, respectively, by 2030. These numerical targets translate into a percentage reduction of 35% by 2025 and 60% by 2030 from a 2020 baseline. While the numerical target has been met in the EU/EEA for HBV, the current trend in hepatitis deaths has been stable over the past decade, with no progress towards the relative (percentage) targets.

There are no global or European indicators and targets for STI-related mortality; hence STIs are not included in this section. While gonorrhoea and syphilis have limited impact on mortality, many STIs can cause long-term complications, such as chronic pelvic pain, reduced fertility and, in the case of syphilis, cardiac and neurological complications as well as transmission to the unborn child. Congenital syphilis can cause range of complications including still birth [16,17].

[5] TB deaths among HIV-negative people

Figure 8. Annual number of deaths due to AIDS-related causes, HBV, HCV and tuberculosis, EU/EEA, 2010–2023



Sources: UNAIDS estimates (HIV mortality); WHO Global TB Programme estimates (TB mortality); Global Burden of Disease estimates (hepatitis mortality).

4 Limitations

This report pulls together data from multiple sources to provide a cross-cutting overview of specific infections in relation to regional and global health targets for five themes: incidence, prevention, testing, treatment and mortality. While this allows a comparison of the progress made, both in relation to topic and disease area, such an approach has several limitations.

Firstly, since data are taken from different sources, the methods used to obtain the data will vary, making it difficult to draw direct comparisons. There are also differences in relation to data availability and the time periods for which data are available. Furthermore, comparisons at national and EU/EEA level will mask differences between specific population groups. For instance, for HIV there has been a fall in HIV diagnoses among MSM which is not seen in heterosexual populations. Conversely, the increase in sexually transmitted infections is disproportionately large in younger people and MSM. Therefore, while an EU/EEA level overview is necessary, individual countries should be encouraged to explore their progress by specific population groups. In addition, data and trends at EU/EEA level will mask marked differences between individual countries in terms of progress toward the global and regional targets.

It is also important to be aware of the background context in order to better understand trends. For instance, the fall in TB incidence and STI cases in 2020 is probably due to the effects of the measures introduced to counteract the COVID-19 pandemic.

It is difficult to measure incidence for all the disease areas of interest. Surveillance data on new diagnoses often do not reflect incidence and are greatly affected by underlying patterns of testing. Many infections may be asymptomatic and will not be diagnosed until many years after infection, or may resolve spontaneously and never be diagnosed at all. Where diagnosis is used as a proxy for incidence, it is important to note that a rise in diagnoses may be a positive public health outcome, arising from concerted efforts to improve testing accessibility and improve progress toward diagnosis targets. While modelled estimates were used where available, the extent to which these models fit the observed data will vary by country.

In relation to prevention, there is very limited information on condom use and TB preventive treatment coverage. While the number of people on PrEP has been ascertained, the denominator (i.e. an estimate of those in need of PrEP) is not available, making it challenging to measure coverage.

For testing and treatment, a continuum of care model is used where available. While every effort is made to ensure that data are analysed consistently between countries, there will be differences in relation to assumptions about migration, deaths and how undiagnosed infection is estimated. For HIV and hepatitis, the data on the number of people ever diagnosed (the numerator) came from a wide range of sources of varying quality, including surveillance data, cohort studies, and surveys. Given the low number of countries with available data for hepatitis overall, results are unlikely to be representative of the region's progress. Furthermore, the countries that are able to report data will probably to a higher extent be those that also have better public health outcomes for the infections of interest. TB case detection rates are dependent on accurate TB incidence estimates, which may require further examination for some countries.

For mortality, deaths may be under-reported in some settings where a diagnostic test has not been taken and the person has died from an infection or condition commonly associated with AIDS (such as TB or pneumonia) [24] or hepatitis (such as liver cancer). Furthermore, estimated mortality is based on a number of assumptions and could be either over- or underestimated, depending on the quality of the input data fed into the model.

5 Conclusions and priorities for action

Conclusions

There has been uneven progress towards the SDG 3.3 and other targets for HIV, viral hepatitis, TB and STIs across the EU/EEA. The majority of countries in the EU/EEA are either not on track to reach the SDG targets or lack the necessary data to measure intervention coverage and progress towards the targets. There are large inequalities between countries in terms of progress and data availability.

- **Incidence:** declines in estimated incidence are observed for HIV and TB, but progress is not aligned with the 2025 or 2030 EU/EEA targets. Estimates of the incidence of chronic infections are lacking for hepatitis B and C and therefore progress towards the impact target cannot be assessed. Incidence estimates are not available for syphilis and gonorrhoea either, however, case surveillance data suggest that the number of reported STI diagnoses has increased across the EU/EEA and that the reduction target for 2025 not been met.
- **Prevention:** the implementation of prevention measures such as PrEP for HIV, HBV vaccination, provision of needle and syringe exchange and OAT is progressing, but most countries are not on track to reach targets. Progress toward prevention targets related to condom use and TB preventive therapy cannot be assessed due to lack of data.
- **Testing:** the region overall is progressing relatively well towards the testing target for HIV, however only a quarter of countries had met the target. For TB, the EU/EEA has reached the case-detection target. Limited data are available for viral hepatitis and for STIs. Modelled estimates suggest that substantial numbers of people continue to be living with undiagnosed HIV, and even larger numbers are living with undiagnosed hepatitis B and C in the EU/EEA.
- **Treatment:** the EU/EEA is close to meeting the treatment targets for HIV, yet progress varies considerably by country. For TB, contrary to the case-detection target, the EU/EEA falls substantially short of the 90% treatment success target, indicating challenges related to surveillance systems limitations, retainment in and ensuring completion of treatment, and availability of new drug regimens. Progress for viral hepatitis is unclear as data are available from very few countries, but modelled estimates supplemented by the limited reported data indicate major shortfalls related to HBV and HCV treatment coverage. Data on the proportion of people diagnosed with an STI who receive treatment are lacking.
- **Mortality:** declines in estimated mortality have been observed for HIV and, to a lesser degree, TB. Nevertheless, further increases in coverage with key testing and treatment interventions will be required for the region to reach the targets for mortality. For TB in particular, the current rate of decline suggests that the EU/EEA is not on track to reach the target by 2025. For HBV and HCV, available mortality estimates suggest that the region is far from being on track to achieving its targets, with no apparent reduction in mortality over the past decade. HIV, TB, hepatitis B and C cause nearly 57 000 deaths annually in the EU/EEA. More than 85% of deaths are due to hepatitis B and C.
- **Data gaps:** the lack of data availability and completeness across disease areas and the four themes is of continuing concern and data gaps are most prominent for STIs and hepatitis. Countries that are unable to understand the national situation will not be able to assess the scale of the challenges that need to be addressed, nor to effectively plan services to prevent onward transmission and reduce morbidity and mortality. While incidence estimates were lacking for hepatitis and STIs, case surveillance data on new diagnoses were available from many countries. Although these need to be interpreted with caution and in the context of underlying testing activity, they constitute useful information allowing experts to tailor and evaluate areas for public health information. Many countries could provide data on HIV and TB testing and treatment at national level, but national trends may mask underlying differences by population and location, and data regarding hepatitis and STI were very scarce or lacking entirely. The paucity of data on hepatitis and country responses to the epidemic is of importance, particularly given the high burden of disease (3.2 million people living with HBV and 1.8 million with HCV in the EU/EEA as of the end of 2023 [14]. Despite historically being the highest prioritised disease area in terms of funding, data on the HIV continuum of care are still lacking from several countries, meaning that progress cannot be assessed om a valid manner until universal data reporting is in place.

Priorities for action

Scale-up prevention interventions

Seeking to reduce incidence in line with the respective disease-specific targets, efforts to prevent new infections and scale up coverage with key prevention interventions should be a priority. For HIV, the number of people receiving PrEP must be further scaled-up [25], particularly in countries where the number of people on PrEP remains modest. TB prevention efforts, including contact tracing and TB preventive treatment coverage, need to be scaled-up in order to further reduce incidence. Prevention and control programmes, including comprehensive harm reduction programmes for people who inject drugs, also need to be scaled up to prevent onward transmission of HIV and hepatitis B and C and support progress toward achieving elimination targets [26]. Activities to increase the uptake of vaccination against HBV across the region and among all affected population groups should be a priority for all countries. The reasons behind the increasing trends in acute HBV notifications and new STI diagnoses, including among people using PrEP, should be further investigated. In addition, efforts should be made to reduce disease-related stigma in the community and among health care staff in order to ensure equitable, inclusive and non-stigmatising prevention, testing and treatment of HIV, TB, viral hepatitis and STIs.

Scale-up effective integrated testing and treatment services

Integrated testing and treatment services are needed to improve coverage and contribute to reducing both incidence and mortality [27]. Activities aimed at removing barriers to accessing testing and treatment services should be intensified. Integrated testing and prevention services for multiple infections, tailored to the needs of the population groups they are designed to reach, should be scaled-up to improve progress toward the testing targets. Innovative testing strategies, including community-based lay provider testing are recommended.

Tailored, person-centred strategies to enrol and retain people on effective treatment and ensure completion of treatment and provide integrated comprehensive care, by scaling up accessible and equitable treatment and care services, should remain a priority. Migrant-sensitive approaches, including cultural and language related mediation to improve engagement in testing and linkage and retainment in care are important tools.

Improve data for action

A key priority area for action is improvement of the availability and quality of data needed to measure progress towards the SDG target 3.3 to end HIV, TB and combat viral hepatitis and STIs as public health threats in the EU/EEA. Improving surveillance and monitoring data is critical in order to track progress and ensure that stakeholders have the necessary data required to guide public health action. The availability and quality of surveillance and monitoring data at the EU/EEA level currently varies across the four disease areas and between countries.

The most apparent data gaps were observed for the indicators relating to hepatitis and STI incidence, testing and treatment. Efforts at improving surveillance systems and modelling approaches to estimate hepatitis and STI incidence should be priority at both national and EU/EEA levels. Comprehensive surveillance and monitoring systems are lacking in several countries and need to improve in order to facilitate the monitoring of progress towards the set targets, assess intervention coverage and gaps and enable planning of comprehensive prevention, testing and treatment programmes.

For HIV and TB, good quality data are generally available for most countries and indicators, however, the availability of data on the estimated need for HIV PrEP needs to improve, alongside data on key harm reduction indicators (to prevent HIV and hepatitis infection) and data on TB preventive treatment. For TB, surveillance system limitations hinder the capturing of long-term follow-up outcomes. Furthermore, despite many years of efforts at global, regional and national levels, some countries remain unable to provide data on all four stages of the continuum of HIV care.

The collection and analysis of data by sub-population across disease areas should also be a priority. Highly effective prevention and control measures are available for HIV, TB, viral hepatitis and sexually transmitted infections. Countries in the EU/EEA should prioritise actions to scale-up prevention interventions and integrated testing and treatment services and improve monitoring and surveillance data to accelerate progress towards the targets for 2030.

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