Consumers, Health and Food Executive Agency

HIV/AIDS and STIs
meeting the challenge

The incidence of several sexually transmissible infections (STIs), including HIV, syphilis and gonorrhoea is rising in Europe. In response, the EU has launched a communication and action plan on HIV and HIV co-infections, aiming to reduce new infections and improve quality of treatment and care. The EU health programme is helping to reach these goals.

Action on HIV/AIDS and STIs

HIV/AIDS and STIs are major public health challenges in the EU and neighbouring countries. The number of newly reported HIV cases in Europe is increasing. In 2012, more than 131,000 new HIV infections were reported in Europe and Central Asia, an 8% increase from 2011. Major risk groups include men who have sex with men (MSM), transgender people, people who inject drugs (PWID), prisoners and migrants. These communities also face higher risks of other infections such as gonorrhoea, syphilis, tuberculosis (TB) and hepatitis B and C. Risk groups may also have difficulty accessing sexual health services due to social stigmatisation and/or criminalisation of behaviours.

The European Commission’s 2009 Communication on combating HIV/AIDS in the EU and neighbouring countries aimed to: reduce new HIV infections; improve access to prevention, treatment, care and support; and address the needs of people affected by the disease. The Communication is complemented by an action plan containing more than 50 actions. The EU’s European Centre for Disease Prevention and Control (ECDC) also works with public health authorities to monitor STIs, including HIV, across the European region, working in close collaboration with the WHO European office.
Responding through the EU health programme

The second EU health programme 2008-2013 has helped implement the Communication and action plan by funding 34 actions to the tune of €15.9 million. These include projects, conferences and joint actions implemented by EU countries, as well as direct grant agreements with international organisations. The main types of output are situation analysis reports, training packages, guides and tools to support health professionals and community organisations.

EU-funded projects focused on improving prevention of HIV transmission by raising awareness of the disease and improving the quality of sexual health services, behaviour surveillance, early diagnosis and treatment. Priority groups at risk of HIV/AIDS, facing difficulties accessing services or dealing with social stigma, are the focus of several projects. These actions target the prevention needs of the most affected groups: MSM, drug users, migrants and ethnic minorities, prisoners and sex workers.

By encouraging cooperation between EU experts, the health programme is building capacity and helping to share knowledge and best practice in this field. Networks of experts have been established and strengthened in priority regions where rates of HIV and STI co-infections are highest, such as Eastern European and southern EU countries, enlargement countries and the Russian Federation.
Better quality HIV prevention

**Project name:** Join Action on Improving Quality in HIV Prevention (Quality Action)

**Number of partners:** 45 from 18 countries (AT, BE, DE, EE, EL, ES, HR, IE, IT, LT, LU, NL, PL, RO, SE, SI, SK, UK).

**EC funding:** €1 493 180. **Duration:** 2013-2016.

Quality Action aims to increase the effectiveness of HIV prevention in Europe by using practical quality assurance (QA) and quality improvement (QI) tools. The action develops and adapts QA/QI tools especially for use in HIV prevention. The action is training 60 trainers and facilitators to support at least 80 HIV prevention programmes across the EU. Each participating country selects key people to be trained and decides which local projects or programmes will apply the QA/QI tools.

Based on the results of these pilot projects, Quality Action will create a Charter for Quality in HIV Prevention which sets out agreed quality principles and criteria for improving the quality of projects and programmes. These QA/QI tools will then be integrated into HIV prevention strategies at European, national and regional level.

Visit: [www.qualityaction.eu](http://www.qualityaction.eu)

Reducing the health impact of drug dependence

**Project name:** Report on the current state of play of the 2003 Council Recommendations on the prevention and reduction of health-related harm, associated with drug dependence

**Number of partners:** 2 from 2 countries (AT, LU).

**EC funding:** €99 900. **Duration:** 2011-2013.

In June 2003, EU countries agreed Council Recommendations on the prevention and reduction of health-related harm associated with drug dependence. A detailed report by Österreich Forschungs- und Planungs GmbH and SOGETI assesses the implementation of the Council Recommendations. The report covers countries in the EU, the European Economic Area (EEA) as well as those covered by the EU's European Neighbourhood Policy (ENP).

The report includes country profiles, epidemiological trends and information on harm reduction measures in EU countries and several candidate countries. It identifies three priority areas for further action: the reduction of drug-induced deaths; the improvement of harm reduction in prison; and the reduction of harm caused by drug-related infections (HIV and viral hepatitis).

Visit: [www.qpeq.at/en/BerichtDetail/project_berichte282.html](http://www.qpeq.at/en/BerichtDetail/project_berichte282.html)

Earlier HIV diagnosis in vulnerable groups

**Project name:** Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe (Euro HIV EDAT)

**Number of partners:** 13 from 8 countries (BE, DE, DK, ES, FR, PT, RO, SI).

**EC funding:** €1 179 927.

**Duration:** 2014-2017.

The Euro HIV EDAT project aims to deepen understanding of the impact of Community-Based Voluntary Counselling and Testing (CBVCT) services. It explores the use of innovation strategies to increase access to HIV testing based on new technologies.

The project will also generate harmonised monitoring and evaluation data from CBVCT services across Europe using the indicators and data collection instruments developed by the COBATEST project (2009). It is working to identify patterns and determinants of test-seeking behaviours among MSM, and to identify barriers migrants face in accessing diagnosis and care. It will produce a toolkit which can be used by EU countries to foster early HIV testing using community-based organisations.

Visit: [www.eurohivedat.eu](http://www.eurohivedat.eu)
**HIV prevention and surveillance**

**Project name:** Capacity building in combining targeted prevention with meaningful surveillance among MSM (Sialon II)

**Number of partners:** 31 from 13 countries (BE, BG, DE, ES, IT, LT, PL, PT, RO, SE, SI, SK, UK). **EC funding:** €989 960. **Duration:** 2011-2015.

The Sialon II project aims to build capacity and know-how by applying innovative HIV bio-behaviour surveillance methodologies and associated target prevention strategies for MSM.

This is done through a European survey, training and on-site coaching in EU countries for MSM community-based organisations (CBO) and neighbouring countries’ laboratory technicians, with the collaboration of UNAIDS and the WHO. The Sialon project protocol was approved by the WHO-Ethical Research Council (ERC) in July 2014.

The project has mapped the MSM scene in each participating country, assessed prevention needs and existing preventative initiatives, highlighted gaps and improved the capacity of laboratories to use oral fluid samples for HIV epidemiological surveillance.

Visit: www.sialon.eu

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**Targeting Hep C and HIV in drug users**

**Project name:** European Network Social Inclusion and Health (Correlation II)

**Number of partners:** 12 from 9 countries (BE, DE, ES, FR, LT, NL, NO, SE, UK). **EC funding:** €900 000. **Duration:** 2009-2012.

The Correlation project (2005-2008) identified major gaps and inequalities in the access to social services for marginalised groups. **Building on this work, Correlation II (2009-2012) aimed to improve prevention, care and treatment services, targeting blood-borne infectious diseases (BBID), in particular hepatitis C and HIV/AIDS among vulnerable and high-risk populations.**

The network reviewed models of good practice, implemented guidance documents, developed an innovative tool for counselling (www.sittool.net) as well as training models, and supported capacity building for hepatitis C management for community-based organisations and health services providers. To ensure the sustainability of this work, the Correlation network was established to implement the results of the project.

Visit: www.correlation-net.org

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**Behavioural change for people living with HIV**

**Project name:** Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS (Eurosupport 6)

**Number of partners:** 12 from 10 countries (BE, DE, ES, FR, IT, NL, PL, PT, SK, UK). **EC funding:** €697 412. **Duration:** 2009-2014.

Support services for people living with HIV/AIDS help to prevent onward transmission of the disease. Since 1996, EU-funded Eurosupport projects have worked to evaluate and fulfil the sexual and reproductive health needs of this community.

The Eurosupport 6 project, funded under the second health programme, supported the delivery of sexual and reproductive health services for people living with HIV/AIDS, including sexual risk reduction and fertility-related services. This is done by developing and testing counselling sessions supported by computer-assisted modules. The long-term goal is to establish positive behavioural change enhancing the lives of people living with HIV/AIDS and to prevent new infections.

Visit: www.correlation-net.org