



ECDC EVIDENCE BRIEF

Progress towards reaching the Sustainable Development Goal 3.3 targets related to HIV, TB, viral hepatitis and sexually transmitted infections in the European Union and European Economic Area

April 2025

Key messages

- Although preventable, viral hepatitis, HIV, sexually transmitted infections (STI) and tuberculosis (TB) remain public health issues in the European Union and European Economic Area (EU/EEA), causing substantial morbidity and nearly 57 000 deaths annually. As of the end of 2023, 820 000 people were living with HIV, 3.2 million with hepatitis B virus (HBV) and 1.8 million with hepatitis C virus (HCV) in the EU/EEA.
- Further work is needed in the EU/EEA to accelerate progress and reach the Sustainable Development Goal (SDG) 3.3 targets by 2030 to end the epidemics of AIDS and TB, and to combat viral hepatitis. The majority of countries in the EU/EEA are either not on track to reach the targets related to these diseases by 2030 or lack the data to measure progress towards the targets.
- Estimated incidence for HIV and TB has declined, but remains below the reduction targets. Incidence data is lacking for viral hepatitis and STIs, however gonorrhoea, syphilis and acute hepatitis B diagnoses are increasing in many EU/EEA countries. In the EU/EEA, more than 260 000 cases of these infections are reported annually.
- Although progress has been made in the area of prevention, it remains below targets for highly-effective public health interventions such as condom use, pre-exposure prophylaxis for HIV, provision of needle and syringe exchange programmes, opioid agonist treatment and hepatitis B vaccination.
- The EU/EEA is on track to meet the testing and treatment targets for HIV and has reached the target for the TB detection rate, however treatment success for TB remains below the target. Progress for hepatitis and STI are less apparent due to limited availability of data.
- To reach the SDG 3.3 targets and reduce morbidity and mortality associated with these infections in the EU/EEA priority actions should be:
 - scale-up of prevention interventions
 - scale-up of effective integrated testing and treatment services
 - improvement of data for action.

The EU/EEA countries are not on track to reach many of the SDG health targets on HIV, tuberculosis, hepatitis and sexually transmitted infections

The majority of countries in the EU/EEA are either not on track to reach the SDG 3.3 targets related to HIV, TB, viral hepatitis and STIs, or lack the data to measure progress towards the targets. There are large inequities across countries in availability and coverage of prevention, testing and treatment services.

Incidence (new infections): estimated HIV incidence has fallen by 35% since 2010 but is still below the 2025 target of a 75% reduction. Estimated TB incidence has decreased by 35% since 2015 and is also below the 2025 target of 50% reduction. There is a lack of data to measure progress toward reducing new infections of chronic hepatitis B and C, however reported diagnoses of acute hepatitis B are increasing. Incidence estimates are not available for STIs, however, the number of syphilis and gonorrhoea diagnoses reported are increasing.

Incidence	Mid-term status
HIV	2025 target not met
Tuberculosis	2025 target not met
Hepatitis	No data
Sexually transmitted infections	No data

Prevention: implementation of prevention measures is progressing across the region, yet progress is below targets for all indicators: pre-exposure prophylaxis (PrEP) to prevent HIV acquisition, provision of needle and syringe exchange programmes (NSP) and opioid agonist treatment (OAT) to prevent viral hepatitis and HIV, condom use at last sex, HBV vaccination and TB preventive treatment.

Prevention	Mid-term status
PrEP for HIV	2025 target not met
Needle and syringe exchange	2025 target not met
Opioid agonist treatment	2025 target not met
Condom use	2025 target not met
TB preventive treatment for children	2025 target not met
HBV vaccination	2025 target not met

Testing and treatment: In the EU/EEA, 8% of people living with HIV remain unaware of their status, 7% of those diagnosed are not on HIV treatment and 7% of those on treatment have not reached viral suppression.¹ This means that, overall, one in five of all people living with HIV in the EU/EEA are living with transmissible levels of virus. The TB case detection target of 85% for 2025 has been reached in the EU/EEA, but treatment success remains well below the 90% target. Progress for hepatitis is less apparent and unclear due to limited availability of data, and there are no testing and treatment coverage data available for STIs.

Testing	Mid-term status
HIV	Within 5% of target
Tuberculosis	2025 target met or exceeded
Hepatitis	2025 target not met
Sexually transmitted infections	No data
Treatment	Mid-term status
HIV	Within 5% of target
Tuberculosis	2025 target not met
Hepatitis	2025 target not met
Sexually transmitted infections	No data

Mortality: mortality has declined by 30% for HIV since 2010 and by 15% for TB since 2015 but neither trend is on track to reach the targets of a 50% reduction for HIV and 75% reduction for TB by 2025. For hepatitis, mortality remains high, with no sign of a declining trend. Together, these four diseases cause nearly 57 000 deaths annually in the EU/EEA, with more than 85% of deaths being due to hepatitis B and C.

Mortality	Mid-term status
HIV	2025 target not met
Tuberculosis	2025 target not met
Hepatitis	2025 target not met

¹ 95% of people living with HIV know their status (have been diagnosed); 95% of people diagnosed with HIV receive treatment; 95% of people on treatment have suppressed viral loads.

Priorities for action for 2030



Scale-up prevention interventions

Scale-up prevention interventions

- Highly effective prevention and control measures are available for these infections. There is an urgent need to scale-up key prevention interventions to meet the targets within each disease area.
- For HIV, the number of people receiving PrEP must be further expanded and equity of access ensured for all population groups in need.
- For TB, prevention efforts, such as contact tracing and TB preventive treatment, need to be scaled up.
- Comprehensive harm reduction programmes for people who inject drugs also need to be scaled up to prevent onward transmission of HIV, HBV and HCV.
- Intensifying activities to increase the uptake of vaccination against HBV among all affected population groups across the region should be a priority for all countries.



Scale-up integrated testing and treatment services

Scale-up effective integrated testing and treatment services

- Expand integrated testing and treatment services to improve coverage among risk populations.
- Increase testing capacity, accessibility and uptake by tailoring testing services to the needs of risk groups.
- Remove barriers to accessing testing and treatment services, and expand community-based lay provider testing.
- Scale-up testing services that offer testing for multiple infections in a broad range of settings.
- Focus on efforts that enrol and retain people for completion of effective treatments, using a people-centred approach with integration of services.
- Align national policies with international testing and treatment guidelines and improve their implementation.
- Design and implement migrant-sensitive approaches, including cultural and language mediation to improve engagement in testing, and linkage to and retention in care.



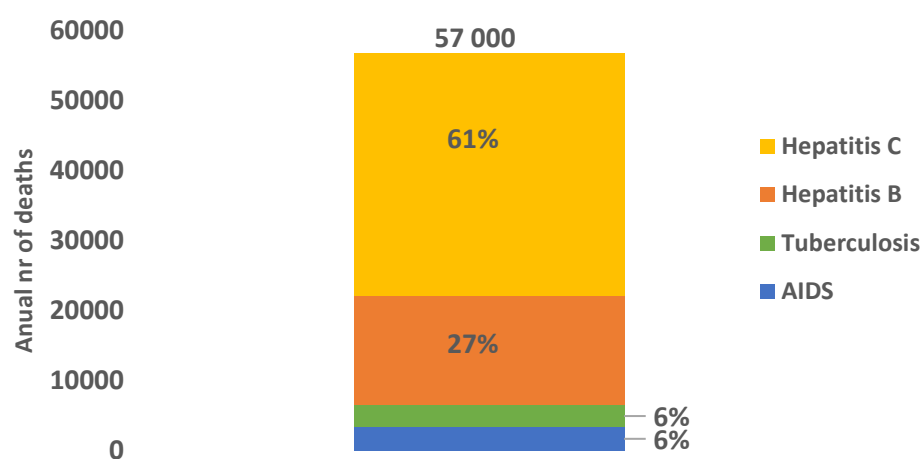
Improve data for action

Improve data for action

- Improve availability of high-quality surveillance and monitoring data in order to track progress and guide public health action.
- Increase efforts to strengthen implementation of modelling approaches to estimate progress toward key targets, including but not limited to incidence and mortality, both at national and EU/EEA levels, in particular for HBV and HCV.
- Prioritise improving the availability of data by key risk populations across disease areas.

Highly effective prevention and control measures are available for HIV, TB, viral hepatitis and sexually transmitted infections. To reach the targets in 2030, countries in the EU/EEA should prioritise actions to scale-up prevention interventions and integrated testing and treatment services and to improve monitoring and surveillance data. For more information on progress, read ECDC's report 'Progress towards reaching the SDG 3.3 targets related to HIV, TB, viral hepatitis and sexually transmitted infections in the EU/EEA': [Sustainable Development Goals](#).

Annual number of deaths in the EU/EEA (2021)



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

Annex 1. Indicators, targets and status 2023 in the EU/EEA (2023 or latest available data)

	Infection	Indicator	2025 target	2030 target	2023 status
Incidence	HIV	Number of estimated incident 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	Two new infections per 100 000 population	No data
		Number of new HCV infections per year	13 new infections per 100 000 population	Five 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

	Infection	Indicator	2025 target	2030 target	2023 status
Prevention	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 World Health Organization (WHO) European Region	1.1 million people on PrEP in WHO European Region	160 000 people in EU/EEA ^a
	HIV, hepatitis	Needles and syringe programme (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 (four countries reached both targets ^d).
	HIV, hepatitis, STIs	Condom use at last sex	90%	90%	Men who have sex with men (MSM): 26–72% ^e Sex workers: 51–100% ^e People who inject drugs (PWID): 14–46% ^f
	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 target ^g
	Hepatitis B	Childhood HBV vaccination coverage (third dose).	95% coverage	95% coverage	Eleven countries reached 2025 target ^h .

	Infection	Indicator	2025 target	2030 target	2023 status
Testing	HIV	Percentage of people living with HIV diagnosed (first 95 target)	95%	95%	92% (28–97%); seven countries reached target ^l
	Tuberculosis	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 ^m
	Hepatitis	Percentage of people living with HBV who have been diagnosed	60%	90%	33–57% (four countries); no country reached 2025 target ⁿ
		Percentage of people living with HCV who have been diagnosed	60%	90%	11–100% (four countries); three countries reached 2025 target ⁿ
	STIs	Percentage of priority populations* screened for syphilis and gonorrhoea.	Syphilis: 80% Gonorrhoea: 20%	90%	No data

	Infection	Indicator	2025 target	2030 target	2023 status
Treatment	HIV	Percentage of people diagnosed with HIV who are receiving treatment (second 95 target)	95%	95%	93% (range 52–99%); 11 countries reached target ^o
		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 ^p
	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 ^q
	Hepatitis	Percentage of people living with HBV who were treated	50%	80%	2–13%; no country reached 2025 target ^r
		Percentage of people living with HCV who were treated and cured	50%	80%	5–11%; no country reached 2025 target ^s
	STIs	Percentage of priority populations* screened positive for syphilis and gonorrhoea who receive treatment	90%	95%	No data

	Infection	Indicator	2025 target	2030 target	2023 status
Mortality	HIV	Number of AIDS-related deaths per year	50% reduction from a 2010 baseline	75% reduction from a 2010 baseline	30% decrease
	TB	Number of TB deaths per year	75% reduction from a 2015 baseline	85% reduction from a 2015 baseline	15% decrease
	Hepatitis	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

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

	2025 target met or exceeded		Within 5% of target		2025 target not met		No or insufficient data available
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^a Among 21 countries with available data

^c Among 18 countries with available data

^e Among four countries with available data

^g Among seven countries with available data

^l Among 26 countries with available data

ⁿ Among 24 countries with available data

^p Among 24 countries with available data.

^r Among four countries with available data.

^b Among 23 countries with available data

^d Among 15 countries with available data

^f Among 5 countries with available data

^h Among 25 countries with available data

^m Among 28 countries with available data

^o Among 26 countries with available data

^q Among 20 countries with available data

^s Among five countries with available data

Abbreviations:

HIV Human immunodeficiency virus

HBV Hepatitis B

HCV Hepatitis C

MSM Men who have sex with men

NSP Needle and syringe program

OAT Opioid agonist treatment

PWID People who inject drugs

PrEP Pre-exposure prophylaxis for HIV

STIs Sexually transmitted infections

TB Tuberculosis