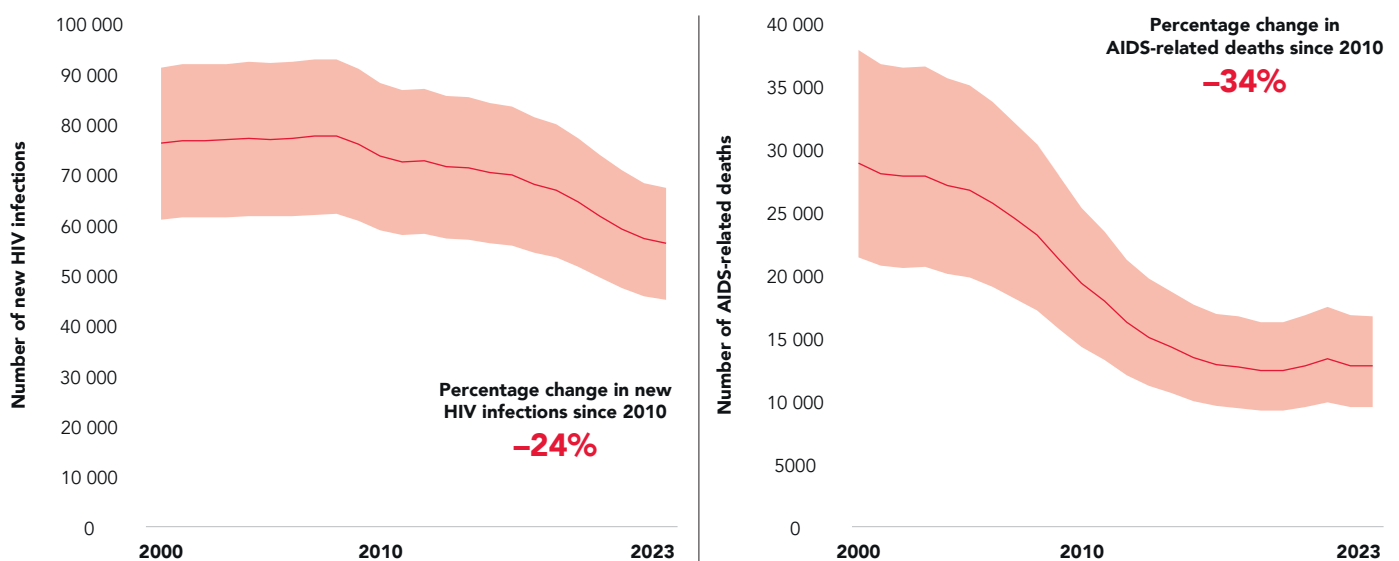


WESTERN AND CENTRAL EUROPE AND NORTH AMERICA

There has been a 24% drop in the annual number of new HIV infections in western and central Europe and North America since 2010 (Figure 17.1), and the number of AIDS-related deaths has declined by 34% (Figure 17.1). Numbers of new HIV infections among sex workers and their clients, however, have not declined at the same rate (Figure 17.2) (1). Despite data showing ongoing progress in HIV prevention, persistent social and economic factors, including stigma and discrimination, continue to cause health disparities, compromising the health and well-being of people from marginalized communities.

Numbers of new HIV infections and AIDS-related deaths continue to decline

Figure 17.1 Number of new HIV infections and AIDS-related deaths, western and central Europe and North America, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



2023 DATA

- **24%** decrease in new HIV infections since 2010
- **34%** decrease in AIDS-related deaths since 2010
- People living with HIV: **2.3 million** [2.0 million–2.7 million]
- New HIV infections: **56 000** [45 000–67 000]
- AIDS-related deaths: **13 000** [9400–17 000]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their HIV status as of 2022 (data for 2023 remains pending): **89 [66→98]**
- % of people living with HIV who are on treatment in 2023: **77 [57–91]**
- % of people living with HIV who have a suppressed viral load as of 2022 (data for 2023 remains pending): **70 [60–80]**

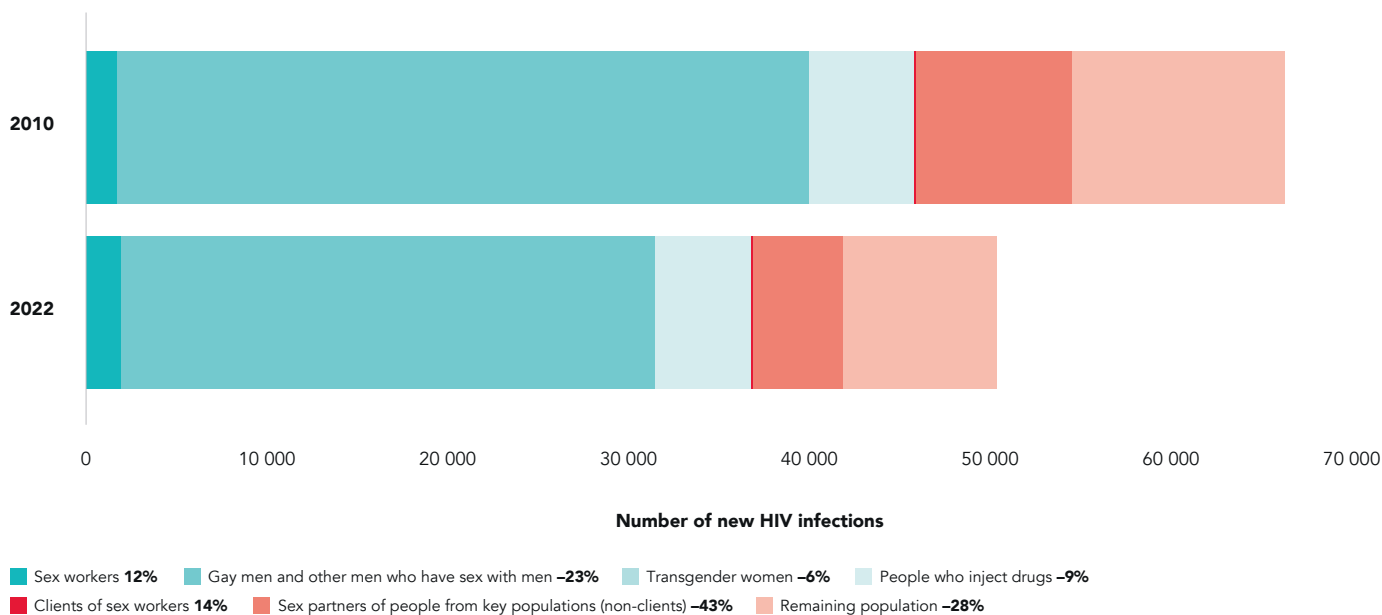
Reports from the United States of America show unequal progress across populations. Among all populations there was a 12% decrease in numbers of new HIV infections compared with 2018, and there was an encouraging 30% decrease among young people aged 13–24 years (2). Numbers of new HIV infections decreased by only 10% among Black women, however, who accounted for 50% of new HIV infections among cisgender women, and by 41% among transgender women. Overall, new HIV infections attributed to male-to-male sexual intercourse accounted for 67% of new infections. An estimated 87% [74→98%] of adults aged 15 years and over living with HIV were aware of their HIV status in 2022.

In western and central Europe, coverage of HIV testing and treatment services remained high. In 2022, approximately 91% [77→98%] of people living with HIV knew their HIV status, 93% [79→98%] of these received antiretroviral therapy, and 96% [81→98%] of people on treatment had a suppressed viral load. Treatment coverage and outcomes are poorer in central Europe, however. Estimates of epidemic trends and progress on the testing and treatment cascade are increasingly complex for countries in Europe, due to movements of people within, as well as in and out of, the region. Harmonizing and integrating client and programme monitoring and surveillance data systems across countries in the region are critical. Programmatically, efforts to re-engage people in care if they drop out, sometimes starting from a re-diagnosis, are increasingly important to reach and maintain high treatment coverage (3).

HIV-related stigma and discrimination remain major barriers to accessing HIV services for people living with HIV across western and central Europe and North America. In the United States, African American and Hispanic communities are disproportionately affected by HIV compared with other racial or ethnic groups. According to the Centers for Disease Control and Prevention, in 2021 Black and African American people aged 13 years and over represented approximately 12% of the United States population but accounted for 40% of people living with HIV. Hispanic and Latino people aged 13 years and over represented 18% of the population but accounted for 25% of people living with HIV. Disparities also exist among women. Black women are disproportionately affected by HIV compared with women of other races or ethnicities. Although annual numbers of HIV infections remained stable overall among Black women between 2017 and 2021,

The majority of new HIV infections in 2022 occur among people from key populations

Figure 17.2 Distribution of new HIV infections and percentage change among adults, western and central Europe and North America, 2010 and 2022



Source: Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. *J Acquir Immune Defic Syndr.* 2024;95(15):e34–e45.

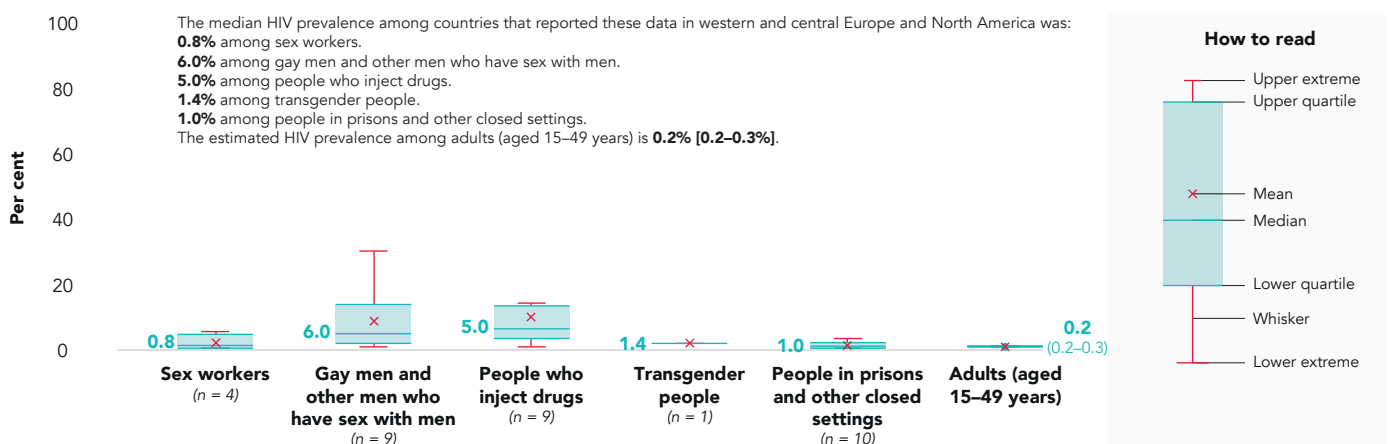
the rate of new HIV infections among Black women is 10 times that among white women and four times that among Latina women (4).

In western and central Europe, discriminatory laws that target key populations at risk of HIV—such as the criminalization of sex work, same-sex relations or possession of small amounts of drugs for personal use—continue to limit access to services. Of 41 countries in the region, 36 countries have laws criminalizing some aspect of sex work; no countries have laws criminalizing same-sex sexual acts; at least 26 countries have laws criminalizing possession of small amounts of drugs; one country has HIV-related travel restrictions (requiring HIV testing or disclosure for some permits); and 34 countries have laws criminalizing HIV nondisclosure, exposure or transmission, either explicitly or through general disease laws, or have prosecutions based on general criminal laws in the past 10 years.

HIV-related stigma and discrimination remain major barriers to accessing HIV services for people living with HIV, including in this region. An exploratory small survey conducted in 2021 among people living with HIV to measure HIV-related stigma across Europe and central Asia found that one in five respondents (21%) were afraid to go to health-care services for fear of having their HIV status disclosed, and one in seven (16%) avoided health-care services altogether for fear of being treated differently. Respondents reported experiencing stigmatizing practices such as being verbally harassed (20%) or being threatened, verbally abused or physically harmed by someone other than friends or family (15%) (5).

HIV prevention services to reach the most vulnerable migrants in western Europe are needed. A study shows that 62% of HIV-positive migrant gay men and other men who have sex with men had acquired HIV after arrival in France, 13% within the first year (6). This study highlights that contextual factors (e.g. legal status of same-sex relations in the country of birth) and individual factors (e.g. level of social disadvantage and sexual behaviour) may contribute to early HIV acquisition after migration. Studies have reported similar findings in other European countries, including Sweden (7) and the United Kingdom of Great Britain and Northern Ireland (8). Substantial gaps in data exist on HIV burden and access to the HIV continuum of care among migrants living in this region, particularly for people in precarious circumstances such as migrants with irregular status (9).

Figure 17.3 HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in western and central Europe and North America, 2019–2023



Source: UNAIDS Global AIDS Monitoring, 2020–2024; UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Note: n = number of countries. Total number of reporting countries = 40.

The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 17.1 Reported estimated size of key populations, western and central Europe and North America, 2019–2023

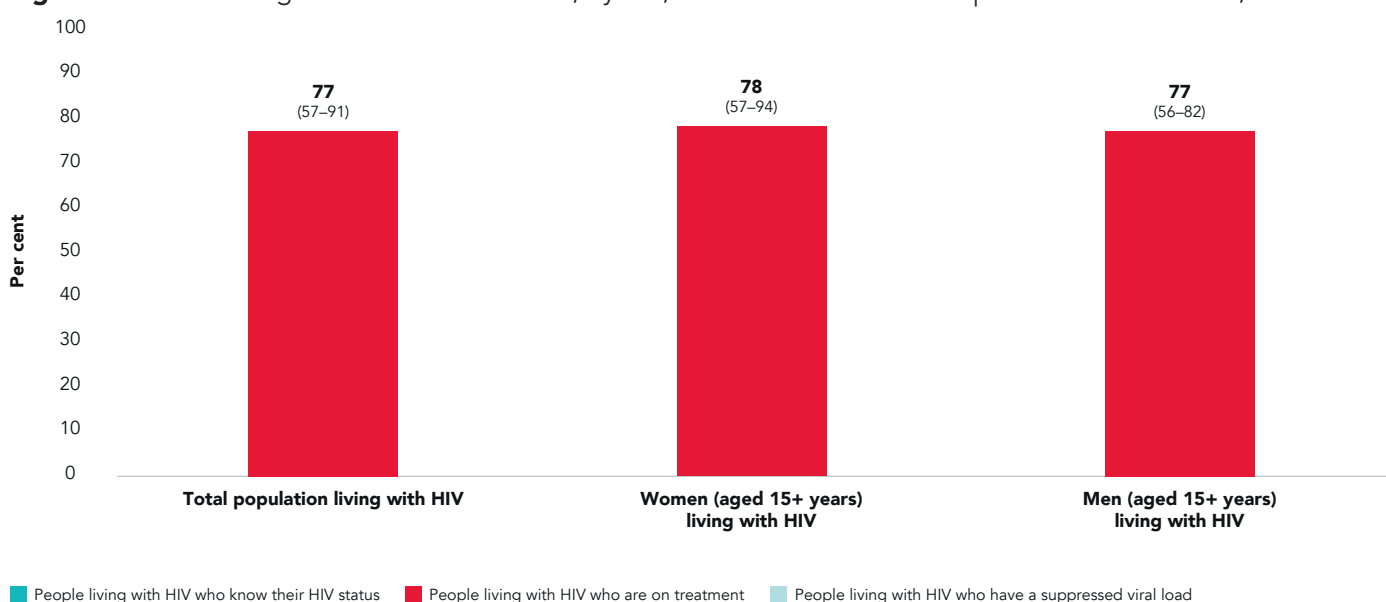
Country	National adult population (aged 15–49 years) for 2023 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15–49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons and other closed settings	People in prisons and other closed settings as percentage of adult population (aged 15–49 years)
Austria	3 849 000			100 000	2.58%					9100	0.24%
Belgium	5 082 000									10 400	0.20%
Canada	17 635 000			432 300	2.50%	90 300	0.52%	100 800	0.58%	13 400	0.08%
Czechia	4 636 000					44 900	0.96%			19 500	0.42%
Denmark	2 574 000			60 000	2.34%						
Estonia	574 000									2300	0.40%
Finland	2 375 000									2800	0.12%
France	26 855 000									72 800	0.27%
Germany	33 792 000									56 600	0.17%
Ireland	2 393 000									3800	0.16%
Liechtenstein	17 000										
Monaco	31 000									100	0.16%
Portugal	4 274 000										
Serbia	3 963 000									10 600	0.26%
Spain	20 561 000									55 800	0.27%
Turkey	44 839 000									348 300	0.77%
Estimated global median proportion as percentage of adult population (aged 15–49 years):*			0.43%		2.46%		0.62%		0.29%		-

■ National population size estimate ■ Local population size estimate ■ Insufficient data ■ No data

Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>). Spectrum DemProj module, 2024. United Nations Population Division, World Population Prospects: The 2022 revision (<https://population.un.org/dataportal/home?df=b97292bf-b220-4cce-9978-f1820bb65792>).
 * Guide for updating Spectrum HIV estimates, UNAIDS 2024 (<https://hivtools.unaids.org/hiv-estimates-training-material-en/>).
 Notes: Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (<https://kpatlas.unaids.org/>), academic publications and institutional documents.

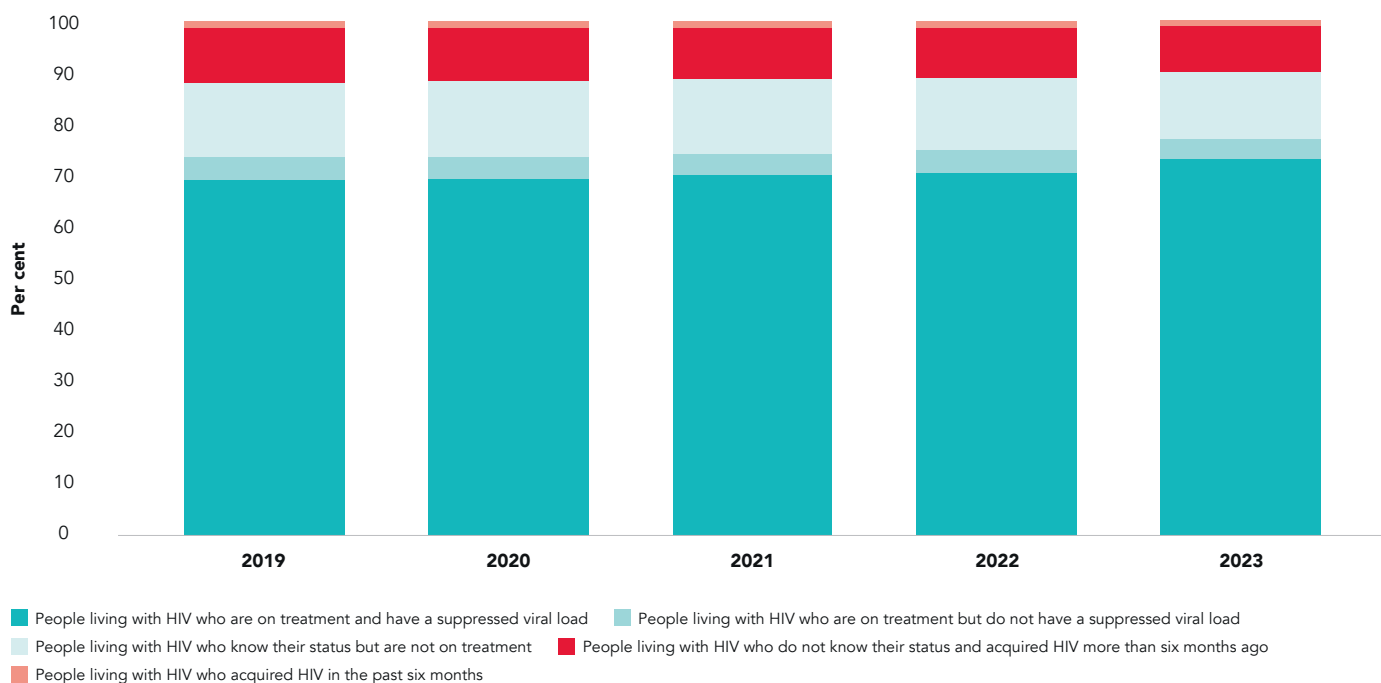
Note on methodology
 The estimated size of key populations refers to reported values through Global AIDS Monitoring since 2019 only. A comprehensive review of the data was conducted during these reporting rounds and therefore estimates should not be compared with data presented in previous UNAIDS reports. As a result of this process, the estimates reported can be categorized as follows:
 “National population size estimate” refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale-up method (NSUM) or population-based survey, or respondent-driven sampling–successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear approach to extrapolating to a national estimate.
 “Local population size estimate” refers to estimates that are empirically derived using one of the before mentioned methods but only for a subnational group of sites that are insufficient for national extrapolation.
 “Insufficient data” refers to estimates derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national.

Figure 17.4 HIV testing and treatment cascade, by sex, western and central Europe and North America, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.
 Note: Knowledge of HIV status and suppressed viral load data for 2023 is not yet available.

Figure 17.5 Distribution of people by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), western and central Europe and North America, 2019–2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Table 17.2 Laws and policies scorecard, western and central Europe and North America, 2024

Country	Criminalization of transgender people ^a	Criminalization of sex work ^b	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs ^c	Laws criminalizing HIV nondisclosure, exposure or transmission ^d	Laws or policies restricting the entry, stay and residence of people living with HIV
Andorra			23		55	6
Austria		7	23	24	55	6
Belgium		8	23	25	55	6
Bulgaria		7	23	26	55	6
Canada	1	1	1	27	1	6
Croatia		9	23	28	55	6
Cyprus		10	23	29	55	6
Czechia	3	11	3	3	55	6
Denmark		12	23	30	55	6
Estonia		7	23	31	55	6
Finland		7	23	32	55	6
France		7	23	33	55	6
Germany	3	3	23	3	3	6
Greece		7	23	34	55	6
Hungary		13	23	35	55	6
Iceland	5	14	23	36	55	6
Ireland	5	5	23	5	5	6
Israel	3	4	4		55	6
Italy		7	23	37	55	6
Latvia	5	7	23	38	55	6
Liechtenstein	1	1	1	1	1	6
Lithuania	5	15	23	39	55	6
Luxembourg	5	16	23	40	5	6
Malta	5	17	23	41	5	6
Monaco	1	3	2	1	2	6
Netherlands		7	23	42	55	6
Norway		7	23	43	55	6
Poland		7	23	44	55	6
Portugal		7	23	45	55	6
Romania		7	23	46	55	6
San Marino			23	47	55	6
Serbia	1	1	1	1	1	6
Slovakia		7	23	48	55	6
Slovenia		18	23	49	55	6
Spain	5	19	23	50	5	6
Sweden		7	23	51	55	6
Switzerland		20	23	52	55	6
Türkiye	2	3	2	2	55	6
United Kingdom of Great Britain and Northern Ireland		21	23	53	55	6
United States of America		22	23	54	55	6

Criminalization of transgender people

- Yes
- No
- Data not available

Criminalization of sex work

- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations or is not criminalized
- Data not available

Criminalization of same-sex sexual acts in private

- Death penalty
- Imprisonment (14 years–life, up to 14 years) or no penalty specified
- No

Criminalization of possession of small amounts of drugs

- Yes
- No
- Data not available

Laws criminalizing HIV nondisclosure, exposure or transmission

- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

Laws or policies restricting the entry, stay and residence of people living with HIV

- Deport, prohibit short and/or long stay, and require HIV testing or disclosure for some permits
- Prohibit short and/or long stay and require HIV testing or disclosure for some permits
- Require HIV testing or disclosure for some permits
- No restrictions

- a Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expression, such as laws against cross-dressing or impersonating the opposite sex.
- b Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.
- c Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.
- d HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.
- e Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV criminalization laws

Source:

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