



# Cascade of care for HIV and hard to reach populations in Central, Eastern and South Eastern Europe - data from ECEE Network

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## Background

- Inaccurate HIV care for hard-to-reach populations may result in failing the UNAIDS 90-90-90 goal.
- Therefore, we aimed to review the HIV cascade of care and to identify hard-to-reach populations in Central (CE), Eastern (EE) and South Eastern Europe (SEE).

## Methods

- Euroguidelines in Central and Eastern Europe (ECEE) Network Group was established in February 2016 with the purpose to review standards of care for HIV in the region.
- Information about each stage of HIV cascade of care and hard-to-reach populations corresponding to each stage was collected through on-line surveys.
- Respondents were ECEE members (one per country) chosen based on their expertise and involvement in national HIV care.
- Data sources (year 2016) used by respondents included HIV Clinics electronic databases, Institutes of Public Health, Centers for AIDS Preventions, and HIV Programme Reviews.

## Results

- The lowest percentage of HIV positive persons linked to care was 60% in CE.
- EE reported having the lowest percentage of HIV positive persons on ART (50%) and the lowest percentage of persons virologically suppressed while on ART (32%) (Table 1).
- The proportion of late presenters among newly diagnosed ranged between 15-55% in CE, 40-55% in EE, and 48-60% in SEE.
- All three regions reported PWIDs as hard-to-reach population across all HIV cascade stages. Migrants were the second most reported hard-to-reach population (Figure 1).
- Six countries reported ARVs' delivery delays resulting in treatment interruptions in 2016: four (50%) in SEE, one (20%) in CE, and one (16.7%) in EE.

## Conclusions

- Some countries are close to the UNAIDS 2020 goals, others need to strive for progress.
- Irrespective of the diversity in national HIV epidemics, countries from all three regions reported PWIDs as hard-to-reach population across all HIV cascade stages.
- However, differences in data sources and variations in definitions limit the utility of cascade of care as a comparative tool.

Table 1. The HIV Cascade of Care in Central, Eastern and South Eastern Europe

	PLHIV linked to HIV care after HIV diagnosis	HIV positive persons on ART	Virologically suppressed while on ART
Central Europe	60-96%	80-93%	70-95%
Eastern Europe	71-92%	50-80%	32-95%
South Eastern Europe	80-100%	80-99%	62-97%

Figure 1. Populations hard-to-reach with HIV testing, treatment and care

	Populations Hard To Reach with:			
	HIV testing	linkage to HIV care	starting ART	retention on ART
Central Europe Czech Republic Slovakia Poland Slovenia Hungary	PWIDs, women, pregnant women, adolescents less MSM and SWs	Mostly migrants also PWIDs, women, prisoners	PWIDs, also women, adolescents and migrants	PWIDs, also migrants and MSM
Eastern Europe Belarus Estonia Armenia Moldova Ukraine Georgia	PWIDs, SWs, less MSM	PWIDs, SWs, also migrants	PWIDs, also adolescents SWs and migrants	PWIDs, adolescents also migrants and SWs
South Eastern Europe Serbia Albania Bosnia Herzegovina Greece Croatia Bulgaria Turkey Romania	SWs, PWIDs, MSM, migrants, prisoners	SWs, PWIDs, migrants	PWIDs, migrants, also women and adolescents	PWIDs, migrants, also SWs and perinatally infected young adults

PWIDs - people who inject drugs, SWs - sex workers, MSM - men having sex with men

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