

Call for action

Cost of inaction in ending HIV transmission

2026

HIV Prevention Alliance

hivpreventionalliance.eu

Scene-setter

A world of uncertainties

Today's world is marked by significant geopolitical and geostrategic challenges, including regional conflicts, migration pressures, global instability, economic headwinds, and competition between major powers.

Europe is facing complex challenges as the next EU budget (the Multiannual Financial Framework-MFF) is being negotiated; the EU is navigating an increasingly volatile global environment where the rules-based international order is under pressure and funding for global health programmes declining. Europe's resilience lies in healthy, cohesive societies underpinned by healthcare systems that can withstand disruption as well as adopt innovation to sustain care in the most challenging conditions.

This paper argues that HIV prevention and care investments must be positioned not only as a public health priority, but as a strategic contribution to Europe's competitiveness, resilience, and long-term fiscal sustainability within the next MFF architecture.

New dynamics are reshaping health needs across Europe. Migration flows, persistent inequalities, and uneven access to healthcare services continue to influence disease patterns and outcomes. While major scientific and technological advances have significantly improved the prevention, diagnosis, and treatment of communicable diseases, access to and uptake of these innovations remain uneven across Member States and population groups, limiting their full public health impact.

Yet, alongside these challenges, there are areas where decisive progress is within reach.

Reducing the transmission of life-threatening communicable diseases presents a clear opportunity to deliver immediate societal benefits, reduce long-term costs, and strengthen more resilient and healthier societies.

HIV transmission is one such case. As both a public health priority and a source of long-term economic burden, insufficient investment in HIV prevention will have lasting consequences for healthcare systems and societies. A recent study estimates that 242,000 (197,000 to 435,000) new HIV acquisitions could occur in the EU27 by 2030, with only 107,000 of those acquisitions to be diagnosed before 2030.

The lifetime costs associated with these cases, acquired between 2025 and 2030, are estimated at between €49.8 billion and €153.0 billion, reflecting long-term treatment and healthcare management needs[1].

Countries where new cases are increasing will see a significant 'cost of complacency' from a health system and societal perspective. **The total estimated additional cost of new diagnoses between 2025 and 2030 alone is estimated at €4.4 billion across France, Germany, Ireland, Italy, Spain, Poland and the UK**[2]**.** These figures illustrate not only the scale of the public health challenge, but also the significant and avoidable long-term economic burden associated with delayed or insufficient investment.

1 'EU27 Status Towards 2030 HIV Transmission Elimination, 2026 report', Aquarius, https://aquariusph.com/reports/eu27-status-towards-2030-hiv-transmission-elimination-2026-report/

2 'Altering the Trajectory of HIV in Europe', March 2026 report, Office of Health Economics, https://www.ohe.org/wp-content/uploads/2025/05/Radu-P.-et-al-2026-Altering-the-Trajectory-of-HIV-in-Europe.pdf

Progress and remaining gaps

Despite progress achieved to date, the EU remains off track to meet its HIV-related 2030 targets, including the Sustainable Development Goal (SDGs) to end all HIV transmissions by 2030, and the UNAIDS targets to reduce new acquisitions by 95% compared with 2010 levels. This shortfall highlights structural gaps that are closely linked not only to investment levels, but also to how funding is prioritised and implemented across the EU.

In the new geopolitical reality Europe is facing, the EU's failure to remain on track towards its 2030 commitments on prevention, testing, treatment and stigma reduction, becomes even more critical. While the EU/EEA has made substantial progress, with a decline of 35% of estimated new HIV acquisitions since 2010[3], current trajectories show that Europe risks missing these targets, particularly in relation to the reduction of new acquisitions, late diagnosis, stigma and discrimination.

Although HIV is fully preventable, new transmissions remain a persistent public health challenge in the EU/EEA. In the EU, more than 50% of new HIV diagnoses are still made late[1], resulting in poorer health outcomes and a higher risk of transmission while individuals remain undiagnosed and virally detectable. In addition, **estimated HIV incidence has decreased by 20% since 2010 but still has not reached the 2025 target of a 75% reduction**[4].

At the same time, we now have more and better tools than ever to prevent HIV. Yet, existing innovations, such as new PrEP modalities, rapid testing solutions, and digital tools, are not yet deployed at scale or equitably across the region.

Action by some Member States alone will not achieve these targets. What we have learned is that viruses do not respect borders. Therefore, **coordinated action by Member States supported by interventions at a European level is necessary if we are going to meet the goals**.

Gaps in prevention, diagnosis and care are driven not only by insufficient investment, but also by structural barriers, including unequal access to prevention tools and healthcare services, entrenched stigma, lack of gender-transformative services and the limited reach of interventions to those in vulnerable situations. These gaps underline the need for a comprehensive combination prevention approach that integrates testing, treatment, PrEP, awareness and community-led and -based interventions. Community organisations, as well as local and regional actors play an essential role as delivery partners in outreach, testing, prevention, and care, yet they are not consistently reflected in current funding structures or governance mechanisms.

Expanding access to services, engaging communities, combatting stigma, diversifying treatment and prevention options and strengthening data collection are actions identified by OHE as solutions to address HIV in Europe[2].

The cost of inaction is substantial. Conversely, timely investment and more effective use of existing tools and innovative therapies can deliver both improved health outcomes and significant long-term savings.

3 European Centre for Disease Prevention and Control. Progress towards reaching the Sustainable Development Goals related to HIV, viral hepatitis, sexually transmitted infections and tuberculosis in the EU/EEA: 2024 progress report. Stockholm: ECDC; 2025.

4 European Centre for Disease Prevention and Control, Overview of progress towards the Sustainable Development Goal 3.3 targets on HIV, tuberculosis, viral hepatitis and sexually transmitted infections in the EU/EEA-2025; 2026

Vision, strategy and opportunities – what to do?

Without further investment in proactive interventions, the EU will fall short of its goal to eliminate HIV transmission by 2030. Beyond health outcomes, this would negatively affect labour force participation, productivity, and long-term economic resilience, increasing pressure on already constrained public budgets.

Priority areas for action include a strengthened combination prevention approach (including prevention, awareness, testing, treatment and community-led and -based interventions), as well as improved data for decision-making.

Barriers to access must be removed, prevention and awareness campaigns need to be better tailored, and at-risk communities must be more effectively reached and protected.

The upcoming MFF (2028–2034) offers important opportunities in this regard. It reflects a shift towards a more flexible and politically driven budget structure, where health priorities increasingly compete within broader economic and strategic frameworks and where traditional instruments such as EU4Health may evolve or be replaced. The overall governance of the new MFF will also bring about important changes.

The proposal of the European Commission for the creation of a European Competitiveness Fund (ECF), with a budget of €234 billion, combined with Horizon Europe (€175 billion) will bring together €409 billion (or 21% of the future EU budget) to accelerate strategic technologies in Europe. The proposal aims to allocate, within the ECF, €20.4 billion for health and biotech, agriculture and bioeconomy.

In the proposed governance revision of the MFF it will be important to guard the risk of further entrenching disparities across national policies, whilst also harnessing the opportunity for a more holistic approach to support better health outcomes across the region.

The implementation of the new MFF would be based on National and Regional Partnership Plans (NRPPs). While minimum amounts would be earmarked for each policy area, Member States would have greater flexibility to distribute resources across priorities within each plan. This could result in divergent investment choices across Member States, potentially leading to increased inequalities in access to healthcare and prevention services.

While this flexibility can support more tailored national investment strategies, it also carries the risk that health priorities, including HIV prevention, may be deprioritised in Member States where these are not seen as immediate political priorities.

The proposed revision includes programmes focused on global health, human rights, gender equality, cohesion policy, and external action (such as the Instrument for Pre-Accession Assistance- IPA and Global Europe) which creates new opportunities to mobilise funding across a broader set of instruments. This more integrated approach can support not only healthcare delivery, but also innovation uptake, equity, and cross-border coordination.

Call to action

Based on these findings and on identified costs of inaction, we call on decision makers in the EU to:



Coordinate an EU27-level HIV response, underpinned by renewed political commitment and sustained, strategic financing, to achieve HIV transmission reduction by 2030



Adopt a modern MFF that adequately reflects emerging challenges, ensuring that health – including HIV prevention – is recognised as a core pillar of resilience, security, and economic sustainability



Recognise HIV prevention and care as a strategic investment contributing to economic resilience, workforce productivity, and the long-term sustainability of public finances



Ensure continuity of funding streams by replacing EU4Health with complementary programmes across the future MFF that addresses challenges in relation to communicable diseases and infectious diseases, such as HIV, as well as including the reinstatement of operating grants for health NGOs



Use existing and future financial instruments and programmes to accelerate the uptake of innovation in HIV prevention and treatment, including PrEP, as part of a broader combination prevention approach in particular for communities in vulnerable positions, while strengthening awareness and engagement among stakeholders and decision-makers at both national and EU levels



Within the future NRPPs, ensure that HIV prevention, testing, treatment and community-led and -based care are embedded as core implementation priorities, including through earmarked funding and meaningful involvement of communities, civil society organisations and regional authorities in design, delivery and monitoring; ensure tailored approaches to interventions which are considering the needs of different genders and diverse groups and communities



Take immediate action to strengthen prevention efforts across all population groups, with a particular focus on at-risk and underserved communities, including through targeted use of MFF instruments such as cohesion funding, IPA, and Global Europe



Strengthen preparedness and resilience through a holistic approach, leveraging the European Pillar of Social Rights and the European Social Fund Plus to **promote inclusion, equity, and universal access to prevention healthcare**



Mobilise pre-accession funding to support health system reform and HIV prevention efforts in candidate countries (Western Balkans, Ukraine, Republic of Moldova)



Maximise the impact of external action financing, including the Global Europe Instrument, to support HIV prevention globally, reduce inequalities, and address stigma and discrimination, particularly in high-prevalence regions

Ending HIV as a Public Health Threat in Europe by 2030

HIV Prevention Alliance

The HIV Prevention Alliance was launched in April 2025 as a diverse coalition of stakeholders aimed at revitalising political leadership and accelerating action on HIV prevention in the EU and its close neighbourhood, in line with the EU's commitment to achieving the Sustainable Development Goal 3.3: ending the AIDS epidemic by 2030.

By bringing together over 27 representatives from the communities most affected by HIV, including LGBTQI+, women, migrants, youth, people who use drugs, people experiencing homelessness and sex workers, alongside leading clinical and public health experts, researchers and industry partners, the Alliance serves as a unifying platform for dialogue, collaboration and action.



Join the movement

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endorse our Call to Action

The Alliance

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AIDS Action Europe

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Correlation · European Harm Reduction Network

EATG · European AIDS Treatment Group

EHMA · European Health Management Association

European Institute of Women's Health · EIWH

EUPHA · European Public Health Association · Sexual and Gender Minority Health

european sex workers rights alliance

FEANTSA

GILEAD

Global Black Gay Men Connect

GAT · Grupo de Ativistas em Tratamentos · Membro da Coalition PLUS

ILGA Europe

IPPF EN

MSD

PLUS · Persone LGBT+ Sieropositive

GGD Amsterdam Public Health Service

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