



Folkhälsomyndigheten

Diariennr:

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Global AIDS Response Progress Report (GARP) and Dublin Declaration Report 2014 for Sweden

On January 1, 2014 the Public Health Agency of Sweden (Folkhälsomyndigheten) was established. The new agency has a national responsibility for public health issues, and is a merger of the Swedish National Institute of Public Health (Folkhälsoinstitutet), the Swedish Institute for Communicable Disease Control (Smittskyddsinstitutet) and some parts of the National Board of Health and Welfare. The Public Health Agency of Sweden has taken over the national responsibilities and monitoring of the National Strategy to Combat HIV/AIDS and Certain Other Communicable Diseases, adopted by the Swedish Parliament in 2006, and is also responsible for the national surveillance of HIV and other communicable diseases included in the Act of Communicable Disease Prevention and Control.

The Public Health Agency of Sweden was responsible for the coordination process in Sweden of the Global Aids Progress Reporting 2014 and the Dublin Declaration Report to UNAIDS and the European Centre for Disease Prevention and Control (ECDC). The reporting is biannual and describes the HIV preventive work in Sweden and the epidemiological development, based on the commitments in the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia 2004 and the UN General Assembly Political Declaration on HIV/AIDS 2011. This responsibility included collecting GARP indicator data and completing the 2014 Dublin Declaration questionnaire part A. In this process, relevant stakeholders such as the National Board of Health and Welfare, the Swedish Prison and Probation Service, the Swedish International Development Cooperation Agency (SIDA) and the steering committee of InfCareHIV – a medical decision support and quality register for all Swedish HIV clinics – were consulted and contributed data and information. The Dublin Declaration questionnaire part B concerning civil society was completed by HIV-Sweden – a national umbrella organization including six different organizations for people living with HIV.

The National Strategy to Combat HIV/AIDS and Certain Other Communicable Diseases applies to 2016, after which a comprehensive evaluation of the Swedish HIV preventive efforts and development over the past 10 years can be expected. Meanwhile this progress report comprises the HIV preventive work and the epidemiological

situation during 2012–2013. For an extensive and more detailed report of the national strategic policy and the leadership, coordination and main actors in the Swedish HIV preventive work, as well as the national response to the HIV epidemic, see the previous *Global AIDS Response Progress Report 2012 Sweden* (<http://www.folkhalsomyndigheten.se/pagefiles/12846/global-aids-response-progress-report.pdf>).

Epidemiological summary

No major changes in the epidemiological situation in Sweden was noticed during 2012–2013. Up to December 2013 a total of ca. 10 700 cases of HIV have been reported in Sweden since the early 1980's, of whom ca. 6 300 people (650 per 1 million inhabitants) are currently living in Sweden with a known HIV infection (Dec. 2013). 461 new HIV cases were notified in 2013 (incidence: ca. 5 cases/100 000 inhabitants) of whom about 75% were foreign born. Among people infected via heterosexual route of transmission the percentage of foreign born in new reported HIV cases has been high since the late 1980's due to immigration from countries with a generalized HIV epidemic. However a substantial increase of foreign born people among new HIV cases has been noticed during the last decade in men who have sex with men (MSM) and injection drug users (IDU). Foreign born counted for the majority of reported HIV cases in these two groups 2012–2013. This emphasizes that the preventive efforts directed to MSM and IDU also must target migrants and be adapted to their needs of information, counselling and testing. Previous studies has reported that foreign born are over represented among people who are diagnosed in a late stage of the HIV infection in Sweden. A new study published by the Swedish Institute for Communicable Disease Control in 2013 also showed that late diagnosis were common among Swedish born people, especially in heterosexual route of transmission and in IDUs (<http://www.folkhalsomyndigheten.se/pagefiles/12864/tidig-eller-sen-hivdiagnos-2013.pdf>). For a more detailed epidemiological report on HIV in Sweden, see *Epidemiologisk årsrapport 2012*, Smittskyddsinstitutet 2013, p. 18–21 (<http://www.folkhalsomyndigheten.se/documents/statistik-uppfoljning/smittsamma-sjukdomar/2012/hivinfektion-epidemiologisk-arsrapport-2012-2013-101-8.pdf>)

Key national and regional initiatives 2012–2013

A variety of HIV prevention efforts and activities have been carried out during 2012–2013, particularly at regional and local level through the county councils and NGOs around the country with grants from the annual governmental funding for HIV prevention coordinated by the Public Health Agency of Sweden. In October 2013 the agency arranged a national two-day conference on HIV and STI prevention with participation from a large number of NGOs, the health care sector, county councils, governmental agencies, media and the Ministry of Health and Social Affairs. In connection to the conference the agency together with the Swedish Reference Group for Antiviral Therapy (RAV) published a review and position statement on the minimal risk of HIV transmission from patients on effective antiretroviral therapy (ART), a report that received a lot of media attention and also has crucial influenced the jurisprudence in criminal court cases in Sweden regarding HIV exposure through sexual contact

(<http://www.folkhalsomyndigheten.se/publicerat-material/publikationer/Smittsamhet-vid-behandlad-hivinfektion/>). An evaluation and a recommendation about the use of rapid HIV-tests has also been published by the agency 2013 (<http://www.folkhalsomyndigheten.se/pagefiles/12863/anvandning-hivtester-snabbsvar.pdf>).

Furthermore, the agency has initiated and developed or supported several projects at national level. The third national Internet survey regarding sexual behaviour, testing behaviour, knowledge and prevention needs in MSM was carried out in October 2013. The Public Health Agency of Sweden has also been responsible for the Swedish participation in the European bio-behavioural study SIALON 2, offering HIV-testing to MSM in different kind of gay venues during the summer 2013. In late 2013 a national survey started and will go on during the 1st half of 2014, focusing on the quality of life of people living with HIV, stigmatisation and other aspects of living with HIV, covering both adults and young people.

A cooperation project with the Public Health Agency of Sweden and other authorities, organisations and universities, aiming at improving the structure and cooperation in relation to health examination for asylum seekers upon arrival in Sweden, was started in 2012 with funding from the European Refugee Fund (ERF) and will be completed in 2014. Furthermore, from July 2013 a new law (SFS 2013:407) gives undocumented migrants who are living in Sweden access to subsidised medical health care that cannot be postponed, including maternity care, contraception advice, and health care connected with abortion.

Two national information interventions, promoting condom use and targeting young women and men, were launched in 2012 and 2013, using social media such as Youtube and cinema advertisement as the primary ways of communication, see: <http://www.dansaineon.se/>

Two new needle and syringe exchange programs targeting IDU have started in Sweden, in Kalmar in 2012 and in Stockholm in 2013. In total there are now active needle and syringe exchange programs in five cities in three different regions of Sweden and discussions between local politicians and the county council about starting programs enabled by the Act of exchange of needles and syringes (2006:323) are ongoing in other parts of Sweden.

To conclude, no major changes in the epidemiological situation during 2012–2013 was seen. However the increasing percentage of foreign born people among new reported HIV cases during the last few years underlines the importance of developing the efforts and methods to reach migrants, especially in the specific key populations for the HIV preventive work, with information and to offer counselling and testing. Also the fact that late diagnosis are common among the new reported HIV cases in Sweden, regardless of the country of birth, emphasises the need of HIV testing services easy to access and to maintain and increase the knowledge and attention to HIV in general in

the health care. It is important to increase the rate of HIV testing among all the key populations for HIV in Sweden, such as migrants, MSM and IDU, so that people who are HIV positive can get access to care and effective antiretroviral therapy as early as possible. Furthermore the HIV preventive efforts targeting IDUs need to be strengthened and needle and syringe exchange programs are still not available in most parts of Sweden.

Yours sincerely

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