

# The impact of migration on HIV epidemiology across Europe

Teymur Noori, ECDC

# Conflict of Interest

I have no conflicts of interest



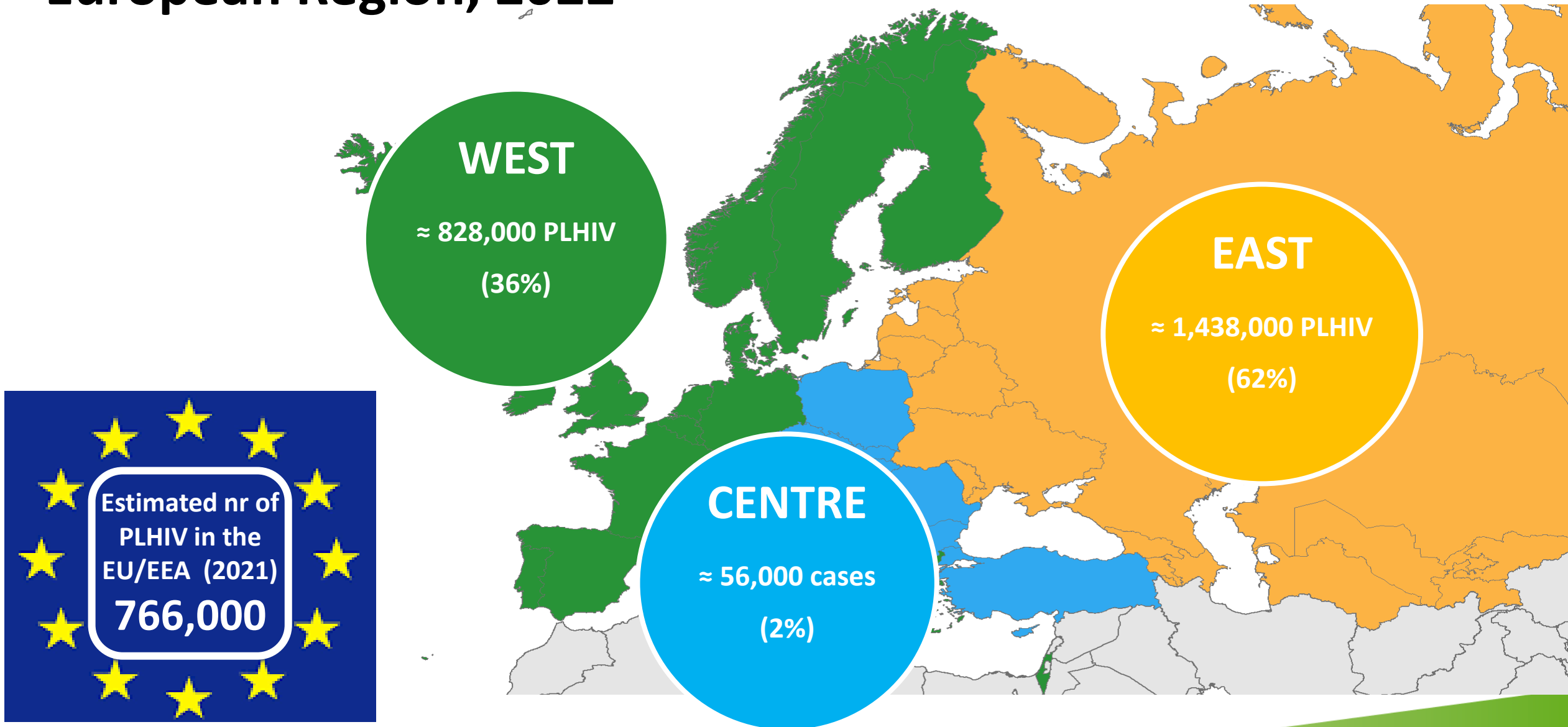
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# Outline

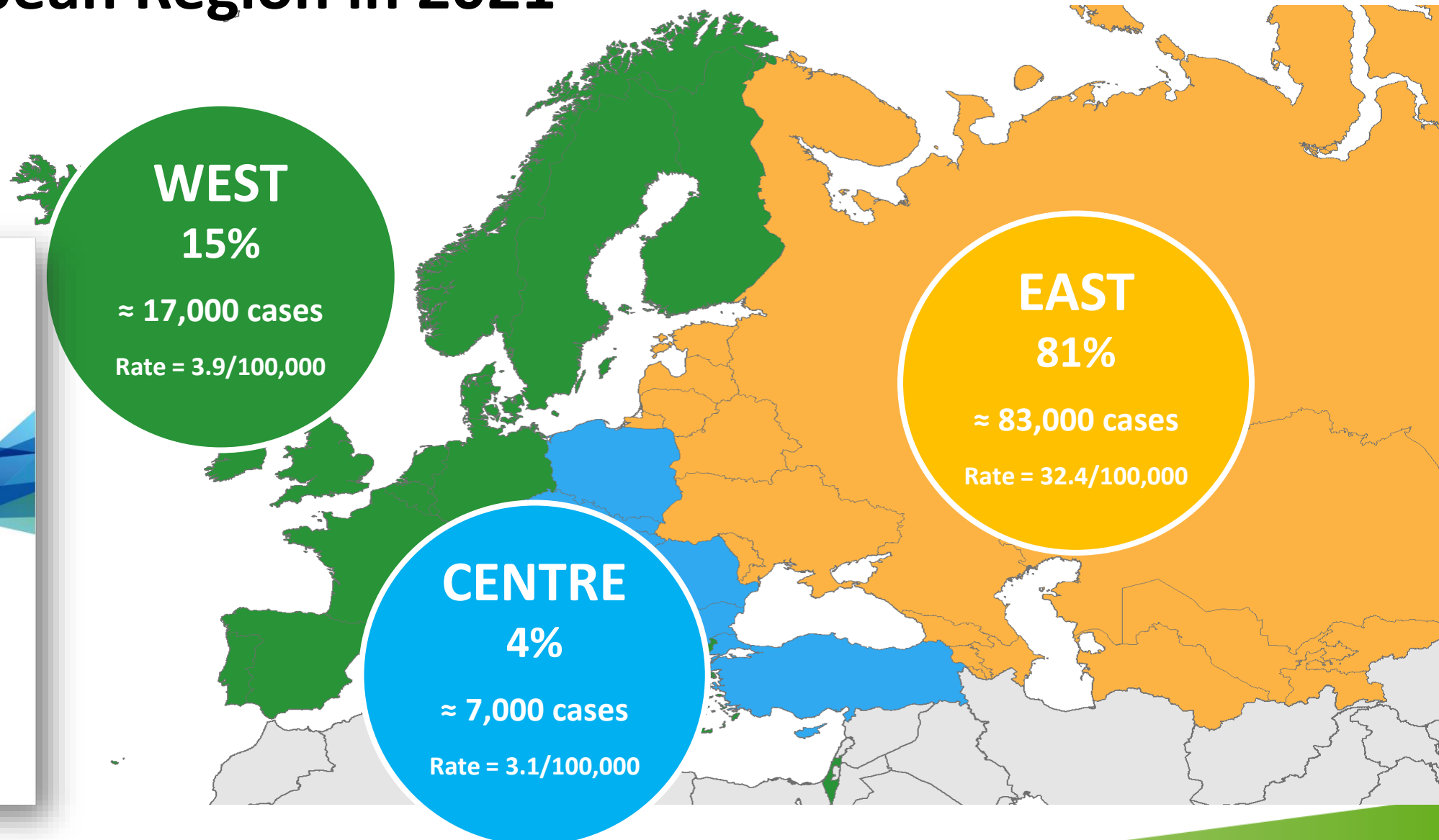


- Overview of the epidemiology of HIV in Europe
- Inequities in PrEP, condoms and STI testing provision
- Progress towards reaching the 95-95-95 testing and treatment targets
- New data on HIV stigma
- Conclusions

# ~2.3 million people were living with HIV in the WHO European Region, 2022

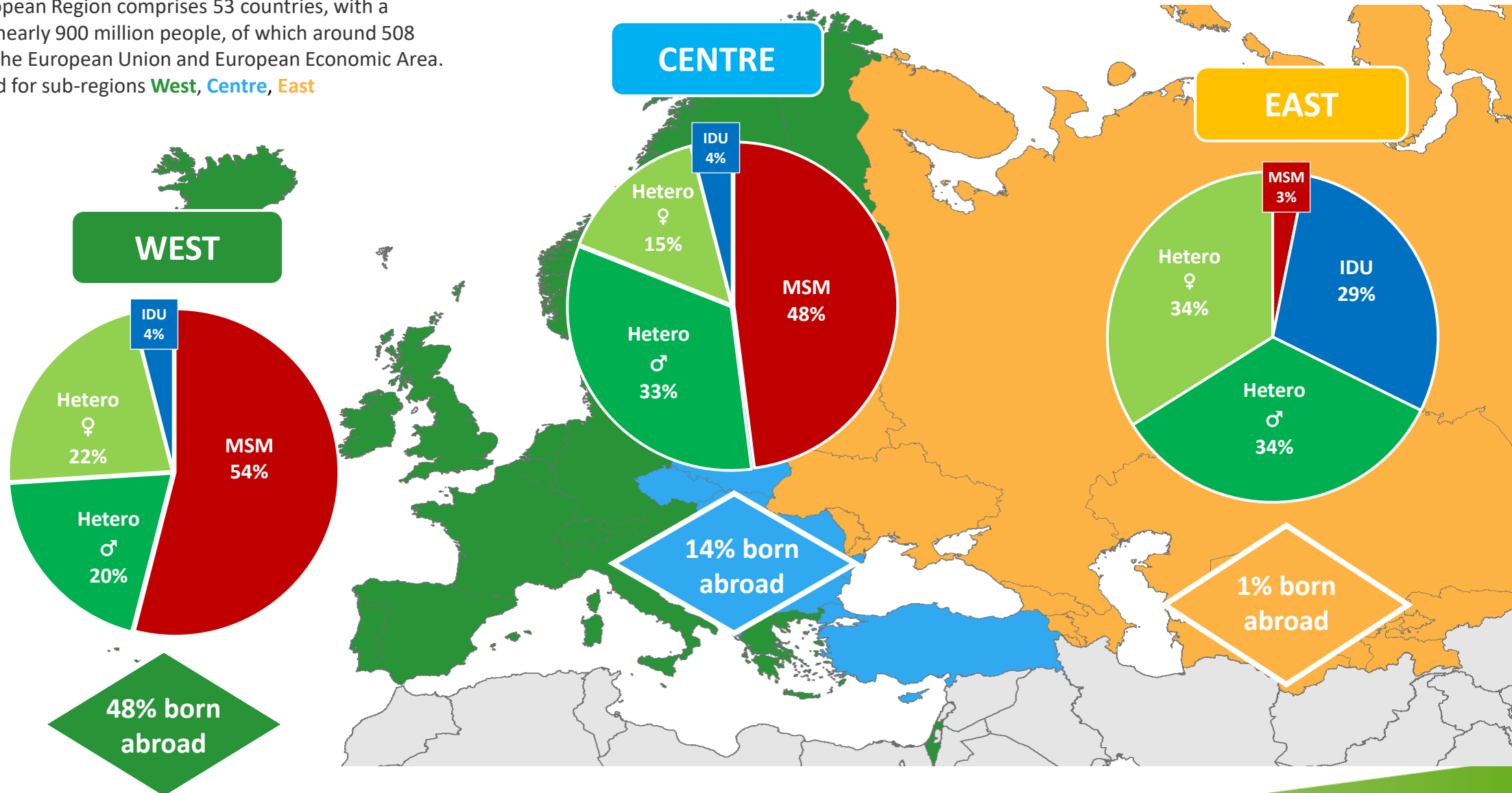


# ~107,000 persons were diagnosed with HIV in the WHO European Region in 2021

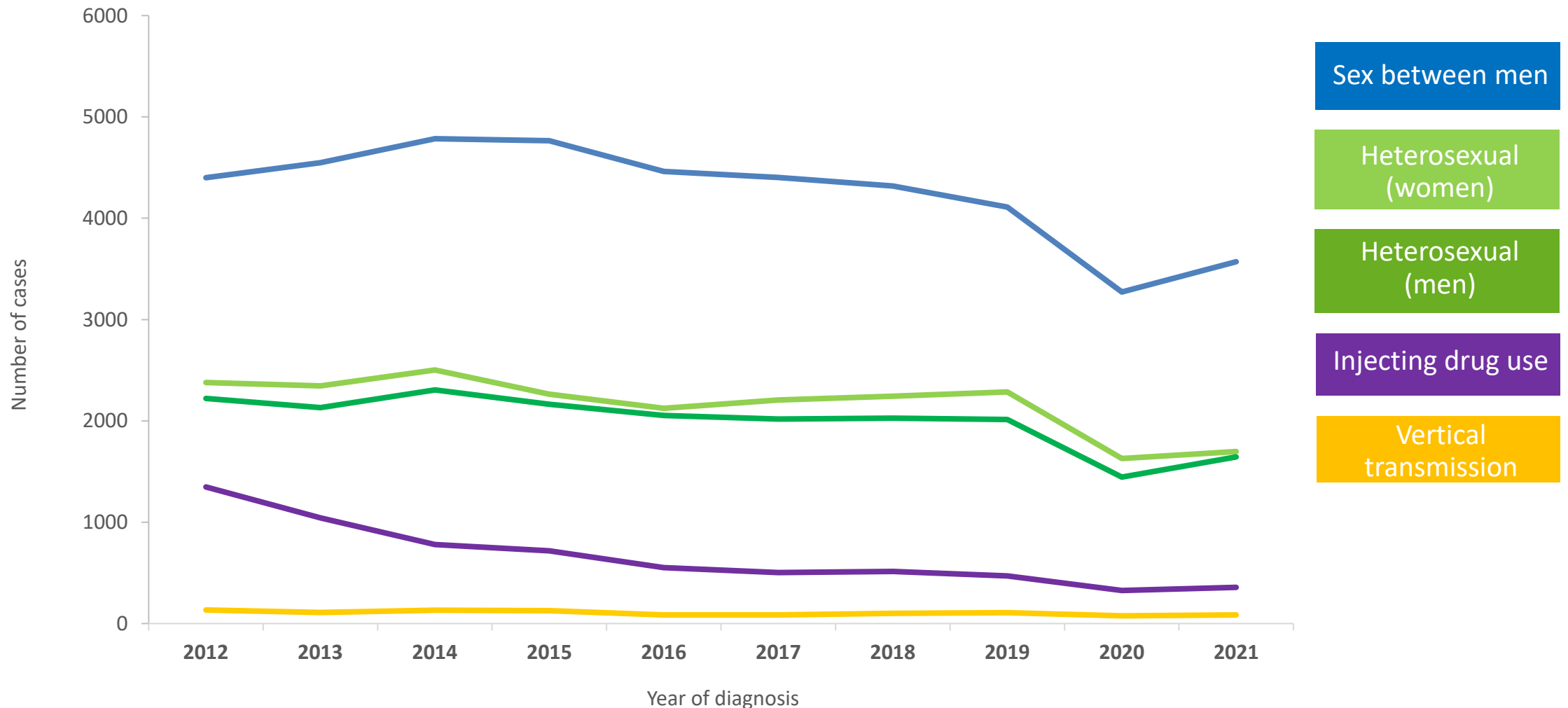


# Known routes of transmission by sub-regions, 2021

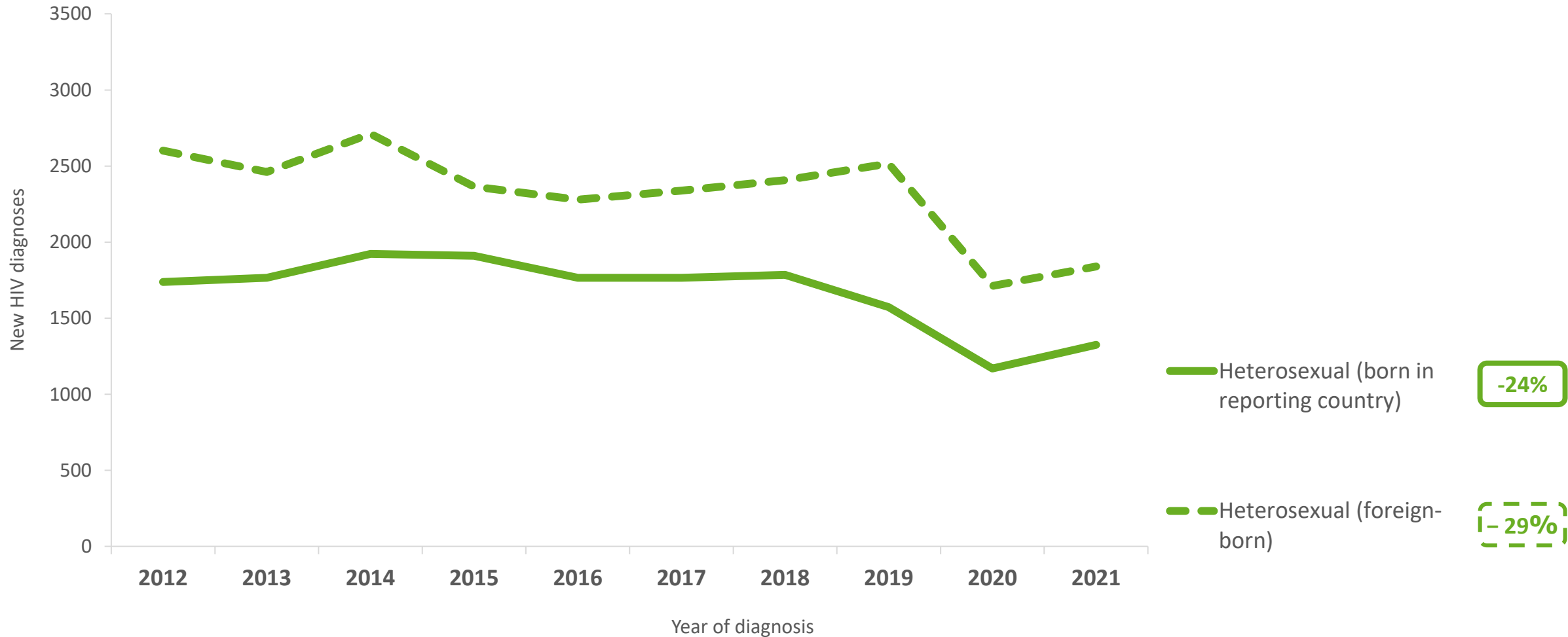
The WHO European Region comprises 53 countries, with a population of nearly 900 million people, of which around 508 million live in the European Union and European Economic Area.  
Data presented for sub-regions **West**, **Centre**, **East**



# HIV diagnoses, by route of transmission, 2012-2021, EU/EEA

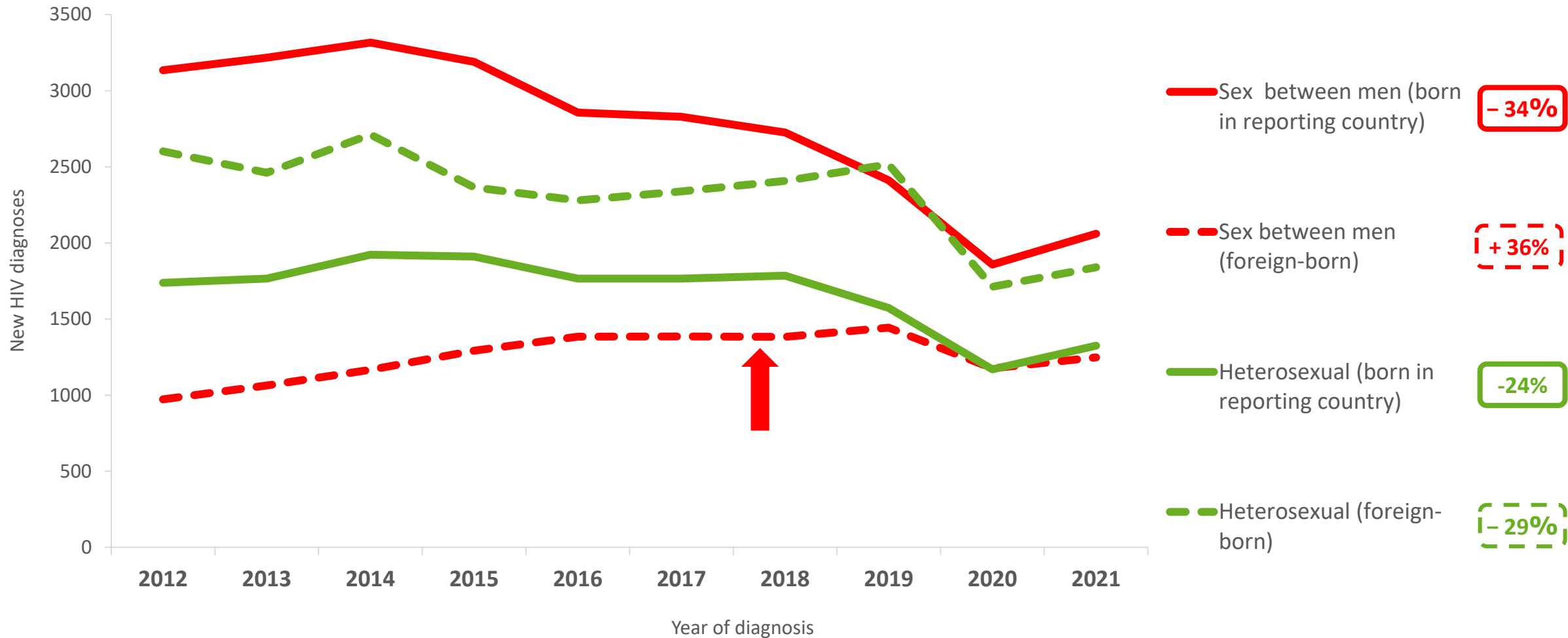


# New HIV diagnoses, by transmission route and migration status, EU/EEA, 2012-2021

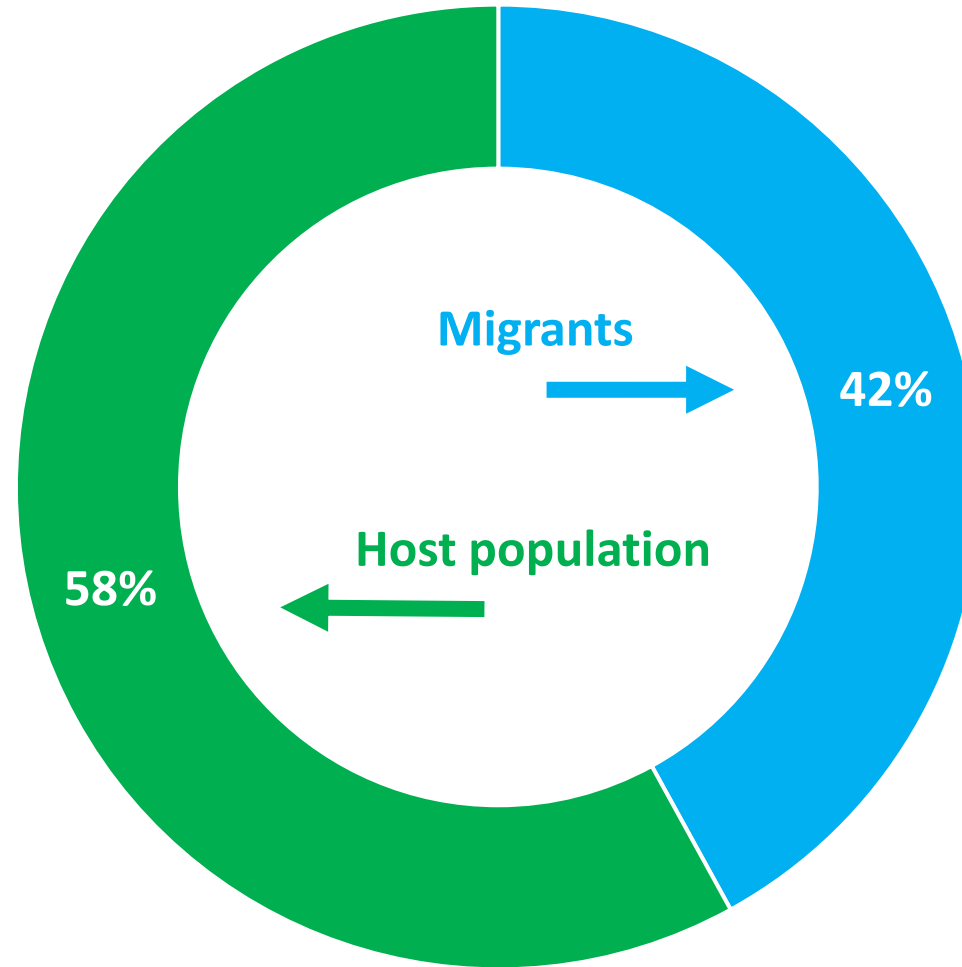




# New HIV diagnoses, by transmission route and migration status, EU/EEA, 2012-2021

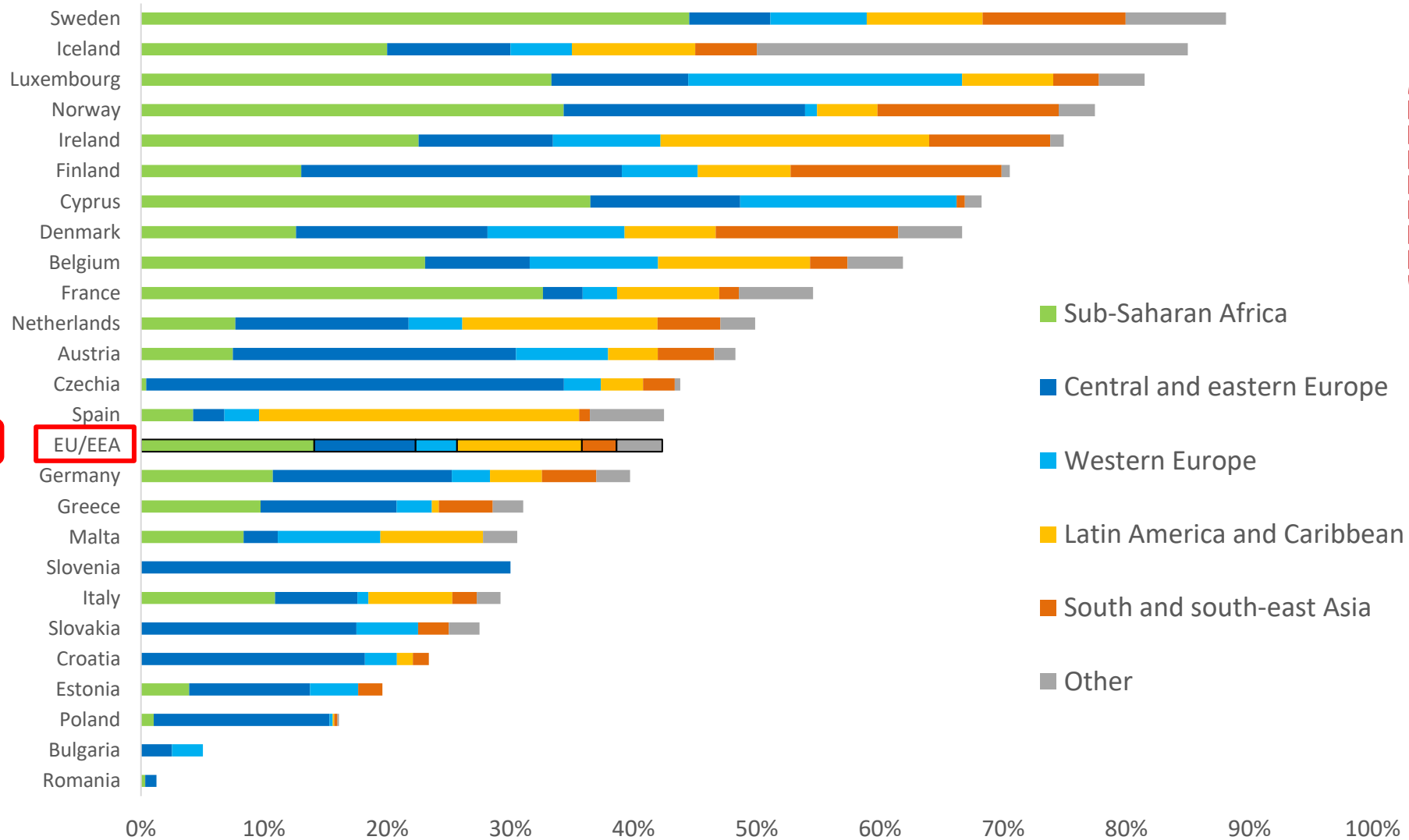


# Proportion of HIV diagnoses among natives and migrants\* EU/EEA, 2021



\*Migrants are all persons born outside of the country in which they were diagnosed

# Proportion HIV diagnoses in migrants\* by origin of report, EU/EEA 2021



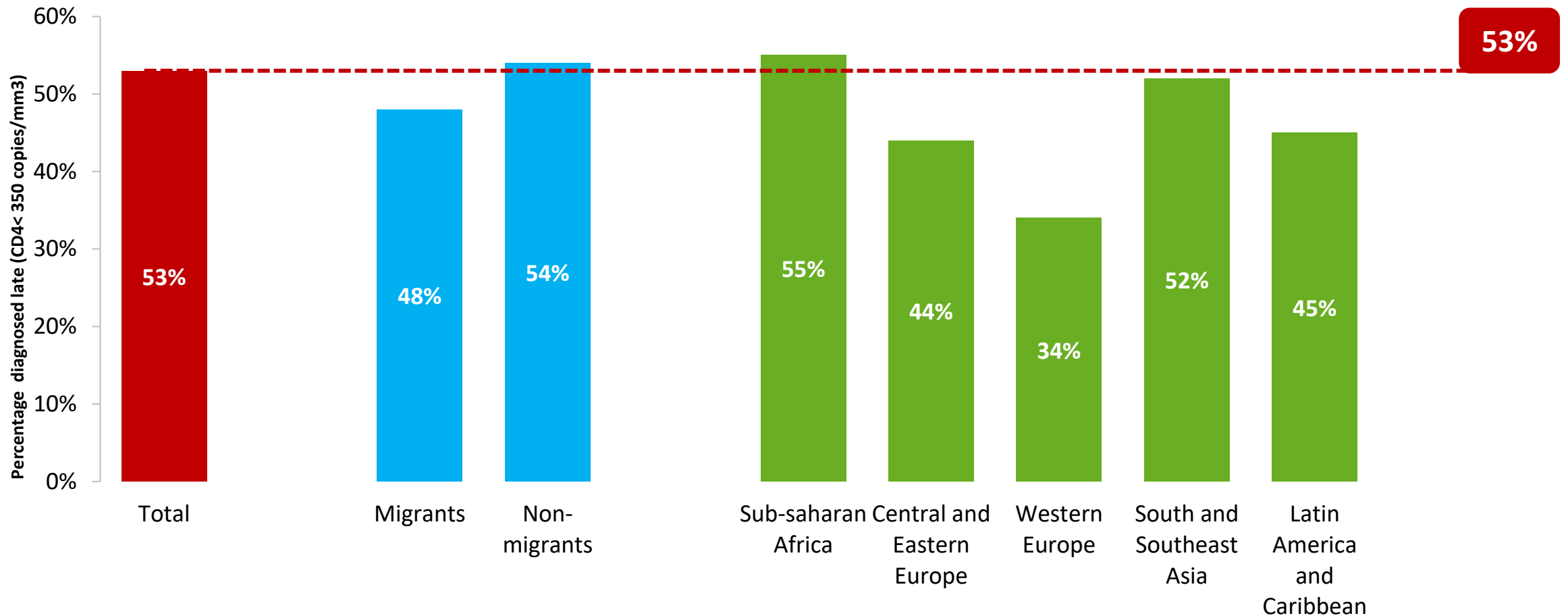
\*Migrants are all persons born outside of the country in which they were diagnosed

42%

EU/EEA

# Late HIV diagnosis\* among migrants in Europe and Central Asia

\*Diagnosed late=CD4<350 cells/mm<sup>3</sup> at diagnosis



# Where do migrants acquire HIV infection (prior to or after arrival to the EU)?

Fakoya et al. *BMC Public Health* (2015) 15:561  
DOI 10.1186/s12889-015-1852-9



RESEARCH ARTICLE

Open Access



A systematic review of post-migration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy

Ibidun Fakoya<sup>1\*</sup>, Débora Álvarez-del Arco<sup>2,4</sup>, Melvina Woode-Owusu<sup>5</sup>, Susana Monge<sup>3,4</sup>, Yaiza Rivero-Montesdeoca<sup>2,4</sup>, Valerie Delpech<sup>5</sup>, Brian Rice<sup>5</sup>, Teymur Noori<sup>6</sup>, Anastasia Pharris<sup>6</sup>, Andrew J. Amato-Gauci<sup>6</sup>, Julia del Amo<sup>2,4</sup> and Fiona M. Burns<sup>1,7</sup>



TECHNICAL REPORT

Migrant health:  
Sexual transmission of HIV  
within migrant groups in  
the EU/EEA and implications  
for effective interventions

www.ecdc.europa.eu

## High levels of postmigration HIV acquisition within nine European countries

Debora Alvarez-del Arco<sup>a,b,c</sup>, Ibidun Fakoya<sup>d</sup>, Christos Thomadakis<sup>e</sup>, Nikos Pantazis<sup>e</sup>, Giota Touloumi<sup>e</sup>, Anne-Francoise Gennotte<sup>f</sup>, Freke Zuure<sup>g,h</sup>, Henrique Barros<sup>i</sup>, Cornelia Staehelin<sup>j</sup>, Siri Göpel<sup>k</sup>, Christoph Boesecke<sup>l</sup>, Tullio Prestileo<sup>m</sup>, Alain Volny-Anne<sup>n</sup>, Fiona Burns<sup>d,\*</sup>, Julia del Amo<sup>a,b,c,\*</sup>, on behalf of the Advancing Migrant Access to Health Services in Europe (aMASE) study team

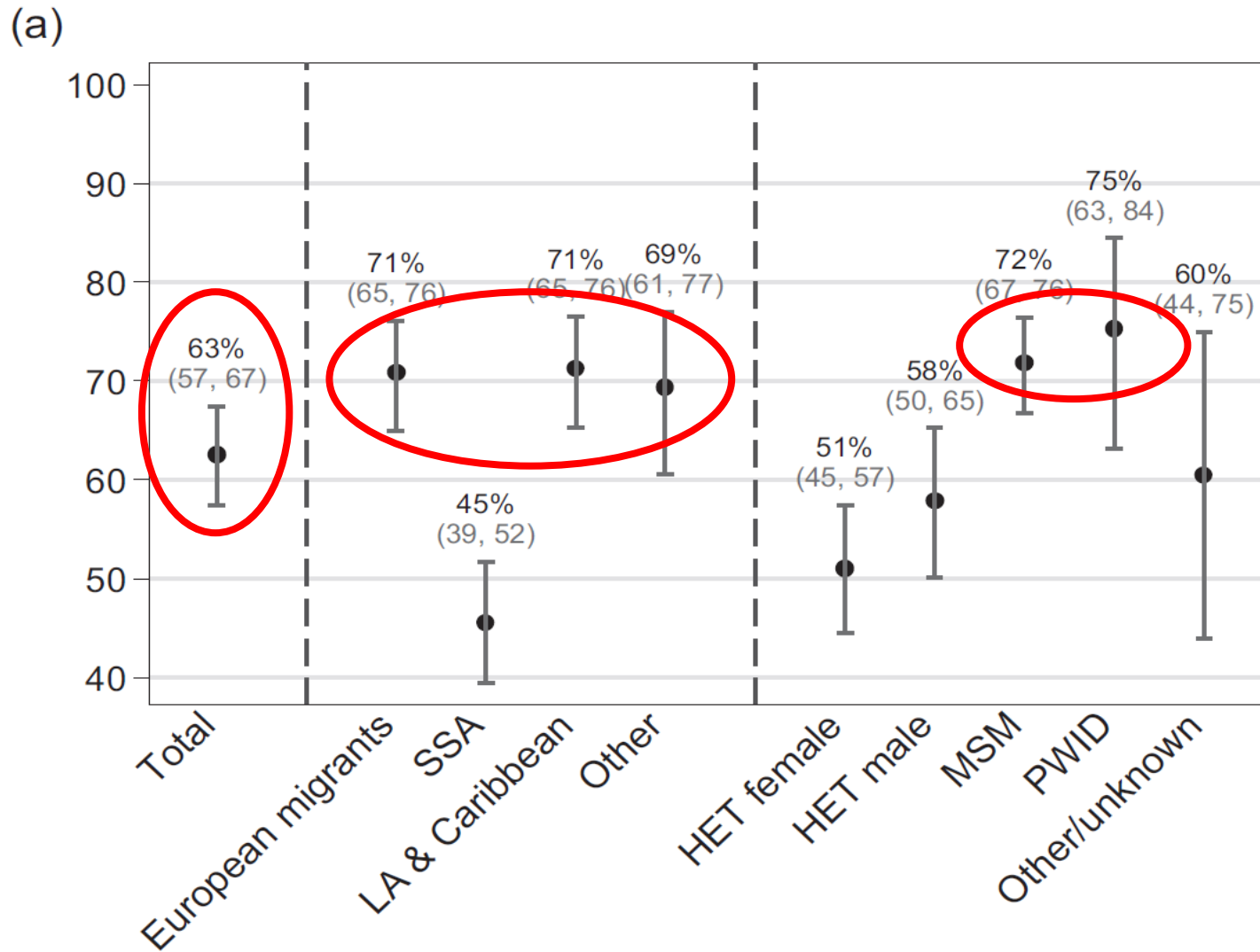
**Objective:** We aimed to estimate the proportion of postmigration HIV acquisition among HIV-positive migrants in Europe.

**Design:** To reach HIV-positive migrants, we designed a cross-sectional study performed in HIV clinics.

**Methods:** The study was conducted from July 2013 to July 2015 in 57 clinics (nine European countries), targeting individuals over 18 years diagnosed in the preceding 5 years and born abroad. Electronic questionnaires supplemented with clinical data were completed in any of 15 languages. Postmigration HIV acquisition was estimated through Bayesian approaches combining extensive information on migration and patients' characteristics. CD4<sup>+</sup> cell counts and HIV-RNA trajectories from seroconversion were estimated by bivariate linear mixed models fitted to natural history data. Postmigration acquisition risk factors were investigated with weighted logistic regression.

**Results:** Of 2009 participants, 46% were MSM and a third originated from sub-Saharan Africa and Latin America & Caribbean, respectively. Median time in host countries was 8 years. Postmigration HIV acquisition was 63% (95% confidence interval: 57–67%); 72% among MSM, 58 and 51% in heterosexual men and women, respectively. Postmigration HIV acquisition was 71% for Latin America and Caribbean migrants and 45% for people from sub-Saharan Africa. Factors associated with postmigration HIV acquisition among heterosexual women and MSM were age at migration, length of stay in host country and HIV diagnosis year and among heterosexual men, length of stay in host country and HIV diagnosis year.

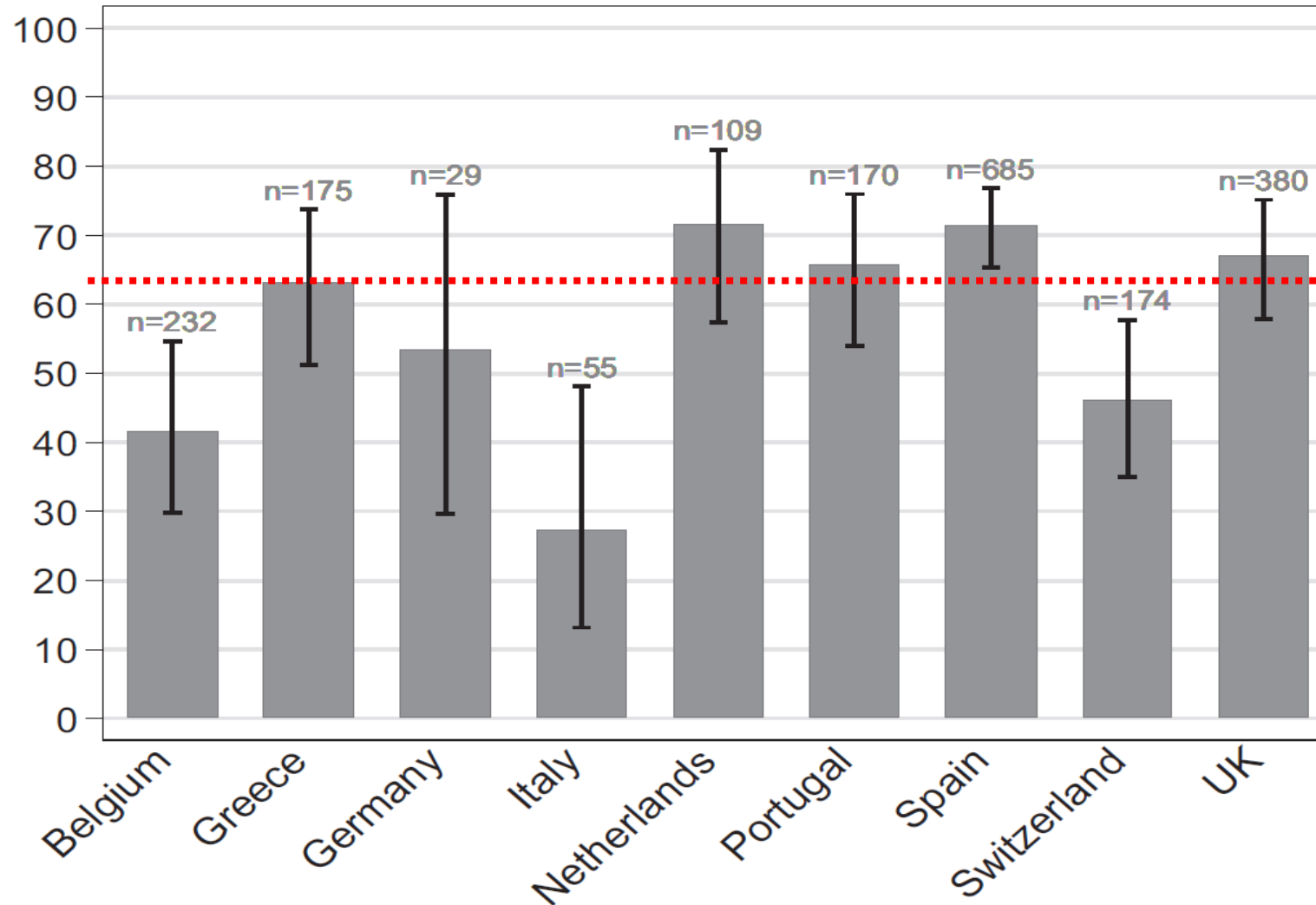
# Post-migration HIV acquisition (n=2249)



# Post-migration HIV acquisition (n=2249)

## Country variation

(b)



**63%** estimated  
to have acquired  
HIV post-migration



# Post-migration HIV acquisition (n=2249)

Country variation



(b)

## Why is this important?

- Screening newly arrived migrants at point of entry is not enough
- Some sub-populations of migrants are at-risk for HIV acquisition many years after arrival to the EU
- Countries should develop and deliver targeted primary HIV prevention and testing programmes to migrant populations at risk
  - Including for those visiting friends and relatives



**ECDC EVIDENCE BRIEF**

**Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia**  
Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2022 progress report

February 2023

**Dublin Declaration**  
This evidence brief summarises key issues and priorities for action in Europe and Central Asia on PrEP. It is largely based on data collected between February and August 2022 by the European Centre for Disease Prevention and Control (ECDC) to monitor implementation of the 2004 Dublin Declaration.

**Key messages**

- Pre-exposure prophylaxis (PrEP) is very effective at preventing novel HIV infections when taken as prescribed. It is an important element in the 'combination prevention' necessary to reach the United Nations (UN) Sustainable Development Goal of ending the AIDS epidemic by 2030.
- Since 2016, PrEP has been increasingly available through healthcare systems in countries in the World Health Organization (WHO) European Region, but in 2022 17 countries (five in the EU) had not yet formally implemented PrEP in their healthcare systems.
- Certain key populations, such as people who inject drugs, prisoners, and undocumented migrants, remain ineligible for PrEP in many countries in the WHO European Region.
- PrEP is mostly provided in clinical settings, such as infectious disease clinics and sexual health clinics, and in most countries in the WHO European Region requires a prescription from a medical doctor.
- Improved data collection and surveillance on PrEP uptake are vital for obtaining a proper understanding of who has access to PrEP. In addition, sharing of best practices, especially those relating to feasibility, cost, and technical matters, would support expanded provision of PrEP in the Region.

**Introduction**


The international community has committed to the Sustainable Development Goal (SDG) target of ending the HIV/AIDS epidemic by 2030. Pre-exposure prophylaxis (PrEP) is the use of an antiretroviral medication by people who are HIV negative to prevent their acquisition of HIV. The efficacy of PrEP is well-documented [1,2,3]. With the publication of the PROUD [3] and Ipergay [4] studies in 2015, ECDC released an opinion that European Union Member States should consider integrating PrEP into their existing HIV prevention package for those most at risk of HIV infection [4]. In 2015, the World Health Organization (WHO) recommended that PrEP should be offered as an additional prevention option for people at substantial risk of HIV infection based on the results of these trials [5].

The situation regarding PrEP implementation and availability in Europe is fast-moving and evolves with advances in medical sciences. Continuing developments include:

<sup>1</sup> This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Suggested citation: Pre-exposure Prophylaxis for HIV prevention in Europe and Central Asia. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2022 progress report. Stockholm: ECDC, 2023  
© European Centre for Disease Prevention and Control. Stockholm, 2023

[www.ecdc.europa.eu/en/publications-data/evidence-brief-pre-exposure-prophylaxis-hiv-prevention-europe-and-central-asia](http://www.ecdc.europa.eu/en/publications-data/evidence-brief-pre-exposure-prophylaxis-hiv-prevention-europe-and-central-asia)



**SPECIAL REPORT**

**HIV and migrants**

Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report

[www.ecdc.europa.eu](http://www.ecdc.europa.eu)

[www.ecdc.europa.eu/en/publications-data/hiv-and-migrants](http://www.ecdc.europa.eu/en/publications-data/hiv-and-migrants)

To be published  
28 Dec

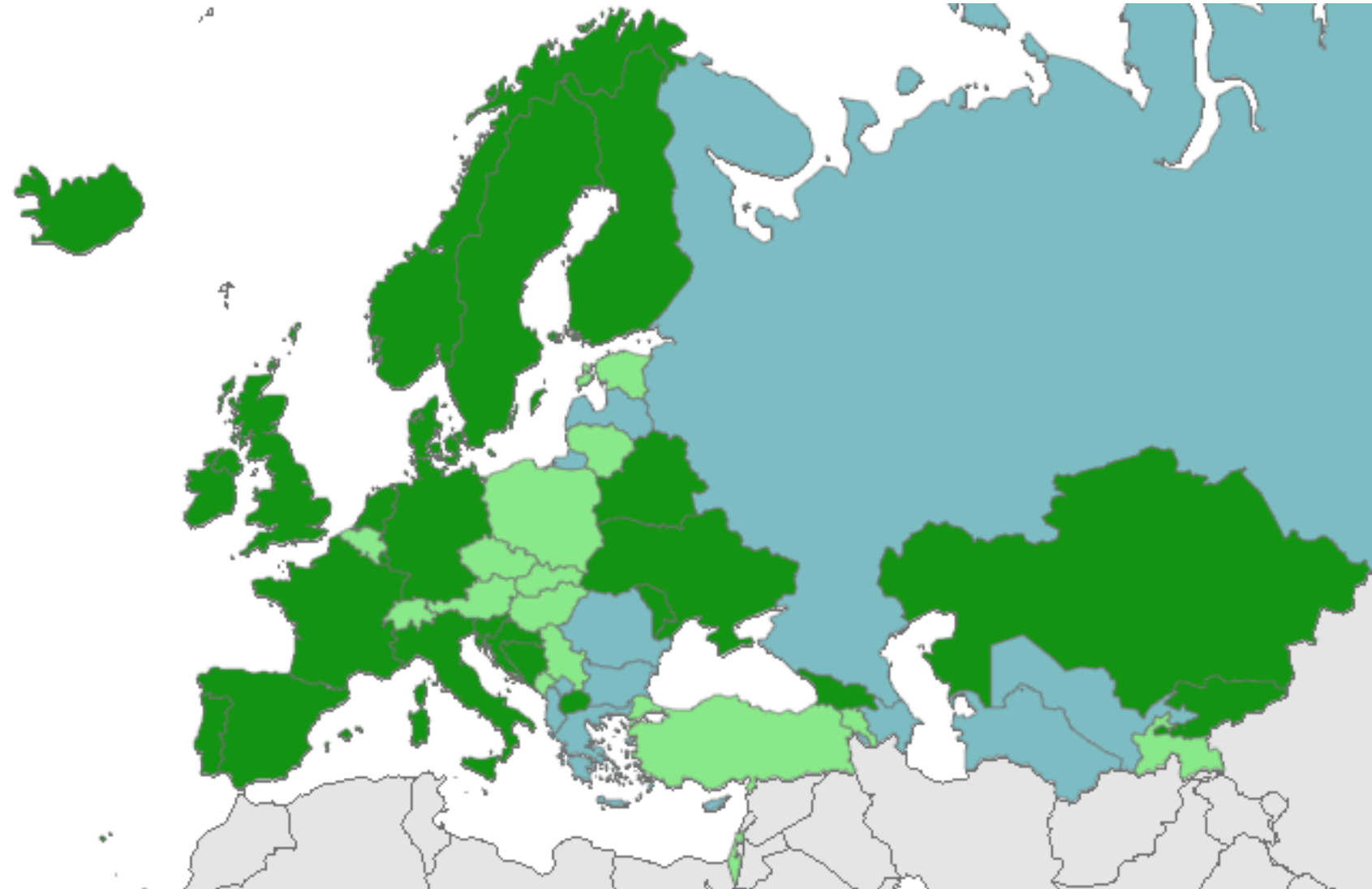
# Status of formal PrEP implementation in Europe as of October, 2023

- N=26** Nationally available (reimbursed)
- N=16** Generics available (not fully reimbursed)
- N=13** Not formally implemented

 Luxembourg

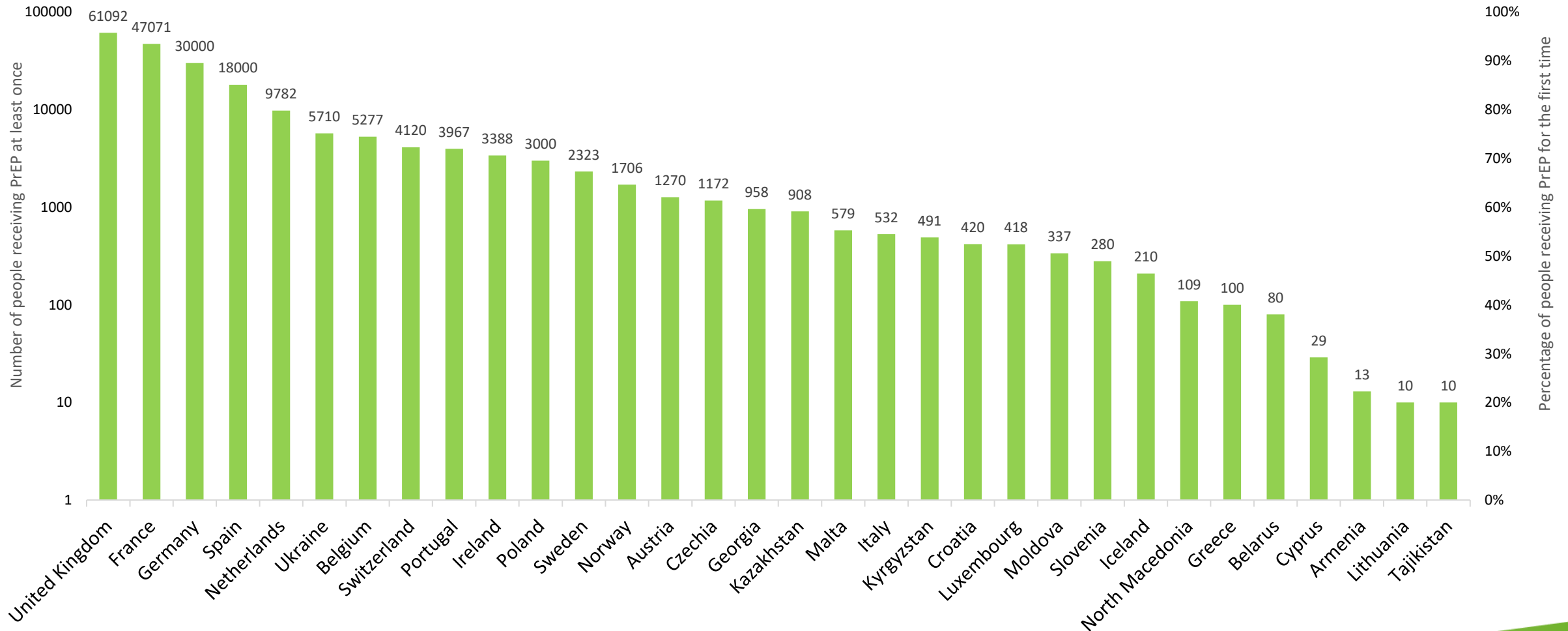
 Malta

 Liechtenstein



# Number of people receiving PrEP in the last 12 months, 2022

■ Number of people (aged 15+) who received PrEP at least once during the reporting period



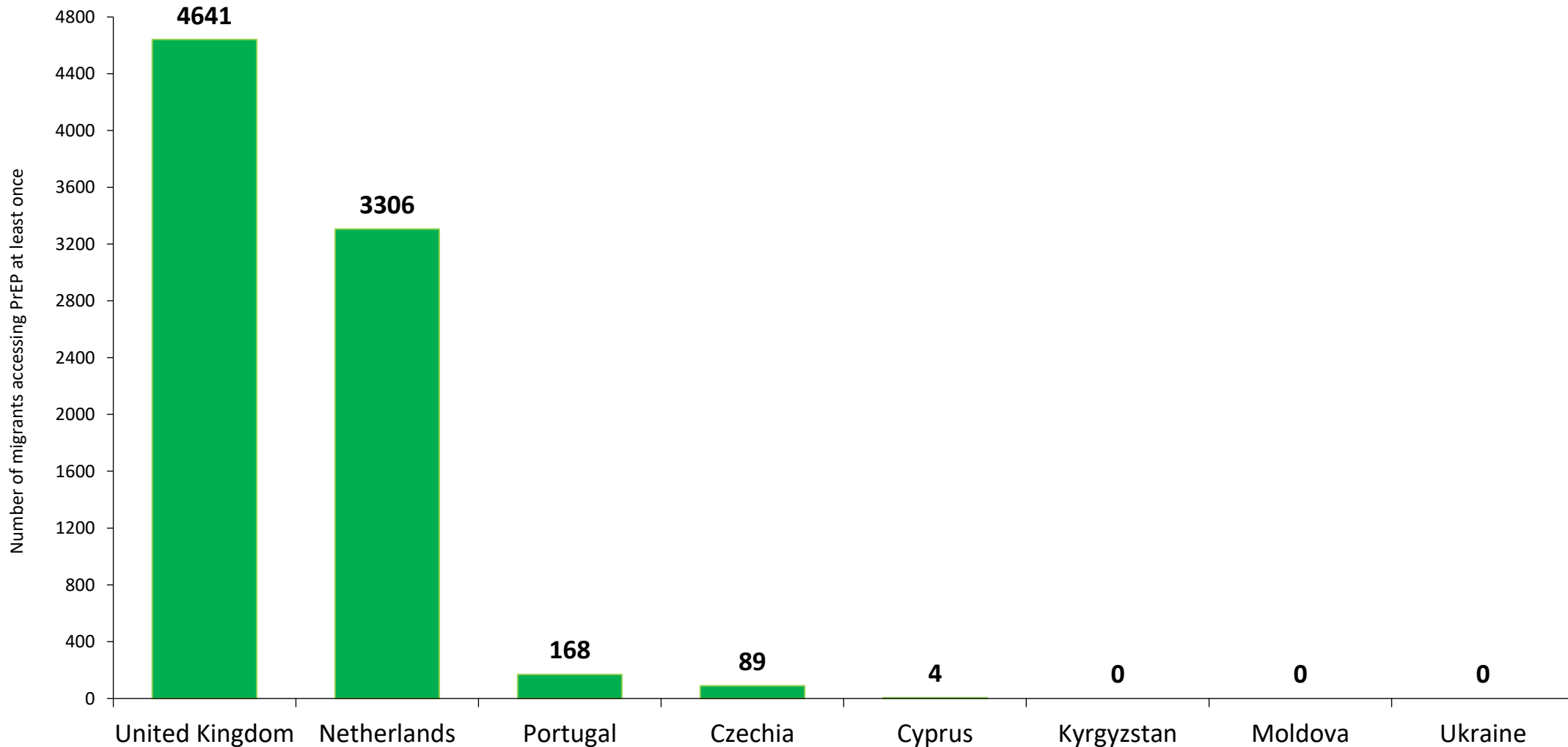
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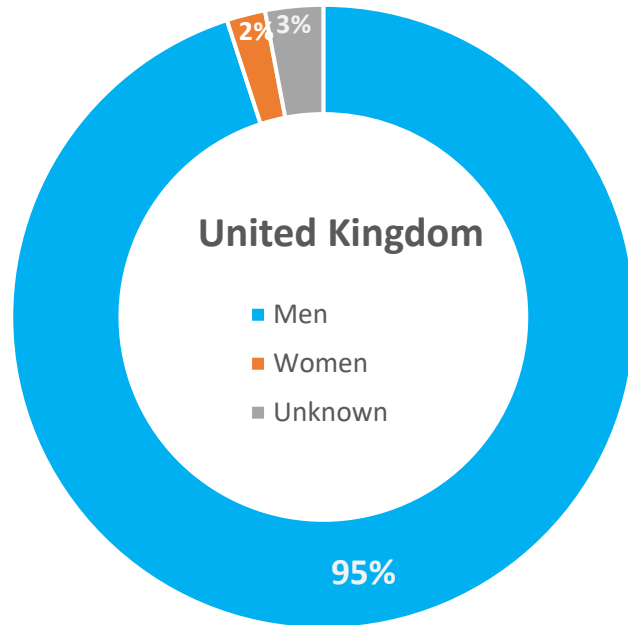
- Number of people (aged 15+) who received PrEP at least once during the reporting period
- ◆ Percentage of people (aged 15+) who received PrEP for the first time in their lives during the reporting period



# Number of migrants accessing PrEP at least once in a 12-month period in Europe and Central Asia, 2022



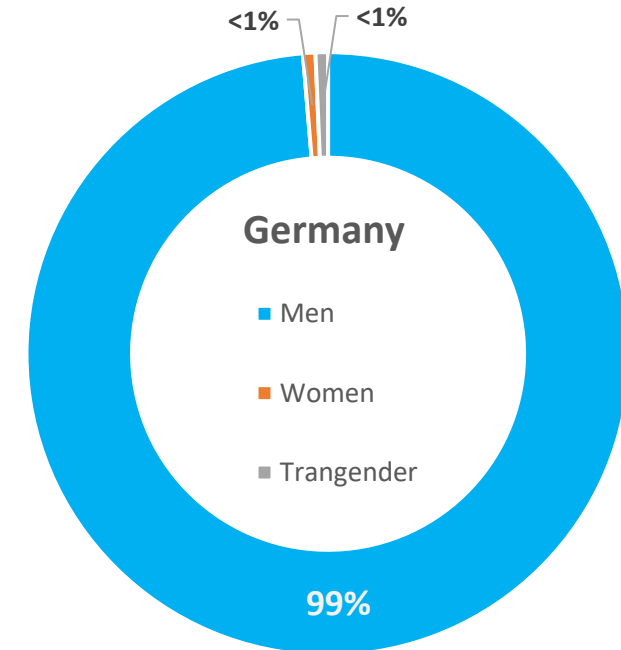
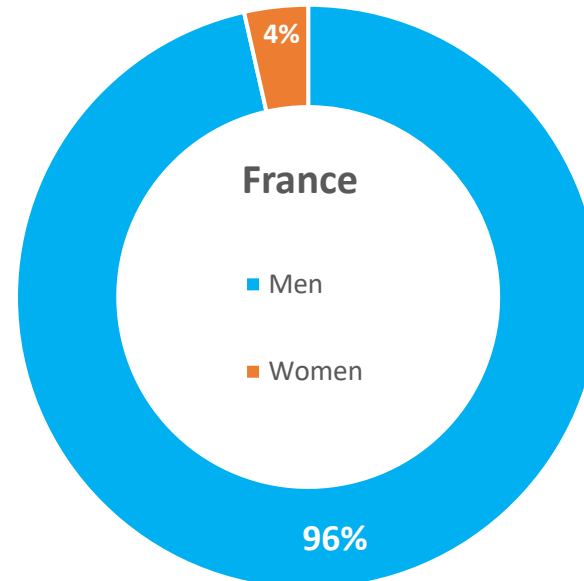
# PrEP implementation by gender and key population in select countries



- 87% MSM
- 3% migrants
- 72% of MSM in need of PrEP covered
- 31% of women in need of PrEP covered

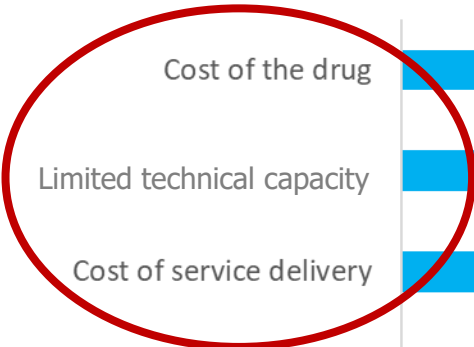
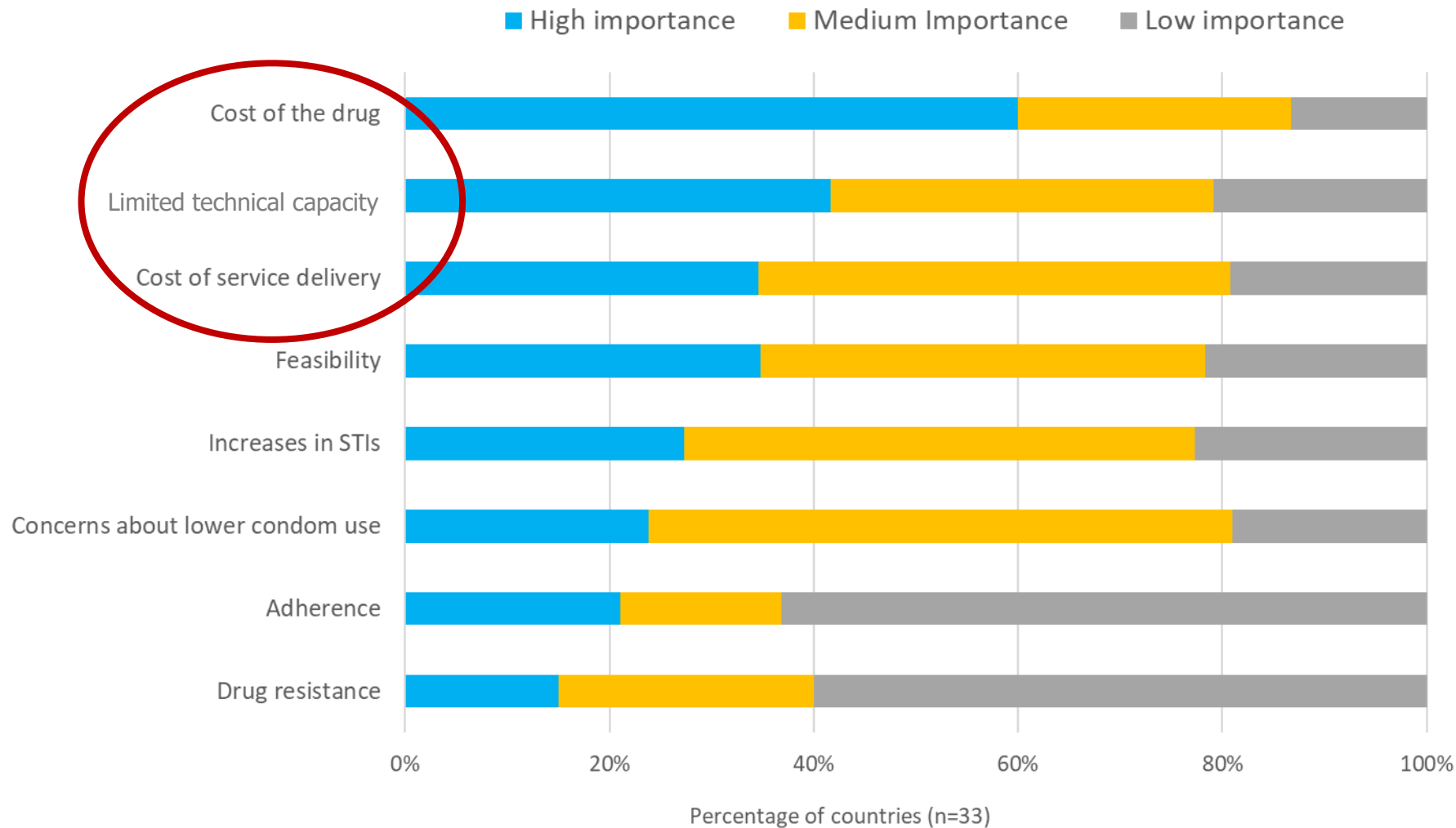
- Only 30% of MSM covered by PrEP (42,000/ 142,000)
- Other key populations < 1%
- PrEP is largely underutilized in France

*Jean-Michel Molina, EACS 2023*



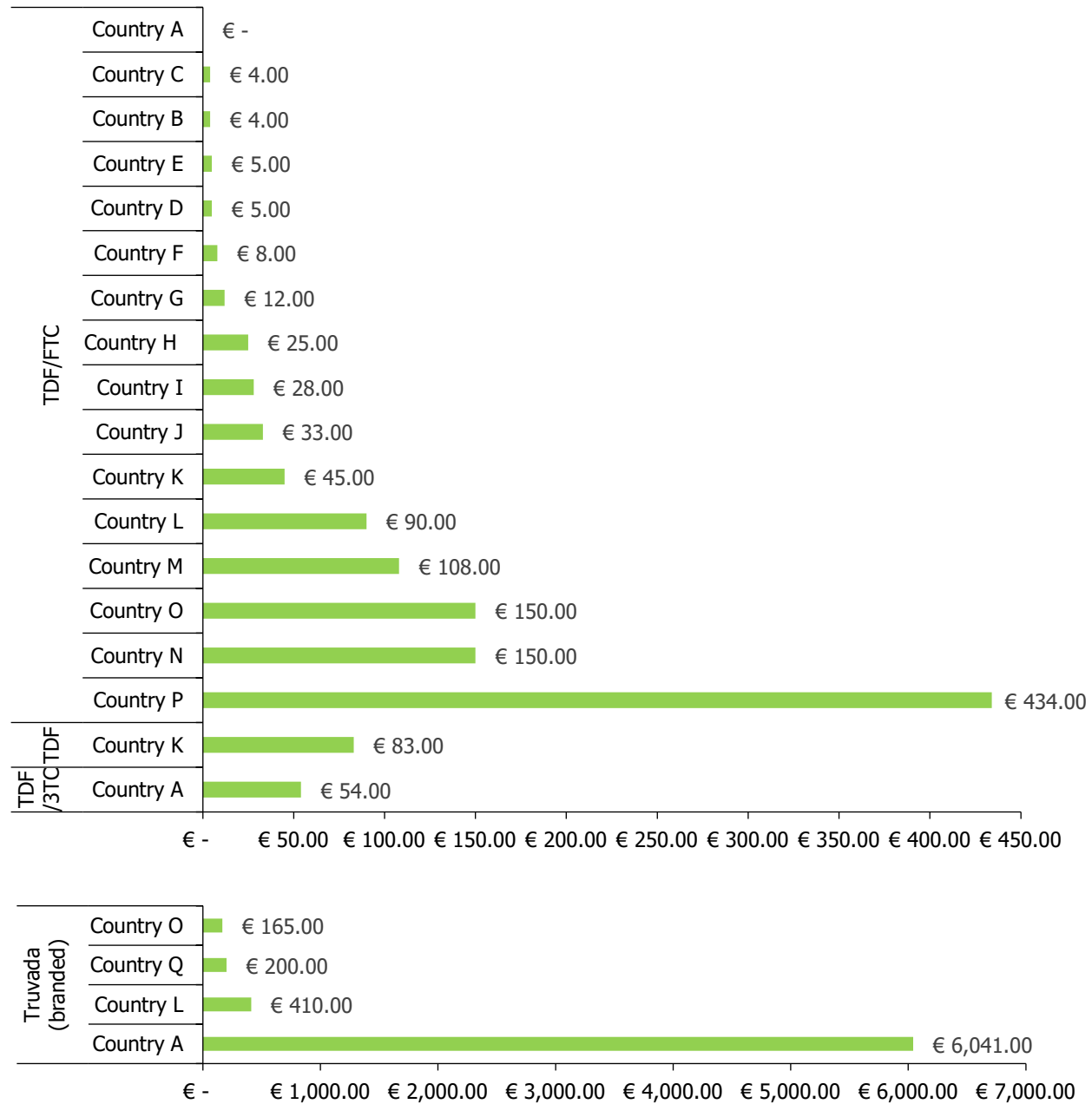
**99.66% MSM**

# Issues limiting or preventing the implementation of PrEP in European countries

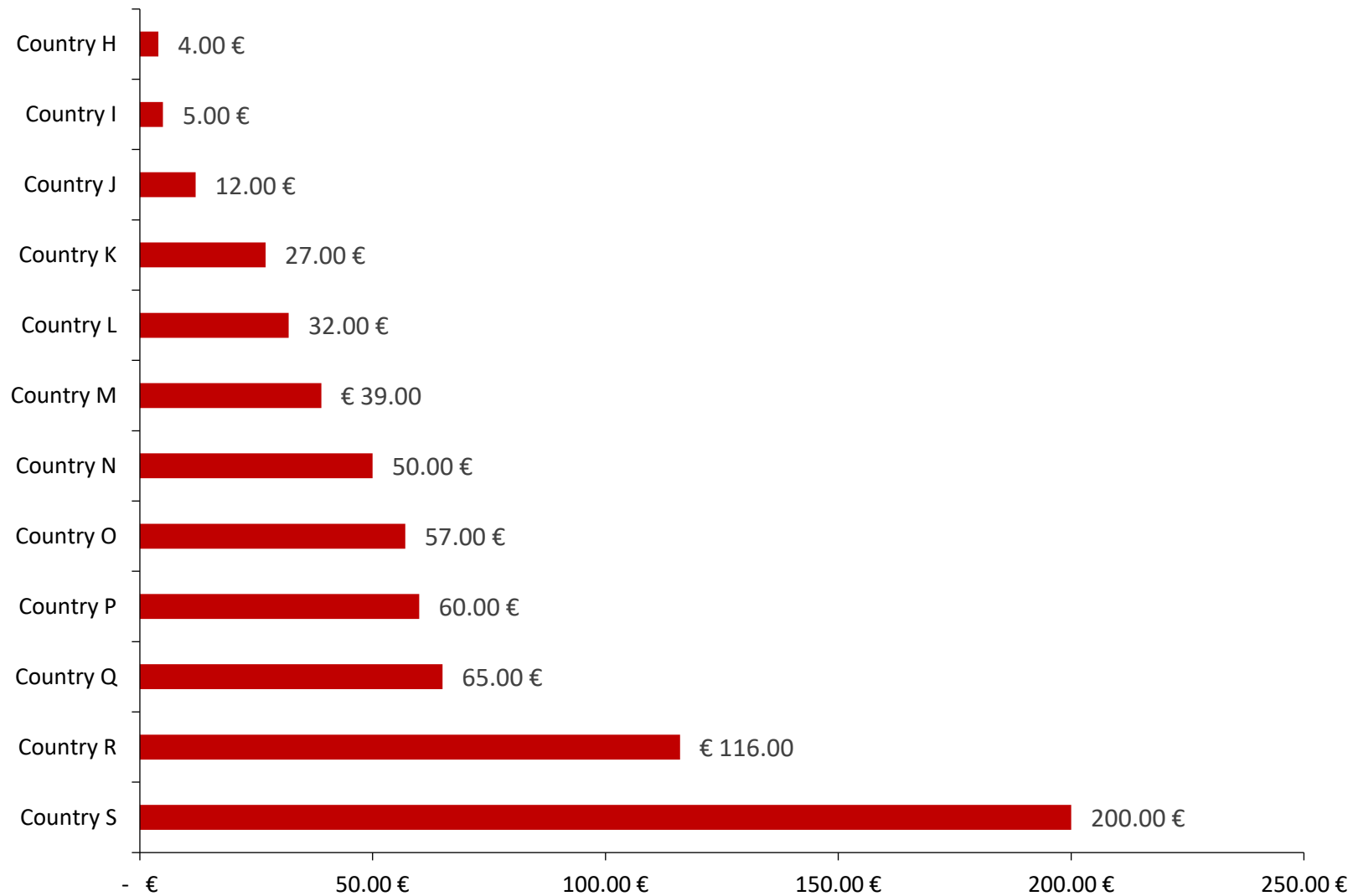




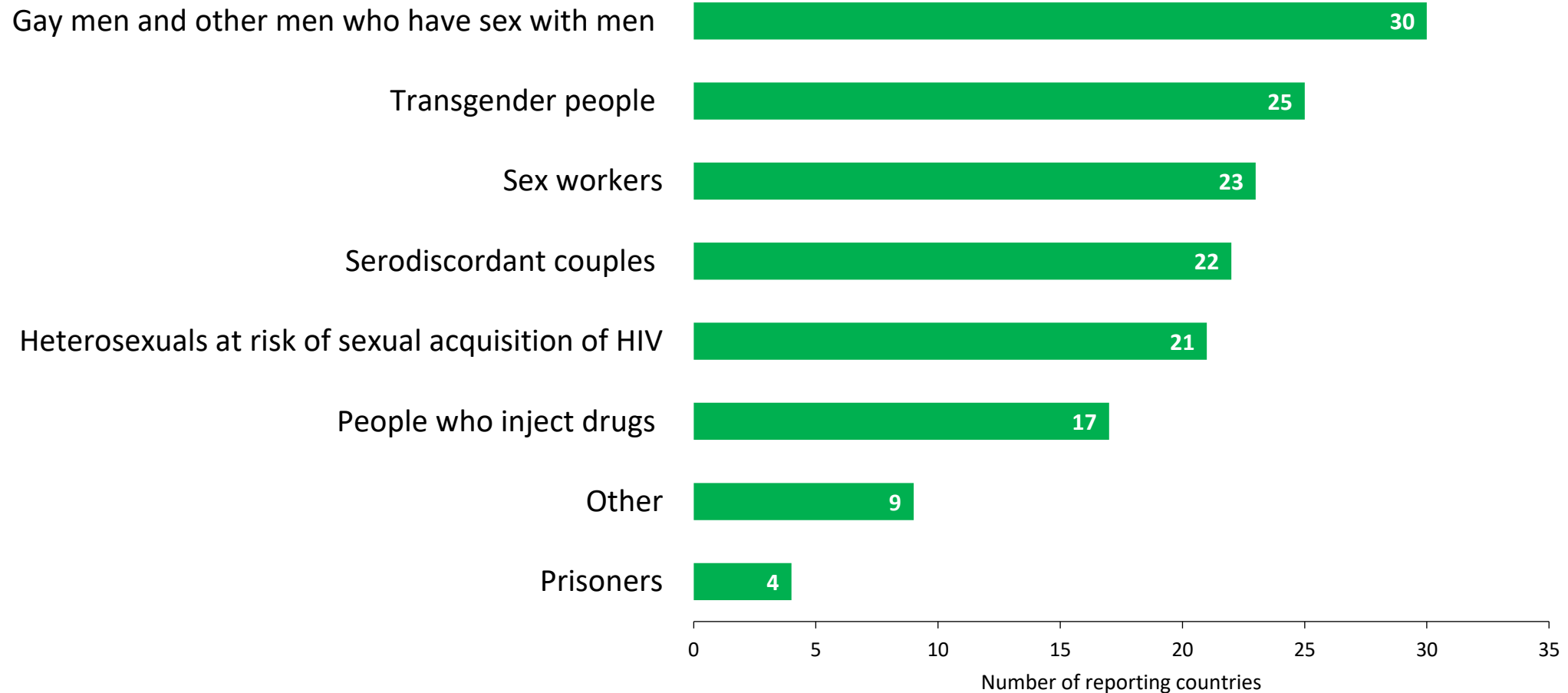
## Cost of PrEP (28–30 tablets) as purchased by governments across Europe and Central Asia (n=17), reported in 2022



# Out of pocket payment for PrEP (excl. monitoring) in Europe, reported in 2023

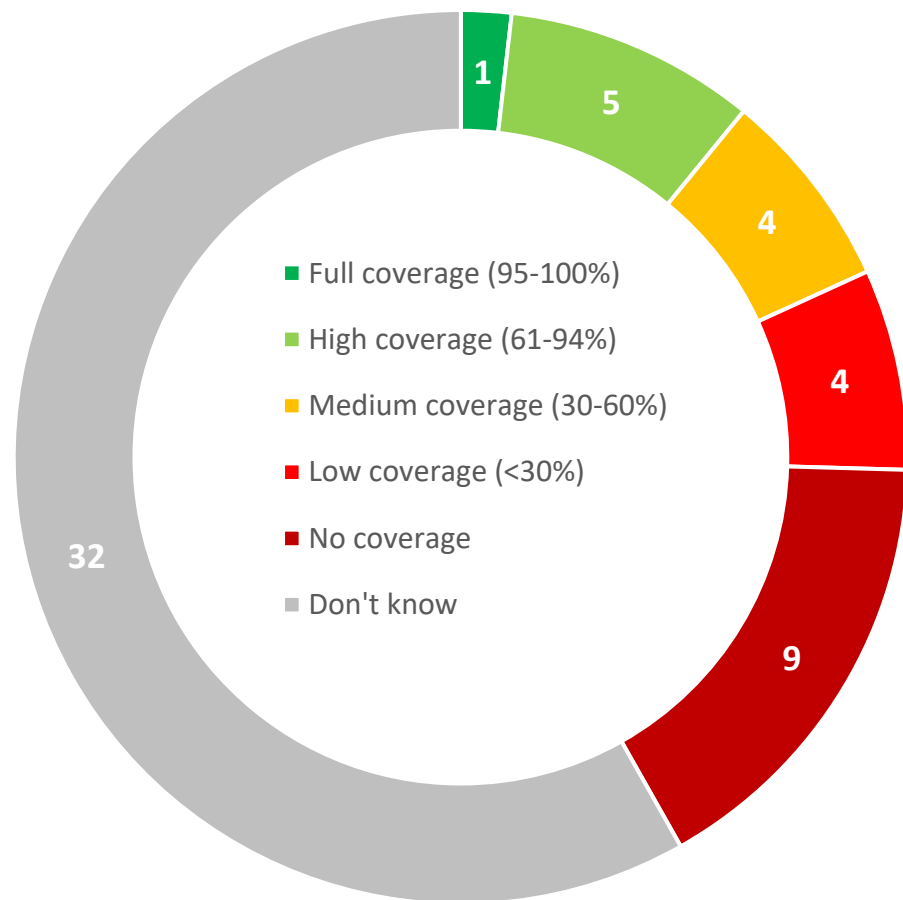


# Populations deemed eligible for PrEP across Europe and Central Asia (n=35)



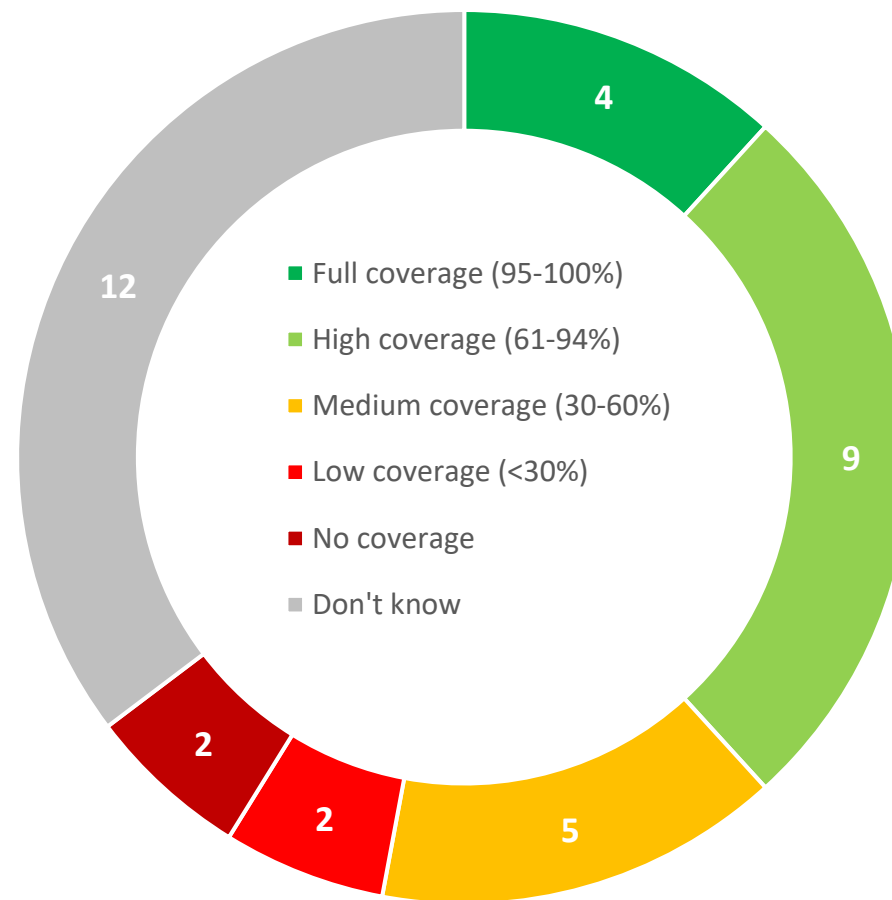
# Coverage of **condom provision** and **STI testing** programmes for migrants in Europe, 2022

## Coverage of **condom provision** programmes

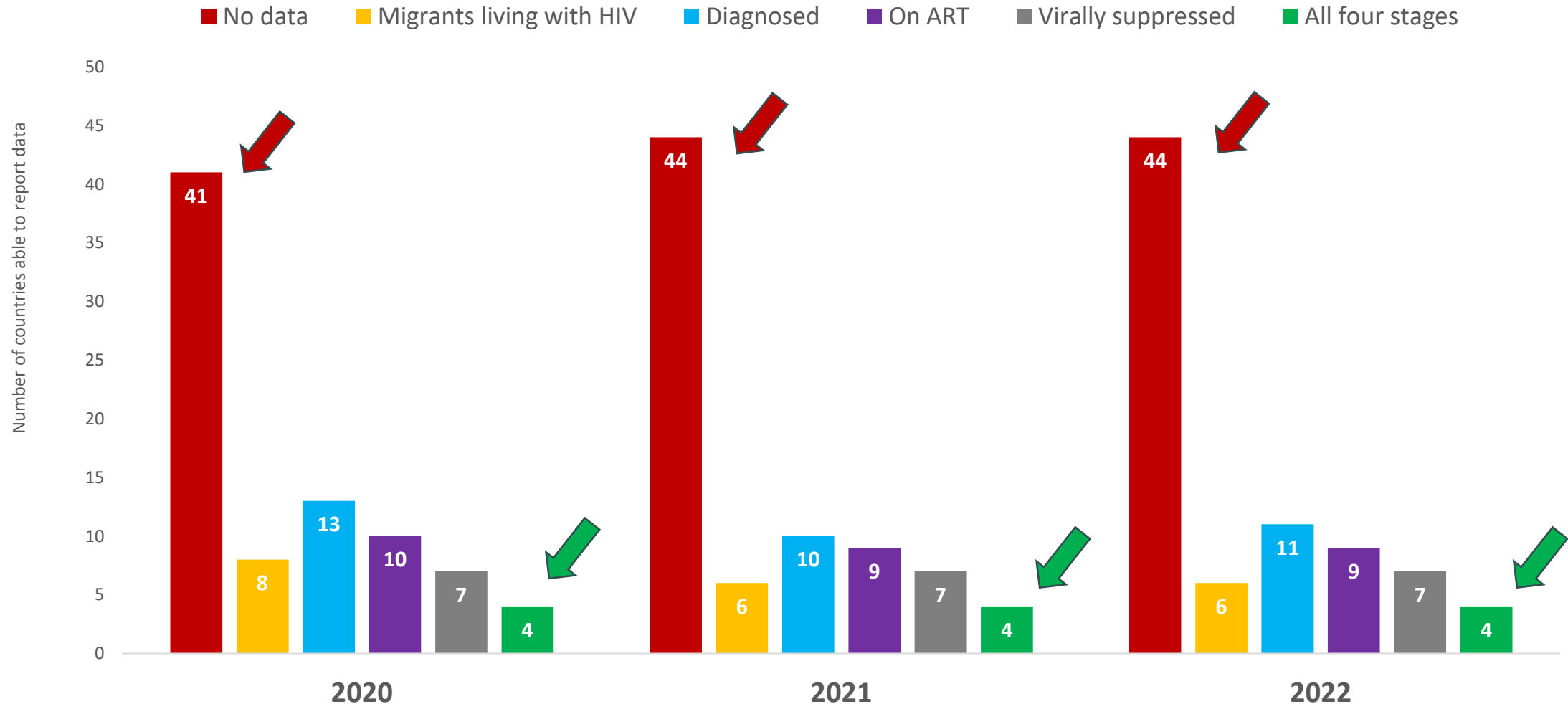


Nr of countries

## Coverage of **STI testing** programmes



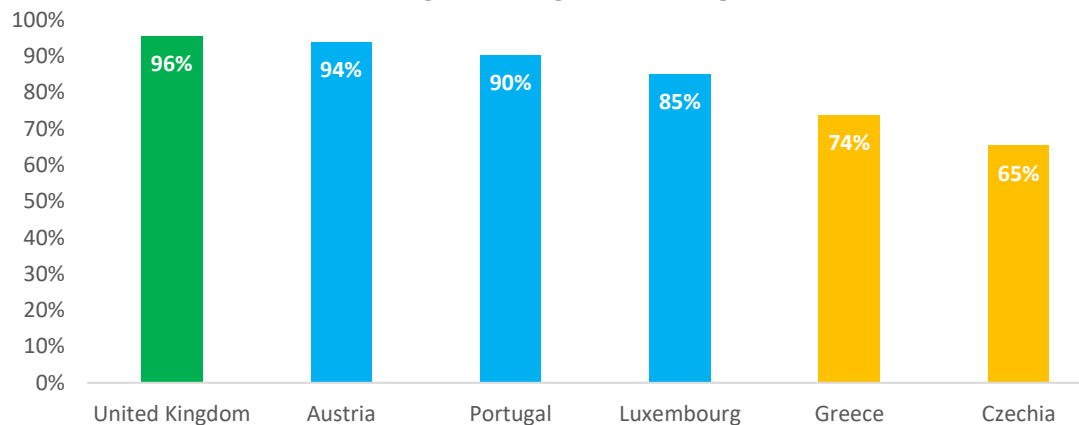
# Data availability on the HIV continuum of care for migrants over time, 2020, 2021 & 2022



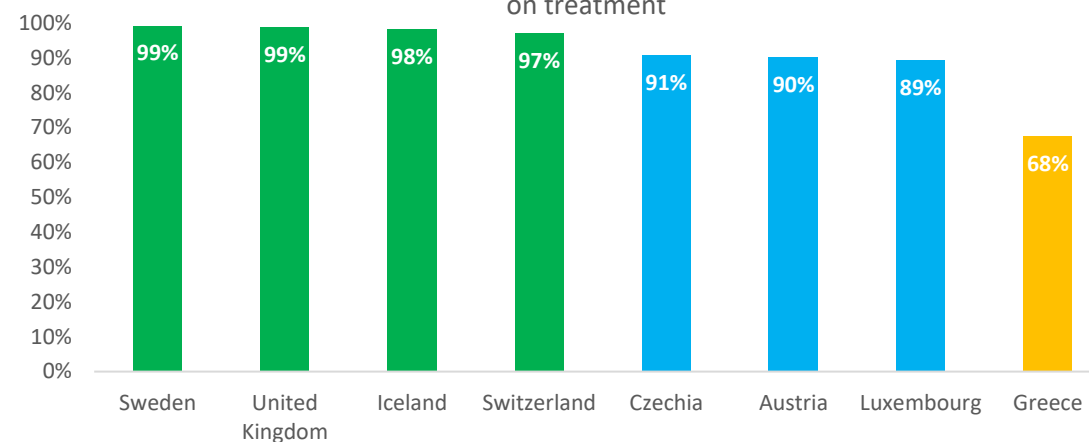
# 95-95-95 targets and overall viral suppression among migrants living with HIV in Europe, reported in 2022



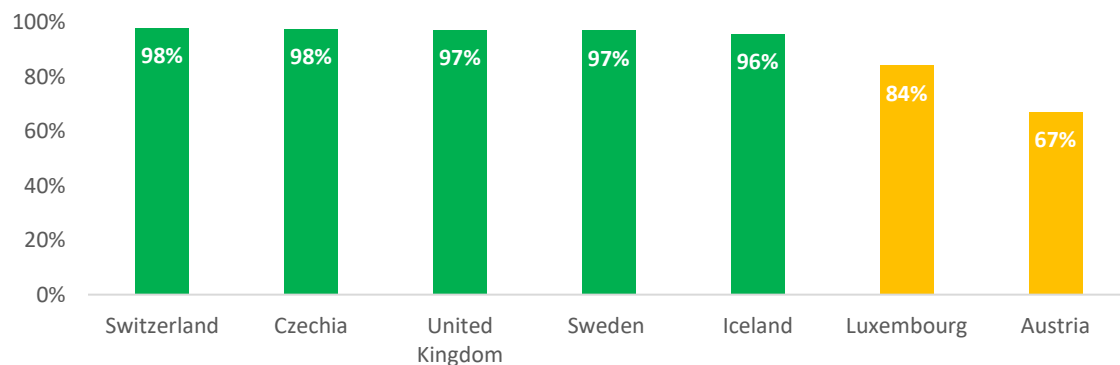
1<sup>st</sup> 95: Migrants living with HIV diagnosed



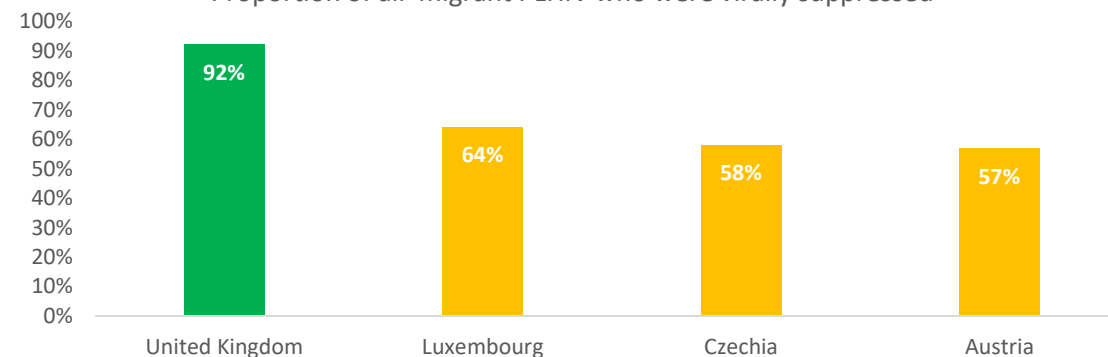
2<sup>nd</sup> 95: Migrants diagnosed with HIV on treatment



3<sup>rd</sup> 95: Migrants living with HIV on treatment who were virally suppressed



Proportion of all migrant PLHIV who were virally suppressed



# Availability of ART for undocumented migrants 2018



BMC Public Health

Deblonde et al. BMC Public Health (2015) 15:1228  
DOI 10.1186/s12889-015-2571-y

DEBATE

Open Access



## Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA

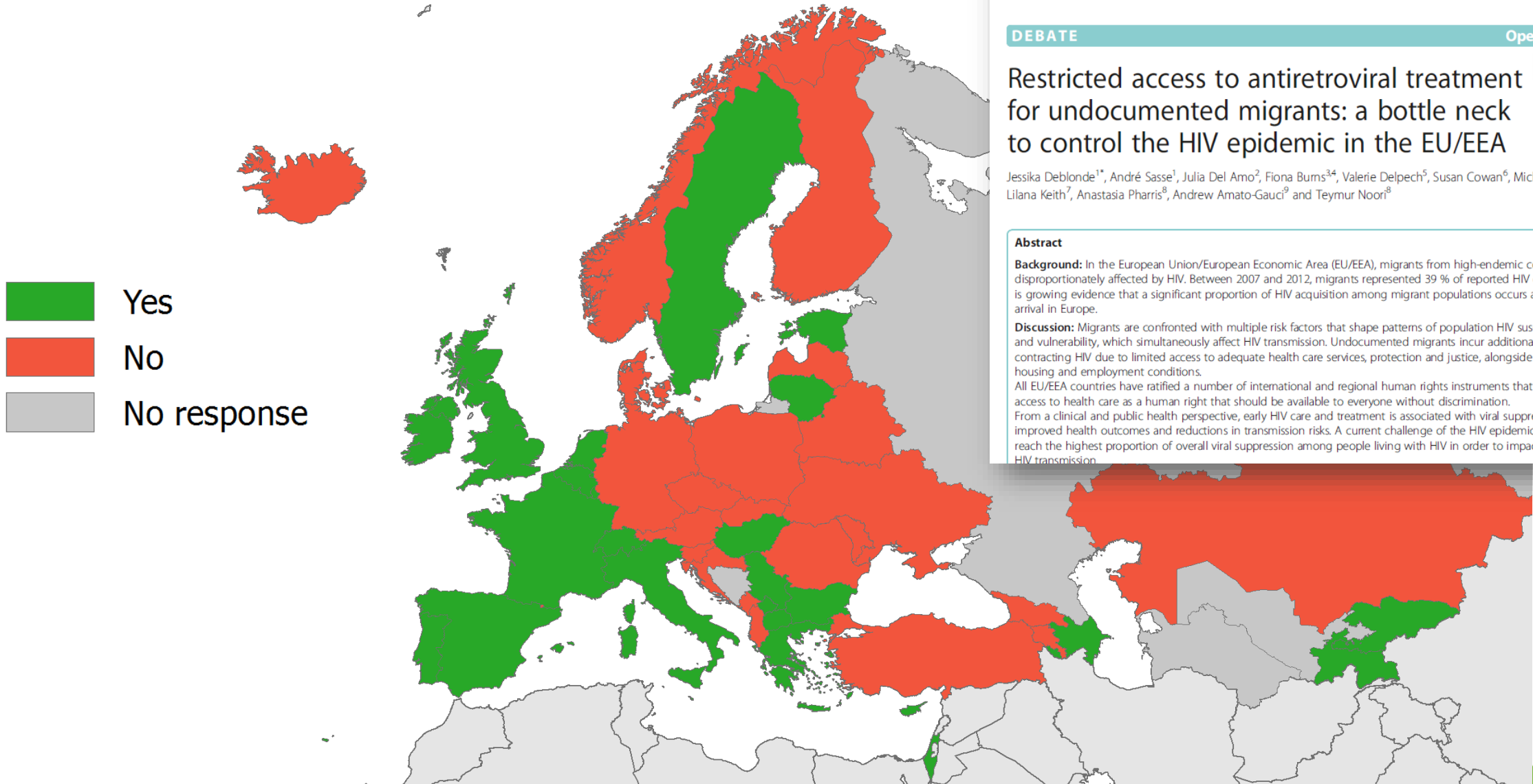
Jessika Deblonde<sup>1\*</sup>, André Sasse<sup>1</sup>, Julia Del Amo<sup>2</sup>, Fiona Burns<sup>3,4</sup>, Valérie Delpech<sup>5</sup>, Susan Cowan<sup>6</sup>, Michele Levoy<sup>7</sup>, Liliana Keith<sup>7</sup>, Anastasia Pharris<sup>8</sup>, Andrew Amato-Gauci<sup>9</sup> and Teymur Noori<sup>8</sup>

### Abstract

**Background:** In the European Union/European Economic Area (EU/EEA), migrants from high-endemic countries are disproportionately affected by HIV. Between 2007 and 2012, migrants represented 39 % of reported HIV cases. There is growing evidence that a significant proportion of HIV acquisition among migrant populations occurs after their arrival in Europe.

**Discussion:** Migrants are confronted with multiple risk factors that shape patterns of population HIV susceptibility and vulnerability, which simultaneously affect HIV transmission. Undocumented migrants incur additional risks for contracting HIV due to limited access to adequate health care services, protection and justice, alongside insecure housing and employment conditions.

All EU/EEA countries have ratified a number of international and regional human rights instruments that enshrine access to health care as a human right that should be available to everyone without discrimination. From a clinical and public health perspective, early HIV care and treatment is associated with viral suppression, improved health outcomes and reductions in transmission risks. A current challenge of the HIV epidemic is to reach the highest proportion of overall viral suppression among people living with HIV in order to impact on HIV transmission.



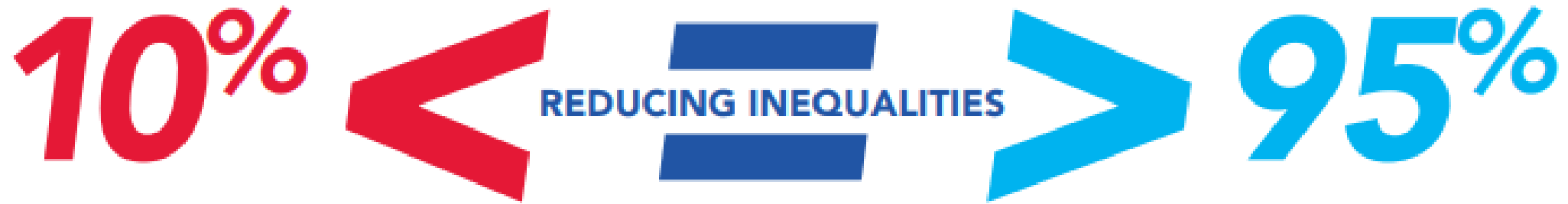


European  
AIDS Treatment  
Group

AIDS  
ACTION  
EUROPE



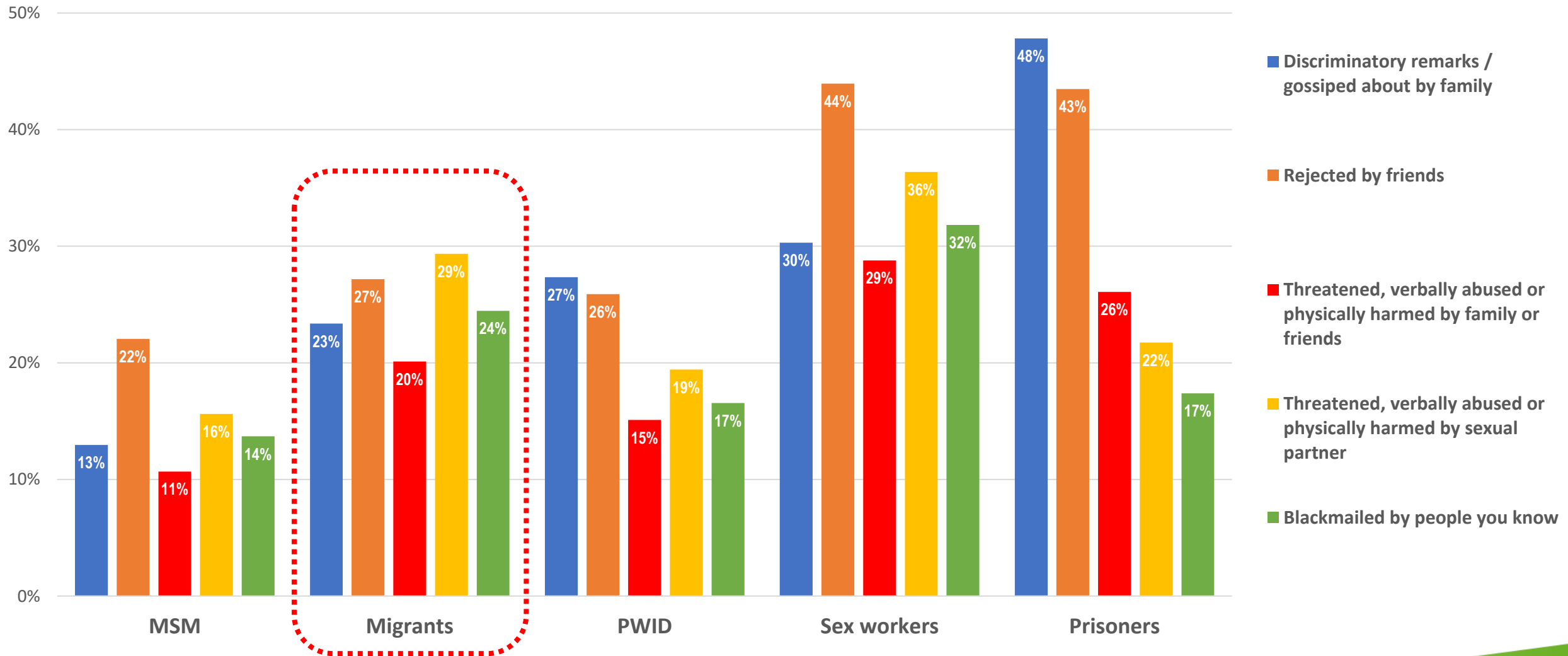
# UNAIDS Targets for 2025



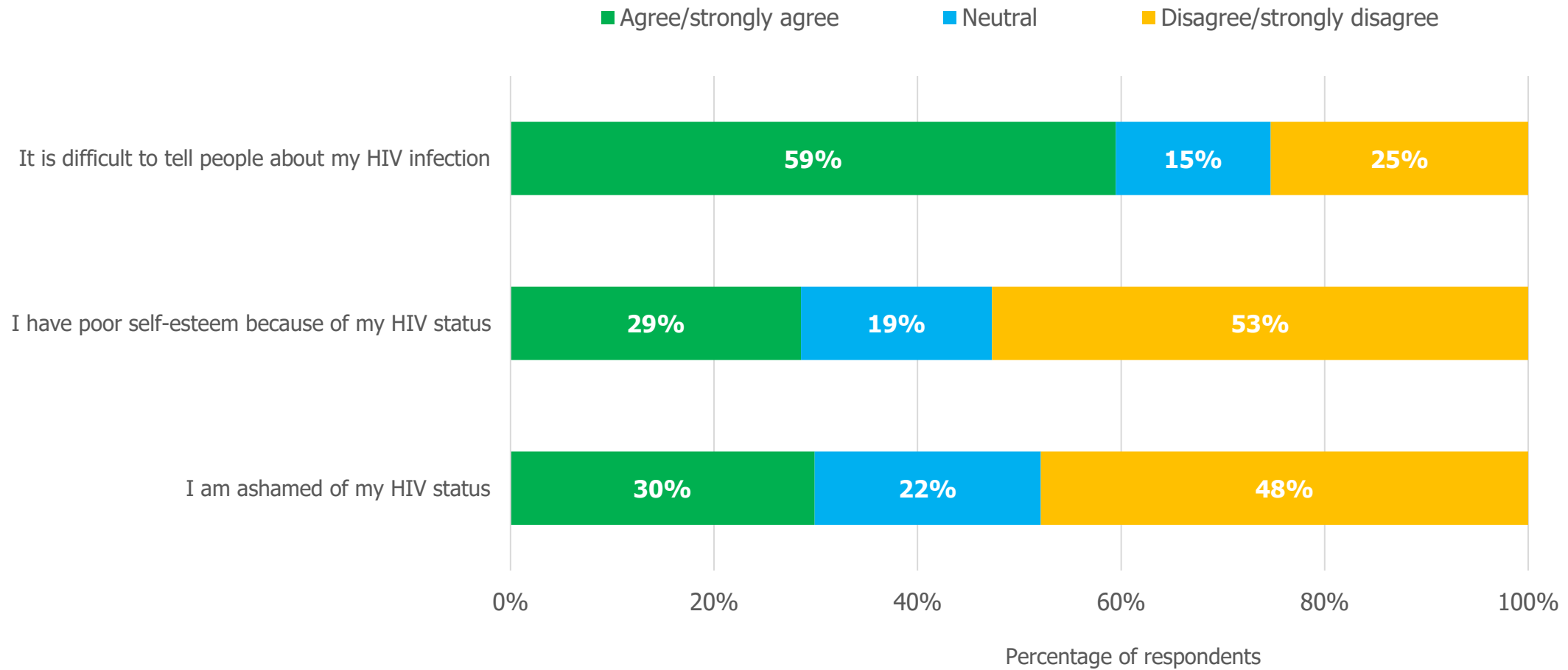
**LESS THAN 10% OF PLHIV AND  
KEY POPULATIONS EXPERIENCE  
STIGMA AND DISCRIMINATION**

**95% PLHIV AWARE OF THEIR STATUS  
95% ON TREATMENT  
95% VIRALLY SUPRESSED**

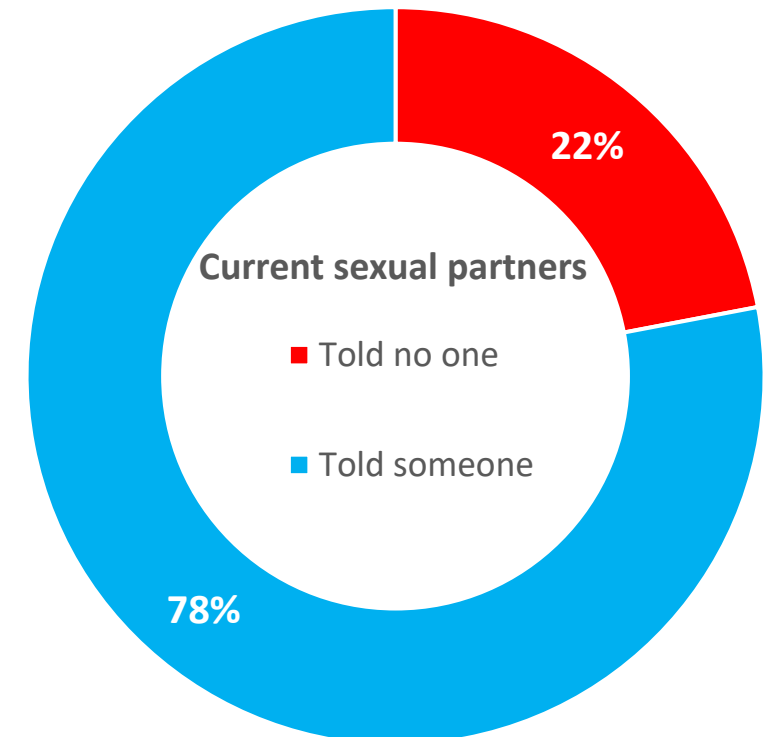
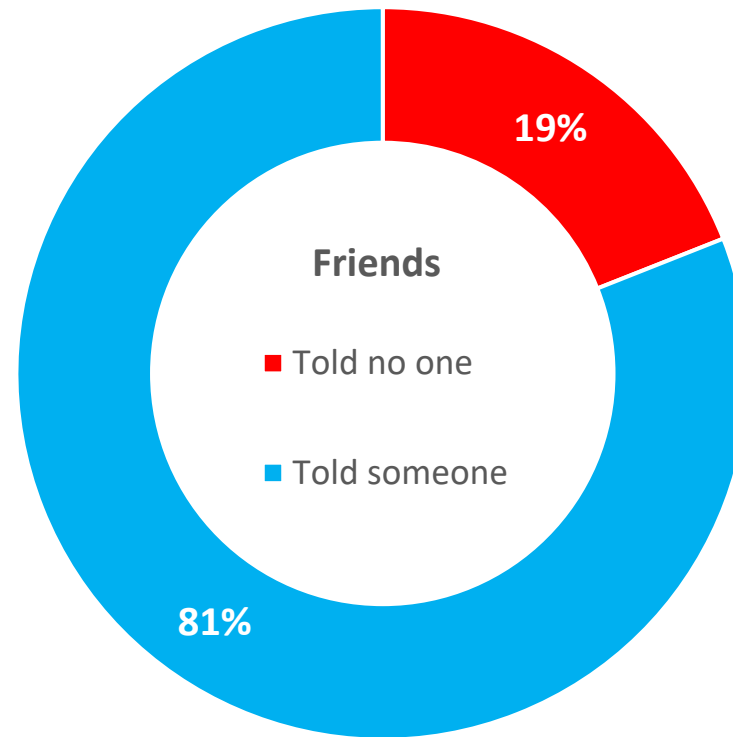
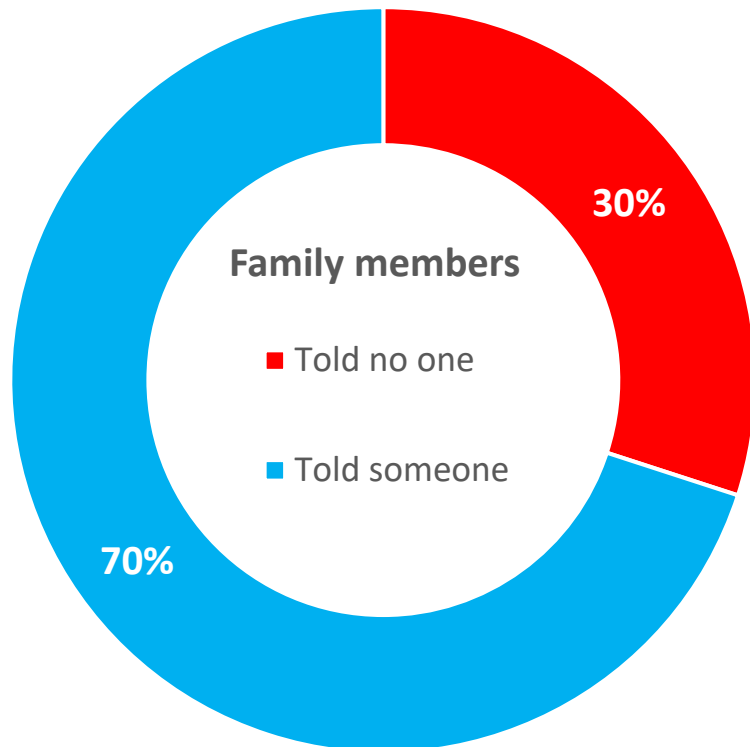
# Experiences of stigma by key populations



# Self-stigma of respondents



# Proportion of respondents who have **never** told any family member, friend, or current sexual partner about their HIV status





**Let's eliminate HIV  
stigma and discrimination  
in healthcare settings**

**Deadline 5 December**

**Take the survey**

[www.eacsociety.org/activities/eacs-ecdc-stigma-survey/](http://www.eacsociety.org/activities/eacs-ecdc-stigma-survey/)



# Response rates to stigma survey as of 23 November

country	country_population	sample_size	sample_per_100k
Andorra	79,824	223	279.4
Iceland	381,900	595	155.8
Slovenia	2,108,732	599	28.4
Montenegro	616,159	120	19.5
Latvia	1,883,379	281	14.9
Liechtenstein	39,327	5	12.7
Romania	18,956,666	2330	12.3
Serbia	6,760,087	735	10.9
North Macedonia	2,057,679	217	10.5
Lithuania	2,833,000	298	10.5
Cyprus	1,251,488	116	9.3
Estonia	1,344,768	116	8.6
Kosovo	1,761,985	137	7.8
Greece	10,566,531	853	8.0
Portugal	10,379,000	830	8.0
Albania	2,876,000	230	8.0
Malta	441,000	35	7.9
Monaco	39,000	3	7.7
Croatia	4,287,000	332	7.7
Kazakhstan	17,100,000	700	4.1
Austria	8,900,000	356	4.0
Luxembourg	580,000	26	4.0
Finland	5,500,000	210	3.8
Israel	9,550,600	332	3.5
Sweden	10,486,941	347	3.3
Slovakia	5,431,752	177	3.3
San Marino	33,660	1	3.0

Denmark	5,903,037	173	2.9
Belgium	11,669,446	305	2.6
Spain	47,615,034	1146	2.4
Ireland	5,086,988	122	2.4
United Kingdom	66,971,411	1540	2.3
Georgia	3,712,502	72	1.9
Azerbaijan	10,175,016	197	1.9
Czechia	10,500,000	201	1.9
Belarus	9,000,000	175	1.9
Switzerland	8,500,000	160	1.8
Hungary	10,000,000	160	1.7
Ukraine	45,000,000	91	1.4
Poland	38,000,000	192	1.1
France	67,000,000	731	1.1
Italy	60,000,000	70	1.0
Russia	143,000,000	430	0.7
China	1,400,000,000	38,000,000	0.6
Bosnia and Herzegovina	3,233,526	16	0.5
Republic of Moldova	2,592,477	10	0.4
Poland	37,561,599	120	0.3
Turkey	85,341,241	187	0.2
Russian Federation	143,600,000	255	0.2
Germany	84,079,811	98	0.1
Tajikistan	9,952,787	5	0.1
Norway	5,457,127	2	0.0
Armenia	2,780,469	1	0.0
Uzbekistan	35,648,100	2	0.0
<b>Total:</b>	<b>923,917,744</b>	<b>16,735</b>	

**Extended deadline to 5<sup>th</sup> December**

# Conclusions



- Migrants are disproportionately affected by HIV in the EU – migrants account for 14% of the EU population, but account for 42% of diagnosed HIV cases in 2021 – increasing in 2022
- Migrant MSM particularly vulnerable with steady increases in HIV diagnoses in past decade
- A significant proportion of migrants acquire HIV after they arrive to the EU
- Migrants have very low uptake of primary prevention programmes, incl. PrEP and condoms
- Only one country has reached the 95% target of all migrant PLHIV reaching viral suppression
- Sub-populations of migrants have less access to HIV prevention, testing and treatment services and are of serious risk for being left behind in Europe’s efforts to reach the SDGs

# Acknowledgements



## HIV Surveillance focal points in Europe and Central Asia

Albania: Marjeta Dervishi; Andorra: Jennifer Fernández Garcia; Armenia: Trdat Grigoryan; Austria: Daniela Schmid, Ziad El-Khatib; Azerbaijan: Farhad Singatulov, Shahin Khasiyev; Belarus: Svetlana Sergeenko, Pavel Yurovski; Belgium: Andre Sasse, Dominique Van Beckhoven; Bosnia and Herzegovina: Dušan Kojić; Bulgaria: Tonka Varleva; Croatia: Tatjana Nemeth Blazic; Cyprus: Linos Hadjihannas, Maria Koliou; Czech Republic: Marek Maly; Denmark: Susan Cowan; Estonia: Kristi Rüütel; Finland: Kirsi Liitsola, Mika Salminen; France: Françoise Cazein, Josiane Pillonel, Florence Lot; Georgia: Otar Chokoshvili, Maia Tsereteli; Germany: Barbara Gunsenheimer-Bartmeyer; Greece: Vasilios Raftopoulos, Stavros Patrinos; Hungary: Maria Dudas; Iceland: Haraldur Briem, Gudrun Sigmundsdottir; Ireland: Derval Igoe, Kate O'Donnell; Israel: Daniel Chemtob, Yana Roshal; Italy: Barbara Suligo; Kazakhstan: Lolita Ganina, Gulnar Temirkhanov; Kosovo: Luljeta Gashi; Kyrgyzstan: Aigul Solpueva; Latvia: Šarlote Konova; Liechtenstein: Andrea Leibold, Marina Jamnicki; Lithuania: Irma Čaplinskienė; Luxembourg: Aurelie Fischer, Jean-Claude Schmit; Malta: Jackie Maistre Melillo, Tanya Melillo; Republic of Moldova: Silvia Stratulat, Stepan Gheorghita; Monaco: Dominique De Furst; Montenegro: Alma Cicic; Netherlands: Eline Op de Coul, Ard van Sighem; North Macedonia: Milena Stefanovic, Zarko Karadzovski, Vladimir Mikic, Rumena Gerdovska; Norway: Hans Blystad; Poland: Magdalena Rosinska; Portugal: Isabel Aldir, Helena Cortes Martins; Romania: Mariana Mardarescu; Russia; San Marino: Andrea Gualtieri, Mauro Fiorini; Serbia: Danijela Simic; Slovakia: Peter Truska; Slovenia: Irena Klavs, Tanja Kustec, Maja Milavec; Spain: Asuncion Diaz; Sweden: Maria Axelsson; Switzerland: Martin Gebhardt; Tajikistan: Kholnazarov Ramshed, Zukhra Nurlaminova; Turkey: Emel Özdemir Şahin; Ukraine: Ihor Kuzin, Violetta Martsynovska; and United Kingdom: Alison Brown.

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# Thank you

**ECDC:**

Anastasia Pharris, Juliana Reyes, Charlotte Deogan

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