



REPORT ON ACCESS to PrEP in EUROPE

2026
Second Edition



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BACKGROUND

Strengthening HIV prevention is critical to achieving the goal of ending AIDS as a public health threat by 2030. EU Member States have committed to this objective through several international and regional frameworks, including the Global AIDS Strategy and the United Nations Political Declaration on HIV/AIDS, as well as the 2030 Sustainable Development Goals (Target 3.3 on communicable diseases). These commitments include a benchmark of reducing new HIV infections by 75% from 2010, alongside commitments to remove social and legal barriers to HIV services¹. They also emphasise the role of community-led service delivery and advocacy in the HIV response². Achieving these goals requires re-centring HIV prevention efforts on the needs and leadership of key populations, who continue to be disproportionately affected by HIV but underserved by existing health systems³.

Despite these commitments, available data show that, except for the third 95% target⁴, **Europe has failed to meet the 2025 HIV testing, treatment and prevention targets**. According to the European Centre for Disease Prevention and Control (ECDC), new HIV infections across the wider European region⁵ increased slightly from 149,000 in 2010 to 156,000 in 2025, representing a 5% increase instead of the planned 75% reduction. Within the EU/EEA, new infections declined by 20% from 24 000 to 19 000, but this remains far off track of the 2025 benchmark⁶.

Similar gaps are also reported in HIV prevention efforts. Under the UNAIDS HIV Prevention 2030 framework⁷, low and middle-income countries in Europe and central Asia would need around 1 million PrEP users by 2030, well above current levels of uptake. At the regional level, WHO Europe set a target, considered very modest by experts, of 500 000 people using HIV pre-exposure prophylaxis (PrEP) at least once a year by 2025. As of 2025, only about 345 000 people in Europe had used PrEP at least once, which is roughly 70% of the target. Uptake is also highly uneven: more than 70% of PrEP users are located in just four countries: the United Kingdom, France, Germany, and Spain⁸, and uptake, even in these countries, is substantially uneven between key populations.

1 ECDC brief progress towards SDGs

2 The term community-led refers to leadership by and for people living with and affected by HIV, including and especially key populations. The 30-60-80 targets are defined in the Global AIDS Strategy: 30% of testing and treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community, key population and women-led organizations.

3 Tieosapjaroen, Waritthaa,b; Johnson, Cheryl C.c; Ong, Jason J.a,b. "O for KP": an evidence review on recentering HIV prevention and PrEP delivery for key populations and the underserved. *Current Opinion in Infectious Diseases* 39(1):p 22-29, February 2026. | DOI: 10.1097/QCO.0000000000001169

4 The UNAIDS 95-95-95 targets aim to ensure that by 2030, 95% of all people living with HIV know their HIV status, 95% of all people diagnosed with HIV receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy have viral suppression.

5 WHO European Region includes 53 countries, which together cover a very wide geographic area, not only the European Union, but also countries in Eastern Europe, the Balkans, the Caucasus, and Central Asia

6 ECDC, WHO, HIV/AIDS surveillance in Europe 2025 - 2024 data

7 Global HIV Prevention Coalition, UNAIDS, UNFPA, HIV Prevention 2030. A Global Access Framework for Country-Led Responses

8 ECDC Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia progress report

Stigma within healthcare settings remains one of the key structural barriers to increasing PrEP uptake. A 2024 ECDC report, based on a survey conducted with EACS among healthcare professionals, identified substantial gaps in healthcare workers' knowledge on U=U, PEP, and PrEP. Only 41% of the respondents agreed that a person who does not have HIV can take HIV medicines to prevent infection. The report also documented reluctance among some healthcare workers to provide care to key populations, including people who use drugs, gay, bisexual, queer and other men who have sex with men, sex workers, and trans and gender diverse persons⁹.

In addition to stigma, broader policy and structural barriers continue to limit access to PrEP. These include the criminalisation of HIV exposure and transmission, as well as laws targeting key populations, especially those related to legal gender recognition, sex work and drug use; restrictions linked to migration status and health insurance; administrative and legal barriers to accessing care; and high out-of-pocket costs where reimbursement policies are not in place.

These challenges are further exacerbated by the organisation of PrEP services. Delivery remains largely centralised and medicalised, with limited integration into harm reduction, sexual health, gender-affirming care and community-led services. As a result, access to PrEP is often fragmented and poorly aligned with the realities of those most affected, particularly people facing stigma, criminalisation or administrative barriers in formal healthcare settings. This limits both uptake and continuity of use, ultimately reducing the overall reach and public health impact of PrEP programmes¹⁰.

At the same time, the landscape of biomedical HIV prevention is evolving. In addition to daily oral PrEP with tenofovir disoproxil/emtricitabine (TD/FTC), long-acting injectable cabotegravir received an EU-wide marketing authorisation in September 2023¹¹. In August 2025, the European Commission authorised twice-yearly injectable lenacapavir for PrEP following a positive EMA review¹². The dapivirine vaginal ring received a positive EMA scientific opinion for use outside the EU and is conditionally recommended by WHO¹³. There are further options in the research pipeline that have the potential of market authorisation in the upcoming years, including a monthly tablet that is currently undergoing efficacy trials.

However, most countries have yet to integrate long-acting PrEP into their national guidelines or financing mechanisms. Access to cabotegravir remains uneven across Europe despite EU-level approval. While the United Kingdom is rolling out cabotegravir through the NHS, access is currently prioritised for people who cannot use or adhere to oral PrEP, including due to individual circumstances or lifestyle factors affecting daily adherence. In contrast, France is expanding access

9 ECDC report, HIV stigma in the healthcare setting

10 Tieosapjaroen, Waritthaa,b; Johnson, Cheryl C.; Ong, Jason J.a,b. "O for KP": an evidence review on recentring HIV prevention and PrEP delivery for key populations and the underserved. *Current Opinion in Infectious Diseases* 39(1):p 22-29, February 2026. | DOI: 10.1097/QCO.0000000000001169

11 EMA, <https://www.ema.europa.eu/en/medicines/human/EPAR/apretude>

12 EMA, <https://www.ema.europa.eu/en/medicines/human/EPAR/yeytuo>

13 EMA, Vaginal ring to reduce the risk of HIV infection for women in non-EU countries with high disease burden

without requiring prior use or failure of oral PrEP¹⁴, whereas Spain limits access to individuals for whom oral PrEP is not a suitable option¹⁵. In Italy, the eligibility is based on the following criteria: suboptimal adherence to oral PrEP, clinical contraindications to oral PrEP, other psycho-social conditions that may hinder access or adherence to oral PrEP¹⁶.

These differences in national rollout reflect how pricing and the affordability for the health system shape policy decisions on access and availability. Current estimates suggest that cabotegravir costs around €8,000 per person per year in the United Kingdom¹⁷, remaining significantly higher than oral PrEP, despite evidence that it could be produced at a more affordable cost given the sufficient demand¹⁸. In response, several countries are introducing eligibility restrictions and phased rollouts to manage financial burden, rather than enabling broader, needs-based access. This risks reinforcing existing inequalities in PrEP uptake across Europe, as long-acting PrEP is currently being rolled out in countries with higher oral PrEP uptake, suggesting a continuation and potential deepening of existing disparities.

In response to these challenges, AIDS Action Europe (AAE) conducted this updated assessment to map the current situation and recent developments in PrEP access across EU Member States. This report highlights progress made since 2022, identifies remaining barriers and outlines actions needed to achieve universal and equitable access to PrEP.

14 AIDES; Injectable PrEP: Apretude finally available in France

15 Ministry of Health, Spain, the first country in the European Union to finance injectable PrEP against HIV

16 Italian Medicines Agency, The Board of Directors has given the go-ahead for reimbursing a new medicine, seven extensions of therapeutic indications and three generic equivalents

17 Aidsmap, Huge disparities in PrEP uptake across Europe – injectable PrEP largely inaccessible

18 Aidsmap, Cabotegravir long-acting PrEP out of reach for upper middle-income nations, The Clinton Health Access Initiative estimates; Toby Pepperrell, Samuel Cross, Andrew Hill, Cabotegravir—Global Access to Long-Acting Pre-exposure Prophylaxis for HIV, Open Forum Infectious Diseases, Volume 10, Issue 1, January 2023, ofac673, <https://doi.org/10.1093/ofid/ofac673>

METHODOLOGY

In 2022, AAE conducted a rapid baseline assessment on access to PrEP in the EU and developed a report based on its findings. Through its members, community-led and -based organisations, AAE collected information on availability, accessibility, affordability and acceptability of oral PrEP.

In 2025-2026, AAE asked the respondents to update this baseline information. Between August 2025 and January 2026, they reported on changes in national policies, reimbursement, procurement, service delivery models and coverage. Several additions have been made in this edition of the report. Information on Switzerland has been added. In addition, a section on the security of supply and access to PrEP for people who use drugs in nine countries has been included, based on findings from the AAE European HIV Legal Forum report on access to services for people who use drugs.

For the analysis in this report, countries are grouped into three categories according to the level of public reimbursement and cost coverage of PrEP medications within their healthcare systems:

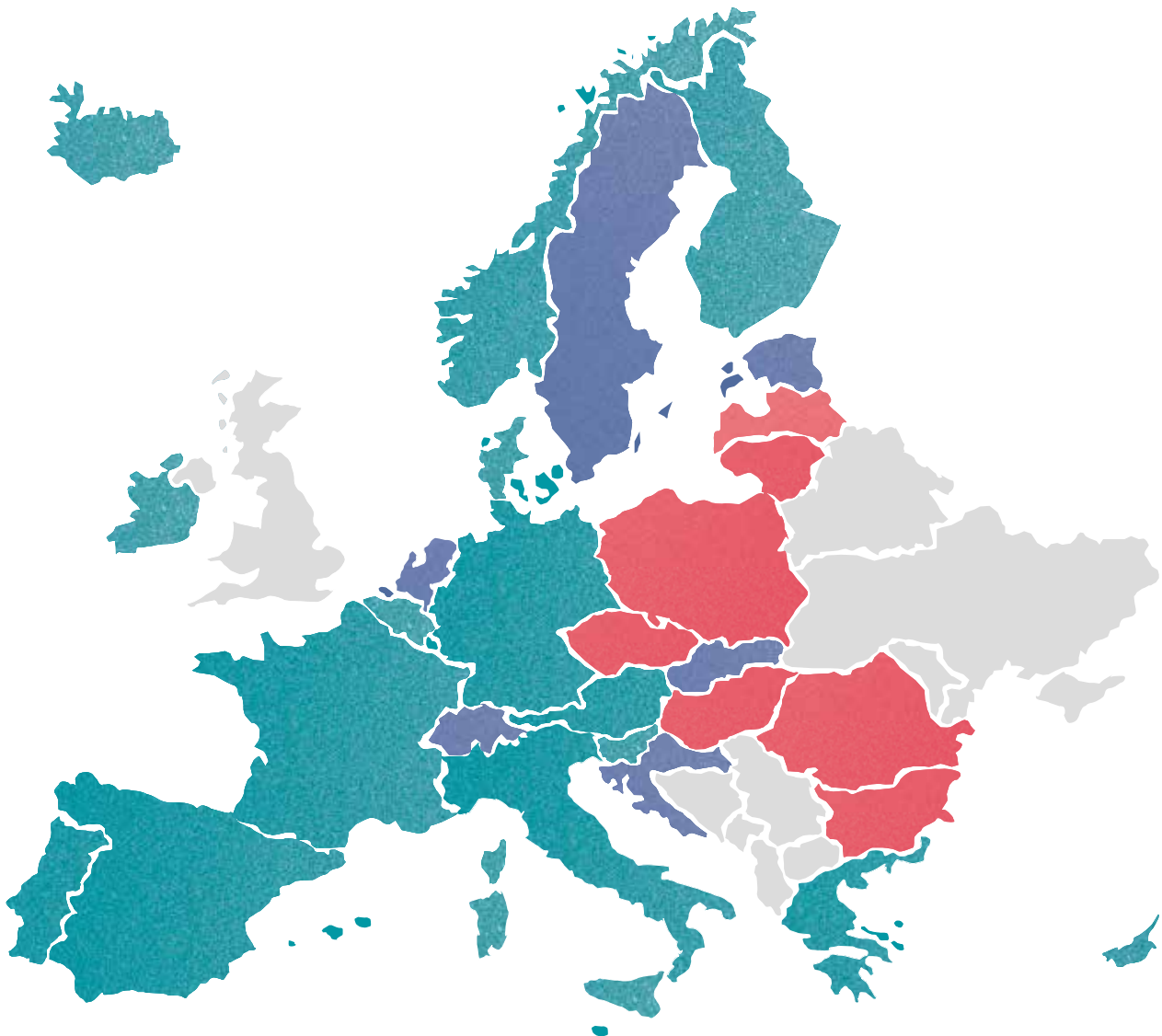
- **PrEP is fully or largely reimbursed:** PrEP medications are fully covered by the public health system or national health insurance, with no or a small user co-payment according to national health insurance regulations
- **PrEP is partially reimbursed:** PrEP medications are partially reimbursed, subsidised through specific programmes, or covered only under certain insurances.
- **PrEP is not reimbursed:** PrEP medications are not covered by the public health system, and users must pay the full cost out of pocket.

LIMITATIONS:

Country profiles for Luxembourg, Norway, Iceland, and Liechtenstein are not included, as no data were available from these countries through the AAE network at the time of data collection.

While data were collected from AAE members working with diverse key populations, these responses do not provide an in-depth analysis of specific barriers affecting each key population. Further resources and information on PrEP access and guidelines are available on the AAE Clearinghouse and from AAE partner organisations and key population networks, including but not limited to Africa Advocacy Foundation, AVAC, C-EHRN, EATG, ENPUD, TGEU, ESWA and others.

PrEP REIMBURSEMENT COVERAGE IN THE EU/EEA



- PrEP is fully or largely reimbursed
- PrEP is partially reimbursed (incl. insurance-dependent coverage)
- PrEP is not reimbursed

CHANGES SINCE THE 2022 ASSESSMENT

EXPANSION OF REIMBURSEMENT

Since 2022, access to PrEP in the EU and EEA has improved overall, but progress remains uneven. Several countries, including Austria, Cyprus, Greece, Italy and Malta have moved from pilots or out-of-pocket models to national reimbursement schemes. At the same time, 7 EU Member States still do not reimburse PrEP. As a result, the region has missed the 2025 prevention targets and health inequalities between EU citizens have further increased.

STOCKOUTS AND SUPPLY INSECURITY

Since 2022, several countries have reported stockouts of generic PrEP. In Poland and Bulgaria, shortages in 2024 and 2025 forced users to interrupt PrEP or rely on insecure online sources. Romania also reported delays and interruptions in supply. Stockouts also affected countries with reimbursement schemes. Germany experienced periods when hospitals and pharmacies could not dispense generic PrEP. In Italy, hospitals could dispense only one bottle at a time for periods of one or two months.

PILOT PROJECTS AND FUNDING CUTS

In several countries, pilot models have ended, including in Latvia and Denmark. In Latvia, a pilot (2022–2025) funded by the Elton John AIDS Foundation and implemented by Mozaika provided free PrEP, HIV and STI testing. Currently, there are no plans to reimburse the costs of PrEP. In Denmark, access to PrEP was previously provided through Checkpoint Copenhagen in collaboration with the Department of Infectious Diseases at Hvidovre Hospital. An infectious disease specialist visited the Checkpoint twice per month to prescribe PrEP on site. This model is no longer in place, and services are now limited to hospital-based providers. In contrast, in Italy, PrEP, before national reimbursement was implemented, was previously available for free only through research and pilot initiatives.

NEW POLICY AND SERVICE DEVELOPMENTS

- In 2023, Italy moved to full reimbursement of PrEP under the national health service. However, lab tests and visits, including STI screening, are reimbursed only in some regions.
- In 2023, Portugal decentralised PrEP dispensing to community pharmacies and community-based organisations.
- Since 2024, in Austria, PrEP has been reimbursed up to €60 a month and checkups up to €25 every three months, while required doctors' visits every three months still cost €30 to €130.
- Since 2025, Cyprus has introduced free PrEP in public hospitals with no exclusion criteria in a first rollout phase. However, a national PrEP guideline has not yet been formally adopted or published.
- Since 2025, Greece started providing PrEP free of charge in 24 public hospital pharmacies.
- In 2024, the Czech Republic introduced a subsidy scheme for people under 26 and updated the National PrEP guidelines.
- Malta has adopted a sexual health strategy 2025 - 2030 that explicitly includes PrEP and PEP. In January 2026, Malta implemented full reimbursement of PrEP under its national health system.

MAIN FINDINGS



PrEP is fully or largely reimbursed

Austria¹⁹ Belgium Cyprus Denmark Finland France Greece Germany Ireland Italy
Portugal Slovenia Spain Malta

MEDICATIONS COSTS TO HEALTH SYSTEMS

Prices for generic PrEP vary from 60€ to 270€ per box of 30 pills in these countries, yet many of them pay a high price of more than 140€. People covered by public health systems do not pay for PrEP medications out of pocket or only pay the usual co-payment according to national regulations. However, the high price can influence decisions by public health authorities on the scale of PrEP programmes.

NARROW ELIGIBILITY CRITERIA

Compared with countries that have no reimbursement scheme for PrEP, countries in this category have national guidelines that define eligibility criteria for access to PrEP. If these criteria are restrictive, they may limit access for communities and/or individuals that could benefit from PrEP.

EXCLUSIVITY OF HOSPITAL SETTINGS

PrEP-related services are generally provided exclusively by healthcare providers and in facility-based settings. In some countries (Denmark, Finland) these services are provided by infectious disease or sexual health departments and specialists, in others can also be provided by general practitioners (Spain and France). In Ireland and Germany, these services can be offered by a broader range of medical specialists. However, even in countries where PrEP delivery has been expanded to a broader range of specialists, like in Portugal or Spain, implementation remains limited or almost non-existent.

WAITING TIMES

Limiting PrEP service provision to a single specialised level of care or to narrowly defined medical qualifications can create capacity problems and long waiting times which undermines the core purpose of HIV prevention. Such challenges were reported in Finland, Italy, Spain and Portugal.

EXCLUSION OF UNINSURED PEOPLE

Countries that cover the costs of PrEP within the public health system tend to restrict access to online purchases of PrEP (Ireland, Spain). In Finland, Ireland, Italy, Germany and Spain, one can access PrEP through private healthcare, which leads to substantial costs. People who are not covered by public or private health insurance face major barriers in accessing PrEP in countries where it is not universally provided, and this seriously affects PrEP accessibility for migrant people.

¹⁹PrEP medications are reimbursed up to €60 per month and up to €25 every three months for medical consultations. At current prices, this level of reimbursement covers most/all medication costs. The cost of these visits ranges from €30 to €130 per appointment.

MAIN FINDINGS

PrEP is partially reimbursed

Croatia Estonia Slovakia Sweden the Netherlands Switzerland

- Some countries have co-payment schemes, such as Estonia and Sweden. In others, access depends on insurance type or the region, as in Croatia, Slovakia and the Netherlands.
- These models reduce individual costs but fall short of universal coverage.



MAIN FINDINGS

PrEP is not reimbursed

Bulgaria Czech Republic Hungary Latvia Lithuania²⁰ Poland Romania

FULL OUT-OF-POCKET COSTS FOR PREP MEDICATIONS

In countries without reimbursement, PrEP must be paid fully out of pocket. Generic PrEP usually ranges from 20 to 60€ for a box of 30 pills when purchased in pharmacies. Only Hungary reported a higher price of 130€ for generic PrEP.

ONLINE AND INFORMAL ACCESS

Countries without reimbursement tend to have unofficial access to PrEP also through online pharmacies. Many people buy PrEP online for about 30€ plus delivery, or buy it from abroad (Hungary, Lithuania).

UNRELIABLE SUPPLY

Online orders frequently face delays, customs issues and delivery refusals. In Romania, postal services have often refused to deliver PrEP ordered from abroad, as they consider the online purchase of ARV medications illegal.

LIMITED CLINICAL MONITORING

This reliance on informal access keeps PrEP users outside the healthcare system. This results in a missed opportunity in HIV and STI testing, PrEP-specific counselling and monitoring, including for renal function.

GAPS IN SEXUAL HEALTH SERVICE COVERAGE

The coverage for sexual health services is primarily determined by the type of healthcare system. However, in many countries, combination HIV prevention, including PrEP, is not fully integrated into public insurance schemes. This is not only due to limited political prioritisation, but also to legal and administrative barriers that make it difficult to include preventive medicines within reimbursement frameworks. Furthermore, even where testing and follow-up services exist within public health systems, they often lack sufficient capacity or do not meet community needs. For example, in Poland, despite the formal availability of PrEP-specific counselling and monitoring free of charge at HIV and infectious disease clinics, in practice, doctors do not accept new PrEP patients. This pushes people towards fee-based private clinics or away from testing and health monitoring altogether. Furthermore, members of key populations often experience stigma and discrimination within the public health system.

PILOT INITIATIVES REMAIN LIMITED

Some countries implemented partial solutions via NGO-led projects (e.g. Latvia's pilot until 2025, Sofia Checkpoint in Bulgaria, Romania's hospital pilot). These initiatives remain small-scale and are not sustainable without State support.

20 Potential plans to start the reimbursement for PrEP in November 2026 have been reported.

ADDITIONAL BARRIERS AND HIDDEN COSTS

In several countries, individual spending goes beyond PrEP medications and includes the costs of doctors' visits for prescriptions and testing. For instance, Hungary formally has a universal health coverage, yet for various reasons, people who need a PrEP prescription or STI screening can only access it through private health services and pay the full costs out of pocket. In Lithuania, a person who wants to see an infectious disease specialist who can prescribe PrEP free of charge must first visit a general practitioner and obtain a referral, or pay around 20€ to get a direct appointment with the specialist.

GOOD PRACTICES

Some countries without reimbursement for PrEP, such as Bulgaria, the Czech Republic, and Lithuania, offer free and regular HIV and STI testing and monitoring. In Bulgaria, Checkpoint Sofia provides daily HIV and STI testing and weekly PrEP consultations with an infectious disease specialist. It issues more than 95% of all PrEP prescriptions in the country. The Czech Republic is one of the few countries where people do not commonly order PrEP online. The prices for PrEP in local pharmacies are comparable to those in online pharmacies. Moreover, access to STI/HIV testing, PrEP monitoring and doctors' visits is free of charge.

COMMON FINDINGS FOR ALL COUNTRIES

URBAN CONCENTRATION OF SERVICES

Most countries report the problem of limited physical accessibility to PrEP and related services. In many cases, only one or two infectious disease centres and a small number of pharmacies provide PrEP, often located in the capital or major cities.

LIMITED COMMUNITY PREP DELIVERY

Community-based and -led PrEP delivery remains the exception rather than the norm and even where it exists, it is usually limited to one or two major cities. In many cases, these models receive no financial support from the State or only partial support, making them structurally unsustainable.

This includes countries without reimbursement, such as **BULGARIA, THE CZECH REPUBLIC AND ROMANIA**. In Bulgaria, Checkpoint Sofia provides HIV and STI testing, PrEP consultations and issues most national PrEP prescriptions. In the Czech Republic, there are two community PrEP points in Prague and Brno, led by Czech AIDS Help and Podané ruce. In Romania, ARAS runs two PrEP clinics in Bucharest and Cluj under a public-private partnership with infectious disease hospitals, serving more than 200 people.

COMMUNITY INVOLVEMENT ALSO REMAINS LIMITED IN COUNTRIES WITH FULL REIMBURSEMENT, such as ITALY, PORTUGAL, DENMARK, FINLAND and CYPRUS.

PrEP provision in Portugal within CBOs has been legally established since 2023, and the funding mechanism was formally approved in January 2025, however no official financial support has yet been granted. In Italy, three community organisations deliver PrEP services, including one that dispenses PrEP onsite. Checkpoints in Denmark can only issue a referral for PrEP to the infectious diseases departments. In Finland and Cyprus community organisations provide counselling, information, and navigation, but do not prescribe or dispense PrEP.

PROVIDER KNOWLEDGE GAPS

Many countries report gaps in the knowledge and attitudes of healthcare providers regarding PrEP, including challenges in creating a welcoming and non-judgmental environment for people who use or may benefit from PrEP. These issues have been reported in Denmark, Germany, Italy, Poland and Spain. These reports further reinforce findings from the ECDC report on stigma in healthcare settings.

LIMITED REACH OF COMMUNICATION AND AWARENESS EFFORTS

In most countries, PrEP services and information campaigns continue to focus mainly on white cisgender gay men and other men who have sex with men (France, Germany, Portugal, Spain). As a result, the communities of all gay, bisexual queer or other men who have sex with men, trans and gender diverse people, women, people with migration backgrounds, sex workers, people who use drugs are left behind. At the same time, large-scale, targeted information and awareness campaigns on PrEP are most often lacking. Local NGOs and community organisations often run small-scale activities, but these efforts usually rely on limited and insecure funding and are not sufficient to reach all affected communities.

CONCLUSION

Despite a decline in new HIV diagnoses over the past decade, progress in the EU/EEA remains uneven. Access to HIV prevention services varies widely between and within countries, contributing to widening health inequalities. As a result, Europe remains off track to meet its HIV prevention targets, as well as SDG 3.3 targets. At the same time, declining political attention and insufficient financial commitments risk undermining progress made so far.

This assessment shows that access to PrEP across the EU and EEA remains fragmented. While five countries — Austria, Greece, Cyprus, Italy, and Malta— have recently expanded reimbursement schemes, seven EU Member States (Bulgaria, the Czech Republic, Hungary, Latvia, Lithuania, Poland, and Romania) still do not provide public coverage for PrEP medications.

Even in countries with reimbursement schemes, structural barriers persist. Access can be limited by restrictive eligibility criteria in national guidelines, long waiting times for appointments, and the concentration of services in specialised hospital settings or major cities. In addition, stigma in healthcare settings, gaps in healthcare providers knowledge, and legal and policy barriers affecting key populations continue to limit access to PrEP.

Community-based PrEP delivery for all countries remains the exception rather than the norm. Limited funding for community-led organisations, legal restrictions that prevent community health workers from prescribing or dispensing PrEP, and a lack of partnerships between hospitals and community services represent missed opportunities to reduce stigma and expand access to PrEP.

The introduction of long-acting PrEP, including cabotegravir, expands prevention options. However, early implementation across Europe reflects similar structural barriers to access, indicating that existing inequalities in PrEP access are likely to be mirrored.

PrEP is a key component of HIV combination prevention. Strengthening its accessibility across the region will be essential to reducing new HIV infections and closing prevention gaps. Achieving the goal of ending AIDS as a public health threat by 2030 will require renewed political commitment and sustained investment to expand PrEP access and strengthen community-led prevention services.

RECOMMENDATIONS

ENSURE AFFORDABILITY OF PREP

- Ensure full public coverage of PrEP medications and all related services, including doctors' visits, monitoring exams and STI screening.
- Consider removing user fees and co-payments for PrEP medications and related services to eliminate financial barriers to access.
- Regulate and negotiate pricing of PrEP medications, including long-acting formulations, to ensure equitable rollout of new PrEP options across Europe.

DECENTRALISE AND EXPAND PREP SERVICE DELIVERY

- Expand PrEP delivery beyond hospital settings to primary care, sexual health, family planning and reproductive health clinics, community pharmacies, community-led and -based organisations.
- Establish collaborations and referral pathways between community-based and -led organisations and other healthcare providers to ensure continuity of care.
- Increase service availability outside major cities to address geographic inequalities.

EXTEND PREP SERVICE DELIVERY TO COMMUNITY-BASED AND -LED ORGANISATIONS

- Establish and promote low-threshold, community-based and -led PrEP delivery models, with a formally recognised role of community organisations.
- Enable community providers, where appropriate, to deliver PrEP services, including HIV and STI testing, counselling, and prescribing or dispensing.
- Provide sustainable funding for community organisations as integral part of national PrEP programmes, not only as temporary project partners.

ENSURE INCLUSIVE, EVIDENCE-BASED NATIONAL GUIDELINES

- Review and update national PrEP guidelines to ensure inclusive eligibility criteria covering all individuals who could benefit from PrEP.
- Align guidelines with current evidence on clinical monitoring and evidence-based dosing schedules²¹. National guidelines should explicitly recognise both daily and on-demand PrEP as effective options, ensuring informed choice and person-centred care.

21 Starting oral PrEP with 2 tablets as loading dose 2 to 24 hours before exposure (for any type of exposure); continuing with 1 tablet per day for as long as needed; stopping by taking 1 tablet per day for 2 days after the last exposure (only for receptive anal sex or any insertive sex), OR by taking 1 tablet per day for 7 days after the last exposure (for all other exposures). See BASHH/BHIVA Guidelines (July 2025), EACS Guidelines (October 2025), IAS-USA Guidelines (December 2024).

STRENGTHEN SECURITY OF SUPPLY

- Strengthen national forecasting, procurement and stock monitoring to prevent shortages and interruptions in supply.
- Diversify procurement and ensure availability of multiple brands and formulations of PrEP.

STRENGTHEN HEALTHCARE WORKERS' CAPACITIES

- Expand the range of medical professionals authorised to prescribe PrEP, including general practitioners, nurses, community health workers and other relevant specialists.
- Provide training on PrEP, combination prevention, U=U, treatment as prevention (TasP), and inclusive and respectful care.
- Implement measures to prevent and address stigma and discrimination in healthcare settings, including monitoring and accountability mechanisms.

STRENGTHEN COMMUNITY AND PUBLIC AWARENESS AND OUTREACH

- Conduct needs assessments and acceptability studies with different community groups to shape service delivery and communication.
- Scale up public information and awareness campaigns on PrEP, including through supporting community-led information sharing, ensuring that messages are accessible, evidence-based and delivered across different settings.
- Provide dedicated State funding to support targeted, culturally appropriate information campaigns on where and how to access PrEP. These campaigns should be co-designed and delivered by community-led and -based organisations and should prioritise all gay, bisexual and queer men who have sex with men, trans and gender diverse people, women, people with migration backgrounds, sex workers and people who use drugs.

STRENGTHEN DATA AND MONITORING

- Improve national data collection on PrEP uptake, coverage and outcomes²².
- Use data to identify gaps in coverage, monitor progress towards national and regional targets and inform policy changes.

²² For detailed guidance see ECDC, European standards of HIV prevention and care: Module on pre-exposure prophylaxis.

TABLE 1. PREP IS FULLY OR LARGELY REIMBURSED

Country	Full coverage / co-payment	National guidelines & eligibility	PrEP related services: Overview	Who can prescribe PrEP	National Priorities
Austria*	Public subsidy for PrEP medications covers up to 60€/month. At current prices, it covers most of the medications costs. But the subsidy for the visits can lead to out-of-pocket costs ranging from 5€ to 105€.	The German-Austrian PrEP guidelines (2024) recommend PrEP for people over 16 years with an increased ("substantial") risk of HIV	Every 3 months, there are doctors' visits to get a prescription, with costs ranging from 30€ to 130€ per visit. Since 2024, there is a reimbursement for PrEP (up to 60€ a month) and medical consultations (up to 25€ every three months).	Doctors specialised in HIV ("physicians with experience in HIV care")	<ul style="list-style-type: none"> • Get people to know that there is the possibility of having reimbursement • Information and awareness raising and needs assessment.
Belgium	12€ co-payment with health insurance; Without health insurance 156€	In order to be eligible for PrEP, one has to fulfil the following indicators: <ul style="list-style-type: none"> • HIV negative status • over 16 years • to be in a key population with a higher risk of HIV acquisition 	Infectiologist of HIV reference centre (HRC) or GP working in a HRC can initiate a PrEP prescription. Afterwards all GPs can renew the prescription of the HRC doctor.	Infectiologists of HIV reference centre (HRC) or GP working in a HRC can initiate a PrEP prescription. Afterwards, all GPs can renew the prescription of the HRC doctor	<ul style="list-style-type: none"> • Promote the accessibility of PrEP for all people that need it, including undocumented migrants, heterosexual men and women. • Provide other systems of delivery, such as community-based testing services.
Cyprus	Full coverage, free access for all	National guideline not yet adopted <ul style="list-style-type: none"> • No exclusion criteria during initial rollout • No need to be registered in the National Health System 	Provided at Nicosia and Larnaca General Hospitals; support and counselling provided by Cyprus PrEP Point (AIDS Solidarity Movement)	Hospital doctors in designated centres	<ul style="list-style-type: none"> • Ensure smooth nationwide scale-up; strengthen community-government collaboration; expand beyond first-phase hospitals.
Denmark	Full coverage	The national guideline for PrEP in Denmark (Danish Regions 2019) recommends PrEP for people who meet all the following criteria: <ol style="list-style-type: none"> 1. The person is HIV negative 2. MSM or transwoman/transman who has sex with men, fulfilling at least one of: <ul style="list-style-type: none"> • Unprotected anal intercourse with ≥2 male partners within the last 12 weeks • Syphilis within the last 24 weeks • Chlamydia or gonorrhoea within the last 24 weeks 3. Over 15 years or older 4. Normal kidney function (eGFR ≥60 mL/min) 5. Acceptable liver and bone marrow function 6. Prepared to follow applicable guidelines 	PrEP is available through infectious disease departments at several hospitals. Checkpoints in several cities can issue a referral.	Infectiologists, GPs	<ul style="list-style-type: none"> • Establish collaboration with the AIDS Foundation's local Checkpoints • Enable Checkpoints to refer service users for PrEP treatment • Scale up awareness-raising campaigns and reach more groups • Strengthen GPs' knowledge on PrEP • Address concerns of transgender people about PrEP and transitioning.
Finland	Full coverage	All of the following: HIV-negative, MSM, over 18 years, no signs of acute HIV infection, eGFR >60 ml/min. And at least one of: unprotected sex in last 6 months with >1 man with unknown HIV status or HIV+ with detectable viral load, STI in last 6 months, PEP in last 6 months, chemsex.	Long waiting period for PrEP from a public health provider (can reach up to 6 months). Sooner from a private one, but then health check-ups and PrEP are paid out of pocket. One community-based organisation issues referrals to doctors from public healthcare.	Specialised public & private health providers	<ul style="list-style-type: none"> • Improve the accessibility of PrEP

Country	Full coverage / co-payment	National guidelines & eligibility	PrEP related services: Overview	Who can prescribe PrEP	National Priorities
France	Full coverage	According to the French health authority (HAS), PrEP is for anyone over 15 years who does not have HIV.	A follow-up consultation should be carried out one month after starting PrEP, and then every 3 to 6 months depending on the frequency of high-risk sexual contacts.	All doctors	<ul style="list-style-type: none"> Reach other groups like young MSM, foreign MSM, and women born in sub-Saharan Africa
Germany	Standard co-payment of 5-10€ per month	The German-Austrian PrEP guidelines (2024) recommend PrEP for people over 16 years with an increased ("substantial") risk of HIV	PrEP is accessible to people with public health insurance. PrEP can be partially reimbursed through private health insurance. Some use online delivery, telegram groups.	Infectiologists, GPs	<ul style="list-style-type: none"> Increase awareness on PrEP and target LGBTI+ people. Make PrEP accessible to people that are not covered by public health insurance.
Greece	Full coverage	National PrEP guidelines (2022). PrEP should be administered to sexually active individuals at significant risk of HIV infection, including: <ul style="list-style-type: none"> HIV-negative partners in serodifferent couples People who inject drugs Sex workers. 	PrEP is available in the public health system. Out-of-pocket payment for private doctors' visits for PrEP monitoring or provided free of charge by public hospitals. Dispensation available in 24 hospital pharmacies.	Doctors specialised in infectious diseases, or general medicine, or dermatology/venereology, or obstetrics and gynaecology.	<ul style="list-style-type: none"> PrEP should be accessible to all through public hospitals and free of charge and not only in big urban cities
Ireland	Full coverage. 70€ privately	Substantial risk of contracting HIV through sex. For free PrEP through NHS, a person needs to test negative for HIV, attend check-up at least once every 3 months and meet at least 1 of the defined criteria: <ol style="list-style-type: none"> Having sex without condoms with HIV-positive partners not on treatment or not virally suppressed MSM (incl. transgender MSM or transgender woman having sex with men) who: had anal sex without condoms with >1 partner in last 6 months; had STI in last year; used PEP in last year; used chemsex in last 6 months Heterosexual man or woman considered by a specialist STI doctor to be at large risk. 	PrEP is dispensed through community pharmacies. A drug payment scheme/medical card is needed for free PrEP. PrEP is free through clinics if meeting eligibility criteria. Privately, a GP's visit costs around 70€	Public sexual health services, GPs, private providers	<ul style="list-style-type: none"> Reduction of waiting lists. All people applying for PrEP need to register for the Drugs Payment Scheme. The removal of this requirement would speed up the process for applicants.
Italy	Full coverage	National HIV guidelines (2017) and Italian Medicines Agency guidance for reimbursement (2023) . People who are: 18 years or older, HIV-negative, at high risk of sexual exposure to HIV and without clinical contraindications.	PrEP dispensation is available only in infectious disease clinics. Visits and monitoring tests are provided either free of charge or in copayment in infectious diseases clinics, depending on the region of residence. Community-based checkpoints provide some PrEP services, in collaboration with infectious disease specialists and clinics.	Infectiologists	<ul style="list-style-type: none"> Promote PrEP as a prevention tool for everyone, through broad informative campaigns Increase coverage of PrEP services in all Italian regions Reach different population groups (women, migrants, trans and gender diverse people, people who use drugs) Reimburse long-acting PrEP Update national guidelines, to align with EACS and WHO guidelines

Country	Full coverage / co-payment	National guidelines & eligibility	PrEP related services: Overview	Who can prescribe PrEP	National Priorities
Malta	Full coverage	Under review for publication	Testing, monitoring, PrEP prescription, are free of charge at the public Genitourinary (GU) clinic. No waiting time for PrEP monitoring; appointments are given every 3 months.	Consultants at the GU clinic	<ul style="list-style-type: none"> Promote and scale up the information campaigns Promote and scale up access to sexual health services Employ a PrEP Program Navigator Reach out to community clinics to increase access for migrants, sex workers and other key populations
Portugal	In community pharmacies: with reimbursement, 12.40€; without reimbursement, circa 40€. Free in public hospitals.	National PrEP guidelines (2024) . Any person over 16 years, who is HIV-negative, is at substantial risk of HIV and does not have clinical contraindications	<ul style="list-style-type: none"> Dispensing in community pharmacies is now possible Free dispensing in hospital pharmacies for patients already being followed in speciality services. 	Specialists in Dermatology/ Venereology, Infectious Diseases, General and Family Medicine, Internal Medicine, Paediatrics, and Public Health. Prescriptions can be issued in primary care units, health centres and community-based organisations	<ul style="list-style-type: none"> Provide protection from HIV to all risk groups for free Address the problem that PrEP services are mostly available in large cities Access needs to be further decentralised and more widely available across the country
Slovenia	Full coverage	<p>Indications:</p> <ul style="list-style-type: none"> HIV-negative MSM over 18 years no signs and symptoms of acute HIV infection eGFR >60 ml/min <p>And at least one of:</p> <ul style="list-style-type: none"> Unprotected sex in last 6 months with >1 man with unknown HIV status or with HIV and detectable viral load STI in last 6 months PEP in last 6 months Chemsex use. 	PrEP became available through public healthcare early in 2022.	Infectiologists	
Spain	Full coverage	Eligibility criteria for PrEP were expanded in 2021 to include all individuals over 16 years or older at risk of HIV infection, under the fulfilment of clinical indication criteria, generally defined as the presence of at least two HIV risk factors.	In most regions, PrEP programmes are located in hospital-based HIV units. Access may be spontaneous or may require referral from Primary Care. PrEP can also be obtained through private clinics.	GPs, doctors in HIV units of public hospitals or private clinics	<ul style="list-style-type: none"> Shortening waiting times and addressing saturation of hospital-based PrEP services. Advancing implementation of the 2025 regulatory change allowing PrEP dispensing through community pharmacies. Expanding and clarifying the role of Primary Care in PrEP follow-up. Strengthening formal integration of community-based organisations in PrEP pathways. Improving access for underrepresented populations including young people, cisgender women, transgender people and migrant populations. Addressing access barriers affecting people in irregular administrative situations. Developing diversified models of PrEP provision beyond hospital-based HIV units.

TABLE 2. PREP IS PARTIALLY REIMBURSED

Country	Co-payment	Guidelines & eligibility	PrEP services overview	Who can prescribe PrEP	National Priorities
Croatia*	10€ per month for additional health insurance	No national guidelines, internal clinical protocols are used. Only MSM are eligible for PrEP.	PrEP can be obtained with a prescription from an HIV specialist at 3 hospitals in Croatia. A referral from a GP is required for the 2nd visit in Zagreb and the 1st visit in Split and Rijeka, which many PrEP users see as an obstacle. Barriers in access: Limited capacity, including long waiting lists in Zagreb and stigma and discrimination faced by PrEP users at public health institutions.	Infectiologists	<ul style="list-style-type: none"> • Increase the availability of PrEP in other cities & facilities • Remove a requirement for a GP's referral • Ensure complete PrEP coverage regardless of insurance status.
Estonia	16.6€ per month	National PrEP, PEP and ART guidelines (2019). People who are over 18 years, HIV-negative, without clinical contraindications and at substantial risk of HIV based on: <ul style="list-style-type: none"> • HIV-positive sexual partner • Recent bacterial STI • High number of sexual partners • Inconsistent or absent condom use • Sex work • Sharing injection equipment 	The concentration of services at the medical level. Unofficial access to PrEP is common.	Infectiologists	<ul style="list-style-type: none"> • Communities not involved.
Netherlands	Subsidised PrEP at 7.50€/month through capped national programme (~8,500 places); outside programme 17€-30€ for 30 tablets	Clinical guidelines for PrEP (2024) . Any person who is HIV-negative (No age specified), is at substantial risk for HIV and has no clinical contraindication.	2 models: 1. PrEP care and HIV/STI testing through sexual health clinics. The budget is capped; some regions have waiting lists. 2. GPs can provide PrEP services and prescribe PrEP. The lowest price for PrEP is 17€. The cost of STI testing is covered by health insurance deductibles. GPs do not always have the capacity for/are willing to provide PrEP services.	Some GPs, GGD sexual health clinics doctors. Task-sharing is allowed, including nurse specialists and physician assistants	<ul style="list-style-type: none"> • Improve and increase access to PrEP, e.g., through online PrEP services. • Remove barriers for specific populations such as transgender women, sex workers, people who do not have health insurance • Get access to other PrEP formulations
Slovakia*	0€ with VŠZP insurance With other insurances 250€	The Slovak Association of Infectious Disease Physicians (SSI) has developed Standardized Procedures for Prescribing Treatment and Monitoring Patients Using PrEP.	PrEP can be obtained in pharmacies with a doctor's prescription; or in pharmacies in the Czech Republic. Mostly, these are the doctors from 5 AIDS centres. With "VŠZP" insurance PrEP is fully covered. Others do not. Public health insurance typically covers all necessary examinations.	Infectiologists	<ul style="list-style-type: none"> • Affordability of PrEP • Incorporate PrEP as an HIV combination prevention

Country	Co-payment	Guidelines & eligibility	PrEP services overview	Who can prescribe PrEP	National Priorities
Sweden	Annual subsidy for medications costs above 244€ approx. E.g. if used for 12 months, then 20€ per month	<p>RAV has updated the guidelines for pre-exposure prophylaxis against HIV (PrEP):</p> <ul style="list-style-type: none"> Medicines containing FTC/TDF are approved in Sweden for use as PrEP to prevent HIV and are included in the high-cost coverage PrEP is recommended for people at risk of HIV infection, such as MSM and transgender people or when traveling to a high-endemic country Initiation and follow-up should always take place in parallel with other infection prevention measures HIV serology should be checked before starting PrEP and when renewing a prescription PrEP should not be prescribed in cases of renal impairment (eGFR ≤60) Among people taking PrEP, the incidence of STIs is high, which is why STI testing should always be done before starting PrEP and when renewing a prescription Prescribing and follow-up should be done by, or in close collaboration with, an infectious disease clinic or dermatovenereology/sexual health clinic. 	<p>2 systems of reimbursement:</p> <ol style="list-style-type: none"> PrEP services at GPs: Max. 110€/year for healthcare services; Max. 230€/year for PrEP medicines; total max. 360€/year. PrEP programme: PrEP is free of charge. The enrolment requires a qualification procedure. Based mostly in Stockholm. 	GPs, Sexual health & prevention specialist	
Switzerland*	PrEP is subject to insurance deductibles, and many users must pay a substantial share out of pocket. The pharmacy price is circa 76€ per 30 tablets, and total annual costs, including medications, consultations, and tests, are estimated at €1,050–€2,100 for daily use, depending on the insurance model.	<p>The "SwissPrEPared Guidance" Version 4.0 (August 2025). Eligibility in terms of insurance coverage:</p> <ul style="list-style-type: none"> Groups with higher HIV prevalence (cis and trans MSM, trans women having sex with men) if at least one of: condomless anal sex or inconsistent condom use; STI in last 12 months; sexualised drugs use; regular partner with HIV with detectable viral load; PEP use in last 12 months. Groups with lower HIV prevalence (heterosexual cis men/women, heterosexual trans men): regular partner with HIV and detectable viral load and sex without condoms; or condomless sex with higher-prevalence groups. Note: PrEP prescribed for travel-related reasons is not covered by health insurance. 		Any licensed doctor can prescribe PrEP. However, only PrEP prescribed by a Swiss PrEPared centre is recommended and covered by insurance.	<ul style="list-style-type: none"> The costs are the main problem. However, this requires a fundamental change in the Swiss healthcare system, which is extremely challenging. Campaign for PrEP to be exempt from out-of-pocket-costs as a preventive measure.

TABLE 3. PREP IS NOT REIMBURSED

Country	National Guideline	Official access and price ²³	Unofficial access: online & price ²⁴	PrEP related services: overview & costs	National Priorities
Bulgaria	No national guidelines, internal clinical protocols are used	55€ - 60€	Exists	The Checkpoint – Sofia offers STI/HIV checks for free. PrEP consultations with an infectiologist. ≥95% of all PrEP prescriptions in the country are from Checkpoint – Sofia.	<ul style="list-style-type: none"> Address the high PrEP price Tackle HIV/STIs stigma in the medical community • Improve management and achieve adequate PrEP practice Ensure uninterrupted PrEP access (solve supply problems)
Czech Republic	Clinical guidelines on PrEP and PEP (2024)	25€ - 40€ (prescription needed)	Not common	PrEP services are available at 10 HIV centres, 2 community-based PrEP Points in Prague and Brno (led by the NGOs Czech AIDS Help and Podané ruce), and 4 dermatovenerology clinics. National health insurance covers the costs of testing and monitoring.	<ul style="list-style-type: none"> Improve access to PrEP PrEP should be prescribed by derma-venereologists & GPs PrEP should be fully covered by the public health insurance.
Hungary	No national guidelines	130€ generics 350€ Truvada	Online, abroad or buyer's clubs. 30€	Some people get STI tests through private health system -out-of-pocket payments. Many take PrEP without getting tested.	<ul style="list-style-type: none"> Ensure easier access to PrEP Have public support on improving access to PrEP Make PrEP affordable or free.
Latvia	No national guidelines, internal clinical protocols are used (Latvian Infectology Center)	92.39€ generics	Common practice 25€ -60€	In the public health system, people pay standardised co-payments for state-funded visits: €2.00 for a GP visit and €4.00 for an infectiologist consultation at LIC with a GP referral. Only infectiologists can provide PrEP-related services in Riga. STI rapid tests are free at checkpoints. PrEP monitoring and kidney function checks are out-of-pocket.	<ul style="list-style-type: none"> Budgetary constraints: Rising healthcare costs and priority of providing free ART mean the Ministry of Health does not anticipate policy shifts for PrEP in the near future. Information gap: No broad national guidelines or information campaigns regarding PrEP. Guideline implementation: A key national priority is to finalise and implement clear PrEP clinical guidelines for LIC specialists and GPs. Expansion of access: Authorities aim to expand PrEP availability outside Riga by making shared-care models between LIC and GPs a routine practice.
Lithuania	No national guidelines (in progress)	40€	Common practice	1) Direct visit of an infectiologist - 20€. Or 2) See a GP, get a referral to an infectiologist. This option is free of charge but takes more time.	<ul style="list-style-type: none"> PrEP should be available everywhere
Poland	Clinical guidelines on HIV (2025)	30€	Exists, but not widely practised. Reported as 16-20%	PrEP- and STI checks formally are free of charge. But people often visit private clinics which cost 50 to 80€ for a visit.	<ul style="list-style-type: none"> Reimburse the costs of PrEP medications • Include gynaecologists, urologists, proctologists, lar yngologists, venerologists and GPs in the provision of PrEP HIV doctors should be paid by patient/visits Create a universal PrEP product registration/access in EU to avoid access barriers.
Romania	No national guidelines, internal clinical protocols are used. The national strategic plan 2022-2030 mentions the introduction of PrEP reimbursement, but no practical guidance on PrEP is included.	Not available	17 – 33€ (prescription required)	There is no PrEP distributed in Romania through public facilities. There is a small PrEP project, run by a community-based organisation.	<ul style="list-style-type: none"> Adopt regulations on access to PrEP Provide PrEP for free in line with a defined protocol Make PrEP available and accessible for all key populations

23 Per box of 30 pills

24 The price does not include shipping costs

COUNTRY PROFILES

**PrEP is fully or largely
reimbursed**

AUSTRIA

AFFORDABILITY

Since 1 April 2024, PrEP has been partially reimbursed. Public subsidies cover up to 60€ per month for medications and up to 25€ every three months for medical consultations. At current prices, this level of reimbursement covers most, and in some cases all, of the medications costs.

To receive a prescription, a medical consultation is required every three months. Costs of these visits ranges from 30€ to 130€ per appointment.

This reimbursement applies to most insurance companies, although not all. Awareness of the reimbursement scheme is relatively high, particularly within the GBQMSM community.

AVAILABILITY & ACCESSIBILITY

PrEP is available in several pharmacies across the country. A list of pharmacies is available [here](#).

Austria has national PrEP guidelines which recommend PrEP for people aged 16 and over who are considered to have a substantial risk of HIV acquisition. Here is the national guideline on PrEP.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Information campaigns on PrEP are organised by the Aidshilfen Österreichs in community settings. The Aidshilfen Österreichs developed and published information flyers on PrEP, available at aids.at/prep

NATIONAL PRIORITIES

- Information and awareness raising
- Conduct a needs-assessment on PrEP.

BELGIUM

AFFORDABILITY

For people by public health insurance, the co-payment for a box of 30 pills of generic FTC/TDF is 12€, and for a box of 90 pills is 15€.

For individuals without health insurance, the cost of PrEP for a box of 30 pills is 156€.

AVAILABILITY & ACCESSIBILITY

There is no access to PrEP through community-led or -based organisations.

There is some level of online sales, but it is lower than it was before 2017 when the PrEP reimbursement became effective in Belgium.

NATIONAL GUIDELINES & INDICATORS

- National guidelines define eligibility criteria for PrEP access. In order to be eligible for PrEP, a person has to be:
 - "HIV negative status
 - over 18 years old
 - to be in a key population with a higher risk of HIV acquisition which includes:
 - MSM, Transgender, people from high HIV prevalence countries (sub-Saharan Africa, Eastern Europe, Latin America, Caribbean region) and their sexual partners, sex workers and their partners, Drug users with sharing equipment, HIV negative partners in a sero different relationships when the HIV + partner is not on treatment or has not achieved the undetectable status since 6-month minimum.
 - with an individual risk of acquiring HIV:
 - ◇ - condomless sex (anal or vaginal) with 2 partners minimum in the last 6 months
 - ◇ - have many STI diagnoses during the last year
 - ◇ - use of one or more PEP
 - ◇ - have physical risk factor as genital ulceration, bleeding and others.
 - ◇ - use of a psychoactive substance in a sexual context."

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Community-based organizations organise PrEP awareness campaigns and conduct community needs assessments.

NATIONAL PRIORITIES

- Increase awareness of of PrEP among key populations
- Promote the accessibility of PrEP for all people who need it, including undocumented migrants, heterosexual men and women.
- Provide other systems of service delivery, such as community-based testing services.

AFFORDABILITY

PrEP is covered by the public health system and available free of charge to users. Registration in the national health system is not required.

AVAILABILITY & ACCESSIBILITY

The proposal submitted by the AIDS Solidarity Movement to the National AIDS Committee in October 2024 was approved by the Minister of Health, and in October 2025, the Ministry announced the first phase rollout at Nicosia and Larnaca General Hospitals.

Since 2025, Cyprus has introduced free PrEP in public hospitals with no exclusion criteria in a first rollout phase. A national PrEP guideline has not yet been formally adopted or published.

The 'Cyprus PrEP Point', in collaboration with the Ministry, is officially part of the support system, providing information and support, and facilitating easier access to the system for anyone who wishes to use oral PrEP.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

AIDS Solidarity Movement was reported to be the only organisation actively advocating for official access to PrEP through awareness campaigns for people who want to use PrEP or are already using it. They provide HIV/STI testing through the Cy Checkpoint, as well as information, guidance and consultations to people who decide to start using PrEP through the Cyprus PrEP Point.

The Cy Checkpoint has been continuously collecting community data on PrEP knowledge and readiness to initiate the use since 2016 and has implemented a survey in 2019 on the use of PrEP in Cyprus, in collaboration with the Prof George Nikolopoulos, University of Cyprus. The data shows that significant community awareness has been achieved over the years and that PrEP has been used in Cyprus, including before official access routes were in place.

NATIONAL PRIORITIES

- The Ministry of Health should continue collaboration with community-led and -based organisations to provide a non-judgmental environment for the implementation of officially accessible PrEP.

AFFORDABILITY

PrEP is fully covered by the public health system and available free of charge to users.

AVAILABILITY & ACCESSIBILITY

PrEP is available through infectious disease departments at several hospitals, including Rigshospitalet, Herlev, Hvidovre, Hillerød, Roskilde, Odense, Aarhus University Hospital, Herning, Aalborg. The capacity offered by these institutions is reported to be sufficient and meet most of the needs of the community.

Checkpoints in Denmark (in the cities of Aalborg, Aarhus, Odense, Copenhagen, Frederiksberg) can issue a referral for PrEP to the infectious diseases departments. However, only doctors in the infectious diseases department can decide whether the person in question should be offered PrEP.

There were no major challenges reported in access to PrEP for the community. Yet, one of the issues that were mentioned is that general practitioners do not have the necessary knowledge about PrEP and this can create a barrier in relation to referral. Another aspect is related to the concerns among transgender people about being on PrEP and transitioning.

NATIONAL GUIDELINES & INDICATORS

The guideline for PrEP in Denmark (Danish Regions 2020), recommends that PrEP is given to people who meet all the following criteria:

1. The person is HIV negative
2. The person is an MSM or a transwoman or transman who has sex with men, and fulfils at least one of the criteria below:
 - The person has had unprotected anal intercourse with at least two male partners within the last 12 weeks (a steady partner with known HIV status does not count)
 - The person has had syphilis within the last 24 weeks
 - The person has had chlamydia or gonorrhoea within the last 24 weeks
3. The person is 15 years old or older.
4. The person has normal kidney function (eGFR- \geq 60 mL/min.)
5. The person has acceptable liver and bone marrow function
6. The person must be prepared to follow applicable guidelines in relation to the treatment.

The guideline recommends stopping PrEP when the person is no longer in the high-risk group of becoming infected with HIV.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Some information campaigns on PrEP are available through the word of mouth in Checkpoint clinics and in infectious disease departments. The Checkpoints have also had PrEP campaigns and information about PrEP on their website. However, there may be a group of people who do not have full access to the necessary information.

NATIONAL PRIORITIES

- To establish a collaboration with the AIDS Foundation's local Checkpoints via the infectious diseases departments in all regions (like the partnership that used to exist between the AIDS Foundation's Checkpoint Copenhagen and Hvidovre Hospital but is no longer in place because of the funding cuts).
- To enable Checkpoints to refer service users within the target group for PrEP services to the infectious disease departments
- Scale up awareness-raising campaigns and target more groups
- Strengthen the level of knowledge of GPs on PrEP
- To be able to address the concerns of transgender people about being on PrEP and transitioning.

AFFORDABILITY

PrEP is fully covered by the public health system and available free of charge to users.

AVAILABILITY & ACCESSIBILITY

The most significant barrier to access is the waiting period to obtain PrEP from a public health provider, which can range from few months to six months in some areas. It is possible to get a prescription from a private healthcare provider sooner. But in that case, the person must pay for the health check-ups and PrEP pills out of pocket.

At the community-based level, an NGO Hivpoint can issue referrals to doctors from public healthcare, who can then prescribe PrEP.

Regarding unofficial access, people occasionally purchase PrEP from other countries. Earlier, it used to be ordered online.

NATIONAL GUIDELINES & INDICATORS

In 2019, national guidelines were drafted. They include the following indications for PrEP access:

- “HIV-negative MSM,
- +18 years of age,
- no signs and symptoms of acute HIV infection,
- CrCl (Cockcroft-Gault) >60 ml/min

And at least one of the following criteria:

- unprotected sex in the last 6 months with > one man with unknown HIV status or HIV+ with a detectable viral load,
- STI in the last 6 months
- PEP in the last 6 months
- chemsex use.”

NGOs would like to update the PrEP guidelines as soon as possible. One suggestion, for example, is to make PrEP available at the primary healthcare level, as currently, it remains exclusively at specialized healthcare facilities.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

NGOs organise some information campaigns and awareness raising on PrEP on social media.

ACCESS FOR PEOPLE WHO USE DRUGS: according to the national guidelines, people who use drugs are eligible to access PrEP. However, awareness of people who use drugs about PrEP is low, and information dissemination by service providers is not really practised. The latter issue is related to low general accessibility of PrEP (including other populations, like sex workers), leading to the services staff’s perception that informing people who use drugs about PrEP is not a priority if it cannot be immediately offered at harm reduction services.

NATIONAL PRIORITIES

- To improve the accessibility of PrEP.

FRANCE

AFFORDABILITY

PrEP is fully covered by the public health system and available free of charge to users.

AVAILABILITY & ACCESSIBILITY

All doctors (GPs, gynaecologists, dermatologists, etc.) can prescribe PrEP and conduct regular medical check-ups. PrEP can be accessed through community-based organisations when they run a sexual health centre with doctors. There is no reimbursement of PrEP through private health insurance

NATIONAL GUIDELINES & INDICATORS

“Prep is for anyone over the age of 15 who does not have HIV. It is strongly recommended:

- MSM and transgender people with several partners who have had or are currently having anal sex unprotected by condoms
- HIV-negative partners of people living with HIV until their viral load is undetectable (in the case of condomless sex)
- For people who inject drugs and share injection equipment”

INFORMATION ACCESSIBILITY & ACCEPTABILITY

The ANRS-GANYMEDE study published in 2024 on migrant MSM in France showed that after their arrival, around 62% of migrant MSM living with HIV had contracted HIV in France, including 13% during the first year of residence.

The Morlat 2018 report acknowledges that people who use drugs can be eligible for PrEP on a case-by-case basis. However, awareness of PrEP among people who use drugs remains low, likely contributing to an underutilisation of this preventative option, especially outside the gay community.

PrEP needs assessments and public information campaigns are organised by the authorities and NGOs.

NATIONAL PRIORITIES

- To reach other groups like young MSM, foreign MSM, and women born in sub-Saharan Africa

GERMANY

AFFORDABILITY

Truvada is the original product and costs around 820€ for a one-month supply. Generic versions from ratiopharm, Heumann, Puren, AmaroX, Betapharm, Hormosan, Zentiva, Aliud, and Mylan are available at much lower cost. For people covered by statutory health insurance, the co-payment amounts to 10% of the full price of the medications, with a minimum of 5€ and a maximum of €10 per month. For people paying out of pocket, prices typically range up to about 70€ for a one-month supply.

AVAILABILITY & ACCESSIBILITY

A wide range of doctors can obtain in the professional qualification to prescribe PrEP and provide PrEP-related services. Especially HIV specialists, infectious disease specialists, and general practitioners provide PrEP services.

PrEP is accessible to people with public health insurance.

Depending on the provider, the PrEP can be partially reimbursed through private health insurance. The amount of co-payment can vary from 0€ to 850€ per year.

PrEP is not generally accessible through community-led or community-based organisations. However, there are collaborations between community-led organisations and specialised physicians, where PrEP can be provided at low threshold through the community organisation.

There is unofficial access to PrEP through international online delivery, or informal channels such as telegram groups, and the dark net.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Information campaigns on PrEP are mostly focused on GBQMSM. Awareness of PrEP is generally high among gay men. However, migrant gay men may have lower levels of awareness and access to information about PrEP. A significant proportion of people across different communities remain unaware of PrEP, particularly people assigned female at birth (AFAB). There is no information tailored to specific communities outside of the GBQMSM spectrum.

Demographic patterns of PrEP users remained largely unchanged since the reimbursement of PrEP (2019), indicating that some populations continue to be underreached. In particular, women, including women who inject drugs, appear to use PrEP far less frequently, likely due to limited awareness or lack of access.

People who use drugs are eligible for PrEP under national guidelines, although awareness among them might be limited, and service providers may not consistently offer information on PrEP.

PrEP uptake in trans and non-binary communities is extremely low (2%), and awareness also remains limited, with 60% of trans and non-binary people unaware of PrEP (as of 2023).

SUPPLY SECURITY

Germany experienced temporary stock outs of generic Truvada in the beginning 2024 until mid-April. Several factors were reported as possible contributors, including: 1. A new EU regulations on pharmaceutical impurities (lower limits) 2. Ship attacks in the Red Sea lead to transport problems 3. Price policy for generics in Germany lead to the point that companies sell their products abroad instead of (too cheap) Germany 4. Generic manufacturers have stopped production of medications (e.g. Hexal, Aristo). Fragile supply chains for generics and long transport distances from outside Europe seem to be a major issue for availability of PrEP in Germany as it is for other generics.

NATIONAL PRIORITIES

- To increase awareness on PrEP and target LGBTI+ people.
- To make PrEP accessible to people that are not covered by public health insurance.

GREECE

AFFORDABILITY

For people who access PrEP through the national health system, PrEP is available free of charge in the NHS and public hospitals in the major urban cities.

PrEP can be purchased online for around 40€ to 50€, plus shipping costs

AVAILABILITY & ACCESSIBILITY

Since 19th May 2025, PrEP has been available in the public health system in Greece through the pharmacies of 24 public hospitals.

People can have access PrEP either through private doctors or through public hospitals.

PrEP is available to people with “risky sexual practices”, to sex workers, GBQMSM, and people with a partner who lives with HIV.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Community-led LGBTQI+ organisations provide information on PrEP.

As reported in 2024, service providers rarely inform people who use drugs about PrEP as an option for prevention of sexual transmission of HIV, leading to a negligible demand for PrEP among this group.

NATIONAL PRIORITIES

AFFORDABILITY

PrEP is available free of charge through clinics if meeting eligibility criteria. If accessing it privately, PrEP costs 60€ to 70€, plus the cost of the GP visit which costs around 70€.

AVAILABILITY & ACCESSIBILITY

PrEP is available in some public sexual health services and through some general practice and private providers. PrEP is dispensed through community pharmacies and a person will need a drug payment scheme (DPS) or medical card to access free PrEP through the HSE. Anyone with a PPSN (Personal Public Service Number) can apply for a DPS.

From October 2019, PrEP is available through the HSE (Health Service Executive) free of charge to those who are considered to be at substantial risk of contracting HIV through sex. In order to get PrEP for free through the national health service a person needs to test negative for HIV, be able to attend a check-up at least once every 3 months and meet at least 1 of the following criteria for free PrEP:

1: You are having sex without condoms with HIV-positive partners who:

- are not on HIV treatment, or
- are on treatment but not virally suppressed (do not have an 'undetectable' viral load)

2: You are a man who has sex with men. This includes transgender MSM or a transgender woman who has sex with men, who meets any 1 of the following:

- had anal sex without condoms with more than 1 partner in the last 6 months
- had an STI in the last year
- used HIV post-exposure prophylaxis (PEP) in the last year
- used recreational drugs for sex (also known as chemsex) in the last 6 months

3: You are a heterosexual man or woman who is considered by a specialist STI doctor, to be at a large risk of contracting HIV through sex.

In Ireland, it is illegal for a person to source prescription medications without a prescription and it is illegal for medications to be supplied by mail order, including over the internet. The Health Products Regulation Authority (HPRA) provide information to the public on the risks of buying medicines online.

There is no access to PrEP through community-led or -based organisations or private health insurance.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Information is provided through www.sexualwellbeing.ie and through information booklets which are available at clinics and relevant NGOs.

NATIONAL PRIORITIES

- The main priority in relation to PrEP provision is the reduction of waiting lists.
- Currently, all people applying for PrEP need to register for the Drugs Payment Scheme. The removal of this requirement would speed up the process for applicants.

AFFORDABILITY

In Italy, PrEP became reimbursable in May 2023. People who are covered by the “Servizio Sanitario Nazionale” (National Healthcare System, NHS) can access it for free in infectious disease clinics and 3 community-based checkpoints. Registration in the NHS for foreigners can cost up to 2000€ per year. Generic PrEP can be purchased in pharmacies with a prescription from an infectious diseases specialist and typically costs 60€ for 30 pills. Although buying PrEP online might be cheaper, it is not a common practice anymore.

AVAILABILITY & ACCESSIBILITY

PrEP is reimbursed and is dispensed for free only in hospital pharmacies of healthcare facilities with an infectious diseases unit. Alternatively, it can be purchased in community pharmacies with a prescription from an infectious disease specialist. Only infectious disease specialists can prescribe PrEP. Clinics usually offer periodical follow-up visits, as well as HIV and STI testing. However, not all Italian hospitals are equipped or willing to provide PrEP services. Private healthcare facilities can provide PrEP services out of pocket.

There are three community-based checkpoints that provide PrEP services in Bologna, Milano, and Rome. There are some disparities among community-based organisations in dispensing PrEP. Checkpoints in Bologna (PLUS APS - BLQ Checkpoint) and Milano (Milano Checkpoint ETS) are not allowed to dispense PrEP onsite and partnered with local clinics to facilitate PrEP dispensation to their clients. The Checkpoint of Plus Roma APS is the only one allowed to dispense PrEP onsite, thanks to a memorandum with a local clinic.

Notably, there are stark regional differences in availability and affordability of PrEP and STI-related services: not all regions provide free STI screenings; in some regions PrEP services are still very limited.

The national PrEP guidelines, published in 2017, are available here. The decision of the Italian Medicines Agency, defining criteria for PrEP eligibility and reimbursement is available here.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Community-based organisations provide information and referral to PrEP services as well as assess clients' unmet needs and advocate for change. The first public campaign on PrEP was funded by the Ministry of Health in collaboration with the hospital IRCCS- Spallanzani (Rome) and several community-based organizations. Its claim is “La misura della tranquillità” (“the measure of tranquillity”, <https://lamisuradella.it/>) and is addressed to everyone, not just key populations.

Access to information on PrEP is generally limited. While the LGBTIQ+ communities have a higher level of awareness, other communities (such as sex workers, people using drugs and heterosexual people) remain largely unaware of the potential benefits of PrEP.

Although community-based checkpoints could facilitate broader access, knowledge, and awareness about PrEP among people who use drugs, awareness-raising activities are still insufficient. This has resulted in little to no demand and uptake among people who use drugs, exacerbated by the disconnection between harm reduction and PrEP services.

NATIONAL PRIORITIES

- Promote PrEP as a prevention tool through Informative campaigns
- Increase availability of PrEP services in all Italian regions
- Reach all key and vulnerable groups (especially women, foreigners, trans and gender diverse people, people who use drugs) with information on PrEP
- Update national guidelines, in line with EACS and WHO guidelines

AFFORDABILITY

As of 29 January 2026, PrEP is available free of charge to all people, regardless of age or sexual orientation, who would benefit from a reduction in HIV risk.

AVAILABILITY & ACCESSIBILITY

PrEP-related testing, monitoring and prescription are provided free of charge at the Genitourinary (GU) clinic. PrEP can be prescribed during the first consultation following a negative fourth-generation HIV rapid diagnostic test. Based on their level of risk, patients are scheduled for follow-up visits one month, three months and six months after PrEP initiation.

Consultants at the GU Clinic are currently the public health providers authorised to issue free PrEP prescriptions. Other physicians may prescribe PrEP, which can then be purchased through private pharmacies or online.

The Sexual Health Strategy 2025–2030 foresees the provision of free PrEP and PEP through the national health service (NHS) for eligible individuals. The official rollout of the national PrEP programme began on 29 January 2026, with the GU Clinic responsible for its implementation.

At present, no waiting list to initiate PrEP was reported. Individuals referred by community clinics, private hospitals, or through self-referral are usually seen within a few weeks.

National PrEP guidelines are currently under review ahead of publication.

Information Accessibility & Acceptability

Information and awareness raising activities on PrEP are led by the Ministry for Health, Sexual Health Malta as part of the Infection Control Disease Unit (ICDU) and NGOs.

NATIONAL PRIORITIES

- To promote and scale up information campaigns
- To promote and scale up access to sexual health services, including STI testing
- To enrol a PrEP Program Navigator (PPN) as part of the GU clinic team in support of PrEP implementation and scale up.

PORTUGAL

AFFORDABILITY

When PrEP is prescribed through the National Health Service (at the hospital), it is fully reimbursed. With reimbursement, the cost is approximately 12.40€ for a 30-tablet pack.

Without reimbursement, the cost is around 40€ for the same 30 tablet pack.

AVAILABILITY & ACCESSIBILITY

PrEP access in Portugal has been expanded in recent years, with new rules and ordinances.

Before the 2023 Ordinance, access to PrEP was concentrated in hospitals and speciality consultations (Infectious Diseases, Dermatology/Venereology), with dispensing limited to hospital pharmacies within the National Health Service (SNS).

Changes with Ordinance No. 402/2023: (<https://diariodarepublica.pt/dr/detalhe/portaria/402-2023-225125606>)

This ordinance, published in December 2023, established a new scheme to facilitate access, with several important changes:

- Dispensing in community pharmacies is now possible, whereas before it was restricted to hospital pharmacies.
- Free dispensing in hospital pharmacies remains available for patients already being followed in speciality services.
- Medical specialities authorised to prescribe PrEP now include: Dermatology/ Venereology, Infectious Diseases, General and Family Medicine, Internal Medicine, Paediatrics, and Public Health.

This expansion allows prescriptions to be issued not only in hospitals but also in primary care units, health centres, and community-based organisations (CBOs). Although PrEP provision within CBOs has been legally established since 2023, and the funding mechanism was formally approved in January 2025, no official financial support has yet been granted.

Furthermore, although PrEP delivery in primary healthcare settings has been legally approved since 2023, yet the response in primary healthcare is very limited, practically non-existent or extremely scarce.

In most hospitals, access remains significantly constrained as waiting lists for PrEP are either closed or the waiting time for a first appointment exceeds one year.

These structural and operational barriers continue to limit effective and equitable access to PrEP.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Most advocacy and information campaigns on PrEP and HIV prevention in Portugal are led by local NGOs. They may be supported in full or in part by the National Health System and national and international funds for risk reduction.

Information on PrEP at the moment is nearly limited to highly educated, young MSM. There is a strong lack of public awareness on PrEP.

NATIONAL PRIORITIES

- To provide protection from HIV to risk all groups gratuitously
- To address the problem that PrEP services are mostly available in large cities
- Access needs to be further decentralized and more widely available across the country



SLOVENIA

AFFORDABILITY

PrEP is fully covered by the public health system and available free of charge to users.

AVAILABILITY & ACCESSIBILITY

PrEP became available through public health system early in 2022.

The indications for the PrEP eligibility are:

- HIV-negative MSM,
- 18 years of age,
- no signs and symptoms of acute HIV infection,
- CrCl (Cockcroft-Gault) >60 ml/min

And at least one of the following:

- unprotected sex in the last 6 months with > one man with unknown HIV status or HIV+ with a detectable viral load,
- STI in the last 6 months,
- PEP in the last 6 months,
- chemsex use.

People used to buy PrEP online or bring it from abroad, especially before PrEP became available free of charge in Slovenia. Respondents do not have accurate information on the current level of unofficial access.

There is no reimbursement through private health insurance

INFORMATION ACCESSIBILITY & ACCEPTABILITY

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NATIONAL PRIORITIES

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AFFORDABILITY

PrEP is fully funded by the Spanish National Health System (Sistema Nacional de Salud, SNS). PrEP programmes, including medical visits, laboratory tests and medications, are provided at no cost to users.

Until recently, PrEP was classified as a hospital-use-only medication, which limited dispensing to hospital pharmacies within the public system.

In 2025, PrEP changed its regulatory classification from hospital use to hospital diagnosis. This change would allow PrEP dispensing through community pharmacies, potentially involving a small co-payment. However, this regulatory modification has not yet been implemented, and there is uncertainty regarding its practical application across the Autonomous Communities.

Long-acting PrEP with cabotegravir is currently the only long-acting option covered by the Spanish National Health System. As of April 2026, it is available as a reimbursed option, but access remains restricted: it is primarily indicated for individuals for whom daily oral PrEP is not suitable option.

PrEP can be obtained through private clinics, although there are no available data on the number of people accessing PrEP through private healthcare. This pathway does not appear to represent a major route of access.

Before public implementation of PrEP in Spain, illegal online purchasing from foreign countries appeared to be more frequent, although data were limited. The price was estimated around 30€ to 50€. As it is considered illegal, the delivery is not guaranteed, as shipments may be stopped at customs. Following national implementation and the United Kingdom's exit from the European Union—which affected many supply routes—this practice is currently perceived as infrequent, although no formal evidence is available.

Unofficially, some people purchase PrEP online from other countries, typically at a cost of 30€ to 50€. In Spain, this is illegal because PrEP is considered a medication that can only be obtained through hospital pharmacies and with a prescription. When people buy PrEP online, delivery is not guaranteed, as shipments may be stopped at customs.

AVAILABILITY AND ACCESSIBILITY

PrEP is available throughout the entire Spanish territory within the National Health System.

Due to the decentralised structure of the Spanish health system, different implementation models coexist depending on the Autonomous Community.

In most regions, PrEP programmes are located in hospital-based HIV units. Access to these services may be spontaneous or may require referral from a GP in primary care, although this is not consistent across regions. However, GPs may lack the knowledge about PrEP, or do not have the skills to make patients feel safe and free from judgment.

Only a limited number of Autonomous Communities have developed extra-hospital models. A consolidated example exists in Spain where a community-based centre prescribes PrEP (BCN Checkpoint). Some regions also provide PrEP through specialised STI clinics. Community-based organisations with checkpoints, and professionals trained to provide PrEP information and identify target populations, can inform people about PrEP. However, in all cases, responsibility for prescription and dispensing remains linked to hospital pharmacies of reference.

Eligibility criteria for PrEP were expanded in 2021 to include all individuals aged 16 years or older at risk of HIV infection, under the fulfilment of clinical indication criteria, generally defined as the presence of at least two HIV risk practices. The national guidance is available [here](#).

Despite this expansion, access among certain populations appears below expected levels. Lower uptake has been observed among young people, cisgender women, transgender people and migrant populations, and does not fully correspond with the epidemiological distribution of HIV in Spain.

Access pathways vary between regions. In some Autonomous Communities, formal circuits exist for the identification of candidates and referral to public PrEP programmes, although these pathways are not homogeneous nationwide. Community-based organisations play an important role in information, risk assessment and referral, but they continue to claim a greater formal role in PrEP provision.

People in an irregular administrative situation face significant barriers to PrEP access. Some centres have developed informal administrative pathways to provide PrEP to people at risk of HIV infection, but these mechanisms are not official and rely heavily on the discretion and motivation of specific healthcare professionals.

One of the main challenges of PrEP implementation in Spain is the saturation of existing healthcare resources. Long waiting lists have been reported in several regions, in some cases exceeding one year, and HIV seroconversions occurring while individuals remain on PrEP waiting lists have been documented.

Despite these challenges, the number of people receiving PrEP in Spain is estimated to be around 40,000.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

The national PrEP information system (SIPrEP) collects centralised data on new PrEP initiations and discontinuations. However, not all Autonomous Communities report data systematically, and important information gaps remain.

There is an unmet need for an integrated, updated and comprehensive national PrEP public health information system.

The Ministry of Health has implemented several national campaigns on combination HIV prevention, including PrEP.

There are currently no specific studies assessing stigma associated with PrEP use in Spain. However, high demand—particularly among gay, bisexual and other men who have sex with men—does not suggest stigma to be a major barrier to PrEP uptake.

NATIONAL PRIORITIES

- Shortening waiting times and addressing saturation of hospital-based PrEP services.
- Advancing the implementation of the 2025 regulatory change allowing PrEP dispensing through community pharmacies.
- Expanding and clarifying the role of Primary Care in PrEP follow-up and monitoring.
- Strengthening the formal integration of community-based organisations in PrEP pathways, including candidate identification, referral and support.
- Improving access to PrEP for populations currently underrepresented in programmes, including young people, cisgender women, transgender people and migrant populations.
- Addressing access barriers affecting people in irregular administrative situations.
- Strengthening national PrEP monitoring systems, ensuring complete reporting by all Autonomous Communities and improving the availability of integrated public health data.
- Developing diversified models of PrEP provision beyond hospital-based HIV units to improve sustainability and accessibility, including LA presentations.

COUNTRY PROFILES

PrEP is partially reimbursed

AFFORDABILITY

The basic national health insurance scheme does not include PrEP. However, the additional health insurance that costs 10€ per month fully covers the costs of PrEP.

AVAILABILITY & ACCESSIBILITY

PrEP can be obtained with a prescription from an infectious disease specialist at 3 hospitals in Croatia. However, in order to get PrEP, a referral from a primary care practitioner (GP) is required for 2nd visit, which many PrEP users see as an obstacle. Other barriers include limited capacity, in particular in Zagreb as one hospital cannot meet the demand; there is a long waiting list.

The PrEP services are primarily targeted at MSM, as defined by the epidemiological situation in Croatia, but other individuals can be considered on a case-by-case basis.

Information Accessibility & Acceptability

Awareness-raising activities include a small-scale information campaign with brochures and social media coverage. These activities are limited in scope, because of the hospital's capacity.

The needs assessment is represented through the information obtained from the EMIS.

NATIONAL PRIORITIES

- To increase the availability of PrEP in other facilities and other cities
- To scale up PrEP access
- To remove a requirement for a GP's referral
- To ensure the complete coverage of PrEP despite the insurance scheme.

ESTONIA

AFFORDABILITY

There is a co-payment of 50€ per 3 months.

AVAILABILITY & ACCESSIBILITY

Services are mainly concentrated in specialist medical settings.
There is a national PrEP guideline in place, which is available here
There is also unofficial access to PrEP

NATIONAL PRIORITIES

Communities are currently not involved in planning, delivering or monitoring PrEP related services.

SLOVAKIA

AFFORDABILITY

250€ is the official and standard price for PrEP in pharmacies. With the insurance “VŠZP – Všeobecná zdravotná poisťovňa” the price is fully covered. Without this specific insurance, the full price must be paid out of pocket. Regular STD monitoring is required.

AVAILABILITY AND ACCESSIBILITY

For people with the public health insurance “VŠZP”, PrEP is fully covered. However, in Slovakia, it is covered by only one of the three health insurance companies. Public health insurance usually covers all necessary examinations.

PrEP can only be prescribed by doctors specializing in infectious diseases. Most of them are doctors from AIDS centers. There are five such centers in Slovakia, located in the regions, and two of them in Bratislava and Košice are known for prescribing PrEP. Cabotegravir is unavailable.

The Slovak Association of Infectious Disease Physicians (SSI) has developed Standardized Procedures for Prescribing Treatment and Monitoring Patients Using PrEP.

INFORMATION AVAILABILITY AND ACCEPTABILITY

In the National Action Plan for the Prevention of the Spread of HIV/AIDS, PrEP is recommended as prevention, but in reality, general awareness of this prevention is too low in the population and also among key population groups or among healthcare personnel.

NATIONAL PRIORITIES

- Providing financially and regionally accessible pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to all persons for whom it was indicated based on an approved standard procedure.

AFFORDABILITY

PrEP is included in Sweden's high-cost protection scheme, which caps the amount patients pay for medicines each year. This scheme subsidises medications costs above a defined annual threshold, which was 244€ in 2023. STI testing is provided free of charge. Prescriptions are typically issued for a three-month period, and HIV and STI testing are required before each prescription renewal.

ACCESSIBILITY

THERE ARE TWO SYSTEMS OF ACCESS TO PREP IN SWEDEN:

1. PrEP services at the general practitioner's office. This entails the following costs:

- Maximum of 110€ per year for visiting healthcare services;
- Maximum of 230€ per year for medicines;

and comprises a total of a maximum 360€ per year.

2. Enrolment in a PrEP programme. This model makes PrEP completely free of charge. But the enrolment requires a qualification procedure. Currently, there are 2 200 individuals on PrEP programmes and 2 000 of them are based in Stockholm.

A person has first to contact the office for sexual health and prevention in the town of residence. It takes approximately three to six months waiting time to see a qualified doctor who will interview regarding sexual habits and risk factors and if eligible a person gets access to PrEP. MSM sex and trans women are first in line but it is open to anyone.

There is unofficial access through online pharmacies.

SWITZERLAND

AFFORDABILITY

“All medical services in Switzerland are associated with certain costs – and this also includes PrEP. Cost-sharing is comprised of three components:

- Premium: You pay a monthly contribution. The premium amount depends on various factors, such as where you live.
- Deductible: You can decide each year how much you are willing to pay yourself. Your health insurance will then cover the rest. You can choose between CHF 300 and CHF 2,500. The higher the deductible, the lower the monthly premium.
- Retention fee: Once you have paid your deductible, you will be charged 10% of your healthcare costs on an ongoing basis, up to a maximum of CHF 700 per year.” <https://www.swissprepared.ch/en/faq/#visits>

The overall cost of PrEP consists of the price of the medications and consultation fees. With two consultations per year including the recommended tests, annual expenses are estimated at CHF 1,000–2,000. Many users must pay most of this amount out of pocket because of their insurance model. The retail price of PrEP generic medications is CHF 72 for 30 tablets, regardless of whether it is billed through health insurance or purchased privately. For people taking PrEP daily, total annual costs can reach up to CHF 2,500 (approximately EUR 2,734).

AVAILABILITY AND ACCESSIBILITY

NATIONAL GUIDELINE

The national guideline is available here [Medical Guidance – SwissPrEPared](#). However, the eligibility for cost coverage is defined here: The “SwissPrEPared Guidance” Version 4.0 (August 2025)

ELIGIBILITY AND INSURANCE COVERAGE

Groups with higher HIV prevalence in Switzerland (cis and trans men who have sex with men, and trans women who have sex with men) are eligible if at least one applies:

- Condomless anal sex or inconsistent condom use
- An STI in the last 12 months (especially syphilis, rectal gonorrhoea or chlamydia)
- Use of sexualised drugs (e.g. GHB/GBL, methamphetamine, mephedrone, ketamine, or alcohol).
- A regular partner living with HIV with detectable viral load/ poor ART adherence
- PEP use in the last 12 months

Groups with lower HIV prevalence (heterosexual cis men and women, heterosexual trans men)

- Their regular partner lives with HIV and has detectable viral load/poor ART adherence, and sex without condoms
- They have condomless sex with people from higher-prevalence groups (e.g. partners linked to MSM networks or sex workers from high-prevalence countries)

PrEP prescribed for travel-related reasons is not covered by health insurance.

During 2026, the Federal Office will decide whether PrEP will be covered without any time limit or further with restrictions from 2027 onwards.

Any licensed doctor can prescribe PrEP. However, only PrEP prescribed by a Swiss PrEPared centre is recommended and covered by insurance. The list is available here: [Beratung | Testen | Behandeln | Aids-Hilfe Schweiz](#)

Urban areas offer better service accessibility, although demand is also higher there. Overall, PrEP is available nationwide and can be accessed easily through online pharmacies.

The supply situation has stabilised, but access barriers remain, largely reflecting structural features of the Swiss healthcare system that negatively affect preventive interventions. The main challenges are high costs, strong medicalisation of care, and limited knowledge about PrEP among many general practitioners.

Community-based centres such as Checkpoints play a central role in providing PrEP to key populations and in facilitating access within general healthcare structures. The Swiss AIDS Federation acts as an umbrella organisation coordinating these activities.

Formally, everyone has access to PrEP, yet insurance coverage is restricted for several groups, including sex workers and their clients, people seeking PrEP for travel abroad, and heterosexual populations.

It is assumed that a significant proportion of people use PrEP without a prescription and/or regular medical supervision, although the exact number is unknown.

According to EMIS data, between 10% and 40% of HIV-negative GBQMSM use PrEP, depending on the region. Among GBQMSM, PrEP users tend to have higher levels of education and socio-economic status and are more likely to live in urban areas. Young people are less well reached. Very little data are available on PrEP use in other population groups.

INFORMATION AVAILABILITY AND ACCEPTABILITY

Swiss AIDS Federation provides information on PrEP specifically for GBQMSM (e.g. drgay.ch/prep), while general information for the wider population is available at aids.ch.

These resources are considered effective in reaching MSM. For other groups in Switzerland, it remains unclear who benefits from PrEP and who does not. Identifying at an individual level who should be offered PrEP is challenging, and further studies are planned in the coming years to address this gap.

NATIONAL PRIORITIES

The main barrier to PrEP access is cost. Addressing this would require fundamental reform of the Swiss healthcare system, which is considered politically very difficult. Only limited subsidiary support mechanisms exist. Advocacy efforts will focus on exempting PrEP from out-of-pocket payments by recognising it as a preventive measure. However, such exceptions are rare in Switzerland and are politically challenging.

THE NETHERLANDS

AFFORDABILITY & ACCESSIBILITY

THERE ARE TWO MODELS OF ACCESS TO PREP.

1. PrEP care and HIV/STI testing through sexual health clinics. HIV/STI testing and prescription are free. The budget is capped; some regions have waiting lists
2. General practitioners can provide PrEP services and prescribe PrEP. xThe cost of STI testing is covered by health insurance deductibles, which range between 385 and 800€. Yet, GPs do not always have the capacity to provide PrEP services.

The costs of the PrEP medications are out of pocket. This is around 17 to 70€ for 30 tablets

The national guideline on PrEP is available here

There is access to PrEP through private healthcare providers.

There is no reported community-based or unofficial access to PrEP.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

The information on PrEP is available at the local NGO webpage

<https://www.mantotman.nl/nl/snel-regelen/prep-tegen-hiv>

NATIONAL PRIORITIES

- Improve and increase access to PrEP, for example through online PrEP.
- Remove barriers for specific populations such as transgender women, sex workers, people who do not have health insurance
- Ensure access to other PrEP modalities
- Make PrEP tablets free

COUNTRY PROFILES

PrEP is not reimbursed

BULGARIA

AFFORDABILITY

The current cost of TDF/FTC Mylan® (right now TDF/FTC is also supplied by other two companies alongside Mylan – Zentiva® and KRKA®) is between 55 and 60€ per box of 30 pills. The cost is entirely borne by the clients, with no reimbursement from the Health Government.

AVAILABILITY & ACCESSIBILITY

TDF/FTC Mylan® /Zentiva/KRKA® are the only approved PrEP medication available, which is also used in the ART of HIV patients at the University Hospitals centres. It is offered only in one of the big private pharmacy chains in the country (Subra®).

For now, PrEP remains available as a HIV prevention service only in a few big cities, in the capital Sofia, the city of Varna and Plovdiv. The Checkpoint – Sofia is reported to be the only viable and accessible medical health centre in Bulgaria. The Checkpoint – Sofia is providing daily HIV/STI testing and weekly online and onsite consultations about PrEP with an infectious disease specialist. According to the local pharmacies' reports, more than 95% of all PrEP prescriptions are from Checkpoint - Sofia.

In Bulgaria, there are no guidelines or even simple recommendations about PrEP. The Expert Advisory Board on Infectious Diseases has been planning to include the topic in the national guidelines. Currently, a few known infectious disease doctors are interested in prescribing PrEP.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

The information campaigns are provided by NGOs and mainly by Checkpoint – Sofia. Checkpoint - Sofia publishes information posts and articles on their website, Facebook and Instagram weekly in order to reach more people and raise awareness. The HIV/STI stigma persists among the community of medical specialists, which negatively affects HIV prevention efforts.

SUPPLY

As of June 2025, there were significant challenges with the availability of PrEP, with supply shortages persisting since the first half of 2024. Patients have had no access to PEP, due to limitations in the supply of generic HIV medications. Discussions are ongoing with two generic manufacturers to re-establish supply chains. Preliminary outcomes indicate a concerning trend: over 100 new HIV cases have already been reported in 2025, nearly double the number observed in 2024, when PrEP was more readily accessible.

NATIONAL PRIORITIES

- To address the high PrEP price
- To tackle the stigma surrounding HIV and STIs in the medical community
- To improve the overall management and achieve adequate PrEP practice
- To improve the accessibility of PrEP throughout the country
- To develop and implement guidelines or recommendations for HIV prevention
- To increase funding of community-based organisations.

CZECH REPUBLIC

AFFORDABILITY

The national health insurance covers the costs of testing and monitoring but not of PrEP, which costs between 25 and 40€ in pharmacies.

In 2025, in response to a call from the Ministry of Health of the Czech Republic, the Czech AIDS Help Society launched a subsidy program for PrEP for individuals up to the age of 26, where the cost of PrEP is partially covered. The maximum cost of PrEP medications under this program is 10 euros.

AVAILABILITY & ACCESSIBILITY

PrEP is available with a doctor's prescription and can be obtained at pharmacies. Services are provided at 10 HIV centres, 2 community-based PrEP Points in Prague (run by the NGO Czech AIDS Help) and Brno (run by the NGO Podané ruce), and 4 dermatovenereology clinics.

A National PrEP Guideline was developed in 2024 by the Infectious Diseases Society and is based on WHO guidelines (available here).

Information Accessibility & Acceptability

The Czech AIDS Help Society runs an ongoing PrEP awareness campaign targeting GBQMSM.

Information about PrEP needs and acceptability is currently limited to data from the European Men-Who-Have-Sex-With-Men Internet Survey (EMIS) 2017. New data from EMIS 2024 is expected soon.

NATIONAL PRIORITIES

- Improve access to PrEP
- Enable PrEP prescriptions by dermatovenerologists and general practitioners (GPs) in every region
- Ensure full coverage of PrEP by public health insurance
- Expand contracts with health insurance companies for PrEP providers to guarantee access to PrEP medications for key and priority populations in line with the National HIV Action Plan

HUNGARY

AFFORDABILITY

The prices for PrEP in pharmacies vary from 130€ for generics to 350€ for Truvada. If ordered online unofficially, the price is around 30€.

AVAILABILITY & ACCESSIBILITY

People who take PrEP voluntarily usually access the necessary laboratory and STI tests through the private health system. PrEP is usually obtained from abroad or through buyer's clubs. For this reason, many people take PrEP without having laboratory tests.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

There is no official public campaign about PrEP. Háttér Society regularly campaigns for PrEP to be made free of charge in Hungary; holds information sessions for potential users through workshops and organises expert discussions on PrEP.

According to a representative survey conducted in 2017, the proportion of people with information about PrEP among MSM was around 43%. According to the same survey, 54 % of respondents indicated that they would be willing to use it if it were free or affordable (EMIS 2017); more recent data are not currently available.

Many people who use drugs remain uninformed about PrEP, partly because service providers lack awareness, likely influenced by the treatment's non-reimbursable status.

NATIONAL PRIORITIES

- To ensure easier access to PrEP
- To have public support on improving access to PrEP
- To make PrEP affordable or free.

AFFORDABILITY

The price of oral PrEP in Latvia (tenofovir/emtricitabine formula) usually ranges from 40 to 90€ when purchased online or at local pharmacies. People often choose online pharmacies because of the lower price, but this usually happens without regular medical supervision.

AVAILABILITY & ACCESSIBILITY

In practice, initial PrEP prescriptions are issued at the Latvian Infectology Center (LIC) or by other licensed infectious disease specialists (infectologists). LIC doctors assess indications, explain dosing and adherence, and order the necessary baseline tests (HIV 4th-generation test, kidney function, hepatitis serology and other STI tests as needed).

By law, PrEP can also be prescribed by a general practitioner (GP / "ģimenes ārsts"), but only if the GP is familiar with national/LIC protocols and follows the same clinical pathway (baseline tests, counselling, monitoring, etc.). But even when the GP prescribes, the laboratory tests are usually performed at LIC in Riga, the capital of Latvia, because that is where the full diagnostic and monitoring infrastructure is concentrated and the supporting tests are not free either.

In a typical real-world pathway:

1. Initial PrEP initiation is completed at the LIC. Where possible, the individual is first assessed by the primary care GP and then referred to the LIC; this route is typically the lowest cost option for the individual. Self-referral/direct presentation to the LIC for the full assessment may incur higher out-of-pocket costs.
2. For maintenance, follow-up prescriptions are managed by the LIC or, for stable patients, the GP, contingent upon strict adherence to LIC-coordinated monitoring (HIV, renal function, STI screening, etc.).
3. The individual bears financial responsibility for the PrEP medications.

Patients in the public health system system pay standardised co-payments for state-funded services, including €2.00 for a GP visit (€1.00 for people aged 65+) and €4.00 for an infectologist consultation at LIC with a GP referral. These are standard charges applied to all state-funded healthcare services and are not specific to PrEP. Without a GP referral, a direct private infectologist consultation typically costs €60–100. The only fully free PrEP access pathway was available through the PrEP Riga pilot project, which covered consultations, medications and testing at no cost until 2025.

Within the regular healthcare system, the most cost-effective pathway is: GP visit (€2) ->referral to infectologist (€4) ->baseline tests (€4–10) -> prescription and access to the medication.

TESTING & MONITORING: Basic STI rapid tests (HIV, hepatitis B and C, syphilis) are available free of charge at focal points throughout Riga and other cities. However, PrEP-specific monitoring and kidney function checks are not free—patients must cover these costs. Services are concentrated in Riga, requiring travel from other regions.

ONLINE ACCESS: Many people order PrEP online due to lower costs compared to local pharmacies, but this circumvents the healthcare system and eliminates opportunities for testing, counselling, and medical oversight

PREP RIGA PILOT PROJECT (2022–2025)

From 2022 through 2025–2025, a pilot project funded by the Elton John AIDS Foundation and implemented by NGO Mozaika provided guaranteed access to free PrEP.

- Project implementation: Infectious Diseases Department at Riga’s Stradins Hospital (including focal point doctor);
- Process: Doctors conducted interviews and assessments; if eligible, PrEP pills were dispensed at the pharmacy free of charge with project funding.
- Free services included: PrEP provision, HIV testing, STI testing (syphilis, hepatitis B/C, chlamydia, gonorrhoea), and medical consultations.

NATIONAL GUIDELINE

There is no official national PrEP guideline or national protocols, but infectologists at the Latvian Infectology Center (LIC) use clinical protocols as procedures when prescribing PrEP—they follow international evidence-based guidelines adapted for local practice, specifically the EACS (European AIDS Clinical Society) Guidelines and WHO PrEP recommendations. These international protocols cover screening eligibility, baseline testing (HIV, hepatitis, kidney function, STI screening), dosing regimens, and follow-up schedules.

While no standalone “Latvia PrEP Clinical Guidelines” document exists, the 2014 Latvian HIV Clinical Guidelines cover post-exposure prophylaxis (PEP) and can be accessed here .

NATIONAL PRIORITIES

Given rising healthcare expenditures and the priority of providing free Antiretroviral Therapy (ART) to HIV-positive patients, the Latvian Ministry of Health does not anticipate any policy shifts regarding PrEP in the immediate future; consequently, PrEP will likely remain a paid service. Likewise, there is still no broad national information campaign on PrEP. Community organizations provide most of the practical information, while national priorities remain to:

- Finalize and implement clear PrEP guidelines for both LIC specialists and GPs.
- Expand access outside Riga and make shared-care models (LIC + GP) routine rather than exceptional.

LITHUANIA

AFFORDABILITY

PrEP costs 40€ in pharmacies. It was reported that starting from November 2026, PrEP with a prescription is expected to be free of charge.

AVAILABILITY & ACCESSIBILITY

There are two official ways to access PrEP-related services:

1. First, see a general practitioner who can refer you to an infectious disease specialist for other services. This option is free of charge but may take some time.
2. Pay a fee (which is around 20€) to directly get an appointment with an infectious disease specialist. This fee includes risk assessment, HIV /STIs testing, and liver and kidney monitoring. Following these tests, a specialist issues a prescription. In case of a sero-discordant couple, the partner not living with HIV does not need to pay a fee.

Tests for HIV, HCV, HBV, and syphilis are mostly provided free in hospitals and NGOs. PrEP monitoring is conducted free of charge every 3 to 6 months by infectious disease specialists. These services are mostly available in large cities. Although NGOs and CBOs cannot prescribe PrEP, they provide information and consultation on this topic to their clients and refer to the infectious disease specialist.

There are no national guidelines or protocols regarding PrEP, yet there is some progress in that regard.

Sometimes people buy PrEP online, or receive it from friends when they travel abroad.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

There is no information campaign on PrEP in the country.

Harm reduction service providers tend to focus on immediate survival needs, with the high cost of PrEP and the absence of reimbursement mechanisms discouraging them from offering information on PrEP to people who use drugs.

NATIONAL PRIORITIES

- PrEP should be available to those who need it

POLAND

AFFORDABILITY

PrEP can be purchased for 30€ in pharmacies with a prescription or ordered online. PrEP- and sexual health services are formally available free of charge at HIV and infectious diseases clinics, and upon fee at private clinics. A doctor's appointment at a private clinic cost around 50 to 80€.

AVAILABILITY & ACCESSIBILITY

In practice, medical doctors are paid per hour rather than per patient visit, so there are no incentives for them to accept additional PrEP patients, which limits the actual availability of services. One clinic in Wroclaw offers free testing, visits, consultations and monitoring. Frequently, people will go to private clinics to access sexual health and PrEP services.

NGOs manage all Voluntary Counselling and Testing (VCT) sites. They educate, advocate, and liaise on PrEP. Three of the twenty PrEP clinics are run directly by NGOs, while others are run by doctors. Although they are not community-based, they are usually gay-led or gay-friendly.

There are Polish AIDS Scientific Society guidelines in place.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

Awareness-raising activities are carried out by NGOs and the national AIDS Centre campaign. The information on PrEP, clinics and pharmacies is available at www.Prep.edu.pl.

SUPPLY

Due to the limited number of manufacturers offering PrEP product there have been occasional periods with no PrEP access in Poland (no FTC/TDF February-March 2025 and limited access May-June 2025). New manufacturers are now entering the Polish market, but this is largely the result of the intervention by PrEP- prescribing medical doctors rather than any coordinated national strategy or support from the Ministry of Health.

NATIONAL PRIORITIES

- To reimburse the costs of PrEP medications
- To include gynaecologists, urologists, proctologists, laryngologists, venerologists and GPs in the provision of PrEP
- HIV and infectious diseases clinics' medical doctors should be paid by patient visit, not hourly.
- Create a universal PrEP product registration/access in EU to avoid access barriers.

ROMANIA

AFFORDABILITY

PrEP costs between 17 to 34€ if ordered online.

AVAILABILITY & ACCESSIBILITY

As of 2025, there is no PrEP distributed in Romania through public channels. People typically purchase PrEP from online pharmacies.

Online pharmacies require a prescription before validating a PrEP order. At the Post's Border Control, once they see the medications inside the package, they request an additional prescription from an infectious disease specialist. Recently, the Post Office refused some deliveries, as repeated purchases can be considered as import operations.

ARAS - Romanian Association Against AIDS runs 2 PrEP clinics (PrEPpoint ARAS Bucharest and Cluj) where they provide PrEP to over 200 people (GBQMSM and trans individuals). These clinics are a result of a public-private partnership between ARAS and the 2 local infectious diseases hospitals, and made possible with support from the Elton John AIDS Foundation. ARAS services require a co-pay from clients (approx. 100 EUR every 3 months).

Connex services provided by ARAS PrEPpoint: rapid testing (HIV, HBV, HCV, Syphilis, DoxyPEP, HBV vaccination, HPV vaccination, Chemsex Kits, condoms, lube gel.

Two years ago, the Romanian Government officially adopted a National HIV Strategy, which was mostly drafted by NGO experts. It includes a section on recommendations for PrEP. However, to this date, this HIV Strategy has not received any funding from the Government. At this point, the only HIV relevant activities that receive support from the state are: antiretroviral therapy and some testing opportunities.

INFORMATION ACCESSIBILITY & ACCEPTABILITY

There were no active state-sponsored PrEP campaigns in the country, even though small-scale campaigns about what PrEP actually means are occasionally organised by different parties, like LGBTQ+ NGOs and other sexual health NGOs.

The national guidelines do not currently accommodate people who use drugs for PrEP eligibility, and awareness about PrEP within this group is low. Provision of information about PrEP in harm reduction services is focused on people who use drugs in the context of sexual activities, such as chemsex, but not really on people who inject drugs.

NATIONAL PRIORITIES

- The state should authorise access to PrEP
- The state should provide PrEP for free in line with a certain protocol,
- PrEP should be made specifically available and accessible for all GBQMSM who request it.



With questions and suggestions, please contact
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