

**SURVEILLANCE &
MONITORING**

Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia

**Monitoring the implementation of the Dublin Declaration on
partnership to fight HIV/AIDS in Europe and Central Asia: 2025
progress report (2024 data)**

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori (ECDC).

This report is one in a series of thematic reports based on information submitted by reporting countries in 2024 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS.

Draft versions of the thematic reports were produced under Specific contract No 9 ECD.18214 by (in alphabetic order) Marie Louise Jakobsen, Oleksandr Korotych, Sarah North, Dorthe Raben, Francesca Roper and Annemarie Stengaard (CHIP – Centre of Excellence for Health Immunity and Infections, Rigshospitalet, Copenhagen, Denmark).

Acknowledgements

ECDC would like to acknowledge the support and guidance provided by members of the Dublin Declaration advisory group. Members of the advisory group include: Irene Kászoni-Rückerl (Austria), Jessika Deblonde (Belgium), Anna Kubatova (Czechia), Rachael Metrustry (Ireland), Arild Johan Myrberg (Norway), Vítor Cabral Veríssimo (Portugal), Thomas Seyler (EUDA), Filippo Pericoli (EUDA), Sini Pasanen (HivFinland), Magdalena Ankiersztejn-Bartczak (Foundation for Social Education), Adam Shanley (MPOWER), Giorgi Kuchukhidze (WHO Regional Office for Europe), Victoria Bendaud (UNAIDS), Ali Feizzadeh (UNAIDS), Eline Korenromp (UNAIDS).

ECDC would also like to thank the following people for providing data through the Dublin Declaration questionnaire: Roland Bani (Albania), Jennifer Fernández (Andorra), Anna Mergelyan (Armenia), Andrea Brunner, David Chromy, Lena König, Gisela Leierer, Fabienne Moser, Irene Schmutterer, Robert Zangerle (Austria), Gunash Jafarova (Azerbaijan), Fabian Colle, Martine Claeysens, Jessika Deblonde, Quentin Deltour, Ben Serrien, Dominique Van Beckhoven (Belgium), Dalibor Pejović (Bosnia and Herzegovina), Kristijan Hristov, Angelina Yaneva (Bulgaria), Josip Begovac, Tatjana Nemeth Blažić, Zoran Dominkovic, Petra Smoljo, Šime Zekan (Croatia), Zoe Kakota, Christos Krasidis, Evi Kyprianou, Georgios Siakallis, Fani Theophanous, Ioanna Yiasemi (Cyprus), Anna Kubatova, Marek Malý (Czechia), Ida Andreasen Eley, Frederik Engsig, Maria Wessman (Denmark), Iveta Tomera (Estonia), Henrikki Brummer-Korvenkio, Kirsu Liitsola, Sini Pasanen (Finland), Soraya Belgherbi, Aina Labarutias, Florence Lot, Ndeindo Ndeikoundam (France), Otar Chokoshvili, Maia Tsereteli (Georgia), Barbara Günsenheimer-Bartmeyer, Axel Jeremias Schmidt, Uwe Koppe, Ruth Zimmermann (Germany), Ioulia Bafi, Stergios Matis, Chrysa Tsiara (Greece), Erika Fogarassy, Zsuzsanna Molnár (Hungary), Anna Margrét Guðmundsdóttir, Marianna Thordardóttir, Einar Thor Jonsson, Anna Tomasdóttir (Iceland), Rachael Metrustry, Kate O'Donnell, Linda Fitzharris, Michelle Goode, Fiona Lyons (Ireland), Andrea Antinori, Antonella Camposeragna, Anna Caraglia, Lella Cosmaro, Massimo Farinella, Enrico Girardi, Giusi Giupponi, Lucia Pugliese, Laura Rancilio, Vincenza Regine, Barbara Suligoi (Italy), Ariana Kalaveshi, Murat Mehmeti (Kosovo), Aigul Solpuyeva, Lucia Yanbukhtina (Kyrgyzstan), Sarlote Konova, Kristine Ozolina (Latvia), Esther Walser-Domjan (Liechtenstein), Oksana Jučienė (Lithuania), Pierre Braquet, Valérie Etienne, Yolanda Pires (Luxembourg), Norman Galea, Aaron Schembri (Malta), Tatiana Costin-Codreanu (Republic of Moldova), Thomas Althaus, Julie Malherbe (Monaco), Alma Cicic (Montenegro), Eline Op de Coul, Ard Van Sighem, Fleur Van Aar (Netherlands), Andrej Senih, Milena Stevanovic (North Macedonia), Arild Johan Myrberg (Norway), Monika Bociaga-Jasik, Marta Niedźwiedzka-Stadnik (Poland), Joana Bettencourt, Rita Figueiredo, Alexandre Gomes, Helena Cortes Martins, Cristina Mora, Cláudia Pereira, Rogério Ruas, Amílcar Soares (Portugal), Adrian Abagiu, Adina Batan, Ana Culai, Stanila Ioana, Mariana Mardarescu, Dan Monica, Lorena Pascu, Raluca Patrascu, Alexandra Popescu, Gregoriana Tudoran, Stefan Valentina, Sanda Vințila (Romania), Andrea Gualtieri (San Marino), Sladjana Baros, Danijela Simic (Serbia), Alexandra Brazinova (Slovakia), Mitja Čosić, Irena Klavs, Nina Kunšič, Tanja Kustec, Janja Križman-Miklavčič, Janez Tomažič, Tomaž Vovko (Slovenia), Asunción Díaz, Juan Hoyos, Nestor Nuño (Spain), Klara Abrahamsson, Christina Carlander, Daniel Suarez, Lilian Van Leest (Sweden), Ben Hampel, Matthias Cavassini, Stefan Enggist, Katharina Kusejko, Franziska Langhammer, Junia Landtwing (Switzerland), Taliha Karakök (Türkiye), Zhanna Antonenko, Olga Cheshun, Natalia Nedashkovska, Sofiia Ohorodnik, Diana Shevchenko (Ukraine), Kedeon Okumu Camerra (United Kingdom).

ECDC would like to thank the operational contact points for HIV surveillance from EU/EEA Member States and the national HIV/AIDS surveillance focal points from other countries of the World Health Organization (WHO) European Region for making HIV/AIDS surveillance data available.

ECDC would like to thank the European Monitoring Centre for Drugs and Drug Addiction (EUDA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for harmonising their monitoring systems with ECDC and making country-reported data available for the purposes of monitoring the Dublin Declaration. ECDC would also like to thank the WHO Regional Office for Europe for jointly coordinating HIV surveillance in the WHO European Region.

Suggested citation: European Centre for Disease Prevention and Control. Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2024 progress report. Stockholm: ECDC; 2025.

Stockholm, November 2025

ISBN: 978-92-9498-842-3

doi: 10.2900/2936869

Catalogue number: TQ-01-25-072-EN-N

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Abbreviations

CAB-LA	Long-acting injectable cabotegravir
EACS	European AIDS Clinical Society
EEA	European Economic Area
EU	European Union
FTC	Emtricitabine
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
WHO	World Health Organization
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS

Executive summary

Pre-exposure prophylaxis (PrEP) with antiretroviral medications is a highly effective tool in preventing new HIV infections when taken as prescribed [1,2]. It is an important element of the 'combination prevention' necessary to reach the United Nations (UN) Sustainable Development Goal to end the AIDS epidemic by 2030 [3]. Since 2016, PrEP has been increasingly available through healthcare systems in the WHO European Region, including in the countries of the European Union (EU) and European Economic Area (EEA).

Between February and April 2025, the European Centre for Disease Prevention and Control (ECDC) conducted a regional online questionnaire among European and Central Asian countries to collect the most recent data (as of 2024) to monitor the implementation of the 2004 Dublin Declaration [4]. The questionnaire contained specific questions on PrEP, particularly relating to the availability, uptake and cost of PrEP. This thematic report presents key findings of the questionnaire and gives recommendations on how countries can improve equitable access to PrEP.

Key findings

Widespread but uneven implementation

- 38 out of 52 countries (22 in EU/EEA) have national PrEP guidelines in place.
- 14 countries lack guidelines or have not implemented them, eight of which are in the EU/EEA.

PrEP uptake remains below targets

- 344 596 individuals received PrEP in 2024 across 36 reporting countries in the WHO European region, which is well below the regional target of 500 000 by 2025. This represents an increase of approximately 60 000 since 2023.
- 203 223 of individuals on PrEP in 2024 were in the EU/EEA, which is also below the EU/EEA target of 300 000 by 2025.

Access barriers persist

- PrEP is not universally available as some countries have restrictive eligibility criteria which especially affect migrant populations, sex workers, and transgender people.
- Only 21 countries (13 EU/EEA) offer PrEP to all individuals at increased risk of HIV infection, regardless of gender or sexual orientation.

PrEP scale-up is unevenly distributed across population groups

- Men who have sex with men represent over 90% of PrEP users in many countries.
- 3% of all people on PrEP were women (1% EU/EEA countries).
- Data on other key populations (e.g. people who inject drugs, sex workers, migrants) are limited and show low uptake.

Service delivery is mostly clinical

- PrEP is primarily provided in infectious disease clinics.
- Few countries offer PrEP through community-based or NGO settings.

Cost and availability vary widely

- PrEP is free in some countries, insurance-based in others, and paid out-of-pocket in several.
- Monthly costs range from €0 to €187.80, with a median of €56.70 in EU/EEA countries.

Surveillance gaps hinder progress

- Many countries lack robust data on PrEP eligibility, uptake, and outcomes, especially among key populations.

Recommendations

- **Develop and implement national PrEP guidelines:** Countries without HIV PrEP guidelines should adopt or adapt the European AIDS Clinical Society (EACS) recommendations.
- **Expand eligibility and remove access restrictions:** Ensure PrEP is available to all individuals at increased risk of HIV infection.
- **Strengthen outreach to key populations:** Address stigma, discrimination, and service delivery barriers.
- **Diversify service delivery models:** Support PrEP provision in community-based and NGO settings.
- **Ensure affordability and reduce cost barriers:** Promote free or subsidised access to PrEP, especially for uninsured individuals.
- **Improve surveillance and data collection:** Invest in systems that track PrEP uptake, duration, and outcomes by gender and key population.
- **Share best practice across countries:** Facilitate regional learning on cost-effective and equitable PrEP delivery models.

1. Introduction

Combination approaches to HIV prevention are behavioural, biomedical, and structural approaches to prevent new HIV infections [7]. These are rights-based, evidence-informed, and community-owned programmes. Pre-exposure prophylaxis (PrEP), the use of antiretroviral medications by people at risk of acquiring HIV, is an integral part of combination prevention strategies and is an effective tool in preventing new HIV infections. It is an essential element in achieving the Sustainable Development Goal 3.3 of ending the AIDS epidemic by 2030 [1-3].

In 2015, with the publication of the PROUD [2] and Ipergay [8] studies, the World Health Organization (WHO) recommended that PrEP should be offered as a prevention method for those at substantial risk of HIV acquisition, and ECDC encouraged all European Union (EU) Member States to consider integrating PrEP into their existing HIV prevention packages for those most at risk of HIV infection [9, 10]. In 2021, WHO published consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring, highlighting the role of PrEP as an important part of combination prevention strategies [11]. More recently, WHO released a technical brief on planning and implementing PrEP services in a differentiated and simplified manner, where they recommended self-testing as an additional testing choice for PrEP users when starting, restarting or continuing PrEP [12]. The WHO tool for practical support and important considerations for the safe and effective PrEP, released in 2024, highlights the importance of PrEP provision through a range of providers [12].

In Europe and Central Asia, PrEP implementation and availability is dynamic and evolves with advances in medical sciences which include greater access to generic PrEP (emtricitabine and tenofovir) by national health systems, as well as the approval by the European Commission of long-acting injectable PrEP in September 2023 [15] and long acting lenacapavir in 2025 [16]. This is in addition to increasing levels of civil society activism. The WHO European Region set a regional target to reach 500 000 people receiving PrEP at least once during a year by 2025 and 1 100 000 people by 2030 [6].

In 2025, ECDC released the European standards of HIV prevention and care module on PrEP [17], outlining best practice for the delivery and implementation of PrEP across Europe. The standards detail the necessary clinical safety considerations for initiating PrEP, including reliable HIV testing to prevent the development of drug resistance, and highlight the need for integrated services that include screening for other sexually transmitted infections (STIs) and viral hepatitis.

2. Methods

This thematic report summarises key issues and priorities for action on PrEP in Europe and Central Asia. It is based on data collected by ECDC through an online reporting tool disseminated to 53 of the 55 countries in Europe and Central Asia (53 countries¹ of the WHO European Region, plus Kosovo² and Liechtenstein) to monitor implementation of the 2004 Dublin Declaration in 2024 [4]. Data collection took place between February and April 2025 and was followed by a round of data validation from April to June 2025, during which each country performed a validation exercise and made corrections where necessary.

The questionnaire contained specific questions on PrEP, related to the availability of PrEP in Europe and its uptake and cost.

Seven countries (Israel, Kazakhstan, Monaco, San Marino, Tajikistan, Turkmenistan, and Uzbekistan) did not provide any data on PrEP for 2024, and therefore data from the latest available year (2020-2023) were reused, if available. For countries outside the EU/EEA (this included Belarus and Russia), where no new data were submitted through the Dublin Declaration monitoring process, data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) were used if available.

¹ The 2025 questionnaire, collecting data on 2024, was not sent to Belarus and Russia.

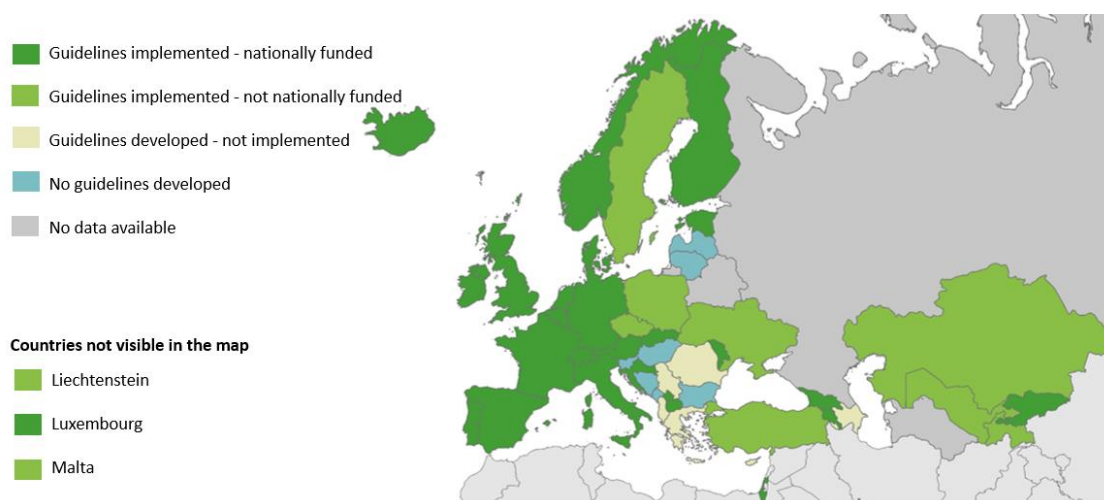
² This designation is without prejudice to positions on status and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

3. Availability of PrEP in Europe and Central Asia

National PrEP guidelines

Among the 52 countries in Europe and Central Asia that could provide data (no data were reported for Turkmenistan), 38 countries (22 EU/EEA countries) reported that PrEP guidelines had been developed and were being implemented (Figure 1). Of these, 26 countries (17 EU/EEA countries) reported that the guidelines were being implemented as a national government funded programme. Six countries (Albania, Azerbaijan, Cyprus, Greece, Romania and Serbia) reported that national PrEP guidelines had been developed but were not yet implemented, while eight countries (Bosnia and Herzegovina, Bulgaria, Hungary, Latvia, Lithuania, Montenegro, San Marino, Slovenia) reported that no PrEP guidelines had been developed³. Of these eight countries, all but three (Hungary, San Marino and Slovenia) reported that plans are in place to develop recommendations and implement PrEP in the future.

Figure 1. Status of PrEP implementation, Europe and Central Asia, 2024* (n=52)



*2024 or most recent year with available data (2020 or later).

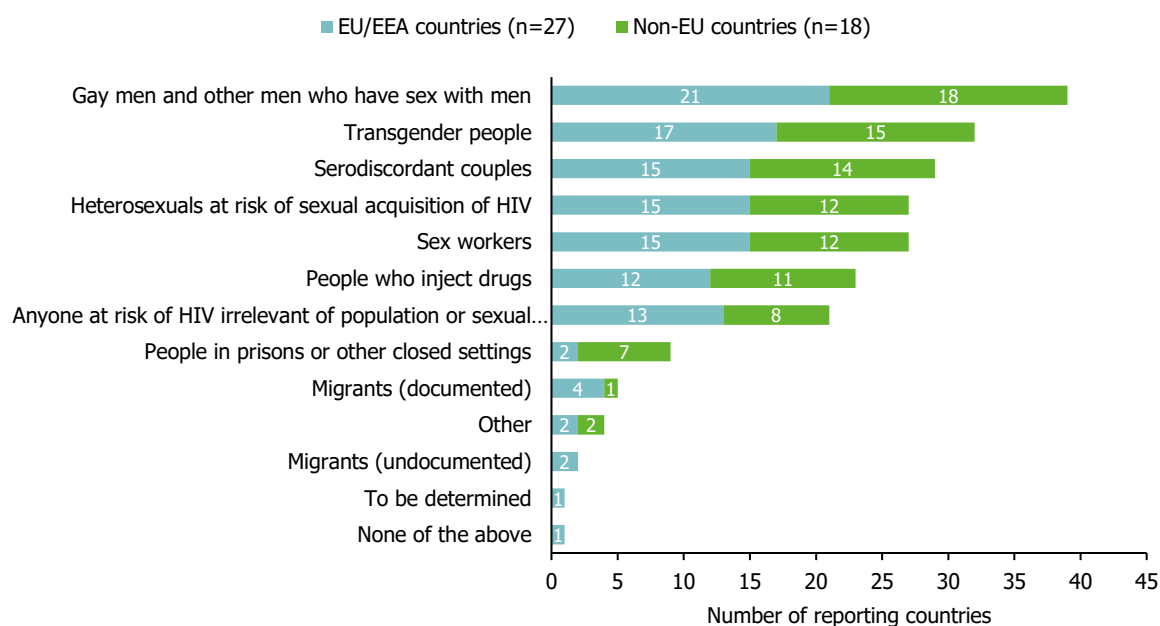
PrEP eligibility for key populations

WHO recommends the use of PrEP for populations at substantial risk of HIV acquisition, defined as an HIV incidence greater than three per 100 person-years. This primarily includes men who have sex with men, transgender women, and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection [11]. Providing PrEP at such a level of HIV incidence is cost-effective or cost-saving, although PrEP may still be cost-effective at lower HIV incidence levels. Individual risk varies considerably within populations depending on individual behaviour and the characteristics of sexual partners. Hence, WHO notes that in settings with a low overall incidence of HIV infection, there might be other individuals at substantial risk who should be offered PrEP services [11].

Across Europe and Central Asia, 45 countries provided data on which key populations were deemed eligible for PrEP according to national guidelines or recommendations (Figure 2). Men who have sex with men were eligible for PrEP in 21 of 27 EU/EEA countries and in 17 of 18 non-EU countries (all countries but Montenegro). Other commonly reported key populations eligible for PrEP included: transgender people (17 EU/EEA and 15 non-EU countries), serodiscordant couples (15 EU/EEA and 14 non-EU countries) and heterosexual individuals at risk of HIV acquisition (15 EU/EEA and 12 non-EU countries). Undocumented migrants are the key population least eligible for PrEP, with only two out of 27 EU/EEA countries reporting them eligible. In addition, four countries (two EU/EEA and two non-EU countries) reported 'other' as an option, indicating that PrEP is accessible to HIV-negative individuals who have a substantial risk of HIV infection, and who do not belong to a pre-defined key population group. This suggests that many people at potential risk of HIV infection and in need of PrEP are eligible in some European and Central Asian countries.

³ Countries with no PrEP guidelines developed: Bosnia and Herzegovina, Bulgaria, Hungary, Latvia, Lithuania, Montenegro, San Marino and Slovenia.

Figure 2. Populations eligible for PrEP according to national guidelines, Europe and Central Asia, 2024* (n=45)

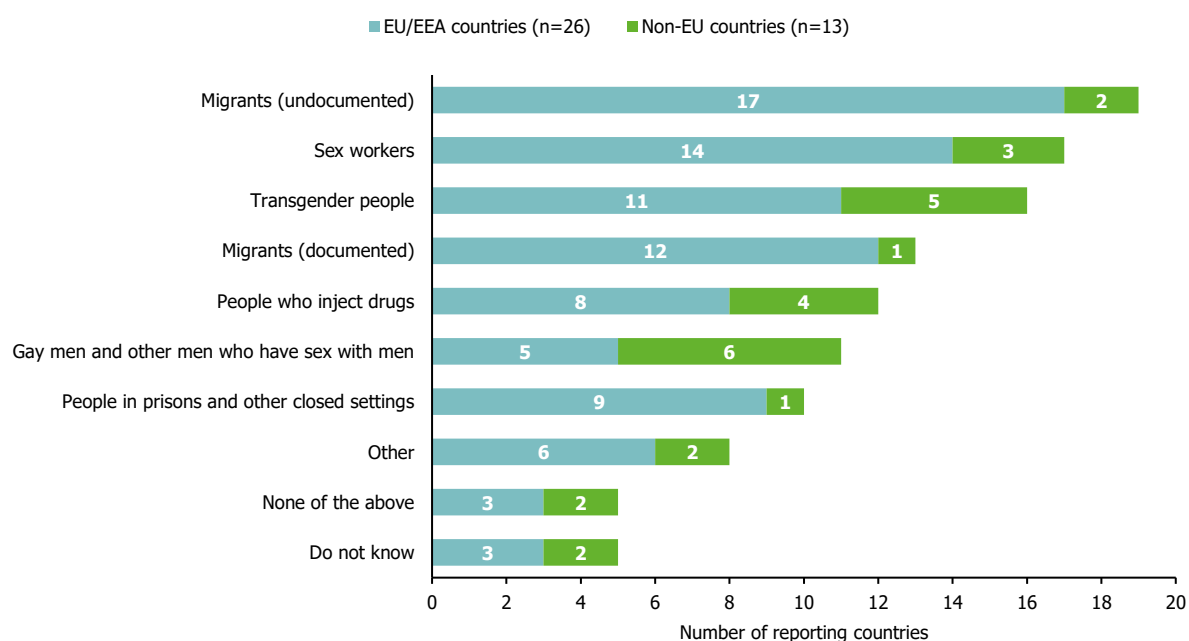


*2024 or most recent year with available data (2020 or later).

Note: No data were available from Bosnia and Herzegovina, Hungary, Latvia, Lithuania, Monaco, San Marino, Turkmenistan, Uzbekistan.

Countries reported difficulties in reaching certain population groups eligible for PrEP, in particular undocumented migrants, sex workers, and transgender people (Figure 3).

Figure 3. Number of countries experiencing difficulties reaching certain population groups eligible for PrEP, Europe and Central Asia, 2024* (n=39)



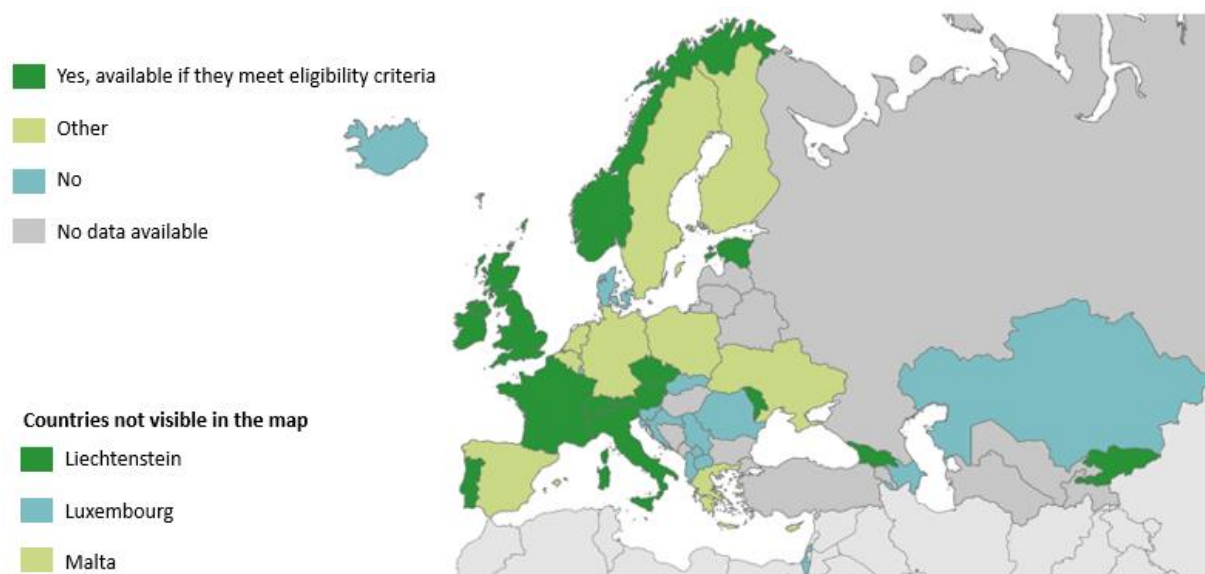
* 2024 or most recent year with available data (2020 or later).

Note: No data were available from Albania, Austria, Georgia, Greece, Ireland, Israel, Kazakhstan, Lithuania, Monaco, Montenegro, Serbia, Tajikistan, Turkmenistan, Uzbekistan.

Availability of PrEP for undocumented migrants

In some countries, undocumented migrants might not only be difficult to reach, but they also might not be eligible to receive PrEP. Fourteen countries (nine EU/EEA countries) indicated that PrEP was available for undocumented migrants through their healthcare system if they met the eligibility criteria, and 16 (seven in the EU/EEA: Croatia, Denmark, Iceland, Luxembourg, Romania, Slovakia, and Slovenia) reported that PrEP was not available to undocumented migrants (Figure 4). Eleven countries reported that 'other' options applied for undocumented migrants who would benefit from PrEP. In these countries, although PrEP may be formally available, accessibility issues could still exist. For example, Belgium described the procedure of accessing PrEP for undocumented migrants as cumbersome, as they would need to use the procedure of 'urgent medical care', and PrEP is often not considered as urgent care. Other countries, such as Finland, Germany, Malta, the Netherlands, Spain, and Sweden, mentioned that PrEP would have to be obtained through private practices or at a cost to the individual, which may limit the number of undocumented migrants being able to access PrEP in these countries.

Figure 4. Availability of PrEP for undocumented migrants, Europe and Central Asia, 2024* (n=41)

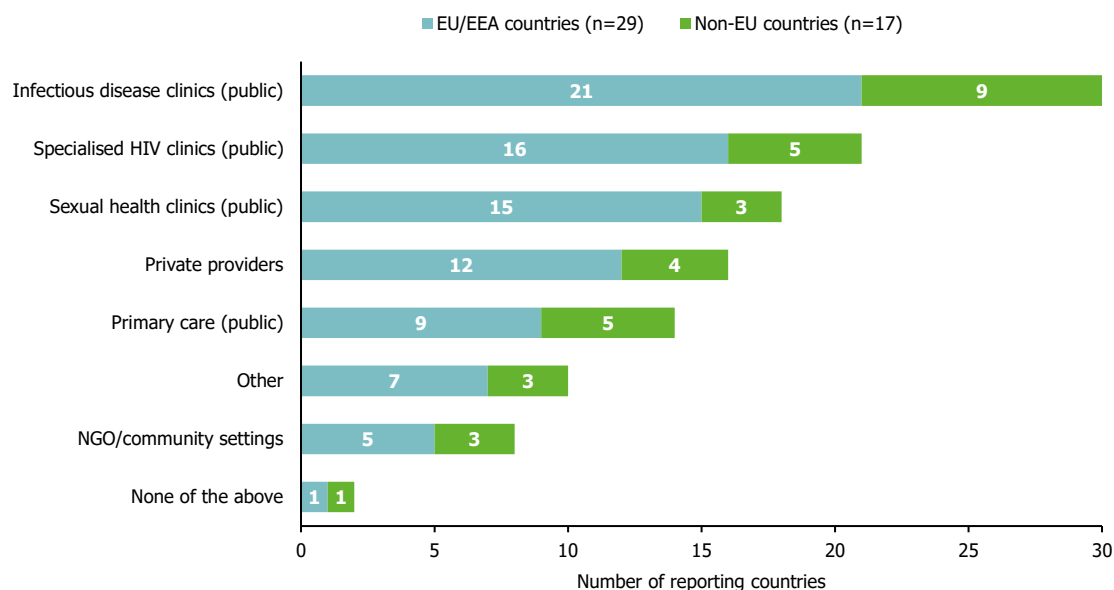


* 2024 or most recent year with available data (2020 or later).

Note: No data were available from: Armenia, Bosnia and Herzegovina, Bulgaria, Hungary, Latvia, Lithuania, Montenegro, San Marino, Tajikistan, Türkiye, Turkmenistan, Uzbekistan.

Settings for PrEP provision

To increase PrEP access and uptake, it is important to integrate the provision of PrEP in a wide range of settings, including in places where people are already attending for other reasons, such as sexual health clinics, family planning services, services for men who have sex with men and transgender people, services for sex workers, harm reduction services, private healthcare providers, family practitioners, and pharmacies [18]. Forty-six countries provided information about the setting(s) in which PrEP was available (Figure 5). The most frequently reported settings were public health facilities (infectious disease clinics, specialised HIV clinics and sexual health clinics). The setting of infectious disease clinics was cited by 30 countries in Europe and Central Asia (21 EU/EEA countries), suggesting that PrEP is still mainly provided in medicalised settings. Other commonly reported settings for PrEP provision included procuring PrEP through private providers (16 countries, 12 in EU/EEA), and NGO/community settings (eight countries, five in EU/EEA). As part of the 'other' option, only very few countries reported the internet (Ireland) and pharmacies (two countries: Malta and Serbia) as being a source of PrEP provision.

Figure 5. Settings in which PrEP is available, across Europe and Central Asia, 2024* (n=46)

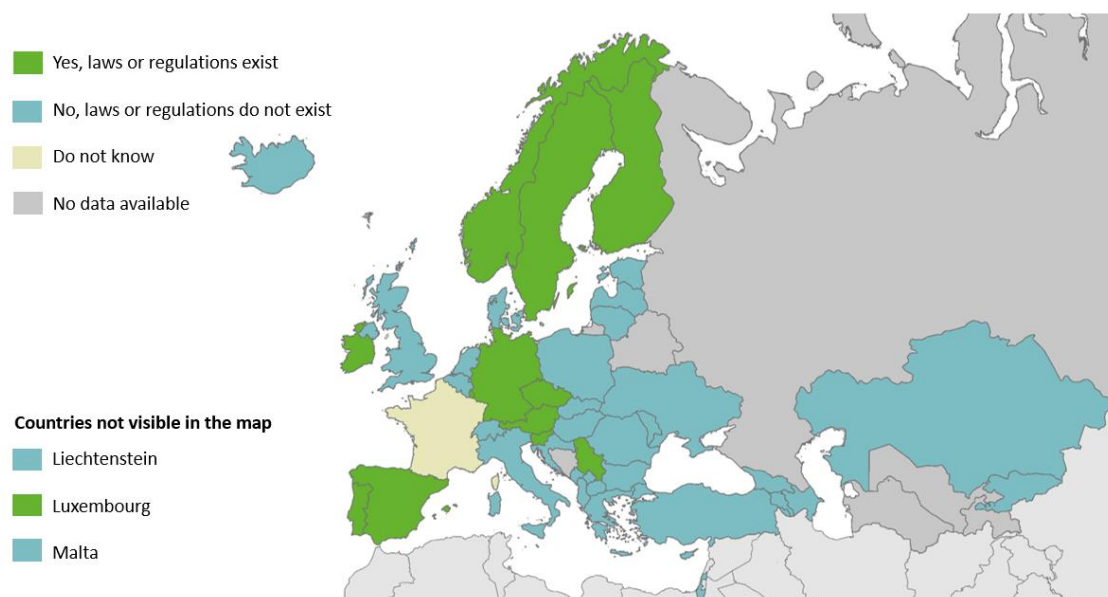
* 2024 or most recent year with available data (2020 or later).

Note: Multiple settings of PrEP provision could be listed per country.

No data were available from Bosnia and Herzegovina, Israel, Kazakhstan, Liechtenstein, Tajikistan, Turkmenistan, Uzbekistan.

Prohibitions for online purchase of PrEP

Twelve of 49 countries with available information (Austria, Czechia, Finland, Germany, Ireland, Luxembourg, Norway, Portugal, Serbia, Slovenia, Spain, Sweden) have laws or regulations which prohibit individuals from purchasing PrEP online from abroad (Figure 6). Most of these countries, 11, are EU/EEA countries (Serbia being the only non-EU country).

Figure 6. Laws or regulations prohibiting individuals from purchasing PrEP online or from abroad, Europe and Central Asia, 2024* (n=49)

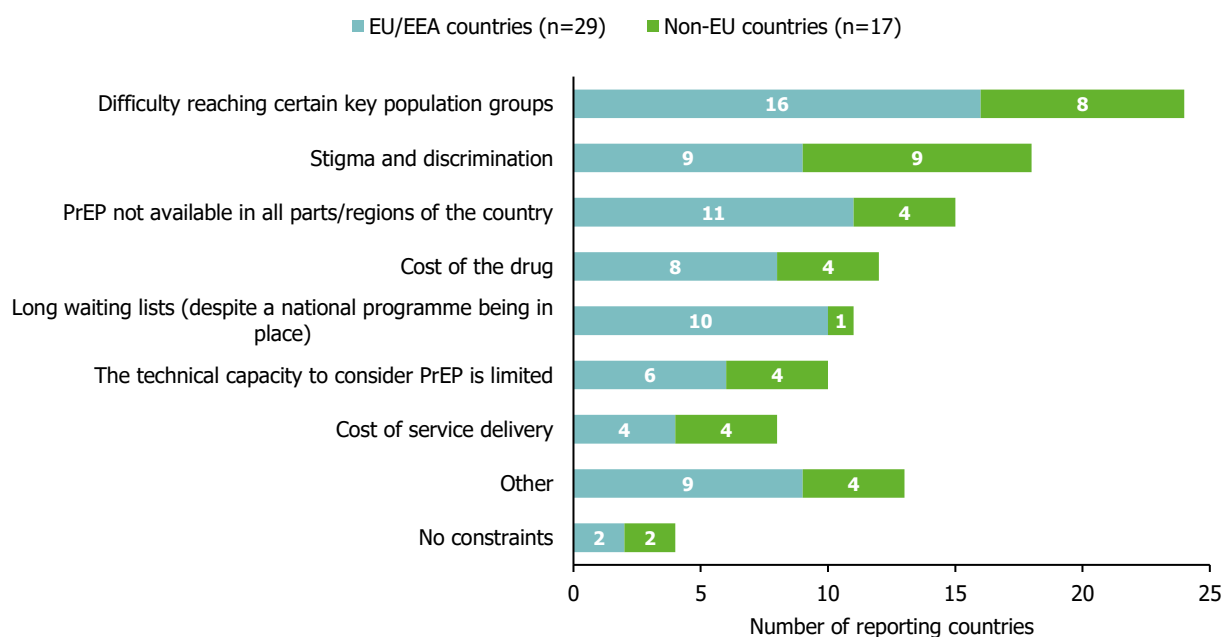
* 2024 or most recent year with available data (2020 or later).

Note: No data were available from: Bosnia and Herzegovina, Tajikistan, Turkmenistan, Uzbekistan.

Barriers to PrEP implementation

Several barriers that prevent or limit PrEP implementation and scale-up of services were reported by 46 countries, of which 29 are EU/EEA countries (Figure 7). Key concerns included difficulties reaching key population groups, stigma and discrimination, PrEP not being available in all parts or regions of the country, drug costs, and long waiting lists. Thirteen countries (nine in EU/EEA) reported 'other' barriers to PrEP provision, which included the lack of reimbursement mechanisms, limited number of clinical staff to provide PrEP service delivery, lack of awareness among key populations beyond men who have sex with men and healthcare staff not being proactive in offering PrEP. Other issues mentioned were concerns on lower condom use and increased transmission of other sexually transmitted infections, centralised PrEP service delivery in hospital settings and shortages of PrEP.

Figure 7. Barriers preventing or limiting PrEP implementation or scale-up, Europe and Central Asia, 2024* (n=46)



* 2024 or most recent year with available data (2020 or later).

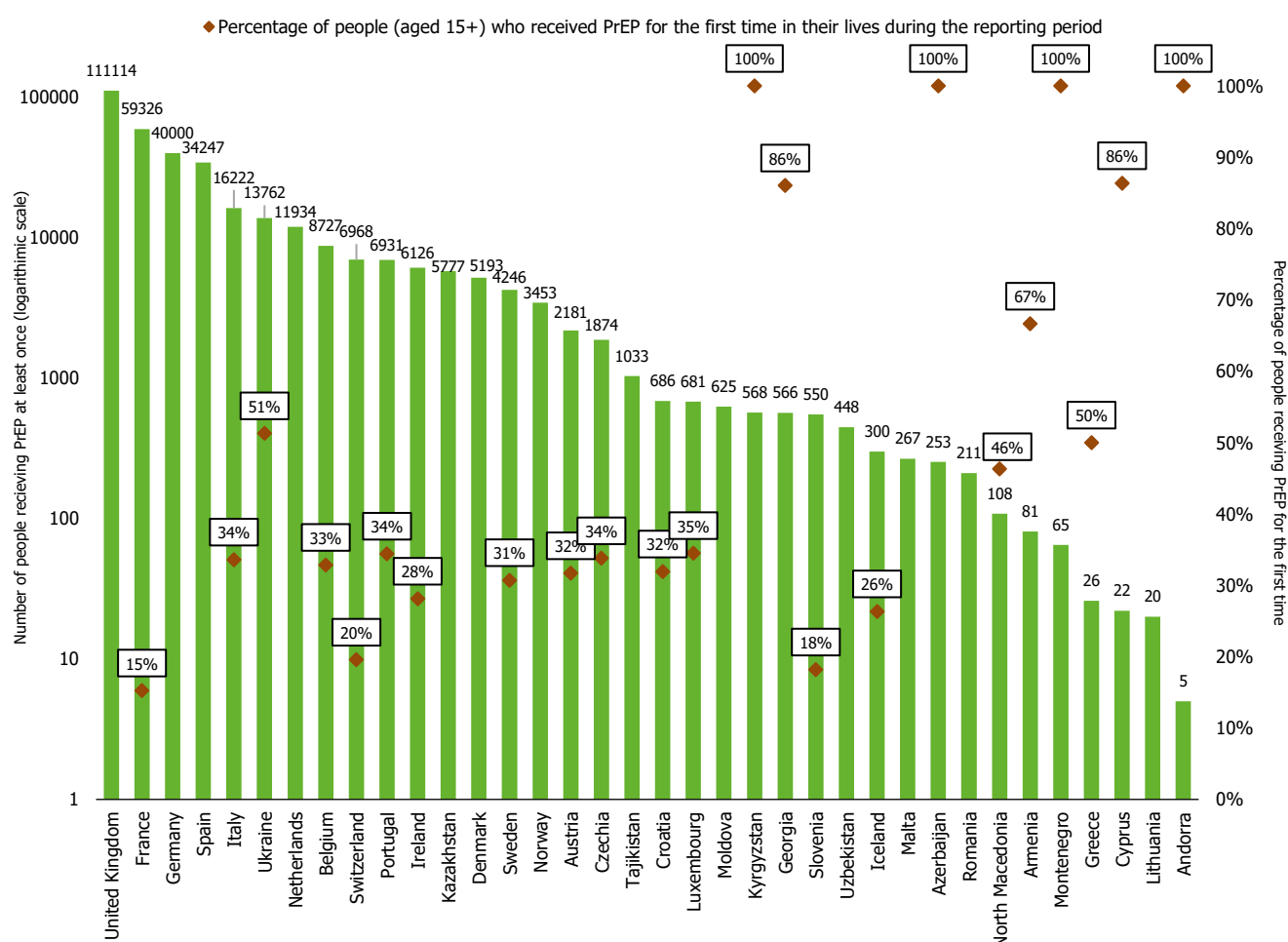
Note: No data were available from Greece, Israel, Kazakhstan, Monaco, Tajikistan, Turkmenistan, Uzbekistan.

4. PrEP uptake in Europe and Central Asia

In the 36 countries in Europe and Central Asia able to report data, 344 596 people had received PrEP at least once in the last 12 months (Figure 8). This is far from the regional target to reach 500 000 people receiving PrEP at least once during the year by 2025 [6]. However, the provision of PrEP in the region has increased significantly since 2016. In 2016, only France provided PrEP through its public health service, with only 1 077 people receiving PrEP in the country as of July 2016 [5]. In 2024, the numbers varied greatly by country, ranging from less than 100 people receiving PrEP at least once in Andorra, Armenia, Cyprus, Greece, Lithuania, and Montenegro to 111 114 in the United Kingdom [19], 59 326 in France, and 40 000 in Germany. In the 22 EU/EEA countries able to provide these data for the reporting period, 203 223 individuals received PrEP at least once.

Twenty-three of the 36 countries were able to provide data on the number of people using PrEP for the first time during the reporting period, with a total of 34 664 people being first time PrEP users. While four countries (Andorra, Azerbaijan, Kyrgyzstan and Montenegro) reported 100% of PrEP users are first-time users, 19 countries reported that between 15–86% of PrEP users had used PrEP for the first time during the reporting period (Figure 8). Of the 23 countries providing data on first time PrEP users in 2024, 14 were EU/EEA countries (reporting a total of 24 759 people as first time PrEP users in 2024, i.e., 23% of all PrEP users).

Figure 8. Number of people (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=36)



* Countries with data from 2023 include: Andorra, Belgium, Cyprus, Kazakhstan, Lithuania, Malta, Portugal, Tajikistan, Uzbekistan.

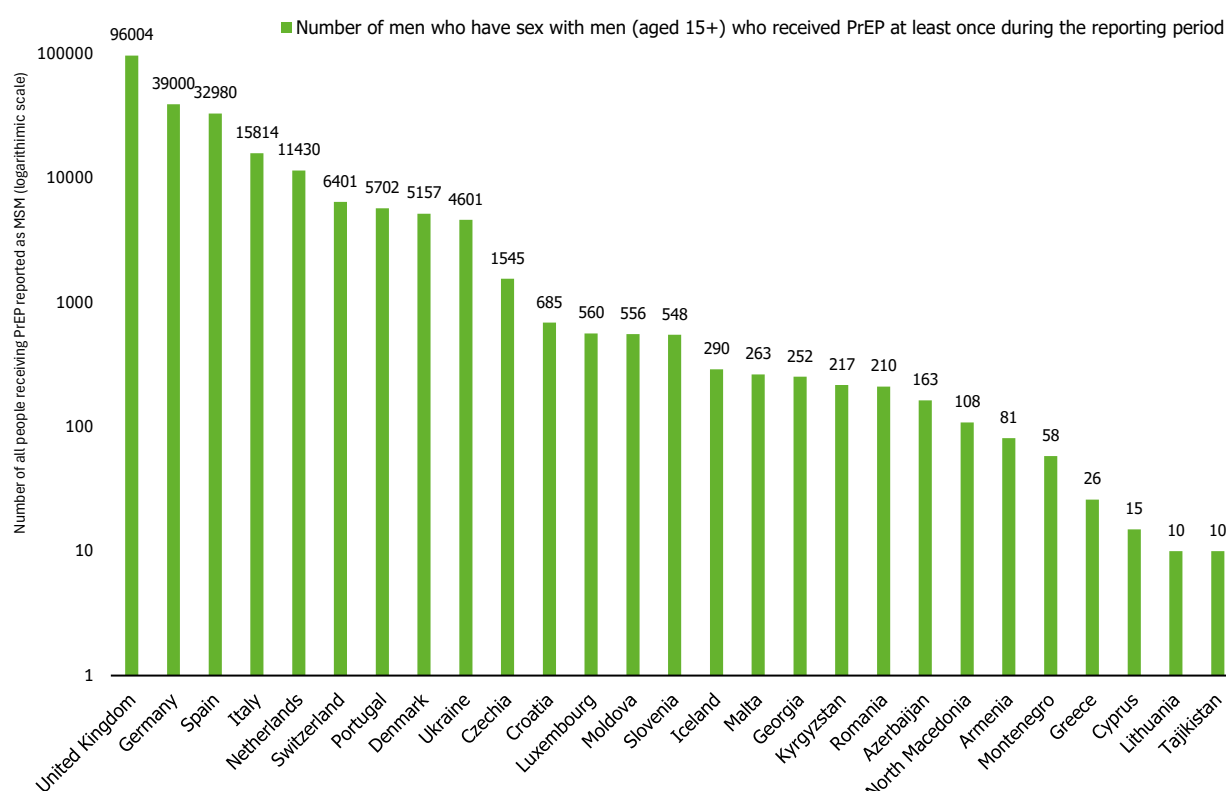
PrEP uptake in key populations

Men who have sex with men

PrEP in Europe and Central Asia is predominately accessed by men who have sex with men (Figure 9). Of the 27 countries (16 EU/EEA countries) able to provide data on PrEP use by this group, nine countries (Armenia, Croatia, Greece, Lithuania, Luxembourg, North Macedonia, Romania, Slovenia and Tajikistan) reported that 100% of people accessing PrEP were men who have sex with men (Figure 9).

In the 27 countries reporting data, 222 686 men who have sex with men received PrEP at least once during the reporting period (114 235 in the 16 EU/EEA reporting countries) (Figure 9). The number of men who have sex with men reported to be accessing PrEP ranged greatly across the region, from 96 004 in the United Kingdom to 10 in Lithuania and Tajikistan. Among the 27 reporting countries, 88% of all people on PrEP were from this group (ranging from 33-100%).

Figure 9. Number of men who have sex with men (aged 15+) who received PrEP at least once during the reporting period), Europe and Central Asia, 2024* (n=27)

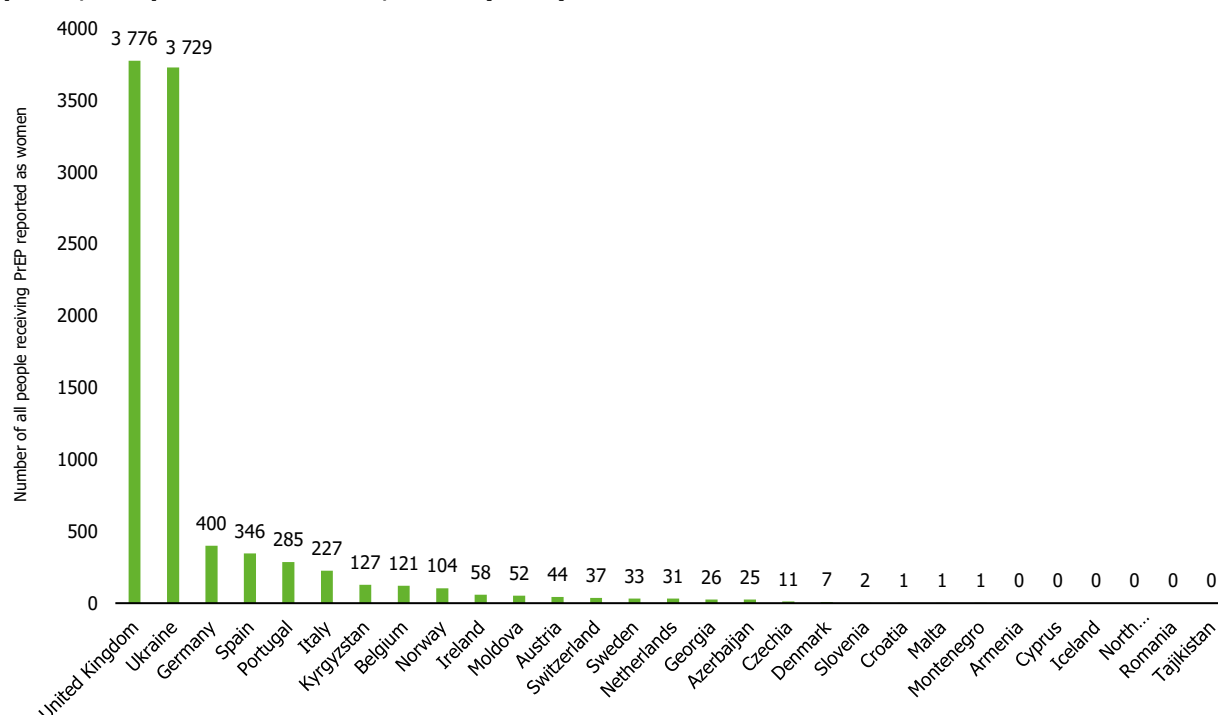


*Countries with data older than 2024 include: Cyprus (2023), Lithuania (2022), Luxembourg (2021), Malta (2023), Portugal (2023), Tajikistan (2020).

Women

Among all people on PrEP, in 29 countries in Europe and Central Asia (18 EU/EEA countries) with data on people receiving PrEP reported as women, a total of 9 444 women accessed PrEP (range: 3 776 in the UK to 0 in Armenia, Cyprus, Iceland, North Macedonia, Romania and Tajikistan) (Figure 10). Of these, 1 671 were in EU/EEA countries. Among these 29 reporting countries, 3% of all people on PrEP were women (ranging from 0-27%); in EU/EEA countries 1% of all people on PrEP were women (ranging from 0-4% in 18 countries). In most countries, women represent less than 10% of all PrEP users, except for Kyrgyzstan (22%) and Ukraine (27%) (Figure 10).

Figure 10. Number of women (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=29)

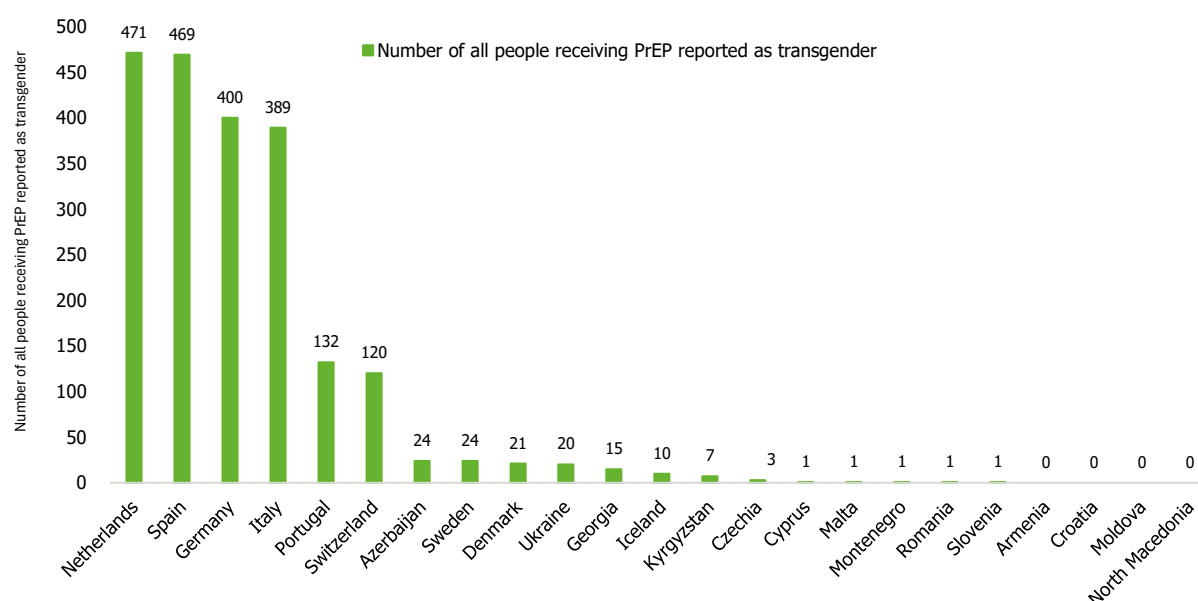


* Countries with data older than 2024 include: Belgium (2023), Cyprus (2023), Malta (2023), Portugal (2023), Tajikistan (2020).

Transgender people

Among all people on PrEP in 23 countries (14 EU/EEA) with data on PrEP use by gender, an average of 1.4% were transgender (Figure 11). Among these countries, 1% of all people on PrEP were transgender people (ranging from 0-9%). In EU/EEA countries, 2% of those on PrEP were transgender people (ranging from 0-5% in 14 countries). The percentage varied greatly between countries, with Azerbaijan reporting 9% PrEP users as transgender, and Ukraine reporting 0.1% of all PrEP users as transgender. Four countries (Armenia, Croatia, Moldova and North Macedonia) reported zero transgender people receiving PrEP.

Figure 11. Number of transgender people (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=23)

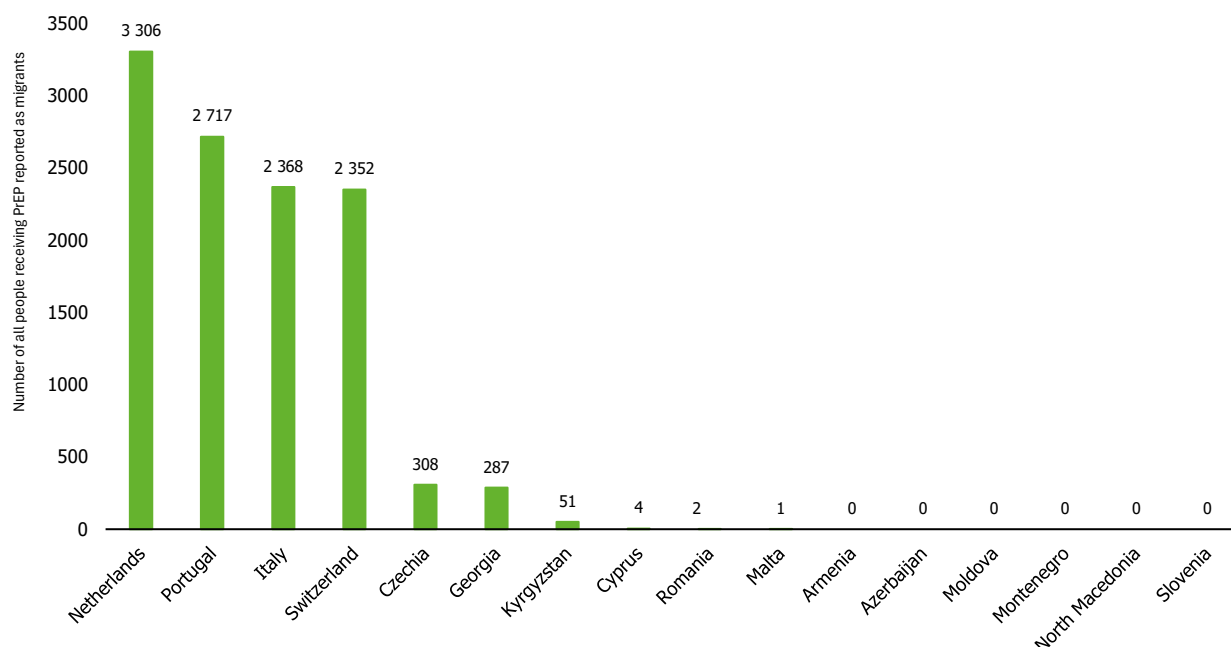


* Countries with data from 2023 include: Cyprus, Germany, Malta, Portugal.

Migrants

Data on PrEP uptake among migrants (defined here as people born outside the reporting country) are limited. Sixteen countries (eight in EU/EEA) could provide data on PrEP use by migrant status (Figure 12). Among these countries, 26% of all people on PrEP were migrants (ranging from 0-51%). Specifically, in these countries, migrants represented between 0.4% (in Malta) and 51% (in Georgia) of all people receiving PrEP. Six countries (Armenia, Azerbaijan, Moldova, Montenegro, North Macedonia and Slovenia) reported zero migrants receiving PrEP.

Figure 12. Number of migrants (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=16)

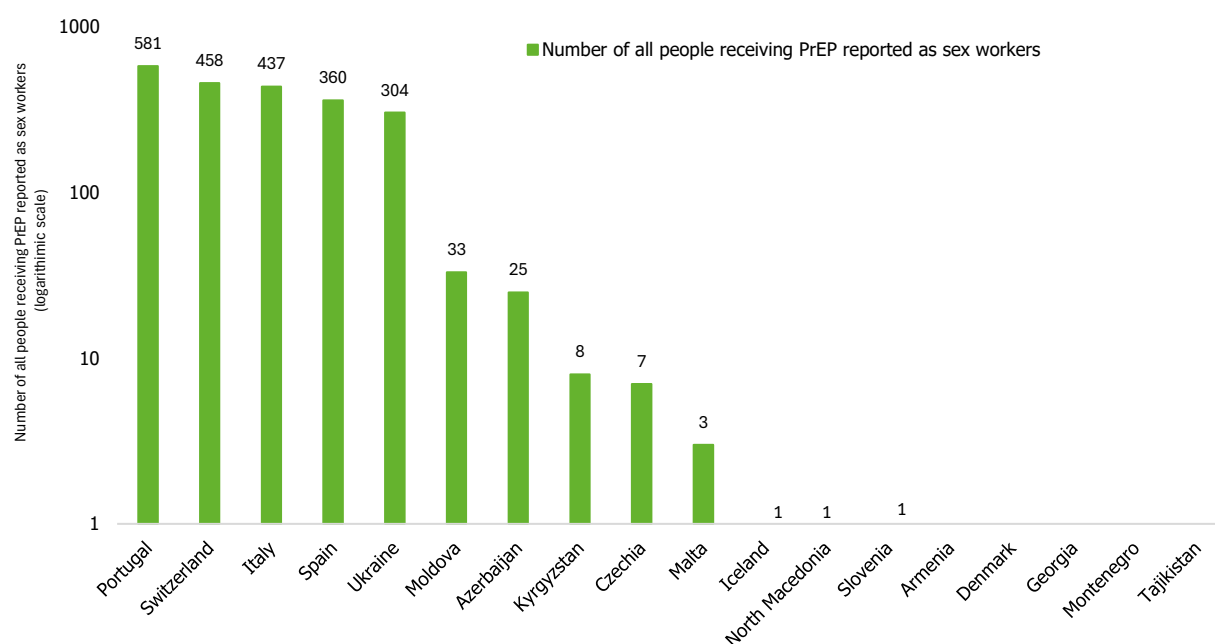


* Countries with data older than 2024 include: Cyprus (2023), Malta (2023), Netherlands (2021), Portugal (2023), Slovenia (2023), Switzerland (2023).

Sex workers

In the 18 countries in Europe and Central Asia (eight in EU/EEA) able to provide data on PrEP use by sex workers, sex workers made up, on average, 3% of all PrEP users (Figure 13). The percentage varied between countries, with Azerbaijan reporting 10% of PrEP users as sex workers, and Slovenia reporting only 0.2% of all users as sex workers. Five countries (Armenia, Denmark, Georgia, Montenegro and Tajikistan) reported zero sex workers receiving PrEP.

Figure 13. Number of sex workers who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=18)

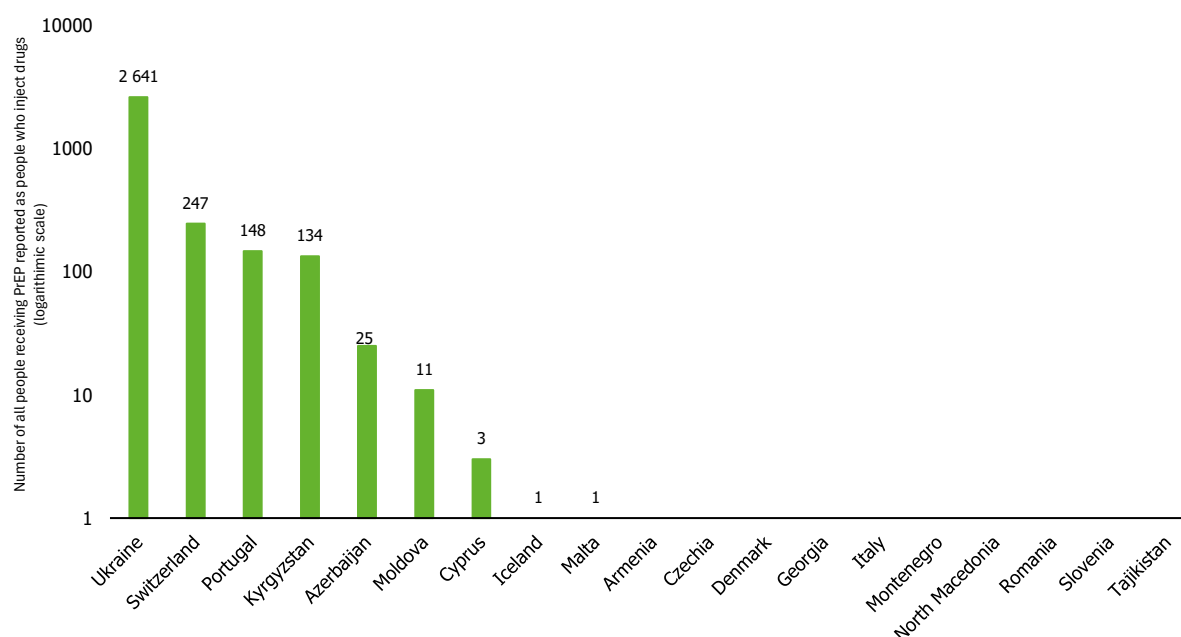


* Countries with data older than 2024 include: Portugal (2022), Malta (2023), and Tajikistan (2020).

People who inject drugs

Data availability for PrEP uptake amongst people who inject drugs are limited. Among all people on PrEP in 19 countries (nine in EU/EEA) with data on PrEP use for this key population, an average of 6% of people on PrEP were people who inject drugs (Figure 14). The range varied significantly across the region, from 24% in Kyrgyzstan to 0.3% in Iceland. Notably, in the 19 countries reporting data, over half reported no people who inject drugs receiving PrEP.

Figure 14. Number of people who inject drugs (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=19)

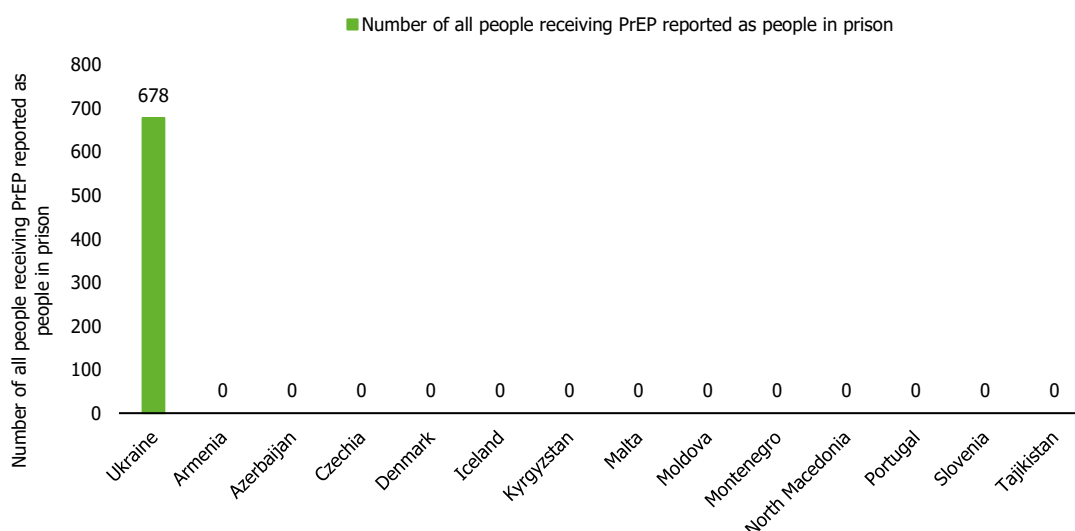


* Countries with data older than 2024 include: Cyprus (2023), Malta (2023), Portugal (2023), Slovenia (2023), Tajikistan (2020).

People in prison

Countries were also asked for PrEP uptake amongst people in prisons. Fourteen countries (of which six EU/EEA countries) responded, with Ukraine reporting 5% of PrEP users as people in prisons and other closed settings, and the remaining countries reporting that zero prisoners accessed PrEP within the last twelve months (Figure 15). Although a limited number of countries responded, the lack of uptake of PrEP among prisoners is concerning. While in some countries, prisoners might not be at an increased risk of HIV, there might be prisoners belonging to other key populations who are not offered PrEP and therefore not receiving the same health care as other citizens. Country level information about PrEP uptake is available in Annex 1 (PrEP uptake by gender) and Annex 2 (PrEP uptake in key populations).

Figure 15. Number of people in prison (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, 2024* (n=14)



Countries with data older than 2024 include: Malta (2023), Slovenia (2023), Tajikistan (2020).

Unmet PrEP need in key populations

In addition to understanding how many people are accessing PrEP, it is important to identify gaps in this access. Ten countries were able to estimate the proportion of men who have sex with men in need of PrEP who were receiving it: Andorra (100%), Azerbaijan (64%), France (33%), Germany (50%), Kosovo (50%), Kyrgyzstan (1%), Romania (50%), Slovenia (20%), Ukraine (100%) and the United Kingdom (79%). Estimated proportions of PrEP need which are met among other key populations ranged from 0-100% in seven countries for women⁴ and transgender people⁵, five countries for people who inject drugs⁶ and sex workers⁷, and four countries for migrants⁸ and people in prisons and other closed settings⁹.

While these data suggest that some European and Central Asian countries may have met the 2025 target of 50% of people at very high risk of HIV acquisition accessing PrEP when it comes to men who have sex with men – they also highlight the need to understand and remove barriers to PrEP access, especially in eastern Europe and central Asia, and reveal a marked lack of information about the unmet need in other population groups. We encourage countries to assess the unmet need for PrEP and identify barriers limiting PrEP scale-up to better understand local PrEP needs and address barriers to accessibility.

⁴ Estimated proportion of PrEP need met among women: Azerbaijan (6%), Georgia (0%), Kosovo (3%), Kyrgyzstan (1%), Romania (0%), Ukraine (100%) and United Kingdom (49%).

⁵ Estimated proportion of PrEP need met among transgender people: Azerbaijan (9%), Georgia (0%), Kosovo (3%), Kyrgyzstan (1%), North Macedonia (0%), Romania (10%) and Ukraine (100%).

⁶ Estimated proportion of PrEP need met among people who inject drugs: Azerbaijan (10%), Kyrgyzstan (1%), North Macedonia (0%), Romania (0%) and Ukraine (100%).

⁷ Estimated proportion of PrEP need met among sex workers: Azerbaijan (10%), Georgia (0%), Kyrgyzstan (1%), North Macedonia (0%), Romania (20%) and Ukraine (100%).

⁸ Estimated proportion of PrEP need met among migrants: Azerbaijan (0%), Georgia (0%), Romania (10%) and Ukraine (100%).

⁹ Estimated proportion of PrEP need met among people in prisons and other closed settings: Azerbaijan (0%), Georgia (0%), Romania (0%) and Ukraine (100%).

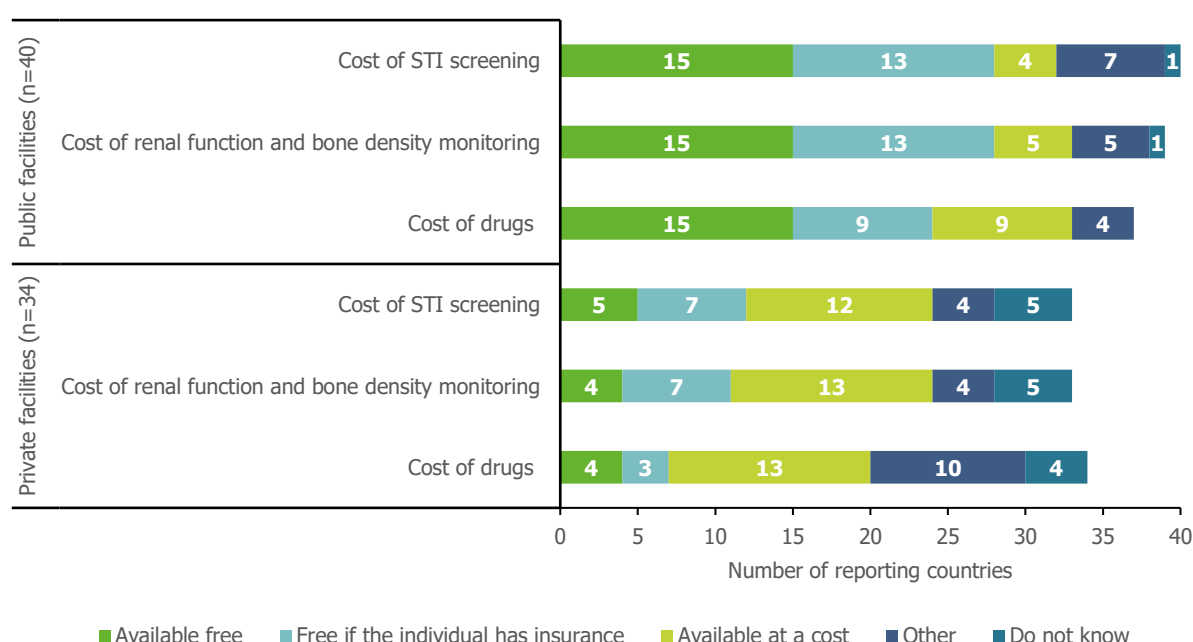
5. The cost of accessing PrEP

To facilitate the implementation and uptake of PrEP within programmes, PrEP users should not bear any costs of the medication or should only be responsible for a minor contribution [18]. Forty countries in Europe and Central Asia (26 in the EU/EEA) were able to provide data on the cost of accessing PrEP through public and private facilities [6].

Fifteen (eight in the EU/EEA) of the 40 countries reported that PrEP was available for free at public facilities and nine (eight in the EU/EEA) reported that PrEP was free if the individual had insurance. Nine¹⁰ countries (seven in the EU/EEA) reported that PrEP was only available at a cost.

Individuals accessing PrEP are recommended to have regular renal and bone density screening and STI testing while using PrEP [11]. Four countries (Andorra, Hungary, Italy and Latvia) reported that STI testing was available at a cost at public facilities and five countries (Hungary, Italy, Latvia, Lithuania and Serbia) reported that renal function and bone density monitoring was available at a cost at public facilities. Fees associated with STI testing and renal function and bone density monitoring create financial barriers which may reduce PrEP accessibility.

Figure 6. Cost to the individual when receiving PrEP in different settings, Europe and Central Asia, 2024* (n=40)

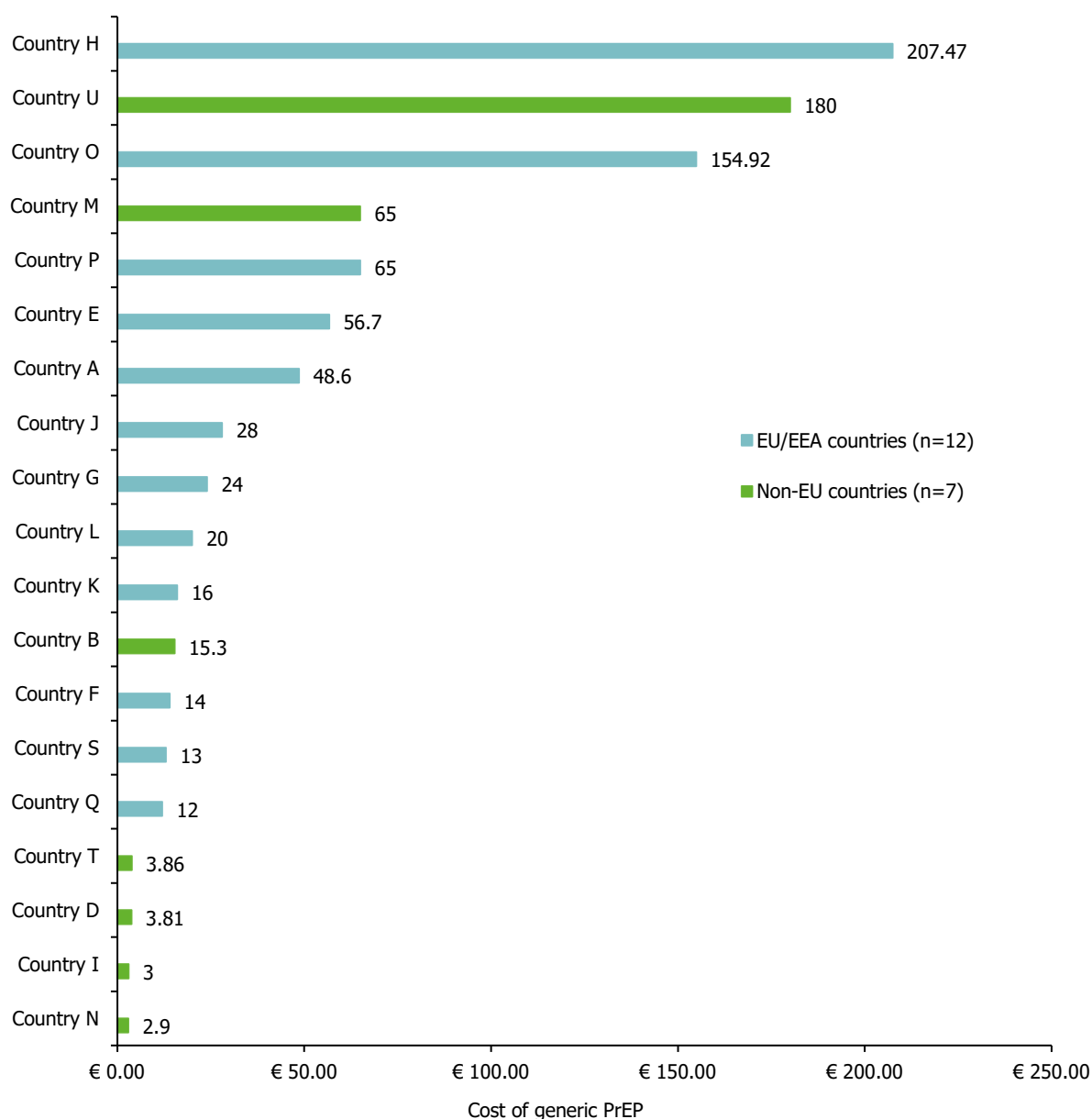


* 2024 or most recent year with available data (2020 or later).

Countries in Europe and Central Asia were able to purchase PrEP at different prices, with a median price of EUR 20 for 28 to 30 tablets of generic PrEP (TDF/TFC), with the lowest price reported being EUR 2.90 and the highest purchase price being EUR 207.47 (Figure 7). In the 12 EU/EEA countries reporting data, the median price for 28 to 30 tablets of generic PrEP was EUR 26 (range: EUR 12.00 to 207.47).

¹⁰ Countries reporting that PrEP is only available at cost: Andorra, Czechia, Latvia, Lithuania, Malta, Netherlands, Portugal, Sweden and Türkiye.

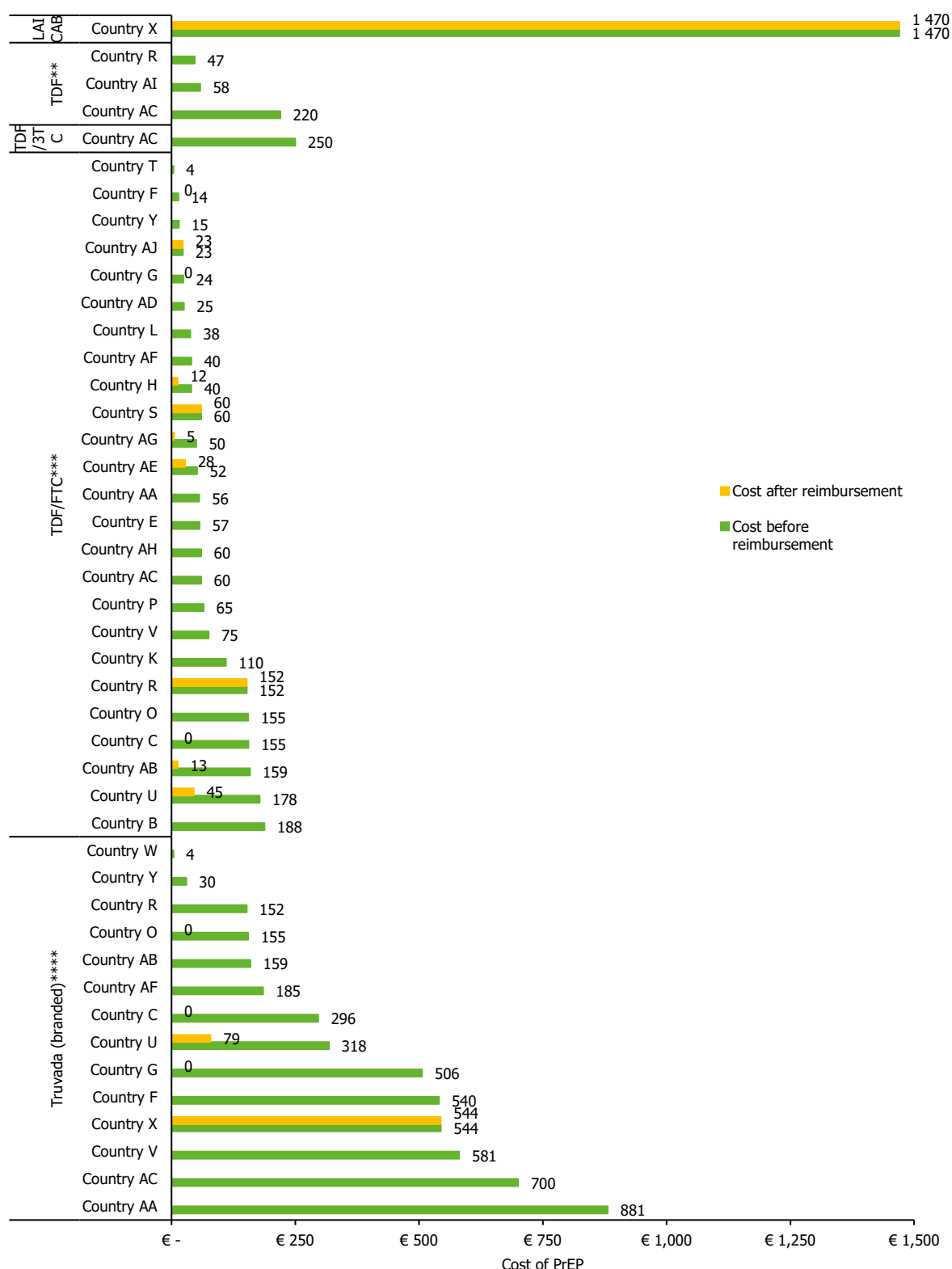
Figure 7. Cost of generic PrEP (28–30 tablets of TDF/FTC) as purchased by governments, Europe and Central Asia, 2024* (n=19)



* 2024 or most recent year with available data (2020 or later).

The cost of a monthly supply of PrEP for an individual varies across countries. Twenty-eight countries were able to provide data on the cost of PrEP before and after reimbursement [8]. Fourteen countries provided data on the cost of a month's supply of Truvada for an individual, which ranged from EUR 0–544 after reimbursement (median: EUR 311.50) in five countries. The median cost of one month's supply of Truvada in the nine EU/EEA reporting countries, before reimbursement, was EUR 506 (range: EUR 4–881).

Generic forms of PrEP were generally less expensive, with the price of a month's supply of TDF/FTC for the individual ranging from EUR 0–152 after reimbursement (median: EUR 12.50) in 11 of 25 reporting countries. The median cost of one month's supply of generic forms of PrEP in the 25 EU/EEA reporting countries was EUR 56.70 (range: EUR 0–187.80) before reimbursement. Three countries provided the cost of a month's supply of TDF for the individual before reimbursement, with a median of EUR 58 (range: EUR 47–220). The median cost of one month's supply of TDF in the two EU/EEA reporting countries, before reimbursement, was EUR 139 (range: EUR 58–220).

Figure 8. Cost in Euros of a monthly supply of PrEP for an individual before and after reimbursement, Europe and Central Asia, 2024* (n=28)

* 2024 or most recent year with available data (2020 or later).

** Median cost for TDF: EUR 58.00.

*** Median cost for TDF/FTC: EUR 56.70.

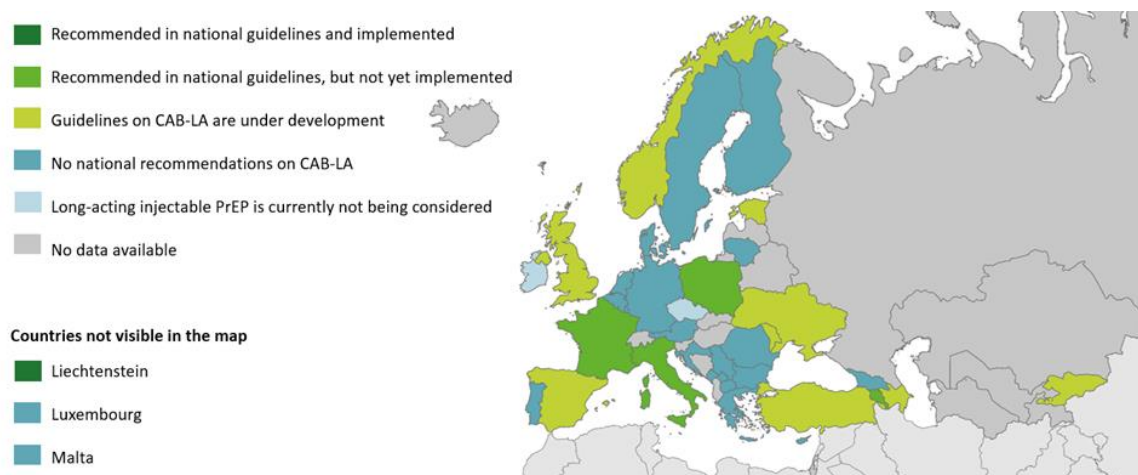
**** Median cost for Truvada (branded): EUR 307.19.

Note: Some countries entered data for more than one type of drug.

Long-acting injectable PrEP

As mentioned in the introduction, in 2022 WHO published guidelines on the use of long-acting injectable cabotegravir (CAB-LA) for HIV prevention [13]. The guidelines recommend that CAB-LA be offered as an additional choice for people at substantial risk of HIV infection, in line with existing WHO recommendations that support offering a range of effective options for HIV prevention. In September 2023, CAB-LA was authorised by the European Commission [15]. To date, CAB-LA has been recommended for use in national guidelines in five countries (Armenia, France, Italy, Liechtenstein and Poland), of which only Liechtenstein reported implementation of this (Figure 9). National guidelines are under development in nine countries¹¹ (three in EU/EEA countries), while two countries (Czechia and Ireland) reported that implementation of long-acting injectable PrEP was not currently being considered.

Figure 9. Status of implementation of long-acting cabotegravir (CAB-LA) for PrEP, Europe and Central Asia, 2024* (n=39)



*2024 or most recent year with available data (2020 or later).

¹¹ Azerbaijan, Estonia, Kyrgyzstan, Moldova, Norway, Spain, Türkiye, Ukraine and the United Kingdom.

6. Conclusion

The provision of PrEP in Europe and Central Asia has increased significantly since 2016 [5], but there is still a great deal of variation among countries in terms of the scale of implementation. Data on the state of provision of PrEP provide a snapshot of a rapidly changing situation. By 2024, 38 countries in Europe and Central Asia (22 in EU/EEA) had developed and implemented national PrEP guidelines, and PrEP was available through the public healthcare systems of 26 countries (17 EU/EEA countries). However, even within these countries, PrEP is not always available everywhere and some countries have restrictive eligibility criteria on who can access PrEP. In particular, PrEP remains inaccessible due to barriers or ineligibility for certain key populations, including migrants (undocumented and documented), sex workers and transgender people. Notably, in 2024, heterosexual transmission of HIV was the most prevalent mode of transmission in the WHO European Region, with 35% of new HIV diagnoses among women [20]. Consequently, a narrowed focus on PrEP uptake among only certain key populations may not fully meet the HIV prevention needs among those who would benefit the most.

Progress has been made on increasing PrEP accessibility, with 21 countries (13 EU/EEA countries) reporting PrEP being available to anyone at increased risk of HIV acquisition regardless of gender, sexual orientation etc. Data on key populations accessing PrEP are very limited, with the main barrier to scale-up PrEP being difficulties in reaching key populations and the cost of PrEP to the individual. Other barriers are PrEP not being available in all parts or regions of the country, stigma and discrimination and long waiting list. To meet UN Sustainable Development Goal 3.3, ending the AIDS epidemic by 2030, wider scale implementation of PrEP is necessary.

In terms of PrEP provision, while some countries have reported PrEP availability in NGO/community-based settings, PrEP is still mainly provided in medicalised settings. Research indicates that this may create barriers to access for some populations [21]. Additionally, PrEP may be inaccessible to undocumented migrants in countries where it is only available to migrants through private clinics or at-cost, as this creates a financial barrier [22].

Currently, data on PrEP uptake and unmet needs are limited across Europe and Central Asia. To better understand and address gaps in PrEP access among key populations, we encourage countries to strengthen surveillance systems and collect disaggregated data on PrEP uptake.

To facilitate PrEP implementation across Europe and Central Asia, ECDC has developed operational guidance on PrEP with accompanying country case studies where implementation experiences are shared [18]. Moreover, the module on PrEP of the European Standards for HIV Prevention and Care, containing national- and clinical-level indicators and targets, can be used by countries to evaluate performance and better understand between- and in-country variations. Countries should also consider these standards when developing and implementing national guidelines and designing data collection and evaluations for PrEP programmes.

Recommendations

- National guidelines are a useful tool in guiding the implementation of national PrEP programmes. ECDC encourages countries without national guidelines to develop them or to follow EACS guidelines. On the other hand, countries where guidelines are not fully implemented are encouraged to gain a better understanding of the barriers within their country to the implementation of national PrEP programmes.
- ECDC encourages countries to remove restrictions on who can access PrEP by making PrEP available to all individuals at increased risk of HIV acquisition, to reach a wider population. Countries should expand the settings in which PrEP is available, for example by exploring how PrEP could be provided in more non-medical settings such as through community-based organisations.
- To address barriers that limit optimal PrEP uptake, ECDC encourages countries to explore missed opportunities for PrEP initiation in individuals recently diagnosed with HIV, to understand and address the barriers individuals face while attempting to access PrEP.
- A number of clinical safety considerations are needed to initiate PrEP service delivery, such as the use of reliable HIV testing to prevent the development of drug resistance, integrated screening of other STIs and viral hepatitis. These services should be offered alongside comprehensive care that addresses adherence and offers alternative prevention methods such as post-exposure prophylaxis (PEP) when needed.
- Strong surveillance and monitoring systems would enable data on PrEP eligibility, uptake (disaggregated by gender and key populations), duration on PrEP use, and outcomes to be captured. Consistent data collection across the region would improve data comparability. Adding the extent of informal online access to PrEP and the relevant health outcomes to existing monitoring would improve the understanding of who has access to PrEP.
- As PrEP scale-up is not evenly distributed across population groups, ECDC encourages countries to place a stronger focus on increasing PrEP accessibility for all key populations.
- To ensure greater access to PrEP and ensure progress towards the Sustainable Development Goal of ending the AIDS epidemic by 2030, ECDC encourages countries to share experiences on the feasibility of implementation, costs, and technical capacity with countries that have not yet implemented PrEP through their healthcare system.

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Annex 1

Table 1A. PrEP uptake by gender, EU/EEA countries, 2023–2025

People (aged 15+) who received PrEP during the reporting period									
Country	Year	Males who received PrEP at least once	Males who received PrEP for the first time in the reporting year	Females who received PrEP at least once	Females who received PrEP for the first time in the reporting year	Transgender people who received PrEP at least once	Transgender people who received PrEP for the first time in the reporting year	People, gender unknown, who received PrEP at least once	People, gender unknown, who received PrEP for the first time in the reporting year
Austria	2025	2 137	673	44	18				
Belgium	2023	8 605		121					
Bulgaria									
Croatia	2024	685	218	1	1	0	0	0	0
Cyprus	2023	14	6	0	0	1	0		
Czechia	2024	1 859	626	11	7	3	0	1	0
Denmark	2025	5 157		7	7	21	21	5	
Estonia									
Finland									
France	2024		8 527		514				
Germany	2024	39 600		400					
Greece	2024								
Hungary									
Iceland	2024	290	63	0	0	10	8	0	0
Ireland	2024	6 068	1 711	58	11				
Italy	2024	15 995	5 362	227	87	389	130		
Latvia									
Liechtenstein									
Lithuania	2022	10	5						
Luxembourg									
Malta	2023	265		1		1		0	
Netherlands	2024	11 432		31		471			
Norway	2024	3 349		104					
Poland									
Portugal	2023	6 490	2 255	285	106	132	47	156	131
Romania	2024	210		0		1	1	0	
Slovakia									
Slovenia	2024	548	99	2	1	1	1	0	0
Spain	2024	33 432		346		469		0	
Sweden	2024	4 114	1 029	33	15	24	6	75	0
Total EU/EEA		140 260	20 574	1 671	767	1 523	214	237	131

Table 2A. PrEP uptake by gender, non-EU countries, 2023–2025

People (aged 15+) who received PrEP during the reporting period									
Country	Year	Males who received PrEP at least once during the reporting period	Males who received PrEP for the first time in the reporting year	Females who received PrEP at least once	Females who received PrEP for the first time in the reporting year	Transgender people who received PrEP at least once	Transgender people who received PrEP for the first time in the reporting year	People, gender unknown, who received PrEP at least once	People, gender unknown, who received PrEP for the first time in the reporting year
Albania									
Andorra									
Armenia	2024	81	54	0	0	0	0	0	0
Azerbaijan	2024	204	204	25	25	24	24	0	0
Bosnia and Herzegovina									
Georgia	2024	525	443	26	26	15	15		
Israel									
Kazakhstan	2023								
Kosovo	2025		32		1		1		
Kyrgyzstan	2024	421	421	127	127	7	7	0	0
Moldova	2024	573		52		0		0	
Monaco									
Montenegro	2024	63	63	1	1	1	1	0	0
North Macedonia	2024	108	50	0	0	0	0	0	0
San Marino									
Serbia									
Switzerland	2024	6 664	1 274	37	15	120	40	147	34
Tajikistan	2020	10	10	0	0	0	0	0	0
Türkiye									
Turkmenistan									
Ukraine	2024	10 013	5 041	3 729	2 005	20	14	0	0
United Kingdom	2024	103 977		3 776					
Uzbekistan	2023								
Total non-EU		122 639	7 592	7 773	2 200	187	102	147	34
Total WHO European Region		262 899	28 166	9 444	2 967	1 710	316	384	165

Annex 2

Table 3A. PrEP uptake in key populations, EU/EEA countries, 2023–2025

People (aged 15+) who received PrEP during the reporting period, by key population											
Country	Year	Men who have sex with men who received PrEP at least once	Men who have sex with men who received PrEP for the first time in the reporting year	People who inject drugs who received PrEP at least once	People who inject drugs who received PrEP for the first time in the reporting year	Migrants* who received PrEP at least once	Migrants* who received PrEP for the first time in the reporting year	Sex workers who received PrEP at least once	Sex workers who received PrEP for the first time in the reporting year	People in prison who received PrEP at least once	People in prison who received PrEP for the first time in the reporting year
Austria	2025										
Belgium	2023		2608		0		755				
Bulgaria											
Croatia	2024	685	218								
Cyprus	2023	15	6	3	1	4	3				
Czechia	2024	1545	495	0	0	308	128	7	3	0	0
Denmark	2025	5157		0				0		0	
Estonia	2023										
Finland											
France	2024										
Germany	2024	39 000									
Greece	2024	26	13								
Hungary											
Iceland	2024	290	63	1	0			1	0	0	0
Ireland	2024										
Italy	2024	15 814	5313	0	0	2 368	795	437	147		
Latvia											
Liechtenstein											
Lithuania	2022	10									
Luxembourg											
Malta	2023	263		1		1		3		0	
Netherlands	2024	11430									
Norway	2024										
Poland											
Portugal	2023	5 702	1 727	148	71	2 717	752	581	167	0	0
Romania	2024	210		0		2	2				0
Slovakia											
Slovenia	2024	548	98					1	1		
Spain	2024	32 980						360			
Sweden	2024										
Total EU/EEA		113 675	10 541	153	72	5 400	2 435	1 390	318	0	0

*Migrants are defined in this report as people born outside the reporting country.

Table 4A. PrEP uptake in key populations, non-EU countries, 2023–2025

People (aged 15+) who received PrEP during the reporting period, by key population											
Country	Year	Men who have sex with men (aged 15+) who received PrEP at least once	Men who have sex with men who received PrEP for the first time in the reporting year	People who inject drugs who received PrEP at least once	People who inject drugs who received PrEP for the first time in the reporting year	Migrants* who received PrEP at least once	Migrants* who received PrEP for the first time in the reporting year	Sex workers who received PrEP at least once	Sex workers who received PrEP for the first time in the reporting year	People in prison who received PrEP at least once	People in prison who received PrEP for the first time in the reporting year
Albania											
Andorra											
Armenia	2024	81	54	0	0	0	0	0	0	0	0
Azerbaijan	2024	163	163	25	25	0	0	25	25	0	0
Bosnia and Herzegovina											
Georgia	2024	252	446	0	0	287	221	0	0		
Israel											
Kazakhstan	2023										
Kosovo	2025		17								
Kyrgyzstan	2024	217	217	134	134	51	51	8	8	0	0
Moldova	2024	556		11		0		33		0	
Monaco											
Montenegro	2024	58	58	0	0	0	0	0	0	0	0
North Macedonia	2024	108	50	0	0	0	0	1	0	0	0
San Marino											
Serbia											
Switzerland	2024	6401	1274	247	16			458	95		
Tajikistan	2020	10		0				0		0	
Türkiye											
Turkmenistan											
Ukraine	2024	4601	2011	2641	1643			304	188	678	320
United Kingdom	2024	96 004									
Uzbekistan	2023										
Total non-EU		108 451	4290	3058	1818	338	272	829	316	678	320
Total WHO European Region		222 126	14831	3211	1890	5738	2707	2219	634	678	320

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of the European Union