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: 2024 progress report (2023 data)

ECDC SURVEILLANCE AND 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: 2024 progress report (2023 data)

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

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 1 ECD.15679 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, Arian Boci (Albania), Jennifer Fernández (Andorra), Lena König, Andrea Brunner, Gisela Leierer, Irene Kászoni-Rückerl, Robert Zangerle, David Chromy, Irene Schmutterer, Martin Busch (Austria), Gunash Jafarova (Azerbaijan), Jessika Deblonde, Ben Serrien, Dominique Van Beckhoven (Belgium), Dalibor Pejović (Bosnia and Herzegovina), Kristiyan Hristov, Angelina Yaneva (Bulgaria), Tatjana Nemeth Blažić, Josip Begovac, Mirjana Lana Kosanović Ličina, Šime Zekan (Croatia), Fani Theophanous, Christos Krasidis, Christiana Stavraki, Evi Kyprianou, Georgios Siakallis, Ioanna Yiasemi (Cyprus), Anna Kubatova, Ivo Procházka, Marek Malý (Czechia), Maria Wessman (Denmark), Iveta Tomera (Estonia), Henrikki Brummer-Korvenkontio, Sini Pasanen, Kirsi Liitsola (Finland), Soraya Belgherbi, Florence Lot (France), Manana Chichinadze, Otar Chokoshvili, Maia Tsereteli, Nino Tsereteli (Georgia), Ulrich Marcus, Silke Klumb, Binod Mahanty (Germany), Chryssa Tsiara, Stergios Matis, Anastasios Fotiou, Eleftheria Kanavou (Greece), Anna Margrét Guðmundsdóttir, Einar Thor Jonsson, Maríanna Þórðardóttir, Hildigunnur Anna Hall (Iceland), Rachael Metrustry, Kate O'Donnell, Derval Igoe (Ireland), Anna Caraglia, Maria Luisa Cosmaro (Italy), Pashk Buzhala, Majlinda Gjocaj (Kosovo)*, Lucia Yanbukhtina (Kyrgyzstan), Sarlote Konova, Kristine Ozolina (Latvia), Esther Walser-Domjan (Liechtenstein), Oksana Juciene, Laura Bliujienė, Kęstutis Rudaitis (Lithuania), Pierre Braquet, Yolanda Pires, Valerie Etienne (Luxembourg), Jackie Maistre Melillo, Norman Galea, Aaron Schembri (Malta), Tatiana Costin-Codreanu, Ala Iatco (Moldova), Thomas Altahus, Julie Malherbe (Monaco), Alma Cicic, Aleksandra Marijanovic (Montenegro), Silke David, Eline Op de Coul (the Netherlands), Milena Stevanovic, Andrej Senih (North Macedonia), Arild Johan Myrberg (Norway), Marta Niedźwiedzka-Stadnik (Poland), Joana Bettencourt, Amilcar Soares, Helena Cortes Martins, Alexandre Gomes, Rogério Ruas, Cristina Mora, Pedro Morais (Portugal), Mariana Mardarescu, Monica Dan, Iulian Petre, Odette Popovici, Alexandra Popescu, Valentina Stefan (Romania), Andrea Gualtieri (San Marino), Sladjana Baros, Danijela Simic (Serbia), Alexandra Brazinova (Slovakia), Irena Klavs, Janja Krizman-Miklavcic, Janez Tomažič, Tomaž Vovko, Tanja Kustec (Slovenia), Julia del Amo Valero, Reyes Velayos, Asuncion Diaz, Javier Gómez Castellá, Juan Hoyos Miller, Néstor Nuño Martínez (Spain), Lilian Van Leest, Jonas Jonsson, Klara Abrahamsson (Sweden), Hannah Tough, Thibault Lovey (Switzerland), Oğuz Evlice (Türkiye), Zhanna Antonenko, Oksana Pashchuk, Alina Kovalchuk (Ukraine), Kedeen Okumu Camerra (the 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, April 2025

ISBN: 978-92-9498-798-3
doi: 10.2900/4809924
Catalogue number: TQ-01-25-028-EN-N

* *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.*

Contents

Figures

Abbreviations

ART	Antiretroviral treatment
CAB-LA	Long-acting injectable cabotegravir
EEA	European Economic Area
EU	European Union
EUDA	European Union Drugs Agency
FTC	Emtricitabine
MSM	Men who have sex with men
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
WHO	World Health Organization
UNAIDS	The Joint United Nations Programme on HIV/AIDS

Executive summary

Pre-exposure prophylaxis (PrEP) is very effective at preventing HIV infection 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 of ending the AIDS epidemic by 2030 [3]. Since 2016, PrEP has been increasingly available through healthcare systems in the WHO European Region.

Between February and May 2024, the European Centre for Disease Prevention and Control (ECDC) implemented an online questionnaire among European and Central Asian countries to collect the most recent data as of 2023 to monitor the implementation of the 2004 Dublin Declaration [4]. The questionnaire contained specific questions on PrEP, in particular in relation to the availability of PrEP and on the uptake and cost of PrEP. This thematic report presents the results of the questionnaire, with a particular focus on equity of access amongst key populations.

While the provision of PrEP in Europe and Central Asia has increased significantly since 2016 [5], there is still a great deal of variation among countries in terms of the scale of implementation. By the end of 2023, 38 of 52 countries (23 EU/EEA countries) reported that national guidelines on PrEP had been developed and were being implemented, while 14 countries reported that guidelines on PrEP were either not developed (nine countries, of which five in the EU/EEA: Bulgaria, Cyprus, Hungary, Latvia, and Lithuania) or developed but not implemented (five countries, of which two in the EU/EEA: Greece and Romania). National PrEP guidelines are crucial for effective implementation. Countries without them should develop their own or adopt EACS guidelines, and address barriers where implementation is lacking. In the 34 countries in Europe and Central Asia which were able to report data, 284 846 people had received PrEP at least once in the last 12 months. Of these, 21 were EU/EEA countries (reporting a total of 153 799 people receiving PrEP at least once in 2023). This is far from the regional target to reach 500 000 people receiving PrEP at least once during the year by 2025 [6]. Sixteen of the 34 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 20 977 people being first time PrEP users. Of these, 12 were EU/EEA countries (reporting a total of 19 210 people as first time PrEP users).

However, even within countries reporting PrEP use, PrEP is not universally available, and some countries have restrictive eligibility criteria, especially for key populations like people who inject drugs, prisoners, and undocumented migrants. Progress has been made on increasing PrEP accessibility, with 12 countries (seven EU/EEA countries) also reporting PrEP being available to anyone at increased risk of HIV acquisition regardless of gender, sexual orientation, etc. To reach a wider population, we encourage countries to remove restrictions on who can access PrEP by making PrEP available to all individuals at increased risk of HIV acquisition. Among all people on PrEP in 19 countries (13 EU/EEA countries) able to provide data on PrEP use by key population, 10 countries (eight EU/EEA countries) reported that over 90% of the people accessing PrEP were men who have sex with men (MSM). Data on key populations accessing PrEP are very limited, especially for people who inject drugs (eight countries, of which four EU/EEA countries), migrants (seven countries, of which five EU/EEA countries), and prisoners (six countries, of which five EU/EEA countries), but the main barriers reported to scale-up PrEP are difficulties in reaching key populations and cost of PrEP to the individual. PrEP not being available in all parts or regions of the country, stigma and discrimination and long waiting list are also reported as barriers.

While some countries have reported PrEP availability in NGO/community-based settings, PrEP is still mainly provided in clinical settings, such as infectious disease clinics (27 of 43 countries, 19 EU/EEA countries). We encourage countries to expand PrEP access by exploring non-medical settings, like community-based organisations. Fourteen (eight in the EU/EEA) of the 43 countries reported that PrEP was available for free at public facilities, and eight (seven in the EU/EEA) reported that PrEP was free if the individual had insurance. Seven countries (six in the EU/EEA) reported that PrEP was only available at a cost, with the cost of a monthly supply of generic PrEP for an individual varying significantly across countries, ranging from €0 to €200 after reimbursement (median: €33) in 20 reporting countries. The median cost of one month's supply of generic forms of PrEP in the sixteen EU/EEA reporting countries was €21.5 (range: €0 to €68) after reimbursement. Expanding the settings where PrEP is available may help improve accessibility. Sharing best practices especially those relating to feasibility, cost, and models of service delivery would support expanded provision of PrEP in the region.

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 data on PrEP uptake. Strong surveillance systems should capture data on PrEP eligibility, uptake (by gender and key populations), duration, and outcomes. Consistent data collection across regions would improve comparability.

1 Introduction

Combination approaches to HIV prevention refer to rights-based, evidence-informed, and community-owned programmes that include behavioural, biomedical, and structural approaches in order to prevent new HIV infections [7]. 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, in which the role of PrEP as an important part of combination prevention strategies was highlighted [11]. More recently, WHO released a technical brief on planning and implementing PrEP services in a differentiated and simplified manner, in which self-testing was recommended as an additional testing choice to 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 2022, WHO recommended the use of long-acting injectable cabotegravir for HIV prevention [13]. The guidelines recommend that long-acting injectable cabotegravir 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. Long-acting PrEP can help scale up PrEP use by offering end users more choice. However, the introduction of long-acting injectable cabotegravir may add to costs and to the work of healthcare staff. Additionally, in many countries long-acting antiretroviral therapy is still not available for HIV positive patients.

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 [14]. 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].

2 Methods

This thematic report summarises key issues and priorities for action in Europe and Central Asia on PrEP. The report is based on data collected by the European Centre for Disease Prevention and Control (ECDC) through an online reporting tool disseminated to 53 of the 55 countries in Europe and Central Asia (53 countries[2] of the WHO European Region, plus Kosovo[3] and Liechtenstein) to monitor implementation of the 2004 Dublin Declaration in 2023 [4]. Data collection took place between February and June 2024 and was followed by a round of data validation from May to August 2024, during which each country performed a validation exercise and made corrections where necessary.

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

If no new data were reported for 2023 by a country, data from the latest available year (2019-2022) were reused. Seven countries (Armenia, Hungary, Israel, Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan) did not provide any data on PrEP for 2023, and therefore the latest available data were included.

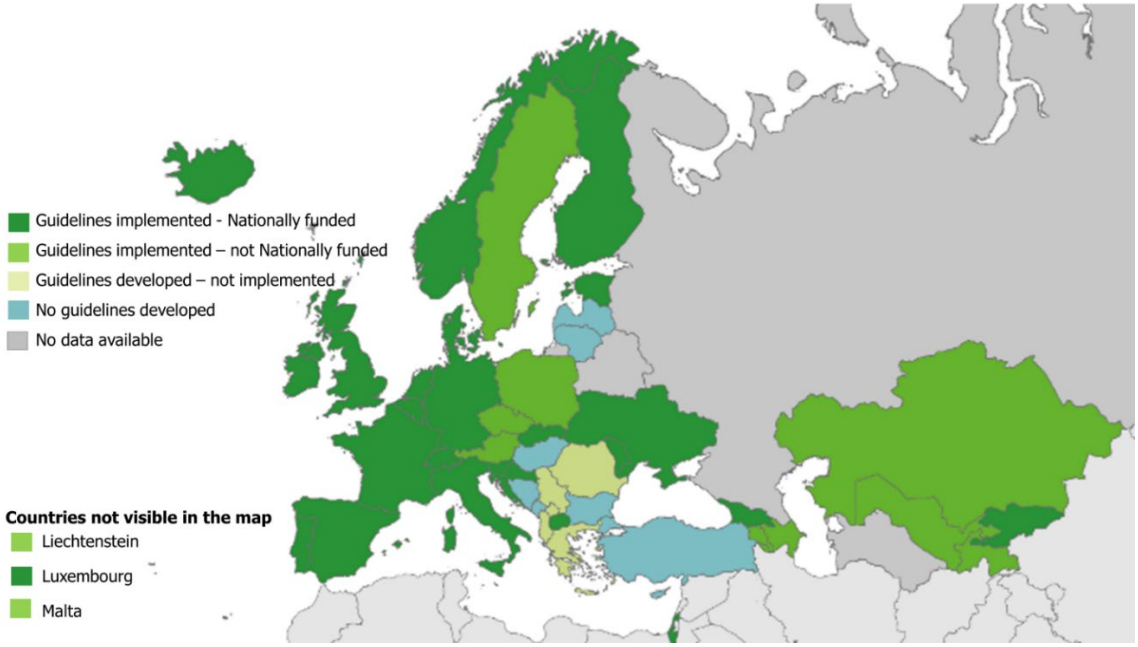
[2] The 2024 questionnaire, collecting data on 2023, was not sent to Belarus and Russia.
[3] This designation is without prejudice to positions on status and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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, 38 countries (23 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. Five countries (Albania, Greece, Kosovo, Romania, and Serbia) reported that national PrEP guidelines had been developed but were not yet implemented, while nine countries reported that no PrEP guidelines had been developed[4]. Of these nine countries, all but three (Hungary, San Marino, and Türkiye) reported that plans are in place to develop recommendations and implement PrEP in the future. No data were reported for Turkmenistan.

Figure 1. Status of PrEP implementation, Europe and Central Asia, end of 2023* (n=52)



** 2023 or most recent year with available data (2019 or later).*

PrEP eligibility for key populations

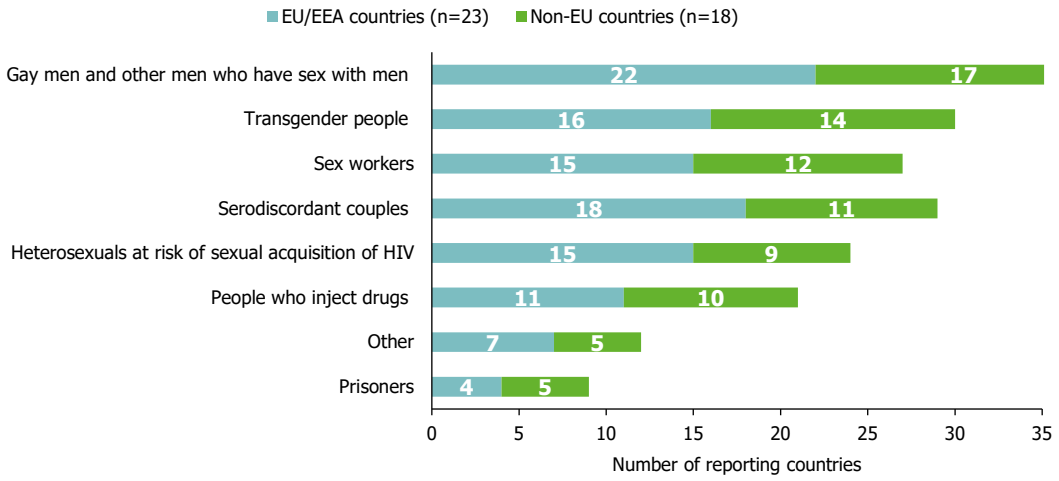
WHO recommends the use of PrEP for populations at substantial risk of HIV acquisition, defined as an HIV incidence greater than 3 per 100 person-years. This primarily includes MSM, transgender women, and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection [11]. 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, 41 countries provided data on which key populations were deemed eligible for PrEP according to national guidelines or recommendations (Figure 2). MSM were eligible for PrEP in 22 of 23 EU/EEA countries (with Slovakia writing that population groups are not specified) and in 17 of 18 non-EU countries (all countries but Uzbekistan). Other commonly reported key populations eligible for PrEP included: transgender people (16 EU/EEA and 14 non-EU countries), serodiscordant couples (18 EU/EEA and 11 non-EU countries) and sex workers (15 EU/EEA and 12 non-EU countries). Prisoners are the key population least eligible for PrEP, with only nine (four EU/EEA countries) out of 41 countries reporting them eligible. In addition, 12 countries (seven EU/EEA countries) reported 'other' as an option, indicating that PrEP is

[4] Countries with no PrEP guidelines developed: Bosnia and Herzegovina, Bulgaria, Cyprus, Hungary, Latvia, Lithuania, Montenegro, San Marino, and Türkiye.

accessible to HIV-negative persons who have a substantial risk of HIV infection, without having to belong to a pre-defined key population group in this subset of countries. This also suggests that many people at potential risk of HIV infection and in need of PrEP are eligible in many European countries.

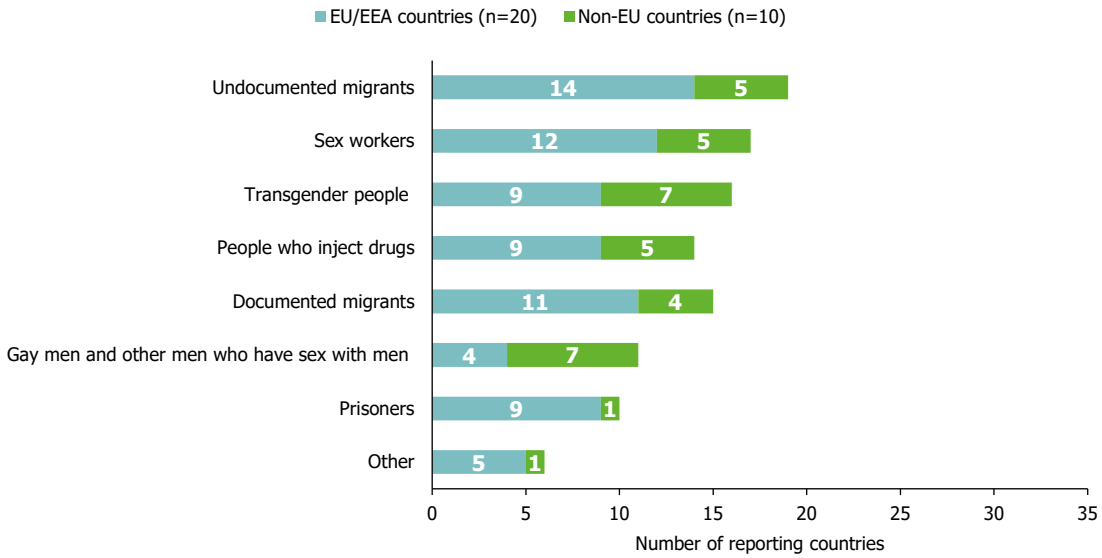
Figure 2. Populations eligible for PrEP according to national guidelines, Europe and Central Asia, end of 2023* (n=41)



** 2023 or most recent year with available data (2019 or later).*
Note: No data were available from Andorra, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Cyprus, Greece, Hungary, Latvia, Lithuania, Monaco, Montenegro, San Marino, Tajikistan, Türkiye, and Turkmenistan.

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

Figure 3. Number of countries experiencing difficulties reaching certain population groups, Europe and Central Asia, end of 2023* (n=30)

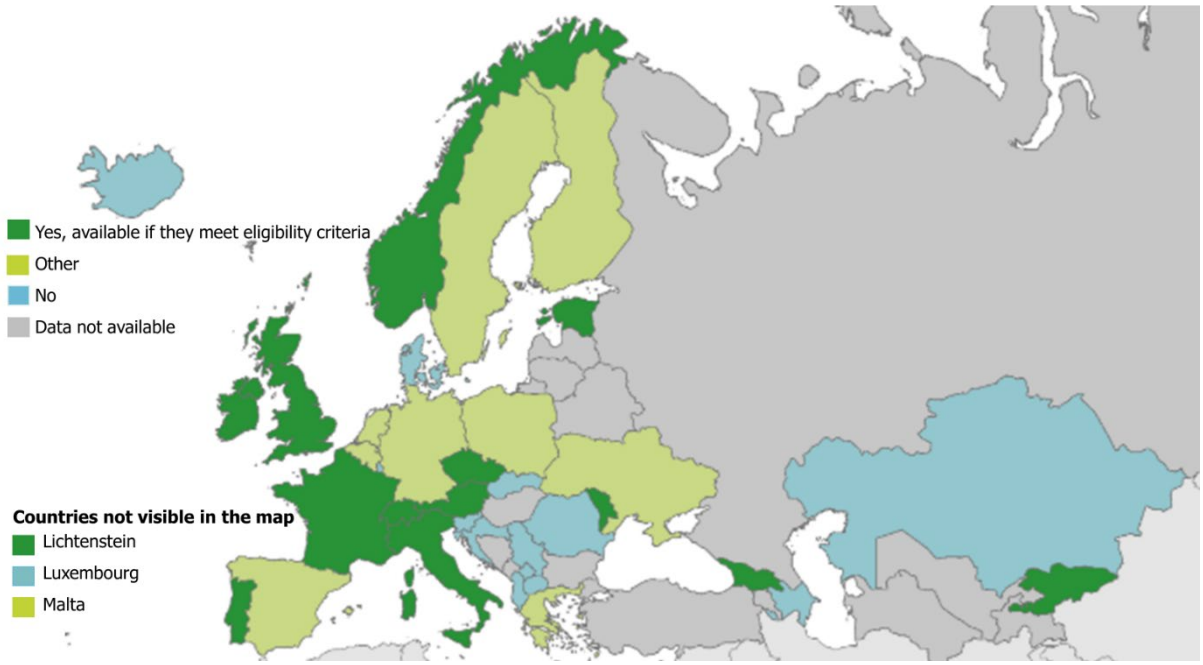


** 2023 or most recent year with available data (2019 or later).*

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 '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', while 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, end of 2023* (n=41)



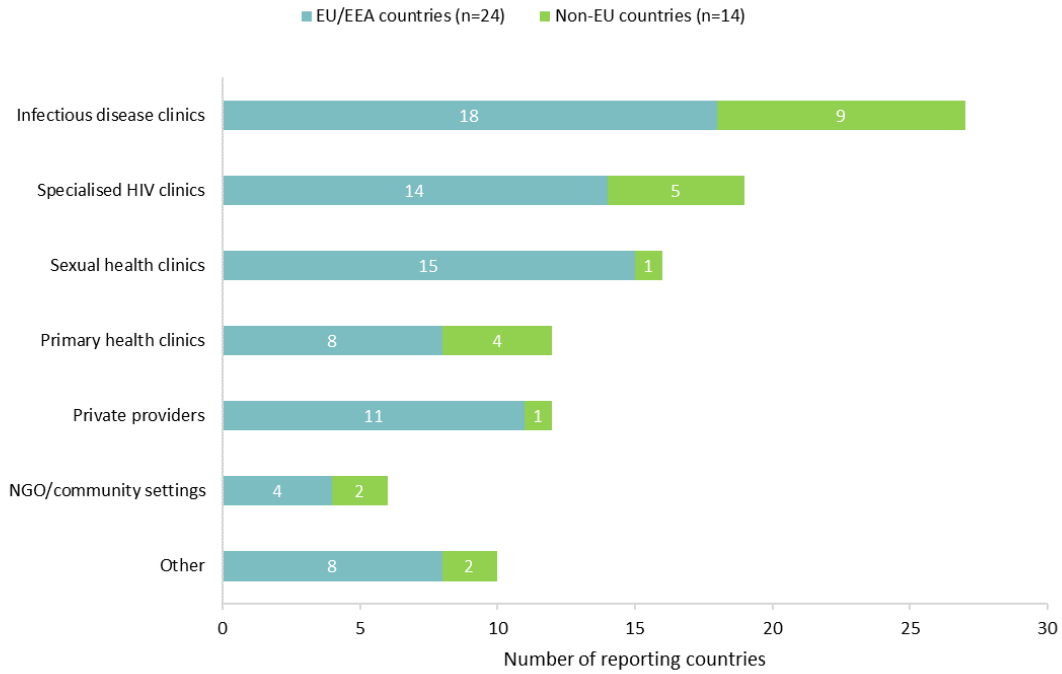
** 2023 or most recent year with available data (2019 or later).*

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

Settings for the provision of PrEP

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 MSM and transgender people, services for sex workers, harm reduction services, private healthcare providers, family practitioners, and pharmacies [15]. Forty-three 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, sexual health clinics, and primary health clinics). The setting of infectious disease clinics was cited by 27 countries in Europe and Central Asia (19 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 (12 countries, ten in EU/EEA), and NGO/community settings (six countries, four in EU/EEA). As part of the 'other' option, only very few countries reported on the internet (Ireland) and pharmacies (three countries: Bulgaria, Malta, and Serbia) as being a source of PrEP provision.

Figure 5. Settings in which PrEP is available, across Europe and Central Asia, end of 2023* (n=43)

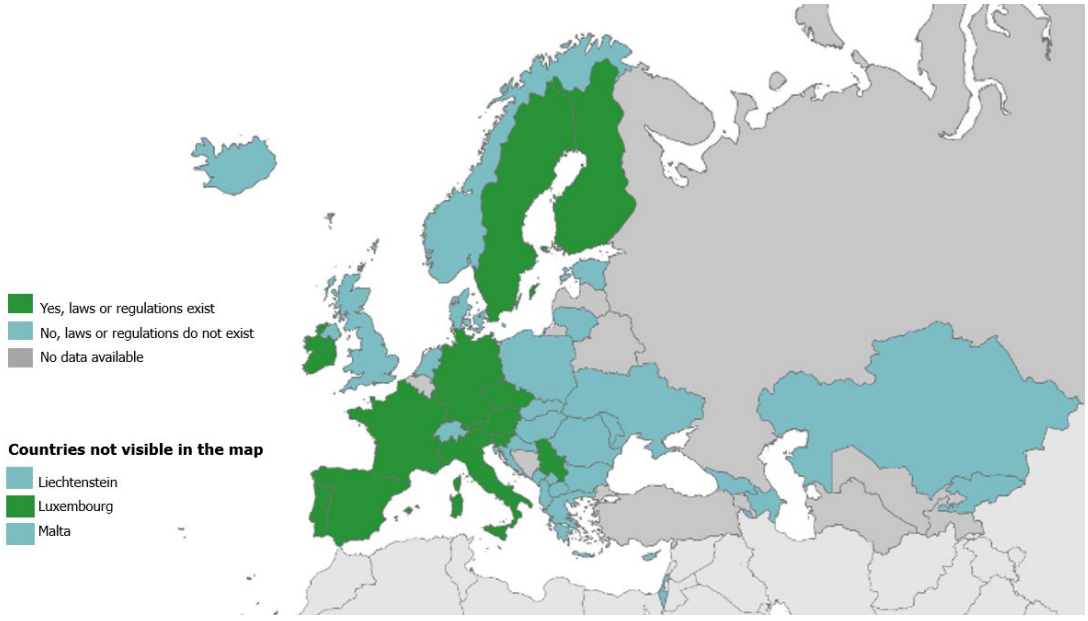


** 2023 or most recent year with available data (2019 or later).*
Note: Multiple settings of PrEP provision could be listed per country.

Prohibitions for online purchase of PrEP

Thirteen of 45 countries with available information (Austria, Czechia, Finland, France, Germany, Ireland, Italy, Luxembourg, Portugal, Serbia, Slovenia, Spain, Sweden) have laws or regulations which prohibit individuals from purchasing PrEP online (Figure 6). Most of these countries, twelve, are EU/EEA countries (Serbia being the only non-EU country).

Figure 6. Laws or regulations prohibiting individuals from purchasing PrEP from abroad online, Europe and Central Asia, end of 2023* (n=45)

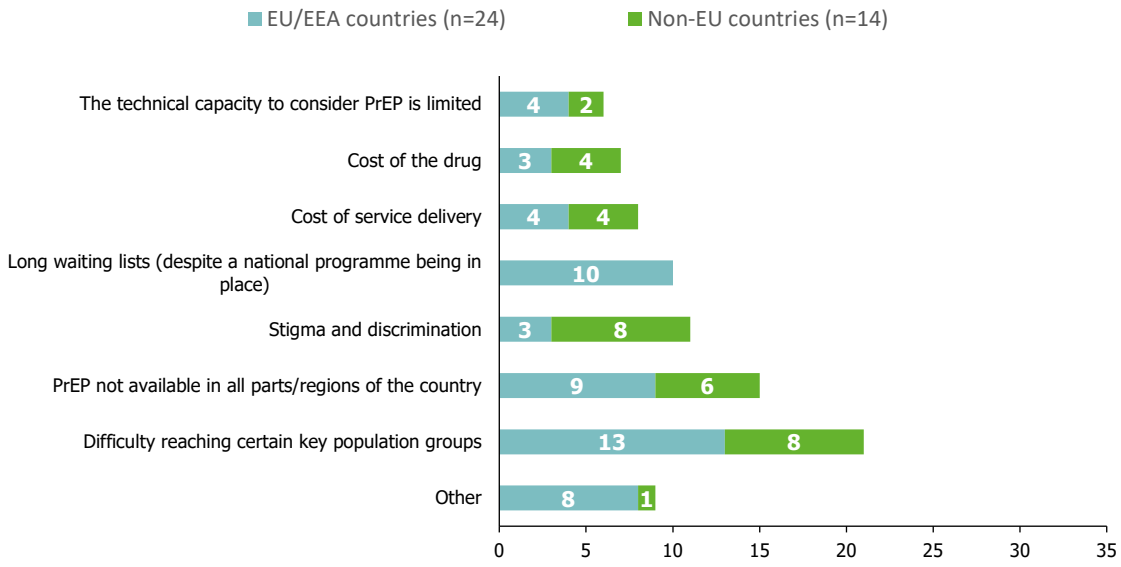


** 2023 or most recent year with available data (2019 or later).*
Note: No data were available from: Armenia, Belgium, Bosnia and Herzegovina, Latvia, Tajikistan, Türkiye, Turkmenistan, and Uzbekistan.

Barriers to PrEP implementation

Several barriers that prevent or limit PrEP implementation and scale-up were reported by 38 countries, of which 24 are EU/EEA countries (Figure 7). Key concerns included difficulties reaching key population groups, PrEP not being available in all parts or regions of the country, stigma and discrimination, long waiting lists, cost both of service delivery and the drug, and limited technical capacity. Nine countries (eight in EU/EEA) reported 'other' barriers to PrEP provision, which included concerns on lower condom use and increased transmission of other sexually transmitted infections. Other issues mentioned were rules on GPs not being allowed to prescribe PrEP, and healthcare staff not being proactive in offering PrEP.

Figure 7. Constraints preventing or limiting PrEP implementation or scale-up, Europe and Central Asia, end of 2023* (n=38)



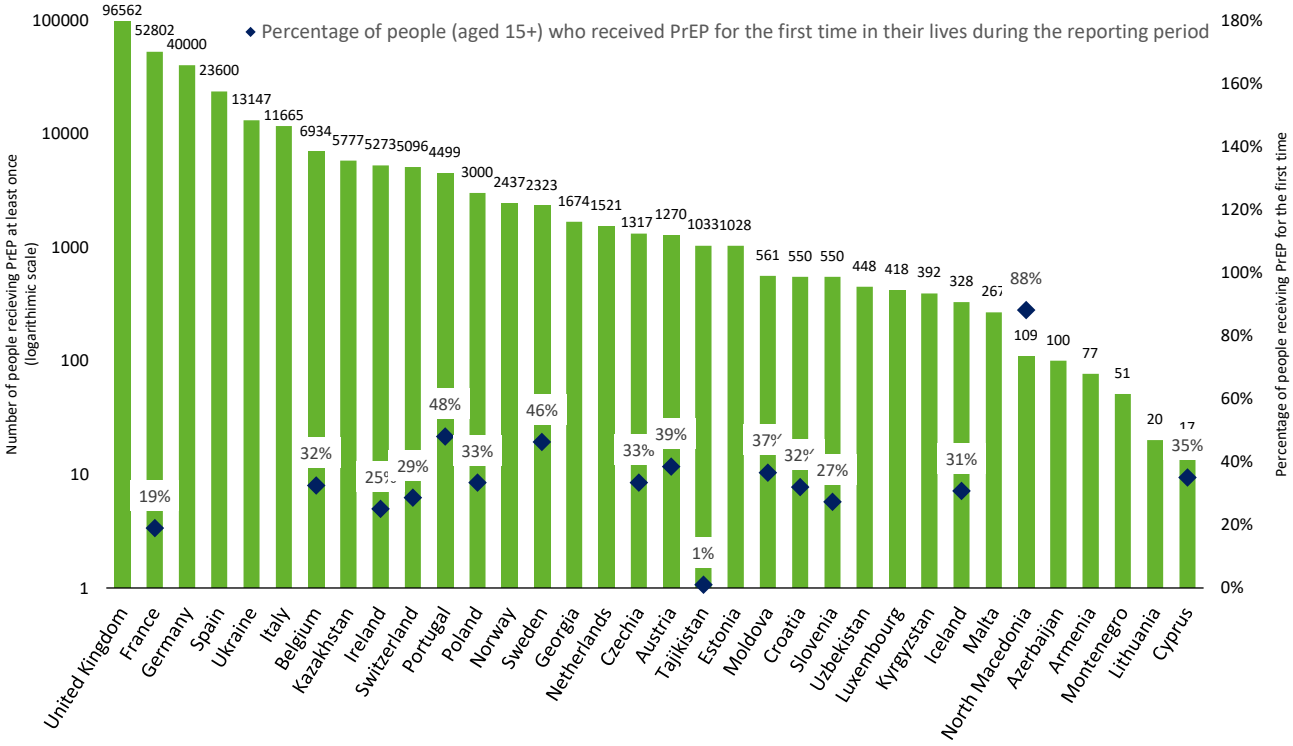
** 2023 or most recent year with available data (2019 or later).*

4 PrEP uptake in Europe and Central Asia

In the 34 countries in Europe and Central Asia able to report data, 284 846 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 2023, the numbers varied greatly by country, ranging from less than 100 PrEP users in Armenia, Cyprus, Lithuania, and Montenegro to 96 562 in the United Kingdom [16], 52 802 in France, and 40 000 in Germany. In the 21 EU/EEA countries able to provide these data for the reporting period, 159 819 individuals received PrEP at least once.

Sixteen of the 34 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 20 977 people being first time PrEP users. While North Macedonia reported 88% of PrEP users as first-time users, 14 countries reported that between 19-48% of PrEP users had used PrEP for the first time during the reporting period (Figure 8). Tajikistan reported that only 1% of PrEP users were first-time users. Of the 34 countries providing data on first time PrEP users in 2023, 12 were EU/EEA countries (reporting a total of 19 210 people as first time PrEP users in 2023, i.e., 33% of PrEP users).

Figure 8. Number of people (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, end of 2023* (n=34)



** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Austria (2022), Belgium (2022), Luxembourg (2021), the Netherlands (2022), North Macedonia (2022), Norway (2022), Portugal (2022), and Sweden (2021).*

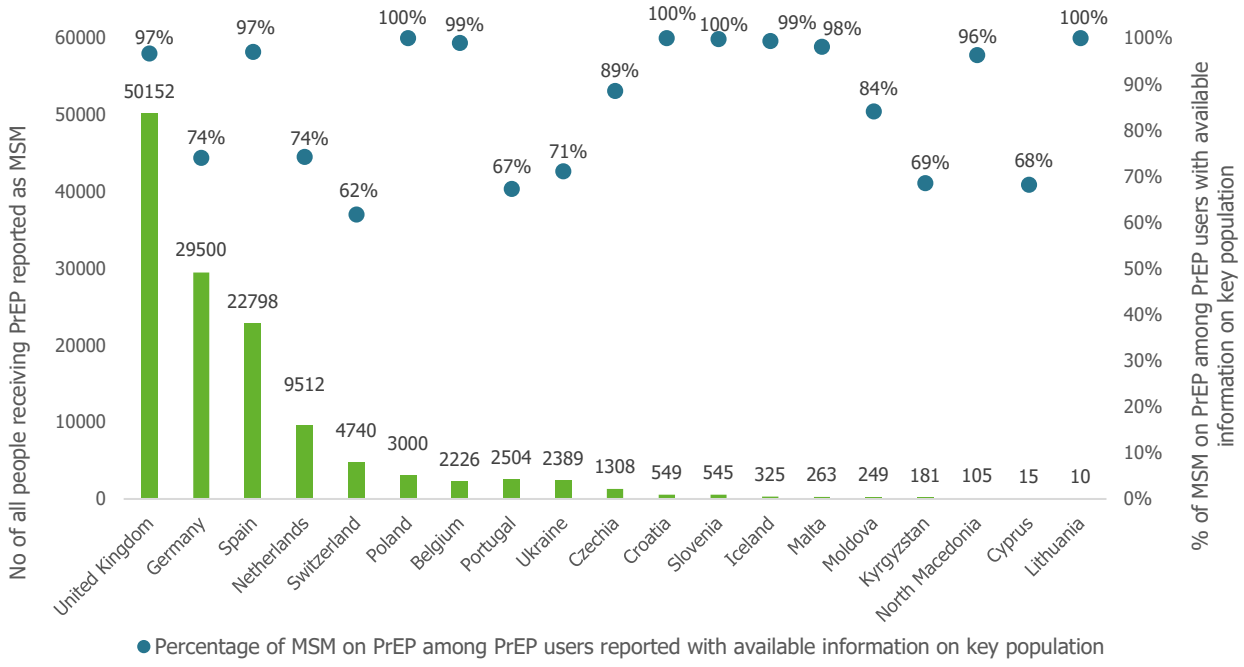
PrEP uptake in key populations

Men who have sex with men (MSM)

PrEP in Europe and Central Asia is predominately accessed by MSM (Figure 9). Of the 19 countries (13 EU/EEA countries) able to provide data on PrEP use by key population, 10 countries (Belgium, Croatia, Iceland, Lithuania, Malta, North Macedonia, Poland, Slovenia, Spain, and the United Kingdom) reported that over 90% of people accessing PrEP were MSM (Figure 9).

In the 19 countries reporting data, 130 371 MSM received PrEP at least once during the reporting period (72 555 in the 13 EU/EEA reporting countries) (Figure 9). The number of MSM reported to be accessing PrEP ranged greatly across the region, from 50 152 in the United Kingdom to 10 in Lithuania.

Figure 9. Number of MSM (aged 15+) who received PrEP at least once during the reporting period (y-axis) and % of MSM on PrEP among PrEP users with available information on key population (secondary y-axis), Europe and Central Asia, end of 2023* (n=19)

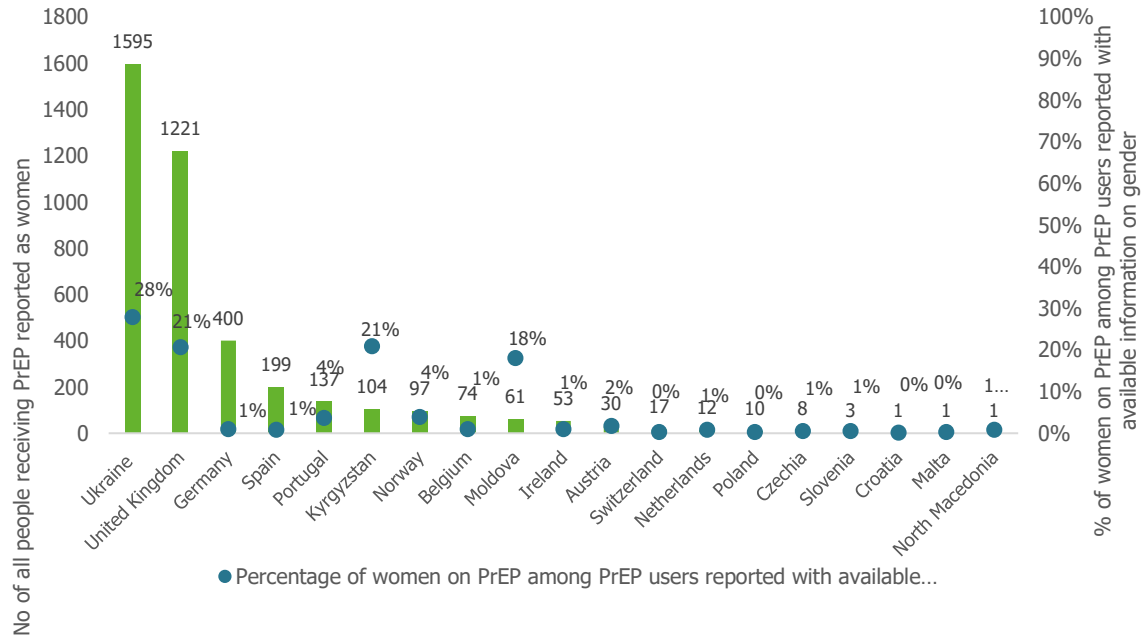


** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Belgium (2022), Kyrgyzstan (2022), Lithuania (2022), Moldova (2021), the Netherlands (2021), North Macedonia (2021), Poland (2021), Portugal (2022), Ukraine (2021), and the United Kingdom (2021).*

Women

Among all people on PrEP, in 19 countries in Europe and Central Asia (13 EU/EEA countries) with data on PrEP use by gender, a total of 4 024 women accessed PrEP (range: 1 595 in Ukraine to 1 in Croatia, Malta, and North Macedonia) (Figure 10). Of these, 1 025 were in EU/EEA countries. In most countries women represent less than 10% of all PrEP users, except for Kyrgyzstan (21%), Moldova (18%), Ukraine (28%), and the United Kingdom (21%) (Figure 10).

Figure 10. Number of women (aged 15+) who received PrEP at least once during the reporting period (y-axis) and % of women on PrEP among PrEP users reported with available information on gender (secondary y-axis), Europe and Central Asia, end of 2023* (n=19)

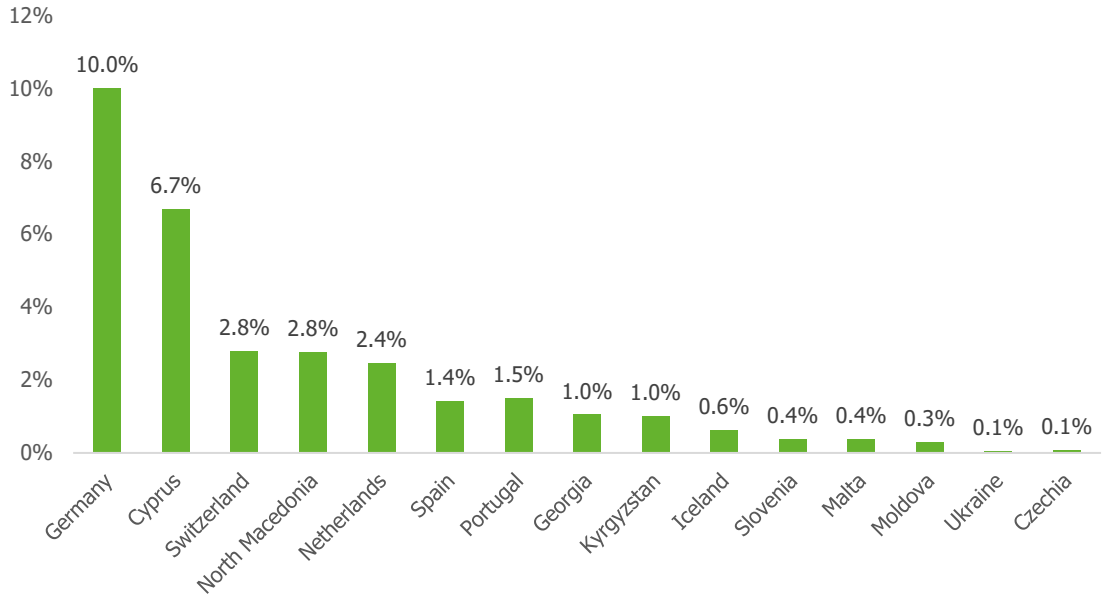


** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Kyrgyzstan (2022), Moldova (2021), North Macedonia (2022), Poland (2019), Ukraine (2021), and the United Kingdom (2021).*

Transgender people

Among all people on PrEP in 15 countries (nine EU/EEA) with data on PrEP use by gender, an average of 2.1% were transgender (Figure 11). The percentage varied greatly between countries, with Germany reporting 10% PrEP users as transgender, and Czechia and Ukraine reporting only 0.1% of all users as transgender.

Figure 11. Percentage of transgender people on PrEP among PrEP users reported (aged 15+) with available information on gender, Europe and Central Asia, end of 2023* (n=15)

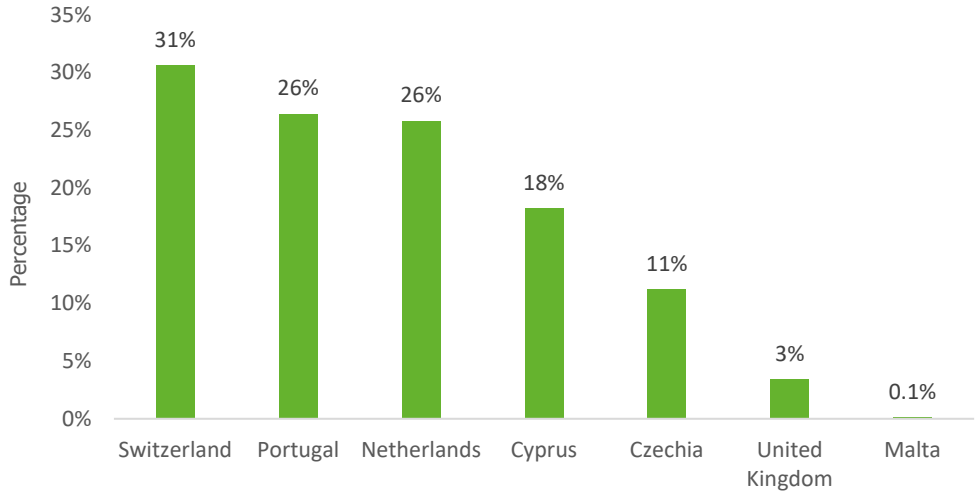


** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Georgia (2022), Kyrgyzstan (2022), the Netherlands (2021), Moldova (2021), North Macedonia (2022), Portugal (2022), and Ukraine (2021).*

Migrants

Data on PrEP uptake among migrants are limited. Only seven countries (five in EU/EEA) could provide data on PrEP use by key population (Figure 12). Specifically, in these countries migrants represented between 0.1% (in Malta) and 31% (in Switzerland) of all people receiving PrEP.

Figure 12. Percentage of migrants on PrEP among PrEP users reported (aged 15+) with available information on key population, Europe and Central Asia, end of 2023* (n=7)

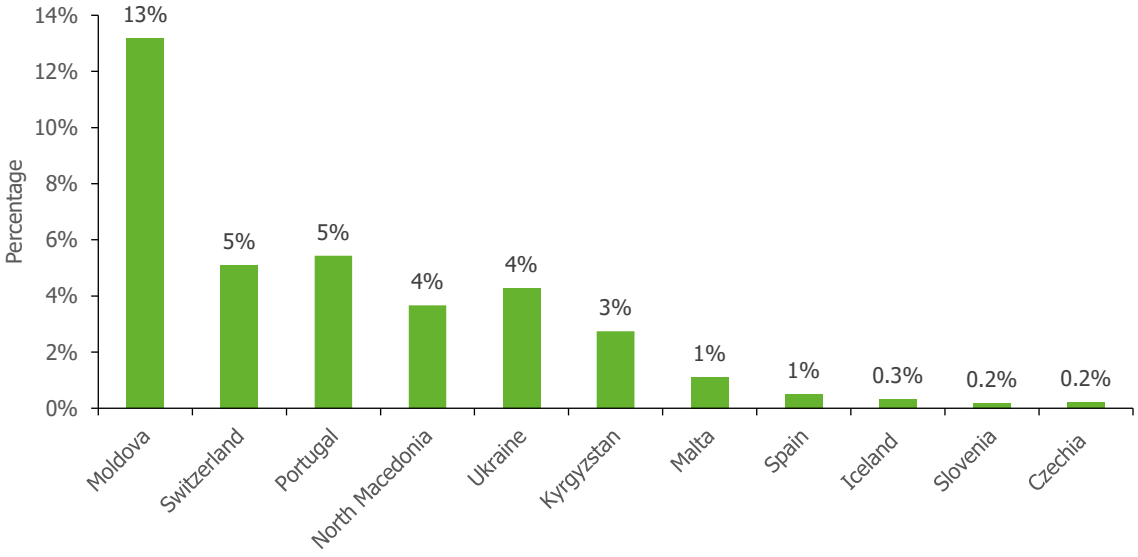


** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Malta (2022), the Netherlands (2021), Portugal (2022), and the United Kingdom (2020).*

Sex workers

In the 11 countries in Europe and Central Asia (six in EU/EEA) able to provide data on PrEP use by key population, sex workers made up, on average, 3% of all PrEP users (Figure 13). The percentage varied between countries, with Moldova reporting 13% PrEP users as sex workers, and Czechia and Slovenia reporting only 0.2% of all users as sex workers.

Figure 13. Percentage of sex workers on PrEP among PrEP users reported (aged 15+) with available information on key population, Europe and Central Asia, end of 2023* (n=11)

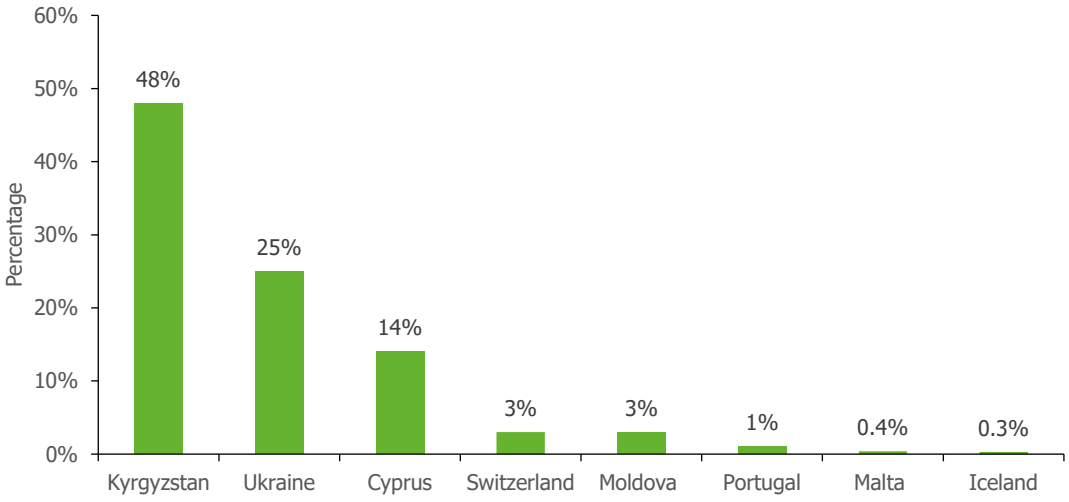


** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Kyrgyzstan (2022), Moldova (2021), North Macedonia (2022), Portugal (2022), and Ukraine (2021).*

People who inject drugs

Data availability for PrEP uptake amongst people who inject drugs (PWID) is limited. Among all people on PrEP in eight countries (four in EU/EEA) with data on PrEP use by key population, on average 12% were PWID (Figure 14). The range varied significantly across the region, from 48% in Kyrgyzstan to 0.3% in Iceland.

Figure 14. Percentage of people who inject drugs on PrEP among PrEP users reported (aged 15+) with available information on key population, Europe and Central Asia, end of 2023* (n=8)



** 2023 or most recent year with available data (2019 or later). Countries with data older than 2023 include the following: Kyrgyzstan (2022), Moldova (2021), Portugal (2022), and Ukraine (2021).*

Unmet PrEP need in key populations

In addition to understanding how many people are accessing PrEP, it is important to identify gaps in access to PrEP. Six countries were able to estimate the proportion of MSM in need of PrEP who were receiving it: Andorra (100%), France (33%), Germany (50%), Kyrgyzstan (1%), Slovenia (85%) and the United Kingdom (74%). However, no country was able to provide an estimate of the unmet needs for PrEP in any other population group. While these data suggest that some EU/EEA countries may have met the 2025 target of 50% of people at very high risk of HIV acquisition accessing PrEP when it comes to MSM – 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 in order to better understand local PrEP needs and address barriers to accessibility.

Countries were also asked for PrEP uptake amongst prisoners. Six countries (of which five EU/EEA countries) responded, all reporting that zero prisoners accessed PrEP within the last twelve months. Although a limited number of countries responded, the lack of uptake of PrEP among prisoners is concerning. While in some countries prisoners per se might not be at an increased risk of HIV, there might be prisoners belonging to other key populations that 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).

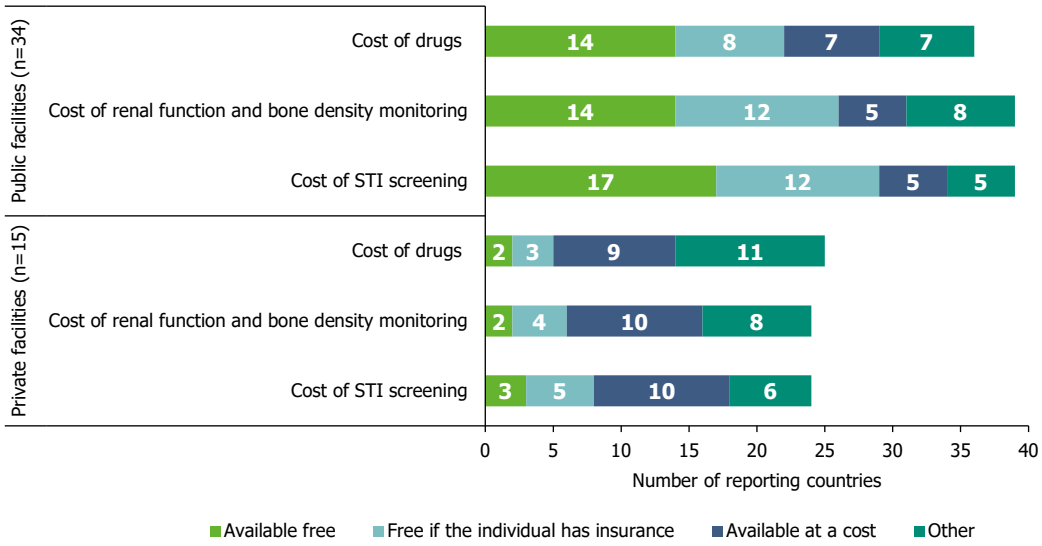
5 The cost of accessing PrEP

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 [15]. Forty-three countries in Europe and Central Asia (25 in the EU/EEA) were able to provide data on the cost of accessing PrEP through public and private facilities (Figure 15).

Fourteen (eight in the EU/EEA) of the 43 countries reported that PrEP was available for free at public facilities and eight (seven in the EU/EEA) reported that PrEP was free if the individual had insurance. Seven[5] countries (six 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]. Five countries (Andorra, Hungary, Italy, Kyrgyzstan, and Switzerland) reported that STI testing was available at a cost at public facilities and five countries (Andorra, Hungary, Italy, 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 15. Cost to the individual when receiving PrEP in different settings, Europe and Central Asia, end of 2023* (n=43)



** 2023 or most recent year with available data (2019 or later).*

Countries in Europe and Central Asia were able to purchase PrEP at different prices, with an median price of €23 for 28 to 30 tablets of generic PrEP (TDF/TFC), with the lowest price reported being €4.00 and the highest purchase price being €300.00 (Figure 16). In the 13 EU/EEA countries reporting data, the median price for 28 to 30 tablets of generic PrEP was €28 (range: €11.00 to €300.00).

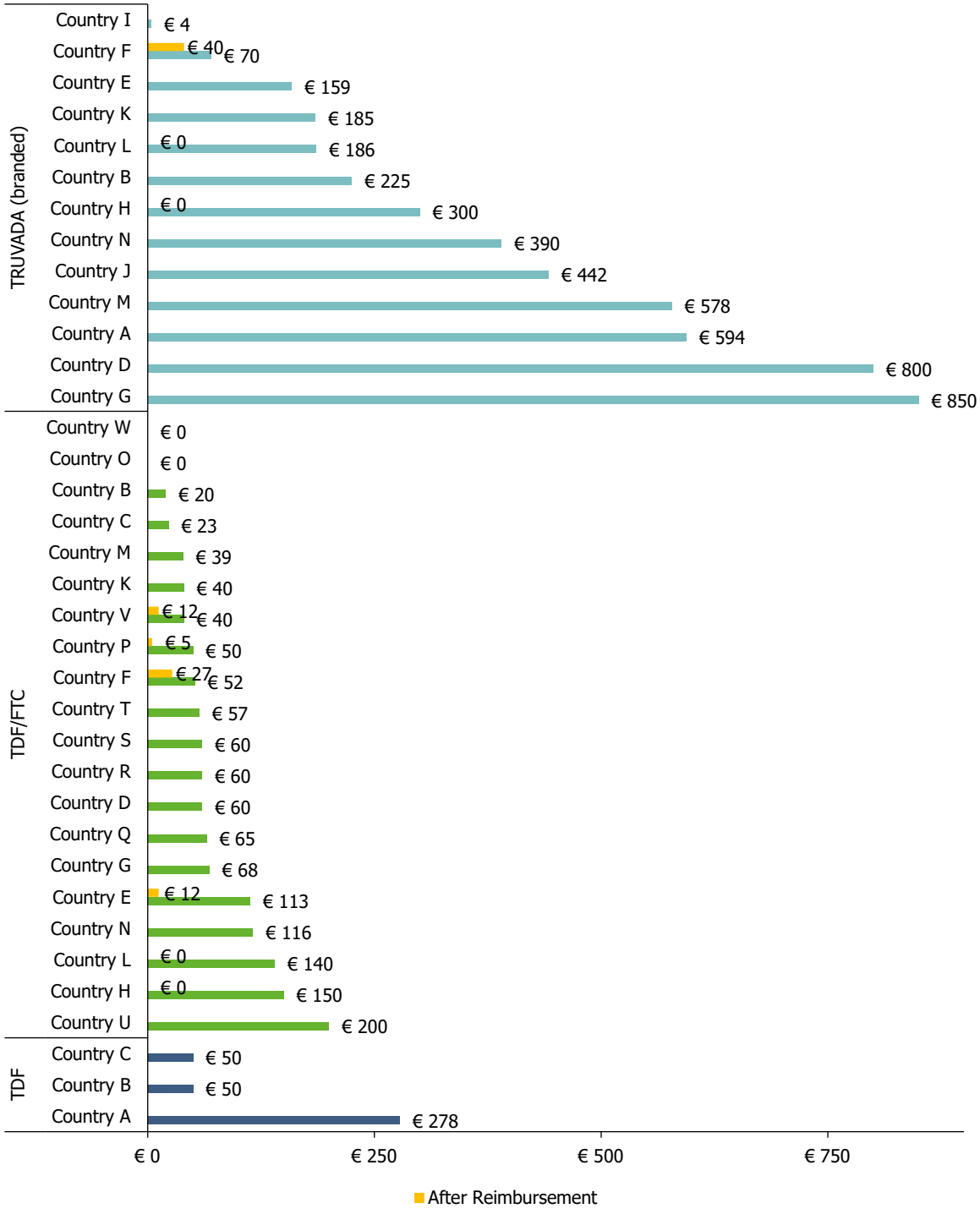
[5] Countries reporting that PrEP is only available at cost: Andorra, Czechia, Lithuania, Malta, the Netherlands, Slovenia, and Sweden.

Figure 16. Cost of generic PrEP (28–30 tablets of TDF/FTC) as purchased by governments, Europe and Central Asia, end of 2023* (n=19)

** 2023 or most recent year with available data (2019 or later).*

The cost of a monthly supply of PrEP for an individual varies across countries. Twenty-four countries were able to provide data on the cost of PrEP before and after reimbursement (Figure 17). Thirteen countries provided data on the cost of a month's supply of Truvada for an individual, which ranged from €0–€850 after reimbursement (median: €225). The median cost of one month's supply of Truvada in the eight EU/EEA reporting countries was €192 (range: €70–€850). Generic forms of PrEP were generally less expensive, with the price of a month's supply of TDF/FTC for the individual ranging from €0–€200 after reimbursement (median: €33) in 20 reporting countries. The median cost of one month's supply of generic forms of PrEP in the 16 EU/EEA reporting countries was €21.5 (range: €0–€68) after reimbursement. Three countries provided the cost of a month's supply of TDF for the individual after reimbursement, with a median of €50 (range: €50–€278). Two of these were EU/EEA countries. Both reported the cost of a month's supply of TDF to be €50 after reimbursement.

Figure 17. Cost in Euros of a monthly supply of PrEP for an individual before and after reimbursement, Europe and Central Asia, end of 2023* (n=24)

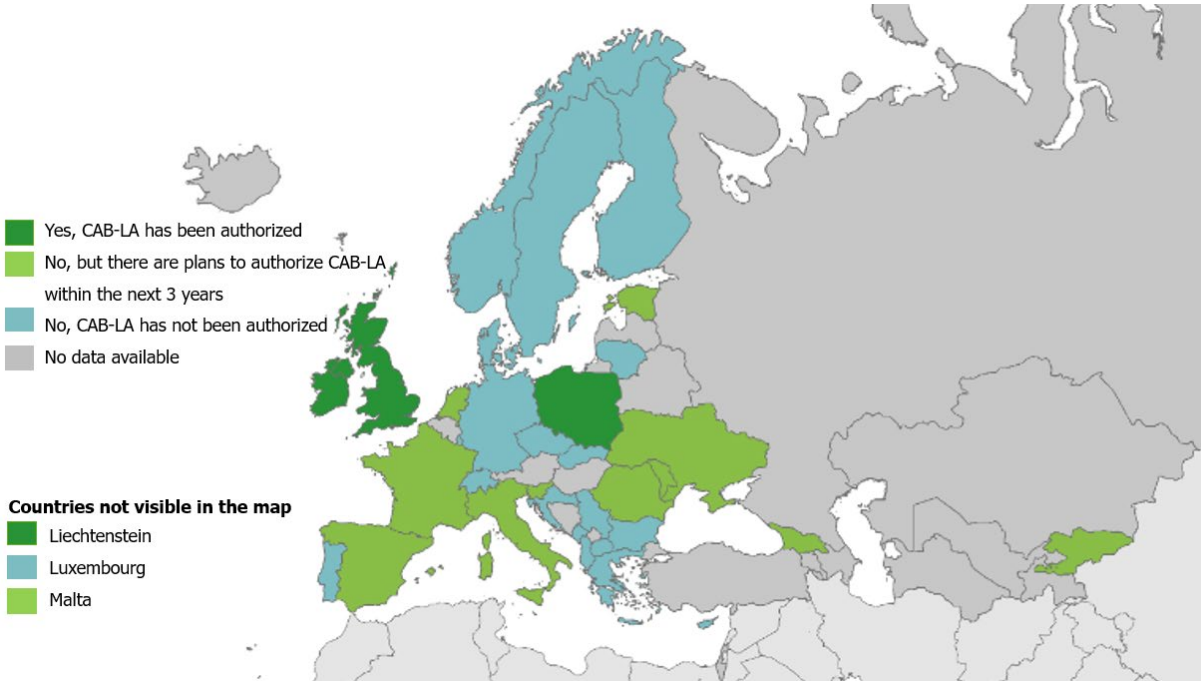


** 2023 or most recent year with available data (2019 or later).*
Note: Some countries entered data for more than one type of drug.

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 long-acting injectable cabotegravir 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, long-acting injectable cabotegravir was authorised by the European Commission [14]. To date, long-acting injectable cabotegravir has been authorised for use in four countries (Ireland, Liechtenstein, Poland, and the United Kingdom) (Figure 18). Amongst these countries, studies and guidelines are being considered, but concerns on high costs were highlighted. Twelve countries[6] (eight in EU/EEA countries) plan to authorise long-acting injectable cabotegravir for PrEP between 2024 and 2027.

Figure 18. Status of authorisation of long-acting cabotegravir for PrEP, Europe and Central Asia, end of 2023* (n=37)



** 2023 or most recent year with available data (2019 or later).*

[6] Countries with plans to authorise long-acting injectable cabotegravir for PrEP between 2024 and 2027: Estonia, France, Georgia, Italy, Kyrgyzstan, Malta, Moldova, the Netherlands, Romania, Slovenia, Spain, and Ukraine.

6 Conclusions

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 2023, 38 countries in Europe and Central Asia (23 in EU/EEA) had developed and implemented national PrEP guidelines, and PrEP was available through the public healthcare systems of 29 countries (21 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 people who inject drugs, prisoners and undocumented migrants.

Progress has been made on increasing PrEP accessibility, with 12 countries (seven EU/EEA countries) also 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, but the main barrier reported to scale-up PrEP are difficulties in reaching key populations and cost of PrEP to the individual. PrEP not being available in all parts or regions of the country, stigma and discrimination and long waiting list are also reported as barriers. To meet UN Sustainable Development Goal 3.3, ending the AIDS epidemic by 2030, wider scale implementation of PrEP is necessary.

In addition, 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 target populations [17]. 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 [18].

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 [15]. Forthcoming is also a Standard of Care for HIV PrEP with indicators and targets, that countries can use to evaluate performance and better understand in-country variations. Countries should consider these standards when developing and implementing national guidelines and designing data collection and evaluation for PrEP programmes, and we also encourage them to place a stronger focus on increasing PrEP accessibility for all key populations.

Priorities for action

- National guidelines are a useful tool in guiding the implementation of national PrEP programmes. We encourage countries without national guidelines to develop them or have a policy to follow EACS guidelines. On the other hand, we encourage countries where guidelines are not fully implemented to gain a better understanding of the barriers within their country to the implementation of national PrEP programmes.
- To reach a wider population, we encourage countries to remove restrictions on who can access PrEP by making PrEP available to all individuals at increased risk of HIV acquisition. We also encourage them to 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, we encourage 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.
- 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.
- To ensure greater access to PrEP and ensure progress towards the Sustainable Development Goal of ending the AIDS epidemic by 2030, we encourage 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.

Annex 1

Table 1A. PrEP uptake by gender, EU/EEA

People (aged 15+) who received PrEP reported in the reporting period, by gender									
Country	Year	Males who received PrEP at least once	Males who received PrEP for the first time in their lives	Females who received PrEP at least once	Females who received PrEP for the first time in their lives	Transgender people who received PrEP at least once	Transgender people who received PrEP for the first time in their lives	People, sex unknown, who received PrEP at least once	People, sex unknown, who received PrEP for the first time in their lives
Austria	2023	1 652	557	30	14				
Belgium	2022	6 856		74					
Bulgaria									
Croatia	2023	549	175	1	1				
Cyprus	2023	14	6	0	0	1	0		
Czechia	2023	1 308	436	8	4	1	0	0	0
Denmark									
Estonia	2023								
Finland									
France	2023		9 582		459				
Germany	2023	39 200		400		400			
Greece									
Iceland	2023	325	99	0		2	1	1	1
Ireland	2023	5 220	1 298	53	24				
Italy	2019		521		4		1		
Latvia									
Liechtenstein									
Lithuania	2022	10	5						
Luxembourg	2021								
Malta	2023	265		1		1		0	
Netherlands	2022	1 390		12				119	
Norway	2022	2 340		97					
Poland	2019	2 990		10					
Portugal	2022	3 534	1823	137	62	56	24	772	252
Slovakia									
Slovenia	2023	545	148	3	1	2	1	0	0
Spain	2023	2 3070		199		331			
Sweden	2021								
Total EU/EEA		**89 268**	**14 650**	**1 025**	**569**	**794**	**27**	**892**	**253**

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

People (aged 15+) who received PrEP reported in the reporting period, by gender									
Country	Year	Males who received PrEP at least once during the reporting period	Males who received PrEP for the first time in their lives	Females who received PrEP at least once	Females who received PrEP for the first time in their lives	Transgender people who received PrEP at least once	Transgender people who received PrEP for the first time in their lives	People, sex unknown, who received PrEP at least once	People, sex unknown, who received PrEP for the first time in their lives
Albania									
Andorra									
Armenia	2023								
Azerbaijan	2023								
Bosnia and Herzegovina									
Georgia	2022	948	416	0	0	10	0	0	0
Hungary									
Israel									
Kazakhstan	2023								
Kosovo									
Kyrgyzstan	2022	387	387	104	104	5	5	0	0
Moldova	2021	275	160	61	45	1	0	0	0
Monaco									
Montenegro	2023								
North Macedonia	2022	105	92	1	1	3	3		
Romania									
San Marino									
Serbia									
Switzerland	2023	4 908	1384	17	12	141	50	30	10
Tajikistan	2020	10	10	0	0	0	0	0	0
Türkiye									
Turkmenistan									
Ukraine	2021	4 112	3 446	1 595	1 344	3	3	0	0
United Kingdom	2020	57 820		1 221					
Uzbekistan	2023								
Total Non-EU		**68 565**	**5 895**	**2 999**	**1 506**	**163**	**61**	**30**	**10**
Total WHO		**157 833**	**20 545**	**4 024**	**2 075**	**957**	**88**	**922**	**263**

Annex 2

Table 3A. PrEP uptake in key populations, EU/EEA

People (aged 15+) who received PrEP reported in 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 their lives	People who inject drugs who received PrEP at least once	People who inject drugs who received PrEP for the first time in their lives	Migrants (persons born abroad) who received PrEP at least once	Migrants (persons born abroad) who received PrEP for the first time in their lives	Sex workers who received PrEP at least once	Sex workers who received PrEP for the first time in their lives	Prisoners who received PrEP at least once	Prisoners who received PrEP for the first time in their lives
Austria	2023										
Belgium	2022		2226		1		568				
Bulgaria											
Croatia	2023	549	175								
Cyprus	2023	15	6	3	1	4	3				
Czechia	2023	1 308	435	0	0	166	68	3	1	0	0
Denmark											
Estonia	2023										
Finland											
France	2023										
Germany		29 500									
Greece											
Iceland	2023	325	99	1				1	1	0	0
Ireland	2023										
Italy	2019		484		6						
Latvia											
Liechtenstein											
Lithuania	2022	10									
Luxembourg	2021	560	560								
Malta	2023	263		1		1		3		0	
Netherlands	2021	9 512				3306					
Norway	2022										
Poland	2019	3 000	1000								
Portugal	2022	2 504	1234	31	18	984	549	202	108	0	0
Slovakia											
Slovenia	2023	545	148	0	0	0	0	1	1	0	0
Spain	2023	22 798						118			
Sweden	2021										
Total EU/EEA		**70 889**	**6 367**	**36**	**26**	**4 461**	**1 188**	**328**	**111**	**0**	**0**

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

People (aged 15+) who received PrEP reported in 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 their lives	People who inject drugs who received PrEP at least once	People who inject drugs who received PrEP for the first time in their lives	Migrants (persons born abroad) who received PrEP at least once	Migrants (persons born abroad) who received PrEP for the first time in their lives	Sex workers who received PrEP at least once:	Sex workers who received PrEP for the first time in their lives	Prisoners who received PrEP at least once	Prisoners who received PrEP for the first time in their lives
Albania											
Andorra											
Armenia	2023										
Azerbaijan	2023										
Bosnia and Herzegovina											
Georgia	2023										
Hungary											
Israel											
Kazakhstan	2023										
Kosovo											
Kyrgyzstan	2022	181	181	173	173	0	0	10	10	0	0
Moldova	2021	249	141	8	8	0	0	39	29	0	0
Monaco											
Montenegro	2023										
North Macedonia	2022	105	92	0	0	0	0	4	4	0	0
Romania											
San Marino											
Serbia											
Switzerland	2023	4 740	1323	197	19	2352	640	392	92	0	0
Tajikistan	2020	10		0				0		0	
Türkiye											
Turkmenistan											
Ukraine	2021	2 389		828		0		144		0	
United Kingdom	2020	50 152				1746					
Uzbekistan	2023										
Total non-EU		57 826	1 737	1 206	200	4 098	640	589	135	0	0
Total WHO		128 715	8 104	1 242	226	8 559	1 828	917	246	0	0

References

1. Grant RM, Lama JR, Anderson PL, McMahan V, Liu AY, Vargas L, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med. 2010;363(27):2587-99.
2. McCormack S, Dunn DT, Desai M, Dolling DI, Gafos M, Gilson R, et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. Lancet. 2016;387(10013):53-60.
3. The Joint United Nations Programme on HIV/AIDS (UNAIDS). Sustainable Development Strategy 2016-2021. On the Fast-Track to end AIDS. Geneva: UNAIDS.
4. European Centre for Disease Prevention and Control (ECDC). Monitoring implementation of the Dublin Declaration. Available at: https://www.ecdc.europa.eu/en/infectious-disease-topics/hiv-infection-and-aids/surveillance-and-updates-hiv-and-aids
5. European Centre for Disease Prevention and Control (ECDC). Evidence brief: Pre-exposure prophylaxis for HIV prevention in Europe. Stockholm: ECDC; 2016. Available at: https://www.ecdc.europa.eu/en/publications-data/ecdc-evidence-brief-pre-exposure-prophylaxis-hiv-prevention-europe
6. WHO Regional Office for Europe. Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030. Copenhagen: WHO European Region; 2023. Available at: https://www.who.int/europe/publications/i/item/9789289058957
7. UNAIDS Prevention Reference Group definition. Discussion draft for UNAIDS HIV Prevention Reference Group meeting. From UNAIDS Taxonomy of HIV Prevention Activities; 2009.
8. Molina JM, Capitant C, Spire B, Pialoux G, Cotte L, Charreau I, et al. On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection. N Engl J Med. 2015;373(23):2237-46.
9. European Centre for Disease Prevention and Control (ECDC). Pre-exposure prophylaxis to prevent HIV among MSM in Europe. ECDC comment. Available at: https://www.ecdc.europa.eu/en/news-events/pre-exposure-prophylaxis-prevent-hiv-among-msm-europe.
10. World Health Organization (WHO). Guideline on When to Start Antiretroviral Therapy and on Pre-Exposure Prophylaxis for HIV. Geneva: WHO; 2015. Available at: https://www.who.int/publications/i/item/9789241509565
11. World Health Organization (WHO). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: WHO; 2021. Available at: https://www.who.int/publications/i/item/9789240031593
12. World Health Organization (WHO). Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. Technical Brief. Geneva: WHO; 2022. Available at: https://www.who.int/publications/i/item/9789240053694
13. World Health Organization (WHO). Guidelines on long-acting injectable cabotegravir for HIV prevention. Geneva: WHO; 2022. Available at: https://www.who.int/publications/i/item/9789240054097
14. Eckford C. European Commission approves long-acting HIV drug option. Available at: https://www.europeanpharmaceuticalreview.com/news/186826/european-commission-approves-long-acting-hiv-drug-option/
15. European Centre for Disease Prevention and Control (ECDC). HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring. Operational guidance. Stockholm: ECDC; 2021. Available at: https://www.ecdc.europa.eu/en/publications-data/HIV-PrEP-eueea-and-uk-implementation-standards-monitoring-guidance
16. Kitt H, Shah A, Chau C, Okumu-Camerra K, Bera S, Schoemig V, et al. HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report. The annual official statistics data release (data to end of December 2023). London: UK Health Security Agency; 2024.
17. M. Kornilova GR. Assessment of the Availability of PrEP, the Main Barriers to Implementing PrEP, and Scaling Up PrEP in the EECA Region. Tallinn: Eurasian Coalition on Male Health (ECOM); 2019.
18. Legido-Quigley H, Pocock N, Tan ST, Pajin L, Suphanchaimat R, Wickramage K, et al. Healthcare is not universal if undocumented migrants are excluded. BMJ. 2019 Sep 16;366:l4160.

European Centre forDisease Prevention and Control (ECDC)

Gustav III:s Boulevard 40
16973 Solna, Sweden

Tel. +46 858 60 10 00
ECDC.info@ecdc.europa.eu

www.ecdc.europa.eu

Publications Office
of the European Union