

# 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 – 2023 progress report

April 2024

### Dublin Declaration

This evidence brief summarises key issues and priorities for action in Europe and Central Asia on PrEP. It is based on data collected between February and August 2023, for the period 2022. If countries do not have data for 2022, the latest available data is reported.

This report is based on data from an annual monitoring questionnaire disseminated



to the 55 countries in Europe and Central Asia (53 countries in the WHO European region, plus Kosovo and Liechtenstein) via an online survey as part of the process of monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. The 2023 survey was not sent to Belarus, Russia or the United Kingdom but data from previous surveys or from UNAIDS monitoring on these countries was included.

## Key messages

- Pre-exposure prophylaxis (PrEP) is very effective at preventing novel HIV infections when taken as prescribed. It is an important element in the 'combination prevention' necessary to reach the United Nations (UN) Sustainable Development Goal of ending the AIDS epidemic by 2030.
- Since 2016, PrEP has been increasingly available through healthcare systems in European and Central Asian countries. However, 13 countries reported that PrEP was still not implemented by 2023.
- Certain key populations, such as people who inject drugs, prisoners, and undocumented migrants, remain ineligible for PrEP in many countries in Europe and Central Asia.
- PrEP is mostly provided in clinical settings, such as infectious disease clinics and sexual health clinics, and requires a prescription from a medical doctor in most countries in Europe and Central Asia. Expanding the settings where PrEP is available may help improve accessibility.
- Data on PrEP uptake among key populations are limited, especially for people who inject drugs. Improved data and surveillance on PrEP uptake are vital for obtaining a proper understanding of who has access to PrEP.
- Sharing of best practice, especially those relating to feasibility, cost, and models of service delivery would support expanded provision of PrEP in the region.

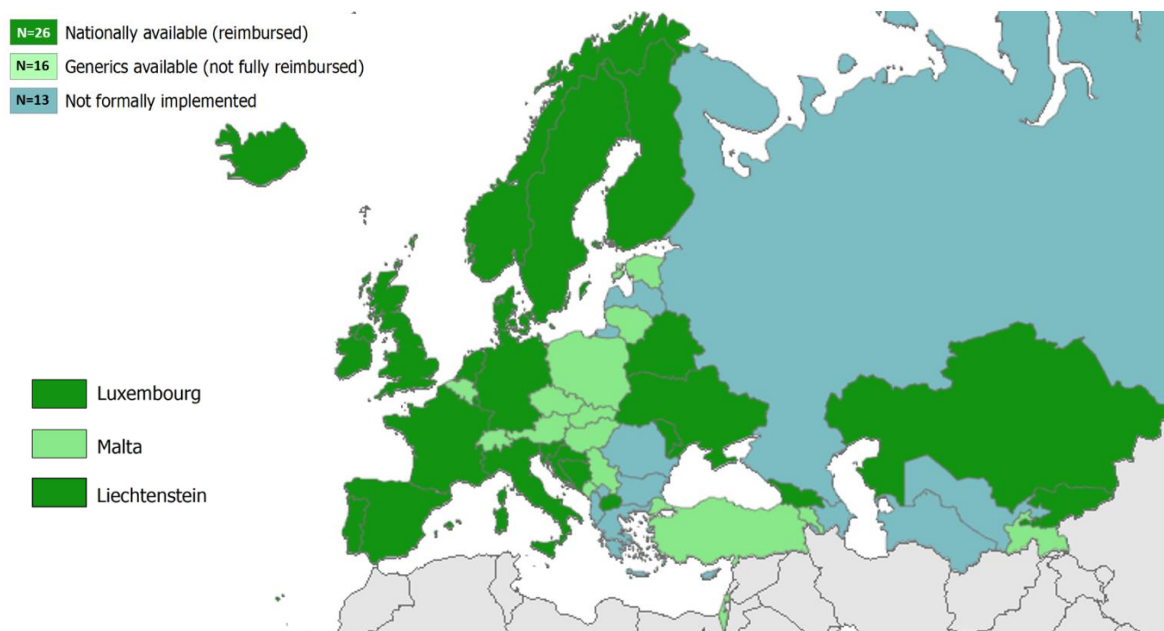
## Introduction

Pre-exposure prophylaxis (PrEP), the use of antiretroviral medications by people at risk of acquiring HIV, is an effective tool in preventing new HIV infections and an essential element in achieving the Sustainable Development Goal 3.3 of ending the AIDS epidemic by 2030 [1,2,3]. In 2015, with the publication of the PROUD [2] and Ipergay [4] studies, 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 [5,6].

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 of long-acting injectable PrEP [7]. This is in addition to increasing levels of civil society activism. This evidence brief draws on data collected during the 2023 Dublin Declaration monitoring to provide an updated picture of PrEP implementation in Europe and Central Asia.

Within the EU/EEA, 21 countries reported that PrEP guidelines had been developed and were being implemented and nine countries reported that no PrEP guidelines had been developed<sup>1</sup>.

**Figure 1. Status of PrEP implementation in Europe and Central Asia, 2023 (n=55)**



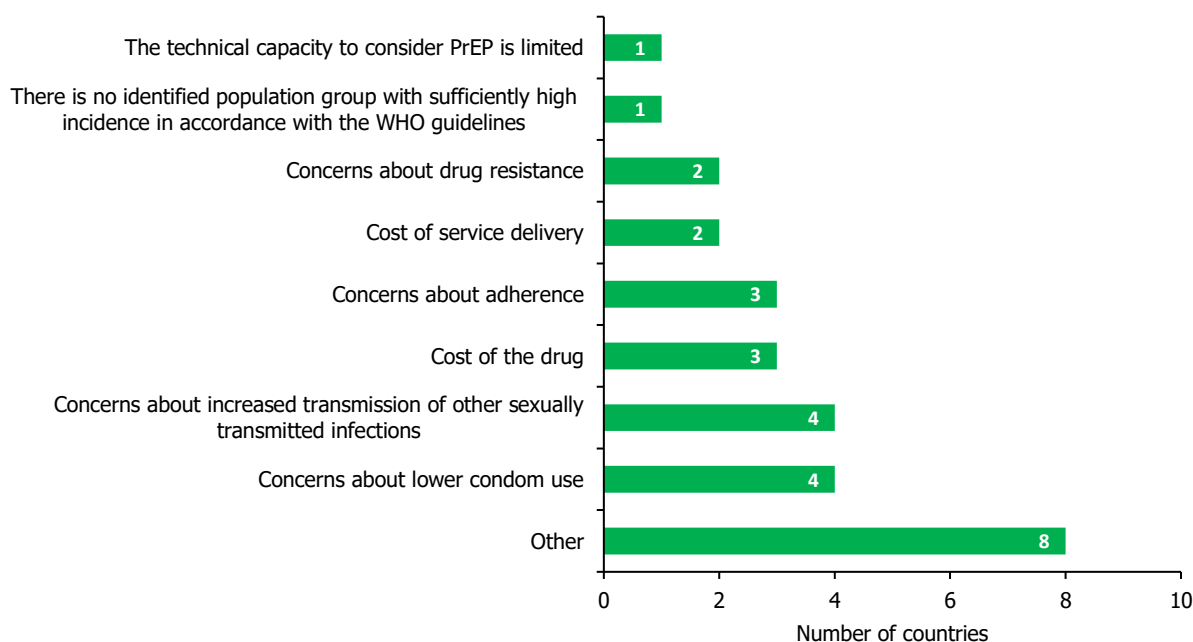
### Long-acting injectable PrEP

In 2022, WHO published guidelines on the use of long-acting injectable cabotegravir for HIV prevention [8]. 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 [7].

### Barriers to PrEP implementation

Fifteen countries which had not yet developed PrEP guidelines reported a number of barriers that prevent or limit PrEP implementation (Figure 2). Key concerns reported by the countries include lower condom use, increased rates of other sexually transmitted infections, concerns about adherence, cost of service delivery and concerns about drug resistance. Seven countries reported 'other', which included legal barriers and the continuing impact of the COVID-19 pandemic. With low rates of data on these barriers and substantial variation between countries, it is important to interpret these responses with caution.

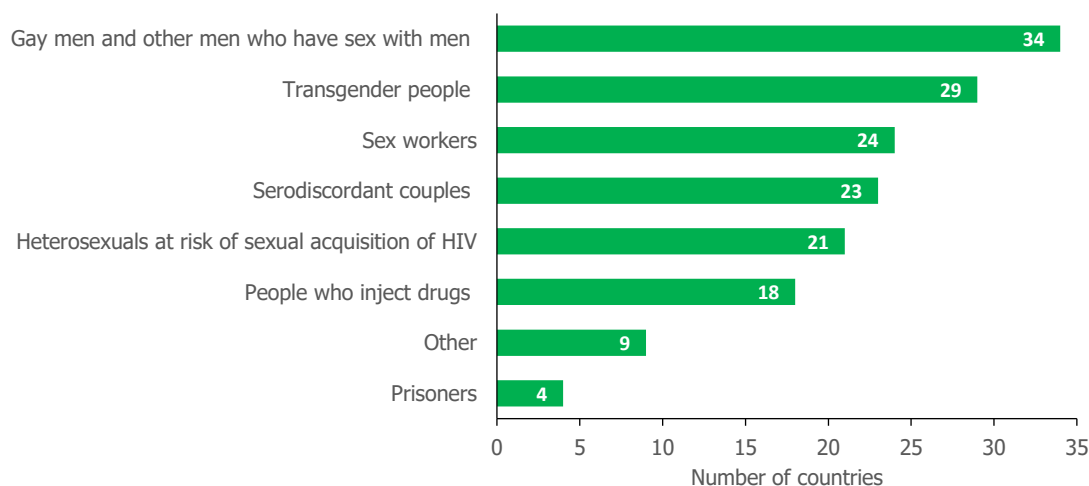
<sup>1</sup> EU/EEA countries with no PrEP developed PrEP guidelines: Bulgaria, Cyprus, Greece, Hungary, Latvia, Lithuania, Malta, Romania, Slovakia.

**Figure 2. Issues preventing or limiting PrEP implementation across Europe and Central Asia (n=15)**

### PrEP eligibility for key populations

In 2023, 35 countries in Europe and Central Asia provided data on which key populations were eligible for PrEP (Figure 3). As in 2022, gay men and other men who have sex with men are the most frequent key population eligible for PrEP in the region with 34 of 35 countries reporting that they are eligible for PrEP. People in prisons remain the key population least frequently reported as eligible for PrEP, with only four out of 35 countries reporting them eligible.

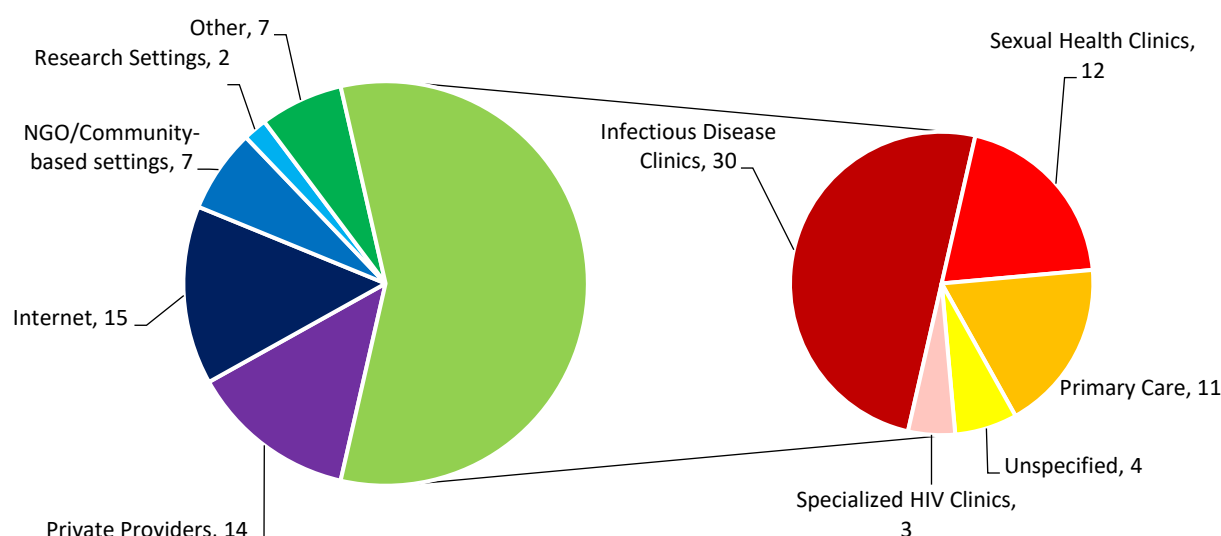
In the EU/EEA, all reporting countries indicated that MSM are eligible for PrEP. Other commonly reported key populations eligible for PrEP in EU/EEA countries are: transgender people (16), heterosexuals at risk of sexual acquisition of HIV (14) and serodiscordant couples (13).

**Figure 3. Populations deemed eligible for PrEP across Europe and Central Asia (n=35)**

### Settings for the provision of PrEP

Countries were asked about the setting in which PrEP is available (Figure 4), and 50 countries responded. The most frequently reported setting in which PrEP is available was infectious disease clinics, cited by 30 countries in Europe and Central Asia. Other commonly reported settings for PrEP provision included procuring PrEP through the internet (15), private providers (14), sexual health clinics (12) and primary care clinics (11).

Within the EU/EEA, 23 countries reported that PrEP was available in infectious disease clinics. Other commonly reported settings for PrEP provision in EU/EEA countries were private providers (12), procuring PrEP through the internet (10) and sexual health clinics (10).

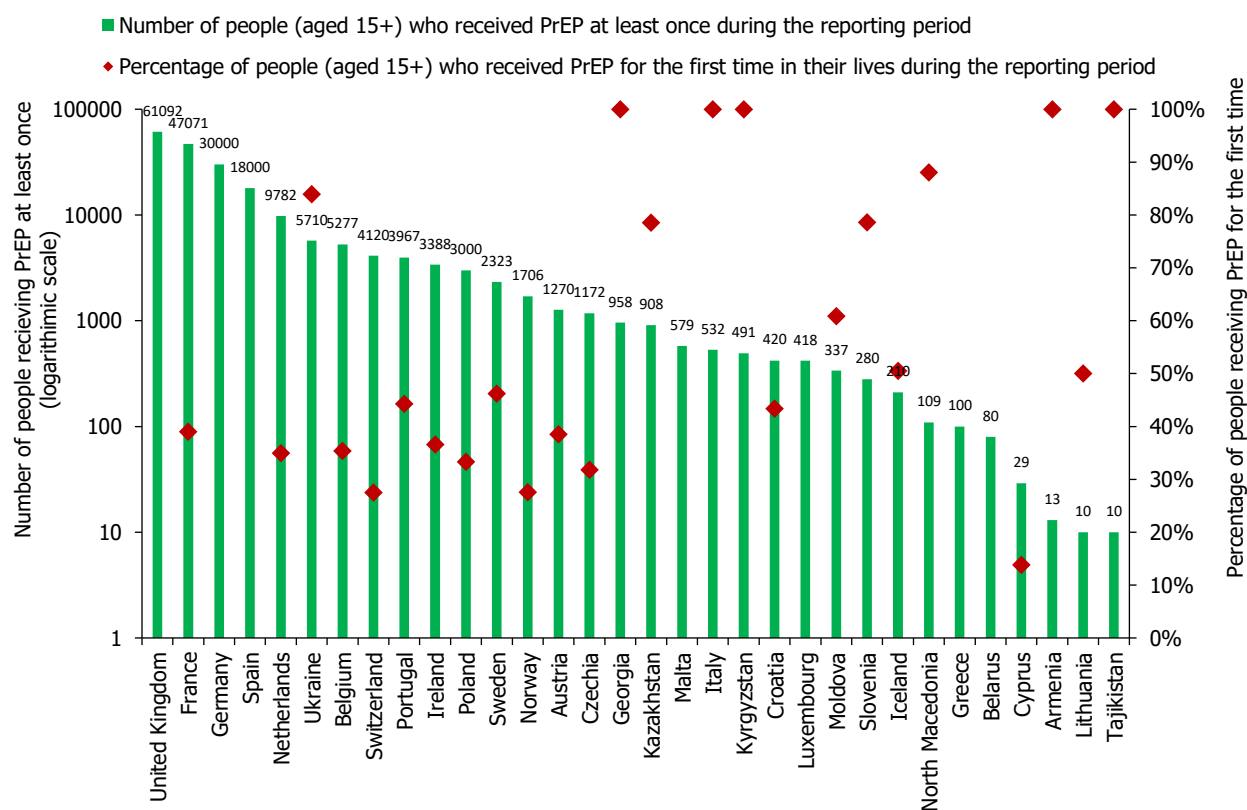
**Figure 4. Settings in which PrEP is available across Europe and Central Asia (n=50)**

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

## PrEP uptake in Europe and Central Asia

In the 32 countries in Europe and Central Asia which were able to report data, 203 362 people had received PrEP at least once in the last 12 months (Figure 5). The numbers varied greatly by country, ranging from 10 PrEP users in Lithuania and Tajikistan to 61 092 in the United Kingdom.

Twenty-five of the 32 countries were able to provide data on the number of people using PrEP for the first time in the last twelve months. In just under half of the reporting countries, the majority of PrEP users were recent initiates: five of the 25 countries reporting 100% of their PrEP users received PrEP for the first time in in the last twelve months, and seven countries reported that between 50–99% of PrEP users in their country received PrEP for the first time in the last twelve months. Overall, 42% of PrEP users in the 25 countries that were able to report data had used PrEP for the first time in the last twelve months.

**Figure 5. Number of people receiving PrEP and percentage receiving PrEP for the first time in 2019–2022<sup>2</sup> in Europe and Central Asia (n=32)**

### PrEP Uptake in the EU/EEA

In the last 12 months, 129 534 people received PrEP at least once in the twenty-one EU/EEA countries that were able to provide data on this topic.

In the 15 EU/EEA countries able to provide data, 39% of PrEP users accessed PrEP for the first time in the last twelve months.

### PrEP uptake in key populations<sup>3</sup>

For more information on PrEP uptake in key populations see Annex 1 (PrEP uptake by gender) and Annex 2 (PrEP uptake in key populations).

#### Men who have sex with men

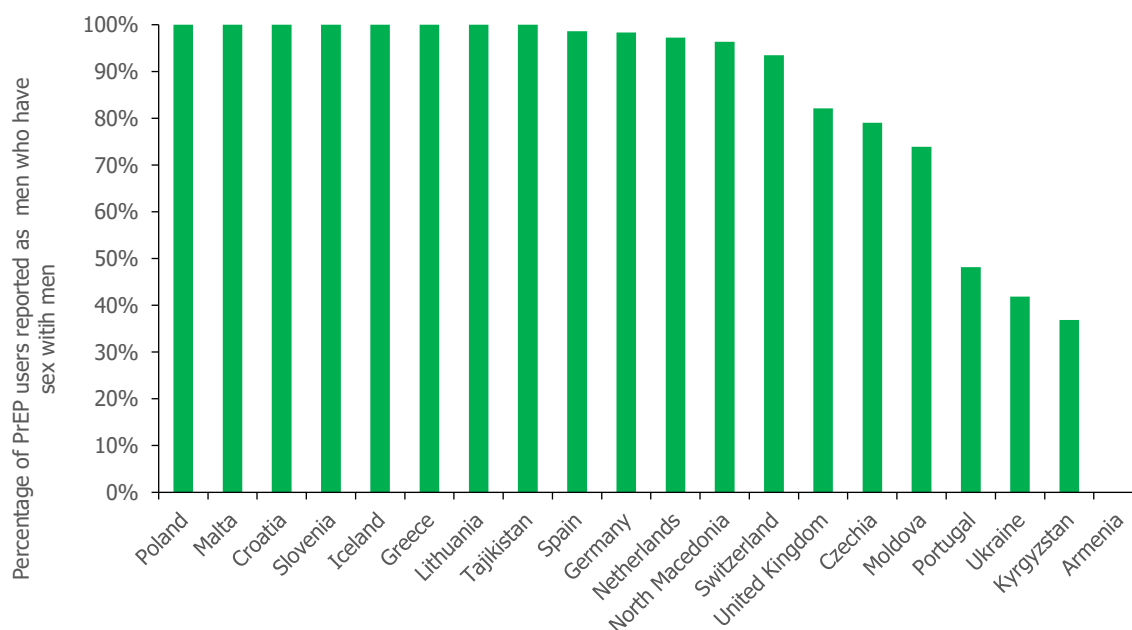
PrEP in Europe and Central Asia is predominately accessed by men who have sex with men (Figure 6). Of the 20 countries able to provide data, eight countries reported that 100% of the people accessing PrEP were men who have sex with men (median: 98%) (Figure 6).

In the 21 countries reporting data, 121 692 men who have sex with men received PrEP at least once during the reporting period (64 755 in the 13 EU/EEA reporting countries)<sup>4</sup>. The number of men who have sex with men reported to be accessing PrEP ranged greatly across the region, from 50 152 in the United Kingdom to 0 in Armenia.

<sup>2</sup> Data collection period was 01/01/2022 – 31/12/2022 unless specified: 01/11/2016 – 30/04/2018 (Greece); 15/01/2019 – 28/02/2019 (Italy); 03/01/2019 – 29/03/2019 (Poland); 01/01/2019 – 31/12/2019 (Armenia, Azerbaijan, Kazakhstan); 08/01/2018 – 31/12/2020 (Slovenia); 01/01/2020 – 31/12/2020 (Norway, Tajikistan); 01/11/2019 – 31/12/2021 (Spain); 01/01/2021 – 31/12/2021 (Belgium, Germany, Luxembourg, Moldova, the Netherlands, Sweden, Ukraine); 01/01/2021 – 31/10/2020 (the United Kingdom); 01/07/2021 – 30/06/2022 (France).

<sup>3</sup> Countries were also asked for PrEP uptake amongst prisoners. Ten countries responded, all reporting that zero prisoners accessed PrEP within the last twelve months.

<sup>4</sup> The percentage of PrEP users reported as men who have sex with men could not be calculated for the one country able to provide data on the number of this group accessing PrEP.

**Figure 6. Percentage of PrEP users reported as men who have sex with men in 2022 in Europe and Central Asia<sup>5</sup> (n=20)**

### Unmet PrEP need amongst men who have sex with men

In addition to understanding how many people are accessing PrEP, it is important to identify gaps in access. France and the United Kingdom were the only two countries in Europe and Central Asia that were able to identify the proportion of men who have sex with men in need of PrEP who were accessing it. France reported that only 22% of men who have sex with men in need of PrEP are accessing it and the United Kingdom reported the figure at 71.6%. These results, while limited, highlight the importance of improving PrEP accessibility, and countries are encouraged to collect data on unmet PrEP need among key populations.

### Transgender people

Only 14 countries in Europe and Central Asia report data on the number of transgender people accessing PrEP at least once within the last twelve months. In these 14 countries, only 772 transgender people accessed PrEP within the last year (range: 239 in the Netherlands to 0 in Malta and Tajikistan). In the six EU/EEA countries able to provide data, 688 transgender people are accessing PrEP.

Germany was able to report data on the proportion of PrEP need met amongst transgender people: only 35% of transgender people in Germany who are in need of PrEP are accessing it.

### Migrants

Data availability for PrEP uptake amongst migrants is limited. In the 12 countries able to provide data, only 7 781 migrants received PrEP at least once during the reporting period (4 137 in the six EU/EEA reporting countries). The number of migrants reported to be accessing PrEP ranged greatly across the region, from 3 306 in the Netherlands to 0 in Iceland, Kyrgyzstan, Moldova, North Macedonia and Ukraine.

### Sex workers

In the 11 countries in Europe and Central Asia able to provide PrEP uptake amongst sex workers, there are only 558 sex workers accessing PrEP (range: 218 in Switzerland to 0 in Malta, Iceland and Tajikistan). In the five EU/EEA countries able to report data, 143 sex workers accessed PrEP within the last twelve months (range: 104 in Portugal to 0 in Iceland and Malta).

### People who inject drugs

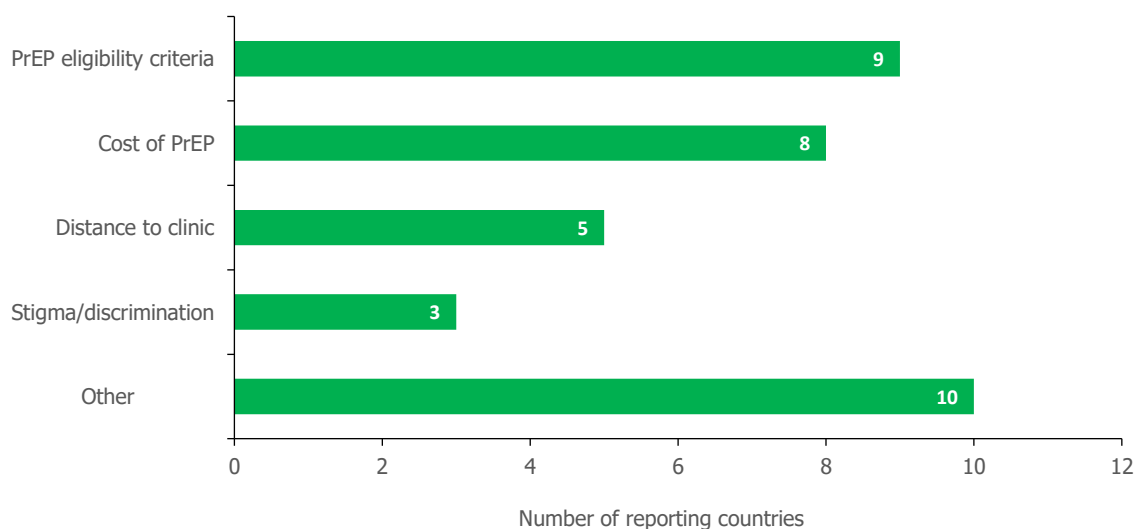
Data availability for PrEP uptake amongst people who inject drugs is limited, with only nine countries reporting data. Of these, 1 777 PWID received PrEP at least once in the last twelve months (589 in three reporting countries in the EU/EEA). The range varied significantly across the region, from 828 PWID accessing PrEP in Ukraine to 0 in Czechia, North Macedonia and Tajikistan.

<sup>5</sup> Data collection period was 01/01/2022 – 31/12/2022 unless specified: 01/11/2016 – 30/04/2018 (Greece); 03/01/2019 – 29/03/2019 (Poland); 01/01/2019 – 31/12/2019 (Armenia); 08/01/2018 – 31/12/2020 (Slovenia); 01/01/2020 – 31/12/2020 (Tajikistan); 01/11/2019 – 31/12/2021 (Spain); 01/01/2021 – 31/12/2021 (Germany, Moldova, the Netherlands, Ukraine); 01/01/2021 – 31/10/2021 (the United Kingdom).

## Accessibility of PrEP

Even in countries with PrEP implemented, barriers to PrEP accessibility may be negatively impacting PrEP uptake. Countries were asked which barriers individuals may encounter while attempting to access PrEP, with 18 countries providing data (Figure 7). The most frequently reported barrier was PrEP eligibility criteria, cited by nine countries. Other commonly reported barriers included cost of PrEP (8) and distance to clinics (5).

**Figure 7. Barriers which may be encountered when attempting to access PrEP in countries in Europe and Central Asia, 2023 (n=18)**



### Who can prescribe PrEP?

Thirty-four countries responded to a question concerning who can prescribe PrEP (Table 1). Doctors were able to prescribe PrEP in 33<sup>6</sup> countries in Europe and Central Asia (20 in the EU/EEA). Six countries<sup>7</sup> reported that clinical officers were able to prescribe PrEP. Members of the nursing profession were only able to prescribe PrEP in Ireland and the United Kingdom. Pharmacists are unable to prescribe PrEP in any of the reporting countries.

**Table 1. Professionals with the authority to prescribe PrEP across Europe and Central Asia (n=34)**

Profession	Number of countries in Europe and Central Asia (n=34)	Number of EU/EEA Countries (n=20)
Doctor	33	20
Clinical officers	6	2
Members of the nursing profession (ex: registered nurses, nurse practitioners, and midwives)	2	1
Pharmacists	0	0

### Prohibitions for online purchase of PrEP

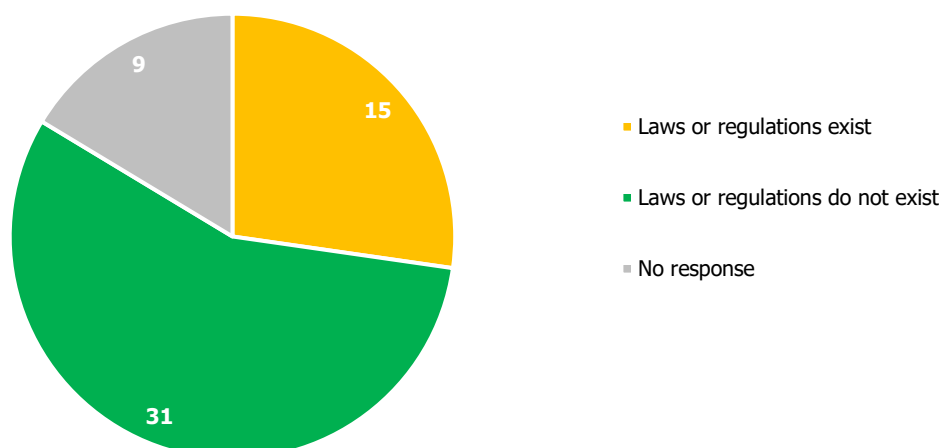
In 2023, 15 countries<sup>8</sup> (13 in the EU/EEA) reported having laws or regulations which prohibit individuals from purchasing PrEP online (Figure 8). One of the 15 countries, Denmark, reported that individuals were allowed to purchase PrEP originating from an EU country online, however, purchasing online from outside the EU was not permitted.

<sup>6</sup> All reporting countries, aside from Azerbaijan, indicated that doctors were able to prescribe PrEP.

<sup>7</sup> Countries reporting that clinical officers can prescribe PrEP: Azerbaijan, Kazakhstan, Liechtenstein, Luxembourg, Tajikistan and Ukraine.

<sup>8</sup> Countries reporting laws/regulations prohibiting online PrEP purchase: Austria, Czechia, Denmark, Finland, Germany, Ireland, Italy, Luxembourg, Norway, Portugal, Serbia, Slovenia, Spain, Sweden, Türkiye.

**Figure 8. Countries with laws or regulations prohibiting individuals from purchasing PrEP from abroad online (n=55)**

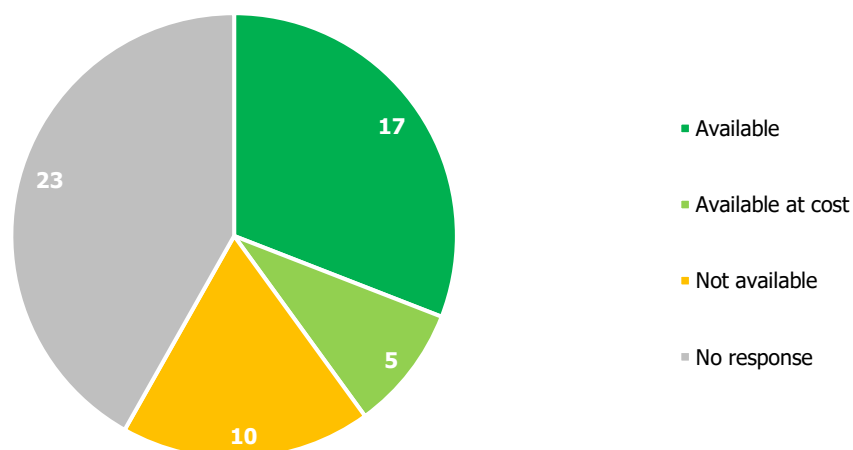


### **Availability of PrEP for undocumented migrants**

Seventeen countries indicated that PrEP was available for undocumented migrants through their healthcare system and 10 (five in the EU/EEA) reported that PrEP was not available (Figure 9). Belgium, reported that PrEP may be available through NGOs but was not readily available for undocumented migrants through the healthcare system.

Although PrEP may be available, accessibility issues may still exist in these countries. For example, the Netherlands reported that while PrEP was available for undocumented migrants, it would be difficult to access it. An additional five countries reported that PrEP was only available for undocumented migrants through private practices or at cost, which may limit the number of undocumented migrants able to access PrEP in these countries.

**Figure 9. Availability of PrEP for undocumented migrants (n=55)**



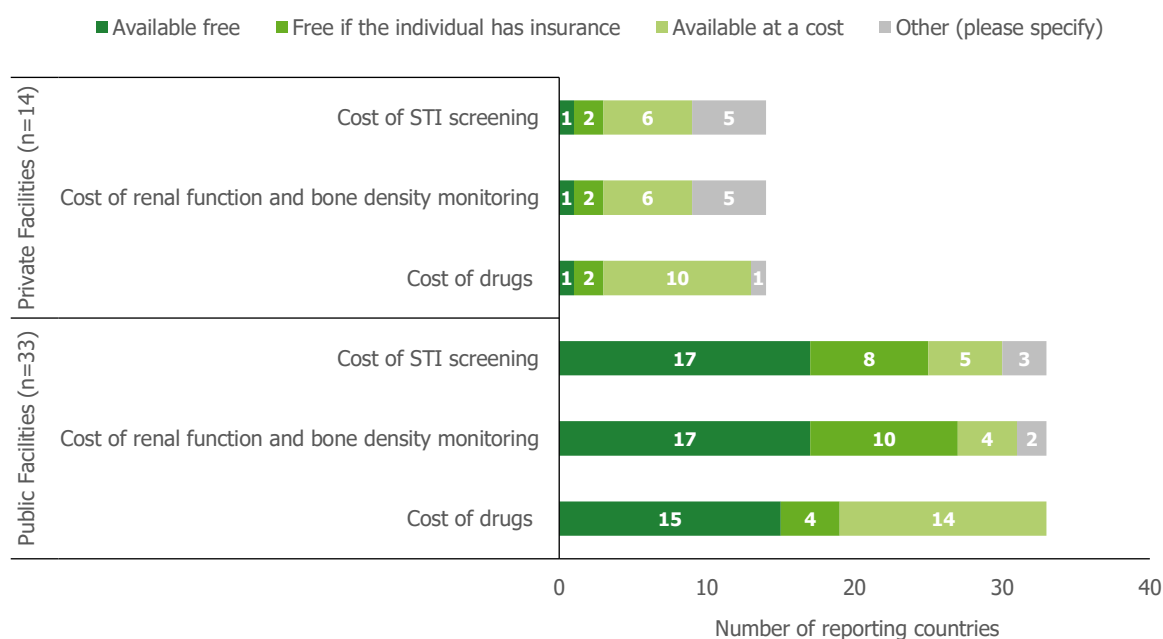


### The cost of accessing PrEP

Thirty-three countries in Europe and Central Asia (23 in the EU/EEA) were able to provide data on the cost of accessing PrEP through public facilities (Figure 10). Fifteen (nine in the EU/EEA) of the 33 countries reported that PrEP was available for free at public facilities and four (all in the EU/EEA) reported that PrEP was free if the individual had insurance. Fourteen<sup>9</sup> countries (10 in the EU/EEA) reported PrEP was only available at cost. Some of the countries where PrEP is only available at cost reported that measures exist to help reduce the financial burden of PrEP, including co-payments, partial reimbursement with national insurance or low-cost options, such as generic drugs or pilot programmes for low-cost drugs.

Individuals accessing PrEP are recommended to have regular renal and bone density screening and STI testing while using PrEP. Five countries (two in the EU/EEA) reported that STI testing was available at a cost at public facilities and four countries (two in the EU/EEA) 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 10. Cost to the individual when receiving PrEP in different settings across Europe and Central Asia (n=34)**



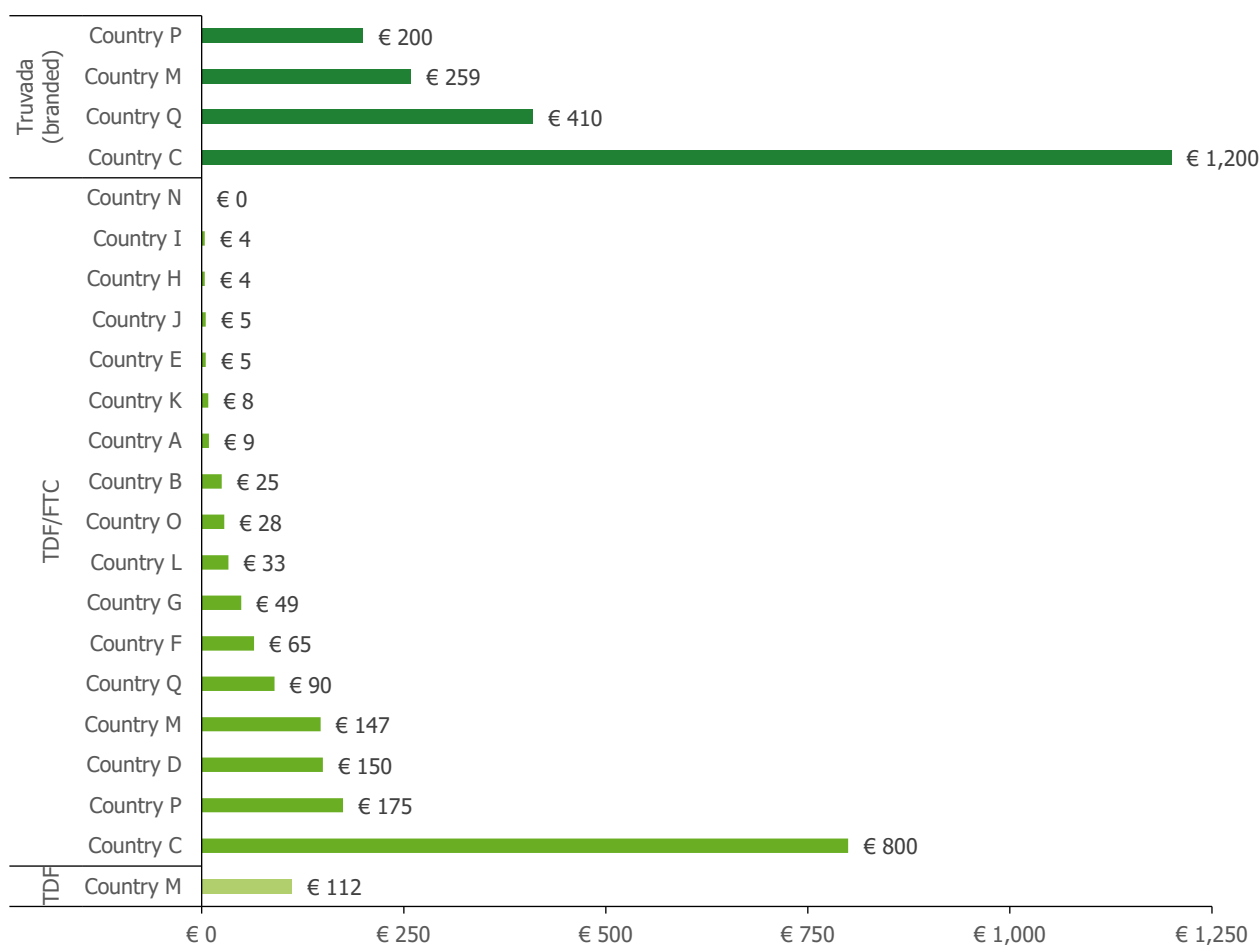
Twenty-one countries were able to provide data on the cost of PrEP before and after reimbursement. Eight countries were able to provide data on the cost of a month's supply of Truvada for an individual, which ranged from €0–€700 after reimbursement (median: €446.50). Generic forms of PrEP were generally less expensive, with the price of a month's supply of TDF/FTC for the individual ranging from €0–€200 after reimbursement (median: €12) in 19 reporting countries. Two countries were able to provide the cost of a month's supply of TDF for the individual after reimbursement, respectively reporting €50 and €277.

### Government PrEP purchase price

Countries in Europe and Central Asia were able to purchase PrEP<sup>10</sup> at different prices, with a median government purchase price of € 30.50 for 28–30 tablets of generic PrEP and € 334.50 for 28–30 tablets of branded PrEP (Figure 11). The purchase price for 28–30 tablets of TDF/FTC, a generic version of PrEP, ranged from free (a private sector donation) to € 800. Truvada was generally more expensive than the generic form of PrEP: the lowest purchase price for 28–30 tablets of Truvada was € 200 and the highest purchase price was € 1 200.

<sup>9</sup> Countries reporting that PrEP is only available at cost: Austria, Belgium, Czechia, Estonia, Hungary, Israel, Italy, Malta, the Netherlands, Poland, Serbia, Sweden, Switzerland, Türkiye

<sup>10</sup> Abbreviations of commonly prescribed generic PrEP drugs: TDF – tenofovir disoproxil fumarate; FTC – Emtricitabine.

**Figure 11. Cost of PrEP (28–30 tablets) as purchased by governments across Europe and Central Asia (n=17)<sup>11</sup>**

## Conclusions

The provision of PrEP in Europe and Central Asia has increased significantly since 2016, 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, 30 countries in Europe and Central Asia had developed and implemented national PrEP guidelines, and PrEP was available free through the public healthcare systems of 15 countries. However, even within these countries, PrEP is not always available everywhere and some countries have restrictions on who is eligible for it. In particular, PrEP remains inaccessible for certain key populations, including prisoners and undocumented migrants. While progress has been made on increasing PrEP accessibility in Europe and Central Asia, countries reported several barriers which may be encountered when attempting to access the treatment, including stigma, discrimination and distance to clinics. 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 [9]. 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 [10].

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

<sup>11</sup> This data has been anonymised due to its commercial sensitivity.

In the 15 countries without national PrEP guidelines, various barriers to PrEP implementation have been identified, including concerns about: increased transmission of other STIs, lower condom use, drug costs, and adherence. It is important to understand the specific barriers preventing the implementation of PrEP programmes in individual countries, in order to facilitate improvements in availability.

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, and has developed minimum standards on the principles of PrEP programming, monitoring, and surveillance [11]. Countries should consider these standards when developing and implementing national guidelines, and are also encouraged 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. Countries without national guidelines, or in countries with guidelines that are not implemented, are encouraged to gain a better understanding of the barriers within their country to the development and implementation of national PrEP guidelines or programmes.
- To ensure greater access to PrEP, and ensure progress towards the Sustainable Development Goal of ending the AIDS epidemic by 2030, countries are encouraged to share experiences on the feasibility of implementation, costs and technical capacity with countries that have not yet implemented PrEP through their healthcare system.
- To address barriers that limit optimal PrEP uptake in countries implementing the treatment, countries are encouraged 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.
- To reach a wider population, countries are encouraged to remove restrictions on who can access PrEP and review and expand the settings in which PrEP is available. For example, they are encouraged to explore how PrEP could be provided in more non-medical settings such as through community-based organisations.
- Strong surveillance and monitoring systems would enable data on PrEP eligibility, uptake (disaggregated by gender and key populations), duration on PrEP, and outcomes to be captured. Consistent data collection across the region would improve data comparability. In particular, 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.

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## Annex 1. PrEP uptake by gender

Country Name	Year	Number of males (aged 15+) who received PrEP at least once during the reporting period	Number of males (aged 15+) who received PrEP for the first time in their lives during the reporting period	Number of females (aged 15+) who received PrEP at least once during the reporting period	Number of females (aged 15+) who received PrEP for the first time in their lives during the reporting period	Number of transgender people (aged 15+) who received PrEP at least once during the reporting period	Number of transgender people (aged 15+) who received PrEP for the first time in their lives during the reporting period	Number of people with sex unknown (aged 15+) who received PrEP at least once during the reporting period	Number of people with sex unknown (aged 15+) who received PrEP for the first time during the reporting period
Austria	2022	1 249	482	21	7			1	
Belgium	2021	5 234		43					
Bulgaria									
Croatia	2022	420	182						
Cyprus	2022	15							
Czechia	2022	1 165	369	6	4	1	0	0	0
Denmark									
Estonia									
Finland									
France	2022		17 702		647				
Germany	2021	29 600		200		200			
Greece	2018	100							
Hungary									
Iceland	2022	209	105	0				1	1
Ireland	2022								
Italy	2019		521		4		1		
Latvia									
Liechtenstein									
Lithuania	2022	10	5						
Luxembourg									
Malta	2022	578				0		0	
Netherlands	2021	9 519		24		239			
Norway	2020	1 694		12					
Poland	2019	2 990		10					
Portugal	2022	2 934	1 443	112	42	50	20	871	252
Romania									
Slovakia									
Slovenia									
Spain	2021	17 730		72		198			
Sweden									
<b>EU/EEA total</b>		<b>73 447</b>	<b>20 809</b>	<b>500</b>	<b>704</b>	<b>688</b>	<b>21</b>	<b>873</b>	<b>253</b>
Albania									
Andorra									
Armenia	2019	13	0	0	13	13	0	0	0
Azerbaijan									
Belarus									
Bosnia & Herzegovina									
Georgia	2022	948	416	0	0	10	0	0	0
Israel									
Kazakhstan									
Kosovo									
Kyrgyzstan	2022	387	387	104	104	5	5	0	0
Moldova	2021	275	160	61	45	1	0	0	0
Monaco									
Montenegro									
North Macedonia	2022	105	92	1	1	3	3		
Russia									
San Marino									
Serbia									
Switzerland	2022	3 981	1 069	13	8	49	18	0	0
Tajikistan	2020	10	10	0	0	0	0	0	0
Türkiye									
Turkmenistan									
Ukraine	2021	4 112	3 446	1 595	1344	3	3	0	0
United Kingdom	2021	57 820		1 221					
Uzbekistan									
<b>Europe and Central Asia total</b>		<b>141 098</b>	<b>26 389</b>	<b>3 495</b>	<b>2 219</b>	<b>772</b>	<b>50</b>	<b>873</b>	<b>253</b>

## Annex 2. PrEP uptake in key populations

Country Name	Year	Number of MSM (aged 15+) who received PrEP at least once during the	Number of MSM (aged 15+) who received PrEP for the first time in their	Number of PWID (aged 15+) who received PrEP at least once during the	Number of PWID (aged 15+) who received PrEP for the first time in their	Number of migrants (aged 15+) who received PrEP at least once	Number of migrants (aged 15+) who received PrEP for the first time in	Number of sex workers (aged 15+) who received PrEP at least once	Number of sex workers (aged 15+) who received PrEP for the first time in	Number of prisoners (aged 15+) who received PrEP at least once	Number of prisoners (aged 15+) who received PrEP for the first time in
Austria	2022										
Belgium	2021		2 123		8		600				
Bulgaria											
Croatia	2022	420	182								
Cyprus	2022					4					
Czechia	2022	926		0		222		3		0	
Denmark											
Estonia											
Finland											
France	2022										
Germany	2021	29 500									
Greece	2018	100									
Hungary											
Iceland	2022	210	106			0	0	0	0	0	0
Ireland											
Italy	2019		484		6						
Latvia											
Liechtenstein											
Lithuania	2022	10									
Luxembourg	2021	560	560								
Malta	2022	579		578		1		0		0	
Netherlands	2021	9 512				3 306					
Norway											
Poland	2019	3 000	1 000								
Portugal	2022	1 910	846	11	4	604	307	104	46	0	0
Romania											
Slovakia											
Slovenia	2020	280	220								
Spain	2021	17 748						36			
Sweden											
<b>EU/EEA total</b>		<b>64 755</b>	<b>5 521</b>	<b>589</b>	<b>18</b>	<b>4 137</b>	<b>907</b>	<b>143</b>	<b>46</b>	<b>0</b>	<b>0</b>
Albania											
Andorra											
Armenia	2019	0	0		0			0		0	0
Azerbaijan	2019		0		0			0		0	0
Belarus											
Bosnia & Herzegovina											
Georgia											
Israel											
Kazakhstan											
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											
North Macedonia	2022	105	92	0	0	0	0	4	4	0	0
Russia											
San Marino											
Serbia											
Switzerland	2022	3 851	1 020	179	18	1 898	537	218	68	0	0
Tajikistan	2020	10		0				0		0	
Türkiye											
Turkmenistan											
Ukraine	2021	2 389		828		0		144		0	
United Kingdom	2021	50 152				1 746					
Uzbekistan											
<b>Europe and Central Asia total</b>		<b>121 692</b>	<b>6 955</b>	<b>1 777</b>	<b>217</b>	<b>7 781</b>	<b>1 444</b>	<b>558</b>	<b>157</b>	<b>0</b>	<b>0</b>