



Report on Access to PrEP in Europe

BACKGROUND

Except for the second 95% , **Europe has failed to meet the 2025 HIV testing and prevention targets**

-75%

Reduction of new infections from 2010, by 2025
(UNAIDS target)

Instead, the wider European region rose **+5%** (149,000 → 156,000). EU/EEA fell just **-20%** (24,000 → 19,000).

500,000

PrEP users (WHO Europe target for 2025)

Only **~345,000** people had used PrEP at least once by 2025 — about 70% of an already modest target.

~70%

of all PrEP users in Europe are concentrated in: UK, France, Germany, Spain, Italy

CABOTEGRAVIR ROLLOUT

United Kingdom

Rolling out via the NHS, prioritised for people who cannot use or adhere to oral PrEP (incl. individual circumstances or lifestyle factors)

France

Expanding access without requiring prior use or failure of oral PrEP — the broadest approach.

Spain

Limited to individuals for whom oral PrEP is not a suitable option.

Italy

Eligibility based on suboptimal adherence, contraindications, or psycho-social barriers to oral PrEP.

This risks reinforcing existing inequalities!



REPORT ON ACCESS to PrEP in EUROPE

2026
Second Edition

ACKNOWLEDGMENT

AGIHAS

AIDES

Aids Hilfe Wien

AIDS Solidarity Movement

AIDS-Fondet

Apoyo Positivo

ASOCIATIA EU SUNT! TU?

Association of HIV affected women and their families

Brescia Checkpoint

Centro Hospitalar Universitário do Porto

Checkpoint - Sofia (Sexual Health Centre); Health Without Borders Association

Coalition "I Can Live"

Czech AIDS Help

Dom svetla Slovensko

Fondazione LILA Milano

Genitourinary clinic, Mater Dei Hospital

Háttér Society

Heart that Cares for Better Health Organization (HCBH)

Hydra e.V.

Iskorak

Legebitra

Milano Check Point

NGO Estonian Network of People living with HIV

Plateforme Prevention Sida

Positiiviset, HivFinland

Positive Voice

Public Health Service of Amsterdam

Red umbrella Sweden

Sex Workers' Empowerment Network

Sexual Health Centre

Stop

Stowarzyszenie Podwale Siedem

The Sexual Health Centre

METHODOLOGY

- In 2022, AAE conducted a rapid baseline assessment on access to PrEP in the EU and developed a report
- Data collected through members, community-led and -based organisations
- AAE collected information **on availability, accessibility, affordability and acceptability** of oral PrEP.
- In 2025-2026, AAE asked the respondents to update this baseline information.

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

***Limitations:** No data for Luxembourg, Norway, Iceland or Liechtenstein; While data were collected from AAE members working with diverse key populations, these responses do not provide an in-depth analysis of specific barriers affecting each key population.*

TABLE 1. PREP IS FULLY OR LARGELY REIMBURSED

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

AUSTRIA

AFFORDABILITY

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

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

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

AVAILABILITY & ACCESSIBILITY

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

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

INFORMATION ACCESSIBILITY & ACCEPTABILITY

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

NATIONAL PRIORITIES

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

BULGARIA

AFFORDABILITY

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

AVAILABILITY & ACCESSIBILITY

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

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

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

INFORMATION ACCESSIBILITY & ACCEPTABILITY

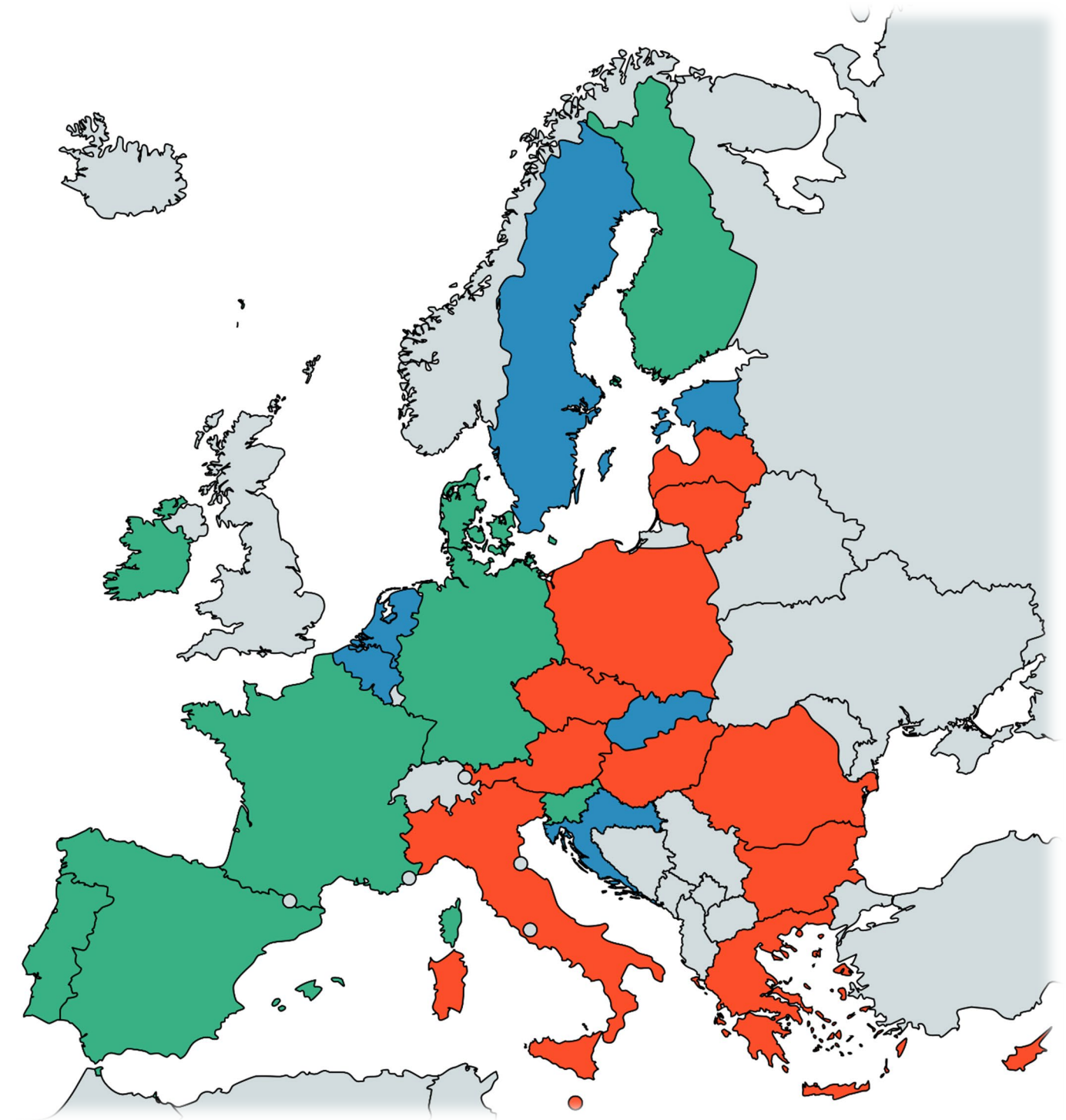
The information campaigns are provided by NGOs and mainly by Checkpoint – Sofia. Checkpoint - Sofia publishes information posts and articles on their website, Facebook and Instagram weekly in order to reach more people and raise awareness. The HIV/STI stigma persists among the community of medical specialists,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

SUPPLY

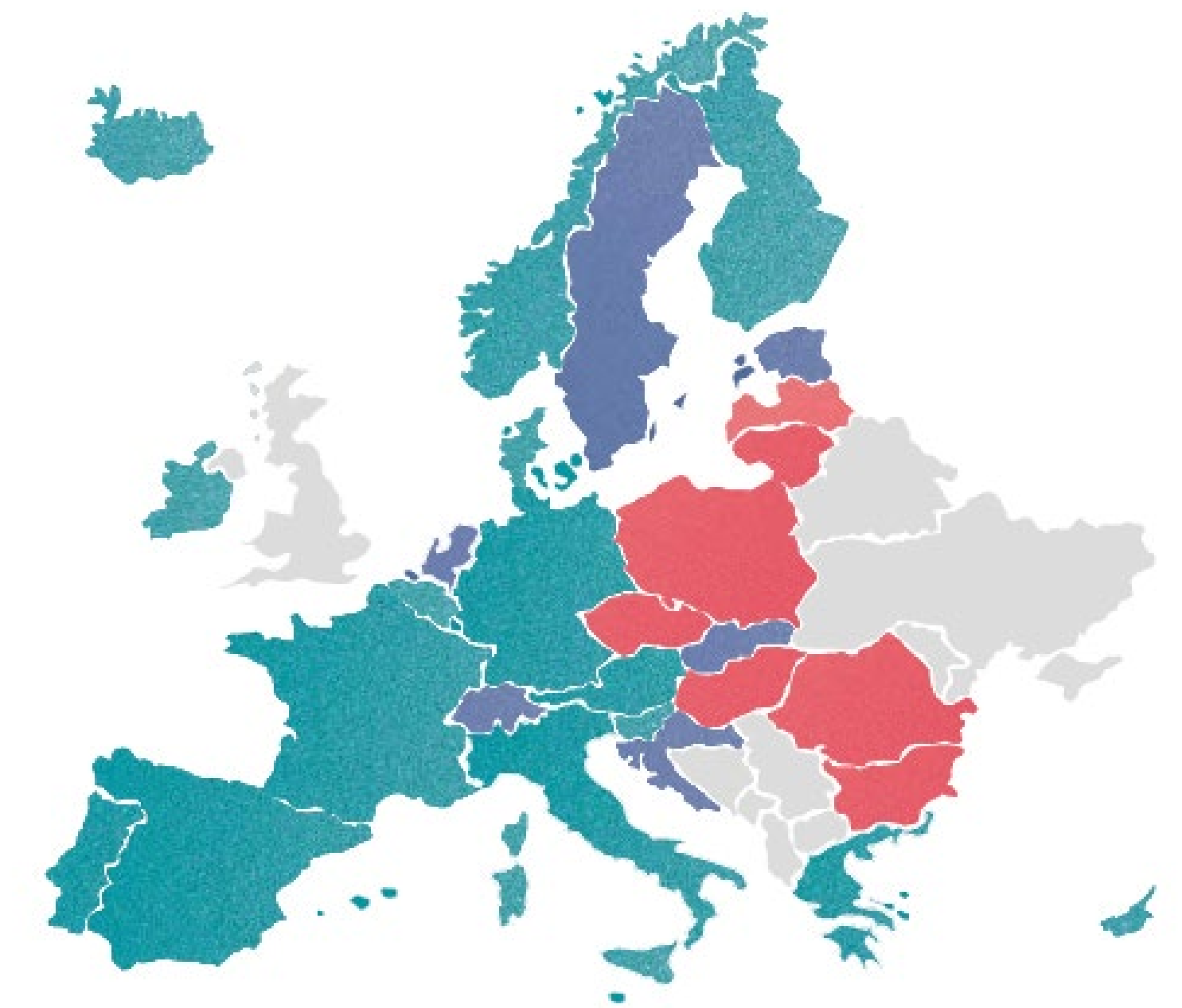
As of June 2025, there were significant challenges with the availability of PrEP, with supply shortages persisting since the first half of 2024. Patients have had no access to PrEP, due to limitations in the supply of generic HIV medications. Discussions are ongoing with two generic manufacturers to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

REIMBURSEMENT COVERAGE

2022

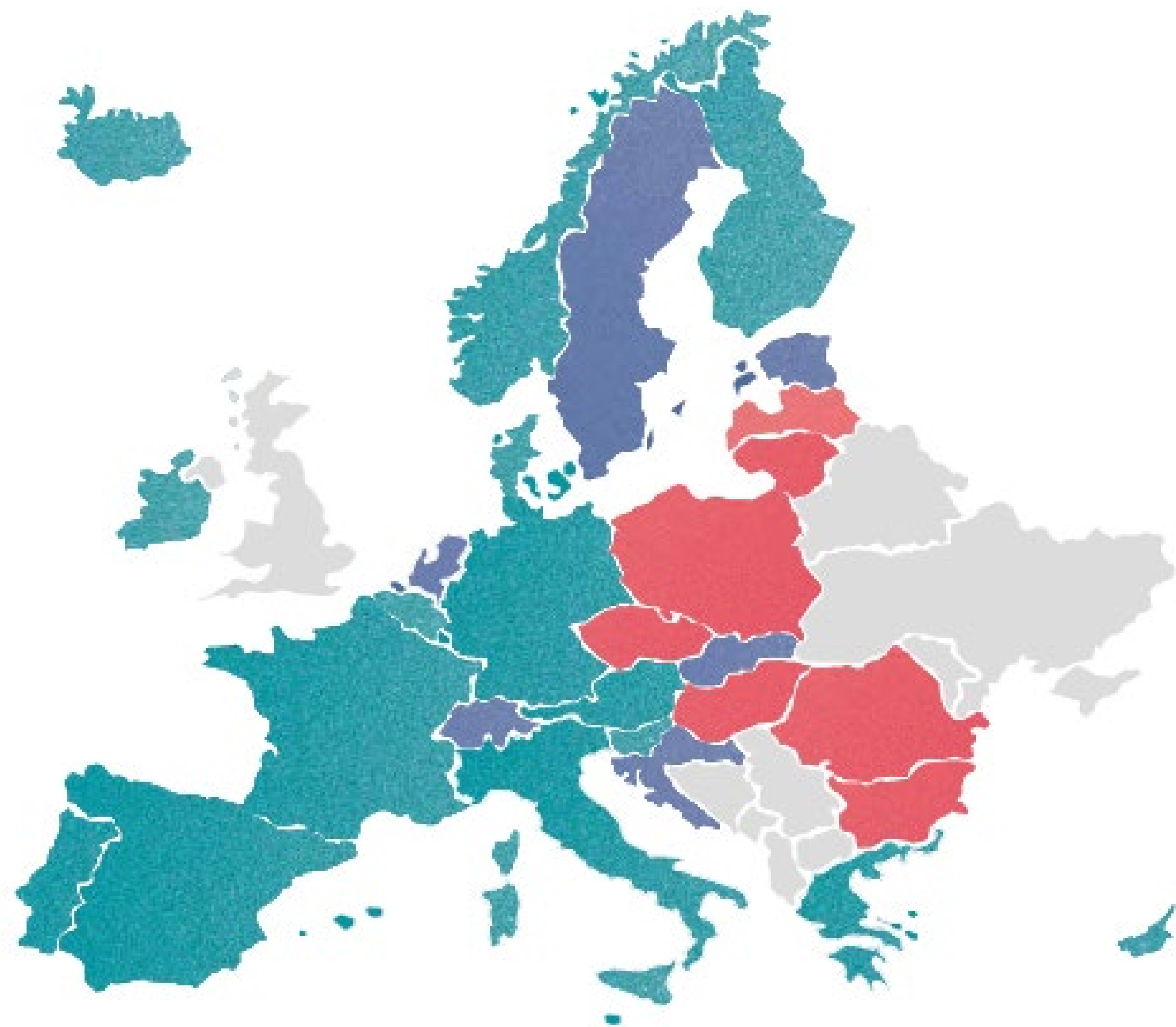


2026



- No reimbursement scheme for PrEP
- Fully reimburse PrEP
- partially reimburse PrEP or mixed models

REIMBURSEMENT COVERAGE 2026



14

Fully or largely reimbursed

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

6

Partially reimbursed

Croatia, Estonia, the Netherlands, Slovakia, Sweden, Switzerland

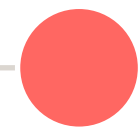
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Not reimbursed

Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania

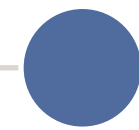
PROGRESS SINCE 2022

2023



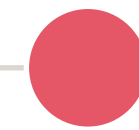
- **Italy** — full reimbursement under the national health service
- **Portugal** — dispensing decentralised to community pharmacies & CBOs

2024



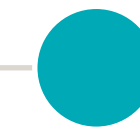
- **Austria** — PrEP reimbursed up to €60/month + check-ups
- **Czech Republic** — under-26 subsidy & updated guidelines

2025



- **Cyprus** — free PrEP in public hospitals, no exclusion criteria
- **Greece** — free PrEP via 24 public hospital pharmacies

2026



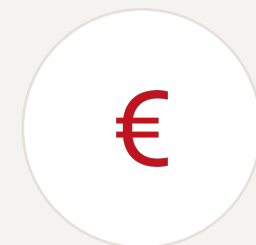
- **Malta** — full reimbursement under the national health system (January). Adopted a 2025–2030 sexual-health strategy covering PrEP and PEP.

SETBACKS SINCE 2022

- **7 EU states** still do not provide public coverage: Bulgaria, Czechia, Hungary, Latvia, Lithuania, Poland, Romania.
- **Generic-PrEP stockouts** interrupted access in several countries: Poland & Bulgaria saw 2024–25 shortages. Romania reported supply delays. In Germany some pharmacies and hospitals couldn't dispense generic PrEP. Italian hospitals rationed to one bottle per visit.
- **Pilots ended** in Latvia with no reimbursement to replace them.
- And in **Denmark**: no more PrEP prescriptions through Checkpoint Copenhagen

WHERE PREP IS REIMBURSED

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



High medication prices

Generic PrEP costs €60–270 per 30-pill box; many systems pay >€140



Narrow eligibility

Restrictive national guideline criteria can exclude communities and individuals who would benefit.



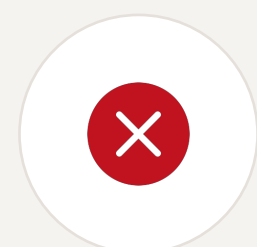
Hospital-only delivery

Services mostly facility-based with specialists; broader-provider models stay limited in practice.



Long waiting times

Single-level care creates capacity bottlenecks — reported in Finland, Italy, Spain and Portugal.



Uninsured left out

People without public or private insurance face major barriers — hitting migrants hardest. Online access tend to be restricted

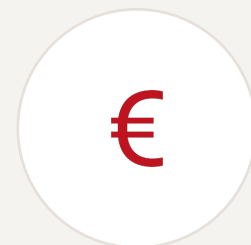


Provider knowledge gaps

Stigma and limited PrEP knowledge persist among healthcare workers across many countries.

WHERE PREP IS NOT REIMBURSED

Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania



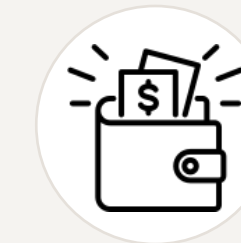
Out-of-pocket costs

€20–30 - typical cost per 30-pill box of generic PrEP (Hungary higher, ~€130).



Online & informal access

People buy PrEP online or from abroad, with delays, customs issues and refused deliveries.



Hidden costs & barriers

Hungary: visit a private doctor to get a PrEP prescription and buy PrEP at a pharmacy for 130€/order online for 30€



Reliant on small pilots

Latvia's pilot until 2025, Sofia Checkpoint in Bulgaria, Romania's pilot. These initiatives are not sustainable without State support



Limited clinical monitoring

Informal access keeps users outside health systems — missed HIV/STI testing and renal monitoring.



Community delivery

Bulgaria, Checkpoint Sofia provides issues most national PrEP prescriptions, Czech Republic, there are 2 community PrEP points. In Romania, ARAS runs 2 PrEP clinics

COMMON FINDINGS



Urban concentration

Often only one or two infectious-disease centres and a handful of pharmacies — usually in the capital or big cities.



Limited community delivery

Community-led PrEP is the exception, confined to a city or two, rarely funded by the State.



Provider knowledge gaps

Knowledge and attitude gaps undermine non-judgmental care — echoing ECDC stigma findings.



Narrow communication

Campaigns still centre white cisgender gay men; women, trans people, migrants, sex workers & people who use drugs left behind.

CONCLUSIONS

- Despite a decline in new HIV diagnoses over the past decade, progress in remains uneven.
- Declining political attention and insufficient funding now risk undermining the progress made so far.
- Access remain fragmented: 5 countries recently expanded reimbursement, yet 7 still provide no public coverage.
- Even where reimbursed, structural barriers persist — restrictive eligibility, long waiting times, hospital- and city-centred services, stigma, provider knowledge gaps, and legal barriers affecting key populations.
- Community-based delivery remains the exception, held back by limited funding, legal restrictions on community prescribing/dispensing, and weak hospital–community partnerships.
- Long-acting PrEP (e.g. cabotegravir) expands options, but early rollout mirrors the same structural barriers — risking a repeat of existing inequalities.

PrEP is central to HIV combination prevention. Ending AIDS as a public health threat by 2030 demands renewed political commitment, sustained investment, and stronger community-led prevention services.

RECOMMENDATIONS



Ensure affordability

Full public coverage of PrEP and related services; remove user fees; negotiate pricing, including long-acting.



Decentralise delivery

Move beyond hospitals to primary care, pharmacies and communities — including rural areas.



Community service delivery

Recognise and sustainably fund community-led PrEP testing, counselling, prescribing and dispensing.



Inclusive guidelines

Update eligibility to cover all who benefit; recognise both daily and on-demand PrEP.

RECOMMENDATIONS

Continued



Secure supply

Strengthen forecasting, procurement and stock monitoring; diversify brands and formulations.



Build provider capacity

Expand who can prescribe; train on U=U, TasP and respectful care; tackle stigma.



Awareness and outreach

Fund community-led, culturally appropriate campaigns on where and how to access PrEP.



Data and monitoring

Improve national data on PrEP uptake and coverage; use it to close gaps and guide policy.



For the full findings,
[see the AAE report](#)