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AIDS Action Europe

Off-track for 2030: structural inequalities in oral HIV PrEP access across 27 European countries, 2022–2026

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OBJECTIVES

HIV pre-exposure prophylaxis (PrEP) is highly effective, yet uptake across Europe remains uneven. In 2025, around 345,000 people used PrEP (ECDC), below the WHO Europe target of 500,000, with over 70% in four countries. New HIV diagnoses have fallen by 20% since 2010, far short of the 75% benchmark. **We aimed to assess changes in PrEP access across Europe since 2022 and identify structural barriers to equitable uptake.**

METHODS

Between August 2025 and January 2026, AIDS Action Europe collected structured reports from civil-society and community-led organisations delivering or navigating PrEP services in 26 of the 30 EU/EEA countries (excluding Luxembourg, Iceland, Liechtenstein and Norway) plus Switzerland (27 profiles), updating a 2022 baseline. We assessed the four AAAA domains (availability, accessibility, acceptability, affordability) plus reimbursement, eligibility criteria and security of supply. Countries were grouped by reimbursement status. Community reporting captured implementation realities not visible in national data.

RESULTS

Reimbursement: 20 of 27 countries

- 5 new since 2022: Austria, Greece, Cyprus, Italy, Malta
- 7 provide none: Bulgaria, Czechia, Hungary, Latvia, Lithuania, Poland, Romania

Cost of generic PrEP

- €60–270 per 30 pills to health systems in reimbursing countries
- €20–130 out of pocket for users in non-reimbursing countries, often via informal online access, with unreliable delivery and no clinical monitoring

Barriers where reimbursed

- Restrictive eligibility criteria
- Long waiting times
- Hospital-only delivery concentrated in capitals and major cities
- Healthcare-worker stigma

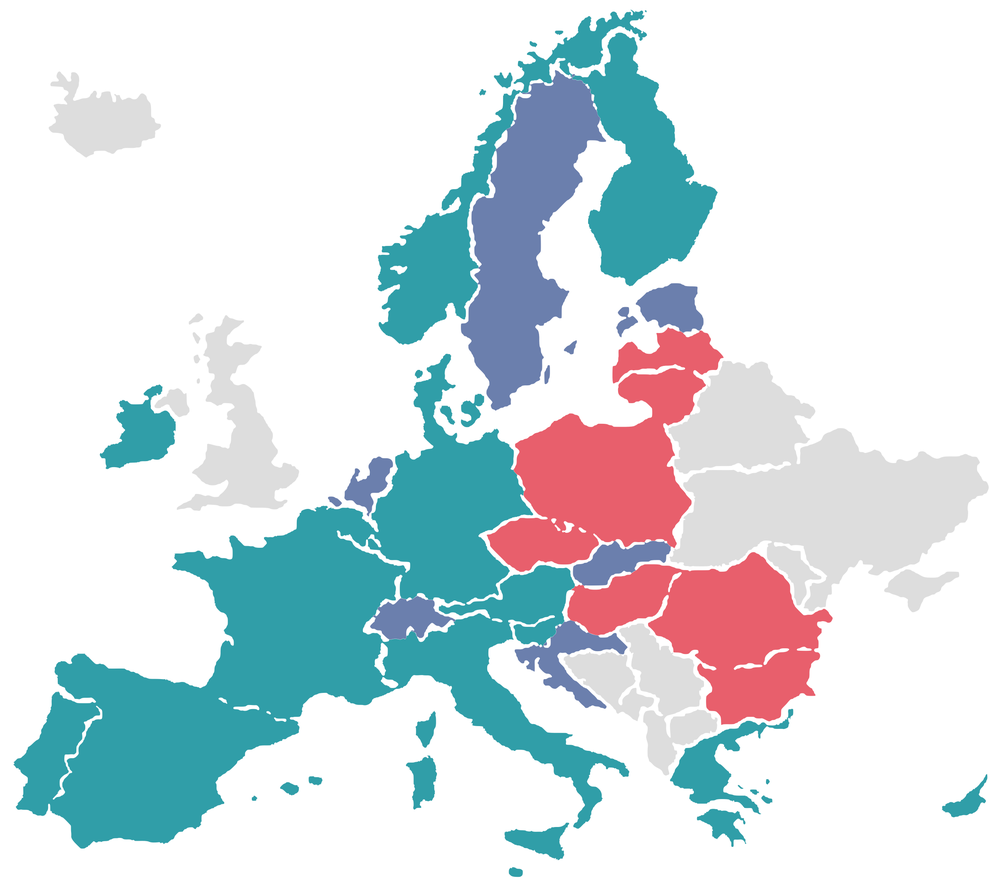
Other concerns and challenges

- Generic-PrEP stockouts reported in Germany, Italy, Poland, Bulgaria and Romania
- Community-led delivery, where it exists, confined to one or two cities and without sustained state funding

Long-acting PrEP

- Rollout follows oral-PrEP inequalities, concentrating in higher-uptake countries
- Eligibility in most countries restricted to those unable to use oral PrEP, reflecting affordability constraints rather than clinical need

REIMBURSEMENT COVERAGE



CONCLUSIONS

PrEP access has expanded across the EU/EEA but remains insufficient to meet 2030 HIV targets, and inequalities risk deepening with long-acting PrEP, particularly among structurally underserved populations and across and within countries.

Recommendations

- Remaining Member States should introduce reimbursement and remove user fees
- Broaden eligibility to anyone who would benefit from PrEP (per WHO guidance)
- Decentralise delivery to primary care, pharmacies and community-led organisations, which can reach people deterred by stigma, waiting times and distance to specialised urban centres
- Strengthen supply forecasting and address healthcare-worker stigma
- Fund community organisations as core delivery partners

REFERENCES

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