

RAPID ASSESSMENT OF ACCESS TO HIV PEP
(POST-EXPOSURE PROPHYLAXIS)
IN EU/EEA COUNTRIES

AIDS ACTION EUROPE

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Executive Summary

This rapid assessment on HIV Post-Exposure Prophylaxis (HIV PEP) is based on a survey conducted by AIDS Action Europe (AAE) in 2024, among its member organisations, partners, and community members on the availability, accessibility, affordability and acceptability of HIV PEP in the EU/EEA Member States.

The report incorporates country-specific examples and anonymized survey responses to provide a more detailed assessment of access to HIV PEP as one of the tools of combination HIV prevention, highlighting real world challenges faced by users and its main findings serve as the basis for the AAE HIV PEP policy paper.

1. Introduction

What is HIV PEP? HIV Post-Exposure Prophylaxis (HIV PEP) involves taking antiretroviral medications to prevent HIV after a recent potential exposure to the virus. PEP should be **started within 24 hours after HIV exposure and no later than 72 hours** of exposure and requires taking the medications daily for 28 days to be effective. An HIV PEP regimen with two ARV drugs can be effective, but a three-drug combination is preferred. HIV PEP is effective in preventing HIV when taken correctly regardless of the route of exposure, whether through sexual exposure, sexual assault, sharing needles for drug use, or occupational

HIV post-exposure prophylaxis, shortly HIV PEP, is a critical intervention in the framework of combination HIV prevention, providing an HIV prevention solution after a potential exposure to HIV.

Despite its proven efficacy and inclusion in international guidelines and recommendations both for occupational and non-occupational exposures, access to HIV PEP remains inconsistent across European countries.

Barriers such as cost, lack of awareness (both at the community and healthcare provider levels), restrictive eligibility criteria, and stigma prevent many individuals from accessing this HIV prevention method.



This report explores these disparities, drawing from survey data and direct testimonies from affected individuals, in order to provide a comprehensive understanding of the current state of HIV PEP in Europe.

AIDS Action Europe has been working on combination prevention in its [current](#) and [previous](#) strategic frameworks. The achievement of the Global AIDS Strategy prevention specific target of 95% of people at risk of HIV use combination prevention by 2025 are hindered by many obstacles, including legal and policy barriers, affordability and access, the state of sexual and reproductive health and rights, and stigma and discrimination – all key thematic areas for AAE in its strategic framework.

Following the 2022 rapid assessment and policy paper on HIV pre-exposure prophylaxis (HIV PrEP), AAE decided to conduct a similar survey to assess the level of access to HIV PEP across EU/EEA countries.

2. Methodology

This study was conducted using an online survey targeting AAE members, our partners involved in HIV prevention, and individuals of key affected populations across multiple European countries. The main focus were EU/EEA countries but responses from outside this region were also accepted and included in the analysis and the report.

The survey was open from August 2024 on and was widely distributed through AAE's communication channels. Despite several deadline extensions and direct contact to many of our member organisations, we could not collect data from all EU/EEA member states. In order to fill in the gaps in the report, AAE decided to postpone the publication of this report to early 2025 so that it can benefit from a legal and policy report conducted in the framework of action grant CORE, where information on access to and affordability of HIV PEP for non-occupational exposure were also collected.

The survey responses were analysed to identify key themes related to availability, accessibility, affordability, and acceptability.

The inclusion of real-life testimonials allows for a nuanced understanding of how policies and systemic barriers impact individuals seeking HIV PEP.



3. Main Findings

This chapter covers the main findings of the survey from the aspects of availability, accessibility, affordability and acceptability of HIV PEP – all major determinants of the success of any prevention method.

3.1 Availability of HIV PEP

The availability of HIV PEP varies significantly across European countries, with some nations ensuring broad coverage and others offering little to no access. While most countries provide HIV PEP for occupational exposure, access for non-occupational exposure is often restricted or inconsistently implemented. In many cases, the presence of national guidelines does not guarantee effective access, with individuals often facing bureaucratic or logistical hurdles. The following examples highlight these disparities:

- **Germany:** HIV PEP is widely available and covered by insurance, yet awareness, even among healthcare professionals, remains low.

A respondent noted: "Even my GP was unsure about PEP and had to look it up before prescribing."

- **Hungary:** No formal protocol for non-occupational HIV PEP exists.

One respondent shared: "I was told by the hospital that PEP is only for healthcare workers. I had to contact an NGO to get any support."

- **Slovenia:** There are geographical inequalities in availability as HIV PEP is only available in the capital city, Ljubljana.

A respondent stated: "Living outside Ljubljana, I had to travel for over two hours to get PEP. It felt like an impossible task."

- **Bulgaria:** HIV PEP availability is inconsistent and limited geographically: one can get HIV PEP only from one pharmacy in Sofia.

One respondent described their experience: "I was sent from hospital to hospital before someone even knew what PEP was."

3.2 Accessibility of HIV PEP

Even in countries where HIV PEP is available for cases of non-occupational exposure, significant barriers to access exist. These barriers include limited distribution points, lack of awareness among both healthcare providers and the general public, and social stigma that discourages individuals from seeking treatment. Many respondents indicated that they had to navigate complex healthcare systems to obtain HIV PEP, sometimes missing the critical 72-hour window recommended by WHO.

- **Ireland:** Emergency departments provide HIV PEP starter packs, but follow-up to access the 28-day treatment dose can be challenging.

A respondent highlighted: *"I had to wait two weeks for an appointment at the HIV clinic. By then, I had missed crucial doses."*

- **Sweden:** Stringent eligibility criteria mean many are denied HIV PEP.

One individual noted: *"I was denied PEP because I couldn't prove my partner was HIV-positive. It was humiliating."*

- **Cyprus:** HIV PEP is only available in select hospitals, limiting rural access.
- **Poland:** Awareness campaigns, and thus knowledge about the availability of HIV PEP remain limited.

A respondent said: *"I found out about PEP through social media, not from any healthcare provider."*

3.3 Affordability of HIV PEP

The financial burden of HIV PEP remains one of the most significant barriers to equitable access. While some countries provide HIV PEP free of charge through national healthcare systems, others require full out-of-pocket payments, making it inaccessible to many as a 28-day dose of triple combination of ARV drugs will cost hundreds, if not a thousand euros. Even in countries where full costs are reimbursed or a small co-payment (e.g., €10 in Germany) is required when HIV PEP is prescribed, affordability and price might be an issue if the person does not have a valid health insurance.



- **Czech Republic:** HIV PEP is covered in specific cases.

As one respondent shared: *"I had to prove I was at high risk to get it for free."*

- **Slovakia:** HIV PEP is only free for victims of sexual assault.

3.4 Acceptability of HIV PEP

Beyond financial and logistical barriers, social stigma and misinformation further reduce the uptake of HIV PEP. Many individuals report experiencing judgment from healthcare providers or facing discrimination when seeking HIV PEP. These negative experiences discourage others from seeking treatment, further exacerbating health disparities.

- **Greece:** LGBTQ+ individuals report discrimination when seeking HIV PEP.

A respondent shared: *"The doctor told me PEP was for 'promiscuous people.' I felt judged and ashamed."*

- **Croatia:** Healthcare workers hesitate to report occupational exposure due to workplace stigma.
- **Sweden:** Limited knowledge among general practitioners leads to inconsistent prescriptions.

4. National guidelines and practice in comparison with WHO and EACS Guidelines

Although both the World Health Organisation and the European AIDS Clinical Society guidelines emphasize universal access to HIV PEP, recognizing it as a vital HIV prevention tool, national guidelines and policies in several European countries remain restrictive, preventing the full potential of HIV PEP as one of the tools of combination HIV prevention. The following examples illustrate key discrepancies in policies as well as their implementation:

- **Sweden:** Requires proof of exposure to an HIV-positive source, limiting access.



- **Ireland:** Long emergency department wait times create delays in initiating PEP.
- **Bulgaria:** A lack of widespread distribution points prevents timely access.

Addressing these gaps requires policy reforms that align national guidelines and practices with international recommendations.

5. Policy Implications and Recommendations

Based on the main findings of this assessment, several policy implications to improve access to HIV PEP across Europe were identified and were the basis of an HIV PEP policy paper, co-published with this report.

6. Conclusion

Despite being available as a prevention tool for decades and being recommended for non-occupational exposures for over 20 years, HIV PEP has not been systematically implemented and used as a tool of combination HIV prevention. There are inconsistencies across the region and major barriers have been identified in many countries regarding availability, accessibility, affordability, and acceptability of HIV PEP. Addressing and removing these barriers can contribute to reaching the 2025 HIV prevention targets by offering free and low-threshold access to HIV PEP as part of the combination prevention efforts.

Annexes

The following table was created as part of [the legal report, produced in the framework of Action Grant CORE](#) and provides information on all EU countries concerning accessibility and affordability of HIV PEP for non-occupational exposures:

Country	Is PEP available in your country?	Where can people access PEP?	How much does PEP cost?
<i>Austria</i>	Yes	<input type="checkbox"/> Medical setting	PEP can cost up to EUR 1,500-2,000 (may be Free if German-Austrian PEP Guidelines are Followed)
<i>Belgium</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Bulgaria</i>	No	<input type="checkbox"/> Pharmacy (PEP is provided only in one pharmacy in the capital in case drugs are available)	EUR 240 (in case drugs are available)
<i>Croatia</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Cyprus</i>	Yes	<input type="checkbox"/> Other (Only at the State HIV Reference Clinic)	Free of charge at the state HIV Reference Clinic (Lamaca)
<i>Czech Republic</i>	Yes	<input type="checkbox"/> Medical setting	Approximately EUR 250 (there are a few exceptions when PEP is covered by public health insurance)
<i>Denmark</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Estonia</i>	Yes	<input type="checkbox"/> Medical setting	EUR 50-200 (depending on insurance coverage); free for ambulance and police personnel
<i>Finland</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>France</i>	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> Other (HIV and STI screening centre (CeGIDD))	Free of charge
<i>Germany</i>	Yes	<input type="checkbox"/> Medical setting	EUR 10 per prescription
<i>Greece</i>	Yes	<input type="checkbox"/> Medical setting (The treatment is available in any public hospital in Greece and especially in those having units of special infections. However, despite the fact that the government officially suggest that all hospitals should be able to provide this treatment, in practice this is not the case.)	Free of charge
<i>Hungary</i>	No	There's no official protocol. PEP is only available for healthcare workers in an emergency (which means open wound contact with blood or other body fluids of an HIV-positive patient).	/
<i>Ireland</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge (but emergency hospital fee of EUR 100 applies)



<i>Italy</i>	Yes	<input type="checkbox"/> Medical setting (They can mostly access it in hospitals' emergency rooms and infectious disease units.)	Free of charge
<i>Latvia</i>	Yes	<input type="checkbox"/> Medical setting	Paid by the patient (Free of charge for those who are in public service: police, medical staff, first responders)
<i>Lithuania</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge if the exposure was work-related or happened because of a crime (sexual assault), otherwise – around EUR 500.
<i>Luxembourg</i>	Yes	<input type="checkbox"/> Medical setting (In all emergency services of the different hospitals)	Free of charge
<i>Malta</i>	Yes	<input type="checkbox"/> Pharmacy	EUR 600-1,200 depending on stock and prescription
<i>Netherlands</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Poland</i>	Yes	<input type="checkbox"/> Medical setting	EUR 250 (exceptions for "medical situations")
<i>Portugal</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge (At NHS)
<i>Romania</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Slovakia</i>	Yes	<input type="checkbox"/> Medical setting	EUR 250-600 (PEP is only free of charge in case of rape)
<i>Slovenia</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Spain</i>	Yes	<input type="checkbox"/> Medical setting	Free of charge
<i>Sweden</i>	Yes	<input type="checkbox"/> Medical setting (Emergency room settings)	Free of charge