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Abstract	<p>A report addressing the following topics:</p> <p>Review of legal/regulatory barriers to community-led and community-based service delivery</p> <p>Review of accessibility of prevention, testing options, PEP, and PREP</p> <p>Mapping and review of social barriers, including stigma and discrimination and the criminalisation of certain sexual behaviours, in relation to community-led and community-based service delivery</p>

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List of Acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
CBVCT	Community-based voluntary counselling and testing
CORE	Community Response to End Inequalities
EU	European Union
HBV / HCV	Hepatitis B virus / Hepatitis C virus
HIV	Human immunodeficiency virus
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, and others
MIG	Migrants
MSM	Men who have sex with men
NGO	Non-governmental organisation
PEP	Post-exposure prophylaxis
PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis
PUD	People who use drugs
PWID	People who inject drugs
TB	Tuberculosis
TP	Transgender people
STIs	Sexually transmitted infections
SW	Sex workers
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WP	Work package

CORE Network Members and Partner Organisations

CORE Network Members:

- Bulgaria - Health without Borders Association (Anna Lyubenova)
- Cyprus - AIDS Solidarity Movement (Yiannis Charilaou)
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- Italy - Fondazione LILA Milano (Lella Cosmaro)
- Poland - Foundation For Social Education/Fundacja Edukacji Społecznej (Magdalena Ankiersztejn-Bartczak)
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- Latvia - AGIHAS (Aigars Ceplitis)
- Lithuania - Association of HIV Affected Women and Their Families DEMETRA (Svetlana Kulsis)
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- Spain - Apoyo Positivo (Jorge Garrido)

Introduction

Project CORE (Community Response to End Inequalities) is a project with the aim to reduce inequalities by enhancing community responses and addressing gaps in mainstream/recognized prevention and healthcare services, particularly in the EU Member States lacking such responses.

The project employs strategies such as capacity building, networking, exchanging good practices, and implementing innovative approaches to promote, strengthen, and integrate community-driven approaches. It focuses on reaching the most vulnerable populations that are traditionally more difficult to access testing and linkage to care to HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis services.

To achieve its goals, Project CORE engages key stakeholders and addresses legal, policy, and structural issues to facilitate the integration of community-driven approaches into disease prevention and health promotion strategies. It builds upon existing collaborations among regional networks and national and local organisations and leverages best practices and tools to support populations "left behind" in national responses. The project aims to integrate and harmonise community responses to the unique needs of people with multiple vulnerabilities.

Work Package 7 (WP7) is a crucial component of Project CORE and focuses on promoting policy initiatives, legal reform processes and changes in health service delivery structures in participating member states that facilitate the integration of community-led community-based initiatives into the response to HIV, viral hepatitis, STIs and tuberculosis services.

To this end, a standardised questionnaire aimed at gathering data on legal, policy and structural barriers was developed as one of the tools to analyse the current situation, identify shortcomings in national contexts and provide recommendations on enhancing available response plans.

Methodology

This report covers the following 27 European Union Member States:

- | | | | | |
|-------------------|---------------|----------------|--------------|-----------------|
| 1. Austria | 2. Belgium | 3. Bulgaria | 4. Croatia | 5. Cyprus |
| 6. Czech Republic | 7. Denmark | 8. Estonia | 9. Finland | 10. France |
| 11. Germany | 12. Greece | 13. Hungary | 14. Ireland | 15. Italy |
| 16. Latvia | 17. Lithuania | 18. Luxembourg | 19. Malta | 20. Netherlands |
| 21. Poland | 22. Portugal | 23. Romania | 24. Slovakia | 25. Slovenia |
| 26. Spain | 27. Sweden. | | | |

The section titled “Survey Analysis” is based on information provided by the CORE Network members and partner organisations. This data was collected through a standardised questionnaire and is based on publicly available information and information requested from different relevant institutions. The findings reflect the state of affairs of 2022-2023, which was the reference period for data collection.

The standardised questionnaire, which forms the primary source of data of this report, encompasses the following information sets:

- **PART 1: Overview of National Response Plans**
- **PART 2: HIV**
 - Statistical and Epidemiological Data
 - Legal Protection and Barriers
 - Criminalisation
 - Testing
 - Self-Testing
 - PrEP and PEP
 - Access to Treatment
 - Raising Awareness and Counselling
- **PART 3: STIs**
 - Testing
 - Access to Treatment

- Raising Awareness and Counselling
- **PART 4: HBV / HCV**
 - Testing and Prevention
 - Access to Treatment
- **PART 5: TB**
 - Testing and Prevention
 - Access to Treatment
- **PART 6: Key Populations**

In addition to the questionnaire analysis, the authors carried out desk research to provide a broader perspective on relevant international and European policies, guidelines, and strategies. This complementary research ensures that the report is grounded in a robust and comprehensive evidentiary framework.

Background

Advancements in treatment have transformed HIV into a chronic, manageable condition. However, its lifelong nature necessitates the removal of societal, legal, and regulatory barriers to ensure equitable access to testing, prevention, treatment, and care.

Barriers to Community-Led and Community-Based Service Delivery

Community-led and community-based service delivery has proven critical in reaching populations often excluded from traditional healthcare systems, including key populations at higher risk for HIV. Despite this, substantial barriers persist, including:

- **Regulatory Frameworks:** In some jurisdictions, regulations limit the scope of services that community-based organizations can provide. For example, limitations on the ability of non-medical personnel to conduct HIV testing or distribute pre-exposure prophylaxis (PrEP) hinder community outreach efforts.
- **Funding Challenges:** Community-based organizations often face financial and logistical constraints that hinder their capacity to deliver comprehensive services, especially in underserved and rural areas. Although some EU states provide public funding for community-based HIV services, others rely heavily on external funding, creating instability and gaps in service delivery.
- **Lack of Policy Alignment:** National policies frequently fail to recognize or effectively integrate the role of community-led initiatives, resulting in gaps in service delivery and reduced accessibility for key populations.

Accessibility of Prevention, Testing, PEP, and PrEP

The accessibility of prevention, testing, and treatment services varies significantly across regions and populations, influenced by legal, financial, and logistical factors.

- **Prevention Services:** Prevention strategies such as condom distribution, harm-reduction programs, and education campaigns remain underfunded in many areas. This is particularly problematic for key populations, including people who inject drugs, sex workers, and men who have sex with men.
- **Testing Options:** While facility-based testing is available in most EU countries, community-based testing and self-testing remain underutilized in several regions. National regulations in some countries restrict the use of lay providers for HIV testing, limiting community-led initiatives.
- **PEP and PrEP:** Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) are highly effective tools for preventing HIV transmission. However, their availability is often limited by cost, lack of awareness, and restrictive eligibility criteria. National policies must prioritize the integration of these interventions into community-based healthcare systems to ensure broader reach.

Societal Barriers: Stigma, Discrimination, and Criminalization in the EU

Societal barriers remain a significant challenge across the EU, with some disparities between Western and Eastern member states.

- **Stigma and Discrimination:** People living with HIV (PLHIV) and key populations face stigma and discrimination in healthcare settings and society at large. This discourages individuals from seeking testing, prevention, and treatment services.
- **Criminalization of Certain Behaviours:** The criminalization of behaviours such as sex work and drug use. These laws exacerbate marginalization, reduce access to services, and perpetuate cycles of social exclusion.
- **Cultural and Social Norms:** Conservative cultural attitudes in certain EU regions further alienate key populations, creating additional obstacles to accessing healthcare services.

International and European Guidelines and Policies

United Nations Guidelines

The United Nations (UN) has long recognized the critical role of community-led and community-based organizations in advancing public health goals. Key documents such as the Political Declaration on HIV and AIDS (2021) emphasize the necessity of removing legal and regulatory barriers to equitable access to health services, including prevention tools like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). The Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-Being), directly call for universal access to healthcare, including sexual and reproductive health services, without discrimination.

The UNAIDS Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS. underscores the need for member states to decriminalize behaviours and remove structural barriers that prevent access to community-based services, particularly for marginalized populations.

To address the global HIV epidemic, UNAIDS has established ambitious **95-95-95 HIV services targets** for 2025. These include ensuring that:

- **95%** of all people living with HIV are aware of their status;
- **95%** of those who know their status receive treatment; and
- **95%** of individuals receiving treatment achieve viral suppression.

Achieving these targets requires a differentiated approach that tailors testing, prevention, and treatment strategies to the needs of diverse populations.

Complementing these service delivery goals are the **10-10-10 targets**, which focus on addressing the societal and structural barriers that perpetuate health inequities. These targets aim to ensure that by 2025:

- Less than **10%** of countries have punitive legal and policy environments that deny or limit access to services;
- Less than **10%** of people living with HIV and key populations experience stigma and discrimination; and
- Less than **10%** of women, girls, people living with HIV, and key populations experience gender-based inequalities and violence.

In addition, the **30-60-80 targets** emphasize the central role of community-led and community-based organizations in achieving global HIV goals:

- **30%** of testing and treatment services should be delivered by community-led organizations;
- **60%** of programmes support the achievement of societal enablers should be delivered by community-led organizations; and

- **80%** of service delivery for HIV prevention programmes for key populations and women should be delivered by community-, key population-, and women-led organizations.

Together, these targets highlight the importance of creating enabling environments for equitable access to HIV services and ensuring that no one is left behind in the global effort to **End AIDS** by 2030.

WHO Guidelines on Community-based Services

The World Health Organization (WHO) has developed guidelines that emphasize the integration of community-based service providers into national healthcare systems. Notable among these is the WHO's *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach* which advocate for the empowerment of community-led initiatives in delivering comprehensive health services, including the distribution of PrEP and PEP, and emphasize the role of legal reform in addressing stigma and discrimination.

WHO also outlines several strategies which are critical to increasing access to HIV related services. These strategies include integration, decentralization, and task sharing:¹

- **Integration:** Combines HIV services with other health services like tuberculosis, viral hepatitis, or STI care.
- **Decentralization:** Brings testing closer to patients' homes, reducing logistical barriers such as transportation costs and long waiting times.
- **Task-Sharing:** Empowers trained non-medical personnel to conduct testing, addressing healthcare workforce shortages.

WHO recommendations on HIV Self-Testing

Since 2016, WHO has recommended HIV self-testing as an additional method for increasing access to testing. By 2019, it was strongly endorsed. This approach has proven particularly effective in reaching individuals who might not otherwise seek testing services. While self-testing provides valuable preliminary results, it is necessary to emphasize that its reactive result is not equal to a definitive HIV-positive diagnosis; individuals with reactive outcomes must undergo confirmatory testing by trained providers. Non-reactive results, unless contraindicated (e.g., initiation of PrEP), are generally considered final.

WHO Recommendations for HIV Self-Testing:

- Self-testing should be incorporated into national HIV testing frameworks.
- Community involvement in designing and adapting self-testing models is essential.

¹ WHO. *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach*. July 2021, p. 30. Available at: <https://www.who.int/publications/i/item/9789240031593>

Regional Context: Europe and Central Asia

In Europe and Central Asia, The European Centre for Disease Prevention and Control (ECDC) has published a range of guidelines advocating for the decriminalization of behaviours linked to vulnerable populations and the integration of community-based services in national health systems. Its progress report on the implementation of the Dublin Declaration specifically addresses the need for policy alignment to improve prevention, testing, and treatment accessibility for key populations across Europe.

In terms of community-based services, the ECDC aligns its recommendations with WHO, advocating for community-based and self-testing as key strategies to expand coverage and ensure early diagnosis. However, several countries in the region operate with outdated national guidelines, some over five years old.

ECDC identifies several priorities for action, including:

- Updating national guidelines to reflect the latest international standards, with particular attention to key populations and testing frequency recommendations;
- Expanding available testing methods;
- Removing regulatory restrictions on who can perform HIV tests;
- Reducing the cost of testing services; and
- Enhancing systems for monitoring and evaluation.

In addition, the EU *HIV/AIDS, Viral Hepatitis, and Tuberculosis Action Plan (2022-2030)* highlights the strategic role of community organizations in addressing epidemics. It encourages member states to reduce legal and social barriers, including stigma, through legislative reform and public health strategies.

Conclusion

The international and European guidelines emphasize the need for inclusive, community-driven approaches to healthcare, the removal of legal and regulatory barriers, and proactive measures to combat stigma and discrimination. However, gaps in implementation and enforcement at national levels continue to undermine these objectives. Addressing these challenges requires robust alignment of domestic policies with international and regional commitments, underpinned by legal reform and sustained investment in community-based health systems.

Sources:

UNAIDS. *Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.* March 2021. Available at: <https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>

WHO. *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach.* July 2021. Available at: <https://www.who.int/publications/i/item/9789240031593>

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WHO. *Guidelines on HIV self-testing and partner notification*. December 2016. Available at: <https://www.paho.org/en/documents/guidelines-hiv-self-testing-and-partner-notification-supplement-consolidated-guidelines>

ECDC. *Evidence brief: HIV testing in Europe and Central Asia – Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2021 progress report*. July 2022. Available at: <https://www.ecdc.europa.eu/en/publications-data/evidence-brief-hiv-testing-europe-and-central-asia-monitoring-implementation>

Survey Analysis

Section 1 - Overview of National Response Plans across Responding Countries

Various national response plans exist across the 27 responding countries, addressing HIV, STIs, HBV/HCV, and tuberculosis (TB). Additionally, some countries have adopted combined national response plans encompassing multiple conditions. The survey data reveals significant variation in how countries prioritize and address these public health challenges.

Findings from the survey:

- A total of **19 countries** have dedicated national response plans for **HIV**, making it the most widely addressed condition among the responding countries.
- **14 countries** reported having a specific national response plan for **tuberculosis**, reflecting the continued public health focus on TB as a critical area of intervention.
- In contrast, only **6 countries** have national response plans exclusively targeting **STIs**.
- **9 countries** have plans addressing **HBV/HCV**.
- **10 countries** have opted for **combined national response plans**, integrating strategies for HIV, HBV/HCV, and other STIs, which demonstrates a move toward more holistic and streamlined approaches to managing these interrelated health issues.

Notably, **Greece** reported having no current national response plan for any of these conditions. However, on **14 March 2024**, the Ministry of Health signed an agreement with the National and Kapodistrian University of Athens to develop a **National Action Plan for HIV**.

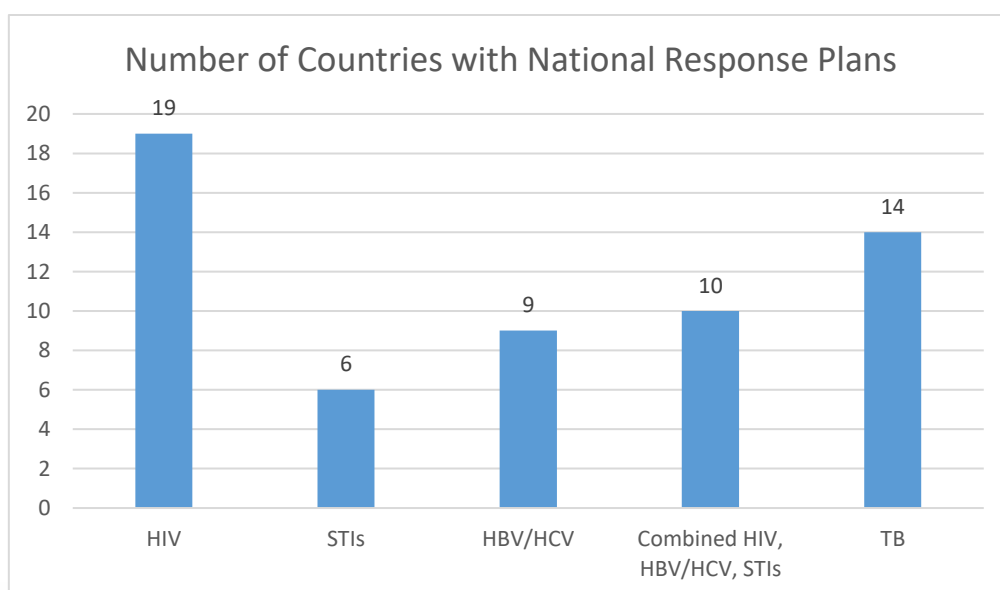


Table 1: National Response Plans

Country	HIV	STIs	HBV/HCV	Combined HIV, HBV/HCV, STIs	Tuberculosis
<i>Network Members (CORE)</i>					
Bulgaria	Yes (Combined HIV and STI plan)	Yes (Combined HIV and STI plan)	Yes	/	Yes
Cyprus	/	/	/	Yes	/
Czech Republic	Yes	/	/	/	/
France	/	/	/	Yes	Yes
Germany	Yes	/	/	Yes	Yes
Greece	/	/	/	/	/
Hungary	Yes	/	/	/	/
Italy	Yes	/	Yes	/	Yes
Poland	Yes	/	Yes	/	/
Portugal	Yes (Combined HIV and STI plan)	Yes (Combined HIV and STI plan)	Yes	/	Yes
Romania	Yes	/	Yes	/	Yes
Slovakia	/	/	/	Yes	/
Slovenia	Yes	/	/	/	/
Sweden	Yes	Yes	Yes	Yes	Yes
<i>Partner Organisations (NON-CORE)</i>					
Austria	Yes	Yes	/	/	N/A
Belgium	Yes	/	/	/	/
Croatia	Yes	/	Yes	/	Yes
Denmark	/	/	/	Yes	Yes
Estonia	Yes	/	/	/	/
Finland	Yes	/	Yes	Expected publication in spring 2025	Yes
Ireland	/	/	/	Yes	/
Latvia	/	/	/	Yes	Yes (Included in the combined national plan)
Lithuania	Yes	Yes	/	/	Yes
Luxembourg	Yes	/	Yes	/	/
Malta	/	/	/	Yes	Yes
Netherlands	Yes	Yes	/	/	/
Spain	Yes	/	/	Yes	Yes

Section 2 - HIV: Statistical and Epidemiological Data – Achieving the UNAIDS targets

Complete and reliable data on the UNAIDS 90-90-90 targets was reported to be available in only **19** of the **27 countries**. In the remaining **8 countries**, significant gaps were noted, with **5 countries** monitoring only one or two of the three targets, and **3 countries** not having any available data on these targets in 2022. Several countries indicated that data collection efforts were insufficient or lacked transparency. In some cases, NGOs or community-based organizations were the sole reliable sources of information, often obtained through unofficial channels.

These targets, aimed at ensuring that 90% of all people living with HIV know their status, 90% of those diagnosed receive sustained antiretroviral therapy, and 90% of those on treatment achieve viral suppression, serve as a crucial instrument to evaluate progress and identify gaps in public health responses to HIV.

Among the **19 countries** with complete data, **11 countries²** reported achieving the UNAIDS 90-90-90 targets by 2020³. Out of these 11 countries, **Finland** stands out as the only country reporting fulfilment of the UNAIDS 95-95-95 targets, a more ambitious goal set to be achieved by 2025.

The survey responses reveal notable disparities in the availability, transparency, and completeness of epidemiological data across the surveyed countries. While significant progress has been made in several nations, with **11 countries** achieving the 90-90-90 targets with **Finland** reaching the 95-95-95 threshold, gaps in data collection and monitoring remain a challenge. Addressing these gaps is essential for crafting informed, effective, and inclusive public health strategies that advance the integration of community-led initiatives into national responses.

Table 2: Progress in achieving the UNAIDS 90-90-90 targets

	Estimated No. of PLHIV	Awareness of HIV+ status	Administration of sustained antiretroviral therapy	Viral suppression
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	3600 (3000-4200)	86%	60%	58%
<i>Cyprus</i>	Not available	92%	94%	97%
<i>Czech Republic</i>	3980	83%	99%	97%
<i>France</i>	190000	85%	Not available	Not available
<i>Germany</i>	90800	90%	96%	96%
<i>Greece</i>	17175	90%	81%	73%

² This number includes countries that reported their achievement as a percentage range, provided that the upper limit of the range met or exceeded the target.

³ Belgium, Cyprus, Denmark, Finland, Germany, Italy, Netherlands, Portugal, Slovenia, Spain, Sweden

<i>Hungary</i>	Not available	Not available [Unofficial estimate: 50-60%.]	Not available [Unofficial estimate: 88%]	Not available
<i>Italy</i>	142331	94%	94%	93%
<i>Poland</i>	Not available	28621 individuals	64%	Not available
<i>Portugal</i>	45532	92%	90%	93%
<i>Romania</i>	18000-22000	78-97%	61-75%	54-66%
<i>Slovakia</i>	Not available	1147 individuals	> 90%	Not available
<i>Slovenia</i>	898	90%	93%	98%
<i>Sweden</i>	8300	≥90%	≥98%	≥95%
<i>Partner Organisations (NON-CORE)</i>				
<i>Austria</i>	8400-9000	96%	96%	89%
<i>Belgium</i>	19230	97%	94%	98%
<i>Croatia</i>	1800	81%	98%	98%
<i>Denmark</i>	6800	91%	92%	98%
<i>Estonia</i>	Not available	85-90%	80-85%	85%
<i>Finland</i>	3500	96%	96%	96%
<i>Ireland</i>	Not available	Not available	Not available	Not available
<i>Latvia</i>	Not available	73%	64%	Not available
<i>Lithuania</i>	3600	66%	42%	Not available
<i>Luxembourg</i>	1455	85%	95%	82%
<i>Malta</i>	568	Not available	Not available	Not available
<i>Netherlands</i>	24400	94%	96%	96%
<i>Spain</i>	150000	93%	97%	90%

Section 3 - HIV: Legal Protection and Barriers

General Note: Several responses in this section were adjusted by the authors following an analysis of the referenced national legislation or further clarifications provided by partner organizations. These adjustments were made to ensure the accuracy and consistency of the data presented. The rationale for each adjustment is documented in **Table 3 below**, providing a transparent overview of the decision-making process.

1. HIV-Specific Antidiscrimination protection

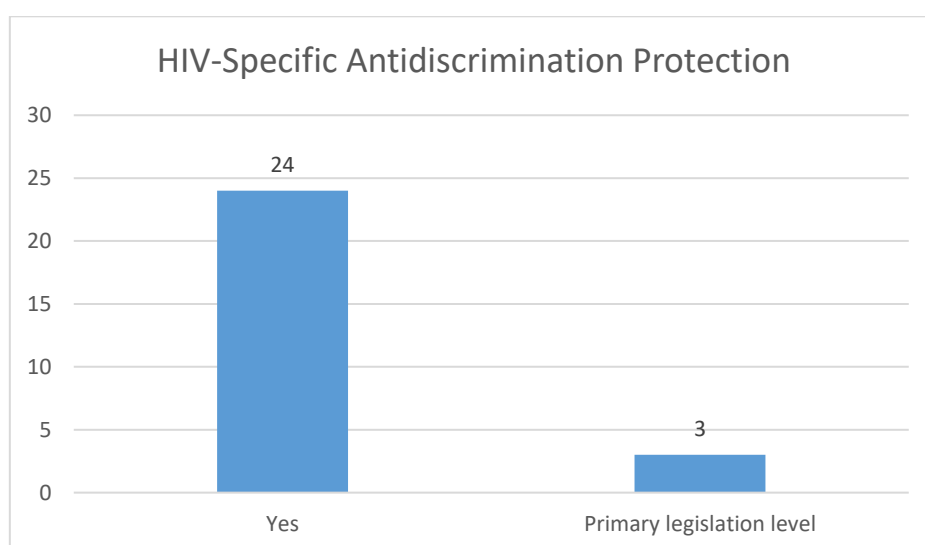
HIV-specific anti-discrimination legislation was reported in **3 countries**, reflecting a notable step forward in addressing the rights of people living with HIV (PLHIV). This achievement underscores the progress being made toward creating inclusive legal frameworks that directly target HIV-related stigma and discrimination. These countries have implemented specific legislative measures:

- **Greece:** Article 47 of Law 4997/2022 explicitly prohibits discrimination in access to employment against PLHIV. This provision represents a targeted effort to safeguard the employment rights of PLHIV, addressing one of the most critical areas where discrimination often occurs.
- **Italy:** Legge 5 giugno 1990, n. 135 (Law of June 5, 1990, No. 135), titled "Programma di interventi urgenti per la prevenzione e la lotta contro l'AIDS" (Program of urgent interventions for the prevention and fight against AIDS), provides a legal foundation for anti-discrimination efforts. This

early legislative action showcases Italy's commitment to addressing AIDS-related issues, including protecting the rights of PLHIV.

- **Romania:** Government Ordinance No. 137/2000 comprehensively prohibits discrimination on a wide array of grounds, including HIV-positive status. It explicitly forbids any differentiation, exclusion, or restriction based on HIV-positive status, ensuring equal recognition and protection of rights across various domains, including political, economic, social, and cultural life. Discrimination, whether direct or indirect, is actively sanctioned under the law.⁴

In addition, several countries highlighted that while they do not have HIV-specific provisions in their national laws, their anti-discrimination legislation includes open-ended lists of protected grounds. These provisions allow for broader interpretation and potential protection for PLHIV, representing a positive mechanism to address discrimination in a flexible and inclusive manner.



2. Health Status or Disability Antidiscrimination Protection Extending to PLHIV

Legal provisions protecting against discrimination based on health status or disability were reported as extending to PLHIV in **23 countries**, reflecting substantial progress in ensuring the rights of PLHIV are upheld. These protections are implemented across various levels of legislation:

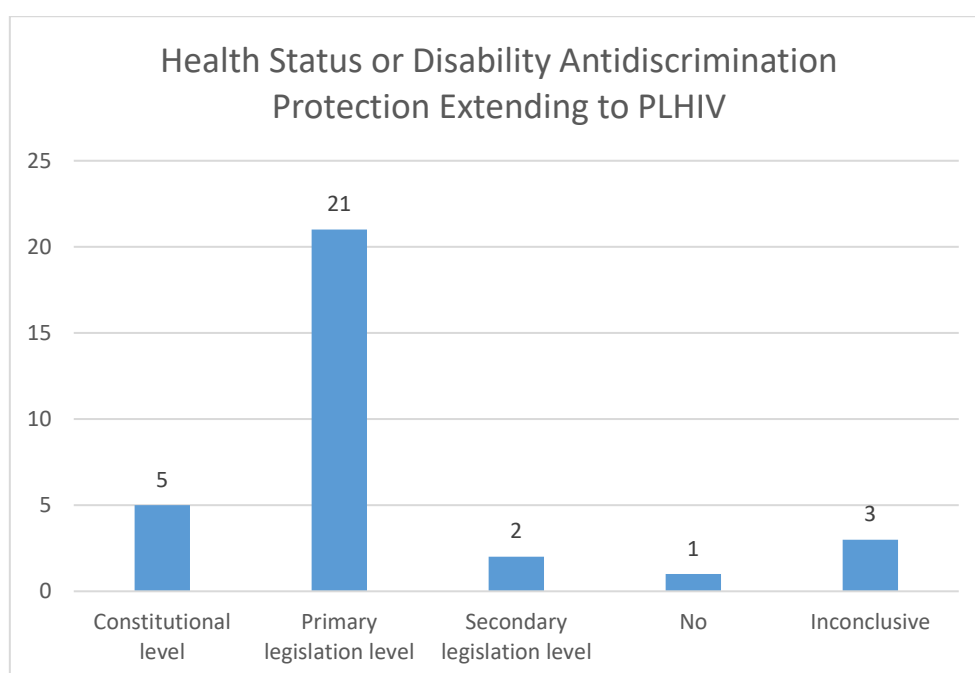
- **20 countries** indicated protections at the **primary legislation level**, marking a significant step forward in addressing discrimination. These laws provide clear and actionable frameworks that can directly combat stigma and protect the rights of PLHIV in areas like employment, healthcare, and education.

⁴ <https://leglobal.law/countries/romania/employment-law/employment-law-overview-romania/04-anti-discrimination-laws/#:~:text=137%2F2000%20prohibits%20any%20difference,or%20any%20other%20criterion%2C%20aiming>)

- **6 countries** reported protections at the **constitutional level**, embedding anti-discrimination principles into the highest legal authority. This foundational commitment strengthens the legal standing of such protections and demonstrates a broader focus on equality.

Additionally, **2 countries** noted protections at the **secondary legislation level**, representing a more detailed and operationalized approach to implementing anti-discrimination measures.

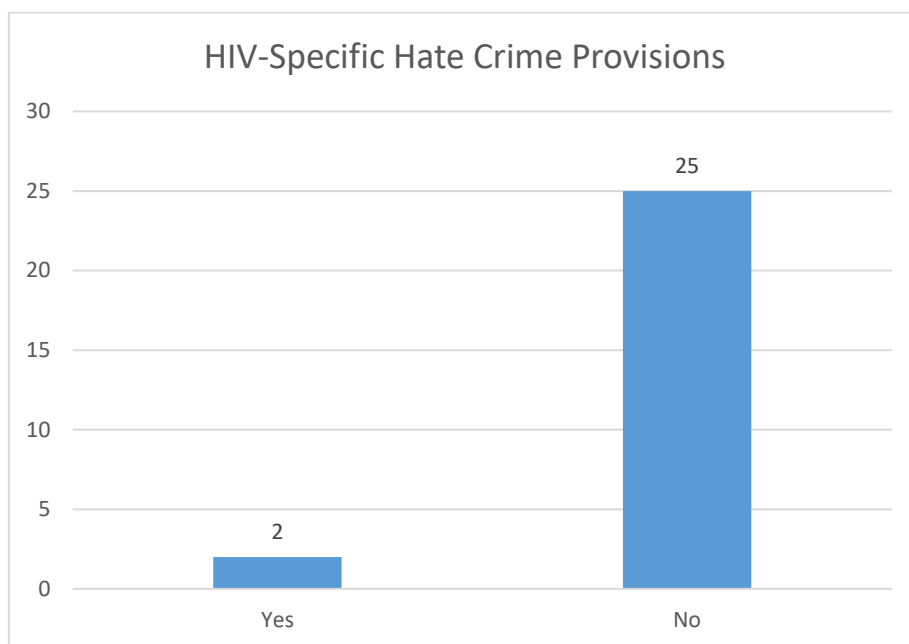
However, **3 countries** provided **inconclusive responses**, indicating that it remains **unclear whether protection on the grounds of health status or disability explicitly extends to PLHIV under national law**. **1 country (Malta)** explicitly reported the absence of any protections and specified that the definition of disability is tied to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which is not reasonably expected to include HIV if tested in a Maltese court.



3. HIV-Specific Hate Crime Provisions

HIV-specific hate crime provisions are notably absent in the majority of surveyed countries, with **25 out of 27** indicating no such legal measures. This highlights a significant gap in addressing hate crimes targeting people living with HIV (PLHIV) at a legislative level. **2 countries (Romania and Spain)**, however, have introduced HIV-specific hate crime provisions, reflecting progressive efforts to acknowledge and address the specific vulnerabilities of PLHIV.

In addition, partner organizations from **6 other countries** initially indicated the existence of HIV-specific hate crime provisions. However, based on the analysis of referenced national legislation or further specifications provided, these answers were **adjusted by the authors** to align with the documented legal frameworks. Detailed reasoning for these adjustments is provided in **Table 3 below**.



4. Hate Crime Provisions Protecting LGBTQ+ Individuals

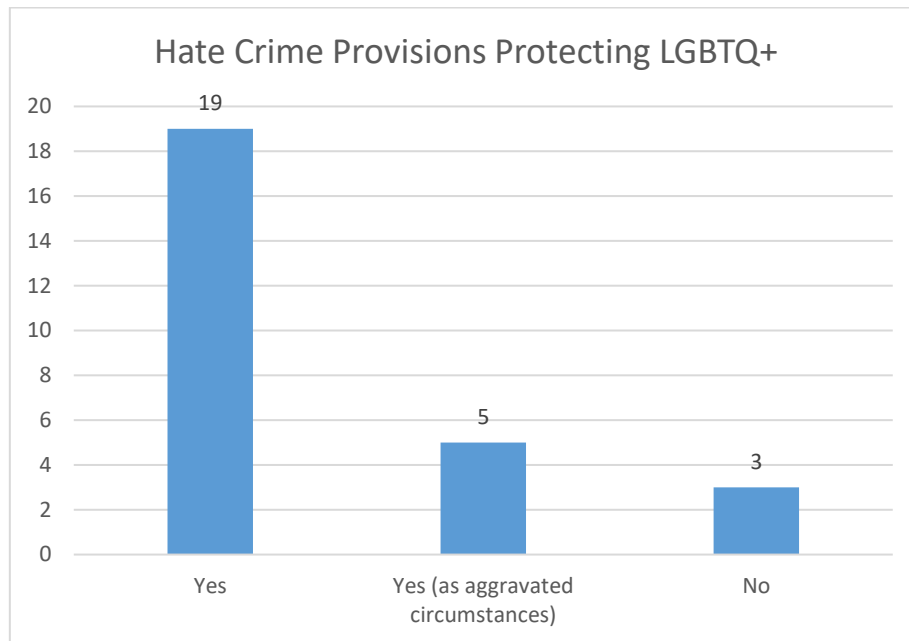
Explicit hate crime provisions⁵ protecting LGBTQ+ individuals were reported to be present in **19 countries**, indicating significant progress in safeguarding LGBTQ+ rights and addressing targeted violence.

5 countries indicated indirect protection by recognizing hate crimes against LGBTQ+ individuals as **aggravated circumstances** within broader crime laws. While this offers some level of protection, these measures lack the visibility and specificity of explicit legal provisions.

3 countries reported the absence of such protections, highlighting gaps in legal frameworks that leave LGBTQ+ individuals vulnerable.

The widespread inclusion of protections in most surveyed countries (24 out of 27) is encouraging. However, countries without explicit provisions or relying on indirect measures present opportunities for legal reform and advocacy.

⁵ The response “**yes**” in some cases includes jurisdictions where the LGBTQ+ community is protected through an open-ended list of grounds, offering a degree of flexibility in addressing hate crimes.



5. Available Legal Remedies (Discrimination)

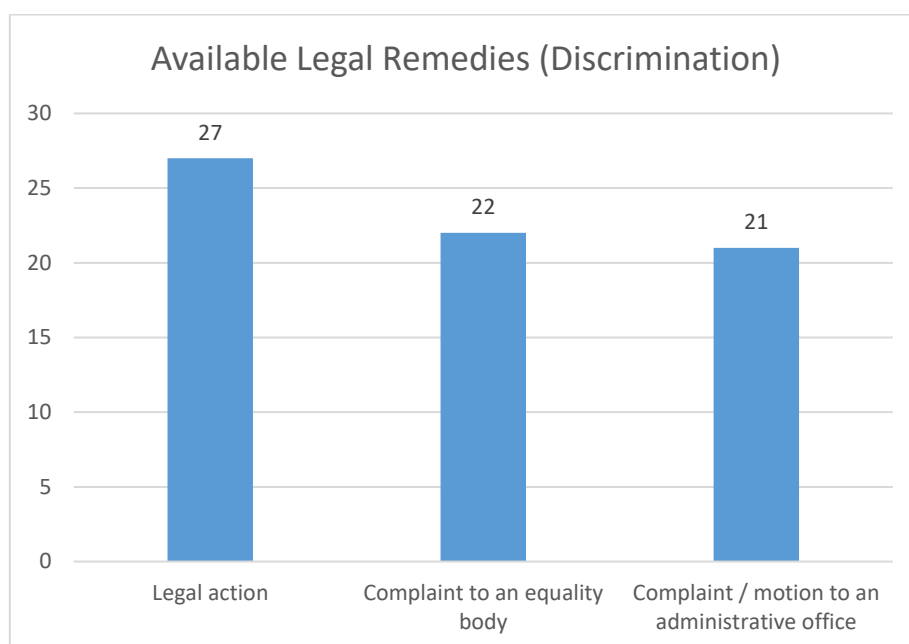
The availability of legal remedies for addressing discrimination was reported across the surveyed countries as follows:

Legal Action (27 countries): All surveyed countries provide the option of pursuing legal action, establishing a universal baseline mechanism for individuals seeking justice against discrimination. This reflects a strong commitment to enabling judicial recourse.

Complaint to an Equality Body (22 countries): A significant majority of countries reported the availability of filing a complaint with an equality body. These specialized institutions play a crucial role in addressing discrimination, often offering a more accessible and specialized avenue compared to formal legal proceedings.

Complaint/Motion to an Administrative Office (21 countries): Almost all countries provide the option to submit complaints or motions to administrative offices, serving as a preliminary or complementary mechanism for addressing grievances. This route is particularly important for individuals seeking remedies without engaging in lengthy legal processes.

The data highlights the presence of diverse remedies in most countries, ensuring multiple pathways for addressing discrimination. However, the differences in reported availability of specific remedies suggest opportunities for standardizing approaches and strengthening less utilized mechanisms, such as administrative remedies.



6. Legislation Providing a Basis for Discrimination Against PLHIV

The survey responses reveal that **10 countries** reported some form of legal basis for discrimination against people living with HIV (PLHIV). The distribution across these countries is as follows:

- **Constitutional Level (1 country):** Finland
- **Primary Legislation Level (3 countries):** Cyprus, Poland, Romania
- **Multiple Levels (4 countries)** (i.e., discrimination is embedded in primary and other levels of legislation): Austria, Bulgaria, Czech Republic, Slovakia, Spain
- **Secondary Legislation Level (1 country):** Croatia

Despite these findings, **17 countries** explicitly stated that no legislation provides a basis for discrimination against PLHIV. This majority demonstrates progress in upholding principles of equality and non-discrimination.

The data underscores the need for targeted advocacy and legislative reforms in these **10 countries** to eliminate provisions that allow for discrimination against PLHIV. These laws, whether explicit or implicit, undermine efforts to combat stigma and ensure equal access to rights and services for PLHIV.

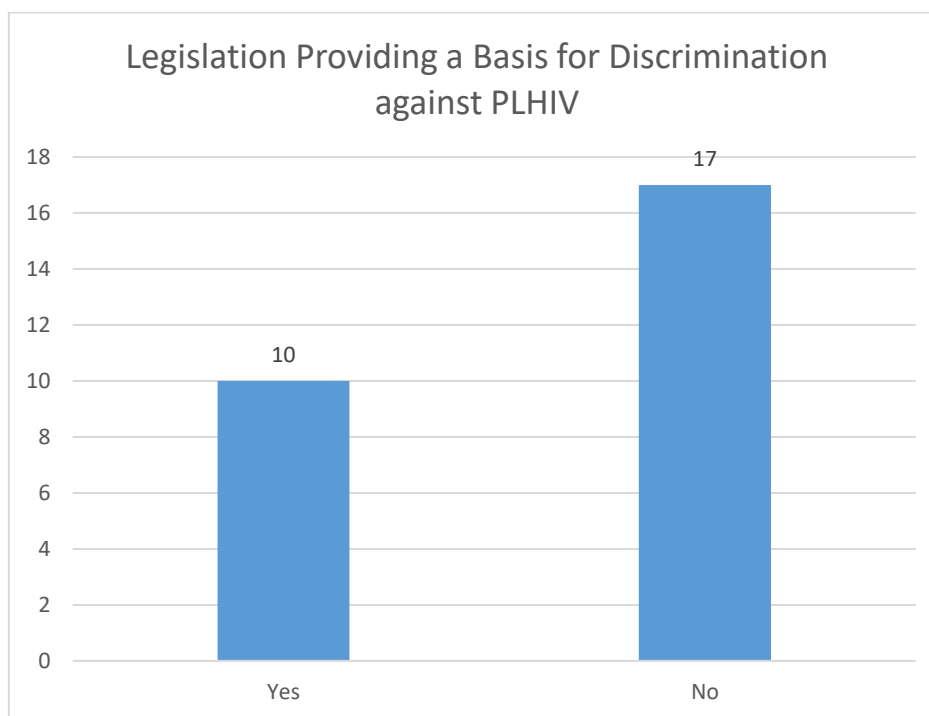


Table 3: HIV Legal Protection and Barriers

	Is there a national law prohibiting discrimination of people on the grounds of HIV?	Is there a national law prohibiting discrimination on the grounds of health status or disability, which would extend to protection against discrimination of PLHIV?	Are there specific hate crime provisions in the Criminal Code that protect against crimes motivated by prejudice against PLHIV?	Are there hate crime provisions in the Criminal Code that protect against crimes motivated by prejudice against LGBTQ+ people?	What legal or other remedies are available to PLHIV when they are discriminated against?	Are there any legal provisions that discriminate against PLHIV or can provide basis for discrimination against PLHIV?
<i>Network Members (CORE)</i>						
<i>Bulgaria</i>	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary

						legislation level
Cyprus	No	Inconclusive*	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level
* Unclear whether protection on the grounds of health status/disability extends to PLHIV under national law.						
Czech Republic	No	<input type="checkbox"/> Yes, at the constitutional level <input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level
France	No	<input type="checkbox"/> Yes, at the constitutional level <input type="checkbox"/> Yes, at the primary legislation level*	No**	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
* Answer adjusted by the authors based on legislation referenced by the responding partner organisation: Law No. 90-602 of July 12, 1990 relating to the protection of people against discrimination based on their state of health or disability ** Answer adjusted by the authors based on further description provided by the responding partner organisation: The French law does not provide specific provisions on sexophobia. Then reference should be made to discriminations due to health or disability.						
Germany	No*	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
* Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Section 1 of the Allgemeines Gleichbehandlungsgesetz (AGG).						
Greece	<input type="checkbox"/> Yes, at the primary legislation level	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
Hungary	No*	<input type="checkbox"/> Yes, at the primary legislation level	No**	Yes	<input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
* Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Section 8 of the Act CXXV 2003 does not include HIV in its list of protected grounds, which however is an open-ended list protecting also "any other status".						

<p>** Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Section 332 of the Hungarian Criminal Code does not explicitly include HIV in its list of grounds protected against hate crime; however, it is an open-ended list protecting also other "certain groups of society".</p>						
Italy	<input type="checkbox"/> Yes, at the primary legislation level	<input type="checkbox"/> Yes, at the constitutional level	No	Yes (as aggravated circumstance in other crimes)	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
Poland	No	<input type="checkbox"/> Yes, at the constitutional level	No	No	Legal action	<input type="checkbox"/> Yes, at the primary legislation level
Portugal	No	<input type="checkbox"/> Yes, at the primary legislation level*	No**	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
<p>* Answer adjusted by the authors because the legislation referenced by the responding partner organisation is a primary law source: Act No. 46/2006</p> <p>** Answer adjusted by the authors based on further description provided by the responding partner organisation: Hate crimes are foreseen in Portuguese law but not specifically for PLHIV</p>						
Romania	<input type="checkbox"/> Yes, at the primary legislation level*	<input type="checkbox"/> Yes, at the primary legislation level*	Yes	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level**
<p>* Answer adjusted by the authors because the legislation referenced by the responding partner organisation is a primary law source: Act No. 286/2009 (the Romanian Criminal Code).</p> <p>** Answer adjusted by the authors based on further description provided by the responding partner organisation which referenced (primary law sources): Articles 326, 352,325^1, and 353 of the Criminal Code (as amended by the Emergency Ordinance No. 28 of 18 March 2020).</p>						
Slovakia	No	<input type="checkbox"/> Yes, at the primary legislation level	No	No	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level
Slovenia	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes (as aggravated circumstance in other crimes)	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No

Sweden	No*	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
* Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Article 2 of the Swedish Constitution does not include HIV in its list of protected grounds; it is, however, an open-ended list protecting also "other circumstance affecting the individual". Section 1 of the Swedish Discrimination Act (2008:567) does not include HIV in its list of protected grounds.						
<i>Partner Organisations (NON-CORE)</i>						
Austria	No	<input type="checkbox"/> Yes, at the primary legislation level	No	No*	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level
* There are no specific hate crime provisions for PLHIV or LGBTIQ+ persons, but the legal interests, e.g. freedom or the most personal sphere of life, are protected by the Criminal Code.						
Belgium	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes (as aggravated circumstance in other crimes)	<input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
Croatia	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes (as aggravated circumstance in other crimes)	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	Yes, at the secondary legislation level
Denmark	No	Inconclusive (i.e., potentially, but no legal precedent has been established yet)	No*	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
* Answer adjusted by the authors based on further description provided by the responding partner organisation: The Hate Crime Act doesn't specifically mention discrimination against HIV, but there have been rulings on the basis of HIV and AIDS-related insults.						
Estonia	No*	<input type="checkbox"/> Yes, at the primary legislation level**	No***	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No

* Answer adjusted by the authors based on further description provided by the responding partner organisation: The sources provided (Prohibition of Discrimination, Norms on Equal Treatment and Prohibition of Discrimination, Equal Treatment Act) relate to the general prohibition of discrimination on various grounds, including nationality, race, sex, language, etc. However, there is no direct mention of protection of PLHIV from discrimination.

** Answer adjusted by the authors based on further description provided by the responding partner organisation: In other words, there is no law in Estonia that directly and specifically mentions the protection of PLHIV from discrimination. However, there are several fundamental laws that provide general protection against discrimination on the grounds of health status and disability, which includes HIV-positive people.

*** Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Section 151, 152, and 153 of the Estonian Criminal Code do not explicitly include HIV in their list of grounds protected against hate crime.

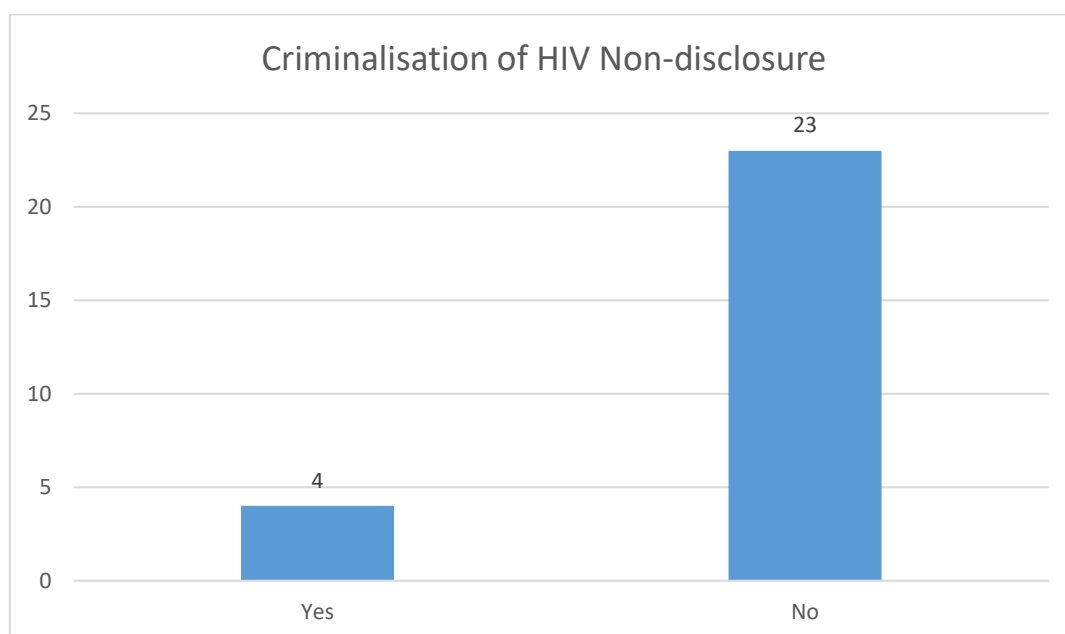
<i>Finland</i>	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes (as aggravated circumstance in other crimes)	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	Yes, at the constitutional level
<i>Ireland</i>	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	No
<i>Latvia</i>	No	Inconclusive*	No	Yes*	<input type="checkbox"/> Legal action	No
<p>* Unclear whether protection on the grounds of health status/disability extends to PLHIV under national law.</p> <p>** Answer adjusted by the authors based on the legislation referenced by the responding partner organisation: Section 150 of the Latvian Criminal Code</p>						
<i>Lithuania</i>	No	<input type="checkbox"/> Yes, at the primary legislation level	No	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body Legal action	No
<i>Luxembourg</i>	No	<input type="checkbox"/> Yes, at the primary legislation level*	No	Yes**	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Legal action	No
<p>* Answer adjusted by the authors based on further description provided by the responding partner organisation: Our criminal law code prohibits discrimination on the basis of health status (art. 454 et suivants Code Pénal). The prohibition of discrimination protects individuals as well as communities. Different sentences are provided for different type of behaviours constituting discrimination.</p> <p>** Answer adjusted by the authors based on the legislation referenced by the responding partner organisation: Section 457-1 and 454 of the Criminal Code of Luxembourg.</p>						
<i>Malta</i>	No	No	No	Yes	<input type="checkbox"/> Legal action	No
<i>Netherlands</i>	No*	<input type="checkbox"/> Yes, at the primary legislation level	No**	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an	No

					equality body <input type="checkbox"/> Legal action	
* Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds: Article 1 of the Dutch Constitution does not include HIV in its list of protected grounds; it is, however, an open-ended list protecting also “any other grounds whatsoever”. ** Answer adjusted by the authors because the legislation referenced by the responding partner organisation did not contain an HIV-specific list of protected grounds (Criminal Code of the Netherlands)						
Spain	No	<input type="checkbox"/> Yes, at the constitutional level <input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level	Yes	Yes	<input type="checkbox"/> Complaint / motion to an administrative office <input type="checkbox"/> Complaint to an equality body <input type="checkbox"/> Legal action	<input type="checkbox"/> Yes, at the primary legislation level <input type="checkbox"/> Yes, at the secondary legislation level

Section 4 - HIV: Criminalisation

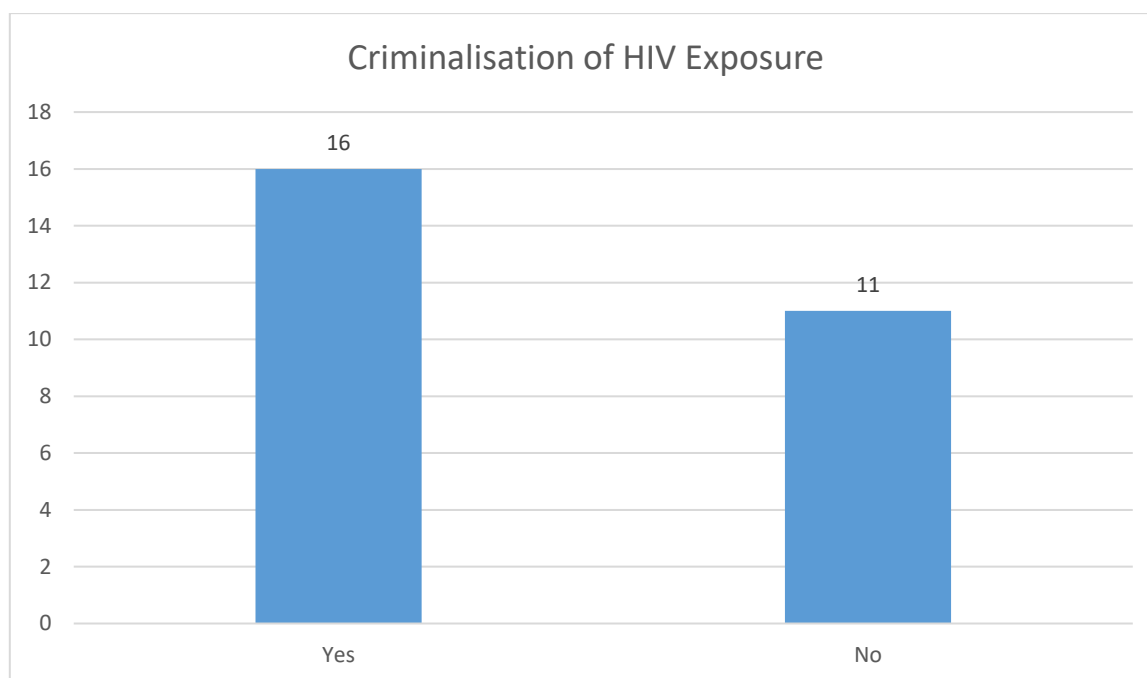
1. Criminalisation of HIV Non-disclosure

The survey responses reveal a mixed approach to the criminalisation of HIV non-disclosure. A total of **4 countries** criminalise non-disclosure. However, **23 countries** responded that HIV non-disclosure is not criminalised reflecting reliance on broader public health strategies.



2. Criminalisation of HIV Exposure

Criminalisation of HIV exposure remains a notable legal mechanism in **16 countries**. These jurisdictions treat the act of exposing others to HIV, regardless of transmission, as a matter of public health and legal concern. However, **11 countries** have opted against criminalisation of HIV exposure, potentially emphasizing prevention or alternative non-criminal approaches to managing HIV-related risks. This split suggests differing legal philosophies and public health strategies across responding countries.



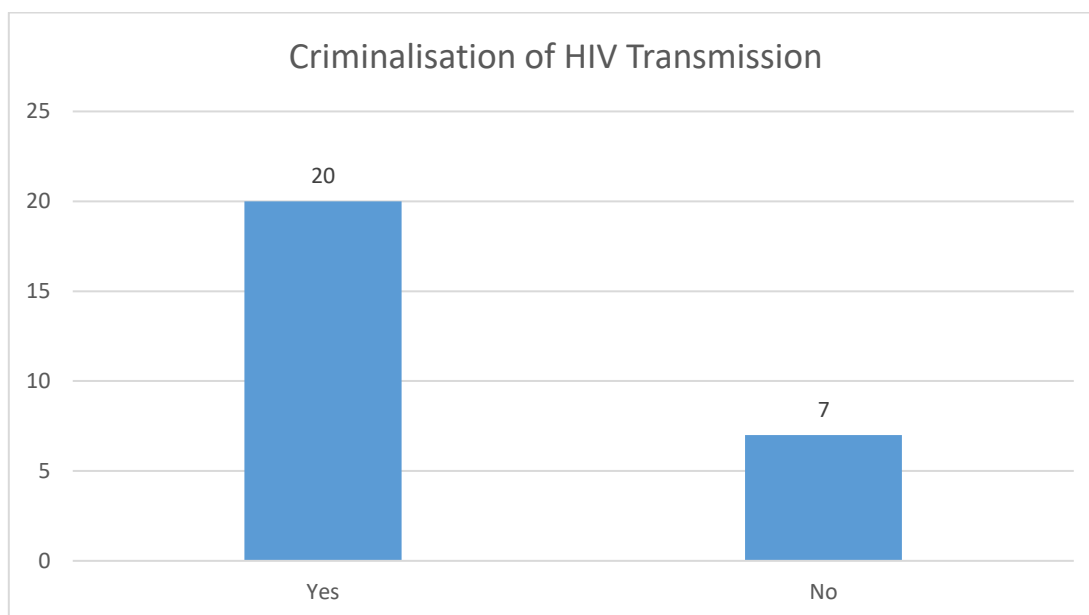
3. Criminalisation of HIV Transmission

The criminalisation of HIV transmission is the most prevalent among the surveyed categories. A total of **20 countries** report criminalising intentional or negligent transmission of HIV. This legal approach reflects a strong consensus on addressing HIV transmission through punitive measures. Conversely, **7 countries** do not criminalise HIV transmission, choosing instead to focus on non-punitive strategies, such as enhancing prevention programs and promoting awareness. This difference highlights the ongoing debate over the effectiveness of criminalisation versus public health approaches.

Closer look: Even in the 7 countries, where HIV transmission was reported as not criminalised, there were often clarifications of previous cases of PLHIV being accused of / prosecuted due to “causing serious bodily harm”. These survey responses suggest that while direct criminalisation of HIV transmission may not exist in these jurisdictions, prosecutions under alternative legal frameworks are either uncommon in practice or lack documented case-study data. Below, we present an overview of additional specifications provided in the survey responses:

- **Greece:** There were some incidents in 2012 when some women were accused of causing serious body harm to other people due to non-disclosure, exposure and transmission of HIV.

- **Portugal:** No further specification.
- **Belgium:** Currently, there is no explicit criminal legislation regarding HIV transmission, exposure, or non-disclosure. General criminal laws have been used to prosecute, but prosecution is rare. On 8 April 2026, a new law is becoming effective, and it will criminalise wilful transmission (not exposure or non-disclosure).
- **Denmark:** Non-disclosure/wilful transmission and unprotected intercourse were previously illegal actions for PLHIV under penal code § 252, but the law was later repealed and annulled. Penal code § 252 states that: “[...] anyone who recklessly causes the risk of someone becoming infected with a life-threatening and incurable disease is punished with imprisonment”. However, HIV is no longer acknowledged as a “life-threatening and incurable disease” according to Danish law, which indicates no penalty for wilful transmission of HIV. Wilful transmission is only illegal in cases of non-sexual transmission (e.g., bloodwork or in health care facilities).
- **Ireland:** One reported conviction for knowingly transmitting HIV under Section 4 of the Non-Fatal Offences Against the Person Act 1997 (S.4 Causing Serious Harm) (two counts) was successfully prosecuted in 2018. However, following a Supreme Court decision in 2024, the conviction has been overturned. As a result, no reported case has been successfully prosecuted under S.4 of the Act. This does not preclude future suspected knowing transmission from being prosecuted under this criminal code provision, but there are no specific laws on HIV non-disclosure, transmission or exposure.
- **Luxembourg:** We do not have laws specifically criminalizing HIV transmission or non-disclosure. The only relevant provision in our legislation is within the criminal code under the prohibition of rape. This provision allows for an increased sentence in cases where rape leads to a disease or permanent work incapacity (Article 376 of the Code Pénal). This provision was introduced into the law in 2023.
- **Netherlands:** Throughout, Netherlands’ activists used both legal and policy actions, challenging the individual prosecutions one by one while also building the case against prosecutions in general with the Departments of Health and Justice. This culminated in the successful Supreme Court decisions of 2005 and 2007, where the Supreme Court ruled that the existing law was inappropriate. The Departments of Health and Justice and Interior Affairs declined to create a new law to cover the issue, because they had been provided with the expert report ‘Detention or Prevention’ and considered criminal proceedings as counterproductive. There was also a successful and highly publicized prosecution in Groningen in 2007/2008 for (very unusual) intentional transmission, involving drugging men and injecting them with blood from someone with HIV. The case fell within the guidelines of the 2004 report for what might be appropriately prosecuted.



4. Existence of HIV-specific Training or Guidelines for Police, Prosecutors, and Judges

The availability of HIV-specific training or guidelines for law enforcement and judicial actors remains scarce. A majority of surveyed countries (**22 countries**) reported having no such training or guidelines in place. Of the remaining countries, only a small number (**3 countries**) reported the existence of both training and guidelines, while **1 single response** was noted for providing only training. One country reported having no available information. This lack of targeted training may pose a challenge to effectively implementing HIV-related legal measures while respecting human rights.

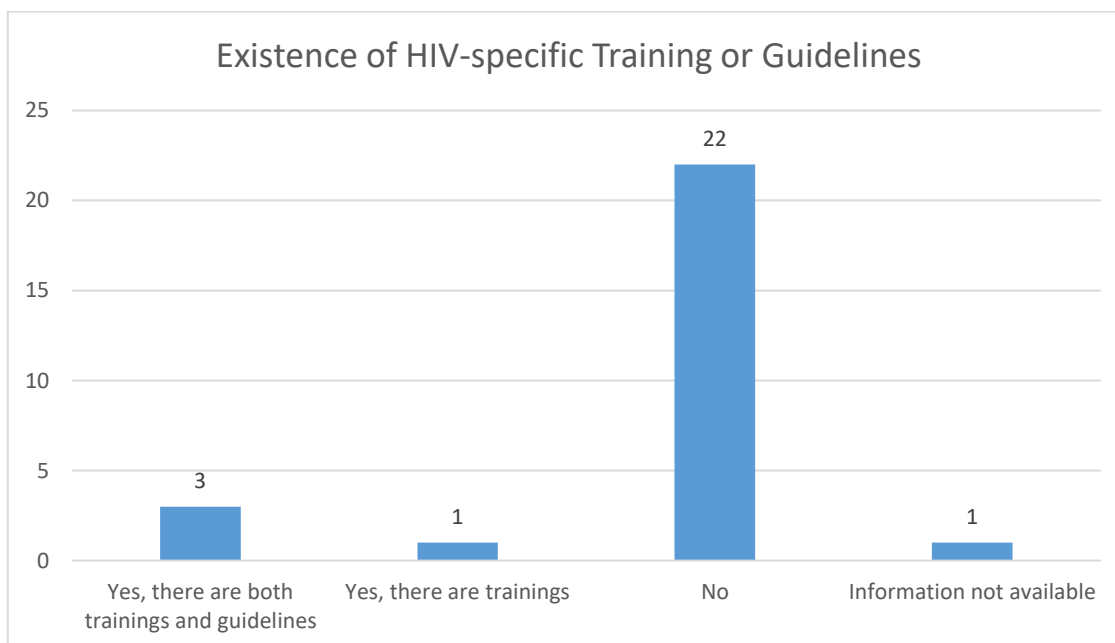


Table 4: HIV Criminalisation

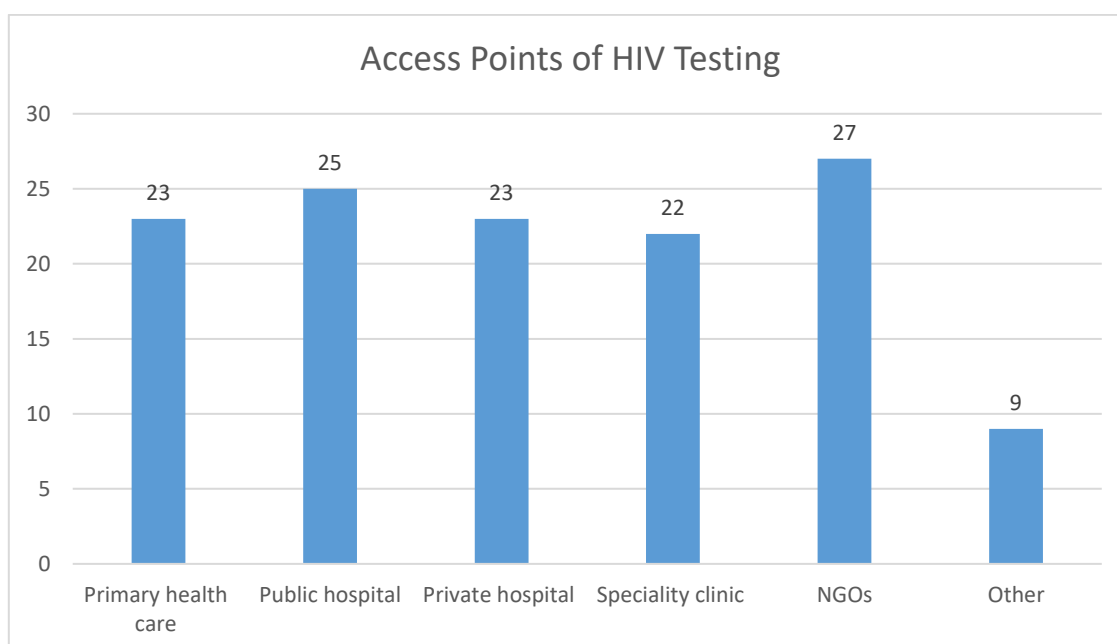
	HIV non-disclosure	Exposure	Transmission	HIV-specific training or guidelines
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	No	Yes	Yes	No
<i>Cyprus</i>	Yes	Yes	Yes	No
<i>Czech Republic</i>	No	Yes	Yes	No
<i>France</i>	No	No	Yes	Yes, there are both trainings and guidelines
<i>Germany</i>	No	No	Yes	No
<i>Greece</i>	No	No	No	No
<i>Hungary</i>	No	No	Yes	No
<i>Italy</i>	No	Yes	Yes	No
<i>Poland</i>	No	Yes	Yes	No
<i>Portugal</i>	No	No	No	Yes, there are trainings
<i>Romania</i>	Yes	Yes	Yes	No
<i>Slovakia</i>	Yes	Yes	Yes	No
<i>Slovenia</i>	No	Yes	Yes	No
<i>Sweden</i>	Yes	Yes	Yes	No
<i>Partner Organisations (NON-CORE)</i>				
<i>Austria</i>	No	Yes	Yes	Information not available
<i>Belgium</i>	No	No	No (Subject to change effective 8 April 2026 due to legislative reform)	No
<i>Croatia</i>	No	No	Yes	No
<i>Denmark</i>	No	No	No	No
<i>Estonia</i>	No	Yes	Yes	Yes, there are both trainings and guidelines
<i>Finland</i>	No	Yes	Yes	No
<i>Ireland</i>	No	No	No	No
<i>Latvia</i>	No	Yes	Yes	No
<i>Lithuania</i>	No	Yes	Yes	No
<i>Luxembourg</i>	No	No	No	No
<i>Malta</i>	No	Yes	Yes	No
<i>Netherlands</i>	No	No	No	No
<i>Spain</i>	No	Yes	Yes	Yes, there are both trainings and guidelines

Section 5 - HIV: Testing

1. Access Points of HIV Testing

The survey responses indicate that HIV testing is broadly accessible across a variety of service platforms in the surveyed countries. **NGOs** were the most frequently reported providers, with all **27 countries** indicating their significant involvement in delivering HIV testing services. **Public hospitals** and **private hospitals** also serve as significant access points, identified in **25 countries** and **23 countries**, respectively. Similarly, **primary health care facilities (23 countries)** and **specialty clinics (22 countries)** also play a pivotal role in decentralizing HIV testing services and expanding their availability.

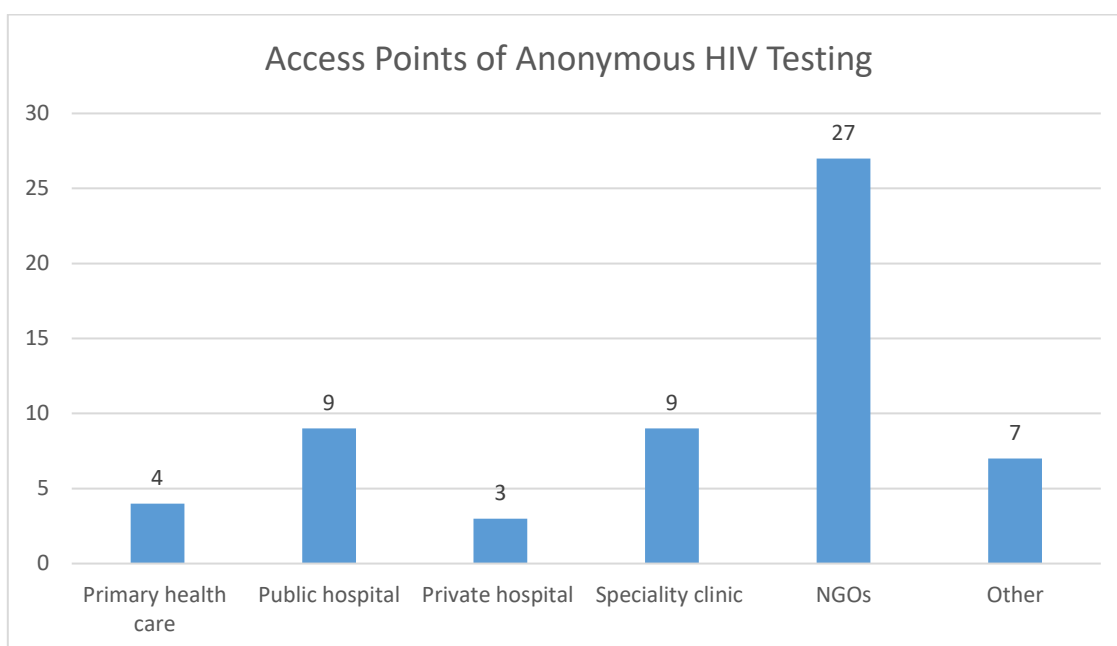
Notably, **9 countries** reported "**Other**" settings as access points for HIV testing. These were further specified to include facilities such as analysis laboratories, screening and diagnostic centres, sexual health centres, and harm reduction centres, showcasing innovative approaches to reaching underserved and high-risk populations.



2. Access Points of Anonymous HIV Testing

Anonymous HIV testing is predominantly facilitated by **NGOs**, with all **27 countries**⁶ confirming their role in offering such services. **Public hospitals** and **specialty clinics** also contribute significantly, as reported by **9 countries each**. By contrast, **private hospitals** and **primary health care facilities** were less frequently mentioned, identified by **3** and **4 countries**, respectively. Furthermore, **7 countries** highlighted "**Other**" settings as key providers of anonymous testing, highlighting alternative approaches to ensure confidentiality and access.

⁶ Including Slovenia which reported that a date of birth is required even in case anonymous HIV testing.



3. Cost of HIV Testing

The survey responses regarding the cost accessibility of HIV testing indicate variations in the availability of free-of-charge options across countries; specifically:

- **11 countries** reported that there are options available for both non-anonymous and anonymous testing at no cost.
- **9 countries** indicated that free-of-charge testing options are available only for anonymous testing.
- **2 countries** stated that free-of-charge testing options are limited to non-anonymous testing.
- In **1 country**, patients are always required to contribute to the cost of HIV testing, irrespective of its nature. This response was provided by the partner organisation from Netherlands, which further specified that exceptions apply to certain key populations (e.g., MSM, sex workers, youth) that have access to HIV testing at no cost.
- **4 countries** provided “Other” answers that could not be categorised in the above answer groups, reflecting unique circumstances:
 - In **Hungary**, free HIV testing is only available through NGOs and specialty clinics.
 - In **Italy**, HIV testing is free only through NGOs and select hospitals, while other hospitals charge a partial fee in the form of a “ticket”.
 - In **Romania**, free HIV testing is limited to anonymous testing through NGOs (anonymous) and specific public hospitals (depending on the location).

- In **Slovenia**, free HIV testing is offered solely through 3 NGOs, while public healthcare only provides free testing under certain conditions.

It is important to note that the availability of free testing, as outlined above, does not imply that all non-anonymous and/or anonymous testing is universally free within the respective countries. Rather, the survey responses shall be understood to mean that free-of-charge options are available to individuals seeking it (i.e., under specific conditions/in specific settings).

Supplementary information provided through the survey highlights that costs may vary based on factors such as the type of facility, geographic location, or the demographics of the population being served. Consequently, the categorization above reflects the general availability of free testing options rather than an exhaustive portrayal of HIV testing costs across all contexts.

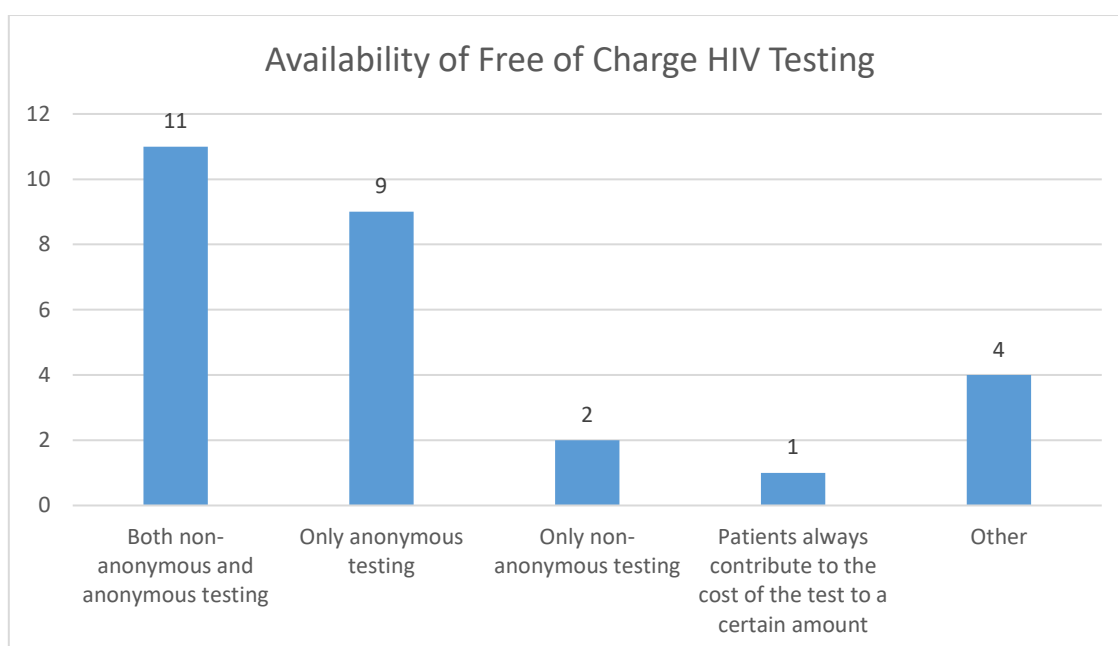


Table 5: HIV Testing

	Where can key populations access HIV Testing?	Where can key populations access anonymous HIV testing?	Is HIV testing free of charge?
<i>Network Members (CORE)</i>			
<i>Bulgaria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private labs and 14	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (Health inspectorates)	Yes, but only anonymous testing is free of charge

	governmental health care inspectorates)		
<i>Cyprus</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Czech Republic</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>France</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other: (Analysis laboratories, Free Information Screening and Diagnostic Centre (CeGIDD), Sexual health centre)	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (Free Information, Screening and Diagnostic Centre (CeGIDD))	Yes, all types of HIV testing are free of charge
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only non-anonymous testing is free of charge
<i>Greece</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Hungary</i>	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private laboratories)	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private laboratories)	HIV testing is only free in NGOs and speciality clinics.
<i>Italy</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Clinical analysis laboratories where any blood tests may be undertaken.)	<input type="checkbox"/> Public hospital (Only specific facilities) <input type="checkbox"/> NGOs	HIV testing is free of charge in NGOs and some hospitals; in some other hospitals people contribute to the cost to a certain amount (ticket), depending on the Regions. In private healthcare clinics people pay the full amount of the test. Some tests (PCR, etc.) are not free of charge.
<i>Poland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge

	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs		
<i>Portugal</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Romania</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Directions of Public Health (present in every city))	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (Directions of Public Health (present in every city))	HIV testing is free in NGOs (anonymous) and certain public hospitals (differs based on location)
<i>Slovakia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Slovenia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs (but requires date of birth)	HIV testing is free in 3 NGOs; in public healthcare HIV testing is only free when certain conditions are met
<i>Sweden</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
Partner Organisations (NON-CORE)			
<i>Austria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Laboratory)	<input type="checkbox"/> NGOs (Aids Hilfe)	Yes, but only non-anonymous testing is free of charge Antigen/antibody tests at AIDS Hilfen are also free of charge.
<i>Belgium</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Croatia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (VCTs at Public Health Institutes)	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (VCTs at Public Health Institutes)	Yes, all types of HIV testing are free of charge
<i>Denmark</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Estonia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge

	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Harm reduction centres, substitution therapy centres for drug users)		
<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care (but very difficult if not impossible) <input type="checkbox"/> Public hospital (but very difficult if not impossible) <input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Ireland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Latvia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (Blood testing sites/laboratories)	Yes, but only anonymous testing is free of charge
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (National Laboratory)	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (National Laboratory)	Yes, all types of HIV testing are free of charge
<i>Malta</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of HIV testing are free of charge
<i>Netherlands</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<p>No, patients always contribute to the cost of the test to a certain amount</p> <p>(However, HIV testing is free for key groups; MSM, sex workers, youth)</p>
<i>Spain</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<p>Yes, but only anonymous testing is free of charge</p> <p>(However, when accessed through private clinics, even anonymous testing is paid)</p>

Section 6 - HIV: Self-testing

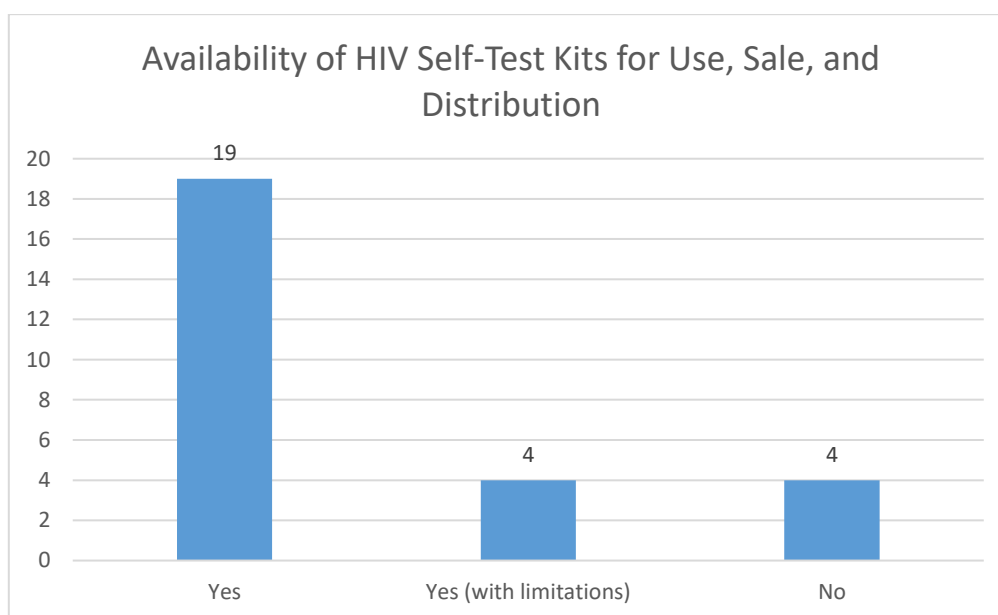
1. Legal Status of HIV Self-test Kits

Among the surveyed countries, **19 countries** reported that HIV self-test kits are fully legal, with no restrictions on their use, sale, or distribution. This reflects significant progress in enabling private testing options and empowering individuals to take charge of their health.

In contrast, **4 countries** reported that while HIV self-test kits are legal, their use, sale, and distribution are subject to limitations. These restrictions may include regulated conditions for sale or limited availability, which can impede equitable access.

Notably, **4 countries** prohibit the use of HIV self-test kits. This prohibition creates substantial barriers to private testing and may hinder the overall public health response by restricting access to critical tools for early HIV detection and management.

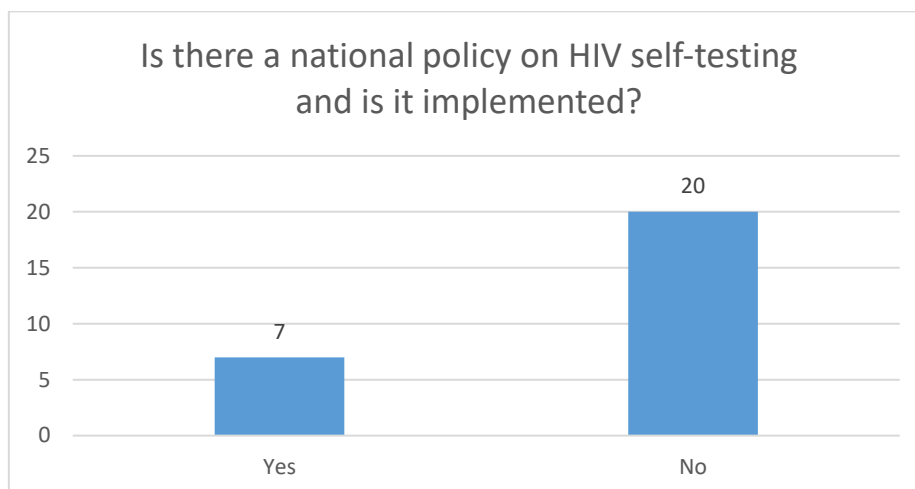
The disparities in legal and policy environments highlight opportunities for advocacy and reform. Expanding the legal accessibility of HIV self-test kits is essential for enhancing their integration into national health systems and supporting community-based and community-led HIV response strategies.



2. National Policies on HIV Self-testing

A total of **7 countries** reported having a national policy on HIV self-testing that is implemented. These policies signify progress in establishing supportive frameworks that promote self-testing as a tool for prevention, early detection, and linkage to care. Countries with such policies are better equipped to integrate community-led initiatives into their national HIV strategies.

Conversely, **20 countries** (i.e., 16 countries in which HIV-self test kits were reported to be legal) lack a national policy on HIV self-testing. Without clear policies, community-led efforts may face obstacles, such as inconsistent regulations, limited availability of test kits, and insufficient funding for outreach initiatives.



3. Access Points for HIV Self-test Kits

HIV self-test kits are available in a variety of settings across the surveyed countries. **Pharmacies (21 countries)** were the most frequently cited distribution point, underscoring their role as accessible outlets for health services. **Online pharmacies** were also widely reported (**20 countries**), reflecting the increasing integration of digital health solutions into service delivery.

NGOs (12 countries) also play a pivotal role in expanding access to HIV self-test kits, particularly in underserved and marginalized communities. Their involvement demonstrates the critical contribution of community-led initiatives in bridging gaps where formal healthcare systems may fall short.

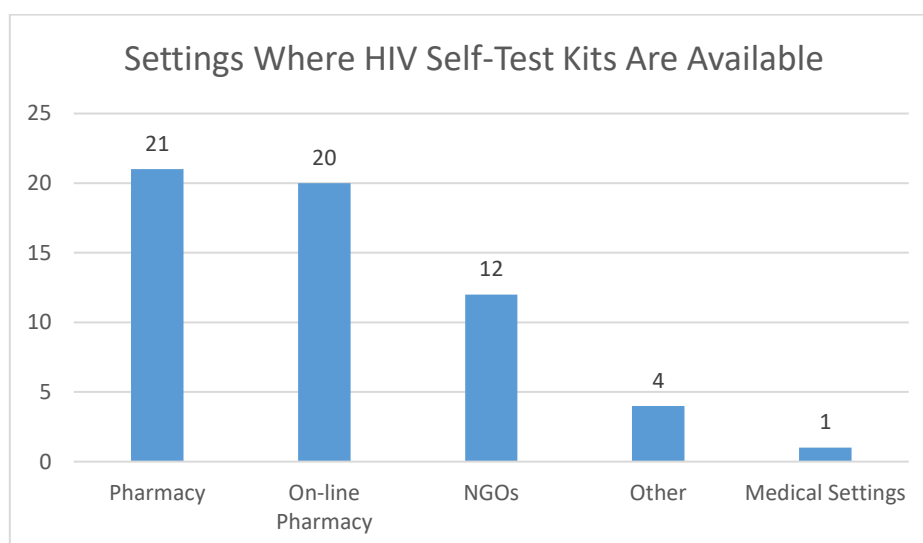


Table 6: HIV Self-testing

	Are HIV self-test kits legal in your country?	Is there a national policy on HIV self-testing?	Where can a person obtain an HIV self-test kit?
<i>Network Members (CORE)</i>			
<i>Bulgaria</i>	No	No	/
<i>Cyprus</i>	Yes, but there are limitations (No HIV self-test kits are available for sale, Ministry of Health distributed a certain amount of self-test kits during Cyprus Pride)	No	<input type="checkbox"/> Other (Available during Cyprus Pride from the Ministry of Health)
<i>Czech Republic</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>France</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Medical settings <input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Germany</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Drugstores)
<i>Greece</i>	No	No	/ (Ordering from on-line pharmacies in other countries may be possible, but such practice could potentially be illegal)
<i>Hungary</i>	No	No	/
<i>Italy</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Poland</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Portugal</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Romania</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Slovakia</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Slovenia</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Sweden</i>	No	No	<input type="checkbox"/> On-line pharmacy
<i>Partner Organisations (NON-CORE)</i>			
<i>Austria</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs (Aids Hilfe self-testing hotline)

<i>Belgium</i>	Yes, but there are limitations (HIV self-test kits need to be certified)	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Croatia</i>	Yes, but there are limitations (HIV self-test kits are not available for sale, despite being legal)	No	/
<i>Denmark</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Estonia</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Finland</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Ireland</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Latvia</i>	Yes, but there are limitations (Available through NGOs' pilot projects)	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Lithuania</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs
<i>Luxembourg</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> NGOs <input type="checkbox"/> Other (On-demand home delivery)
<i>Malta</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> NGOs
<i>Netherlands</i>	Yes, HIV self-tests are available for use, sale and distribution	No	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy
<i>Spain</i>	Yes, HIV self-tests are available for use, sale and distribution	Yes	<input type="checkbox"/> Pharmacy <input type="checkbox"/> On-line pharmacy <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Through the National Programme led by the National AIDS Plan)

Section 7 - HIV: PrEP

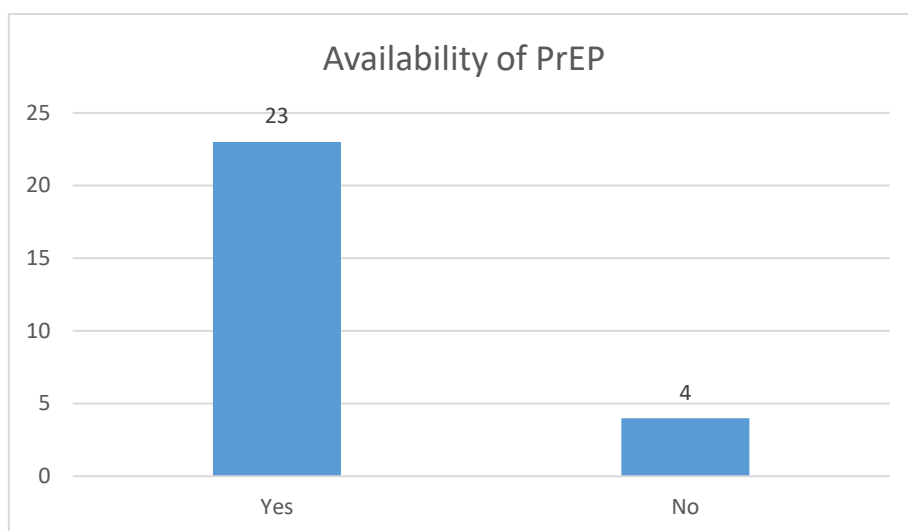
1. PrEP Availability in Responding Countries

The data shows that PrEP is widely available in the 27 participating countries, with **23 countries** reporting its availability. This reflects significant progress in ensuring access to this essential preventive measure. However, **4 countries** reported that PrEP is not available, underscoring the need for targeted interventions to address these gaps and achieve universal availability.

It is important to note that even among countries reporting PrEP availability, the level of access varies. For example, **Romania** clarified that PrEP is not widely available and is offered only through ARAS projects

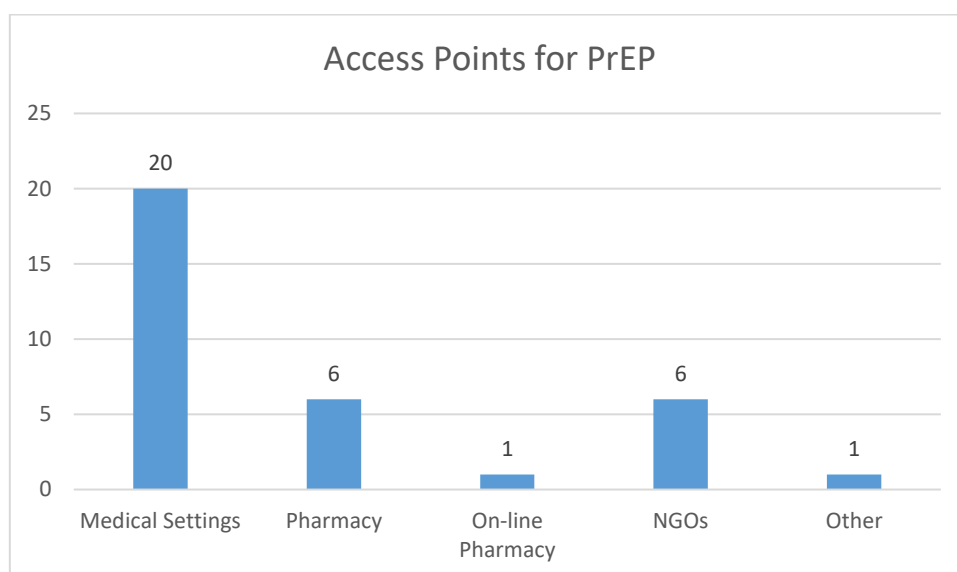
financed by international donors. Only one pharmacy in Bucharest provides PrEP if the patient presents a prescription. Similarly, **Latvia** reported that PrEP availability is limited to a pilot project for HIV prevention targeting men and transgender individuals, implemented in cooperation with the LGBT NGO "Mozaika" and financed by the Elton John AIDS Foundation. This project facilitates access to Truvada in medical settings with support provided by the foundation; however, it is not a state-initiated initiative and is set to expire upon project completion.

These cases highlight the disparities in PrEP accessibility even in countries where it is technically available, emphasizing the reliance on donor-funded initiatives in some contexts and the need for sustainable, state-supported programs.



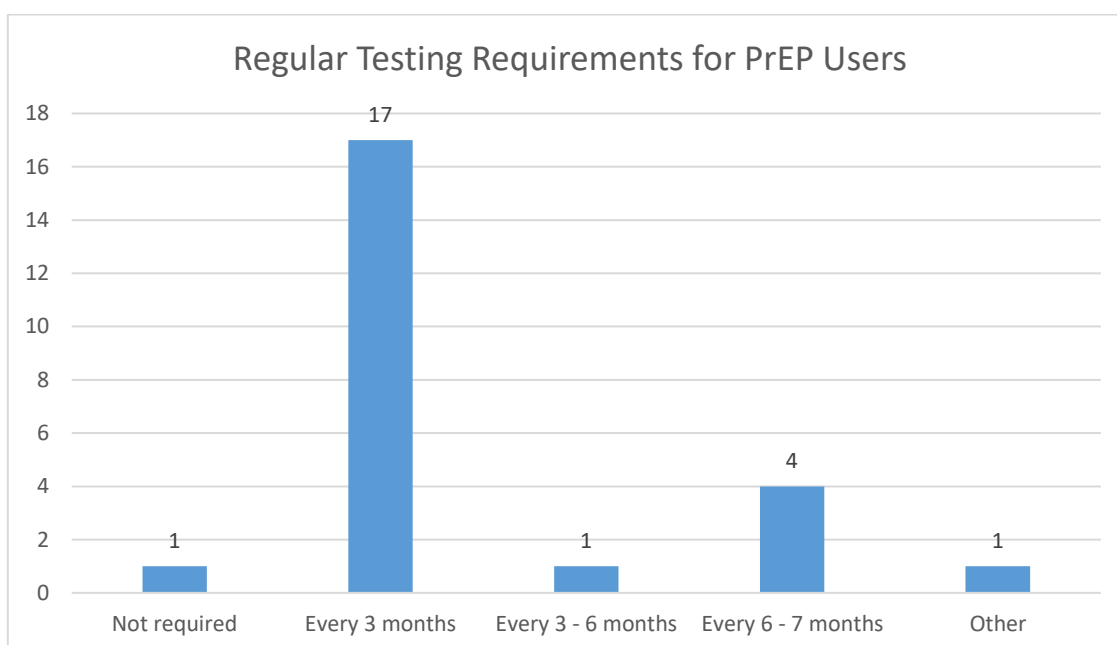
2. Access Points for PrEP

PrEP is primarily accessed through **medical settings**, as reported by **20 countries**. **Pharmacies** and **NGOs** are the second most common access points, mentioned by **6 countries** each. **Online pharmacies** and "Other" methods play a minimal role, with only **1 country** reporting each of these access points. This distribution pattern highlights the reliance on traditional healthcare infrastructure while indicating potential areas for expanding access through community-led initiatives.



3. Regular Testing Requirements for PrEP Users

The frequency of regular testing for PrEP users varies across countries. Testing **every 3 months** is the most common practice, reported by **17 countries**. **4 countries** mandate testing **every 6 to 7 months**, while **1 country** reported a **3-to-6-month** testing interval. **1 country** (Bulgaria) indicated that **no regular testing** is required, and **1 country** (Croatia) reported **case-by-case** decisions, typically involving HIV testing every 3 months and STI testing every 6 months. These findings demonstrate general adherence to clinical guidelines while highlighting areas where standardization could enhance service delivery.



4. Financial Accessibility of PrEP

The financial accessibility of PrEP differs significantly among countries. **12 countries** provide PrEP free of charge⁷, reflecting a strong commitment to prevention efforts. **11 countries**, however, require patients to bear the full cost, which may create barriers for many. **Austria** reported a partial reimbursement scheme that can sometimes cover the full cost of PrEP prescriptions.

While free access to PrEP in many countries reflects a shift towards increased prevention efforts, the significant number of countries requiring full payment may discourage those who could benefit the most. Policy reforms could address this issue, making PrEP more affordable and accessible for all at-risk populations.

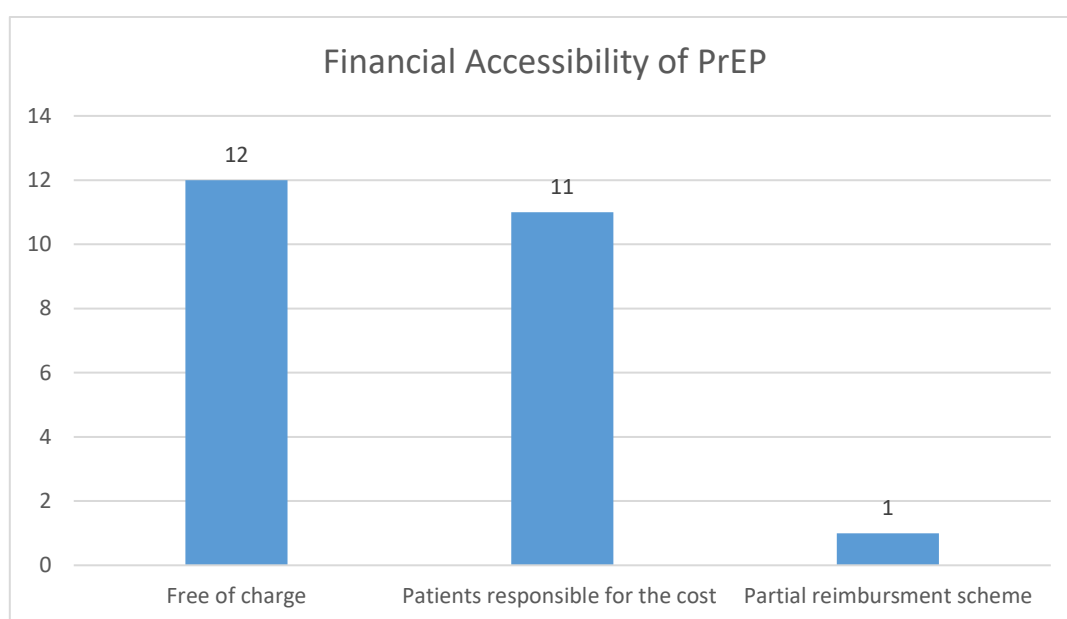


Table 7: HIV PrEP

	Is PrEP available in your country?	Where can people access PrEP?	Is regular testing for HIV and STIs required?	How much does PrEP cost?	If PrEP is not free of charge for everyone, are there exceptions made for key populations?
<i>Network Members (CORE)</i>					
<i>Bulgaria</i>	No	<input type="checkbox"/> Pharmacy (Only in three pharmacies in the country in case drugs are available)	Regular testing is not required	Patients responsible for the cost	No

⁷ The survey question/answers do not distinguish whether PrEP is free of charge due to being covered by public insurance or universally free for anyone in the country.

Cyprus	No	/	/	/	/
Czech Republic	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> NGOs	<input type="checkbox"/> every 3 months	Patients responsible for the cost	No
France	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> Other (Free Information, Screening and Diagnostic Centre (CeGIDD))	<input type="checkbox"/> every 3 months	Free of charge	/
Germany	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Patients responsible for the cost (in the amount of EUR 10 per prescription)	Exemption for low-income earners
Greece	No*	/	/	/	/
*There is a Ministerial Decision about the distribution of PrEP but it remains inactive.					
Hungary	No	/	/	/	/
Italy	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> Pharmacy <input type="checkbox"/> NGOs (NGOs' Checkpoints in cooperation with infectious disease specialists)	<input type="checkbox"/> every 3 months*	Free of charge	/
* Every 3 months is the recommended timeframe, but different/longer periods might be applied (e.g., 4-5 months).					
Poland	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> On-line pharmacy	<input type="checkbox"/> every 3 months	Patients responsible for the cost	No
Portugal	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Free of charge (At NHS)	/
Romania	Yes*	<input type="checkbox"/> Pharmacy <input type="checkbox"/> NGOs	<input type="checkbox"/> every 3 months	Free of charge due to international donors	/
*PrEP is not widely available. PrEP is available only as part of ARAS projects, financed by international donors. One Pharmacy in Bucharest is releasing PrEP if the patient has a prescription.					
Slovakia	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> NGOs	<input type="checkbox"/> every 3 months	Free of charge under certain public health insurances	/
Slovenia	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Free of charge	/
Sweden	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Patients responsible for the cost	No
Partner Organisations (NON-CORE)					
Austria	Yes	<input type="checkbox"/> Medical settings <input type="checkbox"/> Pharmacy	<input type="checkbox"/> every 3 months	Patients responsible for the cost (but reimbursed from public health)	No

				insurance up to EUR 60; sometimes covers the whole cost)	
Belgium	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Free of charge	/
Croatia	Yes	<input type="checkbox"/> Medical setting (two hospitals only)	<input type="checkbox"/> Other*	Free of charge	/
* It is decided on case-by-case basis. In most cases an HIV test is conducted every 3 months and STI tests every 6 months or more frequently upon patient's contact or in case of symptoms.					
Denmark	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 – 6 months	Patients responsible for the cost	It's free of charge for all MSM, who fulfil the criteria for PrEP.
Estonia	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Patients responsible for the cost	/
Finland	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Free of charge	/
Ireland	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Patients responsible for the cost	PrEP is free of charge under the National PrEP programme for key populations only
Latvia	Yes*	<input type="checkbox"/> NGOs	<input type="checkbox"/> every 6 – 7 months	Free of charge due to international donors	/
* PrEP Latvia is pilot project for HIV prevention for men and transgender people, in cooperation with the association of LGBT NGO "Mozaika". The project is financed by the Elton John AIDS Foundation and expires upon its completion. Truvada is obtained in medical settings, and necessary support is provided by the Foundation; it is not a state-initiated project.					
Lithuania	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 3 months	Patients responsible for the cost	No
Luxembourg	Yes	<input type="checkbox"/> Medical setting*	<input type="checkbox"/> every 3 months	Free of charge	/
* PrEP is actually only available at the main hospital (Infectious disease department) – we are aware that few medical doctors prescribed PrEP, but in that case, it's not free-of-charge, the person has to pay the full price)					
Malta	Yes	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> every 6 – 7 months	Patients responsible for the cost	No
Netherlands	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> Pharmacy <input type="checkbox"/> NGOs	<input type="checkbox"/> every 6 – 7 months	Patients responsible for the cost	No
Spain	Yes	<input type="checkbox"/> Medical setting	<input type="checkbox"/> every 6 – 7 months	Free of charge	/

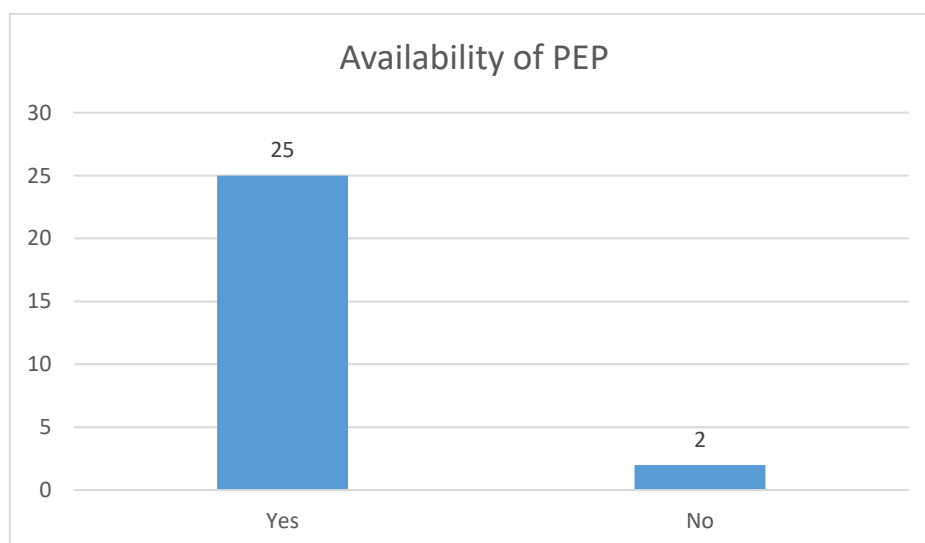
Section 8 - HIV: PEP

1. PEP Availability in Responding Countries

The survey data reveals that PEP is widely available across participating countries, with **25 out of 27 countries** reporting its availability. Only **2 countries** (Bulgaria and Hungary), indicated that PEP is not available:

- **Bulgaria**, although indicating potential PEP availability, specified that a medical protocol for PEP exists only in relation to occupational exposure to HIV and even then, it is not very easy for medical staff to get access to PEP. Free PEP is not available in any other case. PEP can be prescribed and bought only in one pharmacy in Sofia but only if the drugs are eventually available in the pharmacy.
- In **Hungary**, there is no official protocol for PEP and its availability is limited to healthcare workers in emergency situations, such as open wound contact with blood or other body fluids of an HIV-positive patient.

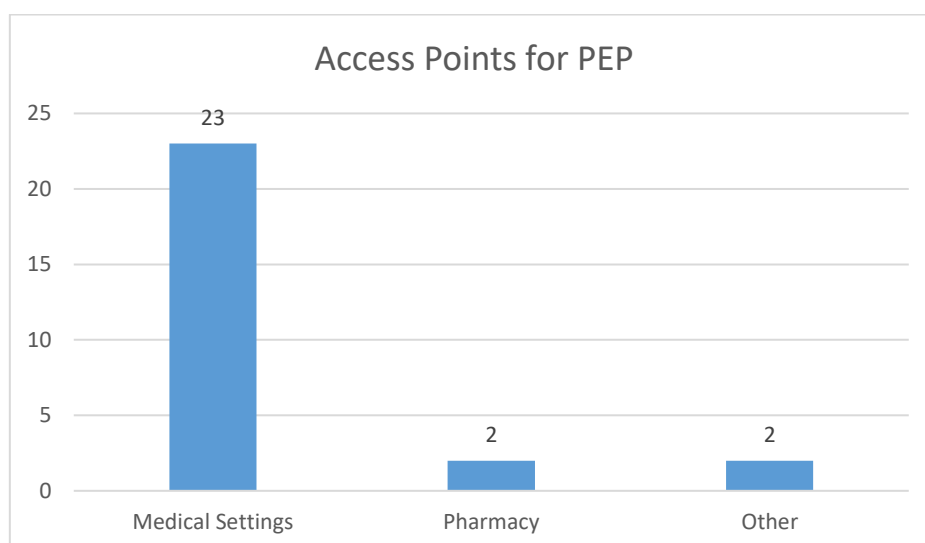
This high level of accessibility reflects significant progress in integrating PEP into national health services, demonstrating widespread commitment to HIV prevention. However, the absence of PEP in Hungary underscores the need for targeted support and interventions to address this critical gap, ensuring universal access across all participating countries.



2. Access Points for PEP

PEP is predominantly accessed through medical settings, as reported by **23 countries**, reflecting a reliance on established healthcare infrastructure for its distribution. **Pharmacies** and **“Other”** access points were reported by **2 countries** each.

The reliance on medical settings suggests a robust institutional framework but expanding access through community-based or alternative channels could improve coverage, particularly in underserved areas.



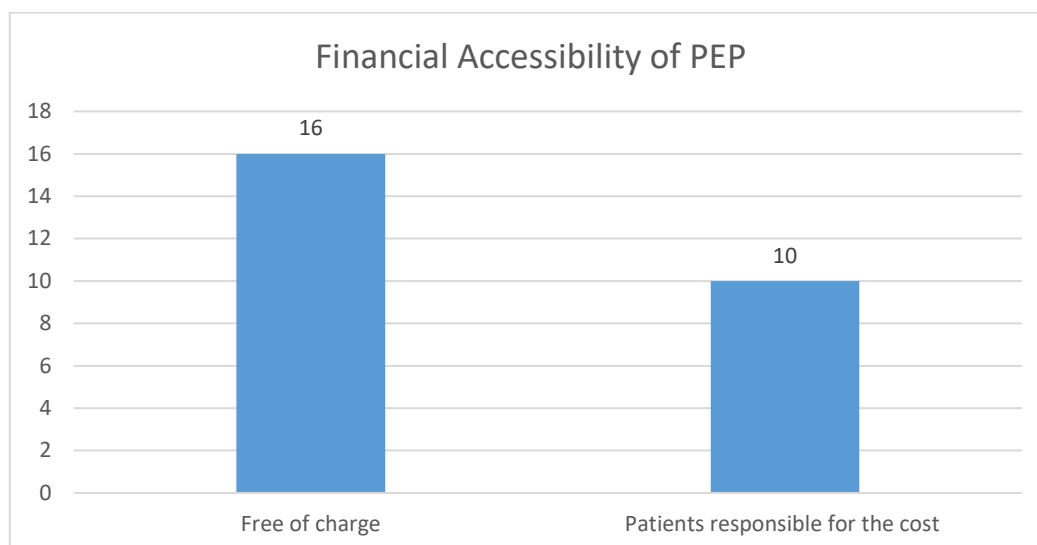
3. Financial Accessibility of PEP

The financial accessibility of PEP varies across the surveyed countries. **16 countries** provide PEP free of charge, demonstrating a strong commitment to ensuring equitable access to this critical intervention. However, **10 countries** require patients to bear the full cost, which may pose significant barriers, particularly for vulnerable populations with limited financial resources.

Out of the 10 countries requiring full payment, **7 countries** reported specific exceptions under which PEP is provided at no cost:

- **Czech Republic:** PEP is covered by public health insurance in specific circumstances.
- **Poland:** PEP is free in certain "medical situations".
- **Slovakia:** PEP is only provided free of charge in cases of rape.
- **Austria:** PEP is free if specific guidelines are followed.
- **Estonia:** PEP is free for ambulance and police personnel.
- **Latvia:** PEP is free of charge for those who are in public service: police, medical staff, first responders.
- **Lithuania:** PEP is free of charge if the exposure was work-related or happened because of a crime (sexual assault).

These findings highlight a patchwork approach to financial accessibility, where exceptions are often limited to specific professions or circumstances. Addressing these financial barriers through comprehensive policy reforms, such as expanding no-cost or subsidized PEP programs, could significantly enhance equitable access, enabling more effective HIV prevention efforts across all population groups.


Table 8: HIV PEP

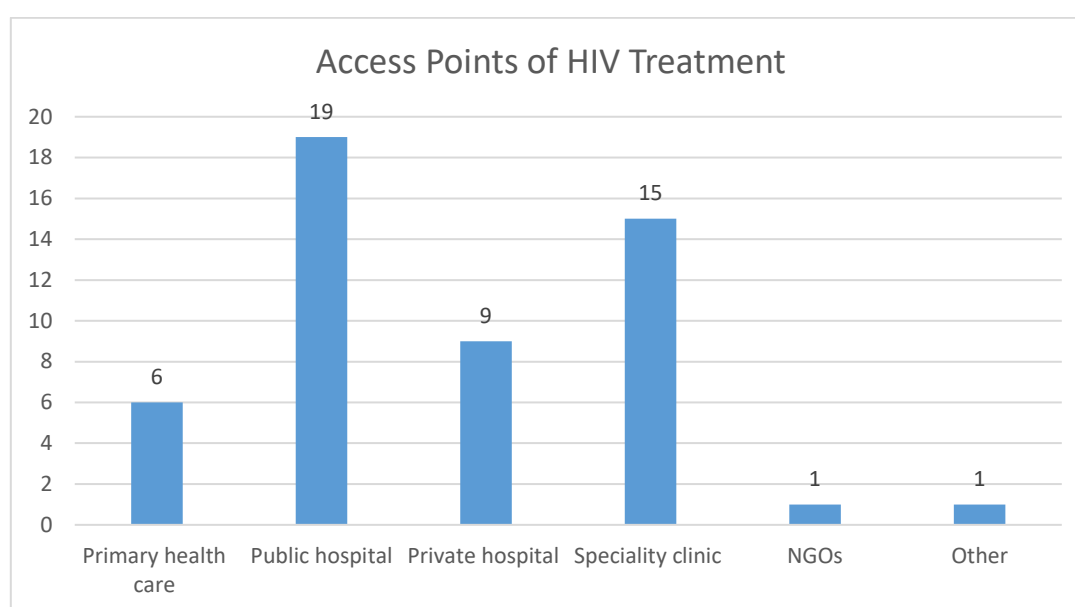
	Is PEP available in your country?	Where can people access PEP?	How much does PEP cost?
<i>Network Members (CORE)</i>			
Bulgaria	No	<input type="checkbox"/> Pharmacy (PEP is provided only in one pharmacy in the capital in case drugs are available)	EUR 240 (in case drugs are available)
Cyprus	Yes	<input type="checkbox"/> Other (Only at the State HIV Reference Clinic)	Free of charge at the state HIV Reference Clinic (Larnaca)
Czech Republic	Yes	<input type="checkbox"/> Medical setting	Approximately EUR 250 (there are a few exceptions when PEP is covered by public health insurance)
France	Yes	<input type="checkbox"/> Medical setting <input type="checkbox"/> Other (HIV and STI screening centre (CeGIDD))	Free of charge
Germany	Yes	<input type="checkbox"/> Medical setting	EUR 10 per prescription
Greece	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
Hungary	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).	/

Italy	Yes	<input type="checkbox"/> Medical setting (They can mostly access it in hospitals' emergency rooms and infectious disease units.)	Free of charge
Poland	Yes	<input type="checkbox"/> Medical setting	EUR 250 (exceptions for "medical situations")
Portugal	Yes	<input type="checkbox"/> Medical setting	Free of charge (At NHS)
Romania	Yes	<input type="checkbox"/> Medical setting	Free of charge
Slovakia	Yes	<input type="checkbox"/> Medical setting	EUR 250-600 (PEP is only free of charge in case of rape)
Slovenia	Yes	<input type="checkbox"/> Medical setting	Free of charge
Sweden	Yes	<input type="checkbox"/> Medical setting (Emergency room settings)	Free of charge
<i>Partner Organisations (NON-CORE)</i>			
Austria	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)
Belgium	Yes	<input type="checkbox"/> Medical setting	Free of charge
Croatia	Yes	<input type="checkbox"/> Medical setting	Free of charge
Denmark	Yes	<input type="checkbox"/> Medical setting	Free of charge
Estonia	Yes	<input type="checkbox"/> Medical setting	EUR 50-200 (depending on insurance coverage); free for ambulance and police personnel
Finland	Yes	<input type="checkbox"/> Medical setting	Free of charge
Ireland	Yes	<input type="checkbox"/> Medical setting	Free of charge (but emergency hospital fee of EUR 100 applies)
Latvia	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)
Lithuania	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.
Luxembourg	Yes	<input type="checkbox"/> Medical setting (In all emergency services of the different hospitals)	Free of charge
Malta	Yes	<input type="checkbox"/> Pharmacy	EUR 600-1,200 depending on stock and prescription
Netherlands	Yes	<input type="checkbox"/> Medical setting	Free of charge
Spain	Yes	<input type="checkbox"/> Medical setting	Free of charge

Section 9 - HIV: Access to Treatment

1. Access to HIV Treatment

Survey responses indicate that HIV treatment is predominantly provided in **public hospitals (19 countries)** and **specialty clinics (15 countries)**. **Private hospitals** are utilized in **9 countries**, while **primary healthcare facilities** play a role in **6 countries**. Only **1 country** identified **NGOs** as a provider, and **1 country** reported that HIV treatment may be accessed in **"Other"** settings. This reliance on public hospitals and specialty clinics highlights centralized service provision, which may limit accessibility for individuals in rural areas. The relatively low numbers for primary healthcare and NGO involvement suggest opportunities to expand service integration



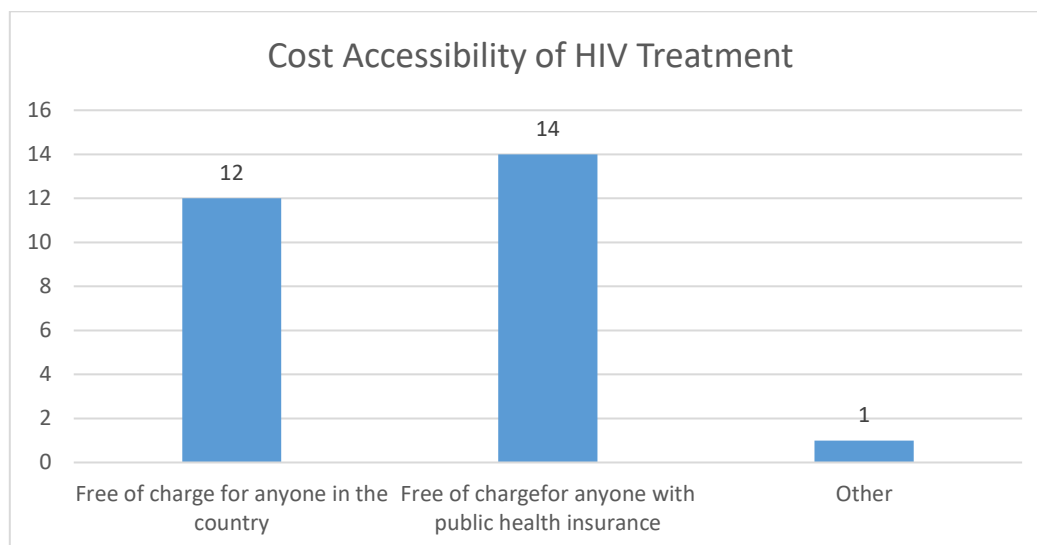
2. Is HIV Treatment Free of Charge?

The majority of countries report that HIV treatment is free, with **12 countries** indicating it is free for anyone in the country and **14 countries⁸** confirming free treatment for those covered by public health insurance. **1 country** (Romania) categorized its response as "Other," reflecting national variations in coverage models.

In **Romania**, treatment is free for any person that has a Romanian identification number (similar to a social security number) – including people that are legally in Romania as they also receive this number. Any person that has a confirmed diagnosis is automatically included in the National HIV Program and becomes insured so eligible for free treatment (confirmation is also covered by the National HIV Program and available for all).

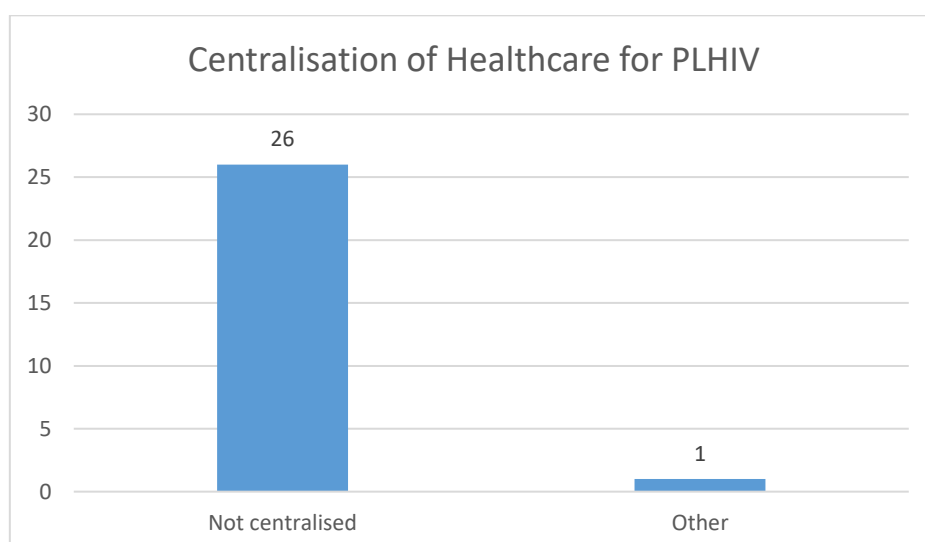
⁸ Including Finland which has noted that their main form of financing the social and health care system is taxation, rather than public health insurance contributions.

Notably, no country reported that HIV treatment is not free of charge. While this demonstrates substantial progress, the reliance on public health insurance as a gateway to free treatment in some countries highlights potential inequities for uninsured individuals and non-residents.



3. Centralization of Healthcare for PLHIV

A majority of countries (**26 countries**) reported a decentralized approach to healthcare for people living with HIV (PLHIV), allowing them to access specialized clinics (i.e., gynaecologist / ophthalmologist / dentist) of their choice. Only **1 country (Cyprus)** categorised its answer as "Other", and further specified that some services, treatments, surgeries etc. for PLHIV are to be provided or operated within the state HIV reference clinic. This decentralization aligns well with patient-centred care principles, supporting autonomy and accessibility for PLHIV.



4. Is Initiation of ART Offered Immediately After Diagnosis?

All 27 countries confirmed that initiation of antiretroviral therapy (ART) is offered immediately after diagnosis, in line with WHO recommendations. This uniform response showcases strong alignment with global best “Test and Treat” practices in HIV care, which is essential for improving individual health outcomes and reducing HIV transmission rates.

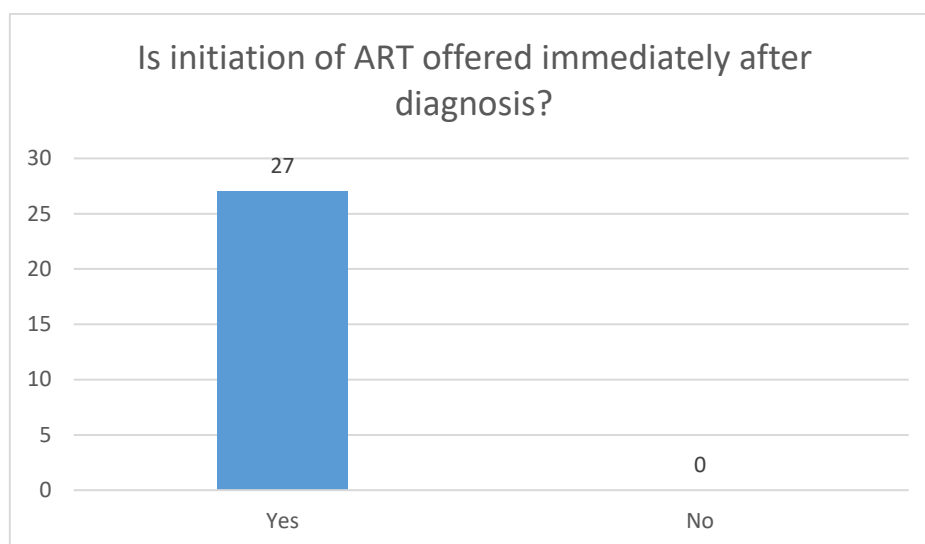


Table 9: HIV Access to Treatment

	Where can key populations access HIV treatment?	Is HIV treatment free of charge in your country?	Centralisation of healthcare for PLHIV	Is initiation of ART offered immediately after diagnosis?
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Cyprus</i>	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country*	<input type="checkbox"/> Other**	Yes
* In our experience, some people who are not covered were provided the treatment for free as well. ** It depends on the service, as some services, treatments, surgeries etc. are to be provided or operated within the state HIV reference clinic. Surgeries that would be provided in state hospitals are, in most cases, performed within the state HIV clinic for PLWH, including the delivery of babies whose birthing parent lives with HIV.				
<i>Czech Republic</i>	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes

France	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme*	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
	* People having AME (state health assistance, for undocumented people) could have access to those treatments for free, but in practice it's very complicated, especially because of the lack of information.			
Germany	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Greece	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Hungary	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Italy	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Poland	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Portugal	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Romania	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Other*	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
* Treatment is free for any person that has a Romanian identification number (similar to a social security number) – including people that are legally in Romania as they receive also this numbers. Any person that has a confirmed diagnosis is automatically included in the National HIV Program and becomes insured so eligible for free treatment (confirmation is also covered by the National HIV Program and available for all).				
Slovakia	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Slovenia	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Sweden	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
Partner Organisations (NON-CORE)				

<i>Austria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs (Suchthilfe for IDUs) in Vienna	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Belgium</i>	<input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Croatia</i>	<input type="checkbox"/> Other (Only in one location - Clinic for Infectious diseases in Zagreb)	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Denmark</i>	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Estonia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Finland</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme*	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
* HIV treatment is free only if prescribed in public clinics/hospitals. Residents of a Finnish municipality are entitled to treatment free of charge in the public healthcare system. The main forms of financing the social and health care system are taxation, public health insurance, private health insurance and user charges.				
<i>Ireland</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Latvia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Lithuania</i>	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme*	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
* For people without a health insurance, there is the possibility to get a specific support for treatment; in a way, yes, everybody can get the treatment in Luxembourg but has to reach an NGO to get help				
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes*

* After diagnosis, patients are given a later appointment to initiate follow-up tests including drug-resistance tests, CD4 count and viral load tests alongside general health checks. Once this process is completed, ART is prescribed to the patient who then starts treatment.

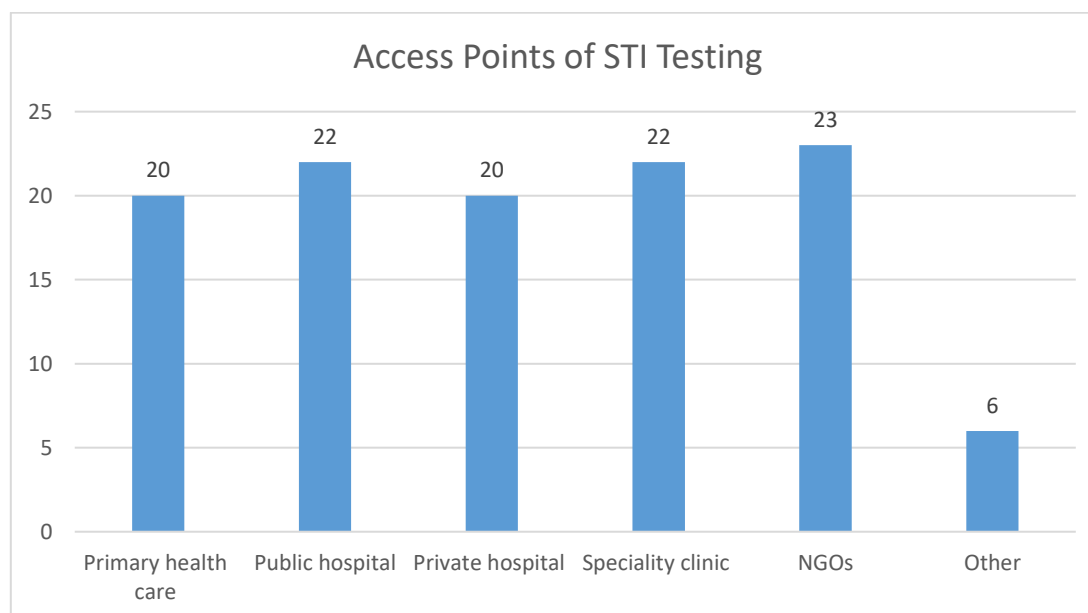
<i>Netherlands</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Yes, it is free of charge for anyone in the territory of the country	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice	Yes
<i>Spain</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> Yes, it is free of charge for everyone who is covered by the public health insurance scheme	<input type="checkbox"/> Yes, PLHIV can access other healthcare services in the clinic of their choice*	Yes

* An issue may occur, if a person has private coverage as there are many insurances that act discriminatorily by refusing to take them as clients without giving explanation.

Section 10 - STIs: Testing

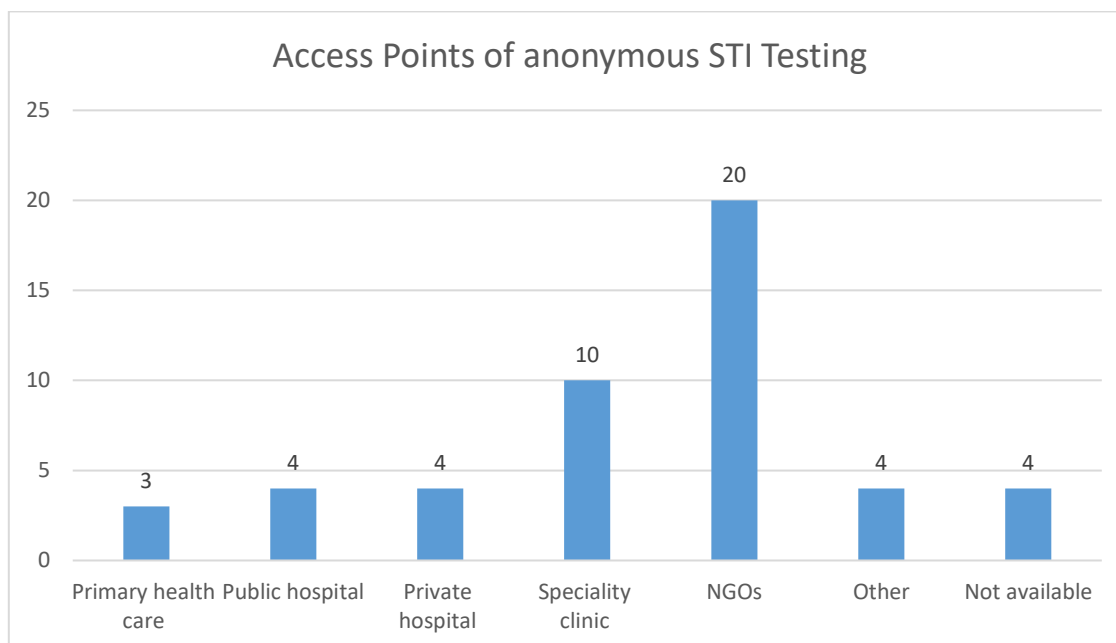
1. Access to STI Testing

Survey responses indicate that key populations may most commonly access STI testing through **NGOs (23 countries)**, **public hospitals (22 countries)**, and **specialty clinics (22 countries)**. While **primary health care** and **private hospitals** are also significant access points, their availability is noted in **20 countries each**. The **"Other"** category, with **6 countries**, reflects unique country-specific provisions, such as specialized services for specific key groups, private testing laboratories or a national home testing programme. This distribution underscores the importance of NGOs and public health facilities in providing widespread testing access.



2. Access to Anonymous STI Testing

Anonymous STI testing is less widely available. NGOs emerge as the principal providers, offering these services in **20 countries**⁹, followed by specialty clinics in **10 countries**, public hospitals in **4 countries**, and private hospitals in another **4 countries**. Primary health care settings provide anonymous testing in only **3 countries**, while **4 countries** (Bulgaria, Sweden, Finland¹⁰, Luxembourg¹¹) report that anonymous testing is **not available**. “Other” arrangements for anonymous STI testing are available in **4 countries** (e.g., testing in private laboratories, screening and diagnostic centre, or through a national home testing programme).



3. Cost of STI Testing

Cost analysis reveals that **13 countries** provide all types of STI testing free of charge¹², reflecting strong public health initiatives. Other responses include:

- **4 countries** providing free non-anonymous testing.¹³
- **3 countries** offering free anonymous testing exclusively.

⁹ Including Slovenia which reported that a date of birth is required even in case anonymous STI testing.

¹⁰ In **Finland**, anonymous STI testing was reported as uncommon. While NGOs and private providers occasionally offer these services, accessibility remains inconsistent. Online tests are available but raise concerns about reliability and accuracy.

¹¹ In **Luxembourg**, it was reported that anonymous STI testing is available only for syphilis

¹² Availability of free STI testing, as outlined above, does not imply that all non-anonymous and/or anonymous testing is universally free within the respective countries. Rather, the survey responses shall be understood to mean that free-of-charge options are available to individuals seeking it (i.e., under specific conditions/in specific settings).

¹³ The survey question/answers do not distinguish whether non-anonymous testing is free of charge due to being covered by public insurance or universally free for anyone in the country.

- **2 countries** where patients contribute partially to testing costs.
- **2 countries** where testing is fully paid by patients.
- **3 countries** with alternative arrangements.
 - **Hungary:** Only syphilis testing is free under public care, with NGOs and private providers offering anonymous testing, often at a cost.
 - **Croatia:** Testing is covered by health insurance in public health institutions, free in NGOs for specific STIs (via projects), and paid in private labs/clinics.
 - **Netherlands:** STI testing is free for targeted key groups, such as MSM, sex workers, and youth under 25.

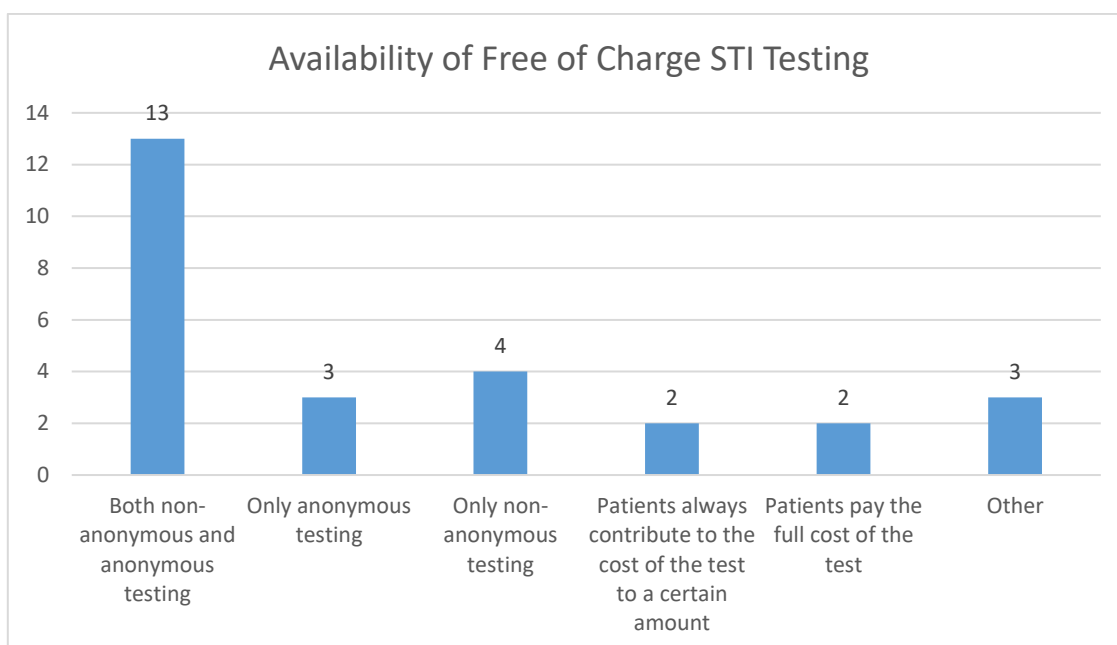


Table 10: STI Testing

	Where can key populations access STI Testing?	Where can key populations access anonymous STI testing?	Is STI testing free of charge?
<i>Network Members (CORE)</i>			
<i>Bulgaria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Checkpoint Sofia - community sexual health clinic; private laboratories)	<input type="checkbox"/> Not available	No, STI testing is fully paid for by the patient

<i>Cyprus</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Czech Republic</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of STI testing are free of charge
<i>France</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Free Information Screening and Diagnostic Centre, private laboratories (CeGIDD))	<input type="checkbox"/> Other (Free Information Screening and Diagnostic Centre (CeGIDD))	Yes, all types of STI testing are free of charge
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only non-anonymous testing is free of charge
<i>Greece</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	No, STI testing is fully paid for by the patient
<i>Hungary</i>	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private laboratories)	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private laboratories)	Other*
* Only syphilis testing is free under public care, and in this form, there is no anonymous testing. Only NGOs and private providers provide anonymous STI testing.			
<i>Italy</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Clinical analysis laboratories)	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (Selected few public healthcare clinics)	No, patients always contribute to the cost of the test to a certain amount (in the form of a "ticket")
<i>Poland</i>	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of STI testing are free of charge
<i>Portugal</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs (Only syphilis testing)	Yes, all types of STI testing are free of charge
<i>Romania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> NGOs (only syphilis testing)	Yes, but only non-anonymous testing is free of charge
<i>Slovakia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
<i>Slovenia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	<input type="checkbox"/> NGOs (however, date of birth is required)	Yes, all types of STI testing are free of charge

	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs		
Sweden	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Not available	Yes, all types of STI testing are free of charge
<i>Partner Organisations (NON-CORE)</i>			
Austria	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs (Aids Hilfe)	<input type="checkbox"/> NGOs (Aids Hilfe)	Yes, but only non-anonymous testing is free of charge
Belgium	<input type="checkbox"/> Primary health care <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	No, patients always contribute to the cost of the test to a certain amount
Croatia	<input type="checkbox"/> Primary health care (providers in practice refuse testing for asymptomatic patients) <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs (limited number of tests due to funding)	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Other*
* Testing is covered by health insurance in public health institutions, free in NGOs for specific STIs (via projects), and paid in private labs/clinics.			
Denmark	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, all types of STI testing are free of charge
Estonia	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes, all types of STI testing are free of charge
Finland	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Not available	Yes, all types of STI testing are free of charge
Ireland	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (National Home Testing programme)	<input type="checkbox"/> NGOs <input type="checkbox"/> Other (National Home Testing programme)	Yes, all types of STI testing are free of charge

Latvia	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes, but only non-anonymous testing is free of charge*
	* Only NGO testing is free of charge.		
Lithuania	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, but only anonymous testing is free of charge
Luxembourg	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Private laboratories)	<input type="checkbox"/> Not available <input type="checkbox"/> NGOs (Only syphilis)	Yes, all types of STI testing are free of charge
Malta	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of STI testing are free of charge
Netherlands	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Other*
	* STI testing is only free for key groups: MSM, sex workers, youth under 25.		
Spain	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	<input type="checkbox"/> NGOs	Yes, all types of STI testing are free of charge

Section 11 - STIs: Access to Treatment

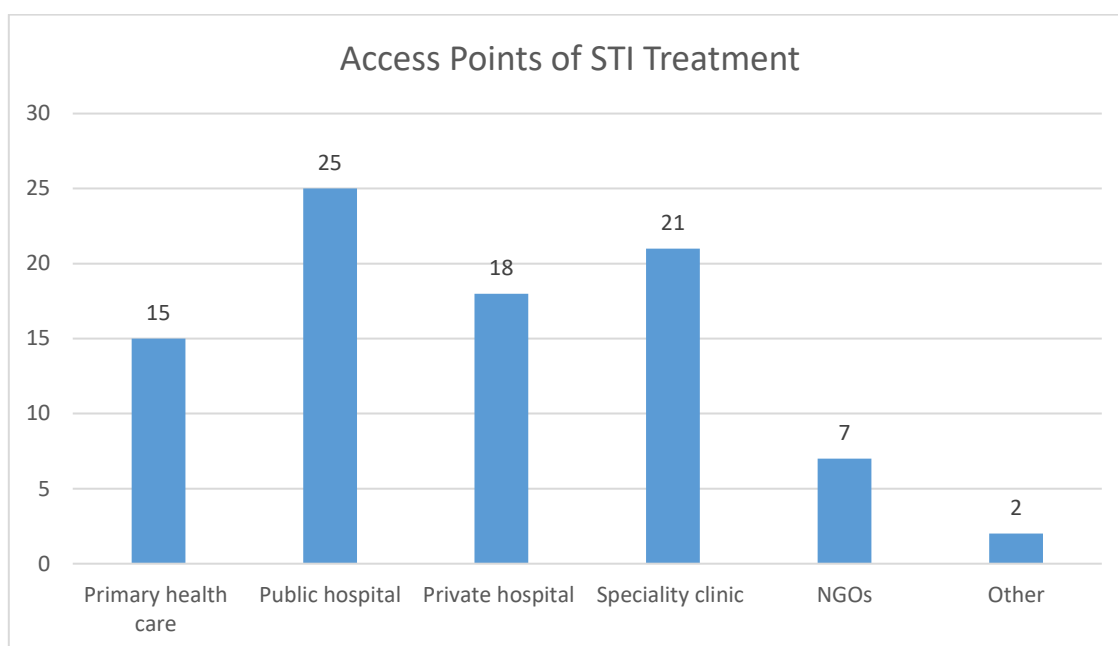
1. Access to STI Treatment

Survey findings reveal that key populations may primarily access STI treatment through **public hospitals**, identified in **25 countries** as central providers of widespread and comprehensive care. **Specialty clinics** are the second most significant access point, highlighted in **21 countries**, underscoring their crucial role in managing STI cases that demand specialized expertise.

Private hospitals were noted as access points in **18 countries**, reflecting their role in complementing public health services. **Primary health care facilities** also play a significant part, with **15 countries** indicating their importance in delivering accessible, community-level treatment.

Although **NGOs** were identified by only **7 countries**, they remain vital in reaching marginalized populations and ensuring equitable access to STI treatment, particularly in settings where public or private healthcare

services may be inaccessible or stigmatizing. The **"Other"** category, cited by **2 countries**, reflects unique provisions tailored to meet the specific needs of certain key populations.



2. Cost of STI Treatment

Given the varied nature of STIs, the cost and conditions of treatment differ not only across countries but also within each country for specific STIs. Due to this complexity, this aspect was not quantitatively evaluated. However, a detailed overview of the responses, including cost-related nuances, is provided in **Table 11** to give a comprehensive perspective.

Table 11: STI Access to Treatment

	Where can key populations access STIs treatment?	What are the conditions of treatment (free of charge/paid)?
<i>Network Members (CORE)</i>		
<i>Bulgaria</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Checkpoint Sofia-community sexual health clinic)	STI treatment is paid by the patients, even if the patient is insured. Only few exceptions are available for pregnant women with syphilis and youths but under hospitalisations in the specific departments.
<i>Cyprus</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	For PLHIV treatment is provided for free at the state HIV Reference Clinic. For people who have full access to the Cyprus General Healthcare System there is a symbolic cost, while most of the cost is covered by the System. People without access to this System, pay for the full cost.

<i>Czech Republic</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge for individuals covered by universal public health insurance
<i>France</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Analysis laboratories, self-testing/city medicine, CeGIDDs, sexual health centres)	CeGIDDs and sexual health centres can deliver prescriptions and treatments for free (a prescription is necessarily because treatments are antibiotics).
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	It costs 10,00 € per prescription, when people have a health insurance. If people don't have a health insurance, it has to be paid.
<i>Greece</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	It is free of charge for holders of national security number and if it is an emergency. Otherwise, you get treatment free of charge only in case you are insured in the national welfare system.
<i>Hungary</i>	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free if the patient has national health insurance. Paid in private care.
<i>Italy</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Patients usually contribute to the cost of the treatment to a certain amount (ticket) by handing the prescription to the pharmacist.
<i>Poland</i>	<input type="checkbox"/> Speciality clinic	Free of charge.
<i>Portugal</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Free at NHS and NGOs.
<i>Romania</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Paid.
<i>Slovakia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	They should be free of charge.
<i>Slovenia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Both, depending on the decision of the patient. Free for people with compulsory insurance. Paid for those without or those that do not want to be treated in public hospitals out of anonymity concern.
<i>Sweden</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free/ 200kr mark! (https://www.1177.se/hitta-varld/kontaktkort/STI-mottagningen-Norrkoping-Hudkliniken/)
<i>Partner Organisations (NON-CORE)</i>		
<i>Austria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	You have to be insured in health insurance
<i>Belgium</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Paid, but if you have health insurance you pay only a part of the price

<i>Croatia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Covered by health insurance
<i>Denmark</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs	Free of charge for all people with a Danish personal identification number (CPR No.).
<i>Estonia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	For people with health insurance, treatment at a public hospital or specialist doctor is generally covered by health insurance.
<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Treatment is free of charge everywhere except for private hospitals and clinics.
<i>Ireland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge in public health settings e.g. hospitals, public STI clinics, some community providers. Patients can also access private medical provision from private providers including paid for prescription medication for treatment.
<i>Latvia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of Charge if you stay in the hospital; if treated ambulatory outside the hospital, the charge applies.
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	First line treatment is free of charge.
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	The person needs to have a health insurance.
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Maltese citizens are all entitled to free healthcare. Foreign nationals including EU nationals may access the national healthcare system for free only if they meet the requirements of the Maltese Social Security system, which usually entails contributing to the social security system via national contributions through a deduction from one's gross salary. Additionally, Malta offers free access to medical facilities to all EU citizens on presentation of a valid European Health Insurance Card (EHIC) however this applies only to persons who are on a short-term stay in Malta for a period not exceeding 3 months.
<i>Netherlands</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge if you're a part of the key demographics. If tested in primary care with a GP, some of the costs of treatment might be covered by health insurance if the own risk isn't used yet, then the patient pays for treatment themselves.
<i>Spain</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	The treatment is free of charge except in some regions of the country and for irregular migrants, tourists and foreign students. In addition, treatment accessed through private clinics is paid for by the patient.

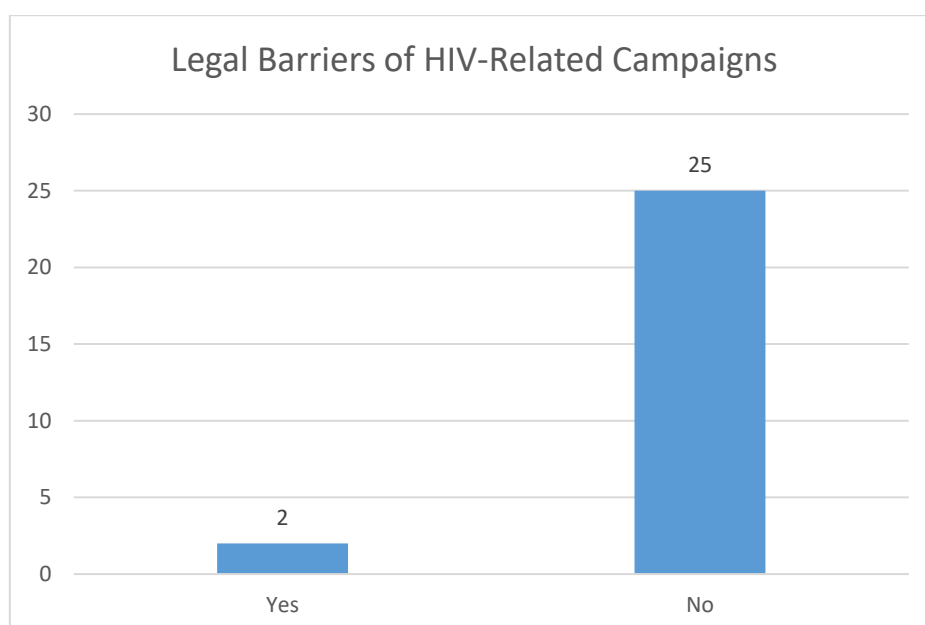
Section 12 - HIV and STIs: Raising Awareness and Counselling

1. Legal Barriers to HIV Education and Awareness Campaigns

The responses from 27 participating countries highlight a largely supportive legal environment for HIV-related campaigns, with **25 countries** reporting no significant legal barriers. This indicates considerable progress in creating regulatory frameworks conducive to public health initiatives.

The presence of legal barriers was indicated by **2 countries**. In **France**, some political practices are still adverse to any evocation of LGBTQI+ issues. For instance, HIV prevention campaigns were censored by a few right-wing mayors around 2017. The "Loi AVIA" (2020), aimed at combating hateful content on the internet, has also constrained freedom of speech, limiting the activities of queer activists. This law is particularly harmful to sex workers as it criminalizes content under the offense of pimping. In **Hungary**, it was specified that Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship, alongside recent amendments to several other laws, prevents NGOs from carrying out awareness activities.

These findings underscore the importance of continued advocacy for legal reforms to eliminate barriers that hinder the effective dissemination of HIV awareness and education.

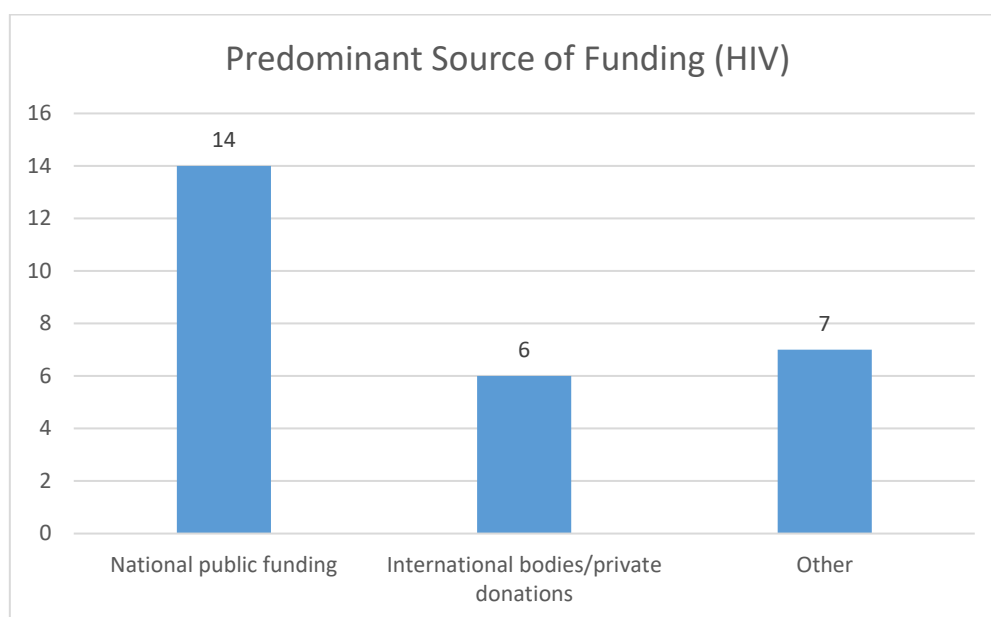


2. Funding Sources for HIV Education and Awareness Campaigns

Survey data reveals a mixed funding landscape for HIV awareness campaigns:

- **14 countries** confirmed that campaigns are predominantly funded through national public funding. This reflects a commitment by governments to integrate HIV prevention and awareness into national health budgets.
- **6 countries** rely primarily on international bodies and/or private donations. This dependency highlights the vulnerability of these programmes to external funding fluctuations and underscores the need to strengthen domestic resource mobilization.
- **7 countries** responded that their funding sources vary:
 - **Bulgaria and Romania:** Funding sources depend on the organiser of the particular campaign (public funding for governmental institutions X international funding for NGOs).
 - **Finland:** Funding sources differ concerning individual campaigns.
 - **Latvia:** Funding sources differ; campaigns are both public-funded and funded from private donations (mixed method of funding)
 - **Malta:** Funding sources depend on the organiser of the particular campaign (public funding for governmental institutions X international funding and private donations for NGOs).
 - **Slovenia:** Funding sources are a combination of public and international funding, neither being predominant.
 - **Spain:** When organised by the Ministry of Health or by regional/local administrations, public funds are secured, and NGOs participate in their design and implementation. Campaigns organised by NGOs are usually funded by private funds, and only occasionally by public funds secured through grant applications.

These findings emphasize the importance in advocacy efforts for sustainable public funding to ensure the long-term success of HIV awareness campaigns. For countries relying on external funding sources, there is a critical need to develop more robust and predictable funding strategies to maintain program continuity.



3. Funding Sources for STI Education and Awareness Campaigns

The funding landscape for STI awareness campaigns reveals similar trends:

- **12 countries** confirmed that campaigns are predominantly funded through national public funding. This indicates significant governmental support in these contexts, ensuring integration of STI awareness campaigns into national public health strategies.
- **7 countries** rely primarily on international bodies and/or private donations. This reliance on external funding sources highlights the need for increased domestic resource mobilization to enhance the sustainability of these campaigns.
- **6 countries** responded that their funding sources vary:
 - **Malta, Romania and Spain:** Funding sources depend on the organiser of the particular campaign (public funding for governmental institutions X international funding for NGOs).
 - **Finland, Latvia and Slovenia:** Funding sources differ concerning individual campaigns.
- **2 countries (Bulgaria, Poland)** responded that no STI-related campaigns are organised in the national context) with Poland indicating that incidental NGO activities occur scarcely in this area.

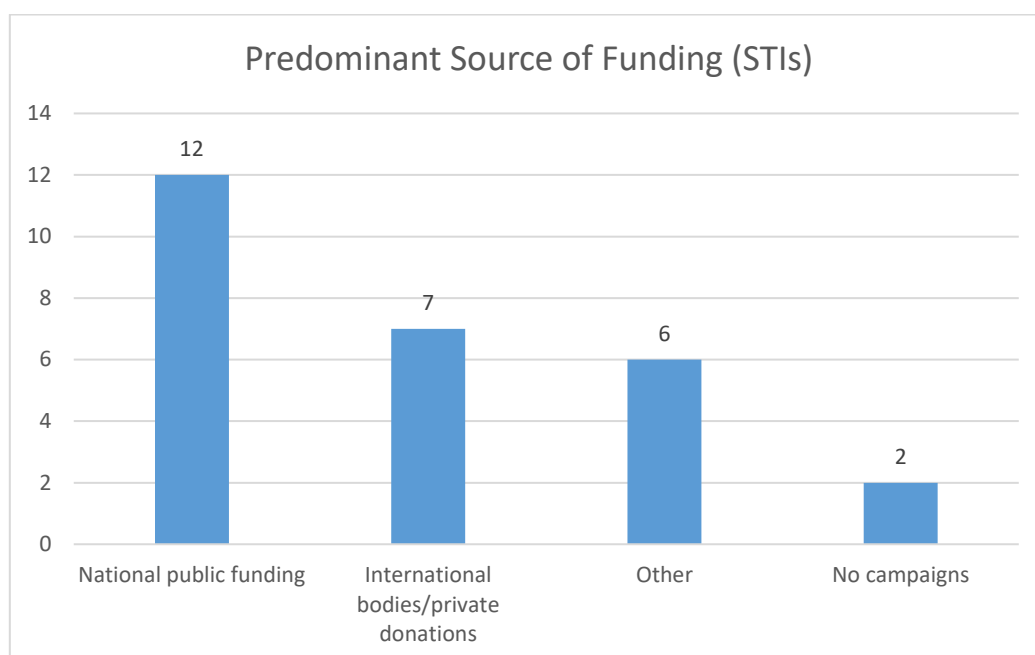


Table 12: HIV Raising Awareness and Counselling

Are there any legal barriers in your country preventing the functional running of education and awareness campaigns and programmes?		Common organisers of HIV education and awareness campaigns and programmes	Are these campaigns publicly funded by national bodies?
<i>Network Members (CORE)</i>			
Bulgaria	No	NGOs, Ministry of Health, Regional Health Inspectorates (structures of the Ministry of Health on local level).	<input type="checkbox"/> Other (depends on the organiser - public funding for governmental institutions X international funding for NGOs)
Cyprus	No	AIDS Solidarity Movement, Ministry of Health, State HIV Reference Clinic, Cyprus National Addictions Authority (NAAC), Cyprus Family Planning Association	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
Czech Republic	No	NGOs, HIV Patient Organization, State Public Health Institute	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
France	Yes*	These campaigns are led by NGOs (e.g., SIDACTION, Médecins du Monde, Le Planning Familial, AIDES) and public authorities (e.g., Santé Publique France)	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<p>* Some political practices are still adverse to any evocation of LGBTQI+ issues. Thus, HIV prevention campaigns were censored by a few right-wing mayors around 2017.</p> <p>The “Loi AVIA” (2020), “against hateful content on the Internet” also constrained the freedom of speech and thus the activities of activists of queer fields.</p>			

		This law is especially harmful for sex-workers: it censors contents became illegal regarding to the penal offense of pimping.	
Germany	No	Grassroot- and other Self-help organisations, NGOs (e.g., BZgA, Aidshilfe, IWWIT, Sidekicks, Drogenhilfe)	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Greece	No	Positive Voice, PRAKSIS, EEMAA, MSF, MdM, National Public Health Organization (EODY)	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
Hungary	Yes*	Only NGOs run such campaigns and services. There are no public government sponsored campaigns.	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
* Yes; Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship. It is not only this law but a series of recent amendments to several other laws, which prevent NGOs from carrying out these activities. This link brings together all the relevant legislation in English: https://njt.hu/jogszabaly/en/2021-79-00-00			
Italy	No	NGOs; national institutions in a very limited extent only	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
Poland	No	National AIDS Centre Agenda of the Minister of Health; Foundation for Social Education; NGOs	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Portugal	No	NGOs, Portuguese National Health Directorate, Institute for Addictive Behaviours and Dependencies, City Councils through FCT initiative	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Romania	No	These campaigns are organized by public institutions such as the 'National Commission for Supervision, control and prevention of cases of HIV/AIDS infection - Ministry of Health', in collaboration with 'National HIV/AIDS and Tuberculosis Coordination Committee' as well as by private institutions such as 'The National Union of Organizations of People Affected by HIV/AIDS (UNOPA)'. Non-governmental organizations such as Carusel and ARAS are also involved in such campaigns. It is important to note that even though a national strategy for HIV exists and is stipulating educational campaigns, there is a low involvement from these bodies. Most of the work in this direction is done by private institutions and NGOs.	<input type="checkbox"/> Other (depends on the organiser - public funding for governmental institutions X international funding for NGOs)
Slovakia	No	NGOs	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
Slovenia	No	NGOs	<input type="checkbox"/> Other (combination of public and international funding)
Sweden	No	NGOs, Public Health Agencies	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Partner Organisations (NON-CORE)</i>			

<i>Austria</i>	No	Aids Hilfe Wien, Aids Hilfen in other federal states of Austria	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Belgium</i>	No	Lhiving (Brussels), Platform prevention Sida, socio-cultural organizations, Sensoa, Hiv-reference centres	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Croatia</i>	No	NGOs, Public Health Institutes	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Denmark</i>	No	AIDS-Fondet (NGO).	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Estonia</i>	No	Institute for Health Development, Linda Clinic, Ministry of Social Welfare, Ministry of Health, non-profit organisations NGOs EXPV and others	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Finland</i>	No	Positiviset ry HivFinland, Hivpoint	<input type="checkbox"/> Other (depends on individual campaigns)
<i>Ireland</i>	No	HSE Sexual Health and Crisi Pregnancy Programme, NGOs (HIV Ireland, Sexual Health Centre Cork, GOSHH, Sexual Health West, Belong To)	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Latvia</i>	No	AGIHAS, Dialogs, Red Cross	<input type="checkbox"/> Other (depends on individual campaigns)
<i>Lithuania</i>	No	DEMETRA, other NGOs, NVSC (National Bureau of Public Health), Local Bureaus of Public Health	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Luxembourg</i>	No	NGOs (HIV Berodung Croix-Rouge), Aids Committee, Ministry of Health, Direction of Health	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Malta</i>	No	Health Promotion and Disease Prevention Directorate (Sexual Health department), The Malta LGBTIQ Rights Movement, Checkpoint Malta, The Malta Medical Students Association	<input type="checkbox"/> Other (depends on the organiser - public funding for governmental institutions X international funding and private donations for NGOs)
<i>Netherlands</i>	No	RIVM, COC, Hiv Vereniging, Soa Aids Nederland/Aidsfonds, Rutgers, ShivA, Mara, Mainline	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Spain</i>	No	NGOs, ministry, regional administrations	<input type="checkbox"/> Other (depends on the organiser – When organised by the Ministry of Health or by regional/local administrations, public funds are secured and NGOs participate in their design and implementation. Campaigns organised by NGOs are usually funded by private funds, and only occasionally by public funds secured through grant applications.)

Table 13: STIs Raising Awareness and Counselling

	Common organisers of STI education and awareness campaigns and programmes	Are these campaigns publicly funded by national bodies?
<i>Network Members (CORE)</i>		
<i>Bulgaria</i>	No campaigns are being organised.	/
<i>Cyprus</i>	AIDS Solidarity Movement, Ministry of Health, State HIV Reference Clinic, Cyprus National Addictions Authority (NAAC)	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Czech Republic</i>	NGOs organize most campaigns; there are very few public STI campaigns run by the state public health organizations	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>France</i>	Santé Publique France for public authorities	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Germany</i>	Grassroot, NGOs and public services level	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Greece</i>	NGOs mostly and sometimes, EEMAA (Greek clinicians) & EODY (national CDC)	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Hungary</i>	Only NGOs	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Italy</i>	Same as for HIV (NGOs; national institutions in a very limited extent only)	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Poland</i>	No campaigns (Incidental NGO-activities)	/
<i>Portugal</i>	NGOs	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Romania</i>	These campaigns are organized by public institutions such as the 'National Commission for Supervision, control and prevention of cases of HIV/AIDS infection - Ministry of Health', in collaboration with 'National HIV/AIDS and Tuberculosis Coordination Committee' as well as by private institutions such as 'The National Union of Organizations of People Affected by HIV/AIDS (UNOPA)'. Non-governmental organizations such as Carusel and ARAS are also involved in such campaigns. It is important to note that even though a national strategy for HIV exists and is stipulating educational campaigns, there is a low involvement from these bodies. Most of the work in this direction is done by private institutions and NGOs.	<input type="checkbox"/> Other (depends on the organiser - public funding for governmental institutions X international funding for NGOs)
<i>Slovakia</i>	By the civil society organizations.	<input type="checkbox"/> No, funds are predominantly acquired from international bodies or private donations
<i>Slovenia</i>	NGOs	<input type="checkbox"/> Other (depends on individual campaigns)

Sweden	NGOs, Health Agencies	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Partner Organisations (NON-CORE)</i>		
Austria	Aids Hilfe Wien/Aids Hilfen in Austria	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Belgium	Promoting openness and awareness around sexual health: All of Sensoa Some student groups (higher education) çavaria/Rainbow houses/LGBTI+ organisations Ex Aequo NGOs for sex workers (Alias, Boysproject, Violet) Grindr and other dating apps in a lesser extent Wel Jong Peer-counselling, free condom distribution, testing on location, harm reduction campaigns: Department of Sensoa in direct contact with and for MSM, people living with HIV and people with a migration background (AT4SH) NGOs for sex workers Ex Aequo Rainbow houses Maison Arc-en-ciel de la Santé Brussels (MACS) Sex clubs for MSM Lumi Transgender Info Punt (TIP) çavaria	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Croatia	Public Health Institutes and NGOs	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Denmark	"Uge 6/Week Sex" campaign is organized by Sex&Samfund (NGO) "Kun med kondom" campaign was organized by The Danish Ministry of Health and Sex&Samfund (NGO) "Copenhagen Municipal campaign" was organized by Copenhagen Municipal & Sex&Samfund (NGO)	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Estonia	Institute for Health Promotion, Linda Clinic, Ministry of Social Welfare, Ministry of Health, non-profit organisations NGOs	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Finland	Kesäkumi: Radio Ylex, Finnish Red Cross, the Family Federation of Finland (Väestöliitto), Cancer Society of Finland (Suomen Syöpäyhdistys) and Sotilaskotiliitto. Travelling: Hivpoint	<input type="checkbox"/> Other (depends on individual campaigns)
Ireland	HSE Sexual Health and Crisi Pregnancy Programme NGOs: HIV Ireland; Sexual Health Centre; GOSHH; Sexual Health West; Belong To	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
Latvia	NGOs and Latvian Centre for Disease Prevention and Control	<input type="checkbox"/> Other (depends on individual campaigns)

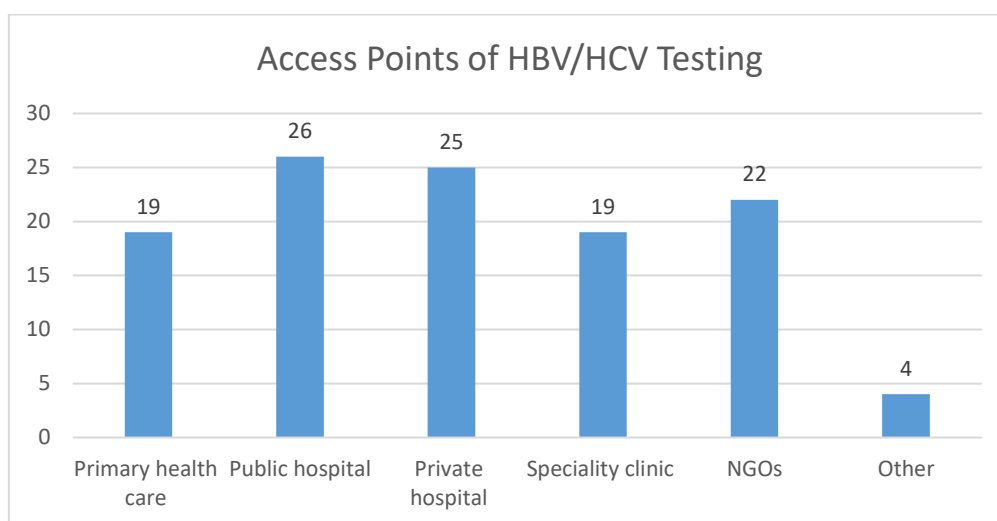
<i>Lithuania</i>	DEMETRA, other NGOs, NVSC (National Bureau of Public Health), Local Bureaus of Public Health	<input type="checkbox"/> No, funds are predominantly acquired from international bodies
<i>Luxembourg</i>	NGO and Ministry of Health	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Malta</i>	The Ministry for Education, The Health Promotion and Disease Prevention Directorate, NGOs	<input type="checkbox"/> Other (depends on the organiser - public funding for governmental institutions X international funding for NGOs)
<i>Netherlands</i>	Sexual health centres (GGD) and knowledge institutes (Rutgers).	<input type="checkbox"/> Yes, the campaigns are predominantly funded by the national public bodies
<i>Spain</i>	NGO, ADMINISTRATION	<input type="checkbox"/> Other (depends on the organiser – When organised by the Ministry of Health or by regional/local administrations, public funds are secured and NGOs participate in their design and implementation. Campaigns organised by NGOs are usually funded by private funds, and only occasionally by public funds secured through grant applications.)

Section 13 - HBV/HCV: Testing and Prevention

1. Access to HBV and HCV Testing

Survey responses indicate that HBV and HCV testing is primarily available in **public hospitals (26 countries)**, followed by **private hospitals (25 countries)** and **NGOs (22 countries)**. Additionally, **primary healthcare facilities (19 countries)** and **specialty clinics (19 countries)** serve as notable access points. A smaller subset of respondents (**4 countries**) identified "**Other**" facilities, providing testing arrangements tailored to meet unique local needs such as analysis laboratories, screening and diagnostic centres, sexual health centres, or harm reduction centres.

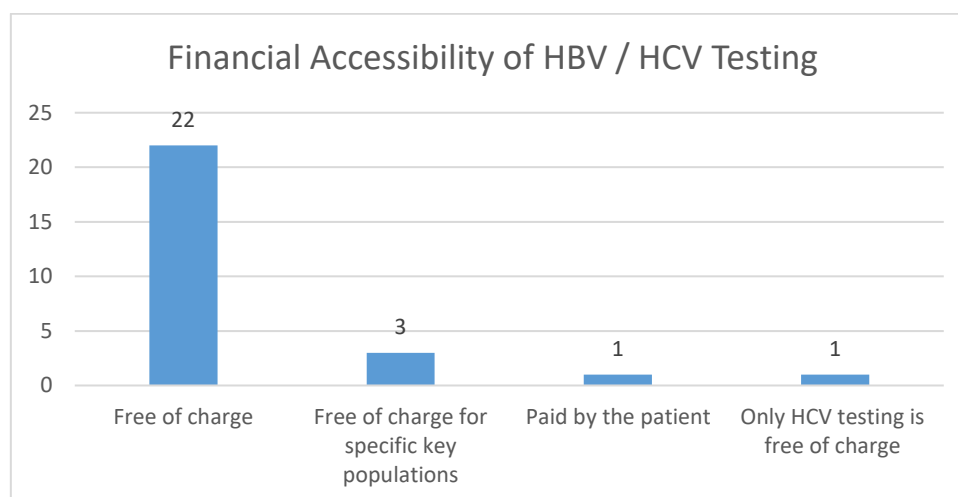
This distribution highlights the dominant reliance on public healthcare infrastructure to deliver testing services. Simultaneously, the significant role of NGOs demonstrates their critical function in bridging accessibility gaps, particularly for marginalized or vulnerable populations who may face barriers in accessing traditional healthcare settings.



2. Cost of HBV and HCV Testing

Testing for HBV and HCV is reported as free of charge¹⁴ in the majority of surveyed countries (**22 countries**). However, **3 countries** noted that free testing is available only for specific key populations, underscoring a targeted, rather than universal, approach. **1 country** indicated that patients bear the cost of testing and **1 country** reported that only HCV testing is provided free of charge.

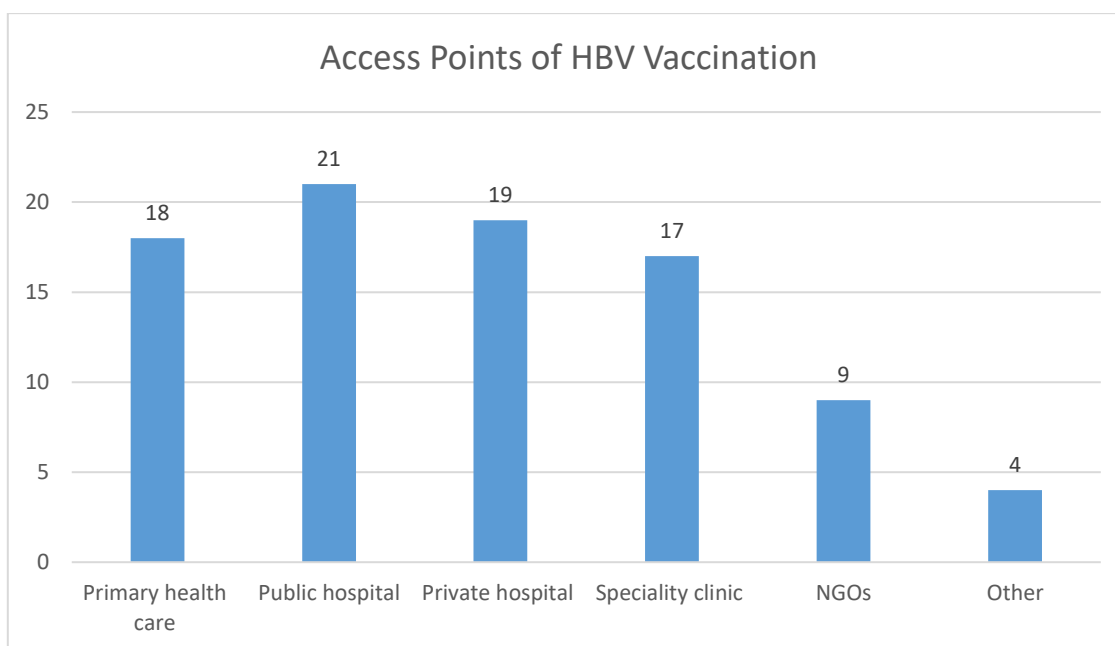
Importantly, these findings do not suggest universal access to free testing across all contexts. In several countries, access to free testing is contingent on specific factors, such as belonging to key populations or seeking care at particular facilities.



¹⁴ The survey question/answers do not distinguish whether testing is free of charge due to being covered by public insurance or universally free for anyone in the country. Furthermore, it does not imply that all testing is always free in the country; but rather, the survey responses shall be understood to mean that free-of-charge options are available to individuals seeking it (i.e., under specific conditions/in specific settings).

3. Access to HBV Vaccination

Survey responses reveal that HBV vaccination is most frequently accessed at **public hospitals (21 countries)**, followed closely by **private hospitals (19 countries)** and **primary healthcare facilities (18 countries)**. **Specialty clinics (16 countries)** also play a significant role in providing vaccinations. **NGOs** contribute as well, with **9 responses** indicating their involvement, while **"Other" facilities (4 countries)** represent additional, less common access points that cater to specific community needs.



4. Cost of HBV Vaccination

The responses indicate that in most cases, HBV vaccination is reported as **free of charge (22 countries)**¹⁵. An additional **4 countries** noted that vaccination is **free only under specific conditions** (e.g., for specific key populations, increased risk of contraction), while **1 country** reported that patients must **pay for the vaccination**.

¹⁵ The designation "free of charge" includes both instances where vaccination is (a) entirely free and where it is (b) free at specific points during a person's life under a state vaccination scheme (e.g., after birth, before starting school, at age 12, etc.).

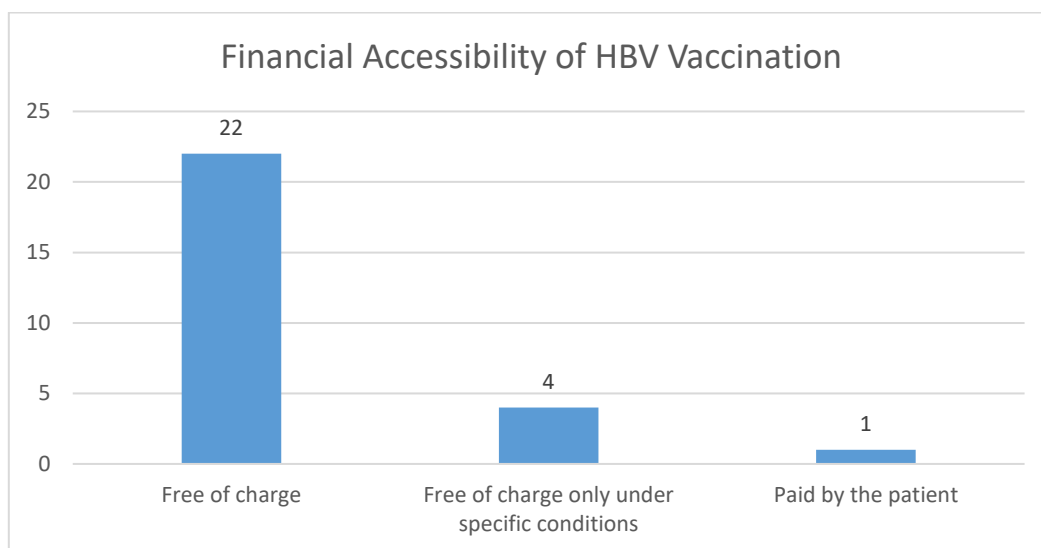


Table 14: HBV/HCV Testing and Prevention

	Where can key populations access HBV and HCV testing?	Is HBV and HCV testing free of charge?	Where can HBV vaccination be accessed?	Is HBV (or combined HAV/HBV) vaccination free of charge in your country?
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge testing is available: 1) 14 Regional health inspectorates with limited working time (these are regional structures of Ministry of Health); 2) Through the primary healthcare providers for the health insured people aged between 40-60, every 5 years; 3) Through project-based activities of NGOs which are not sustainable.	<input type="checkbox"/> Other (Maternity hospitals; first dose applied 12 hours after birth; subsequent doses at primary health care)	Yes
<i>Cyprus</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	There are options for free testing (Specific state medical centres, Specialty Clinic, NGOs) and settings where it's not free (Private Hospitals and Labs).	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital	Yes
<i>Czech Republic</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge for individuals covered by public health insurance and for users undergoing anonymous testing at NGOs.	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes

<i>France</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Analysis laboratories, self-testing / city medicine, Free Information, Screening and Diagnostic Centre, sexual health centres (CeGIDD))	Testing is free at the Free Information, Screening and Diagnostic Centre (CeGIDD).	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Free Information, Screening and Diagnostic Centre (CeGIDD))	Yes (through a subsequent reimbursement scheme)
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge for key populations and after risk contact.	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	No (HBV vaccination is only free for key populations)
<i>Greece</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Yes	<input type="checkbox"/> Public hospital <input type="checkbox"/> NGOs	Yes
<i>Hungary</i>	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	HBV and HCV testing is paid for by the patient.	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes
<i>Italy</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Clinical analysis laboratories where any blood tests may be undertaken)	Testing is free of charge in NGOs. In public hospitals people need to contribute to the cost of the test to a certain amount (ticket).	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Yes
<i>Poland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HCV testing is free of charge in NGOs and primary health care.	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Yes
<i>Portugal</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Free of charge at NHS	<input type="checkbox"/> Primary health care <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Yes
<i>Romania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Testing for HBV/HCV can be free of charge for insured people on the basis of a doctor referral (if determined clinically necessary). Romania has implemented between 2020-2023 2 projects financed by the European Social Fund (local project), state hospitals and NGOs in partnership, in which rapid testing was made available also in primary health care (only in 24 counties and	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Yes

		only for doctors that have enrolled in the project). The projects also covered confirmation.		
<i>Slovakia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Depends on where the testing is happening.	<input type="checkbox"/> Primary health care <input type="checkbox"/> Speciality clinic	No (HBV vaccination is only free for PUD and available at 1 drug dependency centre)
<i>Slovenia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	It is free in public healthcare and NGOs (currently 3 NGOs performing CBVCT) and paid in certain public healthcare settings (on request of the patient, without referral by a doctor) and at private clinics.	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes
<i>Sweden</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is free	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes (HBV vaccination is also free for certain key populations (LGBTQ))
<i>Partner Organisations (NON-CORE)</i>				
<i>Austria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs (Aids Hilfen)	HBV and HCV testing is free in case of a doctor referral / prescription	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs (Aids Hilfen)	Yes
<i>Belgium</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is only free for certain key populations (e.g., sex workers)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Yes
<i>Croatia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Public Health Institutes)	HBV and HCV testing is covered by public health insurance	<input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other (Public Health Institutes have vaccination clinics)	No (HBV vaccination is free of charge only if certain conditions are met)
	* While, it can be theoretically accessed in all the listed places, the access can difficult, but it is most easily available in Public Health Institutes, some hospitals and some NGOs.			
<i>Denmark</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	HBV and HCV testing is free at public hospitals and subject to a fee (approx. DKK 360) at speciality clinics (e.g., vaccination clinics)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	No (HBV vaccination is only free for people at increased risk of contraction)
<i>Estonia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs <input type="checkbox"/> Other*	HBV and HCV testing is free in all settings, except for private healthcare	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes

* In our country, tests for HCV are available in all organisations working with people who use drugs, for example, in substitution therapy centres (so-called methadone clinics), harm reduction centres, etc. Testing for HBV is available in an anonymous office, in a specialised clinic and in a public hospital. HCV testing is also available at NGOs working with people at risk, sex workers, and the LGBT community.

<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is free in all settings, except for private healthcare	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	No (HBV vaccination is only free for people at increased risk of contraction)
<i>Ireland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is free at public hospitals, specialty clinics (e.g., Gay Men's Health Service), NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes
<i>Latvia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is free at NGOs, otherwise subject to a fee	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Ambulatory health centres)	No
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	HBV and HCV testing is free of charge at NGOs, otherwise subject to a fee; under a national programme, people born between 1945 and 1994 can access one-time free of charge testing in primary health care settings	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Yes
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	HBV and HCV testing is covered by public health insurance; HCV testing is available for free at some NGOs	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> NGOs	Yes
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Yes
<i>Netherlands</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	HBV and HCV testing is free of charge only for key demographics	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Yes
<i>Spain</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	HBV and HCV testing is free	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Yes

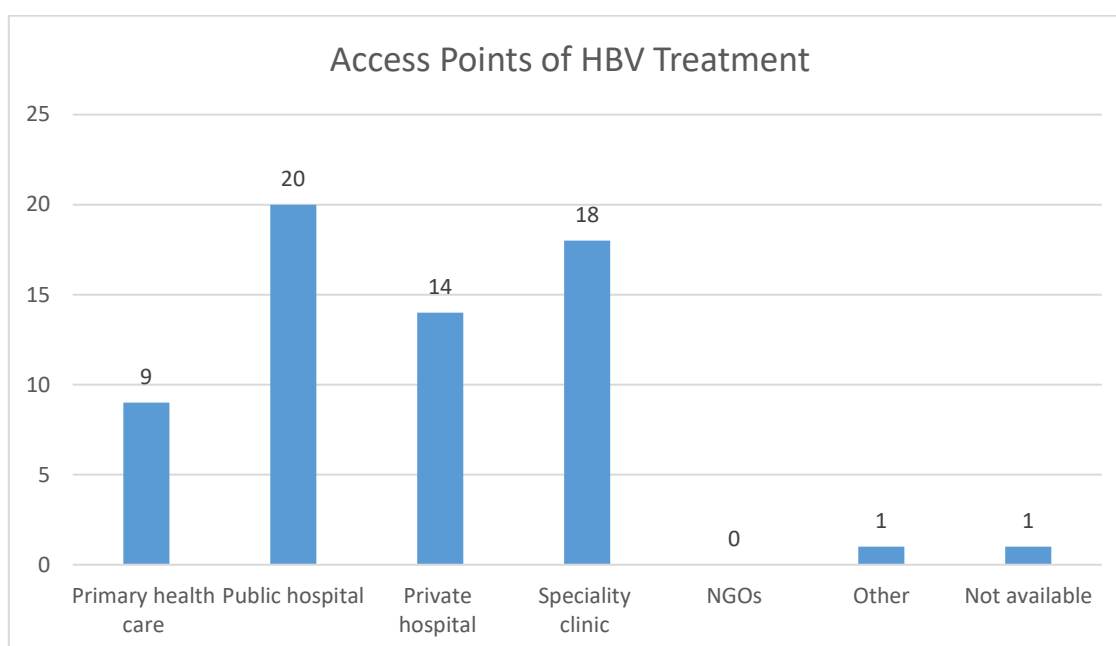
Section 14 - HBV/HCV: Access to Treatment

1. Access to Hepatitis B Treatment

Survey responses indicate that key populations can predominantly access Hepatitis B treatment in **public hospitals (20 countries)** and **specialty clinics (18 countries)**. **Private hospitals (14 countries)** and **primary**

health care facilities (9 countries) also serve as notable access points. Additionally, **1 country** reported that Hepatitis B treatment is available also in “**Other**” settings (**France** - Free Information, Screening and Diagnostic Centre).

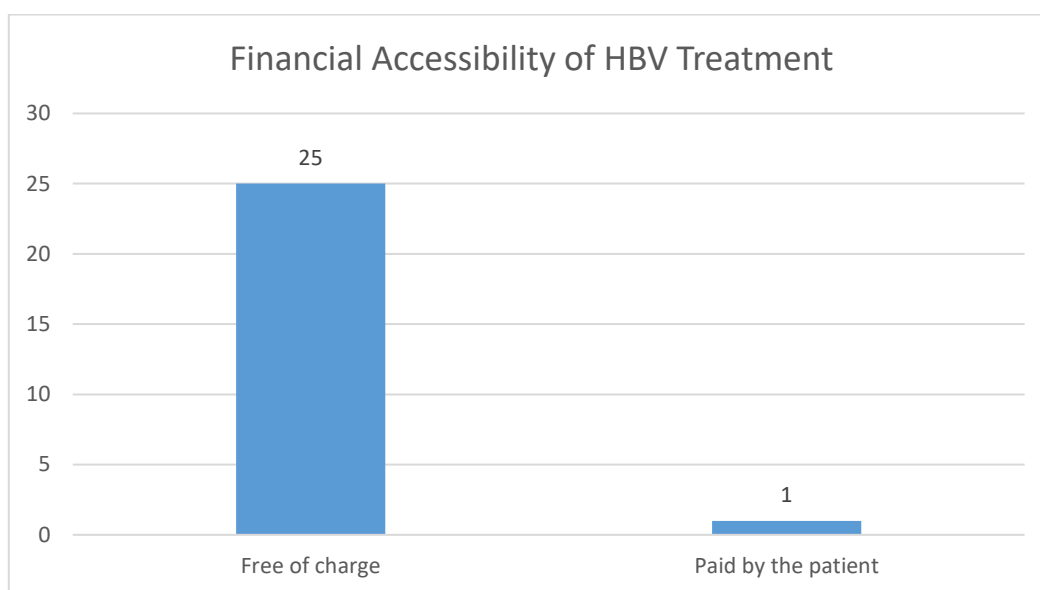
Furthermore, **Estonia** reported that there is **no direct treatment available for Hepatitis B**. The healthcare system provides support for individuals with the condition primarily through infectious disease specialists. These specialists focus on managing liver health and addressing exacerbations of the disease by prescribing medications. In cases where prescribed medications are necessary, the majority of the drug costs are covered by Estonia's health insurance system.



2. Cost of Hepatitis B Treatment

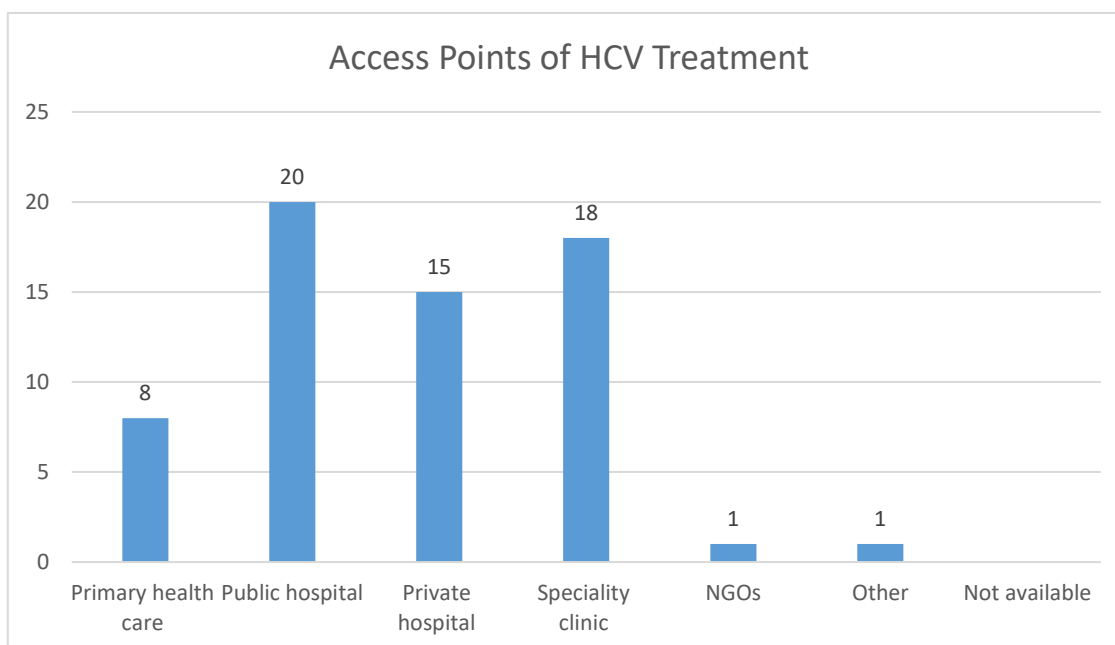
The majority of the countries where Hepatitis B treatment is available reported that Hepatitis B treatment is **free of charge**¹⁶ (**25 countries**). However, **1 country** noted that the **cost of treatment is borne by the patient**.

¹⁶ The survey question/answers do not distinguish whether treatment is free of charge due to being covered by public insurance or universally free for anyone in the country.



3. Access to Hepatitis C Treatment

Similar to Hepatitis B treatment, Hepatitis C treatment is predominantly accessible through **public hospitals (20 countries)** and **specialty clinics (18 countries)**. **Private hospitals (15 countries)** and **primary healthcare facilities (8 countries)** play supporting roles. **NGOs (1 country)** and **"Other" facilities (1 country)** have a negligible role, and no country reported that treatment is unavailable.



4. Cost of Hepatitis C Treatment

Hepatitis C treatment is reported as **free of charge**¹⁷ in 25 countries, with 1 country stating it is **free only for specific key populations** and 1 country requiring patients to **pay for treatment**. These findings mirror those for Hepatitis B treatment, suggesting strong public health support in addressing Hepatitis C. However, the existence of conditions or restrictions in two cases highlights potential access barriers for some populations, warranting further policy attention to ensure equitable access.

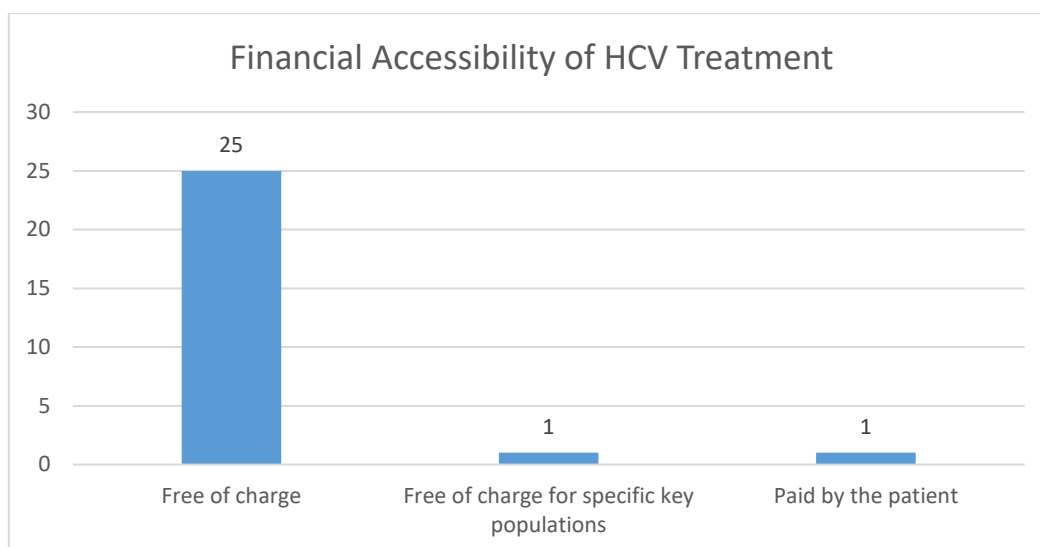


Table 15: HBV/HCV Access to Treatment

	Where can key populations access Hepatitis B treatment?	What are the conditions of treatment?	Where can key populations access Hepatitis C treatment?	What are the conditions of treatment?
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)
<i>Cyprus</i>	<input type="checkbox"/> Speciality clinic	Free of charge (for people who have access to the local healthcare system)	<input type="checkbox"/> Speciality clinic	Free of charge (for people who have access to the local healthcare system)
<i>Czech Republic</i>	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)

¹⁷ The survey question/answers do not distinguish whether treatment is free of charge due to being covered by public insurance or universally free for anyone in the country.

<i>France</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Free Information, Screening and Diagnostic Centre (CeGIDD))	Free of charge under public health insurance or at the Free Information, Screening and Diagnostic Centre (CeGIDD)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Free Information, Screening and Diagnostic Centre (CeGIDD))	Free of charge under public health insurance or at the Free Information, Screening and Diagnostic Centre (CeGIDD)
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)
<i>Greece</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Hungary</i>	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance; paid in private care)	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance; paid in private care)
<i>Italy</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge
<i>Poland</i>	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)
<i>Portugal</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge at NHS	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge at NHS
<i>Romania</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)
<i>Slovakia</i>	<input type="checkbox"/> Speciality clinic	Free of charge	<input type="checkbox"/> Speciality clinic	Free of charge
<i>Slovenia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)
<i>Sweden</i>	<input type="checkbox"/> Public hospital	Free of charge	<input type="checkbox"/> Public hospital	Free of charge
<i>Partner Organisations (NON-CORE)</i>				
<i>Austria</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance); special programmes for uninsured are in place
<i>Belgium</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Paid by the patient	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Paid by the patient
<i>Croatia</i>	<input type="checkbox"/> Public hospital	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital	Free of charge (covered by public health insurance)
<i>Denmark</i>	<input type="checkbox"/> Public hospital	Free of charge	<input type="checkbox"/> Public hospital	Free of charge

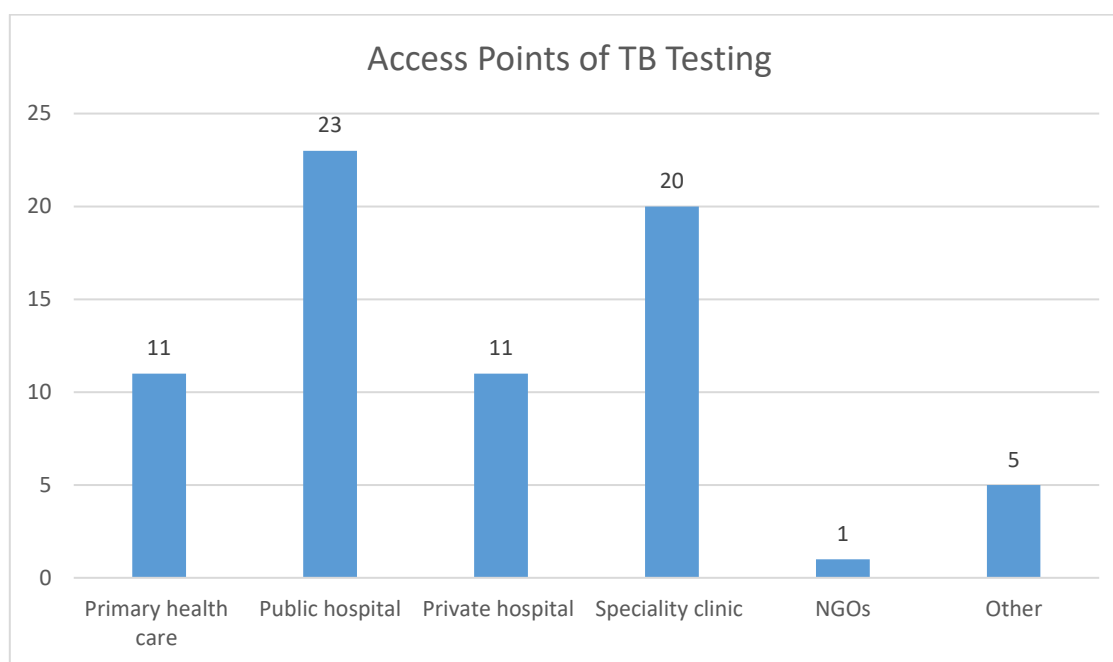
<i>Estonia</i>	<input type="checkbox"/> Not available* <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	/	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)
* There is no treatment for hepatitis B in Estonia; an infectious disease specialist can only support the condition of the liver using prescribed medications in case of exacerbation of the disease. In this case, most of the cost of the drug is covered by health insurance.				
<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (except in private health care)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (except in private health care)
<i>Ireland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (in public health care settings)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge (in public health care settings)
<i>Latvia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge	<input type="checkbox"/> Speciality clinic	Free of charge
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance); special programmes for uninsured are in place
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (covered by public health insurance)
<i>Netherlands</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (covered by public health insurance)	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Only free of charge for key populations
<i>Spain</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge

Section 15 - Tuberculosis: Testing and Prevention

Three countries (Austria, Belgium, and the Netherlands) were unable to provide responses related to TB. To address these gaps, the authors conducted desk research to supplement the analysis and answer the main questions.

1. Access Points for TB Testing

The analysis highlights a range of access points for TB testing across the surveyed countries. **Public hospitals (23 countries)** and **specialty clinics (20 countries)** are the most frequently reported locations for testing, reflecting their central role in national TB testing strategies. Other common access points include **primary healthcare facilities (11 countries)** and **private hospitals (11 countries)**, which also contribute significantly to testing infrastructure. However, **NGOs (1 countries)** and **“Other” non-traditional settings (5 countries)** were reported less frequently. This highlights variability in national approaches to engaging community-led initiatives for TB diagnosis and prevention.

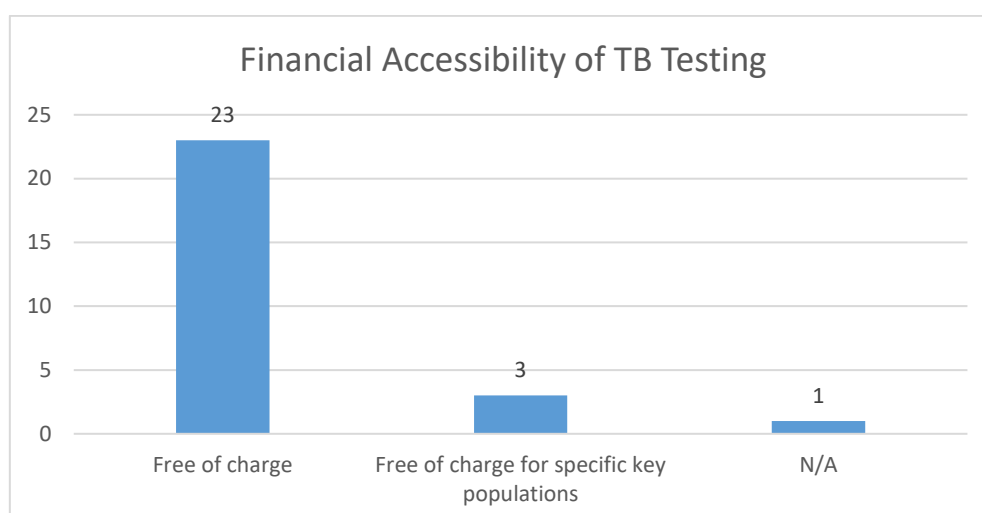


2. Cost of TB Testing

Responses on the cost of TB testing show considerable alignment toward affordability. A majority of **23 countries** reported that TB testing is completely **free of charge**¹⁸. In **3 countries**, TB testing was indicated as free for specific **key populations**, such as those at higher risk of TB exposure. Notably, **1 country** did not

¹⁸ The survey question/answers do not distinguish whether testing is free of charge due to being covered by public insurance or universally free for anyone in the country.

provide information on the cost of testing. The prevalence of free testing demonstrates a significant commitment to minimizing financial barriers and facilitating early diagnosis. The majority of countries reporting free TB testing reflects a commitment to reducing financial barriers to early diagnosis and treatment. However, the disparity in the availability of free TB testing for all versus specific key populations suggests room for improvement in achieving universal accessibility.



3. Inclusion of TB Vaccination in National Vaccination Schemes

The analysis revealed variability in whether TB vaccination for children is included in national vaccination schemes. Based on survey responses, **15 countries** reported that TB vaccination is included, while **11 countries** indicated it is not. These results highlight differences in the standardized approach to childhood TB vaccination.

It is important to note that the questionnaire did not differentiate between vaccination being recommended for individuals at increased risk (as part of the national vaccination scheme) and vaccination being recommended for the entire population. To address this, additional desk research of the authors drawing on data from the European Centre for Disease Prevention and Control (ECDC)¹⁹ clarified that **7 of the 15 countries** do not include TB vaccination as a recommended or mandatory component of their national schemes (i.e., the national vaccination scheme is likely focused on the availability of TB vaccination for individuals at increased risk).

¹⁹ <https://vaccine-schedule.ecdc.europa.eu/Scheduler/ByDisease?SelectedDiseaseId=14&SelectedCountryIdByDisease=-1>

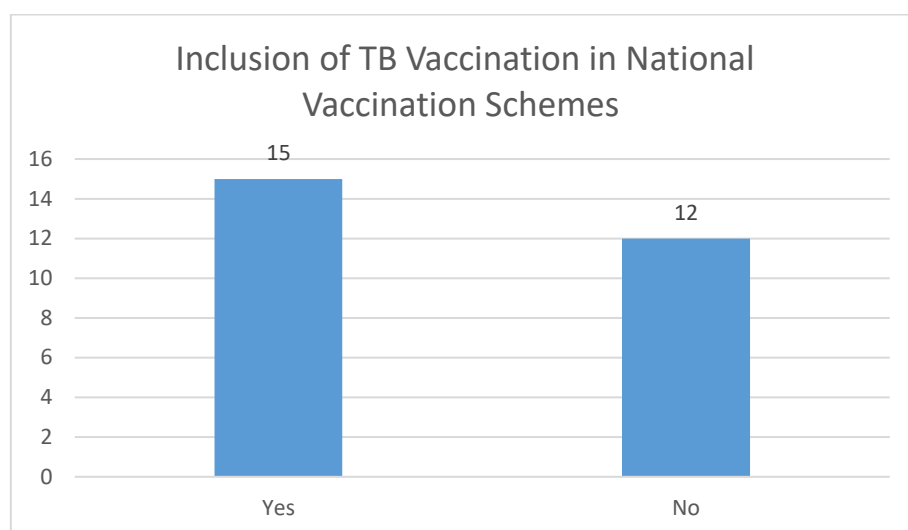


Table 16: TB Testing and Prevention

	Access points for TB testing	Cost of TB testing	TB Vaccination recommended / mandatory as part of the national vaccination scheme	Vaccination age	Is TB vaccination free of charge?
<i>Network Members (CORE)</i>					
<i>Bulgaria</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge	Yes	48 hours after birth (Re-vaccination at the age of 7 and 11)	Yes
<i>Cyprus</i>	<input type="checkbox"/> Speciality clinic	Free of charge for specific key populations (Otherwise data not available)	No	/	/
<i>Czech Republic</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge	No	/	Yes (Upon doctor's prescription)
<i>France</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (City medicine)	Free of charge for specific key populations	Yes**	/	Yes (At the Free Information, Screening and Diagnostic Centre, certain public facilities, free vaccination centres; also fully covered)

					for certain key populations)
Germany	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (Health Department)	Free of charge (Upon doctor's prescription)	No	/	No
Greece	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> NGOs	Free of charge	Yes**	At 6 years old	Yes
Hungary	<input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance; paid in private care)	Yes	Week 0-4	Yes
Italy	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge	No	/	Yes
Poland	<input type="checkbox"/> Primary health care	Free of charge	Yes	At birth	Yes
Portugal	<input type="checkbox"/> Public hospital <input type="checkbox"/> Other (Public pneumology diagnostic centre)	Free of charge (At NHS)	Yes**	At birth	Yes (At NHS)
Romania	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other*	Free of charge (under the National TB programme)	Yes	At birth	Yes (At birth)
* Romania has implemented between 2018-2023 a project financed by the European Social Fund (local project), state hospitals and NGOs, that included a testing mobile unite. ARAS as a partner in the project has facilitated testing for key populations (main target drug users).					
Slovakia	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge	No	/	/
Slovenia	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (If clinically indicated)	Yes**	/	Yes
Sweden	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge	Yes**	/	Yes (Upon doctor's prescription)
Partner Organisations (NON-CORE)					
Austria*	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)	No	/	No
Belgium*	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge	No	/	/
Croatia	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)	Yes	At birth	Yes

<i>Denmark</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge* (If clinically indicated for inpatients at a public hospital)	No	/	No
* Only x-ray imaging and blood sampling for determining TB is free of charge if deemed necessary for diagnostically purposes for inpatients at public hospitals. Mantoux-testing and other test like blood sampling for TB is not free of charge for outpatients.					
<i>Estonia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (Including people without health insurance)	Yes	From birth to 16 years of age	Yes
<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital	Free of charge	Yes**	/	Yes
<i>Ireland</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge	No	/	No
<i>Latvia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge	Yes	2-5 days after birth	Yes
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge for specific key populations	Yes	2-3 days after birth	Yes
<i>Luxembourg</i>	<input type="checkbox"/> Other (Centre Medico Social - specific national centre for TB screening)	Free of charge (Covered by public health insurance + for asylum seekers)	No	/	/
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (Covered by public health insurance)	Yes**	At birth	Yes
<i>Netherlands*</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic (Tuberculosis Department of the Dutch Municipal Health Service [GGD])	N/A	No	/	/
<i>Spain</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge	No	/	Yes

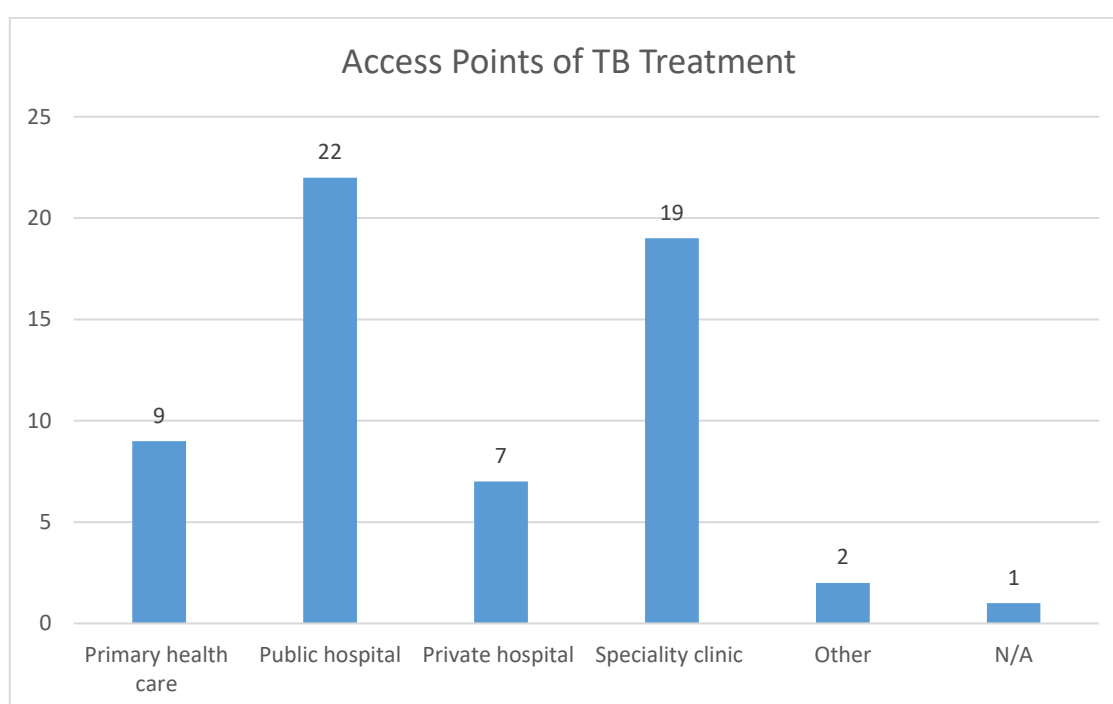
* Answers were not provided by the partner organisation but obtained through desk research of the authors.

** Based on ECDC data, the answer would be "No". See the analysis for more details.

Section 16 - Tuberculosis: Access to Treatment

1. Access Points for TB Treatment

The analysis highlights the variety of healthcare facilities where key populations can access TB treatment across participating countries. **Public hospitals (22 countries)** and **specialty clinics (19 countries)** were the most commonly reported access points, underscoring the reliance on formal healthcare institutions to deliver TB treatment services. Additionally, **primary healthcare facilities (9 countries)** and **private hospitals (7 countries)** were identified as significant locations, reflecting efforts by some countries to decentralize TB treatment services and expand access. However, fewer countries reported utilizing “Other” settings (**2 countries**). **1 country** did not provide an answer (marked as “N/A”).



2. Conditions of TB Treatment

The conditions under which TB treatment is provided varied across countries. A majority of **22 countries** reported that TB treatment is free of charge²⁰, demonstrating widespread efforts to eliminate financial barriers to care. However, **3 countries** (Cyprus, France, and Italy) reported specific conditions for accessing TB treatment:

- **Cyprus:** Treatment conditions were reported as unclear, varying for different populations.

²⁰ The survey question/answers do not distinguish whether treatment is free of charge due to being covered by public insurance or universally free for anyone in the country.

- **Italy:** TB treatment is covered by public health insurance; however, patients are required to pay for "tickets" covering medications and visits unless they qualify for exemptions.
- **France:** TB treatment is fully covered for individuals diagnosed with certain long-term illnesses (e.g., ALD).

Additionally, **2 countries** did not provide specific information on the conditions for accessing TB treatment.

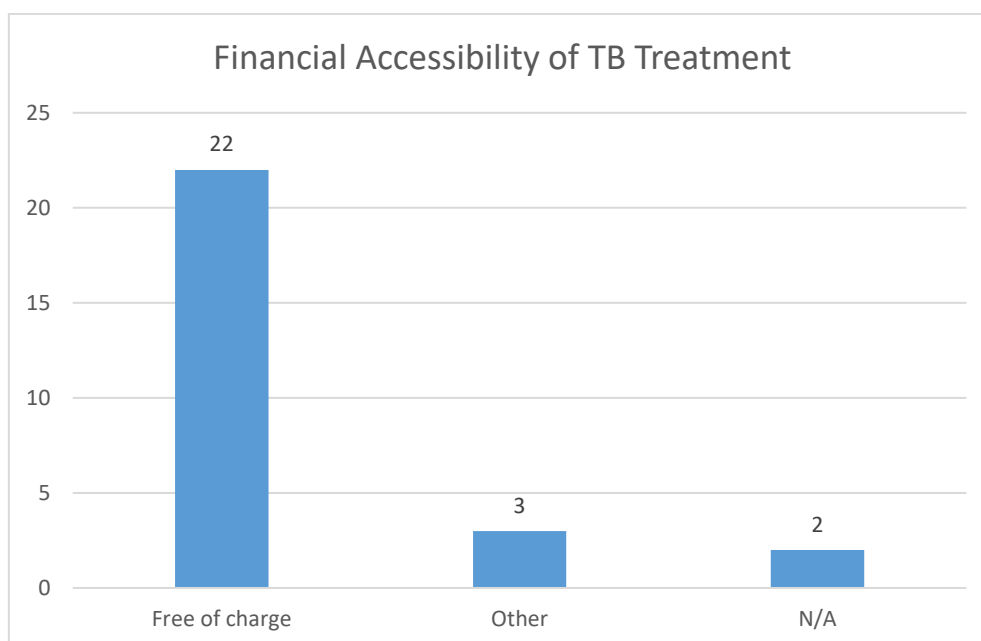


Table 17: TB Access to Treatment

	Where can key populations access TB treatment?	What are the conditions of treatment?
<i>Network Members (CORE)</i>		
<i>Bulgaria</i>	<input type="checkbox"/> Speciality clinic	Free of charge (Regardless of health insurance status)
<i>Cyprus</i>	<input type="checkbox"/> Speciality clinic	Unclear for different populations
<i>Czech Republic</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>France</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	The treatment is 100% covered for people with certain long-term diseases (ALD)
<i>Germany</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health system)
<i>Greece</i>	N/A	N/A

<i>Hungary</i>	<input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)
<i>Italy</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	TB treatment is prescribed by pneumologists who directly take care of prescriptions. TB patients need to pay a “ticket” for medications and visits, unless they have exemptions related to the conditions of unemployment, or social pensions, low income, other diseases, etc.
<i>Poland</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Portugal</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Other (Public pneumology diagnostic centre)	Free of charge (At NHS)
<i>Romania</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Slovakia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Slovenia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)
<i>Sweden</i>	<input type="checkbox"/> Public hospital	Free of charge
<i>Partner Organisations (NON-CORE)</i>		
<i>Austria*</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Belgium*</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Croatia</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)
<i>Denmark</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital	Free of charge
<i>Estonia</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge
<i>Finland</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital	Free of charge (For those who are entitled in the national vaccination scheme)
<i>Ireland</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (in public healthcare settings; paid in private healthcare settings)
<i>Latvia</i>	<input type="checkbox"/> Speciality clinic	Free of charge
<i>Lithuania</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic <input type="checkbox"/> Other (DOTS sites)	Free of charge (For all residents)
<i>Luxembourg</i>	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Speciality clinic	Free of charge (Covered by public health insurance)
<i>Malta</i>	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital	Free of charge (Covered by public health insurance)

Netherlands*	<input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic (Tuberculosis Department of the Dutch Municipal Health Service [GGD])	N/A
Spain	<input type="checkbox"/> Primary health care <input type="checkbox"/> Public hospital <input type="checkbox"/> Speciality clinic	Free of charge

* Answers were not provided by the partner organisation but obtained through desk research of the authors.

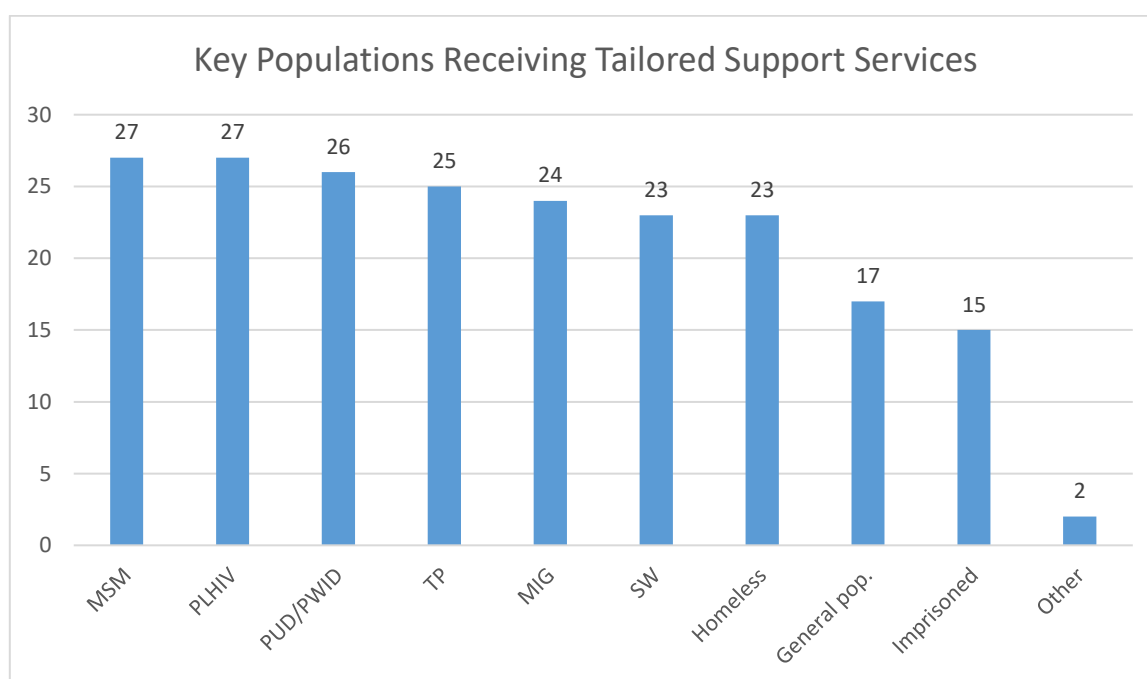
Section 17 - Key Populations

The survey responses provide valuable insights into the legal and social contexts impacting key populations, particularly sex workers and people who use drugs.

1. Availability of Tailored Services for Key Populations

Tailored support services are widely available to various key populations across the surveyed countries. Notably:

- **Men who have sex with men (MSM)** and **people living with HIV (PLHIV)** are the most consistently supported groups, with all **27 countries** reporting tailored services for these populations.
- Other key populations, including **people who use drugs (PUD/PWID)**, **transgender persons (TP)**, **migrants (MIG)**, and **homeless individuals**, receive tailored support in over **20 countries**.



2. Legality of Sex Work

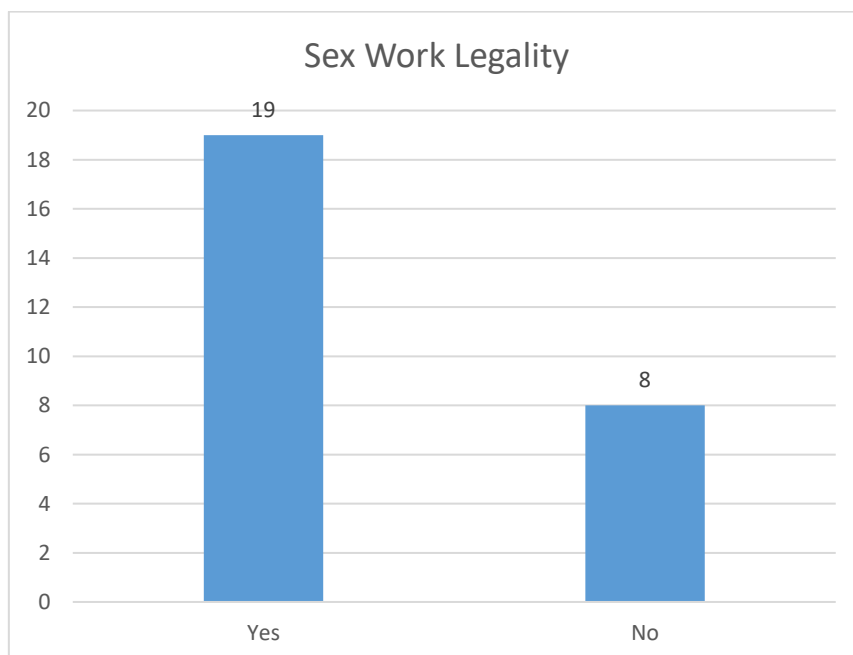
The legality of sex work remains a contentious issue across the surveyed countries. Out of 27 responses:

- **19 countries** reported that sex work is legal.
- **8 countries** indicated that sex work is illegal.

It is important to note that the survey focused on the legal status of sex workers themselves, rather than on individuals soliciting or financially benefiting from sex work. This distinction provides clarity on the nuances of legal frameworks across countries.

Several countries with reported legality highlight that this legality is not without limitation. For instance, in **Austria**, sex work is permitted but regulated through zoning laws and mandatory health checks. In **Luxembourg**, sex work is permitted only during specific times in specific streets (e.g., two areas near the main station in Luxembourg City). Failure to comply with these provisions can result in fines of up to EUR 2,500, with stricter penalties for repeated offenses.

The results highlight legal disparities that likely influence the accessibility of healthcare and other services for sex workers. In jurisdictions where sex work is illegal, stigma and fear of prosecution may hinder effective HIV and/or STI prevention and treatment efforts.



3. Drug Use Criminalisation

The criminalisation of drug use reflects an area where countries adopt markedly different legal approaches, each carrying distinct implications for public health and social outcomes:

- **19 countries** indicated that drug use is criminalised.

- **8 countries** reported that drug use is not criminalised.

The survey responses frequently equate the criminalisation of drug use with the criminalisation of drug possession, leading to similar legal and social outcomes (e.g., Bulgaria, Czech Republic, Poland, Ireland)²¹. In comparison, Greece reported that obtaining drugs for personal use (i.e., drug possession) is clearly distinguished from acquisition for commercial use and the punishment varies accordingly; Germany strongly emphasized that it is the trade and distribution (i.e., making available) of drugs which is criminalised, not the consumption.

Criminalisation may pose significant barriers to accessing harm reduction services, including needle exchange programs and opioid substitution therapy. This punitive legal environment exacerbates the vulnerability of people who use drugs to HIV transmission and limits opportunities for effective public health interventions.

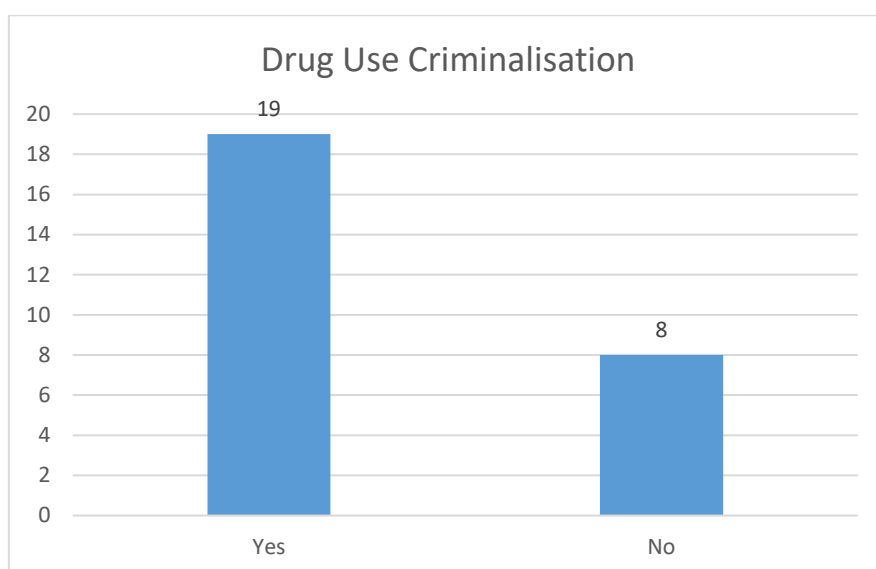


Table 18: Key Populations

	Key populations with tailored services in the country	User groups of the partner organisations	Legality of sex-work	Criminalisation of drug-use
<i>Network Members (CORE)</i>				
<i>Bulgaria</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> General Pop. <input type="checkbox"/> Other (Roma, migrants)	No	Yes

²¹ These responses are part of the „Yes“ category.

<i>Cyprus</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> MIG	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	Yes
<i>Czech Republic</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	Yes
<i>France</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless	Yes	Yes
<i>Germany</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Other (Refugees, Tourists, Paperless people)	Yes	No
<i>Greece</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop. <input type="checkbox"/> Other (Ex-prisoners)	Yes	No
<i>Hungary</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> TP <input type="checkbox"/> MIG	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG	Yes	Yes

	<input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.		
<i>Italy</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> General Pop.	Yes	No
<i>Poland</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> General Pop.	No	Yes
<i>Portugal</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	No
<i>Romania</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop. <input type="checkbox"/> Other (Roma, street children, WSW)	No	Yes
<i>Slovakia</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless	No	No
<i>Slovenia</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW	Yes	No

	<input type="checkbox"/> TP <input type="checkbox"/> MIG	<input type="checkbox"/> TP <input type="checkbox"/> MIG		
Sweden	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	Yes
<i>Partner Organisations (NON-CORE)</i>				
Austria	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV (Aids Hilfen) <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop. <input type="checkbox"/> Other (Ex-prisoners, queer refugees)	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes (but under special conditions)	Yes
Belgium	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> MIG <input type="checkbox"/> General Pop.	Yes	Yes
Croatia	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	No	Yes
Denmark	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> SW <input type="checkbox"/> TP	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> SW <input type="checkbox"/> TP	Yes	Yes
Estonia	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV	<input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID	Yes	Yes

	<input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> SW <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.		
<i>Finland</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	Yes
<i>Ireland</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	No	Yes
<i>Latvia</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> Imprisoned	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV	Yes	Yes
<i>Lithuania</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop. <input type="checkbox"/> Other (Ex-prisoners)	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	No	Yes
<i>Luxembourg</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes (but under special conditions)	Yes

<i>Malta</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> General Pop.	No	Yes
<i>Netherlands</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	No
<i>Spain</i>	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Imprisoned <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	<input type="checkbox"/> MSM <input type="checkbox"/> PLHIV <input type="checkbox"/> PUD/PWID <input type="checkbox"/> SW <input type="checkbox"/> TP <input type="checkbox"/> MIG <input type="checkbox"/> Homeless <input type="checkbox"/> General Pop.	Yes	No