UnPrEPared:

COMMUNITY REPORT ON ACCESS TO PREP BY SEX WORKERS IN EUROPE

Table of Contents

Acknowledgements	3
Contributions	3
Executive Summary	4
1. Introduction	7
2. Methodology	9
Research Design	10
Profile of the respondents	11
Considerations about this research	11
3 . Results	12
3.1 PrEP Accessibility Among Sex Workers in Armenia, Austria, Poland, and Turkey: PrEP as non reimbursable	12
Availability of PrEP	14
Conditions of accessibility to PrEP by sex workers	15
Awareness and societal factors	18
Recommendations	19
3.2 Access to PrEP among sex workers in Germany, Sweden, and the Netherlands: Partial reimbursement of PrEP	21
Availability of PrEP	21
Conditions of accessibility to PrEP by sex workers.	24
Awareness and social factors	28
Recommendations	31
3.3 Accessibility of PrEP among sex workers in France, Italy and Portugal: full reimbursed countries	31
Availability of PrEP	32
Conditions of accessibility to PrEP by sex worker	34
Awareness and social factors	37
Recommendations	40
4 Conclusions: UnPrEPared	42

Contributions

Luca Stevenson, Sabrina Sanchez, and Jules James led the conceptualisation of the research. Fernanda Belizário and Mirco Costacurta contributed to the research design and conducted the interviews. Fernanda Belizário also carried out the systematic review, which summarised the evidence base for the research, performed the data analysis, and wrote the report. Mirco Costacurta co-facilitated the data validation workshop, with others providing additional support for facilitation as part of the Red Umbrella Academy 2.0. Elizabeth McGuiness provided peer review and final editing, while Celeste Moro handled the graphic design. Cover design by Wszebor Sienkiewicz.

EXECUTIVE SUMMARY

This report provides a detailed examination of the challenges faced by sex workers in accessing PrEP, considering social, economic, legal, and cultural factors in a diverse range of European settings. This encompasses Armenia, Austria, France, Germany, Italy, Netherlands, Sweden, Poland, Portugal, and Turkey. The study had five primary objectives, including analysing policies and legal frameworks related to PrEP provision, assessing healthcare service quality, examining awareness levels among sex workers, comparing findings across countries, and formulating recommendations for improved PrEP accessibility for sex workers communities.

The global prevalence of Human Immunodeficiency Virus (HIV) remains a significant public health concern, with over 1 million new infections reported worldwide annually.[1] Despite the substantial impact of antiretroviral therapy on curbing the expansion of HIV, significant mortality rates persist. In the European region, an estimated 3 million people were living with HIV in 2022, with data indicating a 37% increase in deaths attributed to HIV-related causes compared to 2010. From 2015, World Health organisation recommended the use of Pre-Exposure Prophylaxis (PrEP) as an additional preventive measure for those at increased risk of HIV[2]. However, access to PrEP remains a challenge, particularly for key populations such as sex workers, who face various barriers, including criminalisation, stigma, discrimination, alongside economic constraints.

Responding to gaps in existing research and in recognition of need for a community-based approach, the European Sex Workers' Rights Alliance (ESWA) implemented the Red Umbrella Academy (RUA) from May 2023 to January 2024. This initiative was aligned with the Sex Workers Implementation Tool (SWIT).[3] The academy engaged sex workers' rights activists as part of an exploratory study on sex workers' access to PrEP in 10 European countries. It aimed to empower sex workers, enhance their knowledge of HIV prevention, document barriers in and good practice in access to PrEP, and emphasise the pivotal role of peer-workers and community leadership in HIV prevention. This report follows, and is based upon data gathered throughout the mediation of RUA attendees. Findings emphasise the importance of community-driven research, advocacy, and centring voices of sex workers in addressing their own unique needs.

Grounded in a Community-Based Participatory Research (CBPR) methodology[4], the study employed in-depth interviews with 31 sex workers and 16 key informants, including service providers, from across the selected countries in 2023. Most respondents were full-service sex workers, with varying sexual orientations and durations of time spent in sex work.

Design of data collection instruments, as well as analysis methods were based on an updated theory on access to health[5-7]. This encompassed different dimensions of access, such as availability, acceptability, affordability, accessibility, and accommodation. These dimensions are understood as interconnected. Results were further categorised based on the PrEP reimbursement status in each country, distinguishing between (a) non-reimbursable, (b) partially reimbursed, and (c) fully reimbursed models of access.

Findings indicate that countries are falling short of ensuring comprehensive access to Pre-Exposure Prophylaxis (PrEP) for sex workers and challenges persist across different models of PrEP access.

In Armenia, Austria[1], Poland, and Turkey, multiple barriers contributed to limited PrEP accessibility for noted sex workers. Issues in affordability, geographic distribution, and perceived lack of preparedness or interest among health professionals in educating about PrEP, compounded stigmatisation towards sex workers and individuals living with HIV. Legal frameworks criminalising HIV, the fear of issuing prescriptions in pharmacies concerning privacy, and concerns about disclosing serostatus further exacerbated these challenges.

Access proved greater in Germany, the Netherlands, and Sweden, due to positioning on sexual and reproductive health care referral systems, as well as wider cultural acceptance, particularly among cisgender gay men, transgender individuals, and gender-diverse individuals. However, persistent marginalisation of People of Colour, undocumented migrants, refugees and sex worker, as well as among LGBTQI+ communities in healthcare access remains. The sex worker community were found to be active in raising awareness and facilitating access of their peers to PrEP .

Sex workers in countries providing PrEP on a fully reimbursed basis, such as France, Portugal and Italy still encountered barriers in the access services. For example, Italy is currently implementing its model for reimbursement, adopted in 2023. Meanwhile, Portugal was reported to struggle with logistics related to achieving universal coverage through decentralising consultations for access to PrEP. Sex workers in France's cited need to ensure the quality of services and create environments more welcoming for their communities. Disparities in geographical distribution persisted across these three countries. Access was further complicated for cis-women sex workers, with minimal uptake reported, despite national guidelines in these instances including sex workers in general as a key population. In many cases condom use was advocated for as a barrier to transmission alone, instead of being recognised as part of combined HIV prevention that could include PrEP. Stigmatisation on behalf of healthcare professionals was also prevalent. Again, the sex worker community remains vital in educating peers surrounding access and adherence. Treatment adherence among sex workers was reported to poses challenges however, due to high degrees of mobility among the community.

This report demonstrates the interplay of economic, legal, and cultural, systems as well as factors related to the healthcare system impacting access to PrEP. Due to prevalent barriers in formal access, informal strategies for usage of PrEP, often without adequate support from health practitioners, have become frequent. One group at risk of exclusion from formal access are undocumented migrants and refugees, including those who sell sex. Undocumented migrants may face increased police harassment for example, as well as language barriers which exacerbate difficulties in accessing information. This was apparent in all countries observed. Cisgender men, as well as trans and gender-diverse individuals assigned male at birth individuals experience less fear in seeking PrEP, given explicit eligibility in national policies, freeing them from disclosing their occupations.

For cisgender women sex workers however, a lack of specific inclusion in national policies, as well as attitudes of healthcare professionals pose challenges in all contexts. Stigma, reinforced by the perception that condoms suffice for both prevention and contraception, is rooted in a broader lack of sexual education and conservative governance. In contexts of governmental conservatism, the sex worker community plays a crucial role in educating peers, facilitating access to healthcare, and promoting health literacy.

[1] Austria shifted to a reimbursed model for PrEP provision in 2024. However, the data in this report pertains to 2023, which is why Austria is included with other countries that did not have a PrEP reimbursement model at that time.

In conclusion, research findings reveal a lack of these countries sampled to create conducive conditions for sex workers to access PrEP, despite the varied models of reimbursement. Groups of sex workers, such as cis-gender women workers, BIPOC or undocumented workers, experience heightened challenges, as well as scrutiny in seeking PrEP, limiting their autonomy to exercise choices toward HIV prevention. Said disparities are emphasised as byproducts of prioritising of cisgender gay men, non-binary individuals, and transgender women within national access plans, meaning those seeking PrEP from these groups do not need to disclose their status as sex workers to enrol in programs. Others may rely more heavily on community-based services to access stigma-free, patient-centreed care.

Findings also underscore the vital role played by sex worker communities, in advocating for HIV prevention. Activists, organisations, and informal networks play crucial roles in providing information, supporting appointment attendance, ensuring treatment adherence, and raising awareness within the sex worker community and beyond. This stands in contrast to lesser sexual and reproductive health literacy, and misinformation surrounding HIV prevalent in the general population, as reported by the respondents. Sex workers in countries wherein costs of PrEP are not reimbursed, such as Armenia, Austria, Poland, and Turkey, face economic and policy constraints that hinder access. This was understood to increase stigma and misinformation surrounding both sex work and HIV. Conversely, sex workers in countries like Germany, the Netherlands, and Sweden, where costs of PrEP are reimbursed, exhibit higher levels of awareness and treatment adherence. This is notwithstanding barriers to equitable access, as outlined above. Comprehensive and inclusive approaches are necessary to address these barriers and ensure equitable access to PrEP for all at-risk individuals.

This report clearly demonstrates that while a fully reimbursed PrEP model is a crucial step, it is not the final solution. Comprehensive strategies that address geographic, structural, and social barriers, alongside targeted education efforts, are essential to truly ensure that PrEP is accessible to all sex workers in Europe.

A central recommendation arising from this research is the need to decentralise provision of PrEP, thereby increasing geographical coverage, as well as integration into community-based settings. Decentralisation should involve general practitioners and community organisations to ensure that sex workers can access PrEP without significant travel barriers. Additionally, tailored interventions must be developed specifically for cisgender women sex workers, as well as undocumented migrants, to address the unique manifestations of stigma and barriers they face, such as lack of access to formal health care channels. Enhancing health literacy and providing services in multiple languages are crucial steps to support undocumented migrants, effectively.

Finally, findings emphasise the importance of policy reforms to create a legal framework conducive to realisation of sex worker's human rights in an intersectional approach. This includes decriminalising sex work, ensuring non-discriminatory practices in healthcare settings, and protecting the autonomy of sex workers in making informed decisions about their health. Strengthening community-led initiatives and networks is also vital. Activists and organisations should continue to play a central role in disseminating information, supporting treatment adherence, and advocating for policy changes. Finally, increasing public awareness and education on PrEP, particularly in contexts where high levels of misinformation and stigma persist, is essential to foster an environment more accepting of sex workers and other marginalised groups. These actions collectively aim to create equitable access to PrEP and improve overall public health outcomes.

1. INTRODUCTION

The Human immunodeficiency virus (HIV) remains a severe global public health challenge. More than 1 million people are newly infected with STIs on a daily basis worldwide, and even though the expansion of antiretroviral therapy has drastically curbed the expansion of the HIV epidemic, mortality rates remain significant.[1, 8]

In the European region, it was estimated that, in 2022, 3 million people were living with HIV. Of this figure, 72% knew their status, 63% were receiving treatment and 60% had suppressed their viral loads. In 2022, an estimated 180,000 people acquired HIV, and deaths attributed to HIV-related causes has increased 37% compared to rates reported in 20107. Data indicates that the rate of new HIV diagnoses in many European countries has shifted only marginally over the past decade. The highest portion of these new diagnoses affects cisgender men, as well as trans and gender diverse people assigned male at birth (42%)[1, 7, 8.]

In 2015, the World Health organisation recommended PrEP (Pre-Exposure Prophylaxis) as an additional means of prevention for people with increased risk of exposure to HIV [8, 9]. Pre-exposure prophylaxis or “PrEP” is the use of an antiretroviral medication by HIV-negative people to reduce the risk of HIV . The medication commonly used as PrEP is a combination of two antiretroviral drugs—tenofovir disoproxil fumarate and emtricitabine (often sold under the brand name Truvada or Descovy).[9] These drugs work by inhibiting the replication of the virus within the body.[10]

PrEP is not a one-size-fits-all solution, and its use is best determined on an individual basis after consultation with healthcare professionals. It is also recommended to undergo regular HIV testing and other medical assessments while using PrEP, usually in a 3 monthly basis.[11]

While PrEP is considered a pillar in preventive treatment towards HIV, challenges in assuring access for people who need it most are manifold. Within public health, access is understood as not merely as a matter of the availability or cost of a particular medicine, but as an intricate set of preconditions ranging from affordability of services themselves to the level of acceptance of the provision of services, among both users and providers of health care. Consideration around accessibility should extend to health policies, logistics, and social, economic, cultural, and structural factors, as all of which can undermine users' access to healthcare.[6, 7]

As per a 2023 report from European Centre for Disease Control[12], sex workers[2] constitute a key population in terms of risk of HIV infection, as well as prevalence throughout Europe. Heightened risk of contact with HIV among sex workers stems, in part, from criminalisation, and relatedly, stigma associated with sex work and sex workers themselves. Criminalisation, alongside related stigma renders numerous barriers in advocating for safer sex practices.[12, 13] Additionally, sex workers may encompass individuals from other key populations at higher risk of HIV transmission, such as men who have sex with men, people that inject drugs, those with insecure migration status, Black, Indigenous and People of Colour (BIPOC) and or transgender individuals. It claims for an intersectional understanding of the structural barriers this population face in accessing PrEP and healthcare in general considering the overlapping of the vulnerabilities they face.

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[2] Sex workers include consenting cis women, cis men, and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally.[14]

While access to PrEP among sex workers is a growing area of study, there is a notable scarcity of literature on the subject specific to Europe. Generalisations are challenging due to variations in country provisions, national HIV guidelines, legal regulations concerning sex work, and the diversity among sex workers subpopulations. Additionally, other structural determinants of health, including socio-economic status, migration status, identities and disability, to name a few, further complicate understandings surrounding access to PrEP.[14-16]

The ECDC has thus forth produced two reporting concerning the health status of sex workers, in 2015[17] and 2024[12] respectively. These reports emphasise barriers reported by sex workers, particularly the most significant constraints hindering their access to health services, which interplay economic challenges, stigma and discrimination, lack of information. Both also consistently highlighted persistent challenges related to insufficiency of data. For example, the absence of data hinders estimation of numbers of sex workers in each country, complicating calculation concerning the proportion of workers receiving treatment for HIV, as well as those with access to Pre-Exposure Prophylaxis (PrEP). It is worth noting that estimating proportions of a population engaged in sex work is both complicated methodologically and raises concerns due to the harmful implications of data collection on populations under political surveillance. Bolstering understanding of health, and other issues among sex workers, including in epidemiological terms, is therefore not as simple as calling for comprehensive data. Rather, gleaning insight into health and other outcomes of sex workers must be conducted, at a minimum, through methods of co-production with sex workers communities, toward minimising potential harms and increasing both rigour and relevance of findings.

The ECDC reports are viewed as among the most comprehensive overviews concerning HIV and sex work in Europe. While the report provides a regional perspective concerning access, prevention, treatment, and awareness surrounding PrEP, it provides a more regional and conjunctural perspective relying on top-down information from service providers and government. This general approach obscures the demands of most invisible groups which face societal and structural barriers accessing health services, creating a descending spiral of invisibility and lack of access.

Exclusion of sex workers from knowledge production is both a manifestation, and a driver of the stigma they face, one result of which is the dismissal of their needs. Sex workers' knowledge is frequently overlooked, and their potential leadership roles, which are known to be as crucial in addressing HIV, are often ignored or disregarded.[18, 19]

In this light, it was imperative to foreground a bottom-up approach, prioritising sex workers' knowledge and lived experiences, including that gained through decades of community organising to meet their own needs.

In alignment with the Sex Workers Implementation Tool (SWIT)[3], developed by WHO, UNAIDS, and other stakeholders, The European Sex Workers' Rights Alliance (ESWA) implemented the second edition of the Red Umbrella Academy (RUA) from May 2023 to January 2024. This initiative aimed to enhance sex workers' knowledge of HIV, as well as of combination prevention, document their access to PrEP, as part of combination prevention, and bolster the roles of peer-workers and community leadership in HIV prevention. A Community-Based Participatory Research (CBPR)[4, 20] approach was applied to these ends. RUA 2.0 engaged 24 sex workers' rights activists (SWRA) from Armenia, Austria, France, Germany, Netherlands, Poland, Sweden, and Turkey. The sessions, whose activities focused on advocacy, quality of life, community leadership, and discrimination, among other areas, were facilitated primarily by other sex workers. This report is one of the products of the RUA 2.0.

2. METHODOLOGY

This study foregrounds the experiences of sex workers regarding their access to PrEP across different European countries. By prioritising the voices and perspectives of sex workers, we seek to facilitate nuanced and comprehensive understanding of the challenges and dynamics surrounding their health and well-being in relation to HIV prevention. This approach may also be applied to exploration of broader health, and other outcomes, of importance to sex worker communities.

As outlined, this study is based on methodologies of community-based participatory action-research[21] [4, 20]. The overarching goal is to explore sex workers' access to PrEP in Armenia, Austria, France, Germany, Italy, Netherlands, Sweden, Poland, Portugal, and Turkey. This is achieved through five main objectives:

1. Analyse the existing policies and legal frameworks related to the provision and accessibility of PrEP for sex workers in each of the ten countries. This encompasses investigation of the availability of PrEP-related information and resources for sex workers. Legal or policy impediments that may hinder sex workers' access to PrEP are also to be identified.

2. Assess the quality and availability of healthcare services that provide PrEP to sex workers in the specified countries. Identify any challenges or gaps in healthcare service delivery.

3. Examine the level of awareness among sex workers in the selected European countries regarding PrEP as a preventive measure for HIV. This encompasses knowledge surrounding levels about the effectiveness, availability, and potential benefits of PrEP. Explore the various barriers that sex workers face in accessing PrEP, including social, economic, legal, and cultural factors in the specified contexts.

4. Compare and contrast the findings across the ten countries to identify common trends, differences, and unique challenges in the context of sex workers' access to PrEP.

5. Based on findings, formulate recommendations and if possible, provide examples of best practices, toward improving sex workers' access to PrEP in Europe. This is expected to provide insights for policymakers, healthcare providers, and advocacy groups alike.

Researchers undertook thirty-one in-depth interviews with sex workers, as well as sixteen interviews with key informants, and service providers across the following countries: Armenia, Austria, France, Germany, Netherlands, Poland, Sweden, and Turkey. Findings were interpreted in tandem to the existing literature and aside from the present report, are further detailed within a projected scientific article envisaged to undergo peer-review. Our findings are by no means exhaustive, but rather sought to identify gaps where future research, as well as advocacy initiatives are needed. As mentioned, we aimed to pave the way both for further academic exploration and concrete actions to promote the right of sex workers to the highest attainable standard of physical and mental health within the settings where they live and work.

2.1. Research design

The research was based on in-depth semi-structured qualitative interviews,[22] and two scripts were developed, one for interviewing sex workers and other for stakeholders and service providers, following the methodology of CBPR. CBPR[20] is a collaborative approach to research that seeks to address community-identified issues, promote social change, and improve the overall well-being of the communities concerned.

The selection of the respondents was facilitated by the sex worker rights organisations enrolled in the RUA 2.0. Organisation were invited to select four participants from their country representing the following profiles: key informants (a service provider or an activist), cis women sex workers, trans sex workers, cis men sex workers. Organisations were informed that participants should also ideally include a mix of both those with undocumented status versus residential or regularised status. The researchers also included participants from Italy and Portugal among interviewees, although these individuals did not all necessarily take part in the RUA 2.0

A preference for respondents who were served by a PrEP program was conveyed, although this was not mandatory. Sex workers selected could also be part of community-led organisations or service provision efforts, and as such, also constitute key informants.

The interviews, mostly carried out using an online meeting platform, were designed to last approximately 40 minutes. A total of 51 interviews were executed between May to October 2023, 47 of which were drawn upon to compose findings of this report. All interviewees were provided with information concerning the study and signed a written consent form. The interviews were conducted mainly in English with the support of translators where needed. Data were transcribed and analysed using content analysis.[23, 24]

Our analysis framework adopts the main variables explored within previous reports of the ECDC in terms of access from a service provision perspective.[11] This is strengthened by use of Penchansky and Thomas'(1981) theory concerning access to health from the perspective of users.[5-7] Penchansky and Thomas define health access as the optimal fit between the patient´s needs and the system's capacity to attend those needs. They further outline five distinct components of access, duded the five A´s: availability, acceptability, affordability, accessibility, and accommodation. Collectively, these dimensions impact access and are interconnected and interdependent.

Results were categorised into three clusters based on the methodology proposed by AIDS Action Europe.[25] These clusters are defined by the level of the reimbursement available for PrEP in different countries:

1. **Non-reimbursable:** In these countries, PrEP is available, but users bear the full cost of the medication themselves. No financial support or reimbursement from the national health system or insurance are available.

2. **Mixed models or partially reimbursed:** This cluster includes countries where the cost of PrEP is funded partially by the national health system. Users in these countries may need to have public or private insurance to cover some of the expenses associated with PrEP services.

3. **Full reimbursed:** In this cluster, PrEP is provided free of charge for residents, and possibly for specific populations. The full cost of PrEP is covered by the national health system or by other means, ensuring that residents, or specific others, have access to PrEP without having to pay for it directly.

Information concerning prevalence of people accessing PrEP in each country was taken from PrEP Watch[26] , alongside other sources where available.

2.2. Profile of the respondents

Of forty-seven respondents included in this research, a total of thirty-one were either current or former sex workers. Of these thirty-one individuals, 35% were trans women, 29% cisgender men, 23% cisgender women and 13% non-binary. Ages of participants ranged from 20 to 55 years. In terms of educational attainment, 16% of participants had completed secondary education, 41% held bachelor´s degrees, 29% a master´s degrees, 3% a doctorate degree and 10% reported their attainments as 'other' or did not answer.

Most participants who were sex workers performed full-service (59%) followed by camming (16%), escort services (7%) and BDSM (3%). In terms of sexual orientation, 29% of the respondents self-reported as bisexual, followed by 25% as heterosexual, 22% as gay or lesbian and 19% as other sexualities, which were unlisted. In terms of experience within sex work, 32% of the respondents had between 1 to 5 years experiences, versus 35% from 6 to 10 years. The cumulative years of experience in the sex industry represented among the sample was approximately 198,5.

All respondents reported being aware of their serostatus, with 67% negative (n=21), 19% living with HIV (n=6), while the remaining respondents did not answer the question. Of the 21 sex workers reporting a HIV negative status, 57% were on PrEP, versus 38% not, with the remaining participant not providing an answer to this question. With reference to the country model of PrEP provision, within countries that do not reimburse PrEP, none of the HIV negative sex workers reported PrEP use. Within countries which partially reimburse costs of PrEP, 9 out of 12 HIV negative sex workers reported being on PrEP. This rate remained consistent in countries where PrEP is fully reimbursed, again with 75% of HIV negative interviewees reporting use.

Seven participants reported a country of origin outside the European Union[3]. These migrants lived in Netherlands, Italy and Germany respectively, with all of them reporting residency status. No participants disclosed a current undocumented migrant status to the research team.

2.3. Considerations about this research

This report's strength lies in bringing forth the voices and lived experiences of sex workers. This is particularly salient given the lack of comprehensive data regarding sex workers' access to PrEP, as aforementioned. The use of a CBPR methodology constitutes an additional strength of this research.[12, 17]. All research entails inherent subjectivity, as well as trade-offs in prioritisation of research questions, and inclusion of participants.

[3] We adhere to the World Health organisation's methodology for grouping countries, which classifies both Armenia and Turkey as part of Europe

The research team acknowledge that the methodology employed may have excluded, or underrepresented crucial groups within the sex work community such as cis women, trans men sex workers, BIPOC, refugees and undocumented migrants. These limitations should be addressed in future research.

Due to the wide range of countries represented and the limited time frame for data collection, this study could not ensure an equal balance in the number of interviews conducted across all selected profile groups. However, to address this limitation, the report consistently specifies the identity and profile of the respondents, avoiding any general assumptions. The likelihood of bias given that participant selection was based on recommendations from organisations must also be acknowledged. For example, subgroups of sex workers who are not typically in contact with community-based organisations may be underrepresented. It is also acknowledged that cisgender women sex workers, BIPOC and undocumented migrant sex workers are underrepresented among participants.

The positionality of researchers' is known to play a significant role in collection of data, and interpretation of results, particularly where qualitative in nature. The research team was composed of both sex workers and allies. One scholar, a cisgender woman, has experience in research, outreach and activism among sex workers, while the other, in addition to being an academic, is a cis man sex worker, himself on PrEP. The distinct identities of the researchers played a crucial role both in interacting with study participants, as well as in joint interpretation of data. The researchers adopted a stance as advocates and allies, openly sharing their positions in favour of the full decriminalisation of sex work, as well as support for access to PrEP. This enabled participants to work collaboratively and created an environment based on mutual trust and empathy.

3. RESULTS

3.1. PrEP Accessibility among sex workers in Armenia, Austria, Poland, and Turkey: PrEP as non reimbursable

"None of my friends are on PrEP in Poland. None of my friends, none of the people I know, none of the people I met through outreach. I know no one who does it. When I think PrEP, I think about middle class and higher middle class, white gays, you know, this is like whole foods products". (Sex worker activist, Poland)

In countries where the cost of PrEP is borne by individuals, both sex workers and key informants identified the finance as the primary obstacle to access. Costs were often considered to be outright prohibitive.

While Armenia[27],[28], Poland[29],[30], and Austria[31] have established national guidelines which

acknowledge PrEP as a preventive measure, these do not go so far as to provide to reimbursement. Furthermore, guidelines recommend use of PrEP primarily for cisgender men, as well as trans and gender-diverse individuals assigned male at birth. Turkey[32] by contrast does not mention PrEP as part of a HIV combination prevention strategy in its guidelines.

People on PrEP in 2023

Armenia: 43
Austria: 47
Turkey: Unknown
Poland 11,000

Data from PrEP Watch[26]

PrEP Cost

Armenia: €100
Austria: €45-60
Turkey: Unknown
Poland: €30

Information provided by the respondents, the numbers, the numbers consider only the PrEP, not the medical appointments.

"If we speak from our experience as workers in the field, sex workers don't use PrEP in Armenia because it is paid. Also, there is a lack of information about it. If you search for something, you can't find nothing". (Sex worker activist, Armenia)

"The only way to get PrEP, I guess, is to go abroad and buy it. But then going back to Turkey, it might be a problem". (Trans sex worker, Turkey)

"There is a possibility to be safe from HIV, but now a lot of sex workers tell us it's far too expensive for them, so that's really a big obstacle for this group". (Key informant, Austria)

It is worth mentioning that, after the data collection process of this research, in April 2024, Austria adopted a model of partial reimbursement, wherein costs of PrEP could be reimbursed up to 60 euros per package. A lump sum of 25 euros to support follow-up medical appointments was also made available. This decision was taken following a release of data demonstrating that daily intake of PrEP could reduce infection rate by up to 75%[33]. Under this model, individuals must pay in advance and receive the reimbursement afterwards, which can be a hurdle, particularly for sex workers who may lack financial resources to front the costs. This model also does not address the needs of those without health insurance. For example, in Vienna, only one organisation, AidsHilfe, offers PrEP for those without insurance.

3.1.1 Availability of PrEP

In all four countries, challenges related to the geographical distribution of health services offering PrEP were noted. Access was therefore clustered around major cities, often with only a limited number of pharmacies having capacity to fulfill prescriptions. In Turkey, participants discussed apprehension surrounding picking up PrEP from pharmacies. For example, they cited fear of discriminatory attitudes surrounding their HIV status and lack of confidentiality resulting from pharmacists with low comprehensive information on PrEP.

"There is the problem of stigmatisation. So, when you are buying antiretroviral medications, the pharmacists are basically thinking that you are HIV positive (...) the pharmacist might tell you to go to a hospital and get a report of this medication so you can benefit for free. And no one wants to have that talk with a pharmacist. (...) And no one wants to do it in their own neighbourhood, because there will be a talk. The pharmacist will definitely share it with some of your neighbours". (Trans sex worker, Turkey)

Similar gaps in information were mentiond among others in the medical community. For example, it was reported that primary care doctors were not encouraged to offer comprehensive details about PrEP.

Prohibitive costs, combined with the asymmetrical distribution of services were cited as factors owing to popularity of informal community-based means of facilitating access. For example, sex workers living with HIV may share their medication with colleagues, to enable its use in event-based dosing, a method of prevention where medication is clustered around particular periods of sexual activity. Another example may be where one worker, or groups of workers enrol themselves in PrEP programs and share the medication among a wider group[34].

Despite falling outside the law in some countries, online purchase of PrEP was also reported to be carried out especially by cisgender men and trans and gender-diverse individuals assigned male at birth. While informal consumption, including gaining access to PrEP online, are vital means many workers depend upon to limit risk of HIV, formal PrEP programs often also include screenings, tests and regular follow-ups, which those using informal channels may miss.

"I gave my pills for months to someone, you know. At least until something is done, you know, because I can get easily access to Truvada". (Sex worker who lives with HIV, Austria)

In each country falling under the model of non-reimbursement, sex workers were reported to favour condoms as the primary method of HIV prevention. This was due to relative ease of availability, whether provided free through government programs or community organisations. It should be noted however that even in some countries, condom supply and procurement were also reported to present challenges. In these contexts (Austria, Armenia, Poland and Turkey) PrEP was perceived as a luxury, primarily catering to wealthy cis gay men.

“We can't say that PrEP is the most important thing because we have so many problems here in Armenia”. (Sex worker activist, Armenia)

“When I hear about people asking about like PrEP and PEP for sex workers in Poland, this is like a Jetson movie to me, you know, this is like a future far, far away. This is not a problem right now. I mean, we are so far away, this is like a luxury”. (Sex worker activist, Poland)

Even where workers can afford treatment, this was seen to place them under additional financial strain, due to cost of sustaining intake.

“One of the girls that I know goes to France. And when she is in France, she is doing bare-back scenes without condoms. So she is buying PrEP in the pharmacies. But since she earns a lot, it's not a problem for her. But in order to gain that amount of money, she needs to work even more”. (Trans sex worker, Turkey)

3.1.2 Conditions of accessibility to PrEP by sex workers

In terms of structural factors impacting accessibility of PrEP for sex workers, the legal framework concerning both HIV and sex work play a significant role in hinder access. Namely, national legal models criminalising both sex work, as well as transmission of HIV35 can significantly hamper access to PrEP. Armenia, Austria, and, to some extent, Poland criminalise the transmission of HIV, meaning confidentiality of serostatus is not assured. Such frameworks both perpetuate and reflect the stigma surrounding HIV.

“I think that also people with HIV are not visible. They can't come out. I personally only know one person who's open about their status. The rest are not. Because they know if they get tested, the information might get out”. (Cis man sex worker, Armenia)

Armenia[22] and Poland criminalise specific aspects of sex work, such as solicitation in public spaces and profiting from the work of others. Consistent with evidence on the impacts of criminalisation, sex workers in both contexts have been reported to face elevated levels of police harassment. In Turkey and Austria, sex work is regulated by the state, and sex workers, reported to be predominantly cis women, must undergo periodic mandatory health checks. Workers are also subject to mandatory orientation sessions, including provision of information on STIs prevention. However, it was reported that healthcare practitioners delivering these sessions rarely provide information about PrEP. This illustrates that regulation surrounding sex work, as in place in Austria and Turkey, does not necessarily equate to broader access to PrEP for sex workers.

Respondents in Poland, Armenia, and Austria partly attribute the rise in new HIV cases to the arrival of individuals from the LGBTQI+ communities in Ukraine and Russia, fleeing conflict or military conscription. Many of these recent arrivals are reported to engage in sexual activity, yet key informants expressed concerns about their low levels of awareness regarding HIV and other STI prevention.

"There is, I think, more HIV cases but also because we have refugees from Ukraine at the moment, quite a lot of them. There are more HIV cases in Ukraine than in Poland so that might be one of the things that affects the rise. That's connected to poor sexual education or non-sexual education in our country". (Stakeholder, Poland)

Furthermore, in these countries, conservative governance has led to PrEP being associated with the LGBTQI+ community. Participants noted that its use has been politicised, with anti-LGBTQI+ rhetoric leveraging this association to restrict access as a means of punishment.

"There is a health care problem in Armenia too much because in hospitals, in pharmacies, in clinics, there is very high discrimination. If you say only, I am sex worker or I am LGBT from LGBT community, maybe they don't help you. Maybe they will start the discriminating you". (Sex worker activist, Armenia)

"It is not only about PrEP or HIV. It's very dangerous in Armenia to be part of the LGBT community, transgender sex workers and sex workers community. They live here as a very dangerous because the hate crime, hate speech is getting higher and higher. And right now, Armenia economic crisis, it's very bad. And the apartment rent is very high. And sometimes the five, six sex workers community take the one room apartment, it is very complicated". (Sex worker activist, Armenia)

Cis women in all countries analysed were reported to face additional barriers to accessing PrEP[36], due to national policies prioritising cisgender men and trans and non-binary people assigned as male at birth. Though sex workers are generally considered key population for PrEP, stigma and discrimination encountered by cis-women who sell sex was reported to be frequent.

Despite sex work being regulated in Austria, with specialist health facilities catering to their health concerns, according to respondents, cisgender women sex workers face still encounter significant barriers in accessing PrEP. Firstly, a notable lack of information was reported. It was reported to health care providers perceive information on PrEP as oriented towards the LGBTQI community, and therefore not applicable to cisgender heterosexual women. Secondly, these sex workers request PrEP, they are reported to face discrimination. For example, general practitioners were said to advocate instead for condom usage as means of both prevention and contraception. This was seen to contribute to reluctance to refer cis women workers for access to PrEP.

Finally, many cisgender women sex workers in Austria are unregistered (a legal requirement under the national model of regulation). This is partly because many workers are non-EU migrants and lack the necessary documentation for registration, making them ineligible for PrEP reimbursements. Additionally, nationals or EU residents view the sex work registration process as a threat to their privacy, reportedly exacerbating prejudice when accessing public services and fostering a perception of being overly surveilled.

Due to the reluctance to disclose their occupation to health professionals, cisgender women sex workers in Austria report that sexual and reproductive health programs fail to meet their needs. This is because healthcare practitioners are not proactive in offering services like condom distribution or STI testing unless explicitly requested. However, when women do ask for these services, they may face judgment regarding their sexual practices or be accused of sexual misconduct by the providers.

"Even if I want to pay for it, they don't want to give me an HIV test. I must literally tell my doctors that I was sexually assaulted to get a HIV test. Never mind PrEP, most of them (GPs) don't even know what PrEP is. Because I'm going to just like regular practice, my gynaecologist is focusing on like babies". (Cis woman sex worker, Austria)

When workers do disclose their occupation, all health concerns tend to be attributed to sex work. Meanwhile, NGOs focusing specifically on reproductive rights for cis gender women are said not consider condom distribution a priority. Despite this, cis women engaged in sex work express hesitancy attending clinics oriented toward the LGBTQI community, though generally these are seen as more likely to offer STI testing or raise the subject of PrEP. This reluctance stems from a fear of being dismissed from LGBTQI-oriented health services as engaging in heterosexual sex.

Consequently, there may be gaps in awareness surrounding PrEP among cis gender women selling sex, who instead rely heavily on the efforts of activist organisations to disseminate information and facilitate connections to access the healthcare they need.

Challenges in accessing healthcare in general among undocumented migrants are similarly prevalent in all countries categorised under the model of non-reimbursement. The situation becomes even more complex when it comes to PrEP, especially in countries criminalising HIV, where laws may be used as proxies to penalise and deport migrants.

"I also know the people and know all the immigrant people or the people without legal status who also use our services to get HIV and STI tests. And anyhow, if this person that is undocumented test positive, they do not have access to public health, it will be very hard for that person to get HIV treatment". (Sex work activist, Austria)

3.1.3 Awareness and societal factors

Respondents consider the conservative and religious culture in their countries to pose a barrier toward provision of comprehensive sex education and access to reproductive rights for the wider population. This hampers general awareness surrounding importance of STI prevention in all four countries.

"Turkey is difficult to raise awareness of PrEP because secular sex education from childhood to adulthood is absent. Even in some contexts in Istanbul, people tend to judge some couples if they have had sexual intercourse before marriage. Even this very simple issue is linked to the perceived stigma a person will get if they go to take PrEP in a pharmacy". (Trans sex worker, Turkey)

A key informant from Poland noted that the conservative Catholic government, which held power before October 2023, posed a significant barrier to implementing sex education in the country. It was believed that this government would have strongly opposed PrEP, even though there was speculation that they may not have been fully aware of its existence.

"The problem in these contexts lies in the very conception of sexual health, beyond PrEP as a prevention strategy considered valid or not. Conservative attitudes also uphold the perception that PrEP and other preventive strategies facilitate "immoral" sexual practices". (Key Informant, Poland)

"With PrEP it is basically the same bullshit, you know, we're not going to provide condoms because this is like immoral and help people, in their heads, what's PrEP about? Facilitating. Yeah. It's facilitating unsafe sex, you know. Harm reduction is like basically non-existent in Poland. So, politicians think the best way to stay safe is not having sex". (Sex worker activist, Poland)

According to respondents, the void surrounding sex education leads to both prejudice and a lack of awareness regarding the importance of STI prevention. Even in terms of condom use, stakeholders note that the general population tends to view condom use more as a contraceptive strategy than a preventive measure against STIs and HIV.

"Talking with people through my job I can see that they use condoms mostly as contraception. Not as a barrier that could prevent for transmitting STIs". (Stakeholder, Poland)

"There is not sexual education at school... only during biology they teach you genitalia or how you have a baby but nothing else". (Cis man sex worker, Turkey)

As a result, there is widespread perception that PrEP is unnecessary, and even potentially hazardous. This view was seen to be particularly prevalent among conservative politicians, and was reported to reflect the rise of far-right movements in countries experiencing setbacks to laws protective of women and LGBTQI rights, such as in Poland, Turkey, and Armenia. Said legal setbacks affect sex workers in various capacities, rendering challenges related to access of emergency contraception, abortion, and contraceptive pills. Consequently, respondents recognise the significance of grassroots movements, including the role of the sex work community, in educating sex workers about prevention and treatment of HIV. These efforts bolster literacy among as sex workers, who in turn, educate both clients and other community members about HIV and other STIs.

"In my opinion, the knowledge of sex workers about HIV is so much more than of the common people in Poland. So actually, sex workers know what the risk and they know what the infection diseases are. They know they can have oral sex with condom, which is in Poland something not common. I always recommend PrEP for them but because of the costs, they are not using it. They prefer condoms because condoms they have". (Stakeholder, Poland)

"Before I was a part of the sex workers collective, I had no knowledge about how exposed I am to different STIs, how to perform safer sex. Until I joined the collective, I wasn't aware that we have antiretroviral medicine. I was 30. And I had no idea that since the 90s there's a medicine for HIV. And I'm honestly not alone out there". (Sex worker activist, Poland)

"Because as I said, talking with people or seeing the discussions online, I see that they educate their own clients. Maybe that would be one way of influencing a society with extra knowledge. I believe that would be pretty powerful to direct some campaigns or education to sex workers and support them". (Stakeholder, Poland)

Notably, the study reveals disparities in national guidelines and awareness campaigns, with Armenia, Poland, and Austria recognising PrEP as a preventive measure, albeit with limitations. By contrast, Turkey's national guidelines fail to acknowledge PrEP as part of an HIV prevention strategy altogether. Findings also highlight the importance of grassroots movements and community organisations in bridging information gaps and fostering literacy among sex workers. Efforts notwithstanding, broader challenges persist, reflecting the intersection of issues concerning sex workers, and the LGBTQI community, both of whom are subject to varying degrees of stigma, discrimination, and legal hurdles in access to comprehensive healthcare.

3.1.4 Recommendations

Inclusion criteria and program eligibility:

- Create conditions to ensure cisgender women and undocumented migrants have equitable access to the PrEP program. This can be worked towards by expanding eligibility criteria to include requests for PrEP as enough impetus to access programs, in alignment with WHO recommendations.

- Create changes in policy surrounding access to PrEP to bolster access. This can be worked towards by ensuring PrEP is free of charge for all those who need it, including sex workers, and through offering free appointments, tests, and exams in conjunction with PrEP. If unfeasible to ensure PrEP is fully reimbursable on an immediate basis, this should be strived towards, through a gradual reduction in price.

- Ensure inclusion of other key populations, such as people who use drugs and the heterosexual population at risk in PrEP programmes.

Program expansion:

- Expand the reach of PrEP programmes to ensure broader coverage and accessibility in rural regions.

- Ensure widespread availability of free condom and STI tests, alongside PrEP programs.

Education and empowerment:

- Provide funding toward advocacy aimed at expanding PrEP programs and educating key communities. Educate and empower sex workers and LGBTQI activists to disseminate information about PrEP within their communities.

- Educate sex worker communities about event-driven PrEP, mandatory testing, and raise awareness of risks associated with informal sharing of PrEP.

- Reinforce community structures to ensure information on PrEP reaches sex workers, especially undocumented migrants. Ensure availability of information in multiple languages and formats to ensure accessibility among migrant communities.

- Promote awareness surrounding PrEP via educational platforms targeting a broad range of medical providers, with specific focus on general practitioners.

- Implement comprehensive sex education, encompassing discussion of HIV, STIs, and sex work, to reduce stigma against sex workers. Sexual education, including information surrounding STI prevention should be integrated into in school curriculums for younger audiences.

- Work towards the de-stigmatisation of people living with HIV and PrEP to encourage broader acceptance and utilsation. Advocate for an end to laws criminalising HIV in various formats, including restrictions on people living with HIV engaging in sex work.

3.2. Access to PrEP among sex workers in Germany, Sweden, and the Netherlands: Partial reimbursement of PrEP

Countries like Germany, Sweden and The Netherlands have adopted a model wherein PrEP can be reimbursed through public and/or private health insurance.

People on PrEP in 2023

Germany: 30 000
Sweden: 2,323
The Netherlands: 9,782

Data from PrEP Watch[26]

PrEP Cost for users

Germany: €0 with health insurance
Sweden: €0 with health insurance
The Netherlands: €7,5 limited spot, from €20-60 in pharmacies

Information provided by the respondents, the numbers, the numbers consider only the PrEP, not the medical appointments.

3.2.1 Availability of PrEP

As of 2019, PrEP has been included as a facet of coverage provided by both public and private health insurance in Germany. This encompasses both consultations and examinations. PrEP can only be obtained with a prescription, though any licensed healthcare provider is authorised to prescribe it, without the necessity for specialisation in infectious diseases or HIV.[37] Health insurance is obligatory in Germany. Notably, no waiting lists have been reported in the country. However, concerning service distribution, respondents noted a significant concentration in major urban centres, which poses challenges for individuals in other regions to access services.

"It's definitely easier to access PrEP in the bigger cities like Kölln, Hamburg (...). I think in the small villages most doctors won't even know about it. And there is a lot of stigma regarding PrEP in a lot of small cities". (Stakeholder and cis woman sex worker)

In the Netherlands, PrEP has been available since 2019, though access has primarily targeted cisgender men, trans individuals, and gender-diverse people assigned male at birth, as well as other individuals deemed at risk. PrEP is accessible through a national program administered by the Public Health Services (GGD), requiring a contribution of €7,50 for a 30-pill supply. However, availability is limited and waiting lists have been reported in major urban centres. Typically, individuals secure access to PrEP by obtaining a prescription from their general practitioner or a regional HIV treatment centre. They then purchase the medication from pharmacies[38] where both generic and branded versions are available at prices starting from approximately 20 euros per month.

There is an online service which present price lists per pharmacy, per region, allowing users to choose locations with lower costs.[39] Medical appointments and examinations are also covered by insurance.

"I think in the Netherlands it's very well organised. I get PrEP through the GP and then through the pharmacy. There's a webpage where you can check the current prices of PrEP at each pharmacy in each city of the country. So, you don't pay too much". (Cis man sex worker, Netherlands)

While waiting lists were reported for accessing the GGD program, the wait time for individuals belonging to key populations was typically said not to exceed one month. While PrEP is available, the concentration of the GGD program in Amsterdam poses challenges for beneficiaries, requiring them to arrange transportation for medical appointments every three months. Such logistical challenges can hinder treatment adherence, particularly for undocumented migrants or those residing in refugee camps, who may be unable to cover costs associated with transport.

"For us sex workers, undocumented or living in refugee camps, PrEP is accessible through a community clinic in Amsterdam. I live in Eindhoven, my friend close to Germany. I pay more than 50 euros in trains tickets to go to Amsterdam to go to the clinic. My friend pays over 70 euros and we lost a day of work. Think that people in refugee camps receive 60 euros weekly to survive. It is literally choose between eat or get PrEP". (Trans sex worker and activist, Netherlands)

In Sweden, PrEP has been recommended for use as of 2016 for people at high risk of exposure to HIV (specifically cisgender men and trans and gender diverse people assigned male at birth), and is offered in public sexual health clinics.[40] According to the ECDC report, PrEP can also be accessed through the private sector in primary care. The PrEP program is housed under the pharmaceutical benefit scheme and can be accessed from a general practitioner's office which liaises with specialised clinics, though every doctor can prescribe PrEP in the country. The treatment is not provided at no cost, but rather covered by public health insurance, thereby not impacting the overall expenses incurred for accessing public healthcare services in the nation.[11, 25]

According to national data, most PrEP prescriptions, approximately some 1,500, were issued in Stockholm.[41] Primary concerns highlighted by respondents include the lengthy waiting lists associated with initiating treatment, as well as lack of geographical spread of clinics offering treatment. Notably, in Stockholm, only one clinic offers PrEP treatment, prompting significant activist endeavours to broaden service availability within the city and extend it nationwide.

In general, individuals identifying as cisgender men, as well as transgender and gender-diverse individuals assigned male at birth across the three countries, state a high level of awareness surrounding PrEP among their peers. Consequently, it was reported to be uncommon to encounter peers who do not utilise PrEP. Moreover, respondents in these countries reported PrEP to be readily accessible among gay and transgender communities, facilitating widespread uptake of the medication.

"I've seen the flyers. And I've seen publicity on the bus and on the buildings of health institutions. Also, I've seen it in the clubs. And I think also in the gay salons. (PreP is very well known) within the gay community and the trans community". (Stakeholder and sex worker, Netherlands)

Stakeholders and LGBTQI+ sex workers in the Netherlands, for instance, mention ubiquitous that promotion of PrEP is widespread. This takes the form of flyers, bus advertisements, and even dedicated events like the PrEP-themed boat during Amsterdam Pride, underscoring its significant cultural and political relevance among the LGBTQI+ community. Testimonials from cis men sex workers in the Netherlands and Germany speak to the widespread adoption of PrEP among the community.

*"I feel like almost everyone (who is gay) is on PrEP in Amsterdam (...) and I think community organisations do really good work about speaking about PrEP, providing information, packages for safer sex that they give in the clubs". (*Cis men sex worker, Netherlands)

"I haven't met a male sex worker who doesn't take prep for a very long time". (Cis men sex worker, Germany)

In Sweden, PrEP has become commonplace among cisgender men, as well as trans and gender-diverse individuals assigned male at birth. Sex workers across these countries view PrEP as an essential layer of protection toward enabling safer sex practices, particularly during condomless sex. Overall, respondents in these settings reported widespread awareness and use of PrEP among community members, whether through daily or event-driven dosing.

In each of the three countries, the practice of Chemsex was reported to become more widespread, as well as accepted, within the sex worker community, following rise in the availability of PrEP. Normalisation of Chemsex was seen to counter the stigma associated with engaging in sexual practices without barrier methods.

"But I experienced a lot of discrimination when I first took PrEP because people were saying that I want to have a certain lifestyle. And there's no shame in it. Stigma itself has reduced a lot in my opinion but you still hear here and there people complaining that in Berlin nobody uses condom anymore. I find it disgusting (...) No one gives blowjobs with a condom and they risk getting an infection and that's fine, but if the intercourse is anal and you don't use a condom then it's no longer fine, this is hypocrisy. And putting an infection hierarchy of this whole bullshit structure in a gay community I don't support". (Cis man sex worker, Germany)

"A lot of colleagues who offer Chemsex definitely prefer to take PrEP rather than use condoms. Because it's a lot easier to control. And especially if they also have to take drugs in their session. It depends on the drugs but it's getting harder to control to keeping safer sex methods in place in session. So PrEP is an instrument to prevent HIV transmission if you usually have chemsex during sessions". (Cis men sex worker, Germany)

"Chemsex has gotten quite out of hand and big in Amsterdam, especially amongst gay men. It seems like as if almost half of people here have chemsex, which is quite a lot apparently. Maybe also because it's linked to PrEP, you know…". (Cis men sex worker, Netherlands)

"Maybe you use PrEP as an extra layer of protection, which I feel is very common among sex workers. Or being able to offer unprotected sex in order to be able to charge more. So, I think there's a wide variety of reasons". (Trans sex worker, Sweden)

3.2.2 Conditions of accessibility to PrEP by sex workers

Across Germany, Sweden and The Netherlands, while certain sex workers interviewed perceived access to PrEP to be convenient and affordable, they recognised that access was not equitable across the community. For example, structural factors curtailed access among certain subgroups engaged in commercial sex, particularly cisgender women sex workers, BIPOC migrants or individuals lacking social insurance. According to the respondents, eligibility for PrEP among cisgender women sex workers is dependent on their engagement in sex work, which necessitates either disclosure of their occupation or of having a bisexual partner, who engages in sex outside of the traditionally defined monogamous relationship structure. Conversely, national PrEP policies encompass cisgender men, non-binary individuals, and transgender women irrespective of their involvement in sex work.

"If I tell you that I had a scare and I need PrEP, I shouldn't be told, you don't get it because you're not a gay man. Or you don't get it because you're not dating a bisexual man. And also considering that PrEP is very common in clubs for men (...) Like, as a woman, they're like, you don't need it. You should use a condom". (Cis woman sex worker, Germany)

In all three countries, sex work is regulated through legal frameworks which have come under intense scrutiny for their failure to safeguard the rights of sex workers. Consequently, the necessity for cisgender women sex workers to disclose their occupation to access PrEP, exposes them to significant legal and financial risks, alongside targeting of discrimination and stigma.

“I totally understand that there's a threshold when it comes to disclosing your occupation. But I would say that it would not be a problem at our clinic. So, what I'm realising right now is that we need to work on that to make sure that people can feel safe enough to come to us”. (Key informant, Sweden)

In Germany, sex work is subject to regulation, necessitating sex workers to undergo registration to work within the bounds of the law. They are also required to undergo mandatory health screenings at regular intervals, as well as being obliged to using condoms during commercial sexual activities. Despite the purported intention of these regulations as safeguarding sex workers, respondents argue they instead function primarily to divide the sex industry into a two-tier model, based on political, and socio-economic privilege.

“It's called the prostitution protection law, but everybody says that it's not about safety for us”. (Stakeholder and trans sex worker, Germany)

As an example, individuals seeking to engage in sex work in Germany must demonstrate evidence of regular attendance at health information sessions. Organisations such as Deutsche AIDS-Hilfe and the German STI-Society for the Promotion of Sexual Health however contend that this requirement undermines two fundamental principles in HIV/STI prevention: the preservation of anonymity and the voluntary nature of information sessions attendance. Additionally, respondents recounted that information sessions fall short of providing comprehensive education surrounding HIV prevention, including surrounding PrEP. Furthermore, health centres catering to sexual and reproductive health among cisgender women's health, are perceived as ill-equipped to offer support regarding PrEP.

“Not many of health professionals know about PrEP, although they should be involved with sexual health as well. In gynaecology they are very focused on reproductive health, which means making babies or preventing from getting pregnant. They don't focus a lot on STIs, so they also don't focus on PrEP”. (Former sex worker and stakeholder, Germany)

The lack of literacy on HIV prevention contributes to misinformation and perpetuates stigma surrounding PrEP. One misconceptions reported constituted belief in an interaction between PrEP and the contraceptive pill. This was seen to contribute, in part, to a prevailing preference for PEP (Post-Exposure Prophylaxis) among cisgender women sex workers.

“So they will be like, why should I use PrEP then? I also heard from sex workers that they are more interested in PEP. Like, if a condom breaks, then I'd be interested in taking action, not on a prevention basis. But I also know, like, many, many, many female cis sex workers that never heard of the PrEP or are not interested in it”. (Former sex worker and stakeholder, Germany)

"We had a support group meeting, and I heard a story where one woman wanted to take PrEP. But when she talked about it to her other colleagues, they said, ah, so you want to do bareback? So it's like one stigma leading to another". (Stakeholder and cis woman sex worker, Germany)

In the Netherlands, commercial sex is legalised and regulated under the guise of enhancing the safety of sex workers.[42] Sex workers are required to be registered, pay taxes, and can join unions, as well as have access to social security. According to respondents, and in alignment with the evidence-base,[43] sex workers in the Netherlands are often forced to make choices which render their work outside the bounds of legality. For example, obtaining a license to operate as an independent, especially in Amsterdam, was reported to be very difficult. To operate legally, workers must thus join a brothel or escort service, meaning less agency surrounding clients and rates, as well as lack of capacity to work from home. It is also reported to be difficult for cis men sex workers marketing towards men to find work within brothels or agencies, as not generally geared toward homosexual or bisexual men.

In Sweden, the approach to criminalisation of clients, known as the 'Nordic Model' has been widely documented as harmful to the health and human rights of sex workers.[44] One means through which this plays out is through the perpetuation of stigma, which contributes to various prejudices and harmful attitudes toward sex workers. Cisgender women and immigrant selling sex have been demonstrated to bear the brunt of said harmful attitudes, including in terms of increased rates of violence from both clients, third parties and the police[44] Additionally, the Nordic Model has been shown to deter sex workers' from seeking essential health services, including PrEP. As such, within the sex worker community and among key informants, cisgender women sex workers and undocumented migrants engaged in sex work in Sweden were reported to lack equal access to the PrEP program.

"(When you disclose your occupation as sex work) you have to put up with everything from being seen as dirty to being encouraged to leave the sex trade. And you have to listen to them telling you that because of what you do, you're at high risk. And that even though you're on PrEP, you should stop having unprotected sex. So, it comes with a lot of judgement because of the stigma around sex work". (Trans sex worker, Sweden)

In Sweden, respondents who were cisgender men, or trans and gender diverse people assigned male at birth, reported relief that they did not have the obligation to disclose their occupations to enter PrEP programs, as considered key populations. Albeit, several respondents reported positive experiences following disclosing their sex work to healthcare professionals. Conversely, these respondents relayed information surrounding peer who are cis women sex workers who reported unsolicited referrals to psychologists, judgemental attitudes and pressure to leave the sex industry upon disclosure.

Those who cannot meet the regulatory requirements, such as undocumented migrants or those without health insurance, in contexts where sex work is legalised, face additional hurdles.[45] For those who are undocumented, or otherwise cannot comply with regulations, indeed thought to be a significant portion of the sex worker community, fear that disclosing their occupation to health services may expose them to deportation or other legal repercussions, given that their activities are deemed to be illegal.[46]

Though access to PrEP for this demographic can therefore pose additional challenges, in Germany, respondents were aware of a specific service in Berlin aimed at bridging access gaps for those without health insurance. Eligible individuals, including holders of a valid "Berlin Pass" and those without health insurance, can obtain PrEP, necessary medical examinations, and adherence counselling free of charge at Checkpoint BLN. The broader healthcare system was considered unsuitable for undocumented migrants, as services are required to share data with the government department overseeing migration. As a result, migrants who are unregistered or not in compliance with certain measures risk deportation when accessing medical care. Additionally, despite the importance of medical confidentiality, respondents raised concerns about the possibility of being reported to the police after receiving emergency care. They also highlighted that language barriers and inaccessible information can greatly hinder access to healthcare services.

"As an undocumented person, there are some options where you can go and get tested and get PrEP, but it's limited. If you go to the outside of big cities, you rarely have chances to get the medication, especially if you don't have health insurance. In Berlin, specifically, they offer information in German, English and Turkish. And sometimes Spanish, but that's it. I saw also Arabic on one website. So there is a lot of inclusivity in a certain aspect, but there is still a limitation for people from Asia or people from Latin America (...) And if they just arrived here and working as sex workers on the street, but don't speak German or English, the process itself is very hard". (Cis man sex worker, Germany)

Similarly, in Sweden, a handful of respondents reported that being prescribed PrEP necessitates a National Number. However, other key informants, including those who work in specialised clinics, cited that treatment was available for undocumented immigrants, through a health number provided exclusively for this purpose. Despite the free coverage of appointments, testing and follow ups, this was said to provide, informants acknowledged that the undocumented population is hard to reach. This was said to be due to the lack of information in different languages and the fear of accessing health facilities.

In the Netherlands, undocumented migrants were said to be able to access PrEP only in Amsterdam, or other big cities, though language remained a salient barrier.

"In Netherlands they speak Dutch. When you call to a clinic to request PrEP they sometimes give the option of being attended in Dutch or English. But even if you choose English, they answer the phone saying Goedemorgen. Forget about Spanish or other languages". (Sex worker activist, Netherlands)

Waiting lists were also reported to pose a problem, with long lapses until a first appointment.

"I know there are centres where you can get tested and get PrEP without documents. But that's only in Amsterdam, Rotterdam, which are the big cities in the Netherlands. We live in the south. So, we have to go all the way to Amsterdam, which is two hours by train and 50 euros for the ticket". (Stakeholder and sex worker, Netherlands)

Sex workers who seeking international protection, or living in refugee camps also face significantly more barriers to accessing PrEP:

"Imagine that in refugee camp there is a main hall and one telephone for everyone. You call to a clinic and need to convince the secretary you need PrEP. The person transfers the call and says your place in the waiting line is 17 and it will take up to 20 minutes and there are other people in the line to use the telephone. Then you give up". (Stakeholder and trans sex worker, Netherlands)

3.2.3 Awareness and social factors

As reported within other countries sampled, respondents recognised the pivotal role played by the sex worker community in informing individuals, including clients, about PrEP, facilitating connections to health services, and ensuring access and adherence to the treatment, particularly for those facing structural barriers.

"Sometimes clients see the PrEP medicine in my stuff and ask me if I have HIV and then I talk to them about PrEP and invite them to see the information together on the Internet". (Trans sex worker, Netherlands)

Social networks within the sex worker community were often perceived as offering more comprehensive information and support to individuals than certain prevention centres.

"I already knew about PrEP from internet, then I received very good information from friends. They taught me what PrEP was. If you are not part of a network you don't have access to the information that PrEP exists. It is easier when you have a friend that says ´we go together´, it gives you so much more confidence". (Trans sex worker, Netherlands)

Sex worker communities were seen to actively encourage newcomers to avail themselves of PrEP, provide information on inquiries and procedures, and foster a culture where PrEP is considered an integral component of harm reduction for sex workers.

"One question that was so important was the community. Community talk and support, because Sex workers don't have access to information about the program. I don't know, going to a health clinic or something like that. So. You need to be connected inside a community". (Trans sex worker, Sweden)

"If someone is in the community, they just write I need some PrEP but I cannot afford it, then someone gives me some PrEP. We share our medication". (Gay cis man sex worker, Germany)

"If a client asks me to have condomless sex I do it. This why I use PrEP". (Trans sex worker activist, Netherlands)

It was reported that some sex workers inform clinics that they adopt daily PrEP, when in actuality employing event-based PrEP, to have the option of sharing the medication with other sex workers who may be in need.

"I think that I simply wanted to have this accessibility since I provide the persons who are in need of PrEP informally via my prescriptions". (Trans sex worker, Sweden)

"I take PrEP by demand and share my medication sometimes with two or even 3 colleagues". (Trans sex worker, Netherlands)

Social networks were often perceived as capable specifically of providing more information and practical support to cisgender women selling sex than some prevention centres could.

"We've got a lot of female sex workers who didn't know or who thought that PrEP was only for male people or male presenting people. We also try to give information to combat this belief". (Cis woman sex worker and stakeholder, Germany)

However, even the culture of support among sex workers was not enough to entirely mitigate issues experienced by marginalised sex workers, including those within the LGBTQI+ communities concerning access to healthcare services.

"In the Netherlands you need to have an insurance, a registered address, having a GP and to know how to explain your demand in English or Dutch. I need to call to the clinic secretary and convince her to make an appointment, talking about my case. Besides her, I need to talk to my GP, then to the HIV specialist. For all of them I need to tell that I am a trans woman, an illegal sex worker. So, how many people need to know my history to give me PrEP". (Trans sex worker, Netherlands)

Fear of discrimination and adverse reactions among the LGBTQI+ community was attributed to both homophobia, as well as racism for racialised workers, and lack of training and knowledge about PrEP in primary healthcare settings.

"Mostly we have a conflict with the healthcare professionals with the whole discrimination aspect. If you are not white German one way or the other, you experience discrimination. Often, they don't really have, not everyone but a lot of healthcare professionals don't really have the knowledge of what it means to be a sex worker or even for the gay community. It's very challenging doing the activism in that sense because the doctors don't really see the patient as a patient, but they see them with their own moral code and ethic what they think is right and what they think is not right. Even the medical profession should be working with the facts and with the knowledge and not with their emotion in that sense". (Cis man sex worker, Germany)

"For me, injected PrEP would be good because sometimes I forget to take my pills. When I do sex work sometimes, I get drunk, use some substances and as I am passive, I do not eat so much in the days I will work, so I have pain in my stomach because of PrEP pills but I do not feel there is a safe space to talk about it with my GP. Doctors in the Netherlands are very formal, there is not a more human interaction". (Trans sex worker activist, Netherlands)

In summary, in Germany, Sweden, and the Netherlands, despite awareness surrounding PrEP being integrated within LGBTQ+ and sex worker communities, structural barriers persist, including stigma and legal frameworks. Furthermore, marginalised groups like BIPOC, undocumented migrants who sell sex encounter additional hurdles, such as fear of deportation and language barriers. While community support networks play a pivotal role in addressing challenges, through dissemination of information and provision of peer support, addressing structural inequalities is also required to expand access to PrEP. This encompasses enhancing education of healthcare providers, and expanding tailored outreach to communities facing structural marginalisation. These measures are critical not only for to bolster equitable access to PrEP, but so too for mitigating HIV transmission within marginalised communities.

3.2.4 Recommendations

- Expand the coverage of PrEP programs to address wait lines and ensure timely access to medication and services.
- Reduce disparities in PrEP access between metropolitan areas and rural regions to ensure equitable provision of prevention services nationwide.
- Adopt a policy whereby PrEP is offered to all individuals upon request, without restrictive eligibility criteria, or necessity to disclose belonging to a key population, to empower individuals to assess their own needs. This would allow cisgender women to access PrEP without needing to disclose their occupation.
- Explicitly target cis gender women selling sex within outreach and provision of information to bolster awareness of PrEP programs.
- Update health counselling services based on the latest research and user needs, prioritising a user-centred approach that responds to the needs expressed by sex workers.
- Increase awareness and education about PrEP for undocumented migrants, both within and outside the sex worker community, to ensure equitable access to HIV prevention services. This necessitates increasing availability of information in multiple languages and accessible formats.
- Design stigma-reduction campaigns, including in conjunction with sex worker communities, to tackle negative perceptions of individuals who choose PrEP over condoms for HIV prevention.
- Integrate PrEP services into gender-affirming care, where provided, or linked to STI clinics to better serve the needs of the transgender community.
- Ensure that PrEP is accessible free of charge to all individuals, regardless of personal characteristics or immigration status, to remove financial barriers to prevention.

3.3 Accessibility of PrEP among sex workers in France, Italy and Portugal: full reimbursed countries

"PrEP can be an extra layer of prevention that does not depend on the client, because it takes two to use condoms, but only one to have PrEP". (Sex worker activist, Portugal)

France, Portugal and Italy illustrate instances where PrEP is offered at no cost to residents and, to some degree, to certain target groups. France was the first European country under study to reimburse for PrEP, implemented as of since 2016. Portugal followed suit, adopting this model in 2018, while Italy made the shift to reimburse PrEP, making it freely accessible, as of May 2023. This coincided with the data collection phase of the ongoing research. One respondent from the Italian context remarked:

"Before PrEP was free I noticed that it was the people who could not afford it were who needed it the most". (PrEP provider, Italy)

People on PrEP in 2023

France: 64,821
Italy: 7,915
Portugal: 4,449

Data from PrEP Watch[26]

PrEP Cost for users

France: €0
Italy: €0
Portugal: €0

3.3.1 Availability of PrEP

In both Portugal and Italy, there are limitations surrounding who is authorised to prescribe PrEP. For example, in Italy, and until 2023 in Portugal, PrEP could only be prescribed by specialists in infectious disease, within appointments at hospital facilities. In Portugal, a pilot program introduced consultations in community-based organisations, and in December 2023, the National Health Service (NHS) authorised GPs and doctors working in community-based organisations to prescribe PrEP through decentralised consultations outside hospital settings. The medication is then available free of charge at hospital pharmacies. General practitioners (GPs) and community-based organisations can however refer to appropriate services to commence treatment. In France, PrEP must be prescribed by a doctor, though this can constitute a general practitioner or gynecologist. Service users can also schedule an appointment for a specialised PrEP consultation at the hospital, when visiting a specific screening centre (Cegidd), or a sexual health centre.[47]

In Portugal and France, all appointments, screenings, and exams associated with PrEP are covered by the National Health Service (NHS), thereby rendering no out-of-pocket costs. In Italy, implementation of PrEP programmes is gradually being rolled out cross-regionally, though it was reported that some organisations still charge for appointments or certain laboratory exams.[48]

In France, according to PrEP Watch, 64,82 individuals were on PrEP, markedly higher in comparison to other countries considered within this research. According to the Portuguese NHS49, in 2022, a total of 4,449 individuals were on PrEP, with 48% receiving it for the first time. Among these, 96% were assigned male at birth, and 4% were assigned female, while 9.8% self-identified as sex workers.

In 2023, the number of individuals on PrEP in Italy came in at 7,915[26], notably lower in comparison to neighbouring countries like France and Germany. Removal of costs for accessing PrEP has been evidenced to be associated with increase in uptake.

Given that the model for reimbursement of PrEP in Italy came into effect as recently as 2023, it is anticipated that uptake will increase, though it is reported to already be gaining popularity among certain subgroups. Previously, the price of PrEP in Italy was around EUR 60 per package. This was reported to factor into users previous decisions to buy PrEP online, a practice which was noted to be illegal, although tolerated.

"When I got my first three free packets of PrEP in my hands in September, straight from the infectologist, I couldn't believe it. I almost felt like crying because the only way I could buy it was to get organised in good time and have it sent home by post. Before there was a service in Slovenia to buy it, I had to order it on an Australian site that sent the packages from India to Ireland and then from there they were sent to Italy. Once I waited a good two months for the PrEP to arrive". (Cis man sex worker, Italy)

The decision to decentralise consultations for PrEP in Portugal was prompted by concerns about lengthy wait times associated with services, reported to have been up to eight months. Respondents were aware of instances where candidates on wait lists becoming HIV positive while awaiting access.[50] While decentralisation is a step in the right direction, the geographical distribution of PrEP services was reported to remain limited.

"Unlike other countries, in Portugal we have free access to PrEP, but the way the state implements it remains highly insufficient. So, we need to keep the pressure going". (Sex worker activist, Portugal)

In France, respondents acknowledged the salient role of community-based organisations who are either sex worker friendly, or led, wherein they feel safe to disclose issues they're encountering problems and access PrEP.

"And I also want to protect myself. I want to protect my family. I want to protect my lovers and my partners. I also want to ensure like if I see a client. I want to ensure that I am also going to be okay at the end of that (...) And so yeah and then I had this very lucky opportunity to talk to a doctor. Who was like a virologist you know. Who specialises in queer and trans people. So, hello HIV education!". (Trans sex worker, France)

According to the last HIV infection monitoring report from the Portuguese National Ministry of Health[49], the number of locations providing access to PrEP in Portugal has been increasing annually. As of November 2023, a total of 25 delivery facilities within hospitals, along with two hospital add-ons, are dedicated to the provision of PrEP. It is noteworthy that two-thirds of facilities are located in either the Northern region or Metropolitan area of Lisbon. Therefore, while positive that increasing numbers of facilities are offering access to PrEP, notable disparities in coverage remain,

with eleven regions reported to currently lack access to services.[51]

“But the other difficulty is that anyone can get PrEP, but of course if you are away from the big cities, if you are not living in Lisbon, in Porto, in Braga... Many sex workers do not live in the big urban centres, and many are always on the move, so changing from city to city, sometimes leaving the country, makes it difficult to adhere to treatment”. (Key informant, Portugal)

In France, while PrEP coverage was reported to be widespread, respondents perceived differences in the treatment offered to trans individuals and sex workers in rural areas, with Paris being described as more welcoming than other cities.

“She's a sex worker, she's transgender, so she's a lot of factors. We don't know why she don't have this in Nice, but I think she don't receive more comfortable treatment like Paris. (...) It's maybe because of the orientations of the different doctors from different provinces or cities. Like for example, maybe in Paris, doctors are more open in terms of PrEP, sex workers and the transgender community, not the same in the other parts. They are closed”. (Stakeholder, France)

Italy faces a similar challenge regarding the geographical distribution of centres providing PrEP, with a notable concentration of locations in larger cities. For instance, in regions like Umbria or Valle D'Aosta, there is only one centre offering PrEP services. This demonstrates the asymmetries in distribution. In contrast, Lombardia has a more extensive network with 13 centres providing PrEP, including 7 in Milan.[48] This disparity underscores the need for broader accessibility beyond major urban areas.

All three countries currently have national guidelines that include sex workers as a target population. Portugal stands out as one of the few countries that report the number of sex workers under PrEP treatment. While the national policy in the Portuguese context emphasises that anyone in need of PrEP can gain access, specific recommendations for key groups are outlined.[51,52] PrEP is recommended for persons selling sex, those likely to have unprotected intercourse when unaware of their partners’ serostatus, or those diagnosed but not undergoing retroviral treatment. Individuals engaged in sex under the influence of drugs or people who inject drugs are also recommended to take PrEP. Furthermore, PrEP is recommended for use by serodiscordant partners during preconception or pregnancy. In France, PrEP is recommended for all adults and adolescents over 15 years old who are at high risk of exposure to HIV. However, in theory, anybody requesting access should be able to request and obtain PrEP.

3.3.2 Conditions of accessibility to PrEP by sex workers

While legal to sell sex in France, in 2016 legislation criminalising clients was adopted.[53] This legislative model has been demonstrated to be associated with decreased earnings, increased violence against sex workers, as well as lack of capacity to report, and limitations in access to healthcare.[53] Respondents felt uncertain about what impact said legislation has concerning access to PrEP, however, some reported that increased stigma surrounding sex work as a result may impose barriers to workers seeking health services.

In both Portugal and Italy, the legal framework concerning sex work remains a grey-area, whereby offering sex in exchange for money is not explicitly deemed illegal, yet not officially recognised as a profession. While it is unlawful for a third party to profit from, promote, encourage, or facilitate others selling sex, the practical application of said framework hinders the organisation among sex workers, with knock on effects for their safety. This is evident in the reportedly frequent application of the law used to criminalise sex workers who collaborate, share rental apartments, or book hotel rooms together.

According to accounts from respondents, this legal ambiguity poses a particular challenge for non-national sex workers who are more likely to be subject to law enforcement controls.

In early May 2023, Portugal's Constitutional Court took a significant step by declaring the criminalisation of certain third parties involved in sex work to be unconstitutional. The judges of the Constitutional Court endorsed reasoning that an individual's decision to engage in selling of sexual services can be a genuine expression of sexual freedom.[54] They emphasised the importance of distinguishing between human trafficking, sexual exploitation, and consensual sex work, defining the latter as adult individuals providing sexual services in a free and consensual manner.

As observed in other countries, the primary barriers to accessing PrEP in Portugal, France and Italy by sex workers are linked to structural determinants of health. Similar to in other contexts discussed, these manifest in disproportionate access to PrEP for cis women sex workers, as well as sex workers with migrant backgrounds, particularly those undocumented.

Despite explicit guidelines stating that "everyone in need" qualifies for PrEP, the decision on whether to enrol users in programs ultimately rests with the healthcare provider concerned. This can result in rejection of individuals due to bias, including those who do not conform to specific stereotypes. This poses difficulties for cisgender women, as PrEP eligibility is tied to being a sex worker. Many of them opt not to schedule appointments due to their hesitation to disclose their occupation. Other cisgender women however report that information concerning PrEP simply does not reach them.

“I think that for women sex workers it is a priority not to get pregnant than to protect themselves against AIDS, so the condom used as birth control already protects against both. And if you don't know there is PrEP you don't wonder if there might be other ways to protect yourself from STIs (...) If I were to start using PrEP, I would also use condoms (...) it would be a way to be safer”. (Cis woman sex worker, Italy)

Cisgender women who are not sex workers, or those who choose not to disclose their activities, may be denied access to PrEP. Others have reported receiving disparaging comments about their sex lives when requesting it. In Portugal, respondents perceived that some general practitioners lacked awareness about PrEP. Meanwhile, in Italy, one key informant who provides PrEP noted that sex workers often avoid disclosing their profession to doctors due to concerns about potential repercussions. Similarly, in France, sex workers are hesitant to reveal their profession, leading some to rely solely on condoms for prevention.

"We feel there is a gender difference, it is particularly uncommon among the women sex workers. PrEP is spread in the gay community. So, for MSM in general it is very common to stay on PrEP, also for sex workers, male sex workers". (Sex work activist, Portugal)

This underscores the urgency of need for heightened awareness and education within the healthcare system to ensure equitable access to PrEP for all individuals who stand to benefit from it.

"And also, you know, we have a lot of doctors that don't know how to give PrEP for the people. (...) A lot of doctors say : Oh yes, I know but I cannot give you. I don't know what I can do to give you. So I think the government, it needs to inform more the doctors, not specially only in the hospital but the GPs for speak about PrEP". (Stakeholder, France)

"There is need to reinforce awareness raising campaigns with the health professional community especially primary care doctor and infectologists who are performing as gatekeepers while evaluating the relevance of the request for PrEP". (Key informant, Portugal)

Gatekeeping ends up excluding those who may otherwise benefit from PrEP.

"Whole groups of those who do sex work in more vulnerable conditions that condoms can't negotiate, or who are in such fragile economic conditions that to get paid more they don't use them, that whole group there doesn't have access to PrEP". (Stakeholder, Italy)

This situation underscores the importance of community-based organisations that offer confidential and discreet referrals to PrEP in a more supportive environment for sex workers. The relevance of peers among project teams was widely affirmed.

“It is easy if they access PrEP through the community based associations, which in fact are the entities who are distributing PrEP and other services for this group, for the sex workers”. (Stakeholder, Portugal)

In Italy, stakeholders and respondents, however, believe that there is a lack of specific information targeting sex workers.

“Effectively, there is no PreP communication targeted to sex workers in Italy, and even our centre does not do so”. (PrEP provider, Italy)

In Portugal PrEP is reported to be available to all undocumented migrants at no cost. Nevertheless, bureaucratic obstacles were perceived to limit access.

“I mean it is free for all of them, but it is not so easy to access, especially access in a little time, because there is the waiting list, very long, and so it is better to go through the community centre tests”. (Sex worker activist, Portugal)

Additionally, in all countries migrants with undocumented status tend to remain distant from health services, emphasising the critical role of community-based organisations in reaching and referring them to social and health services. Meanwhile, trans sex worker respondents living in Paris reported that the difficulty in accessing prevention facilities, spanned more from their language as opposed to their citizenship or documentation status. This relates to the lack of translation of information into multiple languages, leaving individuals to seek help from associations, or arrange for translations informally. Other stakeholders reported that the mobility was a factor affecting adherence, or update of treatment.

“I had to wait three months to get my first appointment, and so many people. Okay, you know, so we said: it's easy (to get PreP in Paris), but if you have a life which is different, like you have like mobility in your life because you're a sex worker and you have to travel a lot waiting three months for an appointment when you have clients every day…”. (Cis man sex worker, France)

Key informants have also spoken to issues in equity in France.

“You said on the paper. It's very easy to get PrEP. Yeah, but in practical it's not well, it depends If you're documented, if you're French, if you have the information, if you know the doctor I mean, So basically, it's for rich people and the privileged people. When you look at the figures, they like always are strange because the migrant sex workers they still have HIV infections but why we all say, “Oh PrEP works so well because look for the first time the HIV infection have decreased among gay men”. It was among white gay men French gay men, you know, but the migrants ... So, it's not a problem that they're not allowed to take the PrEP but the problem is that they can't read the information. For example, a mainstream organisation wanted to make a PrEP Campaign for migrants. Do you know what they did? They used an image of a migrant men and changed his voice to a French person voice. So, we couldn't hear his real voice because they didn't want his accent”. (Stakeholder, France)

Similarly, in Portugal migrants are reported to account for nearly 50% of newly reported HIV infections.[49] Once again, fostering connections between migrants and community-based services is crucial toward access to PrEP. In Italy, undocumented migrants also have access to healthcare services under the "Testo Unico" immigration law established in 1998. This legislation encompasses various services, including the prevention, diagnosis, and treatment of infectious diseases. However, the effectiveness of its implementation varies, and there are reports of challenges in delivering comprehensive services on a large scale, especially given constraints in their access to primary healthcare services. Furthermore, key informants reported confusion surrounding whether these services encompass PrEP, although were unanimous in stating that information flows concerning PrEP were not adequately reaching migrants in Italy. The migrant communities knowledge of PrEP was therefore perceived to have spanned from prior to their arrivals.

*“If the immigrant centres are all like the one I saw where there was an anti-abortion volunteer.... PrEP information doesn't even get there by accident!”. (*Stakeholder, Italy)

“I have to say that sex workers who come from Brazil are very informed about PrEP, but often in Italy you don't know that. The difference is the context: with us it has only been free for a few months, with them for longer and therefore having easier access they are also more informed”. (Stakeholder, Italy)

This observation was further supported by a participant from Brazil, who reported that the wealth of information from her home country set her up to be capable of navigating issues related to PrEP.

Another common concern across countries is related to the mobile nature of sex work, meaning that often sex workers move from place to place, both nationally, as well as regionally, or internationally. This renders difficulties for treatment adherence. Respondents noted that having their access linked to a specific hospital and location created difficulties, particularly when requiring a prescription when outside of said jurisdiction.

In Portugal, an informant shared that in her case, there is flexibility from the service, and she was able to obtain enough of a supply of medicine for 3 months or more, to cover her work abroad. This flexibility demonstrates a responsive approach from the healthcare service to accommodate the specific needs of individuals, addressing the challenges posed by their mobility.

*"As I understand it, the problem of access to PrEP does not only concern undocumented immigrants, but also people who are domiciled in a region other than their region of residence. You can only get free PrEP and free visits in the region where you have declared your main home". (*Cis man sex worker, Italy)

3.3.3 Awareness and social factors

In Portugal, the greatest population of immigrant sex workers are perceived to come from Portuguese-speaking countries. In Italy by contrast the language poses a significant barrier to awareness raising concerning PrEP.

Another widespread barrier, albeit reported to be present to varying degrees across contexts, was reported to be stigma towards PrEP users. In Portugal, respondents did not report specific instances of stigma surrounding PrEP or instances of prejudice in services. In Italy by contrast, several respondents mentioned having either heard about or personally experienced discrimination.

"I think a big part of the stigma comes from ignorance. People use phrases like, "there are other diseases," "you're more at risk," "I don't use PreP because I'm afraid of the side effects," and as a result, people who use PreP become dirty and risky people. Today it is better than four years ago when I started using PreP, however sometimes I feel a pressure that I don't like". There were times when people refused to meet me because I was on PrEP, even if telling them that I would use condoms with them. (Cis man Sex worker Italy)

Respondents in the Italian context highlighted that the association between PrEP usage and engaging in sex without condoms raises apprehension among cisgender woman sex workers. There is reportedly concern that increases in the use of PrEP might alter the dynamics of the market, as clients may increasingly demand condomless sex. This has the potential to create pressure for sex workers to use PrEP as a means of maintaining income flow.

"There is a small section of women sex workers in Italy who think that PreP can be dangerous for the market: if some women start using PreP to do bareback, then clients get used to this mode and go only to these women on PreP and not with those who want to use condoms" (Stakeholder, Italy)

One label demonstrating the prejudice surrounding use of PrEP, primarily with intention to engage in condomless sex, is that of the "Truvada Whore," though it's use was said to be decreasing, at least in derogatory terms. However, capacity to engage in bareback sex was by no means the only motivation for sex workers' use of PrEP, with some respondents citing the increased sense of safety PrEP provides when used as combination prevention strategy.

"I wouldn't have started sex work for example-I wouldn't have felt free enough and safe enough if I didn´t have PrEP". (Cis man sex worker, Italy)

Another example of the manifestation of stigma surrounding PrEP was recounted by a respondent from the French context, wherein their client displayed a negative reaction to seeing their PrEP medicine during a session.

"And one time my client is coming, he sees it and says, you are sick with your HIV. Then he's going outside again quickly. He doesn't wait for me to explain. After this, always when I take client at home, I have to be sure he doesn't see the PrEP. If he sees it, the stigma, don't forget, when we take PrEP, we have so many stigmas from people who don't know what is PrEP". (Trans sex worker, France)

In conclusion, the case studies of France, Portugal and Italy provide valuable insights into contexts wherein PrEP is *relatively* more obtainable. These countries have transitioned to offering PrEP free of charge to residents and some key populations. While positive developments have been noted regarding the decentralisation of services and the increase in the number of locations offering access to PrEP, challenges remain in both contexts concerning geographical distribution. This renders disparities in access, particularly for those residing outside major urban centres. Expansion of education within the healthcare system is necessitated, given concerns surrounding bias in prescription processes. As stated, this leads to rejection of individual requests for PrEP based on certain stereotypes, hindering access for some sex workers, especially cisgender women.

Additionally, legal frameworks surrounding sex work in the three countries create unique challenges. The recent decision by Portugal's Constitutional Court to declare the criminalisation of certain third parties involved in sex work as unconstitutional is a significant step towards recognising sex work as a valid expression of individual choice. However, legal ambiguity and societal stigma persist, impacting access to PrEP for sex workers. Italy, too, faces challenges in reaching sex workers, particularly due to the lack of targeted communication concerning PrEP for this population. Issues of mobility, language barriers, and stigma pose additional hurdles, emphasising the need for tailored strategies to enhance the effectiveness of PrEP programs in diverse social contexts.

France, by contrast, boasts the highest number of PrEP users among the three countries, with a well-established system that includes community-based organisations playing a crucial role in providing access. However, disparities persist, particularly in rural areas where services are less accessible and stigmatisation towards sex workers is more pronounced hindering the access to healthcare in

general. Like in Portugal, key informants highlighted the importance of community-based organisations in facilitating access for marginalised groups, yet issues of inequity and the bureaucratic complexities of healthcare access for migrants, especially undocumented individuals, remain.

3.3.4 Recommendations

- Increase the number of PrEP delivery facilities in underserved regions. Explore mobile clinics or outreach programs to reach populations in remote areas. Consider partnerships with community-based organisations to extend PrEP services beyond major urban centres.

- Advocate for policy changes to expedite the PrEP initiation process. Monitor and evaluate waiting times regularly to identify and resolve bottlenecks.

- Conduct training sessions for healthcare providers on the importance of PrEP, as well as concerning stereotypes surrounding its use. Implement awareness campaigns targeting healthcare professionals to reduce stigma and encourage a more inclusive approach to PrEP prescription.

- Develop communication strategies about PrEP targeting sex workers, including migrant sex workers, in consultation with the communities concerned.

- Improve communication channels to reach undocumented migrants with information about PrEP. Collaborate with NGOs to bridge the gap between undocumented migrants and healthcare services. However, it should be ensured that this is done in such a way that does not risk negative repercussions, such as deportation, or administrative fines. Translate information on PrEP into multiple languages and those most relevant to the given migrant communities. Collaborate with migrant communities and organisations to disseminate information. Train healthcare providers and interpreters to communicate sensitively with individuals who may face language barriers.

- Provide longer durations of prescription for individuals with work commitments abroad. Explore telemedicine options for prescription renewals. Collaborate with healthcare providers to accommodate the unique needs of mobile populations.

- Launch public awareness campaigns to challenge misconceptions and reduce stigma surrounding PrEP use, including designed in conjunction with sex worker communities. Involve community leaders, peers, and healthcare providers in these campaigns. This may serve to encourage open discussions about PrEP and normalise its use.

4. CONCLUSIONS: UnPrEPared

This community report sheds light on the multiple barriers faced by sex workers in accessing Pre-Exposure Prophylaxis (PrEP) in ten European countries. The findings demonstrate that a complex interplay of economic, legal, cultural, and factors relating to the healthcare system impact upon access to PrEP. They also speak to the lack of preparedness on behalf of health systems in countries included in fostering conditions conducive for sex workers to access PrEP. Despite the variety in models of coverage across contexts, ranging from those where PrEP must be paid for entirely out of pocket, to those where it is fully reimbursed, shared challenges were voiced by sex workers and stakeholders.

While a fully reimbursed PrEP model may seem like a solution, this report proves it is not sufficient. Although removing financial barriers is important, significant challenges remain. A primary challenge across all countries is the geographical distribution of services associated with PrEP. Additionally, specific demographics, such as cis woman sex workers remain significantly underserved. Undocumented migrants encounter similar difficulties, ranging from barriers to general health care access, to constraints in health literacy due to language barriers. Both groups attest that said issues limit their agency in decision-making surrounding HIV prevention.

The report also highlights the pivotal role played by sex workers in advocating for HIV prevention. Activists, organisations, and informal networks play crucial roles in providing information, supporting initial and follow-up appointments, facilitating treatment adherence, and raising awareness within the community and beyond. Awareness raising undertaken by sex workers expands further to clients, family members, and friends. This stands in stark contrast to the dearth in literacy, as well as prevalence of misinformation among the general population regarding sexual health generally, and HIV in particular.

Cisgender men, non-binary individuals, and transgender women who sell sex were generally reported have better coverage within PrEP programs, as they are not required to disclose their occupations to enrol. However, trade-offs remain concerning treatment received in 'mainstream' facilities, known to perpetuate trans and homophobia, juxtaposed by that offered by informal networks, or services run by sex workers themselves. This underscores both the importance of patient-centreed approaches, and peer-involvement in service provision.

In countries like Armenia, Austria, Poland, and Turkey, where PrEP is paid for out of pocket, sex workers face barriers due to economic constraints, compounded by a policy environment contrary to promoting literacy about HIV prevention. This leads to a cascade of misinformation among health professionals, service providers, and the sex work community, contributing to increased stigma and hindering access to HIV prevention measures.

Contrastingly, in the countries where PrEP is relatively more accessible in financial terms, such as Germany, the Netherlands, and Sweden, respondents emphasise that PrEP is deeply ingrained in the culture of cisgender men, transgender, and gender-diverse individuals assigned male at birth. In such contexts, PrEP was widely accepted, actively promoted in the gay men and transgender communities, with respondents indicating a high level of awareness to PrEP. This widespread acceptance contributes to safer sexual practices, challenges the stigma associated with condomless. sex, and may have played a role in the increased adoption of safer Chemsex practices.

However, despite an overarching culture conducive to PrEP usage in these contexts, wider disparities in access to healthcare among both sex workers and LGBTQI+ communities persist. Constraints in access to broader healthcare services are fuelled by fears of discrimination, the legal standing of sex work in said contexts, and the difficulties of accessing public insurance, including for those who are undocumented. Regarding the legal standing of sex work, environments wherein sex work is regulated (such as Germany and The Netherlands) usually exclude undocumented migrants, as well as those lacking economic, or other means, to comply with legal stipulations. Discriminatory practices surrounding the criminalisation of HIV, can further complicate this picture. In response to these challenges, sex worker communities play a crucial role in informing individuals about PrEP and facilitating access, utilising social networks to provide comprehensive information and support. Their involvement is essential in promoting PrEP as a strategy for harm reduction.

Overall, while governments in Germany, Sweden, and the Netherlands have made progress through adoption of models wherein PrEP is reimbursed, challenges persist, especially for marginalised groups within the sex worker community. To overcome these challenges, a comprehensive approach is necessary. This approach should address legal, cultural barriers, as well as those related to healthcare systems themselves, toward bolstering equitable access to PrEP for all individuals at a higher risk of exposure to HIV.

Even in countries where PrEP is fully reimbursed by the state, such as France, Portugal and Italy, challenges pervade. Italy, which adopted this model as recently as 2023, was reported to still be experiencing teething problems related to its implementation. On the other hand, a primary challenge in the Portuguese contexts lies in achieving universal coverage. Decentralisation of PrEP consultations to general practitioners and community-based organisations is a stride in the right direction, toward this end. Decentralisation efforts aim to overcome barriers hindering certain populations from accessing formal healthcare. Concerted effort is needed to ensure that PrEP is accessible to all populations eligible for treatment, including sex workers and undocumented migrants.

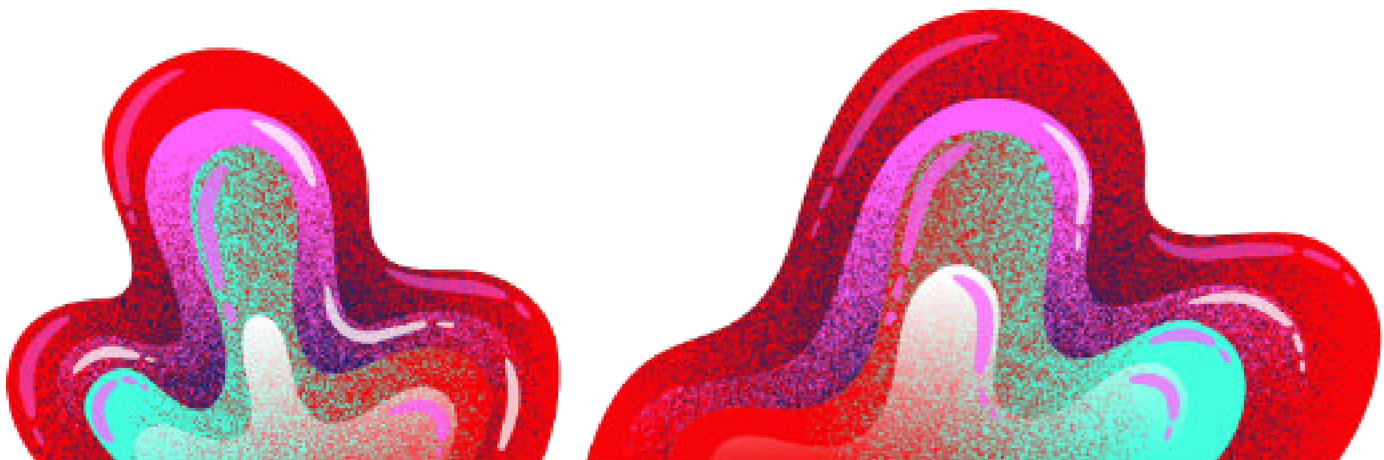
Though PrEP programmes in the French context are well-established, work must be done to ensure non-discriminatory and non-judgemental treatment, particularly for groups facing multiple layers of discrimination, such as those who are BIPOC, transgender and from a migrant background. Doubt remains concerning whether the type of systemic shift in public and professional zeitgeist, needed to ensure fair treatment for sex workers is possible, while legislation criminalisation facets of sex work pervade. The legal framework, which criminalises clients, was itself cited as a deterrent to health-seeking among sex workers, including with regards to PrEP.

Cisgender women sex workers in France, Portugal, and Italy report experiencing similar instances of discrimination from healthcare professionals when seeking PrEP. They often encounter moral judgements including surrounding conceptions of condomless sex by clinicians, or other providers. Many health practitioners advocate for condom use as a purportedly more effective preventive measure, which can inadvertently hinder access to PrEP rather than facilitating it. These dynamics position healthcare professionals as obstacles to treatment, rather than as supportive allies.

The recommendations put forth for each set of countries are aimed at guiding policymakers, service providers, and sex worker activists to address the challenges outlined within.

In conclusion, while reimbursed models for PrEP access are a positive development, they are not the final solution. Broader structural issues—including legal, cultural, and healthcare system-related barriers—must be addressed to ensure equitable access for all sex workers. The recommendations put forth aim to guide policymakers, healthcare providers, and activists in overcoming these barriers.

Furthermore, our findings suggest that further research surrounding PrEP, including on experiences of use, outcomes, discourses, etc. are warranted. As with all research concerning sex workers, this should be helmed by sex workers themselves, as those best placed to ensure benefit and relevance to their own communities.



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