

Perspectives on Progress: A Qualitative Study of HIV Prevention Efforts in the Czech Republic



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INTRODUCTION

Over the past decade, HIV prevention in Europe has advanced, yet regional gaps persist, especially in Central and Eastern Europe. In the Czech Republic, relatively low prevalence (~4,100 PLHIV in 2023) masks a rising incidence (~200 new infections in 2023) (1). Key populations - MSM, migrants, PWID, and sex workers - face stigma, access barriers, and uneven service coverage (2–5).

OBJECTIVE

- To assess the current landscape of HIV prevention in the Czech Republic through stakeholder insights.
- The research aimed to uncover practical and systemic barriers limiting prevention reach, especially PrEP use.

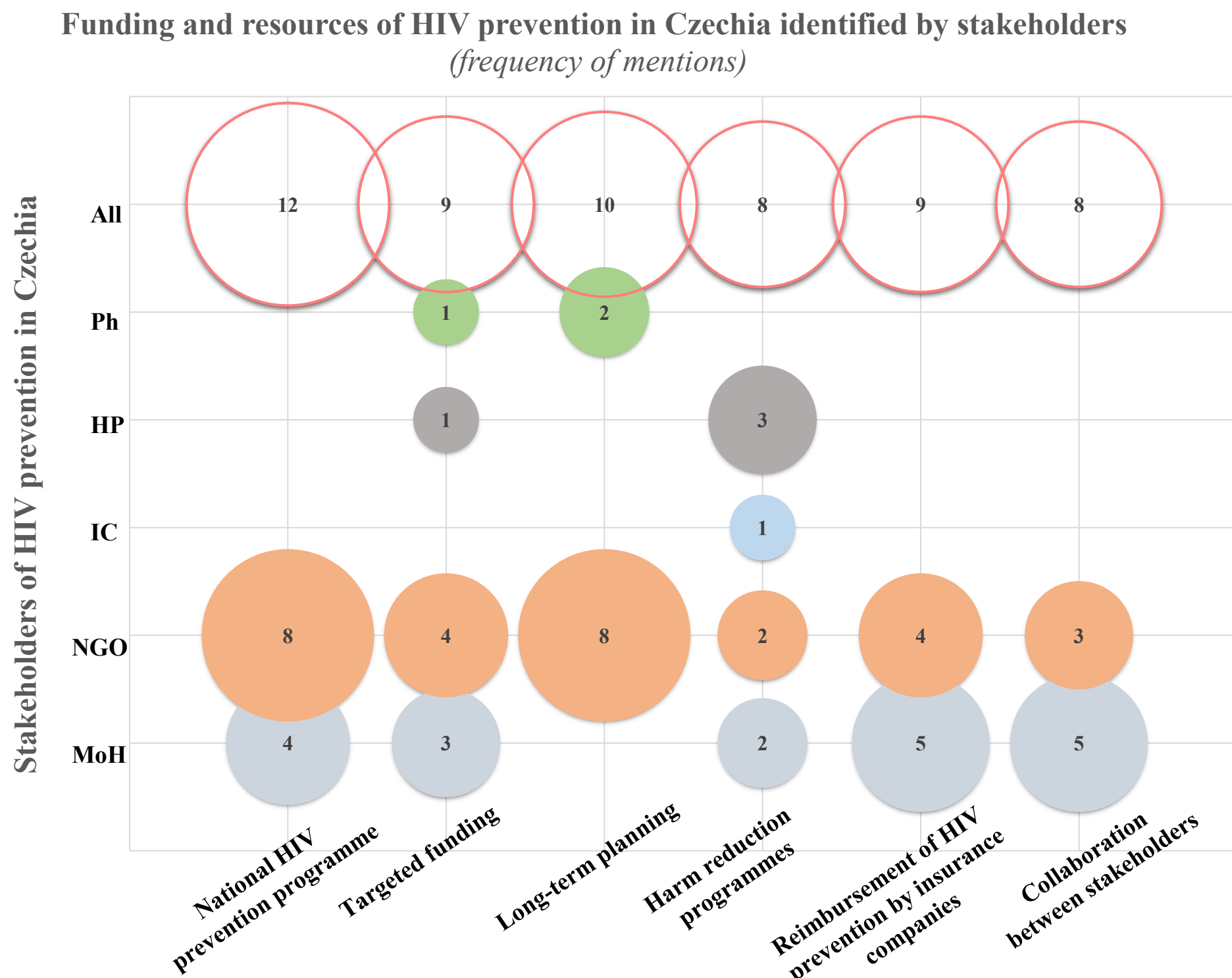
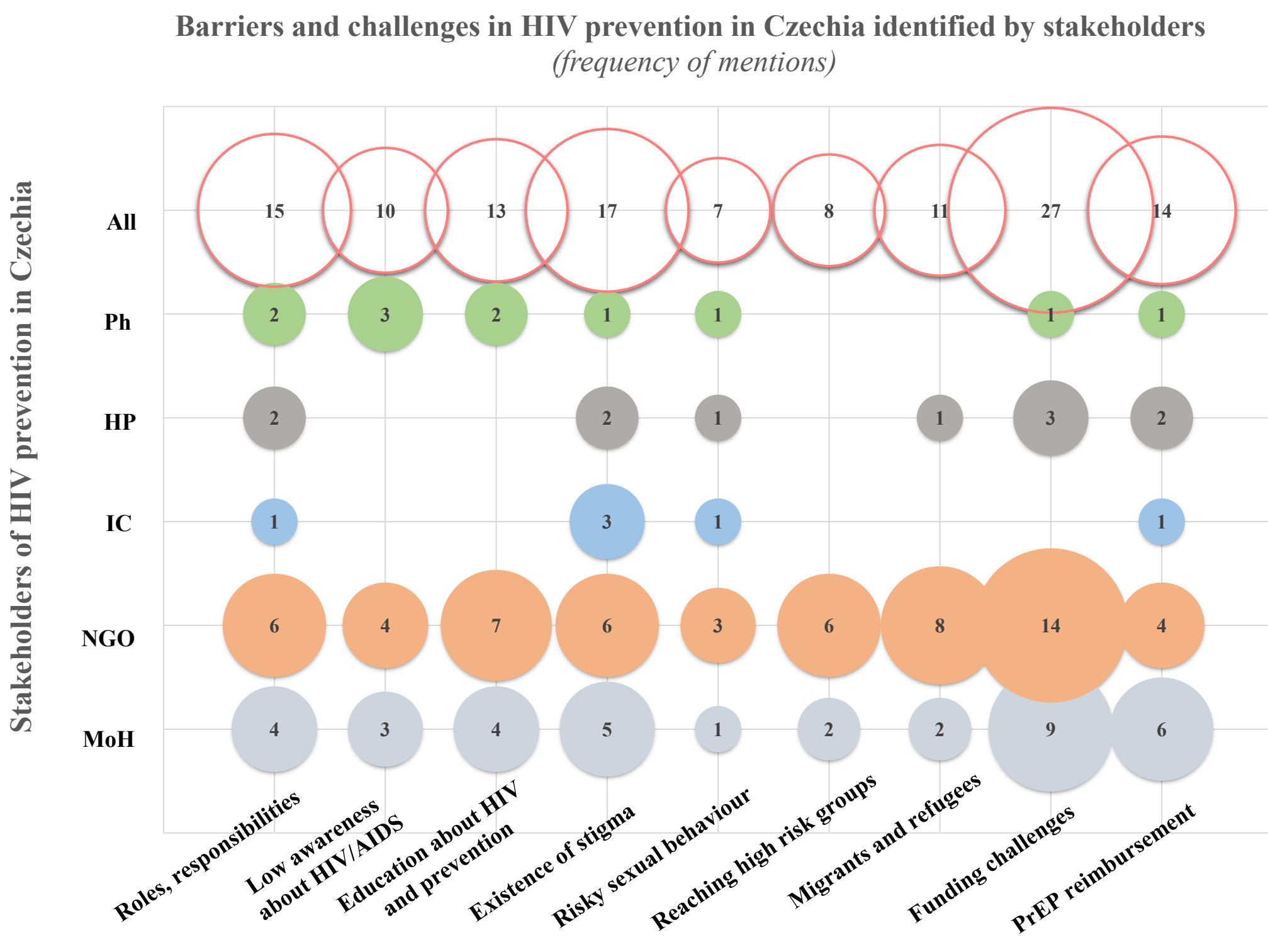
METHOD

Qualitative stakeholder analysis (Nov 2024 – Feb 2025):

- 11 stakeholders** interviewed
- Semi-structured online interviews → transcribed, anonymised
- Analysed in **MAXQDA 24** via thematic coding and frequency mapping
- Statistical significance (p-values) was assessed using Fisher's exact test, appropriate for small sample size and categorical data.

RESULTS

Five thematic clusters were identified: Key Populations; Education; Expectations; Barriers and Challenges; and Funding and Resources. Among key populations, MSM were mentioned most frequently ($p < 0.05$). Funding was identified as the most critical issue (19 codes, $p < 0.05$), with PrEP reimbursement being highlighted as a significant challenge for all stakeholder groups. Within the 'Expectations' cluster, stakeholders prioritised stronger collaboration (16 mentions) and increased prevention funding (13 mentions).



PrEP reimbursement in Barriers and challenges		
Stakeholders	Key Focus	Main Challenge
HP <i>Healthcare providers</i>	PrEP access limited by cost, especially for socioeconomically disadvantaged groups	Even moderate costs make PrEP inaccessible for high-risk groups
Ph <i>Pharmaceutical company</i>	Lack of insurance reimbursement is the key challenge, limiting availability to those who can afford it	PrEP is self-funded, excluding those who need it most
IC <i>Insurance companies</i>	Limited awareness of PrEP benefits; insurers do not engage in HIV prevention	
MoH <i>Ministry of Health and related organizations</i>	Recognizes economic benefits of PrEP, but reimbursement remains a political decision requiring consensus	
NGO <i>Non-governmental organizations</i>	Advocates for PrEP reimbursement due to preventable HIV infections	Health insurers are not involved in discussions

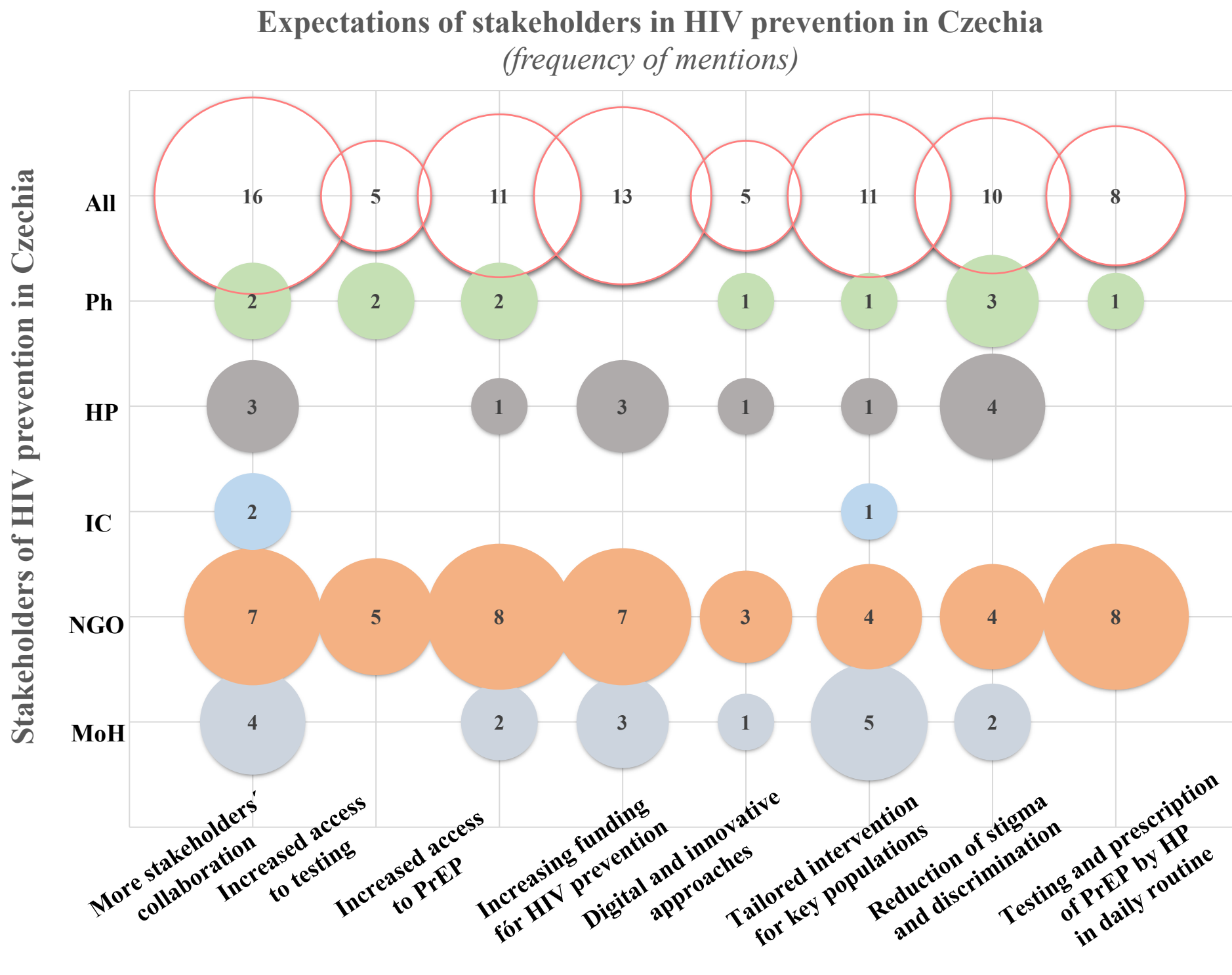
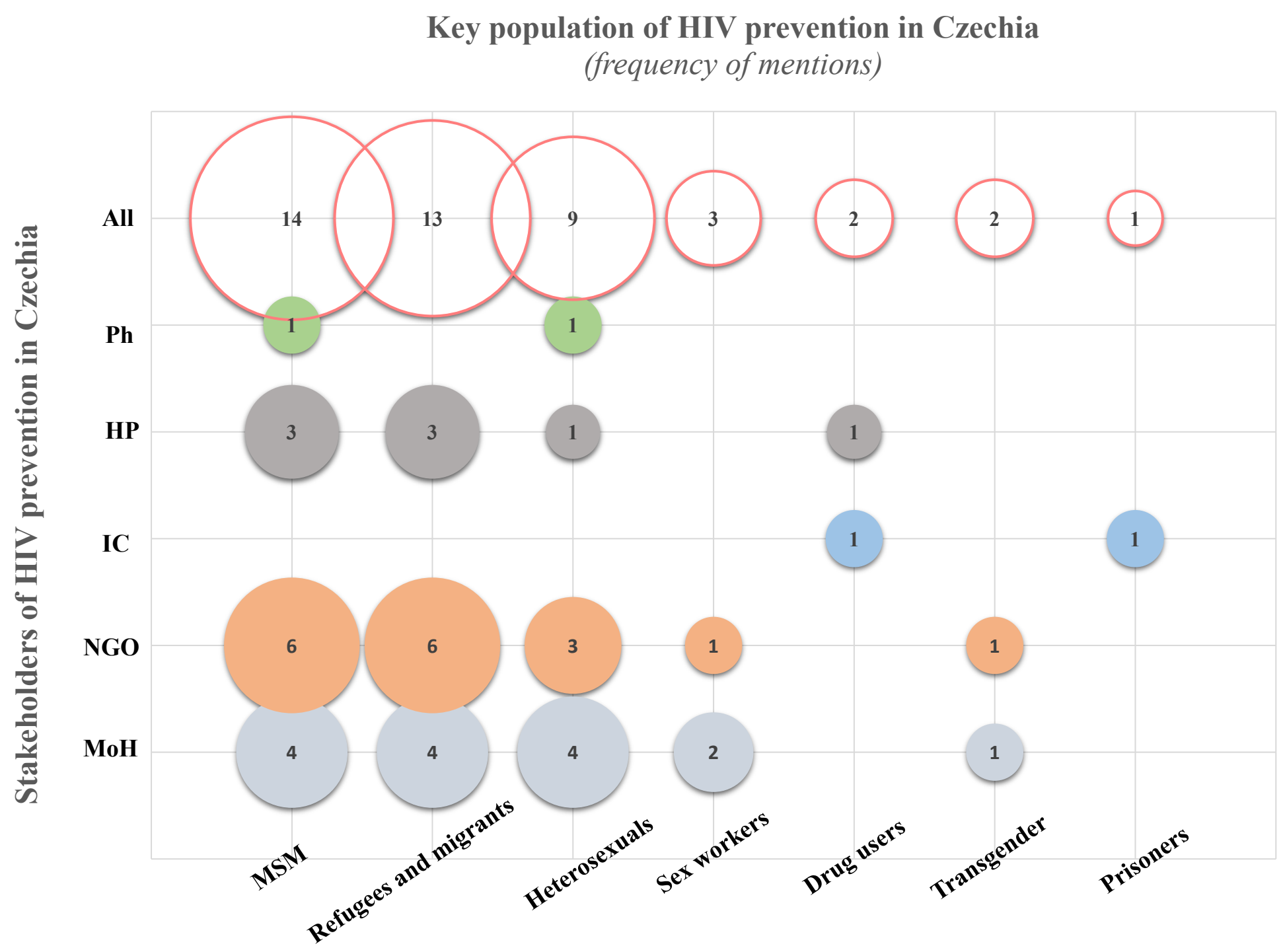
CONCLUSIONS

Persistent socio-structural barriers - including stigma, discrimination, and language or cultural differences - continue to limit engagement of key populations, especially migrants and MSM, in HIV testing and prevention. Addressing these inequities requires a coordinated, data-driven public health approach that unites government, healthcare providers, NGOs, and private-sector actors.

To align the Czech HIV prevention framework with international best practices and $U=U$ principles, stakeholders call for:

- Predictable financing and reimbursement** for PrEP
- Cross-sector collaboration** and accountability
- Standardised indicators** to monitor PrEP uptake and outcomes
- Continuous public education and awareness**

Sustained investment and partnership are essential to achieving equitable and effective HIV prevention in the Czech Republic.



DISCLOSURES

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