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Differences in PrEP accessibility in the European Union

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Abstract

Proper HIV and AIDS treatments were held up for decades, and now that an efficient prevention method, PrEP, is available, the world is facing a similar issue once again. While rich democracies provide their patients with the drugs, supplies in most part of the third world and in Eastern Europe, where HIV infection rates are significantly higher, are not accessible. This paper seeks to answer why PrEP is not accessible in most Eastern European countries using the constructivist norm diffusion framework. The paper uses different theoretical bases, discourse analysis, articles and interviews with MEPs and a former member of LGBTQ+ rights advocacy. The cause of this issue is rather interdependent: poor treating of gay rights, corruption and NGO's agenda-setting activity leads to poor PrEP implementation strategies.

Key words: PrEP, norms diffusion, EU health governance, HIV prevention, LGBTQ+ rights

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I. Introduction

Pre-exposure prophylaxis is a HIV prevention method, which consists of taking HIV medications (mostly, and firstly Truvada, provided by Gilead) daily, in order to achieve immunity to the virus. The method has been allowed world-wide since 2004, and the efficiency was officially acknowledged by 2010. The legalization was mostly fought for by LGBTQ, and HIV positive people's association, which process is called evidence-based advocacy. (Bereczky, 2021)

The method is officially allowed and accepted by the European Union (EU). However, as health care policies only act as guidelines for the member states, differences in the implementation occur, and up until this day, we can find a clear difference in the accessibility between Western and Eastern countries. (Cairns, 2021) This is yet another manifestation of the much discussed 'East-West divide' in LGBTQ+ citizens' rights and opportunities in the EU (e.g. Csáky 2014, Ayoub 2014).

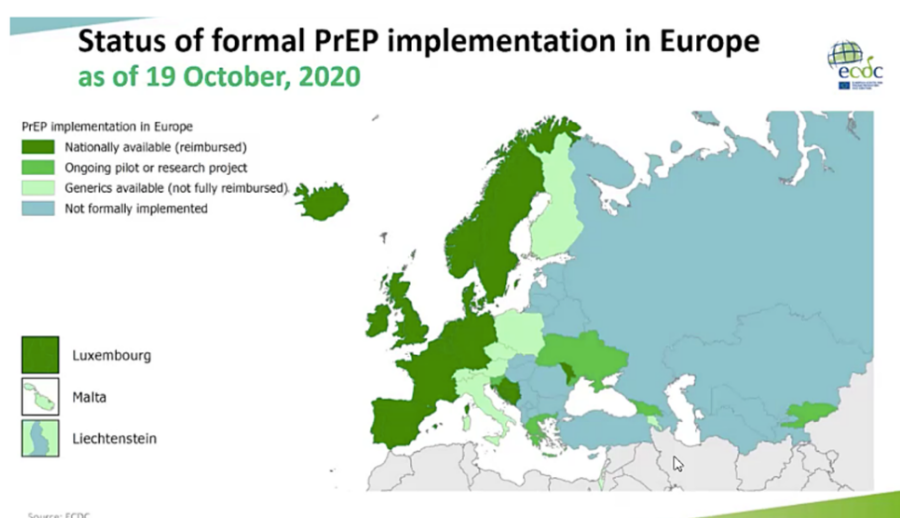


Figure no. 1: Status of formal PrEP implementation in Europe
Source: Cairns, 2021¹

One might suppose that mostly financial reasons can cause this phenomenon, specifically the high price of Gilead's medication. But one monthly supply of generic versions could easily be paid for by poorer states too. Also providing life-long PrEP supply as prevention for the affected groups costs much less for a state, than providing these people with life-long HIV medication. (Bereczky, 2021)

¹ As of July 1, 2021, free PrEP is available in Finland. (HIV Point, 2021)

If not financial, then there may be political factors at play. Poor implementation strategies could be linked to domestic political arrangements, problems in the healthcare system, or proximity to great powers, which are not supportive of LGBTQ+ issues. This case is interesting to study, as it lies at the intersection of multiple fields: policy convergence in the European Union in regards of health policy, variance in norm diffusion in regards of LGBTQ+ rights, and the European Union's changing role in healthcare. International Relations theories can help us dig into the roots of this crucial, problematic, and stressing phenomenon.

In this paper I seek explanations for the European situation, focusing specifically on the Hungarian status quo. My hypothesis is that two main factors – (1) problems in the healthcare system (funding, development and corruption), (2) low support for LGBTQ+ rights explain cross-EU variance in implementation. Additionally, I discuss the problem of weak advocacy and the influence of Russian norms. To assess these explanatory variables, the paper combines qualitative and quantitative techniques. The first part of the analysis focuses on the in-depth analysis of these factors Hungarian case. To gather evidence, I reviewed policy documents, collected descriptive statistics and conducted three stakeholder interviews: one with an ex member of an advocacy group (Tamás Bereczky from the European AIDS Treatment Group) and two with Members of the European Parliament (MEP Marc Angel [Socialists and Democrats], Co-Chair of the European Parliament's LGBTQ Intergroup and MEP Katalin Cseh [Renew Europe], a medical doctor and a representative of Hungary).² Then, the analysis turns to multivariate statistics to quantitatively assess the explanatory power of the variables. It finds that the strongest predictor of the dependent variable (the status of implementation of EU PrEP guidelines) is public support for LGBTQ+ rights, shedding light on the importance of a supportive, non-stigmatizing social and political environment in the global and European fight against HIV and AIDS.

² The interview questions are available in the Appendix of the paper. Further research could extend the circle of interviewees to the conservative side as well (to a certain extent, an ideological bias is inevitable, given that expertise in the issue and attention to the problem are also ideologically pre-determined).

II. Theoretical Framework

Many theories of International Relations could help us to understand why PrEP is more easily accessible in Western Europe, than in Eastern Europe. This phenomenon could be best described by using Constructivist theorists' international norm diffusion framework. In this section I will provide a short summary of the framework, and later provide some data on PrEP accessibility and implementation strategies in European Union member states.

The world of International Relations theory was dominated by neo-realism and neo-liberalism in the decades leading up to the end of the Cold War. With that the World Order changed, scholars sought new theories to describe World politics and challenge existing ones, thus social constructivist theories emerged. (Baylis, 2020)

II.1. Norm diffusion

One of constructivism's main ideas is international norm diffusion. Briefly, this concept states that different states' originally different norms tend to converge into diffusion in the international domain. This theory helps us understand the homogenization of world politics: the phenomenon of nation states tending to construct domestic policies similarly all over the globe. (Baylis, 2020)

The causes for this phenomenon are rather complex, but they mostly consist of the following: States in international hubs tend to create common norms. Newly entering states, or states aspiring to enter to these hubs tend to adopt these norms, however, the extent to which these norms are internalized is rather questionable (e.g., Eastern-European states applying liberal standards in order to be accepted in the community, which is the European Union, but hardly maintaining these norms in the domestic field). Thus, integrated and diffused norms are created in the international domain. (Baylis, 2020)

In norm spreading, the surrounding environment plays a significant role. Constructivists call this institutional isomorphism. Institutional isomorphism states that nation-states' policies will tend to resemble each other, as norms and institutions converge in international hubs. One reason why states' domestic policies tend to resemble each other, is that these states seek legitimacy through implementing institutions, policies and norms of their neighboring states. Also, states might implement these institutions spreading in the international domain, because they accept their supremacy and legitimacy. (Baylis, 2020)

Seeking revenues, such as financial or political assistance from great powers, or acceptance into an international hub could be another significant factor in norm diffusion (Gilardi, 2012). This can be constructed as socialization, as states seek other states' approval in the international hub by accepting and implementing, sort of imitating their structures, institutions and policies (Baylis, 2020). Norm diffusion, as a process, can be pushed forward by international contracts and agreements, such as e.g., by the IMF. (Gilardi, 2012).

Factors which can serve as facilitators in norm diffusion can also be obstacles. Being stuck between two influential great powers geographically can serve as an obstacle to certain norm diffusion processes, either through financial or economic pressure (Gilardi, 2012). Russian economic influence can jeopardize the spreading European norms in the Eastern bloc for example. Thus, European guidance might be less efficiently implemented in Eastern countries, which are also being influenced by another great power's norms via economic pressure.

To better understand Russia's influence in the European norm diffusion system, Casier (2021) introduces the concept of norm contestation. If one accepts that the norm diffused by Moscow is not an alternative for Western-European or Euro-Atlantic norms, a framework in which Russia's norm diffusion spreads the key values of the hegemon's policies competing with the "Western world's key values" can be introduced (Casier, 2021). Furthermore, if we take the concept of DiMaggio's organizational fields in the perception of Verpoest (2017) into consideration, the different battling norms can be defined in a broader framework. Verpoest (2017) stated that depicting the diffusion of Western norms as the norm diffusion of the European Union is inaccurate. Instead of calling these international values the norms of the European Union, Verpoest (2017) framed these norms of the European interest as the European organizational field in oppose of which one can find the norms diffused by the Eurasian organizational field, including illiberal, non-democratic and autocratic states like Russia and China. Casier (2021) however stated that measuring the norm spreading of the East is more challenging than measuring the opposite side, as e.g. Russia does not spread its norms via international agreements as Western supranational organizations do, it rather does so by exploiting its soft powers. In this paper I will mainly use the concept of organizational fields and norm diffusion to better understand how being influenced by great-power's political activities can alter an independent actor's domestic political arena.

II.2. Norm diffusion in the European Union

With the norm diffusion framework, we can understand what role international institutions play in the converging world politics, and in sustaining the world order. Thus, we can use this theory to describe how norms spread in the European Union, how, and with what means its institutions are helping this process. This theoretical framework can also help us understand what obstacles are present to the successful and sufficient norm diffusion in the European Union.

The institutions of the European Union, such as the European Parliament or the European Commission, as well as specialized agencies for each policy field play a dual role in this process. They act as facilitators, coordinating between norms to be diffused (Gilardi, 2012). If we accept the theories of Verpoest (2017) and Casier (2021) we can identify these institutions as the representatives of the European organizational field. Certain policies are obligatory to implement for member states in the European Union, but most policies made by the Union serve as a guidance, which states might implement according to their own constitutions.

Norm diffusion in the European Union is a special case, as we talk about multi-level governance. In this system certain policies are dedicated to regional level, certain ones to national, and certain ones to the supranational field (bodies of the European Union) (Hooghe and Marks, 2020). Trust is required on the lower levels for policies to be successfully implemented (Hooghe and Marks, 2020). This could be one reason why we do not see total policy convergence in the European area (Holzinger and Knill, 2005). Holzinger and Knill (2005) identified five ways policies can converge in the international arena: imposition, international harmonization, regulatory competition, transnational communication and independent problem-solving. Policies that have been implemented in the European arena can be described by many of these typologies.

Health policy (the policy that I seek to analyze) can be best understood as international harmonization: a non-obligatory policy posed by the European Union, which can be implemented by member states to the degree that these agents seek legitimacy by both the European Union and other member states. Certain institutions of the European Union (e.g. the European Court of Justice and the European Commission) play a key role in this type of policy convergence, as they “monitor” the degree to which a policy (or guideline) have been implemented or adopted and can also pose certain sanctions if needed (Holzinger and Knill, 2005). But international harmonization is without a doubt the softest way of policy

convergence, hence the importance of soft law, leveraged by the institutions of the European Union must be mentioned as well. Soft law is one of the European Union's main instrument if norm diffusion in the European arena is taken into consideration (Hodson and Maher, 2004), especially in the case of nonbinding guidelines as health policies. Using the basic concepts of the norm diffusion framework we can describe the health care and PrEP implementation guidelines of the European Union as the following: the European Union is the international hub that nation states are part of and the guidelines are the norms that need to be implemented in order to achieve legitimization by this international hub. Different member states' domestic political arenas can either serve as mitigating factors in this policy convergence (e.g. in the case of Western or Northern countries, where PrEP is fully formally implemented) or as obstacles to European norm harmonization and norm diffusion. The situation of the domestic political arena of certain Eastern-European countries is interesting, as these countries are stuck between Verpoest's (2017) European and Eurasian organizational fields, which in some cases could serve as an obstacle to the norm diffusion phenomenon, as Gilardi (2012) stated.

Since the case of PrEP implementation is not only a public health issue, but (as this paper seeks to show) it is linked to the broader state of LGBTQ+ rights, policy convergence is also impacted by the EU's ability to impose its norms on member states in the protection of LGBTQ+ rights. Here, the EU has instruments too: as the principle of non-discrimination is enshrined in Article 2 of the Treaty of the European Union (TEU), the European Commission can launch infringement procedures and impose penalties if LGBTQ+ rights are violated, and recently, they did so in the case of both Poland and Hungary (European Commission, 2021).

III. HIV prevention

Fight against HIV broke out as soon as the World got to know the virus. Nowadays a brand new, and effective prevention method, pre-exposure prophylaxis (PrEP) is available, giving hope to not only deal with the infection but to reduce the positivity rates. PrEP implementation is part of the European Union's health guidelines as well. In this section I will provide an introduction to the European Union's health governance, and PrEP and its accessibility, as a historical background for the analysis.

III.1. Health policy in the EU

Creating common public health policies has been a European value since the European Coal and Steel Community Treaty of 1951. As this specific field is a member state's responsibility, the bodies of the European Union's power are extended to complementing, encouraging and coordinating the acts initiated by these nation-states, through the means of European guidelines, indicators and monitoring. The European Union's public health policy has gone through development since 1951, mainly through responses to huge health crises. After the SARS crisis, in 2005 the European Centre for Disease Prevention and Control (ECDC) was established as a network of scientists, public health experts and national communicable disease bodies, with the task of risk assessment through means like surveillance, monitoring and the development of some public communication strategies. The establishment of this hub-like body was a huge step forward in the integration of public health into a common European policy, as ECDC raises awareness to health threats, and thus could help in the implementation of certain public health guidelines of the European Union. In most healthcare related issues, the main power that the EU holds is harmonization in Member states' health laws. One specific issue of that is pharmaceuticals. (Brooks et al., 2020)

PrEP implementation is one of the European Union's health policy guideline as part of a European HIV/AIDS prevention strategy. The ECDC, in its 2021 technical guidance declared certain principles and standards that are needed to be met in order to develop successful PrEP implementation strategies in member states where the medication is not available, newly available or has been available in the past years. In the next section I will provide a short summary about the history of PrEP, then I will further stress what exactly are the ECDC's guidelines for PrEP implementation.

Subsidiarity is the main principle to decide which policy field is delegated to the EU-level, and which remains on the national or regional ones. It means that each policy should be placed on the level with adequate information and powers to handle it. Based on this principle, it can be argued that issues with a clear cross-border dimension such as epidemics should belong on the EU level, and the global COVID-19 pandemic made this abundantly clear. This also has a legal basis: even though health policy guidelines are nonbinding policies, according to the TEU, communicable diseases (e.g. COVID-19 or HIV/AIDS) should be an exception in European healthcare, as these diseases create a cross-border threat (Brooks et al., 2020). We can see that in the case of COVID-19, the EU acted according to this exception, but in the case of HIV/AIDS such actions have not been present yet.

III.2. Brief history and effectiveness of Pre-Exposure prophylaxis

Pre-exposure prophylaxis (PrEP) is an HIV prevention method, which consists of taking daily doses of antiretroviral HIV medications (mostly Truvada provided by Gilead) in order to develop an immunity to the infection. The method can ensure proximately a 99% immunity to the virus specifically in the group of MSM (men who have sex with men). But the rate is similar in all sexually active groups, as the method itself is applicable to anyone, which indicates a higher success rate than in the case of condoms (though while the latter provides safety from all kinds of sexually transmitted diseases (STDs), PrEP provides safety only from HIV). Taking PrEP as prescribed can also ensure 74% immunity for PWIDs (person who inject drugs). (CDC, s.a.)

Population	Effectiveness Estimate
<i>“Optimal or Continent Use” (Taking PrEP daily or at least 4 times a week)</i>	
Men who have sex with men (MSM)	~99%
Heterosexual Men and Women	~99%
Persons Who Inject Drugs (PWIDs)	74-84%

Table no. 1: The effectiveness of PrEP

Source: CDC, s.a.

PrEP has been a novel drug up until fairly recently, as the early HIV medications aimed at reducing symptoms and infectiousness. It has received more interest in recent recent years, as prevention strategies became more and more prevalent. Organizations, and associations of HIV positive people mostly in the US and the UK campaigned vigorously, seeking accessibility and

legalization for years. Pharmaceutical examinations of the medication, and also implementations in the first countries' health policies in 2004 were partly a product of evidence-based advocacy. PrEP was legalized first in the UK, and then all over the world. For the first decade Gilead's drug, Truvada, was the only product which provided supply for the demand, but as soon as their patent expired, significantly cheaper generic versions of the medication flooded the market. Now, only the accessibility in different countries is in question. (Bereczky, 2021)

III.3. PrEP implementation guidelines of the ECDC

The ECDC has been recommending the implementation of PrEP for member states since 2015. With their 2021 technical guidance they intend to support countries in implementation and development and to harmonize PrEP accessibility in the region. The ECDC declared 10 principles that need to be met in order to ensure proper implementation. Most of these principles are complex, relate to various public policy fields, however, some of them are specific to healthcare measures.

The first principle, "Early and ongoing stakeholder engagement" emphasizes the importance of the involvement of representatives of all stakeholder groups (e.g. providers and end consumers) in the implementation and development of PrEP programs. Besides the role of policy makers, the ECDC also highlighted the role of NGOs, the civil society and peer and community educators in demand creation. The quality standards stretch the importance of the identifying and involvement of these stakeholder groups. (ECDC, 2021)

The second principle is "Implementation within a stigma-free environment". The ECDC states that PrEP programs should be created with "a positive and respectful approach to sexuality and sexual relationships, individuals' personal and cultural experiences and behavioural choices" (ECDC, 2021, p.16). The effects of a supportive environment in HIV strategies is a much discussed topic in the field of social sciences (e.g. Brown et al. 2017; Takács et al., 2013). The quality standards for pre-PrEP programs declared by the ECDC are: ensuring a stigma-free language in national implementation guidelines, creating a PrEP positive and informed environment (emphasis on both stigma-free campaigns, and campaigns aimed to reduce stigma), and enhancing a PrEP positive practice among the providers of the medication (with special trainings initiated on PrEP). (ECDC, 2021)

The quality standards of the third principle, “Population-wide access, based on need” highlights the importance of identifying the key populations in need of PrEP, and the prioritization of PrEP in prevention guidelines. (ECDC, 2021)

The fifth principle further stretches how important it is to create demand for the medication with the involvement of NGOs and CBOs. The “Proactive approach to raising PrEP awareness and demand creation” principle’s quality standard shows alternatives for this process, such as advertisement through dating apps. However, the standard mentions that it is important to initiate these campaigns properly, as with such sophisticated methods as the latter, the exact group which is in highest need of the medication might be out of scope. Instead, greater emphasis should be put on non-governmental institutions in this process. The ninth principle, “Continuation of PrEP” also stretches the importance of encouraging clients of using the medicine. (ECDC, 2021)

Principles 6-8 state how important it is for PrEP programmes to be an integrated part of the member states’ HIV system, and health care system in general. Also these principle stress for successful implementation a certain level of development and proper funding is crucial in the healthcare system. (ECDC, 2021)

III.4. Accessibility

The situation is rather ambiguous all over the globe, and in Europe too. Whilst most liberal democracies and developed countries integrated the medication into their own health policies, accessibility in poor, developing countries e.g., in Sub-Saharan Africa basically does not exist, even though the need for HIV prevention is undoubtedly the highest in these regions of the World (Unaids, s.a.).

A similarity can be spotted in Europe too, as already shown by the East-West divide visible in Figure 1. According to Cairns (2021) while in Western, liberal democratic, richer countries e.g., in France, the UK or Germany, the medication is easily accessible as an HIV prevention method. In Eastern Europe’s poorer hybrid regimes, such as Poland or Hungary PrEP is not implemented, and the medication is rather inaccessible, even though the European Union has a PrEP implementation strategy in its health policy guideline (Cairns, 2021). The need for the medication resembles the World's overall situation too, as HIV positivity rates are significantly higher in these Eastern countries than in the Western ones (Unaids, s.a.).

IV. Explaining variance in PrEP implementation in the European Union

Making PrEP accessible as prevention to HIV is part of the European Union's health policy guidelines. However, the Union's health policies are not obligatory to implement, hence in half of European countries PrEP is still not easily accessible to this day. This could be traced back to many obstacles, using the constructivist norm diffusion framework as the analytical method. In this section I will seek answers to why PrEP is hardly accessible in Hungary, and what obstacles can play a role in the unsuccessful policy implementation.

Eastern-European countries might come up with the argument that the medication itself is extremely expensive (Cairns, 2016). This is effectively not true, as a monthly supply of generic pills costs around 2 dollars (Bereczky, 2021). Also financing the treatment of HIV positive people cost significantly more for a state than supplying PrEP as a prevention method (Cambiano et al., 2018). However, still for many countries with underdeveloped and underfunded healthcare systems, funding the process is a key obstacle – but not the only one – in implementing this biomedical innovation (Cairns, 2021).

Then why is that in Eastern-European countries e.g. in Hungary it is nearly impossible to get PrEP prescribed? With my analysis I will try to find an answer to this question through describing which domestic attributes could serve as obstacles in the norm diffusion framework. My hypothesis – in accordance with the ECDC's guidelines – is that two main factors, (1) problems in the healthcare system, and (2) low support for LGBTQ+ rights are the main reasons behind this worrying phenomenon. Table no. 2 serves as a brief review of the correlation between these factors and PrEP implementation in EU28 countries.

The variables are operationalized as follows: to measure the development of member states' healthcare system, I used their health spending (share of GDP) of 2019 (OECD, s.a.), and life expectancy at birth in 2019 (OECD and European Observatory on Health Systems and Policies, 2021). The proxies for the political and social environment are the EU28 countries' gay marriage legal status of 2019 (Cairns, 2019) and the results of the Eurobarometer's 2019 study on LGBTQ+ rights support.

Country	Health spending, share of GDP	Life expectancy	Gay marriage legal status	Agreement that LGBTQ+ people should have equal rights	PrEP implementation status
Sweden	10,9	82,4	Legal	98%	Available
The Netherlands	10,2	81,5	Legal	97%	Available
Spain	9,1	82,4	Legal	91%	Available
United Kingdom	10,2	81,2	Legal	90%	Available
Denmark	10	81,6	Legal	89%	Available
Germany	11,7	81,1	Legal	88%	Available
Luxembourg	5,4	81,8	Legal	87%	Available
France	11,1	82,3	Legal	85%	Available
Belgium	10,7	80,9	Legal	84%	Available
Ireland	6,7	83,1	Legal	83%	Available
Finland	9,2	82,2	Legal	80%	Generics available
Portugal	9,5	81,1	Legal	78%	Available
Malta	~9	82,6	Legal	73%	Generics available
Austria	10,4	81,3	Civil union	70%	Generics available
Italy	8,7	82,4	Civil union	68%	Generics available
Greece	7,8	81,2	Civil union	64%	Ongoing research/Generics available
Slovenia	8,5	80,6	Civil union	64%	Ongoing research/Generics available
Cyprus	~7	82,3	Civil union	63%	Not formally implemented
Czech Republic	7,8	78,3	Civil union	57%	Generics available
Lithuania	7	75,1	Illegal	53%	Not formally implemented
Estonia	6,7	78,6	Civil union	53%	Not formally implemented
Poland	6,5	76,6	Illegal	49%	Generics available
Latvia	6,6	75,7	Illegal	49%	Not formally implemented
Hungary	6,4	75,7	Civil union	48%	Not formally implemented
Croatia	~7	77,8	Civil union	44%	Available
Bulgaria	~7,3	73,6	Illegal	39%	Not formally implemented
Romania	~5,6	74,2	Illegal	38%	Not formally implemented
Slovakia	~7	76,9	Illegal	31%	Not formally implemented

Table no. 2: Health spending, share of GDP (2019), Life expectancy (2019), Gay marriage legal status (2019), Agreement that LGBTQ+ people should have equal rights (2019), PrEP implementation status (2020) in EU28 countries (Own table)

Source: OECD, s.a.; OECD and European Observatory on Health Systems and Policies, 2021; France-Presse, 2019, Eurobarometer, 2019; Cairns, 2019

IV.1. Nation-states' healthcare system

Looking at Table no. 2, it is uncanny that PrEP programmes are successfully implemented in member states, where health expenditure, and life expectancy at birth are high.³ In 2019, Hungary spent 6,4% of the nation's GDP in healthcare, and in this year the life expectancy at birth was 75,7 years (OECD, s.a.; OECD and European Observatory on Health Systems and Policies, 2021). Both these indicators are under that year's average in the EU, as in 2019 the member states spent around 10% of their GDP in average, and the life expectancy at birth in the EU countries was 80,6 years (OECD European Observatory on Health Systems and Policies, 2021). In the 2021 Country Health Profile of Hungary (a monitoring report initiated by the Commission) we can find that besides dietary risks, tobacco and alcohol consumption are the leading drivers behind mortality rates, which is worrying, as the European Union has specific guidelines in reducing the abuse of these substances. The 2017 Country Health Profile of Hungary (OECD and European Observatory on Health Systems and Policies, 2017) specifically mention how worrying it is that newly registered HIV positivity cases grew drastically in the 2007-2017 period in the country, and especially in the 20–49-year-old generation.

It is importance to notice that PrEP implementation has been successful in countries where the healthcare system performs above or close to the EU average. We can see that in most cases of member states, where the health spending ratio falls beneath 7,5%, PrEP is not formally implemented and hardly accessible (with the exceptions of Luxembourg, Ireland, Poland and Croatia). This indicates that a developed, and well financed healthcare system is required in member states to be receptive to the EU's health policy guidelines. This is an important lesson for EU (health) policy governance in general: disparities between member states can be an obstacle to successful policy harmonization.

The 2021 Country Health Profile has also found that spending on preventive care as a proportion of total health spending has fallen over the last decade. We can see that even though according to the ECDC, implementing PrEP programmes does not come with extra costs for national health policymakers, (as prevention is actually cost-effective), a clear divide in PrEP implementation emerges between EU member states with highly financed and well performing healthcare system, and EU member states with healthcare system performing below the

³ In the table Luxembourg and Ireland seems to be exceptions, but it is important to note that according to the OECD an European Observatory on Health Systems and Policies's (2021) Country Health Profile these countries were amongst the greater spenders on healthcare.

European Union's average. This is plausible, since problems of staff shortages are widespread, and this may result in underpaid and overburdened healthcare personnel, who deprioritize or neglect vital prevention tasks, or do not have knowledge about medical innovations and state-of-the-art prevention techniques.

The situation concerning nation-states' health-care systems has issues on the demand side as well. In these states, including Hungary, HIV care is filled with stigmatism and discrimination (Takács et al., 2013). This is true in the case of PrEP as well, as the path to get the medication is rather shameful which can have a great influence on the demand for the medication. In Hungary, if someone decides that they want to get on PrEP, if they are lucky, they can go to one of the only discreet private HIV centers in Budapest and get the proper information and opportunities. In other cases, in the countryside, or in state-financed facilities, the situation is excruciating. The patient has to face stigma, indiscrete questions about their sexual behavior, filled with prejudicial assumptions that are rather inconvenient to answer for someone who only wants to secure their health through proper protection from a deadly virus. (Cseh, 2021; Miller et al., 2021)

Another issue in the Hungarian health care system focusing on HIV treatment or prevention, is that venereal caregivers are so controlled by and afraid of doctors of higher status who are dismissive or hostile towards LGBTQ+ rights that even though they have the license to prescribe PrEP, they tend to not do so (Bereczky, 2021). Also, the fact that Hungary's healthcare system is highly centralized (OECD European Observatory on Health Systems and Policies, 2021) and especially in HIV/AIDS treatment (Takács et al., 2013) further exacerbates this problem.

In conclusion, we can see that member states' healthcare systems' structural attributes play a key role in the implementation of the European Union's health policy guidelines. The life expectancy at birth and the spending in healthcare are two indicators which strongly correlate with how successful PrEP implementation has been in member states. Analyzing this situation through the norm diffusion framework, we can depict this scenario as the following: member states only take part in the norm diffusion of this health policy, if their domestic system is "stable" enough to welcome new innovation. In the special case of Hungary, we can also assume that the high corruption rates might have an effect on how unsuccessful was the implementation of this policy reform. Structural problems in the Hungarian healthcare also has its effect in

lower demand for the medication, and centralization poses as an obstacle for European health policy guideline adoption and implementation.

IV.2. The state of LGBTQ+ rights

The above discussion about the lack of a supportive, stigma-free environment already foreshadow that beyond the overall development of healthcare systems, the broader state of LGBTQ+ rights in a country also plays a role. LGBTQ+ policies correlate with the success of HIV prevention strategies. Policymaking against stigmatism and homophobia indicates acceptance in the nation-states' societies which directly lead to proper HIV prevention strategies (Brown et al., 2017). Many studies have found that in countries, where governance does not act against homophobia, and where anti-gay sentiments are available in lawmaking and policymaking it is much harder to build up effective HIV prevention strategies with modern methods such as PrEP (Brown et al., 2017; Takács et al., 2013). The PrEP implementation guideline of the ECDC (2021) also puts emphasis on the importance of a stigma-free environment, which can be achieved by proper policymaking, and can be suppressed by anti-gay lawmaking.

Suppressive policymaking and governance are present in Hungary, especially since the government took a rightist turn supplemented by Euroscepticism (CEU, 2014). In the last two years alone LGBTQ+ rights were seriously harmed several times e.g. during the spring of 2020 the government passed a law which basically abolished the legal recognition of transgender and intersex people, or with the adoption law the government made it impossible for same sex couples to adopt children (Angel, 2021; Euronews, 2020; Knight & Gall, 2020). Anti-gay lawmaking peaked in early 2021, as the Hungarian government banned any kind of representation of homosexuality or gender identity in marketing campaigns and made it impossible for teachers and NGOs to include such topics in the national sexual education campaigns (Euronews, 2021/a). These policies only feed the already present homophobia in Hungarian society (Bereczky, 2021) which serves as a huge barrier to setting a successful and proper HIV prevention strategy and thus implementing a modern biomedical invention such as PrEP (Brown et al., 2017).



Figure no. 2: Gay marriage in Europe

Source: France-Presse, 2019⁴

Looking at an important, symbolic LGBTQ+ policy, the legal status of gay marriage in different European countries compared with the implementation status of PrEP, we can conclude the following: legalization of gay marriage indicates proper PrEP accessibility while legalization of gay civil unions indicates accessibility to a certain extent. In most countries where gay marriage or any kind of civil union of same sex couples is illegal PrEP or any kind of generic versions are not accessible.

If we observe the LGBTQ+ rights situation in these countries from another perspective (Figure no.3), we find that countries with the highest level of opposition to LGBTQ+ rights are the ones where PrEP is not accessible (except for Poland, where generics are available). Table no. 2 above helps us see clearly that the legal status of gay marriage, and high acceptance of LGBTQ+ rights as basic human rights are correlated to PrEP accessibility in the EU28 countries.

⁴ In September 2021, Switzerland voted to legalize same-sex marriage by near two-thirds majority, thus gay marriage is going to be legal in the country as of July 2022. (Koltrowitz, 2021)

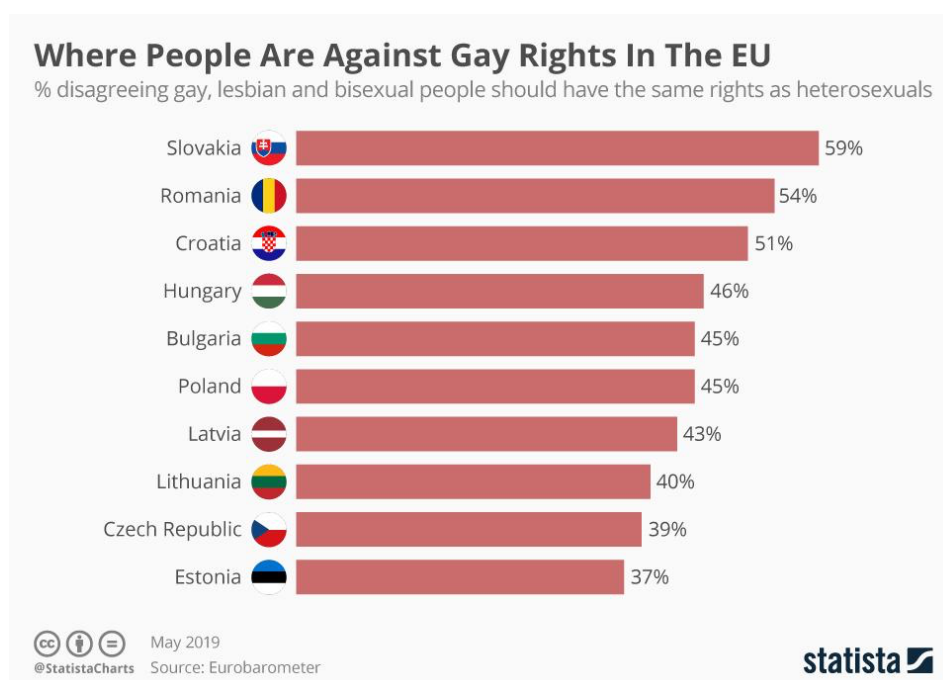


Figure no. 3: Where People Are Against Gay Rights In The EU

Source: McCarthy, 2019

But what are the roots of this situation? One might think that the growing economic influence of the Eurasian organizational field has a clear effect on Eastern countries' LGBTQ+ policies which affect these countries' HIV prevention strategies too. But the direction of this influence is not clear at all (Cseh, 2021). In the case of Hungary, the poor recognition of LGBTQ+ rights might be the product of growing Russian and Chinese influence, but the growing proportion of Russian and Chinese loans might be the result of the Euroscepticism already apparent in the country (Henley, 2020). This could also be due to the fact that while European loans come with accountability to the human rights situation and the rule of law, Eastern loans do not have such strings attached (Cseh, 2021). Nevertheless, this phenomenon has its origin in Hungarian society as well. For many years, homophobia had been a problem which was never dealt with properly. In the last few decades, the situation actually softened, but as of 2021, aversive homophobia⁵ is still present in Hungarian society. Aversive homophobia apparent in the constitution and the current government of Hungary basically serves as a base for approving

⁵ „Aversive racism is characterized by a conflict between the denial of personal prejudice and unconscious negative feelings and beliefs, which may be rooted in normal psychological processes (such as social categorization).” (Gaertner et al., 2005, p.377)

Using Gaertner's aversive racism framework we can construct the framework of aversive homophobia. In practice aversive homophobia is present in the following way: if one is asked if they would want to kill all gay men they would say no, but if they would be asked to live in the neighborhood of gay men they would also say no, which has the same social product (Bereczky, 2021)

anti-gay lawmaking, thus it also serves as a huge obstacle to proper HIV prevention strategies, henceforth, to PrEP implementations strategies too (Bereczky, 2021).

Applying the norm diffusion framework to the phenomenon that PrEP is only easily accessible in countries where LGBTQ+ rights are acknowledged properly, the following concept can be made up: in nation-states which do not wish to be the part of a LGBTQ+ friendly international hub e.g., Hungary (signaled by e.g., the anti-gay laws of 2020 and 2021), the norm diffusion of implementing PrEP is not successful.⁶

IV.3. Civil society

Beyond the two main explanatory factors, an additional role can be attributed to the state of LGBTQ+ advocacy in countries. As Joachim (2007) states, in the international arena non-governmental organizations (NGOs) have a significant role in norm diffusion: with agenda setting they can influence the public opinion and thus have an effect on domestic policy making. This influential work is crucial in the case of human rights and social issues e.g., health related topics such as HIV prevention methods (Joachim, 2007). In this specific case nation states' national LGBTQ+ organizations can influence domestic HIV prevention strategies through setting gay health on their agenda (Angel, 2021). Also, the 2021 PrEP implementation guidance of the ECDC specifically mentions the role of the civil society in demand creation and proper campaigning.

In Hungary, someone might find that the advocacy work of LGBTQ+ organizations are rather weak compared to e.g., the situation in Poland (Bereczky, 2021). What we can clearly state is that while in Poland such organizations clearly put PrEP implementation on their agendas (Pebody, 2019) in Hungary I could not really find any relevant advocacy work regarding this issue. Hungarian LGBTQ+ organizations focus on annual Pride (Bereczky, 2021) and anti-gay lawmaking (Angel, 2021) – however it should be mentioned that the most famous Hungarian LGBTQ+ NGO, Háttér Társaság has a programme for LGBTQ+ health (Hattér Társaság, 2022). The effect of this difference shows result in the situation of PrEP implementation. While in neither of these countries is the medication fully implemented, on the one hand, in Poland generic versions are sort of accessible (Pebody, 2019). On the other hand, in Hungary PrEP is

⁶ Further research could help find answers in the history of Hungarian LGBTQ+ rights and find out whether giving an international institution strong licenses could solve domestic interdependent problems.

not at all formally implemented (Cairns, 2021). The political similarity of these two countries is uncanny: autocratic governance, growing homophobia and worrying Euroscepticism.

The Hungarian civil society is facing a hard time as the current administration is significantly cutting the sector's finances, and publicly campaigns against human rights NGOs, especially if they are transnational or are supported from abroad. This has a strong effect on LGBTQ+ organizations too, which can have two devastating results: proper advocacy is only present in big cities, mainly in the capital, and with reduced budgets these organizations can only focus on the select issues, such as anti-gay and anti-transgender policies. (Cseh, 2021; Freedom House, 2021)

We can insert the NGO's agenda setting power into the norm diffusion framework: they work as a channel between international organizations and nation-states. In this specific case Hungarian LGBTQ+ organizations could help implementing European gay health guidelines – through agenda setting and creating demand – but mainly due to financial constraints they are not able to do so. This worrying obstacle can also be conceptualized as the part of the Hungarian government's Euroscepticism as cutting the budget of these organizations is not a behavior that is accepted and legitimized in the European international hub, but rather resembles the anti-democratic law- and policymaking of another international hub, the Eurasian organizational field.

On the other hand, parts of civil society such as church groups can exert lobbying power in the opposite direction. A quick look at two countries with strong Catholic traditions can be insightful here: if we look at the map of Figure no. 2 and Table no. 2, we find that in same sex marriage is legal in Ireland, while in Italy only civil union is legalized. A research conducted by Knill and Preidel (2015) have found that this phenomenon can be led back to the influence of the Catholic Church in the countries' domestic political arena. While in Ireland church attendance rates are much higher than in Italy (indicating that the Irish are more religious than the Italians), in the former case the Catholic Church do not have any institutionalized lobby power in the country's political arena resulting in successful progressive lawmaking, such as legalizing same sex marriage. In Italy the presence of the Vatican's power, as the presence of Catholic parties served as obstacles in sufficient progressive law-making. Similarities to the Italian case can be spotted in Hungary. Since the rightist turn in 2010 the Christian Democratic People's Party (KDNP) is one of the ruling parties. Homophobic sentiments in current years' policymaking seems to resemble a huge turn in morality politics. Henceforth we can also

assume that the strong political power of the Christian Church also had its effect in the current unfavorable situation for LGBTQ+ people in Hungary.

IV.4. The influence of norms contestation from Russia

As it is discussed above, the influence of the Eurasian organizational field is hard to measure, however we cannot ignore the influence of Russia. Looking at the result of the Globsec's 2020 opinion poll, we can see that out of the Eastern-European countries, Hungary is one of the few countries thinks that strategic partnership with Russia is significant.

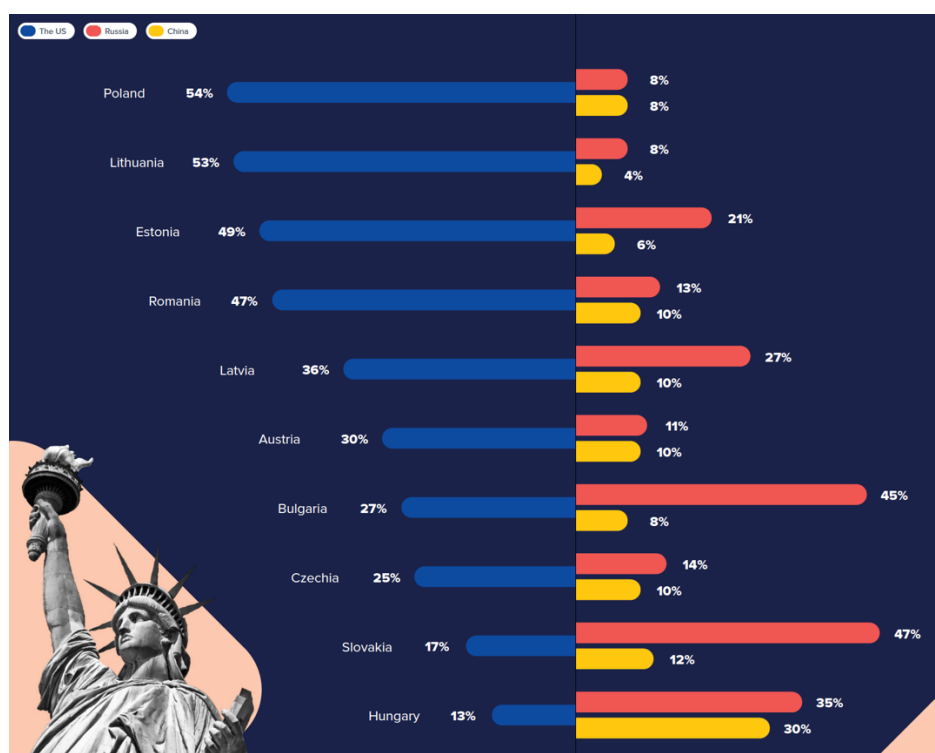


Figure no. 4: Superpowers – Strategic partners: Which of the following countries are the most important strategic partners of your country today?

Source: Globsec, 2020

In the Hungarian case it is more significant than one might think at the first glance, as the 2021 laws passed by the Hungarian government regarding especially the family protection law, introduced in the early summer of 2021, seem to resemble the 2013 Russian family protection laws (Chandler, 2021), as both connect homosexuality to pedophilia, and both puts the concept of gender in the same narrative, as it is dangerous for children to learn and know about.

The 2013 Russian family protection laws arose after the legitimization of gay marriage in certain Western European countries as Putin's response to the norms spreading in the European

political arena (Verpoest, 2017). The laws had effects on the society of Russia, which are troublesome: both verbal and physical abuse towards LGBTQ people grew significantly in the country (despite the fact, that the country decriminalized homosexual relationships two decades earlier) as did general discrimination (Chandler, 2021). These bills passed incredibly fast in the Russian Federation's government (Chandler, 2021), as they did in the Hungarian Parliament as well.

To furthermore prove that the family protection laws introduced in the Hungarian Parliament in the early summer of 2021 were a clear evidence of norm diffusion of the Eurasian organizational field, we should study the communication on the LGBTQ+ matters of both Hungary and the field's hegemon, Russia. The representatives of the Russian administration spoke clearly against the recognition of LGBTQ+ rights as basic human rights, depicting themselves as being in the position of the defender of true, conservative European values, e.g., the "hetero-normative" family model (Casier, 2021). The representatives of the Hungarian government used the same narrative, both while protecting the bill in international platforms, such as the European Parliament, and in the domestic political communication, setting it as the agenda of the protection of core Hungarian family values in various media campaigns.

Using the method of discourse analysis, we can find clear evidence that Hungarian representatives used the same narrative as the Russian representatives to defend the anti-gay law:

"This law is not against any community in Hungary, [...] This law is against all the paedophiles so this law makes it very clear that the children must be protected and that's why this law makes it very clear that pedophile crimes must be punished in a very, very serious way."

"On the other hand, the law protects the children in a way that it makes it an exclusive right of the parents to educate their kids regarding sexual orientation until the age of 18. So this law doesn't say anything about sexual orientation of adults..." (Euronews, 2021/b).

These words were the defensive argument of the anti-gay laws by Péter Szijjártó, Hungary's Foreign Affairs Minister. It is important to see that Szijjártó highlighted that these laws were passed as a protective act of children from pedophiles. It is an act of linking pedophilia to homosexuality, which was a common practice of the Russian representatives while creating a

narrative for their 2013 similar anti-gay laws (Chandler, 2021). Another interesting fact to take into consideration, is the way Szijjártó states that this law is a protection of the children, which narrative was also present in the communication of Russia.

“The question concerned the ban on promoting homosexuality among minors. To my mind, there is nothing undemocratic about this legal act. Personally, I think that children should be left alone, they should be given an opportunity to grow up, to become aware of themselves and decide themselves who they are: men or women, if they want to have a traditional or homosexual marriage. I do not see here any infringement on gay rights.”
(President of Russia, 2015).

This was Vladimir Putin’s argument in favor of the 2013 homophobic laws. It is important to notice how the president framed this law as the “protection of children”, and how he highlighted that this law has no intention to abuse the rights of any minority. This usage of this narrative is a common practice of the Hungarian administration. Analyzing their statements gives us another proof that these laws were a successful norm import from the Russian Federation, as the latter’s representatives used the same narrative during discussions in the international arena (Chandler, 2021).

As Casier (2021) stated, Russia’s norm diffusion cannot be measured through international agreements, but it can be recognized e.g., as the exportation of its common practice of allowing policies with un-democratic values. As we should recognize linking homophobia to pedophilia is a direct abuse of basic human rights (Chandler, 2021), we can conclude that the 2021 family protection laws of Hungary is a successful example for this norm exportation of the Russian Federation. The uncanny similarity between Russia’s and Hungary’s communication on their anti-gay laws further highlights the success of the norm diffusion. Hungary’s receptiveness for Russian norm importation could be further stressed if we take the fact into consideration that while all across Europe, sentiments towards Russia declined throughout the last years (Globsec, 2021; Huang, 2020), the Hungarian case is the exact opposite, as the Globsec’s 2021 opinion poll shows us that the Hungarian responders find Russia a strategic partner the most in the Eastern-European region.

V. Statistical analysis of results

After analyzing the many aspects of the PrEP implementation status in the European Union, we can see that this problem has its roots in many different fields: healthcare, LGBTQ+ rights, the civil society and, also this phenomenon has an international dimension. We can see that underdeveloped healthcare, poor acknowledgment of LGBTQ+ rights and obstacles in the civil society all indicate lower accessibility of the biomedical innovation in member states. We ought to find out, out of these variables which have the most significant effect on PrEP implementation.

For the statistical analysis, I assigned numerical values for PrEP implementation outcomes: 0 for non-implementation, 3 for partial implementation and 5 for total implementation. These codes indicate that non-implementation to partial implementation is a bigger jump than partial implementation to full implementation. First, I calculated the correlation between the variables, which is the simplest way to predict any relations between the variables. Second, I used the method of Ordinary Least Squares (OLS) which is the simplest and most straightforward modelling method to see how exactly changes in the independent variables affect the outcome, that is the implementation of the policy (based on Wooldridge, 2015). Then, as the dependent variable I sought to analyze is ordinal, I also used the method of multinomial logistic regression to get the probability of the success of the PrEP implementation dependent on the other variables (based on Wooldridge, 2015).

Correlation matrix

	Y	X1	X2
Y	1.000000	0.709877	0.809751
X1	0.709877	1.000000	0.835214
X2	0.809751	0.835214	1.000000

Table no. 3: Correlation matrix of the variables life expectancy (X1), support for LGBTQ+ rights (X2) and PrEP implementation (Y) in EU28 countries. (Own table)

Source: OECD and European Observatory on Health Systems and Policies, 2021; Eurobarometer, 2019; Cairns, 2019

Correlation matrix

	Y	X1	X2	X3
Y	1.000000	0.881190	0.917648	-0.607147
X1	0.881190	1.000000	0.852230	-0.475129
X2	0.917648	0.852230	1.000000	-0.706944
X3	-0.607147	-0.475129	-0.706944	1.000000

Table no. 4: Correlation matrix of the variables life expectancy (X1), support for LGBTQ+ rights (X2), favorable opinion about Russia (X3) and PrEP implementation (Y) in the countries of the Globsec study (2021). (Own table)

Source: OECD and European Observatory on Health Systems and Policies, 2021; Eurobarometer, 2019; Globsec, 2021; Cairns, 2019

The correlation between life expectancy, support for LGBTQ+ rights, favorable opinion of Russia and PrEP implementation status is uncanny. Out of these variables the strongest correlation is between the dependent variable and support for LGBTQ+ rights, 80,98% if EU28 countries are considered, 91,77% if the countries of the 2020 Globsec research are considered. The lowest correlation is between is between favorable opinion of Russia and the dependent variable, -60,72%. The correlation between life expectancy and the dependent variable is 70,98% (if the EU28 countries are considered). Therefore, we can see that relation is present between the variables. (The correlation matrices of the variables are to be found in the Appendix of the paper).

OLS regression

VARIABLES	(1)	(2)	(3)	(4)
Healthcare spending	0.1086 (0.1929)			0.7234*** (0.1785)
Life expectancy		0.0801 (0.1531)		
Support for LGBTQ+ rights	0.0797*** (0.0178)	0.07691*** (0.0228)	0.0869*** (0.0123)	
Constant	-3.35448*** (1.1608)	-8.6424 (10.9544)	-2.9335*** (0.8762)	-3.04549 (1.525611)
Observations	28	28	28	28
Adjusted R-squared	0.633	0.632	0.642	0.363

Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table no. 5: OLS regression of the variables (Own table)

Source: OECD, s.a.; OECD and European Observatory on Health Systems and Policies, 2021; Eurobarometer, 2019; Cairns, 2021⁷

Using the method of OLS regression, we can see that if both healthcare-related variable and the support for LGBTQ+ rights variable are included, only the latter remains significant. However, if the variables are included alone, the third model (Support for LGBTQ+ rights) produces a much better model fit, as the adjusted R-squared is highest in this case. Using this method, we can find that there is a positive correlation between support for LGBTQ+ rights and PrEP implementation, as according to the third model, if the former increases by one unit, the success of PrEP implementation increases by 8,7%. This further stresses the importance of reducing discrimination and creating a stigma-free community in HIV prevention, which is one of, if not the most important of the principles of the ECDC's (2020) PrEP implementation guideline.

⁷ Calculations done with Statistics Kingdom (2017) Multiple regression calculator

Multinomial logistic regression

VARIABLES	0 related to 5		3 related to 5	
	β coefficient	odds ratio	β coefficient	odds ratio
Healthcare spending	-1.4253 (1.1445)	0.2404	0.3105 (0.5056)	1.364
Support for LGBTQ+ rights	-0.2119*** (0.07625)	0.8091	-0.1451*** (0.06517)	0.865
Constant	23.9666*** 9.898		7.7948 (4.3987)	
Observations	28		28	
Cox-Snell	0.6524		0.6524	
R-squared				

Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table no. 6: Multinomial logistic regression of the variables (Own table)

Source: OECD, s.a.; Eurobarometer, 2019; Cairns, 2021⁸

As the dependent variable is not continuous but ordinal, it is important to use a logit model as well. The multinomial logistic regression of healthcare spending and support for LGBTQ+ rights (the variables that have the strongest correlation with the implementation status) shows that support for gay rights is the significant predictor – supporting the results of the previous modelling technique. We can see that as one unit increase in this variable decreases the odds of non-implementation (0) in comparison to full implementation (5) by 19,09%.

In conclusion, we can see that with statistical analysis, the original hypothesis, and the findings of the paper can be supported. Using different analytical methods, it can be proved that a supportive domestic political arena for LGBTQ+ rights is the most significant predictor for successful PrEP implementation strategies, but the effect of the status of the member states' healthcare system of European health policy guideline receptiveness is also worth to mention. These findings are also supporting the principles of the ECDC's (2020) PrEP implementation guidance, and especially the quality standards for pre-PrEP programmes. However, it is important to note that the sample is small, as it only involves the EU28 countries, and the international context of these policies also can cause certain anomalies.

⁸ Calculations done with Statistics Kingdom (2017) Multinomial logistic regression calculator

VI. Conclusion

Proper HIV and AIDS treatments were held up for decades, and now that an efficient prevention method, PrEP is available, the world is facing a similar issue once again. While rich democracies provide their patients with the drugs, supplies in the most part of the third world and in Eastern Europe, where HIV infection rates are significantly higher, are not accessible. In my paper I sought answers with the norm diffusion framework of constructivist International Relations theories to why PrEP is nearly unreachable in Eastern-European countries, focusing on the Hungarian case, focusing on the principles of the ECDC's (2021) PrEP implementation guideline.

In Hungary one of the main reasons was that LGBTQ+ rights are highly abused, especially since the nation took a rightist turn in 2010 (CEU, 2014) thus separation from an international community in which implementing PrEP is trivial. Another rather complex reason is to be found in the Hungarian healthcare system. Underdevelopment and low finance of the country's healthcare serves as a huge obstacle to implementing biomedical inventions, and in the European context, corruption makes it even harder to implement the guidelines of the European Union. Venereal caregivers do not prescribe PrEP out of fear of homophobic or ignorant doctors of higher status. Nevertheless, the path in Hungary to get the medication prescribed is full of prejudice and homophobia which makes it hard for one to start the medical process. The last reason in the Hungarian case is that the nation's LGBTQ+ organizations did not place the issue of PrEP on their agenda thus proper civil attention was never present which could pressure the government to move the process of implementation forward. This could be led back to the short cutting of civil societies' funding which is present since the rightist turn. The statistical analysis of the results further proves the relation between the variables.

The situation can be optimized by two ways: either by giving more license to the European Union in health-care system policies or providing stronger support to the civil society. While the first would solve the problem by making European norm diffusion (which in this case is PrEP implementation) obligatory, the latter would serve as an advocacy basis, raising proper awareness in the populace of nation states where the problem of accessibility needs to be solved.

VII. Bibliography

Angel, M. (2021). *PrEP accessibility in the European Union (online interview of Dániel Kinál)*. 12 May, 2021.

Ayoub, P. M. (2015). *Contested norms in new-adopter states: International determinants of LGBT rights legislation*. *European Journal of International Relations*, 21(2), 293-322. Retrieved on 18 April, 2022 from <https://journals.sagepub.com/doi/full/10.1177/1354066114543335>.

Baylis, J. (2020). *Globalization of World Politics : An Introduction to International Relations*. Oxford University Press.

Bereczky, T. (2021). *PrEP accessibility in the European Union (online interview of Dániel Kinál)*. 26 April, 2021.

Brooks, E., de Ruijter, A., & Greer, S. L. (2020). *COVID-19 and European Union health policy: From crisis to collective action*. *Social Policy in the European Union: state of play*, 33-52.

Brown, G., Leonard, W., Lyons, A., Power, J., Sander, D., McColl, W., ... & Carman, M. (2017). *Stigma, gay men and biomedical prevention: the challenges and opportunities of a rapidly changing HIV prevention landscape*. *Sexual Health*, 14(1), 111-118. Retrieved on 23 May, 2021 from <https://www.publish.csiro.au/sh/pdf/SH16052>.

Cairns, G. (2016). *Cost is biggest barrier to PrEP in Europe, ECDC report declares*. Aidsmap. Retrieved on May 23, 2021 from <https://www.aidsmap.com/news/jun-2016/cost-biggest-barrier-prep-europe-ecdc-report-declares>.

Cairns, G. (2021). *European PrEP programmes face two big issues: how to get more people coming forward, and how to serve them if they do*. Aidsmap. Retrieved on 23 May 2021 from <https://www.aidsmap.com/news/jan-2021/european-prep-programmes-face-two-big-issues-how-get-more-people-coming-forward-and>.

Cambiano, V., Miners, A., Dunn, D., McCormack, S., Ong, K. J., Gill, O. N., ... & Phillips, A. N. (2018). *Cost-effectiveness of pre-exposure prophylaxis for HIV prevention in men who have sex with men in the UK: a modelling study and health economic evaluation*. *The Lancet Infectious Diseases*, 18(1), 85-94. Retrieved on 23 May, 2021 from [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30540-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30540-6/fulltext).

Casier, T. (2021). *Russia and the diffusion of political norms: the perfect rival?*. Democratization, 1-18. Retrieved on 15 March, 2022 from <https://www.tandfonline.com/doi/full/10.1080/13510347.2021.1928078>.

CDC. (s.a.). *Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV*. Retrieved on 23 May 2021 from https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html#anchor_1562942347

CEU. (2014). *Tracing the Hungarian LGBT Movement*. Retrieved on 23 May, 2021 from <https://www.ceu.edu/article/2014-01-28/tracing-hungarian-lgbt-movement>.

Chandler, A. (2021). *Russia's laws on 'non-traditional' relationships as response to global norm diffusion*. The International Journal of Human Rights, 25(4), 616-638. Retrieved on 15 March, 2022 from <https://www.tandfonline.com/doi/full/10.1080/13642987.2020.1789106>.

Cseh, K. (2021). *PrEP accessibility in the European Union (online interview of Dániel Kinál)*. 12 May, 2021.

Csáky, Zs. (2014). *Despite shifts in public opinion, there is still an 'east-west divide' on LGBT rights in Europe*. EUROPP. Retrieved on 18 April, 2022 from <https://blogs.lse.ac.uk/euoppblog/2014/09/16/despite-shifts-in-public-opinion-there-is-still-an-east-west-divide-on-lgbt-rights-in-europe/>.

ECDC. (2021). *HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: Implementation, Standards and Monitoring Operational Guidance*. Retrieved on 12 April, 2022 from <https://www.ecdc.europa.eu/sites/default/files/documents/HIV-Pre-Exposure-Prophylaxis-in-the-EU-EEA-UK.pdf>.

Eurobarometer. (2019). *Perception of minorities in the EU: LGBTI people*. Retrieved on 20 March, 2022 from https://ec.europa.eu/info/sites/default/files/infographics_2019_lgbti_final.pdf.

Euronews. (2020). *Hungarian parliament adopts anti-LGBT laws including de facto ban on adoption by same-sex couples*. Retrieved on 23 May, 2021 from <https://www.euronews.com/2020/12/15/hungarian-parliament-adopts-anti-lgbt-laws-including-de-facto-ban-on-adoption-by-same-sex->.

Euronews. (2021/a). *MPs in Hungary back ban on sharing content with children that promote homosexuality*. Retrieved on 30 March, 2022 from <https://www.euronews.com/2021/06/15/mps-in-hungary-back-ban-on-sharing-content-with-children-that-promotes-homosexuality>.

Euronews. (2021/b). *Sixteen EU countries denounce Hungary's new anti-LGBT law*. Retrieved on 6 April, 2022 from <https://www.euronews.com/my-europe/2021/06/22/thirteen-eu-countries-denounce-hungary-s-new-anti-lgbt-law>.

European Commission. (2021). *EU founding values: Commission starts legal action against Hungary and Poland for violations of fundamental rights of LGBTIQ people*. Retrieved on 15 April, 2022 from https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3668.

France-Presse, A. (2019). *Gay marriage is legal in 28 countries*. edn HUB. Retrieved on 23 May, 2021 from <https://ednh.news/gay-marriage-legal-in-28-countries/>.

Freedom House. (2021). *Hungary: Freedom in the World 2021*. Retrieved on 18 April, 2022 from <https://freedomhouse.org/country/hungary/freedom-world/2021>.

Gaertner, S. L., Dovidio, J. F., Nier, J., Hodson, G., & Houlette, M. A. (2005). *Aversive racism: Bias without intention*. In *Handbook of employment discrimination research* (pp. 377-393). Springer, Dordrecht. Retrieved on 23 May, 2021 from https://link.springer.com/chapter/10.1007/978-0-387-09467-0_19.

Gilardi, F. (2012). *Transnational diffusion: Norms, ideas, and policies*. *Handbook of international relations*, 2, 453-477.

Globsec. (2021). *Globsec Trends 2021*. Retrieved on 17 April, 2022 from https://www.globsec.org/wp-content/uploads/2021/06/GLOBSEC-Trends-2021_final.pdf.

Háttér Társaság. (2022). *Tevékenységünk*. Retrieved on 16 April, 2022 from <https://hatter.hu/tevekenysegunk>.

Henley, Jon. (2020). *Support for Eurosceptic parties doubles in two decades across EU*. *The Guardian*. Retrieved on 23 May, 2021 from <https://www.theguardian.com/world/2020/mar/02/support-for-eurosceptic-parties-doubles-two-decades-across-eu>.

HIV Point. (2021). *PrEP is now free in Finland!* Retrieved on 12 April, 2022 from <https://hivpoint.fi/en/general/prep-is-now-free-in-finland/>.

Hodson, D., & Maher, I. (2004). *Soft law and sanctions: economic policy co-ordination and reform of the Stability and Growth Pact*. Journal of European Public Policy, 11(5), 798-813. Retrieved on 16 April, 2022 from <https://www.tandfonline.com/doi/abs/10.1080/1350176042000273540?journalCode=rjpp20>.

Holzinger, K., & Knill, C. (2005). Causes and conditions of cross-national policy convergence. Journal of European public policy, 12(5), 775-796. Retrieved on 16 April, 2022 from <https://www.tandfonline.com/doi/abs/10.1080/13501760500161357?journalCode=rjpp20>.

Hooghe, L., & Marks, G. (2020). *A postfunctionalist theory of multilevel governance*. The British Journal of Politics and International Relations, 22(4), 820-826. Retrieved on 16 April, 2022 from <https://garymarks.web.unc.edu/wp-content/uploads/sites/13018/2020/11/hooghe-marks-2020-A-postfunctionalist-theory-of-multilevel-governance-final.pdf>.

Huang, C. (2020). *Views of Russia and Putin remain negative across 14 nations*. Pew Research Center. Retrieved on 16 April, 2022 from <https://www.pewresearch.org/fact-tank/2020/12/16/views-of-russia-and-putin-remain-negative-across-14-nations/>.

Joachim, J. (2007). *Agenda Setting, the UN, and NGOs: Gender Violence and Reproductive Rights*. WASHINGTON, D.C.: Georgetown University Press. Retrieved May 23, 2021, from <http://www.jstor.org/stable/j.ctt2tt5f5>.

Knight, K., & Gall, L. (2020). *Hungary Ends Legal Recognition for Transgender and Intersex People*. Human Rights Watch. Retrieved on 23 May, 2021 from <https://www.hrw.org/news/2020/05/21/hungary-ends-legal-recognition-transgender-and-intersex-people>.

Knill, C., & Preidel, C. (2015). Institutional opportunity structures and the Catholic Church: explaining variation in the regulation of same-sex partnerships in Ireland and Italy. Journal of European Public Policy, 22(3), 374-390. Retrieved on 1 April, 2022 from <https://www.tandfonline.com/doi/abs/10.1080/13501763.2014.951066>.

Koltrowitz, S. (2021). *Switzerland votes to make same-sex marriage legal by near two-thirds majority*. Reuters. Retrieved on 6 April, 2022 from

<https://www.reuters.com/world/europe/swiss-vote-allowing-same-sex-marriage-referendum-2021-09-26/>.

McCarthy, N. (2019). *Where People Are Against Gay Rights In The EU*. Statista. Retrieved on 23 May 2021 from <https://www.statista.com/chart/19500/gay-rights/>.

Miller, R. L., Rutledge, J., & Ayala, G. (2021). *Breaking Down Barriers to HIV Care for Gay and Bisexual Men and Transgender Women: The Advocacy and Other Community Tactics (ACT) Project*. *AIDS and Behavior*, 1-17. Retrieved on 23 May, 2021 from <https://link.springer.com/article/10.1007/s10461-021-03216-w>.

OECD. (s.a.). *Health expenditure and financing*. Retrieved on 13 April, 2022 from <https://stats.oecd.org/Index.aspx?ThemeTreeId=9#>.

OECD and European Observatory on Health Systems and Policies. (2017). *Hungary: Country Health Profile 2017; State of Health in the EU*. OECD Publishing: Paris; European Observatory on Health Systems and Policies: Brussels, Belgium. Retrieved on 12 April, 2022 from https://ec.europa.eu/health/system/files/2017-12/chp_hu_english_0.pdf.

OECD and European Observatory on Health Systems and Policies. (2021). *Hungary: Country Health Profile 2021; State of Health in the EU*. OECD Publishing: Paris; European Observatory on Health Systems and Policies: Brussels, Belgium. Retrieved on 12 April, 2022 from https://ec.europa.eu/health/system/files/2021-12/2021_chp_hu_english.pdf.

Pebody, R. (2019). *Polish PrEP activists creating services and building demand in a difficult environment*. Aidsmap. Retrieved on May 23, 2021 from <https://www.aidsmap.com/news/nov-2019/polish-prep-activists-creating-services-and-building-demand-difficult-environment>.

President of Russia. (2015). *Interview to American TV channel CBS and PBS*. Retrieved on 13 April, 2022 from <http://en.kremlin.ru/events/president/news/50380>.

Statistic Kingdom. (2017). Multinomial logistic regression calculator. Retrieved on 18 April, 2022 from https://www.statskingdom.com/430logistic_regression.html.

Statistic Kingdom. (2017). Multiple regression calculator. Retrieved on 18 April, 2022 from https://www.statskingdom.com/410multi_linear_regression.html.

Takács, J., Kelly, J. A., PTóth, T., Mocsonaki, L., & Amirkhanian, Y. A. (2013). Effects of stigmatization on gay men living with HIV/AIDS in a Central-Eastern European context: a qualitative analysis from Hungary. *Sexuality Research and Social Policy*, 10(1), 24-34. Retrieved on 12 April, 2022 from <https://link.springer.com/article/10.1007/s13178-012-0102-5>.

Transparency International. (2020). *CPI 2019: Western Europe & European Union*. Retrieved on 23 May, 2021 from <https://www.hrw.org/news/2020/05/21/hungary-ends-legal-recognition-transgender-and-intersex-people>.

Unaid. (s.a.). *Global HIV & AIDS statistics — 2020 fact sheet*. Retrieved on 23 May, 2021 from <https://www.unaids.org/en/resources/fact-sheet#:~:text=GLOBAL%20HIV%20STATISTICS,infected%20with%20HIV%20in%202019>.

Verpoest, L. (2017). *The End of Rhetorics: LGBT policies in Russia and the European Union*. *Studia Diplomatica*, 68(4), 3-20. Retrieved on 15 March, 2022 from https://www.jstor.org/stable/26531664?seq=1#metadata_info_tab_contents.

Wooldridge, J. M. (2015). *Introductory econometrics: A modern approach*. Cengage learning. Retrieved on 18 April, 2022 from https://books.google.fr/books?hl=en&lr=&id=wUF4BwAAQBAJ&oi=fnd&pg=PR3&dq=Wooldridge%3B+limited+dependent+variables,+Chapter+17&ots=cAVxZFngr&sig=ccGjFSf9Za1ob1UFDj6yDwrjo8A&redir_esc=y#v=onepage&q=Wooldridge%3B%20limited%20dependent%20variables%2C%20Chapter%2017&f=false.

VIII. Appendix

Interview questions for MEP Marc Angel (Zoom, May 12, 2021)

1. Looking at the European Centre for Disease Control's map on the implementation of PrEP programmes, a visible divide emerges: PrEP implementation is less successful in Eastern member states. In your views, what could be the reasons for this divide?
2. What, in your opinion, are the implications of this accessibility gap from the perspective of LGBT rights in the EU, but also the perspective of the EU's overall strategy against HIV?
3. Do you think that (non-mandatory) EU health guidelines (like those of the ECDC) could be an efficient tool to tackle the gap? Could EU efforts in response to the COVID pandemic (like the creation of a 'health union') have a positive impact to tackle the gap?
4. What is the role of LGBTQ+ organizations in this matter? Is it a result of advocacy that in Poland, which is less LGBTQ+ friendly than Hungary, PrEP is more easily accessible than in the latter?

Interview questions for MEP Katalin Cseh (Google Meets, May 12, 2021)

1. Looking at the European Centre for Disease Control's map on the implementation of PrEP programmes, a visible divide emerges: PrEP implementation is less successful in Eastern member states. In your views, what could be the reasons for this divide?
2. What, in your opinion, are the implications of this accessibility gap from the perspective of LGBT rights in the EU, but also the perspective of the EU's overall strategy against HIV?
3. Do you think that (non-mandatory) EU health guidelines (like those of the ECDC) could be an efficient tool to tackle the gap? Could EU efforts in response to the COVID pandemic (like the creation of a 'health union') have a positive impact to tackle the gap?
4. What is the role of LGBTQ+ organizations in this matter? Is it a result of advocacy that in Poland, which is less LGBTQ+ friendly than Hungary, PrEP is more easily accessible than in the latter?
5. What is the Hungarian process like, if someone decides to get PrEP?

Interview questions for Tamás Bereczky, sociologist, exmember of European AIDS Treatment Group (Zoom, 26 April, 2021)

1. What are the key moments in the history of PrEP?
2. Where proper PrEP strategies were implemented, what effects can be recognised?

3. Looking at the European Centre for Disease Control's map on the implementation of PrEP programmes, a visible divide emerges: PrEP implementation is less successful in Eastern member states. In your views, what could be the reasons for this divide?