Claremont-UC Undergraduate Research Conference on the European Union

Volume 2024 Article 5

10-11-2024

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Recommended Citation

Burkart, Jon (2024) "The Price of Prevention: Spain and Italy's Approach to National PrEP," *Claremont-UC Undergraduate Research Conference on the European Union*: Vol. 2024, Article 5. DOI: 10.5642/urceu.NQPN8414
Available at: https://scholarship.claremont.edu/urceu/vol2024/iss1/5

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Cover Page Footnote

This paper was composed as part of successful completion of Professor Erica Dobb's Comparative Social Policy course at Pomona College. I am greatly indebted to Erica for her abundant critiques, and even more abundant support.

This chapter is available in Claremont-UC Undergraduate Research Conference on the European Union: https://scholarship.claremont.edu/urceu/vol2024/iss1/5

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The Price of Prevention: Spain and Italy's Approach to National PrEP

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Abstract

While recent advancements in antiretroviral therapy (ART) continue to improve the outlook for people living with HIV (PLHIV), new infections remain a concern for health authorities around the world. A clinically proven intervention holds the potential to dramatically reduce new infections: Pre-exposure prophylaxis (PrEP) is a once-daily pill for high-risk populations, including men who have sex with men (MSM), that substantially reduces HIV infection risk. However—much like rates of new infection—public provision of PrEP varies considerably among OECD countries. This case study thus seeks to answer the question: What might explain the disparate timeline of adopting public reimbursement for PrEP in Spain and Italy? Through the cases of Italy and Spain, I find that a combination of institutions, culture, interest group organization, framing, and leadership help us to understand why Spain approved PrEP reimbursement considerably sooner than Italy.

Keywords

PrEP, HIV, Italy, Spain, healthcare

Acknowledgements

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1. Introduction

In 2022, the World Health Organization (WHO) estimated that nearly 39 million people globally are living with the Human Immunodeficiency Virus (HIV) (World Health Organization, n.d.). While recent advancements in antiretroviral therapy (ART) continue to improve the outlook for people living with HIV (PLHIV), rates of new infections remain a concern for health authorities around the world. Yet a clinically proven intervention holds the potential to dramatically reduce new infections: Pre-exposure prophylaxis (PrEP) is a once-daily pill for high-risk populations, including men who have sex with men (MSM) and injection drug users, that substantially reduces their risk of HIV infection. However—much like rates of new infection—public provision of PrEP varies considerably among OECD countries. This case study thus seeks to answer the question: What might explain the disparate timeline of adopting public reimbursement for PrEP in Spain and Italy?

Viruses do not discriminate, and HIV is no exception. However, its impacts disproportionately fall on specific populations in specific places. An effective HIV-prevention program requires a concerted multilateral effort. The European Union typified this approach in their 2015 approval and recommendation of PrEP as a tool to combat the HIV epidemic. Yet implementation by member states remains lackluster—scholars estimate that more than 500,000 MSM who would be likely to use PrEP cannot access the medication (Hayes et al., 2019). As the international community looks toward a future absent new HIV infection, it is imperative to build a framework that may explain the disparate implementation of PrEP reimbursement programs. Through the cases of Italy and Spain, I find that a combination of institutions, culture, interest group organization, framing, and leadership help us to understand just why Spain approved PrEP reimbursement considerably sooner than Italy.

2. The cases

2.1. Spain

In 2019, the Spanish National Health Service (*Sistema Nacional de Salud* or SNS) enacted universal PrEP coverage. The SNS added generic PrEP to its "Common Services Portfolio" after a concerted effort by the Spanish Socialist Workers' Party, the Ministry of Health, and the input of several social groups (Europa Press, 2019). To access PrEP, prospective patients can either visit a specialized HIV clinic or a community-based clinic (ECDC, 2021), the latter of which predominate in urban settings like Barcelona and Madrid. Given Spain's regional decentralization, implementation of SNS policies is placed squarely on her autonomous regions (Fierlbeck & Palley, 2016). These regions can decide how much, or how little, to devote to implementation: in Catalonia, this means allocating €840,000 of their annual government outlays to PrEP (ACN, 2019). This can lead to disparate PrEP access, both in early "pilot programs" (Iniesta et al., 2021) and in final implementation.

2.2. Italy

On the other hand, Italy only approved a national PrEP reimbursement program in March 2023. Following the U.S. FDA's approval in 2012, the European Centre for Disease Prevention and Control (ECDC) recommended member state integrate PrEP into their HIV prevention policies (ECDC, 2023). Italy responded in 2017 by approving medical use of PrEP for high-risk populations, prescribed through an infectious disease specialist (Nozza et al., 2022). For six years, PrEP existed in a state of permissibility, but not accessibility: Italian policy required that individuals wishing to initiate PrEP seek a prescription from an in-

fectious disease doctor, many of whom are concentrated in urban hospital settings (ECDC, 2021). Moreover, Italian policy required individuals to pay out of pocket for services: €50 for an HIV specialist visit every 3 months and €180 for a 3-month course of medication. In March of 2023, the Italian Medicines Agency (*Agenzia Italiana del Farmaco* or AIFA) retained the existing provision mechanism, but agreed to reimburse the drug for the first time (Agenzia Italiana del Farmaco, 2023).

3. The puzzle

This discrepancy is most interesting because, typologically, both cases epitomize the "Mediterranean welfare state." Like other Mediterranean countries, recent brushes with authoritarian dictatorships forced Italy and Spain to develop their welfare states later than many peers. Moreover, the World Values Survey reveals high levels of self-reported Catholicism in both nations: historically, at least 60% of the Italian and Spanish populations identify as Catholic (Haerpfer et al., 2022). The two cases also share highly federal systems for healthcare implementation. While the Spanish SNS and Italian National Health Service (*Servizio Sanitario Nazionale* or SSN) coordinate federal health policy, policy creation and implementation is still incumbent upon territorial cooperation (ECDC, 2021). As such, the potential variables worthy of exploration in this paper include institutions (partially), social structure, culture, interest group organization, framing, and leadership.

4. Data & methods

In this section, I provide brief notes on the empirical methods and the data sources I use to operationalize the theories of interest.

Institutions. To analyze institutions, I compile CIA World Factbook data (Central Intelligence Agency, 2021) regarding the legislatures and electoral institutions within my respective cases, and utilize election results as reported by national institutions and major newspapers to analyze the strength of social-democratic parties along with OECD data on union density. Also, to quantify the number of "veto points" in the relevant administrative institutions, I construct organizational flow charts illustrating the drug reimbursement approval process based on industry documents and quantitative healthcare system reviews (Giulio de Belvis et al., 2022; Labcorp Drug Development, 2019a).

***Social Structure*.** To examine the impact of social structure, I utilize data from the Harvard *Historical Index of Ethnic Fractionalization* (HIEF) dataset (Drazanova, 2019). Consistent with the methods of Alesina and Glaeser (2004), the IEF calculates the likelihood that two randomly-selected individuals from a country's population would be ethnically different.

***Culture*.** To operationalize culture, I draw data from the World Values Survey (Haerpfer et al., 2022) on each nation's self-reported levels of religiosity, particularly Catholicism, along with social acceptance of homosexuality.

***Interest Group Organization*.** To assess interest group organization, I utilize a compendium of LGBTQ+ nongovernmental organizations (NGOs) compiled by the University of Washington's Center for Western European Studies, or UW CWES (University of Washington, n.d.) and those member organizations of AIDS Action Europe, a network of civil society organizations dedicated to combatting the HIV/AIDS epidemic. Specifically, I use the raw number of organizations and their date of founding to approximate the organized political strength of LGBTQ+ individuals, especially MSM, within each country.

***Framing*.** To analyze framing, I examine the language policymakers and public health officials use in their nation's respective national AIDS/HIV plans. Specifically, I scrutinize

the narratives embedded within the Italian National Institute of Health's *Plan of Interventions against HIV and AIDS* (Istituto Superiore di Sanità, 2016) and the Spanish Ministry of Health's *Strategic Plan for the Prevention and Control of HIV* (Ministerio de Sanidad, 2018).

Leadership. To approximate descriptive representation, I use the number of openly gay ministers within the ruling coalition's government, not unlike the figure that Reynolds (2013) employs with respect to legislators. I borrow Reynolds' "rule of thumb" to collect this data: Did the politician publicly acknowledged that they are gay?

5. Findings

In this section, I test six potential explanatory theories—institutions, social structure, culture, interest group organization, framing, and leadership—to determine whether any might explain Spain and Italy's divergent timeline for implementing a national PrEP reimbursement program. I begin with the most capacious theory, institutions, then build a precise explanation by progressively testing more granular theories.

5.1. Institutions

5.1.1. *Theoretical grounding*

National and subnational institutions may explain social policy variance. To demystify the United States and Europe's divergent approaches to addressing poverty, Alesina and Glaeser (2004) propose institutions as one explanation. For example, they contend that European electoral systems, which overwhelmingly allocate power through proportional representation (PR), induce higher government transfer payments (Alesina & Glaeser, 2004). First, PR fosters multiparty systems which necessitate coalitions, thereby inducing political concessions that increase government spending. Also, multi-member districts in PR systems disempower the regionalism that depresses spending on universal programs. Finally, PR systems historically developed alongside robust labor movements and social-democratic parties. This, coupled with strong leftist militarism, rewarded social-democratic parties and their redistributive policies with near perpetual salience. Alesina and Glaeser (2004) further contend that federalism and decentralization incentivizes subnational governments to "compete" for residents through comparatively lower taxes. This in turn reduces overall tax revenue and social spending. Finally, the United States uniquely empowers courts to take an adversarial position toward "antibusiness" social legislation (Alesina & Glaeser, 2004). In essence, progressive social policy can be "vetoed" either through semi-autonomous states or through the institutionally conservative courts.

Given these findings, we expect that states which utilize proportional representation, centralize their governments, and prioritize legislative power over judicial or administrative power, should implement a national PrEP reimbursement program more quickly. In the following sections, I test whether institutions might explain the differences in Spain and Italy's timeline for implementing a national PrEP program. I first examine whether proportional representation, robust social-democrats and unions, strong federal institutions, or administrative institutions with fewer veto points in Spain might explain why they approved PrEP reimbursement more quickly than Italy.

5.1.2. *Electoral institutions & the legislature*

Italy and Spain both utilize multi-member districts that elect seats based on proportional representation, albeit to varying degrees. Italians—like Spaniards—elect their bicameral parliaments through both PR and plurality voting systems. More specifically, Italians

elect 126 of their Senators through PR multi-seat districts but elect the other 74 through single-member plurality districts. In the Chamber of Deputies, 253 Deputies come from PR multi-seat districts, while the remaining 147 come from single-member districts (Central Intelligence Agency, 2021). In Spain, the PR/plurality voting split manifests between, rather than among, legislative houses. Spain's lower house, the Congress of Deputies, contains 350 members, all of whom are elected through PR. On the other hand, Spaniards elect 208 senators entirely by simple majority vote—First Past the Post (FPTP)—with another 57 Senators appointed by regional legislatures (Central Intelligence Agency, 2021). Importantly, both cases derive sizeable majorities of their legislative representation from PR. Thus, we would still expect to observe multi-party systems that scholars like Alesina & Glaeser (2004) attribute to PR.

By itself, the electoral institutions theory provides little explanatory power. Since both nations utilize both FPTP and PR to elect their legislatures, we would expect little divergence in social policy generosity. In fact, based purely on the percentage of the legislature elected through PR, we might expect Italy to be more generous since voters elect politicians in both chambers with PR; in Spain, PR is relegated to the lower House of Deputies. Furthermore, Italy's legislature adheres to a unique "full bicameralism" principle whereby the Chamber of Deputies and the Senate perform identical duties—the country distinguishes each chamber only through membership requirements and several "life Senators" (Italian Senate, n.d.). While bicameralism à la the United States can function as another "veto point" to stop progressive social policy (see Alesina & Glaeser, 2004), such an effect assumes an institutionally conservative upper house and a more populist lower house. Nonetheless, Spain's bicameralism did not preclude the country from implementing their PrEP program far quicker than Italy.

5.1.3. *Social-Democrats & unions*

Since 2018, Italian voters have consistently empowered right-wing parties to form governments. Italy held their general elections in 2018, putting an end to the "caretaker" government that ruled since PM Matteo Renzi of the social-democratic Democratic Party (*Partito Democratico* or PD) resigned in late 2016 after voters rejected constitutional amendments he championed (McBride, 2018). Voters rejected the social-democratic party in both 2018 and 2020, handing the party no more than 20% in either house (see Appendix, Tables 1 and Table 2). While the right-wing coalition collectively won a plurality in both chambers, the center-right Northern League (*Lega Nord* or LN) eventually joined the anti-establishment Five Star Movement (*Movimento 5 Stelle* or M5S) to form the "first populist government of Western Europe" (Garzia, 2019). However, this quickly disintegrated into a coalition between the M5S and various center-left parties, then a national unity government in 2021, ending with elections in 2022 that followed the unity government's collapse (Fella, 2022). These 2022 elections ushered in a center-right government led by the Brothers of Italy (*Fratelli d'Italia* or FDI) which governed during AIFA's approval of PrEP reimbursement in 2023.

Spain's legislature governed with fraught minority coalitions during their PrEP program implementation. The 2015 Spanish general election delivered a legislature in which neither of the two historically dominant parties—the center-right People's Party (*Partido Popular* or PP) nor the social-democratic Spanish Socialist Workers' Party (*Partido Socialista Obrero Español* or PSOE)—achieved a majority (see Appendix, Table 3 and Table 4). Due in large part to the success of two new parties, the left-wing *Podemos* [We Can] and center-

right *Ciudadanos* [Citizens], scholars contend that this election "marked the end of the two party system that had existed in Spain since the restoration of democracy" (Orriols & Cordero, 2016). Neither major party could form a coalition even after snap elections in 2016, which yielded a similar legislative composition (see Appendix, Table 3 and Table 4). Only once the PSOE abstained from voting could the PP form their minority coalition government. However, corruption scandals from 2017-18 mired their government in dysfunction. After leading a successful vote of no confidence against PM Mariano Rajoy, PSOE leader Pedro Sanchez emerged as PM and formed a PSOE minority government which oversaw the nation's PrEP reimbursement approval.

The data offer only mild support for the social-democrats and union density theory. Both nations experienced numerous coalition governments in the years leading up to their national PrEP program, with right-wing or center-right parties forming most of them. In Spain, the end of two-party rule in 2015 decimated the social-democratic vote share: between 2015 and 2020, Spain's social-democratic PSOE never mustered more than a 26% vote share in either chamber of parliament (see Appendix, Table 3 and Tabe 4). Italy's Democratic Party fared even worse. Far short of a majority, social-democrats in both nations found it hard to overcome austerity-minded right-wing coalitions. While we might expect strong unions could help energize social-democratic policy amid poor electoral performance, Figure 1 in the Appendix indicates higher union density in Italy than in Spain. Again, Spain approved their PrEP reimbursement program before Italy. All things considered, the PP corruption scandal in 2017-18 proved to be a critical juncture which allowed the PSOE to form a government—notwithstanding poor electoral performance—just long enough to implement their PrEP program.

5.1.4. *Federalism*

While both Italy and Spain are decentralized states, Spain devolves far more power to its regions. Principally, the Italian Republic contains 15 "regions" and 5 "autonomous" or "special statue regions," one of which comprises two "autonomous provinces" (Fierlbeck & Palley, 2016). Initially, these regions had little discretion over healthcare decisions vis-à-vis the central government. But Fierlbeck and Palley (2016) note that Italy's 1992-1993 health care reforms granted regions unprecedented discretion over "planning, organizing, and financing health care services in their own territories." Nonetheless, the national government retains power over the health system's overall budget and the medical services it covers. Unlike Italy, Spain's 17 autonomous communities (AC) retain the sole responsibility for financing their healthcare systems in exchange for levying certain formerly-federal taxes (Fierlbeck & Palley, 2016). As in Italy, the Spanish central government oversees "general health care coordination, international health, and pharmaceutical policy" (Ministerio de Sanidad y Consumo, 2008). Put simply, both nations articulate broad health policy at the national level, but in Spain, ACs independently finance policy implementation.

The federalism theory offers little explanatory power and may even run counter to the observed outcomes. Based on the extant literature, I hypothesized that more centralized states would implement a national PrEP reimbursement program quicker than less centralized ones. A preponderance of evidence suggests that Spain is more decentralized than Italy. Of course, both nations centralize their overarching decision-making policy, especially with regards to the drugs each state reimburses. Thus, it could be possible that, notwithstanding their clear differences in decentralization, both nations' decision to centralize drug policy negates the depressionary effects that Alesina and Glaeser (2004) observe. However, as I will

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further substantiate in Section 5.1.5 below, the central government's administrative state is not an exogenous institution. Thus, it stands to reason that a more fractured republic, like Spain, would still witness a "race to the bottom" for welfare provision. Nevertheless, Spain won the race to the top in their national PrEP reimbursement program.

5.1.5. *The administrative state*

This section documents the administrative state's role in PrEP reimbursement—between cases, the approval process diverges. Since both nations provide universal health care, choosing which drugs to reimburse and how to price them (price & reimbursement, or P&R) is an incredibly consequential process. For graphics detailing the P&R process in Italy and Spain, respectively, see Figure 2 and Figure 3 in the Appendix. Even a cursory glance at these processes reveals diverging systems. Nevertheless, these graphics warrant additional context. For one, provisions in both Spain and Italy stipulate that market approval granted by the European Union necessarily supercedes market approval in their individual states (Faus et al., 2021; Selletti et al., 2023). That is, the manufacturer of PrEP possessed market authorization in Italy just as much as they did in Spain. Additionally, both states outline statutory timelines (in days) for the P&R process duration; while the actual time spent can differ from this aspirational figure, it nonetheless rules out a possible explanation in differing administrative statutes.

As we would expect, the state with fewer "veto-points" in their P&R scheme implemented their PrEP program more expediently. Alesina & Glaser (2004) underscore how U.S. courts function as "veto points" for socially progressive legislation. While the administrative institutions involved in P&R are not courts, they still do share a uniquely unelected and unilateral policymaking power. Furthermore, each additional advisory step embedded within P&R functions as a "veto point" that could derail the entire process. The data demonstrate that Spain empowers fewer veto points. In effect, the only advisory step (independent of the market authorization holder) involves the draft report by the Spanish Agency of Medicines and Medical Devices (*Agencia Española de Medicamentos y Productos Sanitarios* or AEMPS). After this step, the Spanish Interministerial Commission on Medicines Prices issues its final decision. The Italian AIFA, on the other hand, gives several sub-agencies the power to draft "binding opinions." Finally, the ruling government importantly appoints several ministers who sit on committees that participate in the Spanish P&R process. So, the short-lived PSOE minority government in 2018 may be partially responsible for a bureaucratic victory like PrEP reimbursement, notwithstanding few legislative achievements.

5.2. Social Structure

5.2.1. *Theoretical grounding*

Social structure is another possible explanation for differences in social policy. Alesina and Glaeser (2004) contrast the racial animosity prevalent during the U.S. welfare state's early years with the racial homogeneity that prevailed throughout western Europe's welfare state development. They contend that the Southern Populists' defeat in 1890 and the Sunbelt revolt against New Deal Liberalism in the 1960s both underscore racial politics' exceptional salience throughout American social policy formation. Put simply, the U.S. provides an exemplar for the finding that "racial fractionalization is the best predictor of social spending" (Alesina & Glaeser, 2004, p. 143). Scholars hypothesize several mechanisms for this phenomenon. For example, Alesina & Glaeser (2004) propose that racial fractionalization is stoked by so-called "entrepreneurial politicians" who galvanize "racial hatred" to achieve their po-

litical goals (2004). This raises the possibility that empowering racial minorities in political institutions can either displace the racially motivated entrepreneurial politicians or foster entrepreneurial politicians that stoke broader racial understanding rather than racial hatred. Ferwerda (2021) empirically substantiates this hypothesis: When governments extend voting rights to immigrants, incumbents are "responsive to this emerging electorate, mitigating downward bias in social expenditure.". That is, merely extending the institution of suffrage to immigrants—a common victim of "racial hatred"—reduced the pro-retrenchment effects that Alesina & Glaeser (2004) observe in diverse nations. Given this, we expect that states would be slower to implement a universal national PrEP reimbursement program if their citizenry is more racially heterogeneous.

Next, I turn to social structure as a potential explanation for Italy and Spain's divergent social policy. Specifically, I test whether greater racial and ethnic fractionalization—measured by the index of ethnic fractionalization (IEF)—explain the differing timelines for the national PrEP programs in Italy and Spain.

5.2.2.*The MSM populations*

Before proceeding, it is imperative to understand the MSM population in both cases. For one, scholars estimate that the MSM population totals about 294,000 in Spain and 359,000 in Italy, or roughly 1.8% of the adult male population (the EMIS Network et al., 2013). Despite its small size, the MSM population disproportionately account for new HIV diagnoses globally. Thus, while not a direct (nor socially preferable) corollary, I utilize research on PLHIV to (i) understand the MSM population that would benefit most from PrEP (in a counterfactual world), and (ii) overcome self-reporting bias. With these caveats in mind, data demonstrate that PLHIV in Italy exhibit lower educational attainment and live in neighborhoods with higher HIV positivity rates (Vescio et al., 2020). Of note, migrants in Europe represent a growing percentage of HIV diagnoses. However, in the migrant population—which is roughly 70% African and 22% South American—HIV infection risk is more strongly associated with heterosexual individuals (Mariangela, 2015). Nonetheless, MSM transmission among Italian migrants is on the rise.

Given this, I contend that MSM in both cases often exhibit several intersecting levels of social stratification. Certainly, the MSM population—like any group—is not a monolith. For instance, they can be "high educated, Caucasian adults," as one study described most early PrEP users in Italy (Nozza et al., 2022). Then again, these highly educated individuals sought out PrEP before the Italian government reimbursed the drug—which is to say they are not the primary beneficiaries of a social policy that reimburses PrEP. Instead, PrEP reimbursement primarily benefits MSM with low educational attainment who come from areas with high HIV positivity rates, which in turn confounds the data with myriad factors of social disinvestment. Moreover, while heterosexual migrants account for greater HIV diagnoses than their homosexual counterparts, entrepreneurial politicians could still reasonably weaponize racial hatred against the MSM population by saying that HIV is an epidemic perpetuated by MSM migrants. At any rate, the data confirm that MSM in Italy and Spain are a socially "othered" population. Without a doubt, politicians could politically "other" them, too.

5.2.3.*Ethnic fractionalization*

Quantitative data on ethnic fractionalization do not support the social structure explanation for Italy and Spain's divergent PrEP implementation. From post-authoritarianism to

2013, the Spanish population appears far more heterogeneous than the Italian one (see Appendix, Figure 4). Given the regional heterogeneity that precipitated Spain's decentralized state, the HIEF data are unsurprising. Spain implementing their PrEP program considerably quicker than Italy, on the other hand, is unexpected, especially considering their social policy retrenchment in the early 2010s. Specifically, the ruling PP government in Spain enacted harsh austerity measures after the 2008 global financial crisis plunged the real-estate and construction-dependent Spanish economy into a severe recession. Their most notable cuts to the NHS, enacted through *Royal Decree Law 16/2012*, epitomized a "counter-reform move against the guarantee of a universal public system" and infamously cut universal coverage for undocumented migrants (Giovanella & Stegmüller, 2014). Evidently, ethnic fractionalization—which has only grown since 2012—fueled social policy retrenchment in Spain. Curiously, this phenomenon did not extend to PrEP reimbursement.

5.3. Culture

5.3.1. *Theoretical grounding*

Just as culture is foundational to society, it is also foundational to the development of social policy. Scholars like Pfau-Eflinger (1998) contend that differences in part-time employment by women are explained by factors other than just institutional frameworks and flexible employment practices. In other words, differing "gender arrangements," or the interactions between culture and institutions, help to explain women's differing uptake in part-time work. Moreover, Sung (2003) explores culture's indelible effect on welfare institutions. Through the lens of unpaid work in South Korea, Sung argues that Confucian cultural norms around filial piety and the family produce a welfare state that is reliant on the private labor of socially undercompensated working women. Under Pfau-Eflinger's framework, Confucian ideals (the *gender culture*) and ungenerous compensation for domestic work (the *gender order*) induce a male breadwinner culture (the *gender culture*). Put too simply, norms about appropriate behavior shape policy toward inducing "desireable" behaviors. Next, I examine if levels of self-reported Catholicism and acceptance of LGBTQ+ individuals might account for quicker implementation of a policy that (i) defies Catholic dogma regarding sexual health and (ii) largely benefits LGBTQ+ males.

5.3.2. *Catholicism and safer sex*

Catholicism has historically resisted evidence-based interventions that prevent HIV transmission. For decades, the Catholic Church publicly opposed condoms as a tool to prevent sexually transmitted infection (STI) transmission. For instance, Pope Benedict XVI erroneously claimed in 2009 that widespread condom use could exacerbate the pandemic by moralizing "immoral" actions like homosexuality and prostitution; the church later backtracked after widespread condemnation, instead claiming that preventative condom use may be justified "in certain cases" (Benagiano et al., 2011). However, Pope Benedict added a crucial caveat to his statement. As Benagiano et al contend, the Pope stipulated that condom use might be permissible because it could set an individual on the path toward "moralization" and an "assumption of responsibility" (2011). In other words, the Catholic ethic contends that HIV/AIDS "punishes" certain moral failings within individuals like homosexuality, failings that must be addressed by turning toward the Christian faith. Thus, we might reasonably expect that a more Catholic culture would also be ambivalent—if not explicitly hostile—toward an HIV prevention measure like PrEP.

5.3.3. *Cultural implications*

Taken together, the data offer substantial support for the culture explanation. Principally, Spaniards exhibit considerably more tolerant views toward homosexuality (see Figure 5 and Figure 6). While Italians generally express ambivalence toward homosexuality's justifiability, Spaniards declare far more support for the affirmative position. It is unsurprising, then, that Spain would be quicker to implement a program that disproportionately supports MSM. Of course, data from the World Values Survey can illuminate a potential confounding variable: religion. As I discuss in 5.3.2, Catholicism's staunch positions vis-à-vis sexual health, coupled with its importance to the Mediterranean welfare state (see Gal, 2010), all but require closer examination of religiosity in both cases. The data in Table 5 in the Appendix reveal that almost twice as many Italians identify as Roman Catholic as do Spaniards. Even when accounting for "other Christians," Italians clearly identify more with the Christian faith. We can reasonably conclude that a less hostile culture present in Spain is at least partially responsible for its speedier PrEP implementation.

5.4. Interest group organization

5.4.1. *Theoretical grounding*

Interest groups lobby for policy outcomes that are favorable to the continued existence of their interest group. In her seminal work on senior citizens' political participation in the United States, Campbell (2011) contends that Social Security created a powerful constituency "primed to participate at high rates." In other words, social policy produces publics through selectively conferring resources, whether they be monetary or not, on certain groups. These "deserving" groups subsequently defend their status through pooling their resources in collective action to vehemently oppose retrenchment efforts. Perrera (2020) extends this analysis to the French psychiatric medicine system. She finds that unions representing the psychiatric healthcare employees—a public just as much as U.S. seniors receiving social security—successfully fought French legislative efforts to decentralize their universalistic model of healthcare delivery. The French case reinforces Campbell's findings, while also adding that policies create publics besides their beneficiaries. Given this, I expect there exists a more robust network of Spanish interest groups representing LGBTQ+/HIV individuals. I begin with a qualitative perspective on the relationship between the government and those NGOs concerned with LGBTQ+ individuals and/or HIV/AIDS, before testing whether a stronger network of such interest groups existed in Spain.

5.4.2. *Governments vis-à-vis NGOs*

Several reports illuminate a mutual government-NGO dynamic in Spain, but less so in Italy. For example, the multilateral HIV Outcomes Working Group found that Spanish NGOs provide input on the National AIDS Plan (*Plan Nacional sobre el SIDA* or NPS) through the "Advisory and Consultative Committee;" NGOs participate in NPS working groups; and NGOs received public grant funding totaling €2,000,000 in 2020 (Apodaca et al., 2020). In other words, the Spanish government empowers NGOs to make their voices heard, which they do in part through resources provided by the government, effectively creating a policy "feedback loop." In contrast, a 2019 KPMG report portrays a vision-lacking disconnect in Italy. One NGO official cited in the report contends that while the Italian national AIDS plan is "quite comprehensive… [NGOs] are waiting for and pushing the government to implement it" because funding had not been allocated (KPMG, 2019). Absent financial resources nor established institutional representation, NGOs in Italy must

engage the government more antagonistically, thereby hampering the formation of any kind of "feedback loop."

5.4.3. *The interest group landscape*

Quantitative data offer considerable support for the interest group organization hypothesis. Given the discussion in 5.4.2, we would expect a more robust NGO "landscape" in Spain. That is, Spain's mutual NGO-government dynamic would induce increasing numbers of LGBTQ+ and/or HIV/AIDS NGOs. Of course, as Perera (2020) demonstrates, social policy implicates more than just beneficiaries; for an HIV-prevention policy like PrEP reimbursement, we must also consider groups like medical professionals and researchers. As such, the two lists I construct (see Appendix, Table 6 and Table 7) include, for example, CEEISCAT, a Catalonian HIV/AIDS research group. The data demonstrate that noticeably more interest groups operate in Spain than in Italy. Further, the more comprehensive list (i.e., Table 6) reveals that the median age of Spanish interest groups is three years older than the median age of Italian interest groups. While admittedly this is but a small glimpse into the interest group landscape, it stands to reason that Spanish interest groups are more well-established and could better advocate for national PrEP reimbursement.

5.5. Framing

5.5.1. *Theoretical grounding*

By employing different policy frames, policymakers can shape social policy. Frames provide a lens through which we make a cohesive narrative of the disparate and disjointed events that we observe every day. They serve as a heuristic to assimilate complicated, and often contradictory, policy proposals into a cohesive worldview. Slothuus (2007) empirically observes the power of policy frames at the individual level. Specifically, their analysis explores whether policymakers framing welfare beneficiaries as either victims of their own decision to not seek a job (the *job frame*) or victims of an economic system that could not provide adequate employment (the *poor frame*), affected popular support for a government retrenchment proposal. They find that individuals who encountered the job frame perceived beneficiaries to be undeserving of social assistance, and thereby supported the retrenchment proposal (Slothuus, 2007). In essence, stakeholders who can control public perceptions of deservingness can shape public opinion and, in turn, policy design and outcomes. As such, I predict that Spanish policymakers more aptly framed MSM as deserving of PrEP or framed PrEP as a cost-saving measure. Specifically, I scrutinize the language that elites (policymakers) employed in their respective national HIV strategies to communicate two interconnected realities: (i) PrEP's role in their broader strategy, and (ii) the deservingness of MSM.

5.5.2. *National HIV prevention strategies*

Both nations formulate comprehensive long-term strategies with policies intended to address the HIV epidemic. The Italian *Piano Nazionale Di Interventi Contro HIV e AIDS* (or PNAIDS), last updated in 2016, encompasses roughly 53 pages that cover everything from "Prevention Tools and Strategies," to "Training of Health and Prevention Professionals," and even "Stigma and the Fight Against Discrimination" (Istituto Superiore di Sanità, 2016). Moreover, policymakers utilize strictly language steeped in epidemiology and public health to communicate PrEP's role in the Italian strategy. Dogmatic deference to "Current Guidelines" and providing the drug for "Target Populations" punctuate the plan (Istituto Superiore di Sanità, 2016, p. 12). Notwithstanding its thoroughness, absent adequate funding (see

5.4.2), the plan carries little weight. On the other hand, Spain's *Plan Estratégico de Prevención y Control de la Infección por el VIH y otras Infecciones de Transmisión Sexual* from 2018 values brevity. It mentions PrEP by name once, when it calls for Spain to "measure the impact of the implementation of PrEP" (Ministerio de Sanidad, 2018). Nonetheless, these seemingly innocuous documents illuminate how policymakers employed framing.

5.5.3. *Deserving or not?*

Ultimately, the data offer moderate support for the framing hypothesis. In comparing the two national strategies, two critical observations arise. First, Spain's plan mandates a national infrastructure to monitor PrEP's effectiveness post-implementation, which ipso facto disregards disputes over the deservingness of MSM. Effectively, this frames MSM as so indisputably deserving of PrEP, that such a question of their deservingness never legitimately existed. Second, Italy's strategy explicitly articulates the role of PrEP in reducing HIV transmission among injection drug users (IDU), not just MSM (Istituto Superiore di Sanità, 2016, p. 25). However, the Spanish strategy makes only cursory mention of IDU. The Spanish Ministry of Health's guidelines for PrEP reimbursement, as an articulation of this strategy, provide additional clarity: Spain only reimburses PrEP for MSM, transgender individuals, and certain high-risk sex workers (ConSalud, 2019). Notably, IDU are absent. Thus, we might reasonably assume that Italy's decision to explicitly name IDU, ostensibly a less deserving population, in PNAIDS as a PrEP beneficiary inadvertently framed all beneficiaries as less deserving.

5.6. Leadership

5.6.1. *Theoretical grounding*

Political leaders drive policy, and variations in political leadership produce variations in social policy. Moreover, leaders frequently hold certain political convictions that are grounded in their unique attributes (like race, ethnicity, gender, etc.), and communities elect leaders on the assumption that their shared characteristics will translate into shared policy agendas. Put another way, descriptive representation (shared attributes) ought to yield substantive representation (shared interests). Bratton & Ray (2002) find that having more women in Norwegian municipal governments increases state provision of childcare, substantiating the hypothesis that descriptive representation produces substantive representation. They also note that the child-care policy prevailed not simply because women "brought a new set of concerns to the political agenda," but also because their new position provided them with direct oversight of childcare policy (Bratton & Ray, 2002). Given this, I would expect that the LGBTQ+ community enjoys greater descriptive representation in Spanish policymaking institutions. Specifically, I analyze LGBTQ+ representation in either nation's cabinet ("government") around the time that they approved their respective national PrEP programs.

5.6.2. *Descriptive representation in the administrative state*

The data offer moderate support for the leadership theory. Reputable information on openly gay politicians can be difficult to collect. While data compiled by Reynolds (2013) contends that no opendly gay politicians served in Spain from 1976-2011, politicians like Deputy Ernesto Gasco, who came out in 2003 and served from 2008-09 (Noticias de Navarra, 2020), cast doubt on Reynolds' figures. Thus, I specifically examine whether openly gay cabinet members served during PrEP implementation. This smaller sample improves

data validity and aligns with Section 5.1.4, which shows that the government, rather than the legislature, has the ultimate control over pharmaceutical reimbursements. Notably, Socialist leader Pedro Sanchez's first government (2018-20) included in its ranks 2 openly gay politicians (BBC, 2018)—two more than Italy during their PrEP reimbursement approval. Sure, they served as Ministers of the Interior and of Sports & Culture, but their identity and mere presence could certainly influence their colleagues to pursue sexual orientation equality (see Reynolds, 2013). That is, Spain's more descriptively LGBTQ+ government plausibly advocated for speedier implementation of a national PrEP program.

6. Conclusion

All in all, Spain's unique institutions, culture, interest group organization, policy framing, and leadership may all reasonably explain just how the country approved a national program to reimburse HIV pre-exposure prophylaxis almost five years before another Mediterranean welfare state: Italy. Admittedly, having a myriad plausible explanations might be ungratifying—after all, if stakeholders wish to seriously address the HIV epidemic through implementing a PrEP program, where ought they begin? Additionally, some of the most compelling explanations I find, like bureaucratic institutions and culture, notoriously resist change. But while these do not change overnight, governments certainly can—and in both Italy and Spain, they did. Moreover, it only took one chance government, led by social-democrat Pedro Sanchez, to usher in a descriptively representative cabinet. With assistance from a robust interest group network, conducive administrative state, and accepting culture, this representative government realized PrEP reimbursement. In effect, the findings of Reynolds (2013) regarding the positive impacts of even one openly gay MP in the legislature seem to extend to the executive.

This point cannot be overstated. After all, Italy may reimburse PrEP nationally at present, but its right-wing government continues diluting their laggard protections for LGBTQ+ individuals. To reverse this worrying trend, it may take but one person.

References

ACN. (2019, November 9). *PrEP anti-HIV medication now available in Catalonia*. Catalan News. https://www.catalannews.com/society-science/item/prep-anti-hiv-medication-now-available-in-catalonia

Agenzia Italiana del Farmaco. (2023, May 11). *AIFA approves reimbursability of drugs for pre-exposure prophylaxis to HIV-1 (PrEP)*. https://www.aifa.gov.it/en/-/aifa-approva-rimborsabilita-farmaci-per-la-prep

AIDS Action Europe. (n.d.). *Member list* [Dataset]. Retrieved November 26, 2023, from https://www.aidsactioneurope.org/en/map/members

Alesina, A., & Glaeser, E. (2004). *Fighting poverty in the US and Europe: A world of difference* (1st ed.). Oxford University Press. https://doi.org/10.1093/0199267669.001.0001

Apodaca, M. J. F. R. de, Iniesta, C., Sousa, L. M. G., & Espacio, R. (2020). *HIV outcomes Spain: Road-testing the recommendations*. HIV Outcomes Working Group. https://hivoutcomes.eu/wp-content/uploads/2021/02/HIV-Outcomes-2021-Report-1.pdf

BBC. (2018, June 7). *Spain's king swears in Sanchez cabinet with majority of women*. Brithish Broadcasting Corporation. https://www.bbc.com/news/world-europe-44382051

Benagiano, G., Carrara, S., Filippi, V., & Brosens, I. (2011). Condoms, HIV and the Roman Catholic Church. *Reproductive BioMedicine Online*, *22*(7), 701–709. https://doi.org/10.1016/j.rbmo.2011.02.007

Bratton, K. A., & Ray, L. P. (2002). Descriptive representation, policy outcomes, and municipal day-care coverage in Norway. *American Journal of Political Science*, *46*(2), 428. https://doi.org/10.2307/3088386

Campbell, A. L. (2011). *How policies make citizens: Senior political activism and the American welfare state*. Princeton University Press.

Central Intelligence Agency. (2021). *The world factbook*. https://www.cia.gov/the-world-factbook

ConSalud (2019, November 1). *PrEP funding begins: Who will be able to ask for it and how will it be dispensed?* ConSalud. https://www.consalud.es/politica/ministerio-sanidad/comienza-financiacion-prep-quien-podra-pedirla-y-como-dispensara_70340_102.html

Drazanova, L. (2019). *Historical index of ethnic fractionalization dataset (HIEF)* (Version V2) [Dataset]. Harvard Dataverse. https://doi.org/10.7910/DVN/4JQRCL

ECDC. (2021). *Country case studies: HIV pre-exposure prophylaxis in the EU/EEA and the UK: Implementation, standards and monitoring*. European Centre for Disease Prevention and Control. https://www.ecdc.europa.eu/en/publications-data/country-case-studies-ecdc-operational-guidance-prep

ECDC. (2023). *Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia*. European Centre for Disease Prevention and Control. https://www.ecdc.europa.eu/sites/default/files/documents/hiv-infection-prevention-pre-exposure-prophylaxis-dublin-declaration-feb-2023.pdf

Esping-Andersen, G. (2013). *The three worlds of welfare capitalism*. John Wiley and Sons, Inc.

Europa Press. (2019, September 4). The HIV preventive pill: Should it be financed by the National Health System? *El Heraldo*.

Faus, J., Alcover, L., & Bailach, J. C. (2021). *Pricing & reimbursement: 2021 (Spain)*. Global Legal Insights. https://faus-moliner.com/wp-content/uploads/2021/10/2021-08-24-GLI-Chapter-15-Spain-Price-and-Reimbursement.pdf

Fella, S. (2022). *Italy: 2022 general election and new government*. House of Commons. https://researchbriefings.files.parliament.uk/documents/CBP-9629/CBP-9629.pdf

Ferwerda, J. (2021). Immigration, voting rights, and redistribution: Evidence from local governments in Europe. *The Journal of Politics*, *83*(1), 321–339. https://doi.org/10.1086/709301

Fierlbeck, K., & Palley, H. A. (2016). *Comparative health care federalism*. Routledge. https://doi.org/10.4324/9781315573076

Gal, J. (2010). Is there an extended family of Mediterranean welfare states? *Journal of European Social Policy*, *20*(4), 283–300. https://doi.org/10.1177/0958928710374374

Gallo, V., Alessi, E., Montilla, S., Altamura, G., Traversa, G., & Trotta, F. (2022). The timelines for the price and reimbursement authorization in Italy 2018–2020. *Frontiers in Medicine*, *9*, 1055359. https://doi.org/10.3389/fmed.2022.1055359

Garzia, D. (2019). The Italian election of 2018 and the first populist government of Western Europe. *West European Politics*, *42*(3), 670–680. https://doi.org/10.1080/01402382.2018.1535381

Giovanella, L., & Stegmüller, K. (2014). The financial crisis and health care systems in Europe: Universal care under threat? Trends in health sector reforms in Germany, the United Kingdom, and Spain. *Cadernos de Saúde Pública*, *30*(11), 2263–2281. https://doi.org/10.1590/0102-311X00021314

Giulio de Belvis, A., Meregaglia, M., Morsella, A., Adduci, A., Perilli, A., Cascini, F.,

Solipaca, A., Fattore, G., Ricciardi, W., & Maresso, A. (2022). Italy: Health system review. *Health Systems in Transition*, *24*(4), 1–236.

Haerpfer, C., Inglehart, R., Moreno, A., Welzel, C., Kizilova, K., Diez-Medrano, J., Lagos, M., Norris, P., Ponarin, E., & Puranen, B. (2022). *World values survey Wave 7 (2017-2022) Cross-national data-set* (5.0.0) [Dataset]. World Values Survey Association. https://doi.org/10.14281/18241.20

Hayes, R., Schmidt, A. J., Pharris, A., Azad, Y., Brown, A. E., Weatherburn, P., Hickson, F., Delpech, V., Noori, T., & the ECDC Dublin Declaration Monitoring Network. (2019). Estimating the 'PrEP gap': How implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. *Eurosurveillance*, *24*(41). https://doi.org/10.2807/1560-7917.ES.2019.24.41.1900598

Iniesta, C., Coll, P., Barberá, M. J., García Deltoro, M., Camino, X., Fagúndez, G., Díaz, A., Polo, R., & Spanish Working Group for PrEP. (2021). Implementation of pre-exposure prophylaxis programme in Spain. Feasibility of four different delivery models. *PLOS ONE*, *16*(2), e0246129. https://doi.org/10.1371/journal.pone.0246129

Istituto Superiore di Sanità. (2016). *Piano nazionale di interventi contro HIV e AIDS*. Italian National Institute of Health. https://www.salute.gov.it/imgs/C_17_pubblicazioni_2655_allegato.pdf

Italian Senate. (n.d.). *Parliament*. Retrieved November 27, 2023, from https://www.senato.it/en/parliamentary-business/parliament

KPMG. (2019). *Ending the epidemic*. KPMG LLP UK https://assets.kpmg.com/content/dam/kpmg/uk/pdf/2019/03/ending-the-hiv-epidemic-italian-report.pdf

Labcorp Drug Development. (2019a). *Pricing & reimbursement in Italy*. Laboratory Corporation of America. https://biopharma.labcorp.com/content/dam/covance/assetLibrary/salessheets/Pricing-Reimbursement-Italy-SSCMA055.pdf

Labcorp Drug Development. (2019b). *Pricing & reimbursement in Spain*. Laboratory Corporation of America. https://biopharma.labcorp.com/content/dam/covance/assetLibrary/salessheets/Pricing-Reimbursement-Spain-SSCMA056.pdf

Mariangela, L. C. (2015). Incidence of newly HIV diagnosed cases among foreign migrants in Italy: 2006-2013. *Journal of AIDS & Clinical Research*, *06*(06). https://doi.org/10.4172/2155-6113.1000470

McBride, J. (2018). *What to know about Italy's 2018 elections*. Council on Foreign Relations. https://www.cfr.org/backgrounder/what-know-about-italys-2018-elections

Ministerio de Sanidad. (2018). *Strategic plan for the prevention and control of HIV and other sexually transmitted infections in Spain: 2017-2020*. Spanish Ministry of Health. https://www.sanidad.gob.es/bibliotecaPub/repositorio/libros/27294_plan_estrategico_de_prevencion_y_control_de_la_infeccion_por_el_VIH_y_otras_infecciones_de_transmision_sexual_-_prorroga_2017-2020.pdf

Ministerio de Sanidad y Consumo. (2008). *National health system: Spain*. https://www.sanidad.gob.es/en/organizacion/sns/docs/Spanish_National_Health_System.pdf

Ministerio del Interior. (2017). *Las elecciones generales en España 1977-2016*.

Noticias de Navarra. (2020, November 16). *Ernesto Gasco: "I suffered abuse in a religious school in Donostia."* Noticias de Navarra. https://www.noticiasdenavarra.com/sociedad/2020/11/16/ernesto-gasco-sufri-abusos-colegio-2214373.html

Nozza, S., Raccagni, A. R., Lolatto, R., Ceccarelli, D., Galli, L., Alberton, F., Bruzzesi, E., Canetti, D., Strano, M., Ripa, M., Bertoni, C., & Castagna, A. (2022). Charac-

teristics of HIV pre-exposure prophylaxis users at first PrEP counselling visit: The CSL-PrEP cohort. *BMJ Open*, *12*(12), e067261. https://doi.org/10.1136/bmjopen-2022-067261

Oliva-Moreno, J., Puig-Junoy, J., Trapero-Bertran, M., Epstein, D., Pinyol, C., & Sacristán, J. A. (2020). Economic evaluation for pricing and reimbursement of new drugs in Spain: Fable or desideratum? *Value in Health*, *23*(1), 25–31. https://doi.org/10.1016/j.jval.2019.06.012

Orriols, L., & Cordero, G. (2016). The breakdown of the Spanish two-party system: The upsurge of podemos and ciudadanos in the 2015 general election. *South European Society and Politics*, *21*(4), 469–492. https://doi.org/10.1080/13608746.2016.1198454

Perera, I. M. (2020). The French welfare state revisited: The puzzling politics of mental health policy. *French Politics*, *18*(4), 405–415. https://doi.org/10.1057/s41253-020-00133-7

Pfau-Eflinger, B. (1998). Culture or structure as explanations for differences in part-time work in Germany, Finland, and the Netherlands? In J. O'Reilly & C. Fagan (Eds.), *Part-time prospects: An international comparison of part-time work in Europe, North America and the Pacific Rim*. Routledge.

Reynolds, A. (2013). Representation and rights: The impact of LGBT legislators in comparative perspective. *American Political Science Review*, *107*(2), 259–274. https://doi.org/10.1017/S0003055413000051

Selletti, S., Putignano, M., & Tiboni, F. (2023). *Pricing & reimbursement laws and regulations 2023 | Italy*. https://www.globallegalinsights.com/practice-areas/pricing-and-reimbursement-laws-and-regulations/italy

Slothuus, R. (2007). Framing deservingness to win support for welfare state retrenchment. *Scandinavian Political Studies*, *30*(3), 323–344. https://doi.org/10.1111/j.1467-9477.2007.00183.x

Sung, S. (2003). Women reconciling paid and unpaid work in a Confucian welfare state: The case of South Korea. *Social Policy & Administration*, *37*(4), 342–360. https://doi.org/10.1111/1467-9515.00344

The EMIS Network, Marcus, U., Hickson, F., Weatherburn, P., & Schmidt, A. J. (2013). Estimating the size of the MSM populations for 38 European countries by calculating the survey-surveillance discrepancies (SSD) between self-reported new HIV diagnoses from the European MSM internet survey (EMIS) and surveillance-reported HIV diagnoses among MSM in 2009. *BMC Public Health*, *13*(1), 919. https://doi.org/10.1186/1471-2458-13-919

The Guardian (2018, March 5). Italian Eelections 2018—Full results. *The Guardian*. https://www.theguardian.com/world/ng-interactive/2018/mar/05/italian-elections-2018-full-results-renzi-berlusconi

University of Washington. (n.d.). *Member state civil society resources*. Jean Monnet Chair in Civil Society, Inclusion, and Diversity in the European Union, University of Washington. Retrieved November 6, 2023, from https://jsis.washington.edu/euwesteurope/cat3-list

Vescio, M. F., Gallo, P., & Farchi, F. (2020). HIV prevalence among adults in Rome: Results of the MeDi (Measuring health Disparities in HIV prevention) survey. Part 2. *Ann Ist Super Sanità*, *56*(1), 30–37. https://doi.org/10.4415/ANN_20_01_06

Viser, J. (2021). *Trade union dataset* [Dataset]. http://www.oecd.org/employment/ictwss-database.htm

World Health Organization. (n.d.). *HIV: Global situations and trends*. The Global Health Ob-

servatory. Retrieved October 12, 2023, from https://www.who.int/data/gho/data/themes/hiv-aids

Appendix

Table 1: Italian House of Deputies Composition

Party	Abv.	2018	% (2018)	2022	% (2022)
Brothers of Italy	FDI	32	5.1	119	29.8
Northern League	LN	125	19.8	66	16.5
Forza Italia	FI	103	16.3	45	11.3
Noi Moderati	NCI-UDC	5	0.8	7	1.8
Democratic Party	PD	112	17.8	69	17.3
Piû Europa	+Europa	3	0.5	2	0.5
Other Centre-Left		7	1.1	14	3.5
Other		16	2.5	26	6.5
Five Star	M5S	227	36.0	52	13.0
Total		630		400[a]	

Source: Fella (2022), The Guardian (2018, March 5)
[a] In 2022, electoral reforms downsized the Chamber of Deputies from 630 to 400 seats

Table 2: Italian Senate Composition

Party	Abv.	2018	% (2018)	2022	% (2022)
Brothers of Italy	FDI	18	5.7	65	32.5
Northern League	LN	58	18.4	30	15.0
Forza Italia	FI	57	18.1	18	9.0
Noi Moderati	NCI-UDC	4	1.3	2	1.0
Democratic Party	PD	53	16.8	40	20.0
Piû Europa	+Europa	1	0.3	0	0.0
Other Centre-Left		6	1.9	4	2.0
Other		6	1.9	13	6.5
Five Star	M5S	112	35.6	28	14.0
Total		315		200[a]	

Source: Fella (2022), The Guardian (2018, March 5)
[a] In 2022, electoral reforms downsized the Senate from 315 to 200 seats

Table 3: Spanish Chamber of Deputies Composition

Party	Abv.	2015	% (2015)	2016	% (2016)
Popular Party	PP	123	35.1	137	39.1
Socialist Party	PSOE	90	25.7	85	24.3
Podemos	POD	57	16.3	59	16.9
Citizens	C's	40	11.4	32	9.1
In Common We Can	ECP	12	3.4	12	3.4
"Catalonia Yes"	ERC-CatSi	9	2.6	9	2.6
Democracy and Liberty	DiL	8	2.3	8	2.3
Basque National Party	PNV	6	1.7	5	1.4
Canarian Coalition	Cca-PNC	1	0.3	1	0.3
Basque Country Gather	EH-BILDU	2	0.6	2	0.6
United Left	IU	2	0.6	0	0.0
Total		350		350	

Source: Ministerio del Interior (2017)

Table 4: Spanish Senate Composition

Party	Abv.	2015	% (2015)	2016	% (2016)
Popular Party	PP	124	49.6	130	52
Socialist Party	PSOE	47	18.8	43	17.2
Podemos	POD	12	4.8	12	4.8
In Common We Can	ECP	4	1.6	4	1.6
"Catalonia Yes"	ERC-CatSi	6	2.4	10	4
"Change"		1	0.4		0
Basque National Party	EAJ-PNV	6	2.4	5	2
Canarian Coalition	Cca-PNC	1	0.4	1	0.4
Centre-Right Ctl. Coalitions	CIU/DL/CDC	6	2.4	2	0.8
Gomera Socialist Group	ASG	1	0.4	1	0.4
Total		208[a]		208[a]	

Source: Ministerio del Interior (2017)
[a] An additional 58 Senators are appointed by Regional Legislatures

Table 5: Self-Reported Religious Denomination

Denomination	Italy	Spain
Roman Catholic	73.6%	38.7%
Protestant	0.4%	0.4%
Baptist	–	0.1%
Eastern Orthodox	0.2%	0.7%
Judaism	–	0.1%
Islam	0.8%	1.8%
Hindu	0.1%	0.1%
Buddhist	0.5%	0.1%
Other Christian	1.1%	19.9%
Other	0.2%	0.8%
Non-religious	22.5%	37.5%

Source: World Values Survey (Haerpfer et al., 2022)

Table 6: AIDS Action Europe (AAE) Member Organizations

Italy		**Spain**	
Name	Founded[a]	Name	Founded
Arcigay	1985[b]	*Apoyo Positivo*	1993
Centro Assistenza Malati AIDS	1991	*CALCSICOVA*	1981
Comitato per I Diritti Divili delle Prostitute	2000	*CEEISCAT-ICO-ASPC*	1995
Iris Caritas	1971	*COLEGAS*	1992
Lega Italiana per la Lotta Contro l'AIDS	2005	*Grupo de Trabajo sobre Tratamientos del VIH*	1997
NPS Italia Onius	2004	*Institute de Salud Carlos III*	1986
		Projecte dels NOMS-Hispanosido	1993
		SIDA STUDI	1987

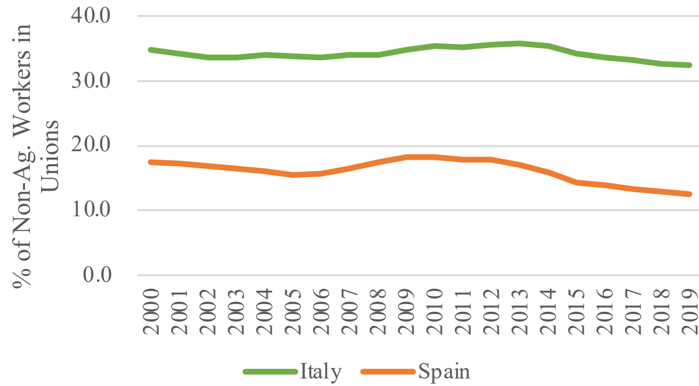
Source: AIDS Action Europe (n.d.)
[a] All dates sourced from organization's official website, except [b](University of Washington, n.d.)

Table 7: UW CWES LGBTQ+ Civil Organizations

Italy		**Spain**	
Name	Founded	Name	Founded
Arcigay	1985	*AEGAL*	2004
Mario Mieli Homosexual Culture Club	1983	*Arcópoli*	2004
		COGAM	1986
		FELGBT	1992

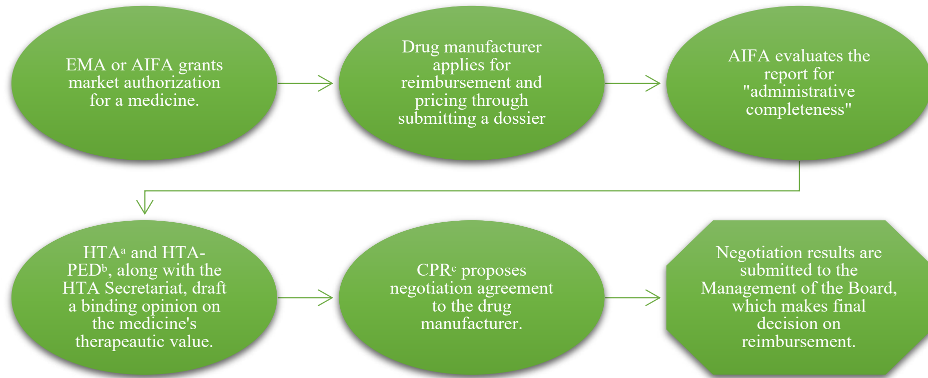
Source: University of Washington (n.d.)

Figure 1: Union Density in Italy and Spain



Source: OECD (Viser, 2021)

Figure 2: Italian Drug Reimbursement Process



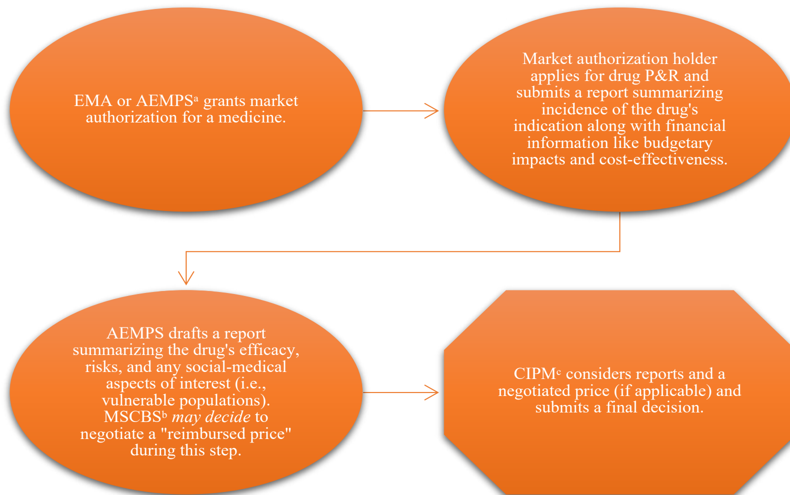
Source: Gallo et al (2022), Labcorp Drug Development (2019a), including dates of the Technical Scientific Committee (CTS

[a] National Center for Health Technology Assessment (HTA)

[b] Pharmaceutical Economy Division (-PED)

[c] Pricing and Reimbursement Committee (CPR)

Figure 3: Spanish Drug Approval Process



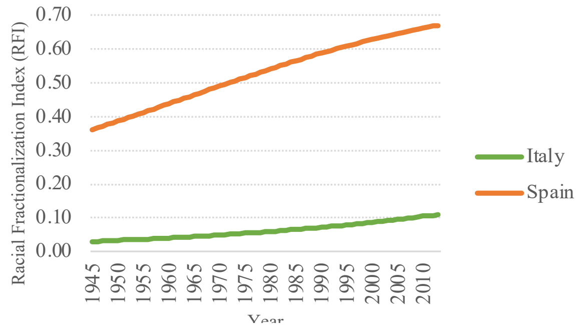
Source: Oliva-Moreno et al (Labcorp Drug Development, 2019b; 2020)

[a] Spanish Agency for Medicines and Medical Devices (AEMPS)

[b] Spanish Ministry of Health and Consumer Affairs (MSCBC)

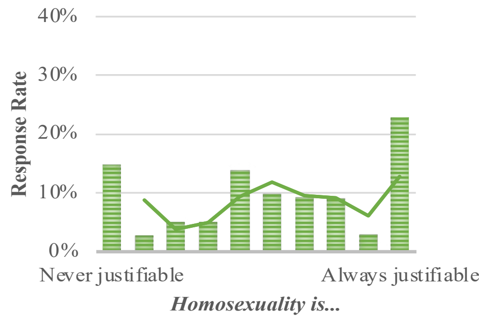
[c] Inter-Ministerial Commission on Pharmaceutical Pricing (CIPM)

Figure 4: Racial Fractionalization in Italy and Spain 1945-2013



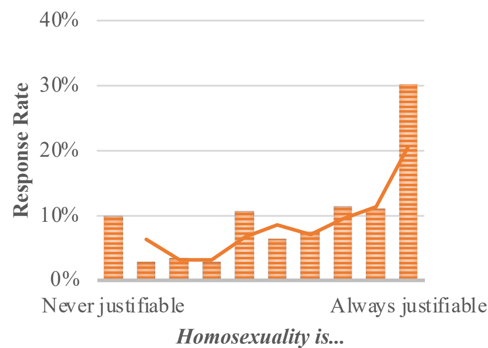
Source: Historical Indices of Ethnic Fractionalization (Drazanova, 2019)

Figure 5: Perceptions of Homosexuality in Italy



Source: World Values Survey (Haerpfer et al., 2022)

Figure 6: Perceptions of Homosexuality in Spain



Source: World Values Survey (Haerpfer et al., 2022)