



**HELLENIC CENTER FOR  
DISEASE CONTROL & PREVENTION  
(H.C.D.C.P)**

**MINISTRY OF HEALTH & SOCIAL SOLIDARITY**

**Global AIDS Response Progress Report 2012**

**GREECE**

Reporting period: January – December 2011

HELLENIC CENTER FOR DISEASE CONTROL AND PREVENTION

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AMAROUSIO, GREECE

## **COUNTRY REPORTING FORMAT**

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## **ACRONYMS**

AIDS: Acquired Immunodeficiency Syndrome

ARV: Antiretrovirals

CS: Civil society

Drug Related Infectious Disease Indicator (DRIDI)

ECDC: European Centre for Disease Control and Prevention

EMIS: European MSM Internet Study

EU: European Union

HAART: Highly Active Antiretroviral Therapy

HCDCP: Hellenic Center for Disease Control and Prevention

HIV: Human Immunodeficiency virus

IDUs: Injecting Drug Users

LGBT: Lesbian Gay Bisexual Transexual

MoH: Ministry of Health and Social Solidarity

MSM: Men who have Sex with Men

MTCT: Mother to Child Transmission

NA: Non available

NGOs: Non Governmental Organizations

OST: Opioid Substitution Treatment

PLWH: People Living with HIV

STIs: Sexually Transmitted Infections

WHO: World Health Organization

## II. Status at a Glance

a. **Stakeholders:** The Global AIDS response progress reporting 2012 and ECDC questionnaires and other relevant questions were disseminated to the various stakeholders (Ministries, Institutions and NGOs) to be completed. The Hellenic Centre for Disease Control and Prevention (HCDCP) was responsible for collecting indicators data, collating information and developing the narrative report and the NCPI A and part A of the European Supplement to the National Commitments and policy instrument. The NCPI part B and the European supplement to NCPI part B were sent to be completed by members of the civil society.

b. **Status of the epidemic:**

The HIV epidemic in Greece started in the early 80s and showed a steady increase during the 90s. The extremely large number of cases observed in 1999, however, is attributed to changes in the HIV/AIDS reporting system. Greece experienced also a substantial upward shift to the in HIV epidemic after 2000. An outbreak was noticed in 2011. In particular, the number of reported HIV cases in 2011 increased by 57% compared with 2010, while during the same year HIV spread rapidly in the population of injection drug users. The number of HIV diagnoses in IDUs in 2011 was **15 times higher** than the corresponding number in 2010 comprising approximately **25% of the total HIV reports in 2011**.

The epidemiology of AIDS has two important characteristics: the expansion of case definition in 1993 and the introduction of highly active antiretroviral therapy at 1996. The increase observed in AIDS incidence during 1993-96 is due to the large number of new AIDS cases diagnosed using the expanded case definition. On the contrary, HAART caused a marked decline in AIDS incidence after 1997, which remains low during recent years.

([http://www.keelpno.gr/Portals/0/Αρχεία/HIV/ΕΠΙΔΗΜΙΟΛΟΓΙΚΟ\\_HIV\\_2011.pdf](http://www.keelpno.gr/Portals/0/Αρχεία/HIV/ΕΠΙΔΗΜΙΟΛΟΓΙΚΟ_HIV_2011.pdf))

## III. Overview of the HIV/AIDS epidemic

The HIV epidemic in Greece is concentrated on high-risk behavior groups. The most affected sub-groups include MSM and IDUs.

### HIV/AIDS in Greece

#### (From the beginning of the epidemic through 31/12/2011)

Reported cases of HIV infection: 11,492

Men: 9,346

Women: 2,098

Children: 86 (age: 0-12 years old)

Reported AIDS cases: 3,254

Reported number of deaths among AIDS cases: 1,714

### Risk groups

MSM: 5,543

Heterosexuals: 2,631

Heterosexuals originated from countries with generalized epidemics: 886

IDUs: 595

Haemophiliacs and transfusion recipients: 336

MTCT: 63

Undetermined: 2,324

### New infections in 2011 (31/12/2011): 954

Men: 820 (86%)

Women: 134 (14%)

Children: 4

### **Risk groups for 2011 (31/12/2011)**

MSM: 340 (35.6%)

Heterosexual contact: 148 (15.5%)

IDUs: 241 (25.3%)

MTCT: 4 (0.4%)

Undetermined: 220 (23.1%)

### **AIDS cases in 2011 (31/12/2011): 83**

Men: 67

Women: 16

Children: 1 (age: 0 -12 years old)

The country's population in 2011, was 10,787,690 according to the temporary results of the 2011 Population Census, released by the National Statistical Service of Greece ([www.statistics.gr](http://www.statistics.gr)). Among them 5,303,690 were males and 5,484,000 females.

### **IIIa. HIV epidemic among MSM in Greece**

The Non-Governmental Organization, "Positive Voice", supported financially by the Hellenic Center for Disease Control and Prevention, participated in the "EMIS" European MSM Internet Study. This was a web-based survey that provided the following valuable data on HIV-related biological and behavioral characteristics of MSM.

#### **National knowledge and behavior indicators**

Percentage of MSM that have received an HIV test in the last 12 months and who know the results (<25 years old): 28.4%

Percentage of MSM that have received an HIV test in the last 12 months and who know the results (25+ years old): 35.5%

Percentage of MSM reached with HIV prevention programmes (<25 years old): 52.8%

Percentage of MSM reached with HIV prevention programmes (25+ years old): 62.7%

Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (<25 years old): 30%

Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (25+ years old): 39.5%

Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner within last 6 months (<25 years old): 68.5%

Percentage of MSM reporting the use of a condom the last time they had anal sex with a male partner within last 6 months (25+ years old): 66.5%

#### **National programme impact indicator**

From EMIS study the Percentage of MSM diagnosed HIV positive among those who have ever been tested for HIV: 12.7%

### **IIIb. Status of the HIV epidemic among Heterosexuals**

There is not much evidence for genuine heterosexual HIV transmission in Greece. The majority of people who acquire HIV infection by sexual intercourse have HIV positive partners from the most affected groups, i.e. bisexual partners, IDUs, or partner from high prevalence area.

The infection is rarely detected in female sex workers working legally as testing for HIV is mandatory for their official work permit and repeated routinely along with the other STIs.

However, systematic surveillance data from sex workers who work illegally or are trafficking victims are not available.

### **National knowledge and behavior indicators**

The following data were derived from the previous UNGASS report in 2009 since more recent data is not available. There are no demographic Health Surveys in Greece concerning knowledge and behavior data on HIV/AIDS. The data reported here, refer to data collected through HCDCP and NGOs using the UNAIDS questionnaire for the construction of core indicators.

Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission: 37.61%.

Percentage of young women and men aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months: 39.5%.

Percentage of young women and men aged 15-24 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse: 27.6%.

### **National programme impact indicator**

Percentage of young women and men aged 15-24 who are HIV infected: NA

## **IIIc: Status of the HIV epidemic among IDUs in Greece**

**Data reported by ΕΚΤΕΠΝ (Greek REITOX Focal Point of the EMCDDA). It presents 2010 data. Data collection for 2011 data is in process.**

### **National knowledge and behaviour indicators**

#### **1. Prevention programmes**

Number of syringes distributed per IDU per year by needle and syringe programmes: 6.7

Numerator number of syringes distributed in past 12 months by NSPs: 61,516.

Denominator number of IDUs: 9,439.

#### **2. Percentage of people who inject drugs who report the use of a condom at last sexual intercourse**

No data available

Relevant data: The two (2) indicators currently used by the Greek REITOX Focal Point of the EMCDDA refer to use of condom during sexual intercourse in the last 6 months a) with a steady partner and b) a casual partner. Both these indicators are nonetheless not compatible with the UNGASS indicator.

**Table 2. Percentage of IDUs who reported “always” use of condom at sexual intercourse in the last 6 months a) with steady partner and b) casual partner**

	Partner type	
	Steady	Casual
Year (of data)	2010	2010
Total number IDUs entering treatment and provided DRIDI data (1)	2,277	1,240
Total number IDUs from (1) who answered the condom items (2)	478	459
Total number IDUs from (2) who answered “always” use of condom at sexual intercourse in the last 6 months	129	272
Percentage of IDUs from (2) who received HIV test and know the result	27%	59,3%

Source: Greek REITOX Focal Point of the EMCDDA, unpublished DRIDI data

### 3. Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected.

No data available

### 4. Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results.

Data available only for IDUs who entered treatment in 2010, b) received an HIV test (anytime in the past) and c) know their results.

**Table 3. Percentage of IDUs who a) entered treatment in 2010, b) received an HIV test (anytime in the past) and c) know their results**

Year (of data)	2010
Total number IDUs entering treatment and provided TDI data (1)	2,277
Total number IDUs from (1) who answered the HIV item	2,158
Total number IDUs from (2) who received HIV test and know the result	1,728
Percentage of IDUs from (2) who received HIV test and know the result	80%

## National programme impact indicator

### Percentage of IDUs who are HIV seropositive

#### PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO ARE LIVING WITH HIV

Data available only for a) IDUs who a) entered treatment in 2010, b) received an HIV test (anytime in the past) and c) know that they are positive.

**Table 3. Percentage of IDUs who a) entered treatment in 2010, b) received an HIV test (anytime in the past) and c) know that they are positive**

Year (of data)	2010
Total number IDUs entering treatment and provided TDI data (1)	2,277
Total number IDUs from (1) who answered the HIV item	2,158
Total number IDUs from (2) who received HIV test and know the result (3)	1,728
Total number IDUs from (3) who are HIV positive	25
Percentage of IDUs from (3) who are HIV positive	1,4%

## **IV. National Response to the HIV/AIDS epidemic**

### **Strategy**

In 2008, in Greece, the National Action Plan against HIV/AIDS was developed. Greece has revised its strategy against HIV/AIDS and there is an effort to implement the commitments made at Dublin, Vilnius and Bremen conferences and UNGASS declaration.

The strategy focuses mainly on:

- Up-to-date policies for combating HIV/AIDS
- Prevention
- Combating social stigma
- Development of up-to-date educational policies, while it emphasizes the need for co-operation with international organizations and the civil society.

### **Treatment, care and support**

Every person in the country has access to free, anonymous/confidential voluntary testing. Pregnant women are usually tested for all STIs including HIV.

Therapy and care constitute the major success of Greece. As most of the population is covered by stated subsidized/owned health insurance systems and access to treatment is free of charge for the insured population as well as for the migrants who do not have access to treatment in their own country, a high standard of health care is achieved including:

- Prevention and treatment of diseases
- Payment of sickness benefit
- Early detection of co-infections and AIDS related diseases.

HIV infected persons in Greece receive highly active anti-retroviral therapy according to the international guidelines. They have access to specialised centres for treatment, care and support. Several NGOs also offer support and counselling. The number of people under HAART by the end of 2011 was approximately 5,600.

According to the Greek law all greek citizens and citizens of the EU Member States legally residing in Greece who are infected with HIV are entitled to a monthly financial allowance. The Hellenic Center for Disease Control and Prevention provides also social support to infected persons. Among others, HCDCP supports financially people who have no income and do not get any benefit. For homeless HIV+ individuals there are two shelters, offering housing.

### **MTCT antiretroviral prophylaxis**

The number of HIV infected pregnant women who received prophylaxis in 2011 was 21, while four cases of perinatal infection were detected during that year. New guidelines regarding prevention of mother to child transmission are being developed.

### **Human rights**

Human rights and non-discrimination principles represent a basic issue in Greece as the fear for those infected and the discriminative behaviours may lead the infected ones to infect others. Concerning the legal framework, people living with HIV are entitled to the same rights compared to the seronegative people of the country while in order to keep patients' identity anonymous, a coding system is used while reporting the HIV infection in Greece.

Greece tries to uphold Human Rights and Civil Liberties as a member of European Union. Greece has ratified most International Conventions and Protocols for the Protection of Human Rights and Civil Liberties and tries to ensure permanently their implementation.

In 1995, HCDPC published the "Fundamental Principles for the Protection of Human Rights and Civil Liberties", which was translated in English in 1996 and to five other languages. It contained



150 articles for the protection of human rights and civil liberties with regard to Epidemiology, Migrants, Refugees, Family, Housing, Rental Residence, Employment, Education, Military-Armed Forces, Prisons, Health Care, Privacy and Confidentiality, Health Care Personnel, Social Security and Welfare, Protection from Un-Orthodox Treatments and Misleading Advertising and Social Life. These principles are characterized as the Bible of Human Rights for people living with HIV/AIDS enacted as Circular of Ministry of Health and Social Solidarity (Y1/3239/4 of July 2000) and are in effect till now.

Our country has ratified the European Convention of Human Rights, Protocols, a lot of Conventions for Human Rights, all the European law for the protection of human rights as a member of European Union, as much as Law for European Constitution (Law 3114/2005).

Mechanisms in place to ensure that these laws are implemented are greek courts, Ombudsmann, Hellenic Data Protection Authority, Hellenic Center for Disease Control and Prevention (HCDCP), Ministry of Health and Social Solidarity. We consider the implantation of human rights and civil liberties as satisfactory. Even with the financial crisis in Greece, allowances or benefits have been maintained, as well as free access of vulnerable groups to health care services (i.e. Hospitals and Health Centers of the National Health System, medication).

NGOs support those affected defending their rights, helping to increase the acceptance of persons living with HIV/AIDS in the society.

### **Cooperation with Civil Society**

Despite the great number of NGOs registered in Greece, are active in the area of HIV/AIDS. The need for co-operation of government agencies and NGOs has emerged through the years. NGO's have taken part in the development of the National Action Plan as well as for representing the country in EU or international fora.

The participation of stakeholders in the Social Dialogue for HIV/AIDS Committee of HCDCP has increased during the past couple of years. This Committee now consists of 11 representatives of various HCDCP departments (7 of which are new members) and 14 NGOs (6 of which new members), some dealing with HIV/AIDS issues, some representing MSM and/or lesbian women and others supporting refugees, migrants, sex workers, victims of trafficking, IDUs etc. A representative from the Hellenic Society for the Study and Control of AIDS just confirmed his participation in the Committee from here onwards. The Committee deals with medical, social, psychological as well as welfare matters related to HIV. There has been increased collaboration in the planning and implementation of campaigns targeted at young people, MSM, migrants, sex workers, IDUs and people with disabilities. A guide for STIs and HIV prevention was created and distributed in a HCDCP campaign at a popular gay festival in Mykonos with the participation of volunteer MSM from NGOs. There is collaboration regarding changing welfare matters, issues concerning discrimination of PLWHIV and, recently, seropositive prisoners' needs are on the agenda. Workshops relating to HIV issues are planned in collaboration.

At a time of scarce resources and increasing needs in Greece, the demand for cost effective collaborations is pressing. New seropositive cases are vulnerable in many respects and often have several difficult issues to deal with aside from HIV, such as poverty, addiction, absence of legal documents, homelessness, unemployment etc. Furthermore, the social problems in Greece make more people at risk for HIV infection as for example the IDUs. The Social Dialogue for HIV/AIDS Committee should include representatives of sex workers, IDUs and migrants to participate in the process of planning, implementing and evaluating HIV prevention programmes targeted to them. This would lead to greater acceptance and higher impact of the campaigns on targeted groups and also it will make services more accessible to the groups who are most in need of them. Due to the financial crisis the private sector as Civil Society could also be more engaged to participate.

## **National Response to the HIV epidemic among IDUs**

The number of HIV infection cases among injecting drug users (IDUs) has been in Greece consistently low throughout previous years (less than 20 cases annually). The number of HIV diagnoses in IDUs in 2011 was **15 times higher** than the corresponding number in 2010 comprising approximately **25% of the total HIV reports in 2011<sup>1,2\*</sup>**. This increase is not related to any changes in the testing policy (at least for the first part of 2011) and it therefore strongly suggests the existence of a growing epidemic, especially in the Athens metropolitan area. Indications of a prospective infectious disease outbreak in IDUs population had appeared already in 2008 when a significant increase in the prevalence of antibodies to HCV and to HBV (HBsAg) among IDUs (especially those with short injecting histories) was observed in the DRIDI data. The low coverage of OST and of needle and syringe programmes as well as possible changes in drug use patterns among IDU may have been contributing factors to the outbreak. As for drug-induced deaths, although 29.4% of the reported death cases are still to be confirmed, the decrease first observed in 2005 appears to continue in 2010.

The recent HIV outbreak in IDUs caused the immediate response of the public health authorities in Greece. Following relevant European guidance, the evidence-based interventions in Greece included the expansion of syringes exchange/distribution and condom distribution programs, the switch from high to low dead space syringes, the HIV screening of IDUs in treatment and voluntary testing in low threshold/outreach services, the priority opioid substitution treatment and antiretroviral therapy for all HIV+ IDUs, the opening of 28 new opioid substitution units in the public hospitals all over Greece (16 in greater Athens area), the raising awareness directed to both professionals and IDUs as well as the general public, the improvement of traditional epidemiological tools and the implementation of modern surveillance approaches to monitor the evolution of the outbreak.

### Activities by the Hellenic Centre for Disease Control and Prevention – HCDCP

- Mobile Medical Units provide primary health care, health promotion, distribution of syringes (from December 2011 until today more than 41.125 syringes, 41.100 sterile tissues and 41.100 serums and condoms have been distributed) and free voluntary HIV testing (306 HIV testing for IDUs, 52 found positive and referred to permanent health care facilities).
- Street work is about to begin (April 2012) for the information and prevention of HIV/AIDS & STIs for IDUs (syringe distribution, health promotion, condom use promotion and condom distribution, promotion of HIV testing).
- Monthly health promotion HIV/AIDS prevention programme in collaboration with KETHEA (Therapy Center for Dependent Individuals) for IDUs. (From Jan. 2011 to Dec. 2011, 247 IDUs participated in the programme).
- Technical and Financial support to NGOs for HIV prevention programmes for IDUs.
- There is a close collaboration between the Office for HIV/STIs in HCDCP and the ECDC. A joint consultation of the ECDC and the EMCDDA provided technical guidance for the management of IDUs testing HIV positive and a close collaboration has been developed to follow up on the control of the current outbreak in the centre of Athens.

### Activities by the Organization against Drugs- "OKANA"

With regard to the interventions outlined in the WHO, UNODC and UNAIDS technical guide, the proposal of the Independent Reference Group to the United Nations, and the ECDC–EMCDDA Joint Guidance, a series of measures have been taken in Greece during 2011-2012. Other proposed interventions belong to the standard services provided by OKANA in a regular basis before the AIDS epidemic.

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<sup>1</sup> According to the Greek REITOX Focal Point of the EMCDDA (2011)

<sup>2</sup> Epidemiological report 2011, HCDCP, [http://www.keelpno.gr/Portals/0/Αρχεια/HIV/EPIDIMIOLΟGIKO\\_HIV\\_2011.pdf](http://www.keelpno.gr/Portals/0/Αρχεια/HIV/EPIDIMIOLΟGIKO_HIV_2011.pdf)

## I. Measures taken during 2011-2012

**Briefly**, the measures taken by the Greek Organization against Drugs (OKANA) in order to respond to the AIDS epidemic, include: 1) the restructuring and expansion of the opioid substitution program in order to eliminate the waiting lists and reduce the risk within the IDUs community in Greece, 2) the intensification of standard health promotion activities of low threshold services, needles-syringes and condom provision in Athens as well as the implementation of an awareness campaign directed to IDUs in Athens 3) interventions implemented by OKANA, in the framework of National Strategic Reference Framework (NSRF 2007-2013) 4) interventions implemented by other agencies with the collaboration of OKANA, in the framework of National Strategic Reference Framework (NSRF 2007-2013).

More specifically:

**1. Drug dependence treatment:** A major expansion and restructuring of the substitution treatment programme is in progress, in order to improve treatment availability. From August 2011 until March 2012, 28 new substitution units were launched, in collaboration with hospitals, whereas 8 more are planned to start working during the next trimester.

<b>No of substitution units</b>			
	<b>Aug-11</b>	<b>Mar-12</b>	<b>Jun-12</b>
<b>Athens-Piraeus</b>	7	23	24
<b>Thessalonica</b>	5	11	12
<b>Other cities</b>	13	19	25
<b>Total</b>	25	53	61

As a result,

- there was a great increase in treatment applications: the total annual number of applications in 2011 (in total: 2,773) was the highest since 1996, year of the implementation of the substitution programme in Greece.

	Sep-2010	Sep-2011
<b>No of treatment applications</b>		
Athens-Piraeus	65	363
Thessalonica	18	129

- nevertheless, the number of applicants waiting for admission was reduced substantially as well as the mean waiting time for entering treatment. More specifically, the mean waiting time has been reduced in Athens from 89 months in the beginning of 2011 to 55 months in March 2012, whereas in Thessalonica from 48 months to 1, respectively.

- likewise, the number of individuals in substitution treatment was also increased: 53% in total, 75% in Thessalonica and 34% in Athens, as compared to the beginning of 2011.

	Jan-2011	Mar-2012
<b>No of clients in substitution units</b>		
Athens-Piraeus	2079	2751
Thessalonica	1242	2066
Other cities	1824	2484
<b>Total</b>	<b>5145</b>	<b>7301</b>

**2. Health promotion activities:** An effort is being made to rapidly increase the number and the range of services provided to IDUs through the intensification of low threshold services (needles-syringes and condom provision) in Athens. To this end, mobile units of HCDCP participated to OKANA's network.

An awareness campaign directed to IDUs was implemented in Athens centre in spring 2011. Also, from January 2012 an intervention programme entitled '**USE INSTRUCTIONS**' is implemented in Athens centre by OKANA in collaboration with HCDCP and the NGOs PRAKSIS, Positive Voice, Prevention Centre ATHENA-HEALTH and Doctors of the World. The programme includes the provision of needles-syringes and condoms. Soon, condoms will be also available in all substitution units. This intervention is being financed by OKANA, donations and sponsorships.

**As regards to the injection equipment**, a switch from high to low dead space syringes distributed by the Needle Exchange Program of OKANA, was made since 20/9/11.

Finally, **referrals to general medical services** are facilitated after the restructuring of substitution programme of OKANA in collaboration with public hospitals.

### **3. Interventions implemented by OKANA in the framework of National Strategic Reference Framework (NSRF) 2007-2013, co-financed 85% by the European Union and 15% by national resources.**

1. Project title: "Education and promotion of health of the active drug users"

MIS Code: 339476

Budget: 1,760,000.00 €

Progress: Actions 1 and 2 (of 4) are in a preparatory state in order to be implemented

2. Project title: Pilot project for the implementation of measures alternative to imprisonment of drug users

MIS Code: 349337

Budget: 1,500,000.00 €

Progress: approval of the plan of implementation is soon expected by the ministry of Health

3. Project title: "Pilot project for the launching of 2 substitution units in prison settings"

MIS Code: 349600

Budget: 2,247,000.00 €

Progress: Action 1 (of 2) is implemented: Needs assessment of imprisoned drug users is in progress

4. Project title: "Police staff training in drug related issues"

MIS Code: 337862

Budget: 1,740,000.00 €

Progress: approval of the plan of implementation is soon expected by the ministry of Health

5. Project title: "Intervention in local communities and streets to tackle down drug use"

MIS Code: 357502

Budget: 2,000,000.00 €

Progress: approval of the plan of implementation is expected by the ministry of Health

6. Project title: "Development of the low threshold and harm reduction services in Athens metropolitan area"

MIS Code: -

Budget: 2,000,000.00 €

Progress: approval of the initial project plan is expected by the ministry of Health

7. Project title: "Establishment and operation of low threshold and harm reduction services in Thessalonica"

MIS Code: -

Budget: 3,600,000.00 €

Progress: approval of the initial project plan is expected by the ministry of Health

#### **4. Interventions implemented by other agencies with the collaboration of OKANA in the framework of National Strategic Reference Framework (NSRF) 2007-2013, co-financed 85% by the European Union and 15% by national resources.**

1. Project title: "An integrated and combined prevention initiative for control of the HIV-1 outbreak among Injecting Drug Users (IDUs) and their high risk contacts in Athens."

(Athens University, Organization Against Drugs, Centre for Disease Control & Prevention)

Action Code: 2011SE09180115

Budget: 975,120.00 €

Progress: public invitation for hiring staff

## **II. Standard health promotion activities provided by OKANA programmes on a regular basis (before the AIDS epidemic)**

### **1. Testing:**

- HIV, HBV, HCV and TBC screening tests of IDUs is a prerequisite for admission to drug treatment programmes in Greece. Laboratory tests are performed either by the specialized units within the drug treatment services (i.e. MAVY) or through a collaborating network of laboratories in public hospitals.
- Systematic HIV, HBV, HCV and TBC screening of substitution programme members: screening at an annual basis or more often when it is advisable to.

### **2. Vaccination:**

- Vaccinations for Hepatitis A & B, tetanus and influenza are provided to all program members, free of charge.

### **3. Infectious disease treatment:**

- Antiviral treatment is provided for hepatitis B- or hepatitis C- infected members of treatment programmes, free of charge.
- Tuberculosis treatment is offered free of charge to active cases of patients in drug treatment programmes.
- All HIV positive IDUs, are offered prioritized opioid substitution treatment and antiretroviral therapy

### **4. Health promotion activities**

Health promotion is provided at a regular basis by:

▪ Treatment programmes: individual/group counseling on the risks associated with infectious diseases

▪ Low threshold services of OKANA: Drug Addicts Care Facility (SFEA), Direct Aid and Support Unit (MAVY)

These include:

- Information about the prevention of infectious diseases (distribution of leaflets, helpline 1031)
- Training in safer drug use and harm reduction
- Individual counseling on the risks associated with infectious diseases
- Needle exchange programme, needle/syringes and condom distribution programmes.

### Activities by the Therapy Center for Dependent Individuals (KETHEA)

KETHEA's therapeutic programmes provide harm reduction services through low threshold units and counselling centres.

KETHEA Psychodiagnostic Centre is part of the services of the therapeutic programme KETHEA EXELIXIS (Low Threshold programme), and offers full physical and mental diagnostic facilities, first aid, dental care, as well as referral service for medical examinations. The centre provides information, organizes seminars regarding health issues (i.e. protection against infectious diseases, seminars regarding safer drug use, etc), and delivers informative material to the population that approaches its services.

The prevention of blood-borne diseases is also one of the main objectives of KETHEA's counselling centres. The centres provide miscellaneous services addressed to HIV prevention. Informative seminars on prevention of HIV and other infectious diseases are held in collaboration with the Psychodiagnostic Centre and/or health specialists from external services (hospitals). All problem drug users are referred to health services in order to get tested for HIV/ AIDS and other diseases.

In addition, there are activities provided by streetwork programmes which focus on motivating drug users towards treatment and on promoting safer drug use and sex practices through condom distribution and through facilitating clients' access to health services.

As far as the services within prison are concerned, Psychodiagnostic Centre in coordination with the therapeutic programme KETHEA EN DRASI organizes information seminars within prisons addressed to deliver health education and to inform prisoners about the health consequences of drug abuse and the prevention of infectious diseases. The therapeutic programme KETHEA EN DRASI is addressed to inmates who are drug users and provides services within three prisons of Athens. The aims of the services are to inform the inmates about the effects of drug abuse and the existing treatment programmes as well as to motivate them to enter a therapeutic programme.

### **National Response to the AIDS epidemic apart from IDUs**

- A. **In UNGASS 2010 national report** it was stated that more work on the prevention area is definitely needed.

During 2010-2011 the HCDCP designed and materialized awareness campaigns and group targeted projects for the general population and vulnerable sub-populations (outreach programmes for the general population, migrants, sex workers, IDUs). Such programmes need to be sustained and expanded in the following years aiming at reducing transmission (through sexual intercourse or common use of injecting equipment) of HIV by 50% by 2015- Ungass target. The year 2010-2011 the HCDCP operates five mobile preventive Medical Units with medical equipment and staff with doctors, nurses, psychologists and cultural mediators targeting for vulnerable sub-populations (migrants, sex workers, IDUs etc.). The mobile units provide a network of voluntary counseling and testing centers for easy access, non-discriminatory counseling and HIV testing. It is important that such programmes are sustained and expanded the following years aiming to reduce transmission (through sexual intercourse or common use of injecting equipment) of HIV by 50% by 2015.

These programs include:

#### **1. General Population**

- Street-work and awareness campaigns for HIV/AIDS and STIs prevention in the General Population (health promotion, condom use promotion and condom distribution, promotion of HIV testing etc.) Technical and Financial support to NGO for HIV prevention programmes.

- Technical and Financial support to NGOs for HIV prevention programmes got the general population.

## **2. Men who have sex with Men (MSM)**

- Street work for the information and prevention of HIV/AIDS & STIs for MSM (health promotion, condom use promotion and condom distribution, promotion of HIV testing). Until today 14.905 MSM have been informed).
- Technical and Financial support to NGO for HIV prevention programmes.
- Technical and Financial support to NGOs Positive Voice, for research regarding the sexual behavior of MSM in Greece (EMIS Project)

## **3. Students, teachers and young soldier recruits – 2 projects**

- Educational programmes for students, teachers and young soldier recruits for the prevention of HIV/AIDS & STIs. Until today more than 14.000 students, teachers and young soldier recruits have been informed throughout Greece.
- Production and distribution of a new interactive material (Health Education and HIV/AIDS & STIs prevention) that will be distributed to schools throughout Greece.

## **4. Injecting Drug Users (IDUs)**

- Mobile Medical Units that provide primary health care, health promotion, distribution of syringes (from December 2011 until today more than 41.125 syringes, 41.100 sterile tissues and 41.100 serums and condoms have been distributed), free HIV testing (306 HIV testing for IDUs, 52 found positive and referred to permanent health care facilities.
- Street work is about to begin (April 2012) for the information and prevention of HIV/AIDS & STIs for IDUs (syringe distribution, health promotion, condom use promotion and condom distribution, promotion of HIV testing).
- Monthly health promotion HIV/AIDS prevention programme in collaboration with KETHEA for IDUs. (From Jan. 2011 to Dec. 2011, 247 IDUs participated in the programme).
- Technical and Financial support to NGO for HIV prevention programmes for IDUs.

## **5. Individuals living with HIV**

- Education prevention programs for HIV positive adult

## **6. Prostitution – 2 projects**

- Street work for men prostitution (health promotion, condom use promotion and condom distribution, promotion of HIV testing etc.). Until today 372 Men involved in prostitution have been informed (1,800 leaflets and 1,100 condoms have been distributed).
- Street work for men prostitution (health promotion, condom use promotion and condom distribution, promotion of HIV testing etc.). Until today the street work project team has approached more than 451 brothels in the Centers of Athens and Piraeus.

## **7. Prisoners**

- A program for the health promotion of seropositive prisoners is being designed. It will be implemented by the Department of Community Intervention, with the collaboration of NGO Positive Voice.

B. **In the UNGASS 2010 national report** it was stated, that a major challenge was the establishment of a network of voluntary counselling Testing Centres to provide easily accessible, non-discriminatory counselling and HIV testing.

In 2011 The non- Governmental Organization "Positive Voice" along with the work done by HCDCP mobile units and other NGO's raised awareness on HIV testing. The operated HCDCP helpline is used to provide more information on HIV testing centers

- C. **In the UNGASS 2010 national report** it was stated that the establishment of Second generation Sentinel Surveillance system is challenging in ensuring a high quality system to monitor the spread of HIV and STIs and high risk behavioral trends over time, in order to collect data to guide planning, interventions and evaluate the HIV response.  
The HIV/STI's Office of HCDCP is in the process of implementing the surveillance of CD4 count at the time of diagnosis as an indicator of late diagnosis, though more work in this area is definitely needed.
- D. **In the UNGASS 2010 national report** it was stated that there is a need for more behavioral surveys in order to evaluate the data related to special circumstances and needs of vulnerable groups such as MSM, sex workers, victims of trafficking, migrants, IDUs and street children.  
The non- Governmental Organization "Positive Voice" supported financially by the Hellenic centres for Disease Control and Prevention , participated in the "EMIS" study. This was a web-based survey that provided valuable data on HIV-related biological and behavioral characteristics of MSM.  
Data collection and reporting is a challenge for many countries. More use could be made of international or European data collection mechanisms and initiatives such as Eurostat surveys and the EMIS study, although these might be time-consuming and costly and cannot cover every issue. More work should be done in this area.
- E. **In the UNGASS 2010 national report** it was stated that a systematic evaluation of these programmes, identification of best practices and formulation of a mechanism of scaling up those effective strategies is required in a larger scale.  
The Hellenic Centre for Disease Control and Prevention is a partner along with ECDC and 24 more associated partners in EU Member States (MS) in the **Joint Action on Quality Improvement of HIV prevention**, to be financed by DG-SANCO in the coming year.
- F. **In the UNGASS 2010 national report**, it was stated that skill based education for the younger ages and schools, has also to be developed through the country.  
The Ministry of Education implements programs on Sexual Health and Sexually Transmitted Infections in cooperation with experts from Ministry of Health and Social Solidarity, National School of Public Health, 2<sup>nd</sup> Gynaecology Clinic of Athens University and Hellenic Centre for Disease Control and Prevention. During the school year 2010-2011 1200 programs were implemented during which 1300 school teachers were trained and 26.000 students  
Resources allocated in the implementation of the programs: 70,000 Euros  
HCDCP has implemented educational for school aged children, through the country in cooperation with the Ministry of Education. From 2009, until till today more than 19,612 students, soldiers and teachers throughout Greece have been educated in relation to HIV/AIDS and STIs. In addition the HCDCP is currently working on the production and distribution of a new interactive material related to health education and HIV/AIDS, STIs prevention, that is about to be distributed in secondary schools.
- G. **In the UNGASS 2010 national report**, it was stated that NGOs involvement should take place in all stages of efforts to face the disease (from planning to implementation).  
The involvement of NGOs has been increased in the past year through the National Social Dialogue Committee. However more work has to be done according to NGO's and more joint actions to be implemented. Many projects are implemented by NGO's include among others:  
**NGO –HELMSIC:** Main aim of the NGO is to raise awareness on HIV/AIDS among future Health Care Workers. Activities for the years 2010-2011 include: World AIDS Day 2011 – Zero Stigma and Discrimination, 1st HelpET – Hellenic Peer Education Training, HelMSIC participatinon in the Athens Pride 2011 with a stand informing the MSM population about HIV/AIDS and STIs and other health issues. 1st Ethio-Greek International Medical Students



Course "Hands-On Global Health". Conference organization: Human Trafficking – It also relates to Healthcare Professionals

**NGO- ACT –UP:** Street work with an aim to raise awareness among vulnerable groups migrants, victims of smuggling and trafficking, migrants sex workers. Organization of educational seminars for NGO's working with sex workers and for medical students.

**NGO Positive Voice** has conducted a campaign against the discrimination of HIV+ persons in the labour market. The campaign included posters with slogans for the reduction of discrimination in the workplace.

**NGO Center of Life** conducts a campaign against of the stigmatisation of HIV+ persons with posters and short videos

## V. Best practices

1. Since January 2012 an intervention programme entitled '**USE INSTRUCTIONS**' is implemented in Athens town centre by OKANA in collaboration with HCDCP and the NGOs PRAKSIS, Positive Voice, Prevention Centre ATHENA-HEALTH and Doctors of the World. The programme includes the provision of needles-syringes and condoms. Soon, condoms will be also available in all substitutions units. This intervention is being financed by OKANA, donations and sponsorships.

2. Organization and implementation of outreach Programs (May 2011 – Present) for groups of migrants, prostitutes men / women, IDUs and interconnection of these groups with the mobile health care units of the HCDCP.

So far the street work project (for immigrants and prostitutes) has approached almost 2900 Migrant shops and 348 brothels and a large number of people involved in prostitution, which has shared information material and has an update on the action of the mobile units. Knowing the places and areas where migrants live and operate, the scientific staff combines the method of individualized work and street walkers. The peripatetic team approaches immigrants in their "own" place, hands out leaflets (Greek, English, Farsi, Urdu, Arabic and Bulgarian, French) and condoms, promotes condom use in every sexual intercourse to reduce STIs such as HIV, genital warts (HPV), syphilis, gonorrhoea, and hepatitis, informs about existing health services and welfare. The team also refers individuals to the mobile units, where migrants can have a free HIV test as well as a general health check up and a vaccination if requested.

Five Mobile Preventive Medical Units operate daily from June 9 2011 (weekdays & weekends) including medical equipment (Portable Radiology Equipment, Bed, Computer/Diagnostic Station, centrifuge, ECG) and the staff include a medical doctor, a nurse, a psychologist and a cultural mediator. Individuals found HIV positive or in need for other types of support (medical or psychological) are referred by the unit's staff to the appropriate health care structures where they can get the appropriate assistance

3. Nucleid Acid Testing of all single donations.

Resources allocated to blood safety by the Ministry of Health for all infectious diseases (HIV & hepatitis) for 2011 was 30,099,524 Euro

## VI. Major Challenges and remedial actions

Challenges remaining are:

- Establishment of a strong national monitoring and evaluation mechanism to oversee the national response is needed.
- A national AIDS account to track the funds allocated for HIV must be available.
- Immigration. The massive influx of legal and undocumented migrants in Greece is associated with a number of public health issues and stresses the capacities of the national health

system. There is an urgent need to confront the problem taking into account simultaneously cost issues, and ethical and humanitarian considerations.

- Further scale –up response to HIV epidemic among IDUs in collaboration with European and International partners.

## **VII. Support required from country's development partners.**

In a time of deep economic crisis Greece could not contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria but is a partner of the ESTHER alliance.

Greece participates in the ESTHER alliance since 2006 ([www.esther.eu](http://www.esther.eu)). The alliance of the ESTHER European partners is a network of Governments, favouring the networking of health professionals and associations from the European region who decided to work in synergy for fighting HIV/AIDS and its disastrous consequences in developing and transition countries through a high standard comprehensive treatment and care approach, aiming thus at contributing to the achievement of the Millennium Development Goals and to Universal Access to HIV/AIDS prevention, treatment and care. The alliance was established under the context of the Declaration of the United Nations General Assembly Special Session on HIV/Aids (UNGASS) in June 2001 (Global Crisis - Global Action), the conclusion of the G8 meeting in July 2001 and the setting up of the Global Funds to fight AIDS, Tuberculosis and Malaria in January 2002.

Greece is represented in the network by the HCDCP. Since 2009 the activities of HCDCP in the ESTHER alliance are under the auspices of the Greek Orthodox Patriarchate of Alexandria and All Africa. Main priorities include the fight against HIV/AIDS and trafficking. Since 2011 all medical and educational facilities of the Patriarchate in Africa are at the disposal of the HCDCP as part of the Greek contribution to the ESTHER alliance. Medical units in 10 African countries are already operating in order to provide services to people living with HIV/AIDS. Prevention campaigns are organized in cooperation with local groups of doctors and international medical organizations, in different African cities, for example an HIV awareness month in Tanzania.

The Chief Secretary of the Holy Synod of the Patriarchate, participated in the Greek national delegation for the High-Level Meeting on AIDS in New York in June 2011.

<http://www.patriarchateofalexandria.com/>

## **VIII. Monitoring and Evaluation environment**

There is an urgent and concrete need for a Monitoring and Evaluation mechanism