



HELLENIC CENTER FOR DISEASE  
CONTROL AND PREVENTION

MINISTRY OF HEALTH

## **Global AIDS Response Progress Report 2013**

**GREECE**

Reporting period: January – December 2012

HELLENIC CENTER FOR DISEASE CONTROL AND PREVENTION

3-5 AGRAFON STR.

AMAROUSIO, GREECE

## **COUNTRY REPORTING FORMAT**

- I. Contents
- II. Acronyms
- III. Overview of the AIDS epidemic
- IV. Political Leadership and support
- V. Strategic Planning
- VI. Human Rights
- VII. Prevention
- VIII. HIV testing, treatment, care and support
- IX. Monitoring and Evaluation

## **ACRONYMS**

AIDS: Acquired Immunodeficiency Syndrome

ART: 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

MSM: Men who have Sex with Men

MTCT: Mother to Child Transmission

NA: Not available

NGOs: Non-Governmental Organizations

OST: Opioid Substitution Treatment

PLWH: People Living with HIV

## **Contents**

Overview of the AIDS epidemic	5
Political Leadership and support	9
Strategic Planning	10
Human Rights	15
Prevention	17
HIV testing, treatment, care and support	25
Monitoring and Evaluation	29

## OVERVIEW OF THE AIDS EPIDEMIC

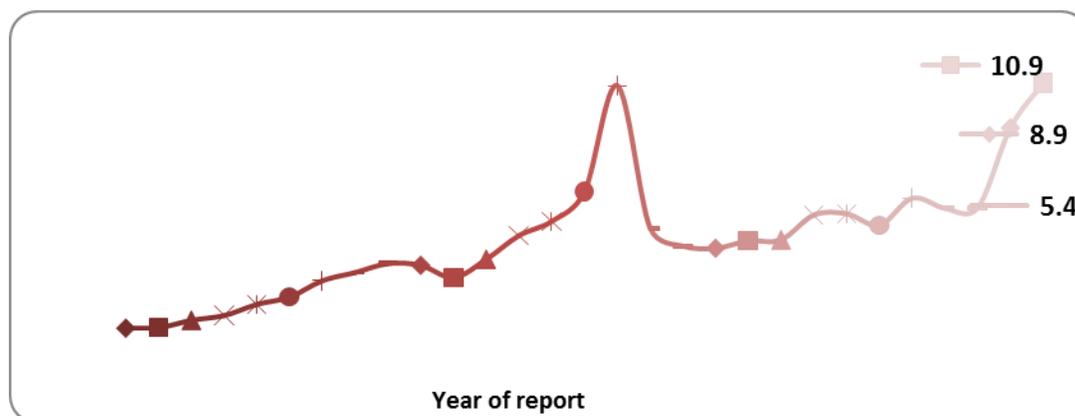
Epidemiology of HIV in Greece

### Overview of HIV epidemic

The Greek HIV epidemic has been characterized by a pattern of a low-level, concentrated epidemic. The most affected sub-groups include MSM and IDUs.

Since HIV was first reported in Greece in the 1980s, the number of HIV infections has increased up to 2011 when an increase from 610 to 965 (58% increase) was noted. The number of HIV cases per 100 000 populations has increased from 5.4 in 2010 to 8.9 in 2011 and 10.9 in 2012 (Figure 1).

**Figure 1: Number of reported HIV cases per 100 000 population by year of report, Greece, 1984-2012**



### HIV/AIDS in Greece

**(From the beginning of the epidemic through 31/12/2012)**

Reported cases of HIV infection: 12,689

Men: 10,359, Women: 2,284, Children: 86 (age: 0-12 years old)

Reported AIDS cases: 3,386

Reported number of deaths among AIDS cases: 1,775

**Risk groups**

MSM: 5,901

Heterosexuals: 2,783

Heterosexuals originated from countries with generalized epidemics: 935

IDUs: 1135

Hemophiliacs and transfusion recipients: 336

MTCT: 63

Undetermined: 2,471

**New infections in 2012 (31/12/2012): 1180**

Men: 1001 (84.8%)

Women: 179 (15.2%)

Children: 0

**Risk groups for 2012 (31/12/2012)**

MSM: 304 (25.8%)

Heterosexuals: 130 (11.0%)

IDUs: 522 (44.2%)

MTCT: 0 (0.0%)

Undetermined: 224 (19.0%)

**AIDS cases in 2012 (31/12/2012): 107**

Men: 86

Women: 21

Children < 15 y: 0 (age: 0 -12 years old)

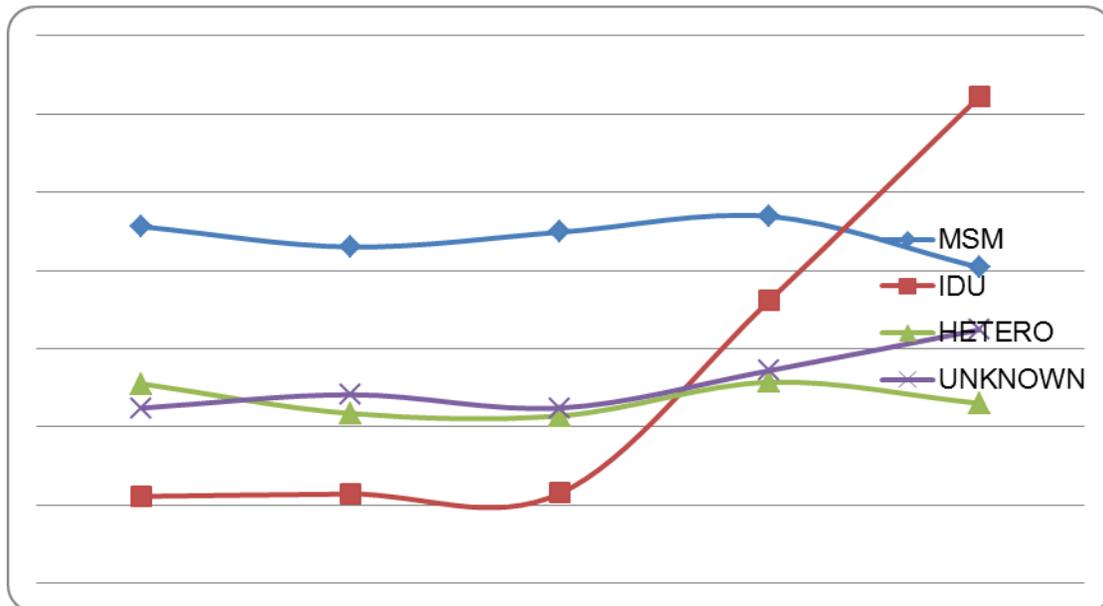
In 2011, a total of 965 cases of HIV were reported in Greece. Of these, MSM was the most affected group with 369 (38.2%) cases, followed by IDUs with 262 cases (27.2%) by

undetermined route of transmission (172 cases; 17,8%) and by heterosexual transmission (157 cases; 16,3%) (Table 1, Figure 2).

**Table 1: Proportion of HIV infections by route of transmission in Greece 2008-2012**

Route of HIV transmission	Year of report				
	2008	2009	2010	2011	2012
<b>MSM</b>	<b>356</b> (54,4%)	<b>330</b> (54,4%)	<b>349</b> (57,2%)	<b>369</b> (38,2%)	<b>304</b> (25,8%)
<b>IDUs</b>	<b>11</b> (1,7%)	<b>14</b> (2,3%)	<b>15</b> (2,5%)	<b>262</b> (27,2%)	<b>522</b> (44,2%)
<b>Heterosexuals</b>	<b>155</b> (23,7%)	<b>117</b> (19,3%)	<b>114</b> (18,7%)	<b>157</b> (16,3%)	<b>130</b> (11,0%)
<b>Undetermined</b>	<b>124</b> (18,9%)	<b>141</b> (23,2%)	<b>124</b> (20,3%)	<b>172</b> (17,8%)	<b>224</b> (19,0%)

**Figure 2: Number of HIV infections by route of transmission and year of report, Greece, 2008-2012**



By December 2012, 1180 cases of HIV have been reported in Greece; this represents a 22.3% increase from the 965 cases reported during January-December 2011. In 2012, there were more cases reported among IDUs (522 cases, 99% increase), and among infected by undetermined/unknown route of transmission (224 cases, 30% increase) as compared to 2011. There were fewer cases reported during 2012 among MSM as compared with 2011 (304 cases, 17.6% decrease and among heterosexual cases (130 cases, 17% decrease) (Table 1).

Most of the 2012 cases reported are residents of Athens and are among Greek nationals. Non-Greek nationals comprise 21.5% of cases in 2012. The proportion of cases among non-Greek nationals has ranged from 18 to 23% between years 2007-12.

Overall, men comprise 84.8% of the HIV reported cases in 2012. This has remained stable over time and is higher than the EU average which is 74%. In 2012, 9.7% of all cases were reported among young people (< 25 years; remained fairly stable since 2007); 44.2% of cases were among 25-34 year olds (slight increase since 2007) and 45.5% of the cases were older than 35 years of age.

### Late diagnosis

CD<sub>4</sub> count at diagnosis is available for a portion of those tested positive for HIV. For those cases tested in 2012, more than half are classified as late presenters and already in need of antiretroviral treatment. Median CD<sub>4</sub> was lowest among cases classified as IDU transmission as well as heterosexual and undetermined transmission (Table 2).

**Table 2: Median CD<sub>4</sub> count when tested positive for HIV by transmission group and year, Greece (2009-2012)\***

<b>Transmission group</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012(Jan-Aug)</b>
<b>IDUs</b>	93 (22-472) (n=3)	573 (449-658) (n=6)	351 (185-633) (n=163)	215 (98-427) (n=112)
<b>MSM</b>	374 (252-554) (n=115)	415 (224-586) (n=121)	364 (190-563) (n=221)	386 (184-580) (n=147)
<b>Heterosexuals</b>	199 (59-402) (n=34)	272 (54-417) (n=43)	211 (77-351) (n=102)	185 (45-301) (n=65)
<b>Undetermined</b>	502 (293-653) (n=12)	565 (436-759) (n=16)	402 (209-661) (n=30)	80 (19-291) (n=20)
<b>All</b>	361 (141-541) (n=165)	398 (196-583) (n=186)	323 (165-561) (n=517)	265 (101-471) (n=344)

Source: KEELPNO 2012

\*CD<sub>4</sub> count is not available for all HIV cases reported

## **POLITICAL SUPPORT AND LEADERSHIP**

GREECE is fully committed through decisive leadership to meet the goals and targets contained in the 2011 Political Declaration on HIV/AIDS as well as to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. Greece since the beginning of the HIV epidemic has implemented the necessary measures to tackle the epidemic.

### **Leadership**

The Ministry of Health is responsible for policy development and inter-ministerial cooperation on HIV/AIDS.

Actions/examples of leadership in 2012:

- Acknowledging the need for evidence-based response and in order to increase the effectiveness of HIV prevention the Ministry of Health appointed the Hellenic Centre for Disease Control and Prevention as the associate partner in the EU Joint Action 'Improving Quality in HIV Prevention'. The proposed Joint Action has been accepted for funding by the European Commission in 2012. It is expected to improve planning, implementation and evaluation of HIV prevention programs through the use of practical quality assurance and quality improvement tools.
- Funded through European Cohesion Policy Funds, The ARISTOTLE study, for hard to reach IDUs in order to increase HIV testing and diagnosis of HIV cases among drug users. Other programs in progress financed by the European Cohesion Policy Fund (NSRF 2007–2013) are OKANA projects: 1. education and promotion of health of the active drug users, 2. public awareness, 3. police staff training in drug related issues, pilot project for measures alternative to imprisonment.
- Following the request of the Greek Minister of Health to the European Commissioner ECDC was instructed to perform a risk assessment on the HIV situation in Greece.
- Requested Hellenic Centre for Disease Control and Prevention (HCDCP) to scale up monitoring of HIV response.
- Requested the HCDCP to provide an action plan for further scale up response the HIV epidemic among IDUs.

Challenges remaining

During this time of financial crisis it is important:

1. to ensure adequate financial and human resources to sustain long implemented HIV services (laboratory diagnostics, prevention, treatment and support services)
2. to budget the action plan for the response to the HIV epidemic among IDUs (including provision of NSP, OST and drug free programs, as well as personnel for Infectious Diseases Units)
3. to ensure funding for the establishment of 2<sup>nd</sup> Generation HIV Surveillance and the implementation of behavioural surveys by the HCDCP according to the results from a meeting on this issue with national stakeholders in November 2012.
4. a new action plan to be drafted to update the whole response to the HIV epidemic, apart from the response plan to the HIV epidemic among IDUs that has been updated, since the previous action plan ended in 2012.

### **Coordination**

In the first years of the epidemic a National AIDS Coordinating Committee coordinated national response on HIV/AIDS.

Since 1992 the Hellenic Ministry of Health is implementing the national response on HIV/AIDS through the Hellenic Centre for Disease Control and Prevention, established back in 1992 as Centre for Infectious Diseases with a strong mandate to coordinate the implementation of national HIV response to HIV/AIDS. Since the beginning HCDCP has served as the main

organization for drafting action plans on HIV/AIDS, hosting HIV surveillance, and providing prevention, treatment, care and support services on HIV/AIDS in Greece. HCDCP provides scientific advice for HIV related issues to the Ministry of Health and the Greek parliament, issues on HIV testing and treatment guidelines in cooperation with scientific societies and exchanges technical knowhow with European and international organizations. In order to meet its goals and targets HCDCP establishes and coordinates committees with technical experts from other ministries, hospitals, HIV references centers, infectious diseases units, drug treatment services and relevant stakeholders from the civil society, scientific societies and academia.

The Director of the HCDCP serves as the national representative to UNAIDS. The Organization is the competent body of ECDC and WHO on issues of HIV surveillance. HCDCP is responsible for monitoring progress on international commitments through GARP and Dublin Declaration reporting.

On specific projects there is a direct cooperation with all the major stakeholders and the different departments and offices of the Organization.

## **STRATEGIC PLANNING**

The core governmental response to the HIV epidemic is implemented through the Hellenic Centre for Disease Control and Prevention

### **HIV Surveillance**

#### **Biological surveillance**

AIDS cases reporting was implemented in Greece in 1984, and HIV case reporting in 1998. Case definitions for HIV and AIDS follow European case definitions. The first two characters of the first name and the surname as well as the patient's date of birth are used as personal identifiers to achieve possible elimination of duplicate reports. AIDS deaths cases are monitored and reported into the national HIV/AIDS surveillance system

Data are reported from all infectious diseases units, reference centers and hospitals to the office of HIV infection and sexually transmitted diseases of HCDCP. A pre-specified standard form is used for all reports in order to achieve homogeneity of reported data. To determine route of transmission, the most likely risk factor is selected based on a presumed hierarchical order of probability according to the information given by the reporting physician. Reporting is available in real time, though the data are presented annually.

Starting in 2012, HCDCP began reporting (retrospectively) CD<sub>4</sub> cell count at time of diagnosis for approximately 3.500 cases. Tests of recent infection (RITA or avidity testing) are not performed routinely among new HIV infections.

#### **Behavioural Surveillance**

Behavioural data on key populations identified by the system of biological surveillance has been reported in GARP 2012.

Data on GARP indicators from EMIS study have already been uploaded in 2012 and will not be updated this year. In 2010, 2 944 Greek men responded to the online European MSM Internet Survey (EMIS), which included behavioural indicators.

Behavioural surveillance among IDUs is carried out routinely among those entering drug and drug free treatment services and reported to the REITOX Focal Point for the EMCDDA. This includes information on ever-sharing syringes and condom use with last (casual/steady) sexual partner as well as information on provision of OST. For GARP 2013 the indicators on IDUs have been updated. The HCDCP provided data from NSP programs in 2012. A clearer view of the total

number of syringes distributed in the center of Athens is available, reaching 144 per IDU per year. In total 404.000 syringes were distributed in Athens center.

Data from the last behavioural surveillance survey among the general population and among youth and sex workers was reported in GARP 2012 and was collected in 2009. It is well known that such surveys usually take place every five years. The TAMPEP mapping report (2010) includes some behavioural information on sex workers, including condom use and safe sex practices, although the sample size and representativeness of the surveyed population are not well-described. NGO ACT UP during street work programs incorporation with NGO MDM conducted in order to plan the intervention programs for migrants, a survey on attitudes and behaviours towards HIV originating from Africa, Sub Saharan Africa and Asia. 149 questionnaires were complemented.

The need for further behavioural data on all key populations and the further development of 2<sup>nd</sup> Generation Surveillance of HIV has been addressed during a meeting with national stakeholders in November 2012. It was agreed that HCDCP should coordinate the initiative and develop the action plan and also that funding should be ensured for this action.

### **Overall of Antiretroviral Treatment, Care and Support and prevention activities.**

Ministry of Health through HCDCP implements HIV prevention programs for the general public mainly young people as well as vulnerable groups. In the area of HIV testing and therapeutics HCDCP supports with funding and staff the National HIV Laboratory Reference Centers, as well as the Infectious Diseases Units across major tertiary care centers all over the country. These units provide antiretroviral treatment to HIV and AIDS patients as well as specialized infectious diseases care. 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. Every effort is made by HCDCP to resolve problems concerning access to antiretroviral treatment for the uninsured hiv+ persons. Each case needs individual handling and collaboration with a variety of services, such as hospitals, social services, ministries.

A HCDCP operated AIDS helpline and counselling centre is used to provide information on HIV testing and testing centres, pre and post counseling services and support for PLWHA . In addition, HCDCP provides social services for people living with HIV/AIDS and contributes in the fight against stigma and discrimination. 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. 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 There is a standard procedure for the cooperation of HCDCP with Civil Society stakeholders on HIV/AIDS. On specific projects there is a direct cooperation with all the major stakeholders and the different departments and offices of the Organization. At a time of scarce resources and increasing needs in Greece the need for cost effective collaboration is pressing.

In 2008, an updated national Action Plan against HIV/AIDS (2008-2012) was developed. The strategic planning focused mainly on: up-to-date policies for combating HIV/AIDS, prevention, combating social stigma, development of up-to-date educational policies, while it emphasized the need for co-operation with international organizations and the civil society.

The multisectoral strategy addresses:

- the following key populations: MSM, migrants/mobile populations, IDUs, sex workers, women and girls, young people,
- the following key settings: prisons, schools and

- Cross-cutting issues: stigma and discrimination, gender equality, human rights protection and involvement of people living with HIV.

The identified key populations and vulnerable groups are: MSM, IDUs, young people, migrants, prisoners, people living with HIV.

### **Key achievements in 2012 in the area of strategic planning**

Greece has had a low-level HIV epidemic concentrated mainly in men who have sex with men (MSM). However, during the spring of 2011 a significant rise in the number of new HIV cases among people who inject drugs (PWID) in Athens was noticed, rising to 70 cases reported by May 2011 as compared to 10–15 cases annually in the years 2001 to 2010. 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 European Centre for Disease Prevention and control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) were informed of this outbreak, and a report was published in September 2011.

The 2011 outbreak in IDUs led to the immediate response of the public health authorities in Greece, with a number of evidence-based interventions, including:

1. the improvement of traditional epidemiological tools and the implementation of modern surveillance approaches to monitor the evolution of the outbreak
2. the expansion of syringes exchange/distribution and condom distribution programs,
3. the switch from high to low dead space syringes,
4. the HIV screening of IDUs in treatment
5. voluntary testing in low threshold/outreach services,
6. the prioritization of opioid substitution treatment and antiretroviral therapy for all HIV+ IDUs, with the opening of 28 new opioid substitution units in the public hospitals all over Greece (16 in greater Athens area), and
7. the raising of awareness directed to both professionals and IDUs as well as the general public and vulnerable sub-populations

### **Cooperation with national stakeholders**

In order to respond to the HIV epidemic among IDUs the HCDCP cooperated with the Greek Reitox Focal Point (EKTEPN) with Greek authorities for Drug and non-drug treatment Services and the civil society and community representatives.

### **Drug treatment services**

#### 1. Greek Organization against drugs OKANA.

Founded in 1993, OKANA is responsible for:

- promoting, coordinating and implementing national policy on prevention, treatment and rehabilitation
- addressing the drug problem at a national level, providing scientific information and raising public awareness
- establishing and managing prevention centres, treatment units and social and professional reintegration centres.

#### 2. 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, 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. 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.

3.18 ano In the detoxification unit 18 A, the only free and public unit of the country, part of the psychiatric Daphni hospital of Athens, are coming drug users who apply for their purgation of drug-addiction. In the detoxification unit 18 ANO, the only free and public unit of the country, drug users apply for their purgation of drug-addiction. The organization offers prevention and rehabilitation services through:

Counselling centres (for men 3, for women 1, for adolescents 1), internal projects (5): Shelters (2) and shelters for: 1 for women, 1 for mothers, 1 for dependent mothers

Social reintegration units: (1 for women, 1 for mothers), Day centre for adolescents, Department for families, Department for family counselling, Nutritional disturbances, Department for double diagnosis problems, Cultural place, Department for the internet addiction, Department for sexual problems, a hotline.

### **Civil society**

Nongovernmental organizations (NGOs) working in the field of HIV and IDUs include ACT UP HELLAS, HelMSIC, Hellenic Association for Study and Control of AIDS , POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS, ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA .

### **Cooperation with international stakeholders**

HCDCP has been in contact with ECDC and EMCDDA throughout the investigation of HIV outbreak among IDUs. On 1st November 2011 an expert meeting was hosted by the Greek authorities to discuss the ongoing outbreak and to seek experts' advice on how to strengthen the national response activities. In November 2011, the European Commission requested ECDC and EMCDDA to carry out a rapid risk assessment on the situation of HIV among IDUs in the EU/EEA.

In May 2012 following the request of the Greek Minister of Health to the European Commissioner ECDC was requested to make a complete risk assessment to the HIV situation in Greece. Greek authorities and, in particular the Hellenic Center for Disease Control and Prevention(HCDCP) and

the Greek Organization Against Drugs (OKANA), contributed to this assessment by sharing information on HIV in Greece, by hosting two country missions, organizing field visits and ensuring free access to the data, programs and services which informed this risk assessment. According to their report in response to the outbreak among IDUs, the Greek authorities have immediately prioritized scaling up the most effective interventions to prevent HIV e.g. opioid substitution treatment and needle and syringe programs. Further actions have been suggested and can be retrieved in ECDC's risk assessment.

### **Further scale up of response for HIV epidemic among IDUs – Intervention team formulation in December 2012**

To further increase inter-sectoral cooperation an intervention team dealing with the HIV epidemic regarding injecting drug users in Athens was established in December 2012 after recommendation of the Deputy Minister of Health. Its target has been the designing of a plan aiming to respond to the HIV/AIDS epidemic in the injecting drug users (IDUs) community situated in downtown Athens that was first recorded in the second semester of 2011.

In order to expedite the process, the group was divided into four working sub-groups according to the subjects of:

- 🚫 Street work targeting injecting drug users
- 🚫 Injecting drug users referral for diagnosis of HIV or HIV-co infections and follow up algorithm for injecting drug users with HIV
- 🚫 Training of professionals and volunteers for street work
- 🚫 Health education for the community regarding substance abuse and prevention

The group was coordinated by the president of HCDCP. The group involved:

Governmental organizations- institutions HCDCP, KETHEA, OKANA, 18ANO, ARGO, PREVENTION CENTERS OF ATHENS MUNICIPALITY

Nongovernmental organizations (NGOs) ACT UP HELLAS, HeIMSiC, EEMAA, POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS, ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA

## HUMAN RIGHTS

Human rights and non-discrimination principles represent a basic issue in Greece. 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.

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, Ombudsman, Hellenic Data Protection Authority, National committee for human rights, Hellenic Center for Disease Control and Prevention (HCDCP), Ministry of Health and Social Solidarity. Even with the financial crisis in Greece, allowances or benefits have been maintained, as well as free access of vulnerable groups to emergency 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.

The disease was included according to the European List of Occupational Diseases to the Appendix of the National List of occupational diseases (Presidential Decree 41/2002, Government Gazette A' 91). According to A recent legislation (Act 3996/2011) reform of the Body of Inspectors of Occupation and the regulations for social security issues. The Body of Inspectors of Occupation is responsible for the control of the implementation of the Principle of Equal Treatment, without distinction of any kind, including distinctions based on race or national origin, religion, political or other opinion, disability, age or sexual origin.

In 2012 the Common Ministerial Order 39A has been enacted (Government Gazette 2.4.2012) entitled as "Regulations concerning the restriction of spreading of infectious diseases". The Common Ministerial Order regulates the control of HIV positive migrants, IVDUs and illegal sex workers (their informed consent is required), but also regulates their mandatory restriction and hospitalization in case that they belong to the above mentioned vulnerable groups.

According to the legislation concerning the asylum granting (art. 59 of Act 4059/2012), asylum seekers who suffer from an infectious disease are detained in a special restricted area, if any other appropriate measures cannot be implemented.

On measures for women equality, in General Secretary of equality an Advisory Women's Center is running on aiming to provide comprehensive support for women in the areas of psychosocial support, information and consultation on issues of employment, entrepreneurship and counseling on reproductive and sexual health, inter alia STIs.

In a parallel way is running on the SOS hotline for the direct support of women victims of all forms of violence (domestic violence, sexual harassment, rape, trafficking).

## PREVENTION

Prevention is the cornerstone of national response to the HIV epidemic. In a time that Greece faces a deep financial crisis it is essential to ensure that financial resources for prevention are targeted to evidence-based prevention measures in order to ensure that resources for HIV prevention are spent as cost-effectively as possible and to ensure that particular attention is paid to women and girls, young people, children, migrants, prisoners.

### Prevention programs and health education

Interventions and awareness campaigns are designed both collectively and individually with specific objectives and thematic directions as to identify risk behaviors and specific factors that determine the transmission of HIV/AIDS and STIs, early diagnosis, personal responsibility and elimination of social exclusion in order to be able to be commonly accepted and effective to all social groups (IDUs, MSM, Young people).

The strategies used to communicate basic information and means of protection from HIV/AIDS and STIs involve:

- a. Street work/Outreach programmes targeted to IDUs and MSM
- b. Technical and Financial support to NGO for HIV prevention programmes.
- c. Information and Educational programs for young people and general population including outreach programs, promotion of central HIV prevention messages in the media (radio stations, television stations and print daily and weekly press) and Informative - Educational speeches to Parents and Students Associations throughout Greece, in cooperation with local social agencies.

## TARGET PREVENTION PROGRAMS IMPLEMENTED IN 2012

### IDUs

#### NSP programs

According to data provided by **Greek Reitox Focal Point**, there are eight NSP sites: three by OKANA (n=3, 2 fixed sites and n=1 outreach/peer workers), one (mobile unit) by the NGO Medecins Du Monde, one by HCDCP and one (street work) by KETHEA-EXELIXIS and one by Praksis NGO (depending to availability of syringes provided by OKANA). NSP provide either free distribution of needle and syringe kits or exchange.). All NSP programmes currently operate in Athens. In 2012, a total **404.124** syringes were distributed reaching **144 syringes per PWID** in Athens area where the epidemic is actually taking place.

Needles and syringes are distributed mainly through outreach workers who provide 'kits' containing needles, syringes, and other drug preparation equipment such as sterile wipes, citric acid and sterile water, along with condoms, to users free-of-charge. OKANA collaborated with Centre for Life, Positive Voice, Medecins du Monde and Praksis to distribute the kits. Needles and syringes were also freely available via HCDCP's mobile units and street work programs (more than 135.000 syringes were distributed in 2012).

OKANA and NGOs, has expanded NSP since the start of the HIV outbreak. There has been a switch to the distribution of low dead space syringes. In 2011, around 120.000 syringes were distributed in Athens (a two-fold increase compared to 2010). Syringe distribution as of August 2012 had already surpassed that of 2011. OKANA reported the further purchase of syringes and has made kits available to HCDCP and NGOs for distribution.

#### OKANA

## OST services

Prior to 2010, there was low coverage of both OST and NSP. In August 2010, more than 5.300 people were on a waiting list for OST, and waiting times in Athens were more than seven years.

Since the start of the outbreak, OKANA rapidly increased access to OST through establishing 27 new treatment centres in Athens (as of August 2012) and with plans to open several more during 2012. In late 2011, four OST units in the centre of Athens closed because of opposition from local residents and, according to OKANA, this resulted in the loss of 1400 treatment slots.

According to data reported by **Greek Reitox Focal Point**, as of December 2012, there were **8033 clients in OST in 53 treatment units throughout Greece** of these, 3080 (38,3%) patients were located in Athens, n=2212 (27,5%) in Thessaloniki and n=2741 (34,2%) in other cities. As of December 2012 53 OST were in operation in the country. N=24 (45,3%) in Athens, n=11 (20,7%) in Thessaloniki , and n=18 (34.0%) in other cities.

## Other activities

- A drop-in centre for drug users in Athens which provides services to those who attend and also serves as a base for outreach services. As of 2012, more than 8,000 people had ever visited the centre. Services provided include psychosocial counselling, group counselling, leisure time activities and practical assistance, such as showers and laundry facilities. More than 550 have been referred to other services.
- Additional components of the response to the outbreak include encouraging HIV testing of all PWID entering treatment and mobilizing active users to undergo voluntary testing in low threshold or outreach settings.

**KETHEA's** therapeutic programmes provide harm reduction services through its counselling centres and low threshold units. During 2012, **760** IDUs were referred by KETHEA's services to hospitals and other health services in order to get tested for HIV virus. From those, **30** were found positive. From the positives mentioned above, **28** were found in the Attica area (Athens & Piraeus), **1** in Crete and **1** in Ioannina.

- **Counselling centres.** The centres provide informative seminars on prevention of HIV and other infectious diseases are organised mainly by KETHEA's medical and diagnostic centre in collaboration with other organizations and hospitals. Among the most established collaborations are the ones with "HCDCP" (Hellenic Center for Disease Control & Prevention) "Praksis", "ACT UP" etc. Moreover, before entering the main therapeutic phase, all drug users are referred to health services in order to get tested for HIV/ AIDS and other diseases.
- **Outreach activities (street work programme).** Outreach prevention activities are provided by KETHEA's Street work Unit. KETHEA's outreach unit approaches sub populations of drug users that are usually highly deprived i.e. homeless or with no steady living conditions, prostitutes, migrants etc. Through daily meetings, team's effort focuses on informing addicts about health risks of unsafe drug use, promoting safer drug and sex practices and motivating drug users towards treatment. Educational seminars are also held in the street in collaboration with NGO's doing outreach work. The unit distributes condoms and, since 2012, exchanges syringes and other injecting equipment. The syringe exchange programme started in September 2012 and during the last three months of year 2012, 2.337 syringes were distributed (according to the ones returned) to 567 drug users.
- **Medical and diagnostic centre** Medical and diagnostic centre operates as part 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.

**18 ANO.** In the detoxification unit 18 ANO, drug users apply for their purgation of drug-addiction. The organization offers prevention and rehabilitation services through ten departments working through Daphni State Hospital, including a hotline. Drug addiction is usually associated by psychiatric illness or by infectious diseases. During the works of the intervention committee established in 2012, 18 ANO proposed better organization of the referral of IDUs to diagnostic testing (concerning HIV-TB-HEPATITIS) and to HIV care. 18 ANO is concerned about the lack of feeding and accommodation of PWID who are homeless and efforts should be intensified in order to provide their needs.

### **HCDCP**

- **Street work programmes**

In response to the latest HIV outbreak in Greece, the Department designed and coordinated focused interventions, addressed to vulnerable social groups such as male sex workers, IDUs, MSM etc. that are mostly affected by the epidemic.

Having closely examined patterns of IDUs in the center of Athens area, the street work team implemented a Peripatetic needle distribution intervention. The team distributed a clean injection kit that includes sterile syringes and other injecting equipment (swabs and sterile water). The team also provided information related to safer sex practices, access to prevention services such as substitution therapy, and referral to treatment. The outreach team consisted of 4 trained street workers and 1 team leader and operated 3 days a week. In a total of 55 outings (August 2012 - December 2012) the street work team has distributed more than 6.600 kits, each kit containing 5 syringes, 6 swabs (sterile tissues), 3 waters for injection and 2 condoms. In total the team distributed more than 33.000 syringes, 39.600 swabs, 17.150 water for injection, 17.850 condoms and 850 leaflets. In addition the team has referred more than 150 homeless IDUs to rehabilitation centers, hospitals, etc.

- **Mobile Units HCDCP**

The year 2011-2012 the HCDCP operated six mobile Medical Units with robust medical equipment, staffed with doctors, nurses, psychologists targeted for vulnerable sub-populations (migrants, sex workers, IDUs etc.). From June 2011 to July 2012, six units operated in different areas in the Centre of Athens, Monday to Sunday from 5pm to 10pm (Saturdays 10am to 3pm and 5pm to 10pm). The total number of individuals that visited the mobile units was 25.958.

The main objective of the Mobile Medical Units was to record and provide primary health care in vulnerable groups, to promote and perform free, voluntary and confidential HIV testing, and to distribute free syringes to IDUs. The total number of blood tests for HIV performed in the mobile units was 2.312 and 111 out of them were found HIV+. From those found positive, 90 (80.54%) were IDUs.

From the beginning of 2012 until 01/07/2012, the mobile units' staff has distributed more than 20.558 kits. In total the team distributed more than 103.000 syringes, 85.600 swabs,

85.150 water for injection, 40.000 condoms and 2.000 leaflets. In addition the team has referred more than 2.284 IDUs to rehabilitation centers, hospitals, etc.

**The ARISTOTLE study**, financed by European Cohesion Policy Funds, began in August 2012 as a respondent driven sampling recruitment method carried out in Athens by the University of Athens and OKANA. Basic results from first wave of RDS (August –October 2012) show that as of October 2012, 1.404 PWID have been tested and (19.8%) were found positive for HIV. 85% were men and 15% women, with a mean age of 35 years (sd 18-63). 85% were Greek Nationals and 15% individuals originated from other countries, particularly Europe, Afghanistan, Iran, Africa. 33% were homeless and 67% were uninsured. 40% reported that had shared syringes and needles the last year. 26% of women and 6% of men reported they had exchanged sex for drugs /money. Initial linkage to the health care services reached 32%. During the first wave 25.000 syringes and 4.000 condoms were distributed.

## MSM

### HCDPC

- Runs a counselling centre and a hotline for HIV/AIDS and STIs
- Provides technical and financial support to NGOs for HIV prevention programmes among MSM (such as to Positive Voice for taking part in EMIS). In October 2012 HCDPC organised and run training on pre – post counselling and communication skills for the staff of the Athens check point (Positive Voice). Two psychologists /health-sociologist and one medical doctor of HCDPC, provide support and supervision on regular base.
- Engaged in street work programmes that approach MSM, mainly at cultural events or activities in pubs, clubs, and other venues. During street work information materials, condoms, and other items were distributed.

**NGO Positive Voice** has started an MSM Checkpoint in Athens (in collaboration with HCDPC; and private funding) in October 2012 and plans to publish EMIS findings through gay events in Greece.

**NGO Praxis** offers prevention information and rapid HIV testing through their polyclinics in Athens and Thessaloniki as well as through mobile units which visit at night spots including gay bars. A special "Get Tested" campaign was held, together with other NGOs such as Positive Voice in 2011-2012 which targeted MSM in gay bars and saunas on a weekly basis. By November 2012, 1890 tests had been performed. Of these, 46 were positive, including 12 MSM.

**NGO, Centre for Life** has promoted an interactive web banner (teaser) leading information on HIV prevention, transmission and examination.

**NGO ACT UP** participated (leaflets and condoms distribution) in events regarding the Human Rights organized by LGBTQ.

## YOUNG PEOPLE

**The Ministry of Education** implements programs on Sexual Health and Sexually Transmitted Infections in cooperation with experts from Ministry of Health, National School of Public Health, 2<sup>nd</sup> Gynecology Clinic of Athens University and HCDPC. During the school year 2011-2012, 1500 programs were implemented during which 1600 school teachers were trained and 20.000 students. No resources were allocated in the implementation of the programs in 2012.

**HCDPC** has implemented education programmes for school aged children in cooperation with the Ministry of Education. In 2012, until today more than 10.400 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.

**NGO ACT UP**, implements awareness interactive program for HIV/AIDS stigma, access to therapy and human rights targeted to young adults 16-18 years old using the program tool "one Hour on AIDS activity" EFAIDS programme. In 2012, 120 young people 16-17 years old attended the program.

**HeIMSiC** implements a peer education project on HIV/AIDS, stigma and discrimination for medical students in all five medical schools in Greece with ACT UP Hellas.

### **GENERAL POPULATION**

**NGO Centre for Life** implements a Prevention Program (speeches, contacts with educational institutions, working places). The Program is conducted by specially trained volunteers of the Centre for Life and meets the diverse needs of each group. The NGO also produced a Video Spot promoting protection. The video was created in collaboration with KETHEA Exelixis for the purposes of the streetwork program - mobile unit for IDUs. Finally an awareness raising under the title: "Information, protection, examination: Our life motto" is implemented in collaboration with NGO PRAKSIS, since 2010.

### **SEX WORKERS**

**NGO Centre for Life** conducts street outreach targeting transsexual sex workers as well as education activities at the official sex workers union, and the promotion of a telephone hotline for sex workers support.

**NGO ACT UP** implements street work activities (leaflets and condom distribution) for female migrant sex workers (TAMPEP) as well as for IDUS-SWs.

**HCDCP. Outreach Programme for male sex workers (MSWs)** The programme started on January 10, 2012 and is addressed to men who have sex with men for money, as well as transvestites or trans-sexual sex workers. Until the end of December 2012 the team has completed 101 outings. The programme approaches the sex workers themselves but also their potential customers at: Indoor environments like porn video stores with private cabins, bars, hotels, and male saunas and outdoor environments like public parks in Athens and other places in the city center. More specifically the team has approached sex workers and clients in 6 cinemas, 2 cruising clubs, 3 saunas, 3 bars, 3 sex shops, 18 hotels and several outdoor environments (Pedion Areos, Omonia sq etc).Condoms were distributed to more than 3.000 persons. The outreach team informed or referred to different services 1871 individuals, of which some have declared openly that they work as MSW, while others indicated they were clients. The team has regular contact and cooperation with 14 MSW who act as peer mediators between team members and the target group. A specially designed material for HIV and STI's prevention for MSM was distributed (in Greek, and English) ,also material for HIV , STI's Tuberculosis, Lice, Scabies and HIV Testing (in Greek, English,French, Farsi, Arabic and Bulgarian). The outreach team has distributed more than 8000 information leaflets and 10.000 condoms.

### **PRISONERS**

HIV care is delivered to those prisoners known to be or found to be HIV-positive through the prison health system. Known HIV-positive men prisoners are concentrated in St Paul hospital of Korydallos prison in Athens in order to receive treatment there.

The prison health system itself employs a total of 20 trained therapists for counselling-based drug treatment programmes, but they are deployed in only three prisons (in the Attica/Athens region).

**KETHEA** Medical and Diagnostic Centre in coordination with the therapeutic programme KETHEA EN DRASI organizes information seminars within prisons addressed to deliver health education and inform prisoners about the health consequences of drug abuse and the prevention of infectious diseases. Similar services are provided to most KETHEA's therapeutic services within prison settings that operate all over Greece.

**OKANA** is carrying out two pilot projects (European Cohesion Policy Funding) which target prisoners; on measures alternative to imprisonment, and on piloting two OST units in prison settings.

**NGO ACT UP** conducted seminars regarding HIV/AIDS in correctional facilities targeted to HIV-positive women, personnel of female facilities, and to inmates who are drug users enrolled in KETHEA EN DRASI programs. The women received information on HIV/AIDS, modes of transmission and therapy, co infections, pep, immunizations and programs for HIV(+) positive pregnant women

## **MIGRANTS**

**HCDCP.** A fully equipped mobile unit manned with a medical doctor, a nurse, a psychologist and an administrative employee is located daily (from 5.00pm to 10.00pm every day and from 10.00am to 3.00pm on Saturdays) at Omonoia Square in the centre of Athens and provides free primary care and treatment to medical emergencies to Greek citizens and migrants belonging to vulnerable groups (unemployed, homeless, IDUs etc.). Additionally, HIV testing is offered free of charge (after obtaining their written consent) to those who are at risk (IDUs) or voluntarily ask for it.

**NGO Praksis** serves migrant and other vulnerable populations with mobile units in Athens and Thessaloniki. These mobile units perform the rapid HIV test.

**NGOs Center for Life** target migrant communities for awareness-raising and information regarding HIV as well, having produced TV spots in 12 languages to prevent HIV transmission and stigma.

**NGO ACT UP** implement street work activities (leaflets and condom distribution) for migrant female sex workers.

## **BLOOD SAFETY**

### **Coordinating Haemovigilance Centre, HCDCP**

Seroepidemiological data for HIV infection in the blood donor population show that over the period 1996-2011 the prevalence of anti-HIV is 0.6 per 100,000 tested blood units. The frequency of anti-HIV per 1,000 blood donors in 2002-2011 was 0.33 in first time and 0.06 in repeat blood donors ( $p < 0.0001$ ). Throughout the surveillance study the profile of the seropositive donor is male, gives blood for the first time and mainly for the relative.

Table 1 HIV Seropositive donors by transmission group																						
Transmission group	2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Heterosexuals	5	42	4	19	7	19	9	36	13	41,2	15	39	13	46,5	11	25,6	9	20,9	11	31,4	97	34,8
Men who have sex with men (MSM)	4	33	11	52	16	43	15	60	18	55,6	22	58	14	50	25	58,1	27	62,8	17	48,6	169	60,6
Sexual contact with multi - transfused patients	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0,0	0	0,0	0	0,0	1	0,4
Other	3	25	2	9,5	5	13,5	1	4	1	3,2	1	3	1	3,5	2	4,7	4	9,3	5	14,3	25	9,0
Undetermined	0	0	3	14,5	9	24,5	0	0	0	0	0	0	0	0	5	11,6	3	7,0	2	5,7	22	7,9
<b>Total</b>	<b>12</b>	<b>100</b>	<b>21</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>25</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>38</b>	<b>100</b>	<b>28</b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>279</b>	<b>100</b>

C. Politis Coordinating Haemovigilance Centre

Table 1. Shows the distribution of HIV positive donors by transmission group (61% fell into MSM transmission group). These data show that in contrast to the epidemiology of HIV infection in the general population which has recently worsened radically coinciding with economic recession, blood donation and transfusion remain so far unaffected by the crisis, thus confirming the effectiveness of selection procedures and deferral policies, but also demonstrating society's willingness to protect the quality and safety of blood.

Resources allocated to blood safety by the Ministry of Health for all infectious diseases (HIV & hepatitis) for 2012 was 29,452,873 Euro

The **Federation for the protection of Greek Hemophiliacs** tries among other activities to assure access to treatment (including ARVS for seropositive ones) for the haemophiliacs as well as access to safe blood products and to the allowance they receive. The federation participates in seminars and campaigns addressing HIV and stigma.

### GENDER EQUALITY

The **General Secretariat for Gender Equality of the Ministry of Interior** implements the "National Program on Preventing and Combating Violence Against Women 2009 – 2013" which refers to all forms of gender based violence (e.g. domestic violence, rape, sexual harassment, trafficking in women). It is analyzed in preventive actions of the phenomenon and support of the victims on one hand and in legislative interventions that reinforce the institutional framework. Funded by the National Strategic Reference Framework "2007-2013", the total project budget will reach 30,000,000 Euros.. The goal of the national program is to raise awareness and promote the specialized structures developed (SOS Helpline, Counseling Centers and Shelters). For this purpose they have produced printed material, television and radio spots and they are organizing special events (information sessions and conferences) as part of the launching of regional Counseling Centers. For 2014, the production of radio and television spots is planned, aimed at raising awareness among different audiences that is male population, and the society at large.

**NGOs Center for Life** implemented in October 2012 the support group for women living with HIV/AIDS facilitated by a counselling psychologist, experienced in the field of HIV. The goal is to provide counselling and information as well as to empower women on issues such as:

relationships, sex, motherhood, health, body image, antiretroviral treatment, treatment side effects, disclosure of HIV+ status, employment.

### **PREVENTION OF MOTHER TO CHILD TRANSMISSION**

Greek national guidelines recommend Triple ART for MCT prophylaxis in all HIV(+) pregnant women who don't require ART for their own health and ZDV prophylaxis for 6 weeks to any infant born to HIV (+) women. In cases of women presenting at labour, or with detectable viral load expert opinion of a pediatric infectious disease specialist should be given in order to provide additional ART regimen to the infant for prophylaxis. Guidelines recommend not to breastfeed.

Changes in antiretroviral therapy during pregnancy are monitored by the HIV registry in HCDCP. In Greece follow up of hiv (+) mother is carried in HIV Infectious Diseases Units which are taking care of the mother. The children are examined in the two infectious diseases unit which exist in Greece. Follow up of mother to child-pairs was established in 2012 within the HIV perinatal study in order to improve monitor the HIV status and survival of children born to HIV-positive women. Pediatric Infectious Disease Unit in A' Paediatric Clinic of Athens University and HCDCP in collaboration with the Adult Infectious Diseases Units coordinate the study. Within this study time trends, as well as interventions implemented to reduce mother to child transmission and outcomes will be assessed.

In 2012, 21 pregnancies occurred in HIV positive women. Eleven known to be HIV positive before current pregnancy and 4 were diagnosed during antenatal screening. No MTC case was reported in 2012.

To prevent *Pneumocystis jirovecii* pneumonia (PCP), all infants born to women with HIV infection should begin PCP prophylaxis at ages 4 to 6 weeks, after completing their ARV prophylaxis regimen, unless there is adequate test information to presumptively exclude HIV infection. In all children born to HIV(+) mothers in 2012 two viral loads were counted and by the age of 6 weeks HIV (-) status was known and the HIV infection was presumptively excluded.

**HCDCP** has taken part in conferences raising awareness on issues on Women and HIV.

**NGOs "Centre for Life" and "Positive Voice"** organized a conference for people who live with HIV/AIDS on the topic of "HIV and Pregnancy".

## **HIV TESTING, TREATMENT, CARE AND SUPPORT**

### **HIV testing**

In 1994, guidelines were developed for the laboratory diagnosis of HIV infection. These guidelines have been revised and are under approval by the Ministry of Health.

According to revised recommendations HIV testing should be:

- voluntary, confidential and anonymous;
- free of charge;
- accompanied by informed consent;
- accompanied by pre- and post-test counselling;

In some cases, e.g. in unconscious persons, HIV testing can be performed without the person's informed consent. Also, HIV testing is required, e.g. for health screening of licensed sex workers and for IDUs entering drug or drug free treatment. HIV testing in prisons and places of detention is reported to be voluntary and not mandatory.

Guidelines in Greece specifically target a wide range of people including: MSM, IDUs; sex workers (every 15 days, compulsory by law); all sexual partners of men and women known to be HIV positive; men and women who report sexual contacts with individuals from countries of high HIV prevalence; blood donors, sperm/organ donors (by law); individuals who report exposure to blood or other infectious biological specimens; pregnant women who are known to be injecting drug users or sex workers.

Health facilities providing free HIV testing include eight AIDS reference centres (four in Athens; one each in Thessaloniki, Patra, Crete and Alexandroupolis);. Community-based testing is available from some NGOs and, from November 2010, through HCDCP mobile medical units. In addition, HIV testing is available in a range of different settings in Greece, including:

- STI clinics;
- harm reduction services (for intake screening);
- antenatal clinics
- correctional facilities (upon request);
- primary health care facilities; and
- specialised clinics, such as TB clinics.

Testing is conducted using ELISA tests with confirmatory tests being conducted in AIDS Reference Centres. Rapid testing kits are reported to be used in pregnancy, in emergency settings and after occupational exposure. Tests using capillary blood or oral mucosal transudate are not widely available. However, they are used in some outreach work performed by NGOs, e.g. by PRAKSIS. HIV home sampling/testing kits are not publicly available and HIV home testing is illegal in Greece.

Despite the national policy on HIV testing and recommendations for annual testing for some key populations, a national overview of the number of HIV tests performed is not available overall or by key population.

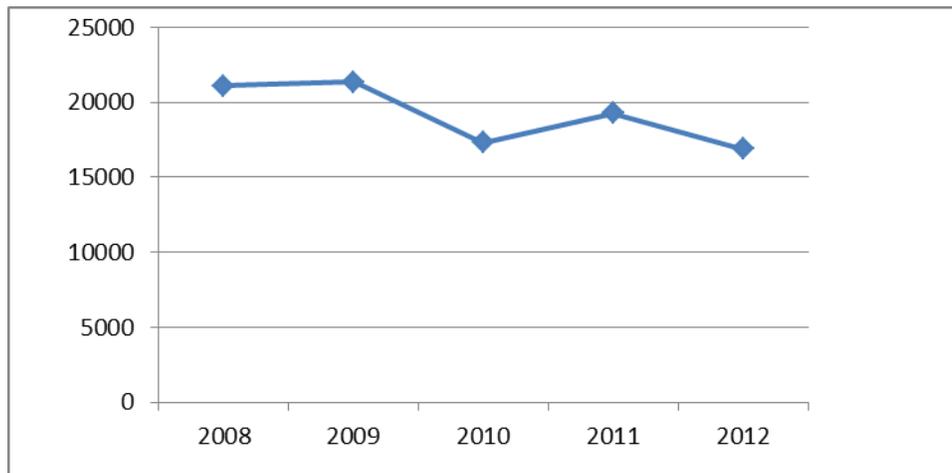
Recent changes in HIV testing policy and practice include:

- strategies to increase HIV testing, including leaflet distribution and media campaigns;
- utilization of new HIV testing technologies;
- development and publication of guidelines for the management of occupational and

- update of non-occupational exposure;
- guidelines for the diagnosis of HIV infection;
- efforts to remove legal and financial obstacles for undocumented migrants and people who inject drugs.

HIV testing is free of charge in every public hospital for insured persons and costs 9 Euros for persons who are uninsured. However, till now testing for HIV is free for uninsured individuals in AIDS Reference centers.

The total number of performed tests, collected from the 6 AIDS Reference Centers all over Greece, from 2008 to October 2012 are described by the following distribution.



**NGO Praxis** implements a project financed by the European Cohesion Policy Fund (NSRF 2007–2013) with an aim to increase testing in vulnerable groups in Athens area (migrants, sex workers and their clients, victims of trafficking, MSM and IDUs and link confirmed positive cases to treatment care and support services. Confirmed cases are linked to Evaggelismos Infectious Disease Unit. The NGO runs another project European Cohesion Policy Fund (NSRF 2007–2013) that facilitates access to treatment and support services and through this project health care personnel has been hired.

During 2012 1890 rapid tests had been performed. Of these, 46 were positive, 32% IDUs, 25% MSM, 20% general population, 10% sex workers and 9% migrants.

### Antiretroviral treatment

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 and have access to specialised centres for treatment, care and support. Initial assessment of a person with HIV includes medical history, examination, and laboratory and immunologic testing.

Antiretroviral treatment in Greece is administered by 17 infectious disease clinics and 9 outpatient clinics spread throughout Greece (12 and 7, respectively in the Athens area). Twenty seven different antiretroviral drugs are used falling within 6 classes. The drug supply is provided through the Institute of Pharmaceutical Research and Technology (IFET). The procedure of recording and monitoring ART administration is performed by HCDCP through an HIV/AIDS registry which records CD4 count, viral load, genotype resistance, clinical stage at ART initiation, ART regimen, and subsequent changes to the ART regimen.

By the end of 2012, 6266 patients in Greece were receiving antiretroviral treatment. This was an increase from the reported numbers of persons on ART in December 2010 (5114) and 2008 (4236). Most persons receiving ART have been men (81.6%), which were mostly MSM. During 2012, 687 persons initiated antiretroviral treatment; MSM (42.2%), IDU (30%), and heterosexuals (18.9%) (Table 3).

**Table 3: Persons initiating antiretroviral treatment by transmission group.  
Greece, 2008-2012**

<b>Transmission group</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
IDUs	8 (2%)	8 (2%)	14 (3%)	71 (11%)	208 (30%)
MSM	261 (57%)	272 (58%)	364 (68%)	360 (58%)	290 (42.2%)
Heterosexuals	143 (31%)	118 (25%)	108 (20%)	141 (23%)	130 (18.9%)

Of the IDUs tested positive for HIV during 2011 and 2012, 486 (62%) have visited an infectious disease centre. Among them, 314 (40%) have initiated ART.

The mean annual cost of antiretroviral treatment is about 7500 Euros/ per patient. EU citizens and legally-resident citizens of other countries should be covered by social insurance. Hospitals may provide free-of-charge access to urgent ART, paid either through social welfare or from the hospital's own budget. Undocumented migrants may be provided with ART only when this is not available in their own country of origin.

Every effort is made by HCDCP to resolve problems concerning access to antiretroviral treatment for the uninsured hiv+ persons. Each case needs individual handling and collaboration with a variety of services, such as hospitals, social services, ministries.

## **Support**

### **Financial support**

According to the Greek law all Greek citizens and citizens of the EU Member States 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.

**HCDCP** supports financially people who have no income and do not get any benefit. Beneficiaries are individuals with no income, homeless, families with hiv+ members, elderly people, released prisoners and people with no job opportunities and capacities.

**NGO Center for Life** has established procedures for Emergency Financial Support by the Centre for Life Social Service to individuals that are dealing with: a. great difficulty in meeting their basic needs, or b. emergency situations, when there is no other possible source to cover the whole or part of the sum needed. It also operates a program of collection and distribution of goods (clothes, food, basic needs products, furniture, etc.) by the Action Team of HIV Positive People of Centre for Life (Dr.O.Ke.Zo.).

### **Housing**

- HCDCP runs a guesthouse in Piraeus which provides support for people living with HIV in Piraeus where housing, medical services, recreational and psychosocial support services are provided.
- The Halfway house for HIV positive adults, hosts at this point 6 men, 3 women and 5 minor children (18 months - 6 ys). It has already successfully hosted 6 people, who have left voluntarily and live alone. Overall, HIV positive people benefiting from the operation of the structure amounts to 25. The services provided are: Housing, Feeding, Psychosocial support, counseling, Individual Settlement Promotion, welfare issues, vocational training for labor market integration, Creative Learning and Greek Learning among others.

### **Counseling and Support**

- The Office for Psychosocial Support and Psychotherapeutic Interventions offers counseling and psychosocial support to hiv+ people, information concerning social issues and social benefits, information and interventions concerning legal issues and human rights. Also the Office implements interventions in community level dealing with crisis, discrimination and stigma, in order to sensitize public opinion.
- The Office of AIDS Helpline and Counselling Center (staffed by psychologists, a social worker and a psychiatrist) offers information, psychological support, counselling, support and guidance for social issues as well as psychiatric services to people living with HIV, partners or relatives. Furthermore individual and group long term psychotherapy for people living with HIV is provided by trained psychotherapists of the Counselling Centre. Since the launch of the centre in 1992, 3 289 persons have been seen there.
- **NGO Center for life** started in October 2012 a support group for women living with HIV/AIDS which is facilitated by a counselling psychologist, experienced in the field of HIV. Finally it founded the Legal Support Office for people living with HIV/AIDS in June 2012 which aims to inform people living with HIV/AIDS about their rights in basic areas of social life, but also to undertake selectively, legal representation in cases of rights' violation. The service manages areas of violations such as: Privacy policy, Labor rights, Rights of prisoners. During the first semester of operation the Legal Support Office has offered its services to 63 cases.

### **Reduce stigma and Discrimination**

- **HCDCP.** The Office for Psychosocial Support and Psychotherapeutic Intervention as well as the Office of AIDS Helpline and Counselling Center implement activities regarding stigma and discrimination, educational activities (often in collaboration with other relevant offices of HCDCP as well as with NGOs) aiming to sensitize public opinion professionals.
- **HCDCP and Positive Voice** collaborate on research regarding stigma and discrimination against people living with HIV.
- **NGO Praxis** In February 2012, began a programme of holistic support to people living with HIV and their families including medical services, housing, financial aid, psychosocial support, and work or legal counselling.
- **NGO Centre for Life** provides to people living with HIV, psychological support, social support, emergency financial aid, legal support, defense of human rights, drop-in centre, home and hospital visits, 'Positive' magazine, and an HIV-positive detainees programme in Korydallos prison. It also implements The "Stop Stigma" Campaign an awareness raising campaign against Stigma and Discrimination experienced by people living with HIV/AIDS. The campaign was firstly presented in 2011. The second launch of the campaign in 2012 involves the production of a web and TV spot as well as posters, including information on HIV prevention, transmission and examination as well as encouragement for fighting stigma. The Centre developed and it is freely distributed, the Protection Guide against the Violations of Social Rights of people living with HIV/AIDS.

## **MONITORING AND EVALUATION**

The country reports every two years to UNAIDS and Dublin Declaration using indicators provided. For these reports the questionnaires are disseminated to all relevant stakeholders in order to be completed. The Hellenic Centre for Disease Control and Prevention is responsible for collecting the indicators data, collating information and developing the narrative report and the NCPI A and Part A of the European Supplement the National Commitment and policy Instrument. The NCPI part B and the European supplement to NCPI part B is completed by members of the civil society.

Surveys have been organized especial for these reports using UNAIDS questionnaires and information through other behavioural surveys such as EMIS (the European MSM Internet study). Information on indicators about HIV among IDUs is derived from data collected by the Greek Reitox focal point. Data on HIV epidemiology is derived from the national HIV surveillance system. The narrative report, the indicators and the national commitment and policy instrument are also uploaded in the HCDCP websites.

The establishment of a strong national functional Monitoring and Evaluation (M&E) mechanism to oversee the national response remains an urgent challenge that needs to be implemented in close collaboration with relevant stakeholders.

The participation in the recent risk assessment by ECDC presented an opportunity to increase monitoring.

