



Global AIDS Response Progress Report 2015

GREECE

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HELLENIC CENTER FOR DISEASE CONTROL AND PREVENTION

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GREECE REPORT 2015

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ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral treatment

CS: Civil Society

Drug Related Infectious Diseases Indicator (DRIDI)

ECDC: European Centre for Disease Control and Prevention

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

EMIS: European MSM Internet Study

ERF: European Refugee Fund

EU: European Union

E.Y.T.K.A: NSRF Special Service for the Health Sector

GARP: Global AIDS Response Progress Report

HAART: Highly Active Antiretroviral Therapy

HCDCP: Hellenic Center for Disease Control and Prevention

HSSCA: Hellenic Society for Study and Control of AIDS

HIV: Human Immunodeficiency Virus

IDUs: Injecting Drug Users

LGBT: Lesbian Gay Bisexual Transsexual

MDM: Medecins Du Monde

MoH: Ministry of Health

MSM: Men who have Sex with Men

MSWs: Male Sex Workers

MTCT: Mother to Child Transmission

NA: Not Available

NSRF: National Strategic Reference Framework

NSP: Needle Syringe Programs

NGOs: Non-Governmental Organizations

OST: Opioid Substitution Treatment

PLWH: People Living with HIV

REITOX: 'Réseau Européen d'Information sur les Drogues et les Toxicomanies'

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HIV is a political priority worldwide. This is reflected in the declarations adopted during the past decade including UNGASS 'Declarations of Commitment in 2001 and 2006' and the 2011 Political Declaration, which embody the commitments of countries to act on HIV and AIDS and to reach specific targets, including ensuring universal access to HIV prevention, treatment, care and support. The declarations reflected global consensus on a comprehensive framework to achieve Millennium Development Goal 6: halting and beginning to reverse the HIV epidemic by 2015. As indicated in the 2011 UN Political Declaration on HIV and AIDS, a successful AIDS response should be measured by the achievement of concrete, time-bound targets. In Europe the 2004 'Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia', the 2004 'Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries', and the 2007 'Bremen Declaration on Responsibility and Partnership – Together Against HIV/AIDS' reinforces the countries for an effective response.

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.

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

Actions/examples of leadership in 2014:

- In time of deep financial crisis there is a strong and effective leadership to create the protective environment for the sustainability of health care system and increase its effectiveness/efficiency.
- Political will to maintain social cohesion which entails protecting the health of financially disadvantaged citizens.
- Political will to care for homeless who face increased vulnerability for a number of health issues including drug addiction and correlated infectious diseases.
- During 2011-2014 the Ministry of Health and the Hellenic Centre for Disease Control and Prevention (KEELPNO) and Drug Treatment Services worked in cooperation with the civil society and academia and international partners to tackle the HIV epidemic among IDUs . The group was coordinated by the president of HCDCP and involved: 1. Governmental organizations- institutions HCDCP, KETHEA, OKANA, 18ANO, ARGO, Prevention Centers of Athens Municipality, 2. Nongovernmental organizations (NGOs) ACT UP HELLAS, HeIMSIC, POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS, ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA. 3. Scientific Hellenic Society for Study and Control of AIDS.
- Funded through the NSRF 2007- 2013 program more than 12 projects addressed the issue of HIV among IDUs and other vulnerable populations as well as drug addiction itself. The proposal of Ministry of Health for the NSRF 2014-2020 embraces EU strategy and EU Health Program which specifically mentions the need for actions to confront the HIV/AIDS epidemic.
- 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', expected to improve planning, implementation and evaluation of HIV prevention programs through the use of practical quality assurance and quality improvement tools. More than 18 HIV projects have applied quality action tools.
- During the HIV cluster meeting: to emphasise the need to include quality assurance and quality improvement tools in policies for HIV/AIDS, a workshop was organised during the HIV cluster meeting of CHAFEA in Athens in June 2014.

- The Ministry of Health endorses cooperation with the European Commission and international partners and organisations and HIV/AIDS was high in the political agenda during the Greek Presidency of the European Council the first half of 2014.

Challenges for 2015:

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, early diagnosis, prevention and awareness programs for the general population and populations most in need, treatment and support services)
2. to ensure funding for the establishment of 2nd Generation HIV Surveillance by the HCDCP and the implementation of behavioural surveys, in order to meet international commitments and help plan, monitor and evaluate prevention interventions.
3. a new action plan is still needed to be drafted to update the whole response to the HIV epidemic, since the previous action plan ended in 2012. The plan will have to take into account the data provided by M&E in order to assist effective, planning, coordination and to avoid duplication of work.
4. to budget the action plan for the response to the HIV epidemic among IDUs (provision of NSP, improve early diagnosis of Infectious diseases, OST and drug free programs, linkage to care, as well as of personnel for Infectious Diseases Units). Special care should be given to improve quality of sexual and reproductive health services for women PWID, aiming to improve early diagnosis of HIV and co-infections and reduce mother to child transmission.
5. to take into account: a) the need to increase financial as well as psychosocial support for people most in need, b) the ageing of the HIV positive population
6. to continuously increase the effective implementation of the national response by: a) increasing the use of quality assurance/improvement tools of hiv prevention management, b) continuously improving M & E data.

STRATEGIC PLANNING IN THE HEALTH SECTOR

1. Legislative Framework on Public Health

The Legislative Framework on Public Health is currently organized along the lines laid down in Presidential Decree 95/2000 and the amendments made thereto, in respect of the health services, by Laws 3172/03 and 3370/05.

2. National Strategic Reference Framework 2014-2020

In 2013 major programming for the next period of the NSRF has taken place. Currently the Health Sector in Greece is influenced in numerous ways both by global and international trends, as well as, of course, by the serious financial and social crisis in the country that set the new strategic priorities.

Growth strategic priorities for Greece in the health sector in the proposed document by the Ministry of Health are set by taking into account the respective EU directions alongside with the particularly difficult conditions of economic and social recession faced by Greece with an emphasis on the challenges related to the bottom-up restructuring of the health system's efficiency and the quality of the health services delivered

The related EU directions are clearly reflected in the Paper drafted by the European Commission Staff Working Document titled «Investing in Health» and are included in the package of measures intended for Social Investment that was approved on 20 February 2013 by the European Commission. The European network highlights the role of health as an integral part of the "Europe 2020" strategy, setting strategic priorities and respective investment guidelines structured on three axes:

Axis I: «Smart investments for Sustainable Health Systems»

Axis II: «Investing in citizens' health»

Axis III: «Investing in reducing inequalities in Health».

Concurrently, in Greece the Ministry of Health in collaboration with other Ministries and under the overall coordination of the Prime Minister's Office, responsible for the technical assistance provided to Greece, has been implementing since September 2012 the "Health in Action" initiative aiming at developing the specific structures and tools required for effectively and efficiently managing the NHS reforms.

The National Health Sector Vision for 2014-2020 is defined as follows:

Improving the health of the population and reducing inequalities in the health sector while ensuring at the same time the National Health System sustainability for future generations.

In the context of the Health Sector Vision the following Pillars and Strategic Objectives are set:

Pillar 1: Healthcare System Sustainability

Pillar 2: Health as an investment in human capital

Pillar 3: Reducing inequalities in health

The actions of the Health Sector Vision 2014-2020 are compatible with the actions relevant actions described with the EU and National Documents and there are areas for funding HIV/AIDS initiatives.

NATIONAL HIV POLICY

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. 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 which has a strong mandate for coordination of activities implemented.

NATIONAL STAKEHOLDERS

1. HELLENIC CENTRE FOR DISEASE CONTROL AND PREVENTION.

HELLENIC CENTER FOR DISEASE CONTROL & PREVENTION (HCDCP), is a legal entity, operating under private law with a public service mission, supervised and subsidized by the Ministry of Health. It is operating according to the provisions of P.D. 358/92 (G.G. 179 A' /24-11-92), the Regulation of Internal Operation issued by the procurement of the aforementioned P.D. (Y1/oi. 5028/2001-G.G. 831 B'/29-6-2001) and the provisions of L. 3370/05 (G.G. 176 A' 11-7-2005), and legally represented by the chairman of the Board of Directors.

The Centre was founded in 1992, under the original title 'Centre for the Control of Special Infections'. It serves as the national agency for prevention and treatment of infectious diseases, with an emphasis on HIV/AIDS.

Gradually the Centre has extended its remit to responding to other infectious diseases (TB, vaccine preventable diseases, vector borne diseases, nosocomial infections, etc.), serious public health events caused by biological, toxic and chemical factors, epidemiological monitoring.

In 2005 the original Centre changed its name to the Centre for the Control and Prevention of Disease, extending its remit to cover all aspects of public health, including chronic non-infectious diseases, accidents, environmental health etc., while taking control of the Central Public Health Laboratory, the Regional Public Health Laboratories and the National Cancer Archive. It is also responsible for accrediting laboratories, university departments, hospital units or other agencies of the broader public sector as reporting centres for specific public health issues.

The role of HCDCP in National HIV Policy

The role of the Centre in responding to HIV/AIDS is a twofold one and involves protection of the individual and of public health in general. The Centre has a strong mandate to coordinate the implementation of national HIV response to HIV/AIDS. HCDCP has served as the main organization for drafting action plans on HIV/AIDS, hosting HIV surveillance, and providing prevention, 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 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 and 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. The core governmental response to the HIV epidemic is implemented through the Hellenic Centre for Disease Control and Prevention.

HCDCP Offices and services dedicated to comprehensive response to HIV at all levels.

1) HIV & STIs office

The HIV and STI Office is responsible for epidemiological surveillance, for provision of scientific advice, participation in strategic planning, for monitoring of the appropriate antiretroviral drugs, development of guidelines on ART treatment and testing and for cooperating with an extensive network of special infections units, clinics and laboratories and cooperation with relevant international stakeholders.. HCDCP has been in collaboration with ECDC and EMCDDA throughout the investigation of the recent HIV outbreak among IDUs in Athens.

2) Department of Community Interventions

The main task is to provide prevention programs and care and support services through the following offices:

a) Office of Health Education and Awareness responsible for the design and implementation awareness programmes and on HIV/AIDS for Key populations and the General Public.

b) AIDS Helpline (A.H.) and Counseling Center (C.C.)

Founded as a unified Service in 1992, the Aids Helpline (A.H.) and Counseling Center (C.C.), is the first governmental psychosocial agency for HIV in Greece. It employs professionals of the psychosocial field (psychologists, a social worker, a psychiatrist and a nurse) as well as a secretary. The scientific staff has received specific training in AIDS related issues as well as in counseling and psychosocial support over the telephone, psychological evaluation, individual and group psychotherapy and adult education.

From its establishment, it was hosted at the "A. Syggros" Hospital, which being a University hospital for dermatological and venereal diseases, as well as an HIV Reference Center, has served the goals of the Service, facilitating public attendance, while at the same time promoting the cooperation between mental health professionals and medical staff.

As a unified service it operates under a shared scientific approach, which is based on the acknowledgement of the role and the handling of psychosocial factors that are associated with the importance of prevention and management of organic illness. The Service's activities (clinical, educational and scientific) are complementary, their basic objective being the preservation of individual mental health along with the promotion of public health.

Goals:

- Providing timely and adequate prevention
- Dealing with and processing the various psychological and social issues that come with Infectious diseases.
- Providing sensitization on and/or elaboration of relevant issues, such as interpersonal relations, sexuality, sexual orientation, health education, loss and bereavement, burn out.
- Providing training of health and mental health professionals on psychosocial issues related to HIV and organic illness

c) Psychosocial Support Office

The Office programmes, organizes, implements and controls scientific activities such as the psychosocial support of patients with HIV/AIDS, helping with their social problems, raising the awareness of public opinion in respect of their problems and planning services to support them.

3) Psychosocial Support Hostel

The Psychosocial Support Hostel was opened in Piraeus in 1993 as a regional unit of the Centre, offering hospitality, medical care and psychological support to HIV patients in need..

4) Halfway House for indigent HIV positive Adults.

The Halfway House is an intervening center, which offers lodging and alimentation potential of indigent HIV positive individuals and their children. The main philosophy of this shelter is to function as a transitional station to their life procession in the matter of their reintegration. The hosting term ranges from 1 to 1.5 years.

5) Thessaloniki Centre for Control and Prevention of Diseases

At its branch in Thessaloniki the Centre offers psychological and social support to HIV positive persons and their relatives, provides public information on protection against HIV/AIDS and other sexually transmitted diseases. In addition, Thessaloniki CDCP supports capacity building on HIV/AIDS for relevant stakeholders and runs the Thessaloniki AIDS helpline for the immediate and direct provision of services related to the disease and its treatment. Also, Thessaloniki CDCP offers counselling and support to infected persons and to those suffering from AIDS phobia, and the referral of individuals to other services depending on their problems. The services are provided in strict confidentiality and anonymity.

6) Head Legal Advisor on Ethics and Human Rights

The Head Legal Advisor on Ethics, Human Rights of HCDCP functions as office under the President of HCDCP, deals with issues which include ethics and protection of human rights and civil liberties in relation to epidemiology, foreign migrants, housing, work, education, army, prisons, care, privacy/confidentiality, rights and obligations of health personnel, social security-welfare, protection from unorthodox treatments and misleading advertisement, as well as treatment in the courts that protects human rights and civil liberties of people who live with HIV (legal aid through legal opinions, early release from prison, trial in camera, etc). It contributes to solving issues, in consultation with other government departments and authorities and/or NGOs, for the protection of human rights and civil liberties of people living with HIV. The book "AIDS, Fundamental Principles for the Protection of Human Rights and Civil Liberties" (Athens 1995-1996), by HCDCP (KEEL, KEELPNO) has been translated into five languages. In collaboration with NGO and under the supervision of the Hellenic Data Protection Authority, the "File with personal data of people living with HIV" in Greece has been created that has contributed to the highest level to the protection of privacy and confidentiality of people living with HIV (1999-2000).

7) Coordination within HCDCP. In 2013 a coordination group was appointed by the President of the Board to coordinate activities on HIV/AIDS within the HCDCP and increase collaboration.

HCDCP Actions Implemented on HIV/AIDS

1. HIV 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. Personal identifiers are used to achieve elimination of possible duplicate reports. AIDS deaths 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 collecting (retrospectively and prospectively) CD₄ cell count at time of diagnosis and by the end of 2014, this information has been recorded for approximately 6.550 cases. Tests of recent infection (RITA or avidity testing) are not performed routinely among new HIV infections.

2. HIV related Behavioural Surveillance

According to GARP 2015 guidelines the most-recently available nationally representative survey should be taken into account in order to calculate indicators that are based on general population surveys. The data reported in this round will be the same as the data reported in the previous round, since such surveys are generally undertaken at five year intervals.

HCDCP conducted a mapping of relevant national bio-behavioural surveillance data in close collaboration with main national stakeholders including NGOs, Greek Reitox Focal Points, Drug Treatment Services, Academia and E.Y.T.Y.K.A responsible for NSRF of Health Sector. HCDCP drafted a protocol for Data Submission of relevant bio-behavioural data necessary for M&E purposes in close consultation with national stakeholders, European team of experts and ECDC. The protocol focuses on improving the comparability, timeliness, quality and coverage of the data collected in Greece and harmonizing with data collection procedures on key indicators under the European and international requirements.

The aim is to collect data through the following complementary approaches:

- Collection of existing data from routine services
- Collaborating with Greek Reitox Focal Point on data already being collected on IDUs through DRID indicators.
- Collaborating with already ongoing biobehavioural surveys for the collection of data through this protocol.
- Planning and implementing new biobehavioural surveys.

3. Monitoring International Commitments on HIV/AIDS

HCDCP is responsible for monitoring progress on international commitments through GARP and Dublin Declaration reporting.

4. Overall of Antiretroviral Treatment, Care and Support and prevention activities.

Ministry of Health through HCDCP implements HIV prevention programs for general population young people, as well as vulnerable groups. In the area of HIV testing and treatment 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/AIDS patients.

According to the Greek law all Greek citizens, citizens of the EU Member States legally residing in Greece and refugees who are infected with HIV are entitled to a monthly financial allowance. Among others, HCDCP supports occasionally financially people who have no income and do not get any benefit. For homeless HIV+ individuals there are two shelters, offering housing. 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.

5. Capacity Building and Technical Guidance. The HCDCP provides scientific advice to the Ministry of Health and all major stakeholders as well as technical guidance and capacity building.

2. DRUG TREATMENT SERVICES

GREEK ORGANIZATION AGAINST DRUGS OKANA.

Mission of the Organisation: OKANA is a self-regulated, legal entity, which is supervised and financed by the Ministry of Health. It is in charge of the implementation of demand reduction policy at all prevention levels and solely responsible for the operation of the opiate substitution programme (OST). More specifically, OKANA has to (a) contribute to planning, promoting, coordinating and implementing of the national policy on prevention, treatment and rehabilitation of drug addicts, (b) address the drug problem at a national level, provide valid and documented information, and raise public awareness and (c) establish and effectively manage prevention centres, treatment units as well as social and professional reintegration centres.

The Organisation's network of services consists of (a) a nationwide network of 72 Prevention Centres, (b) treatment services: OST Programme (55 units: 54 Substitution Units and 1 Social Rehabilitation Unit), 6 drug free programmes, (c) low threshold services: 1 Assistance Centre (Direct Assistance and Support Unit, MAVY) and 1 Health Care Facility for drug addicts (Drug Addicts Care Facility, SFEA) and 1 Admission Centre (Admission, Information and Orientation Center, KYEP).

Founded in: 1993 (under the Law 2161/93 and amended under the 2256/94 Law and, recently, under the Law 4139/13)

HUMAN & FINANCIAL RESOURCES

	2010	2011	2012	2013	2014
N of permanent staff at the end of the year of reference	645	637	647	640	626
Annual Budget*	28,034,971	47,339,011	18,500,000	18,500,000	20,000,000

* Annual Budget for the operation of services presented by this report and headquarters. Other sources of funding are not included (eg. European Cohesion Policy Fund: Projects implemented within the National Strategic Reference Framework 2007-2013) except for the year 2011 (economic cooperation of OKANA with KEELPNO: 10,249,600€).

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 street work programmes which focus on motivating drug users towards treatment and on promoting safer drug use and sex practices through NSP /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.

KETHEA runs 24 services around the country working with adolescents and young adults, adults, prisoners and released prisoners, drug users in the street, immigrants, families of addicted person, addicted parents, drug users-students, addicted to internet, gambling and alcohol.

18 ANO

18 ANO detoxification unit, the only free and public unit of the country, is part of the psychiatric Daphni hospital of Athens and offers prevention and rehabilitation services.

The unit is organized in Counselling centres (3 for men, 1 for women and 1for adolescents), in main drug dependence treatment programs using psychosocial therapeutic approaches including 3 closed programs and open programs including 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 and a hotline. There is also on program specifically addressed to IDUs in prison.

ARGO

Detoxification unit, is part of the psychiatric hospital in Thessaloniki and offers prevention and rehabilitation services.

The Greek Documentation and Monitoring Centre for Drugs (EKTEPN)

The Greek Documentation and Monitoring Centre for Drugs (EKTEPN) is part of the University Mental Health Research Institute (UMHRI). EKTEPN operates as the national centre of monitoring and documentation on drugs, while it acts as the Greek REITOX Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Its mission is to collect, process and disseminate official data on different indicators related to the drugs phenomenon in Greece: epidemiology, demand reduction, early warning, drug markets, penal system, policy and drug-related research. EKTEPN collects its data primarily on the basis of the EMCDDA indicators. The data are collected by a nationwide network of data providers consisting of over 800 agencies and persons. EKTEPN publishes annually the "Annual Report on the State of Drugs and Alcohol in Greece" and the "Greek Bibliography on Drugs and Alcohol". EKTEPN is financed by the European Union and the Greek Ministry of Health by OKANA.

3. CIVIL SOCIETY, SCIENTIFIC ASSOCIATIONS AND ACADEMIA

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

Projects under NSRF are implemented by National and Kapodistrian University of Athens School of Medicine, NGOs, institutions and public hospitals

4. GENDER EQUALITY

The General Secretariat for Gender Equality (GSGE) implements the "National Programme on Preventing and Combating Violence against Women" which is referred to all forms of gender based violence (domestic violence, rape, sexual harassment, trafficking). The programme is funded by National Strategic Reference Framework and the total project budget will reach 25,000,000 euros. Specifically, the Plan falls under Priority Axis III: "Strengthening gender equality policies across the breadth of public administration", of the EU Operational Programme "Administrative Reform 2007-2013".

Within the framework of this Programme the following structures and actions has been established and operated:

- The bilingual (Greek and English) **SOS helpline 15900** accompanied by the email-address sos15900@isotita.gr, which has been operating since March 2011. It provides services of advice, support and counselling to women victims of gender based violence, 24 hours a day and 365 days a year. It is a low-cost, nationwide, confidential helpline which has received almost 20.000 calls within a 4years period of time.
- **13 Counselling Centres** operate either by the GSGE or the Municipalities at the largest cities of the country. They provide bilingual (Greek and English) services to women victims of gender based violence. The services include psychological and social support, legal counselling and counselling in labour issues free of charge and, when necessary, legal aid in cooperation with local Bar Associations.
- **21 shelters for Abused Women** operated either by the Ministry of Labour/ National Centre for Social Solidarity (Athens and Thessaloniki) or by the corresponding Municipalities. They provide bilingual (Greek and English) services of shelter, psychological and social support.
- Implementation of an awareness raising campaign including relevant seminars, a thematic conference, informational material in four (4) languages (Greek, English, French and Albanian), TV and radio spots, cultural events, publicity on public transport, entries in national and migrant press, a webpage (www.womensos.gr) and a facebook page as well as banners in web pages. The campaign lasted from April 2011 to November 2014.

2012-2014 Updated action plan to tackle the HIV epidemic among IDUs

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 HIV screening of IDUs
4. voluntary testing in low threshold or by outreach services,
5. 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
6. the raising of awareness directed to both professionals and IDUs as well as the general public and vulnerable sub-populations

The inter-sectoral cooperation by the intervention team dealing with the HIV epidemic regarding injecting drug users in Athens which was established in December 2012 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 outreach/street work
 - Health education for the community regarding substance abuse and prevention activities
- The group coordinated by the president of HCDCP still continues the above activities

Challenges still remain the same for 2015:

During this time of financial crisis it is important:

1. to ensure funding for the establishment of 2nd Generation HIV Surveillance and the implementation of behavioural surveys by the HCDCP according to the results from a meeting on this issue with national and international stakeholders.
2. a new action plan is still needed 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.
3. 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)

Human Rights

1. 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 HIV seronegative people of the country while in order to keep patients' anonymity, a secure coding system is used while reporting the patients with HIV/AIDS in Greece.

2. 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 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 enacted as Circular of Ministry of Health (Y1/3239/4 of July 2000) and are still in force.

3. 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).

4. 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. 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).

5. In 2014 the new Organization of the Ministry of Health (Presidential Decree 106/2004, Government Gazette A' 173) was issued.

6. A registration of people living with HIV which safeguards anonymity and privacy, operates efficiently from 2000 till now, under supervision of the Hellenic Data Protection Authority, in order for these people to receive free HRT and relevant therapy by state Insurance Organization.

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

8. Regarding workplaces sporadic complaints exist, mainly for large companies and banks that require certificate for HIV sero-negativity of candidates for employment. The working environment for HIV infected employees may not be friendly and confidentiality is not respected by administrations of companies or other employees. The HCDCP, especially the Legal Advisor of Ethics and Human Rights, tries to respond to these discriminative behaviors in cooperation with relevant authorities and NGOs.

8a. According to the art. 11 of National Omnibus Labor Agreement, workers with HIV/AIDS who are employed till 4 years to the same employer and they are capable to provide services at work

have the right of one month leave of absence with pay. Omnibus Labor Agreements were abolished due to economic crisis, but the government tries to re-introduce them as a part of labor legislation in Greece.

8b. HIV 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 Act 3996/2011 a reform of the Body of Inspectors of Occupation and the regulations for social security issues took place. The Body of Labor Inspectors 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 orientation.

9. 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. Common Ministerial Order 39A repealed, but re-enacted (Government Gazette B' 1002/2012) because: a. was found to contain very important provisions for health shielding of the country, since it is the only part of legislation that relates to serious infectious diseases, which by international regulations require quarantine and special regulations for infected individuals or suspected cases etc., b. with respect to immigrants, there should be programs, which are based on international Declarations and Regulations protecting Human Rights and Civil Liberties, c. was found that violations of human rights and individual freedoms of women, intravenous drug users, during April - June 2012 occurred due to a misinterpretation of the law. These doctors have been prosecuted by the women offended. The NGOs Act Up, Praxis and Greek Council for Refugees entered a petition for annulment before Council of State.

9a. Recently, the government repealed again Ministerial Order 39A (Ministerial Order 24834, Government Gazette B' 627/17.4.2015).

10. According to the legislation regarding the migrants, in accordance with Law 3386/2005 and Law 3907/2011, foreigners who are considered dangerous for public health are expelled from the country and, if they are detained, throughout the duration of detention pending implementation of the return they are provided similar health care and psychosocial assistance in the detention areas. The same provisions are roughly listed in Article 59 of Law 4059/2012, in conjunction with Article 13 § 2 d of Presidential Decree 114/2010. The HIV/AIDS, however, is not a criterion of risk to public health. Detained Irregular migrants according to the Greek Police Foreigners' Department, are examined by doctors of the NGO "Medical Intervention". If prisoners need treatment, which is considered by the medical staff, the required health care is administered. Patients needing specialized hospital care are transferred to a hospital designated by the doctors.

11. With regard to refugees the country implements the provisions of Convention Relating to the Status of Refugees, 28 July 1951, Protocol Relating to the Status of Refugees, 30 January 1967, Council Directive 2004/83/EC of 29 April 2004 on Minimum Standards for the Qualification and Status of Third Country Nationals or Stateless Persons as Refugees or as Persons Who Otherwise Need International Protection and the Content of the Protection Granted, Official Journal of the European Union, L 304/12, 30 September 2004, Directive 2011/95/EU of the European

Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted, therefore they have access to health services and ART therapy.

12. Regarding undocumented migrants free medical care is provided to minors and in case of emergencies. The government of Greece tries to cope with the issue of undocumented migrants, trying to protect their rights and civil liberties. Greece is complied with the Decision 1082/2013 on serious cross border health threats.

12a. In accordance with Law 3386/2005 and Law 3907/2011, for foreigners who are considered dangerous to public health the provisions of the International Health Regulations (Law 3991/2011 Government Gazette A' 162/25.07.2011) and the Decision 1082/2013 are applied. The HIV/AIDS, however, is not a criterion of risk to public health.

11b. When the health problem refers to an infectious disease, the issuance of such decision requires a decision of the Minister of Health that there is no risk to public health. The granting of a residence permit for persons suffering from serious health problems is in the legally valid permission for the applicant to stay in the country. The same provisions are roughly listed in Article 59 of Law 4059/2012, in conjunction with Article 13 § 2d of Presidential Decree 114/2010. HIV/AIDS, however, is not a criterion of risk to public health.

13. Victims of trafficking have generally supportive treatment under international treaties ratified by the country (Law 4216/2013 Government Gazette A' 266/12-10-2013. (ratifies Warsaw, 16.V.2005, Council of Europe Convention on Action against Trafficking in Human Beings), Law 4198/2013 A 215, Presidential Decree 141/2013, Law 3294/2004, 3064/2002 etc. On measures for women equality, under the General Secretary of equality an Advisory Women Center is running 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.

14. General Secretary of Public Health has assigned a pre-ambulatory Law Committee in order to reform the legislation on sex workers and sex worker settings.

15. In regard with armed forces some complaints aroused for discrimination to people living with HIV/AIDS.

16. Cases have been reported (1-3 per year) where school principals, acting arbitrarily and due to ignorance of the law, are reluctant to enroll students in schools. HCDCP when informed, reacts immediately in order to protect human rights and civil liberties.

17. The economic crisis has led to problems with ART treatment at hospitals for uninsured people. In these cases a certificate of economic weakness is required for the HIV seropositive individual in order to obtain antiretroviral treatment. The number of uninsured persons due to economic crisis is rising. The government tried in 2014 to provide access to health care and medication to the uninsured people in Greece who have Social Welfare Insurance Number (AMKA) and legal residence in the country (Common Ministerial Order 56432, Government Gazette B' 1753/28.6.2014, which amended by Common Ministerial Order Government Gazette B' 1465/5.6.2014).

Trends over time

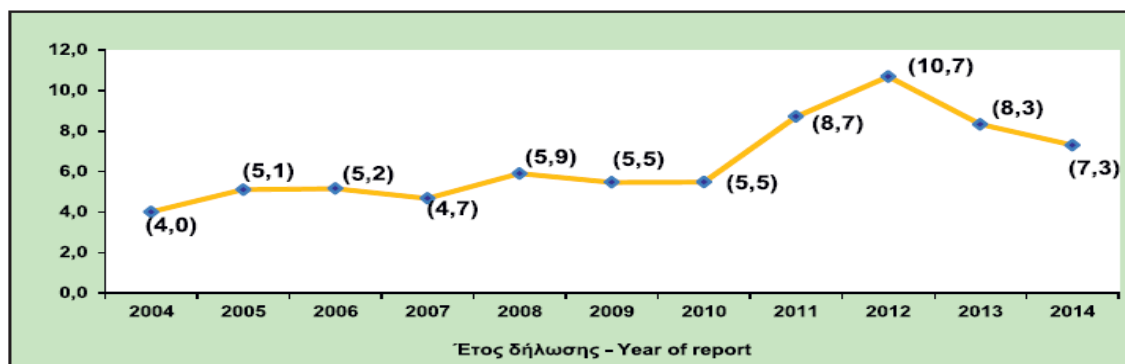
HIV infection is of a major public health importance in Greece. The Greek HIV epidemic has been characterized by a pattern of a low-level, concentrated epidemic. The most affected sub-groups include MSM and IDUs. Table 1.

Table 1. HIV/AIDS in Greece (From the beginning of the epidemic through 31/12/2014)

Reported cases of HIV infection:	14,434 Men: 11,896, Women: 2,494, Children: 87 (age: 0-12 years old)
Reported cases by Risk groups	MSM: 6,674 Heterosexuals: 3,079 Heterosexuals originated from countries with generalized epidemics: 976 IDUs: 1,553 MTCT: 65 Hemophiliacs and transfusion recipients: 336 Undetermined: 2,727
Reported AIDS cases:	3,661
Reported number of deaths among HIV/AIDS cases (any cause of death):	2,488
Reported number of deaths among AIDS cases:	1,862

As depicted in Figure 1, Greece experienced a significant upward shift in HIV epidemic after 2010. In 2012, the rate of HIV reports per 100,000 population reached 10.7 (n=1188), whereas in 2013 and 2014 decreased to 8.3 (n=921) and 7.3 (n=802), respectively (Figure 1).

Figure 1: Number of reported HIV cases per 100,000 population by year of report, Greece,2004-2014



New infections in 2014 (1/1/2014 - 31/12/2014)

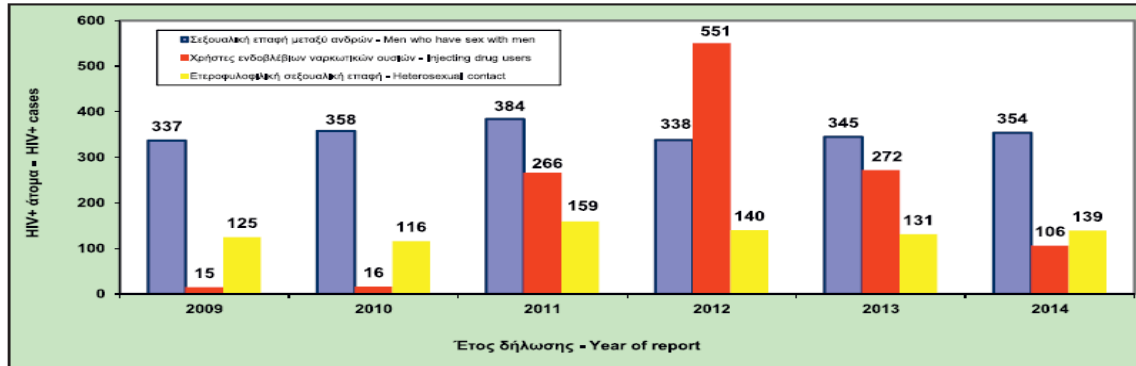
In 2014, a total of 802 HIV cases were reported in Greece. Men: 696 (86.8%) Women: 106 (13.2%) Children: 1 (age: 0-12 years old). Among them 70 had already developed AIDS or progressed to AIDS during 2014. Men: 54 (77.1%) Women: 16 (22.9%) Children: 0 (age: 0 -12 years old).

MSM was the most affected group with 354 (44.1%) cases, followed by individuals infected through heterosexual contact (139 cases; 17.3%) and IDUs with 106 cases (13.2%). The route of HIV transmission remained undetermined in 202 cases (25.2%) (Table 2, Figure 2). In 2014, 1 case of vertically acquired infection was reported. The mother of the HIV infected infant was a drug injector.

Table 2: Proportion of HIV infections by route of transmission and year of report in Greece (2009-2014)

Route of HIV transmission	Year of report					
	2009	2010	2011	2012	2013	2014
MSM	337 (55.2%)	358 (58.5%)	384 (39.6%)	338 (28.5%)	345 (37.5%)	354 (44.1%)
IDUs	15 (2.5%)	16 (2.6%)	266 (27.5%)	551 (46.4%)	272 (29.5%)	106 (13.2 %)
Heterosexuals	125 (20.5%)	116 (19%)	159 (16.4%)	140 (11.8%)	131 (14.2%)	139 (17.3%)
Undetermined	134 (21.9%)	119 (19.4%)	160 (16.5%)	159 (13.4%)	171 (18.6%)	202 (25.2%)

Figure 2: Number of HIV infections by route of transmission and year of report in Greece (2009-2014)



The total number of HIV cases reported in 2014 (802 cases) represents a 12.9% decrease from the 921 cases reported during January-December 2013. In 2014, there were fewer cases reported among IDUs (106 cases, about 60% decrease), compared to 2013. On the contrary, an increase was noted among MSM (354 cases, about 2.6% increase) and heterosexuals (139 cases, about 6.1% increase). Although the HIV reported cases with undetermined route of HIV transmission have increased, it is expected that during 2015 the mode of HIV infection will be specified for cases linked to treatment and care (Table 2).

Overall, men comprise 86.8% of the HIV reported cases in 2014. This has remained fairly stable over time. In 2014, 10.2% of all cases were reported among young people; 35.7% of cases were among 25-34 year olds and 53.7% of the cases were older than 35 years of age.

Late diagnosis

CD₄ T-cell count at diagnosis is available for a portion of those tested positive for HIV. For those cases tested in 2014, more than half (53%) are classified as late presenters (CD₄ cell count less than 350/mm³), and already in need of antiretroviral treatment. Late presentation is more frequent among IDUs (80,7% diagnosed with CD₄ T-cell counts less than 350/mm³ in 2014) (Table 3).

Table 3: Diagnosed HIV cases by CD₄ T-cell count at the time of diagnosis and transmission category (2010-2014)*, **.

Transmission group	2010	2011	2012	2013	2014
All					
Diagnosed	639	953	1142	865	710
Diagnosed with CD4 T-	251*	575	736	619	470
< 200 cells/mm³	56 (22,3%)**	166 (28,9%)	243 (33%)	203 (32,8%)	151 (32,1%)
< 350 cells/mm³	114 (45,4%)	293 (51%)	409 (55,6%)	326 (52,7%)	249 (53%)
MSM					
Diagnosed	373	336	324	329	300
Diagnosed with CD4 T	173	254	291	315	274

available					
< 200 cells/mm³	33 (19,1%)	59 (23,2)	63 (21,7)	61 (19,4%)	51 (18,6%)
< 350 cells/mm³	70 (40,5%)	113 (44,5%)	123 (42,3%)	119 (37,8%)	108 (39,4%)
Heterosexuals					
Diagnosed	118	147	148	113	126
Diagnosed with CD4 T-cell available	52	107	130	108	108
< 200 cells/mm³	21 (40,4%)	48 (44,9%)	64 (49,2%)	45 (41,7%)	48 (44,4%)
< 350 cells/mm³	37 (71,2%)	76 (71%)	94 (72,3%)	68 (63%)	71 (65,7%)
IDUs					
Diagnosed	25	310	518	260	89
Diagnosed with CD4 T-cell available	9	181	284	140	62
< 200 cells/mm³	0 (0.0%)	51 (28.2%)	100 (35.2%)	64 (45.7%)	37 (59.7%)
< 350 cells/mm³	3 (33.3%)	89 (49.2%)	170 (59.9%)	100 (71.4%)	50 (80.7%)

Source: KEELPNO 2014

*CD4 T-cell count is not available for all HIV cases reported

**Percentages have been calculated using the number of HIV diagnoses with a CD4 T-cell count available as a denominator.

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.

Greece has prioritized prevention activities to key populations especially injecting drug users and MSM.

An action 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 was the result of the working groups of the intervention committed, first established by the MoH in Dec 2012.

Effective collaboration has taking place in many of the HIV projects with both GOs and NGOs being involved in planning, designing and implementing activities. Monitoring of HIV implemented projects is anticipated to improve in the next years since all main actors participated in the European Joint Action on Quality Improvement on HIV prevention organized by HCDCP in collaboration with the coordinator of the Action on EU level.

PEOPLE WHO INJECT DRUGS

INTRODUCTION

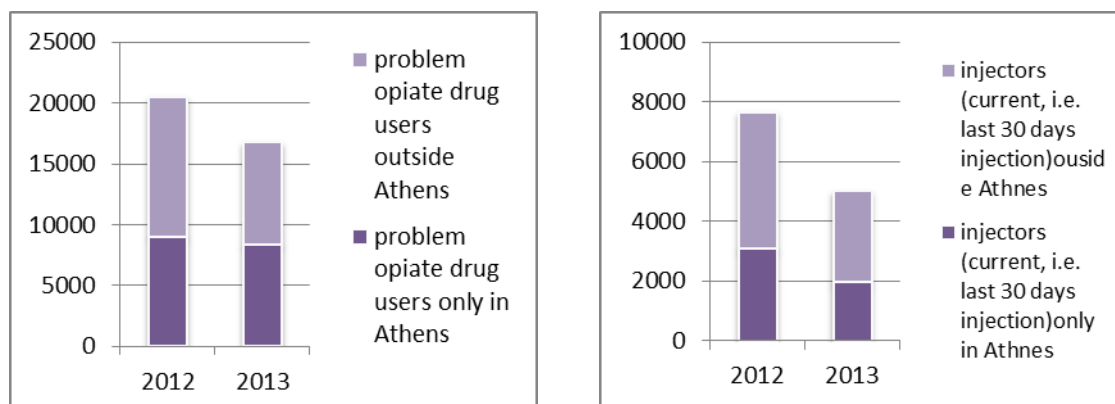
During 2014, Greece has continued the implementation of measures for HIV and other infectious diseases prevention, treatment and care for IDUs (i.e. provision of sterile drug injection equipment, OST, information, education and behavioural interventions). The main aims for 2014 were the following:

1. Increased coordination and collaboration
2. Intensification of health promotion and harm reduction programmes provided through outreach and low threshold programs.
3. Continue HIV testing for hard to reach IDUs and link them to care.
4. Increase in Opiate Substitution Treatment (OST) provision: expansion of the OST program in order to eliminate the waiting list in Athens and to reduce the risk within the PWID population.
5. Injecting drug users referral for diagnosis of HIV or HIV-co infections and follow up algorithm for injecting drug users with HIV
6. Training of professionals and volunteers for street work
7. Health education for the community regarding substance abuse and prevention

ESTIMATED NUMBER OF DRUG USERS INJECTORS & NON INJECTORS

The REITOX Focal Point of the EMCDDA- in Greece estimates that in 2013 there were about 16,162 (Lower = 14,158; upper = 18,530) problem opiate drug users in Greece, 8,310 (Lower = 6,392; upper = 10,985) residing in Athens. Of all problem opiate drug users, there were an estimated 5,284 (Lower = 4,451; upper = 6,338) injectors (current, i.e. last 30 days injection) in Greece (current i.e. last 30 days), of them with known residence 1,956 leave in Athens. Although due to wide confidence intervals changes between years should be evaluated with caution, there is a steady decrease since 2009.

Fig3. Estimated Number of problematic opiate drug users and of current injectors in and outside Athens



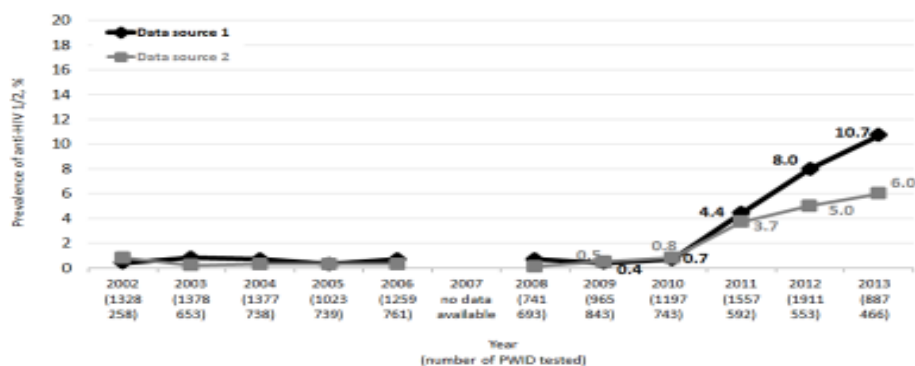
Source: Greek Reitox Focal Point, figure created by HCDC

PREVALENCE OF HIV AMONG PWID

Prevalence data on HIV, hepatitis B and C infection among PWID are being collected from separate sentinel surveillance systems in drug treatment facilities screening clients upon entry. For the last decade, HIV prevalence in the sentinel surveillance system for PWID entering treatment has remained below 2%. However, from 2011, all data sources detected a steep increase, reaching 5–8 % in 2012 and 6-10.7% in 2013 (Figure 3).

Figure 4.

HIV prevalence among PWID tested in drug-related treatment settings in Greece, by source of reporting national data to the Greek Reitox focal point of the EMCDDA (2002-2013)



Notes. For 2013: Data source 1: individual data from OKANA and Psychiatric Hospital of Thessaloniki; data from OST (71%), low-threshold (12%), and drug-free (17%) settings; national non-representative sample. Data source 2: aggregate data from KETHEA "drug-free" settings; national non-representative sample.
Source: Greek REITOX Focal Point.

Data from Greek Reitox Focal Point in 2013, is provided through the Data measurement tool used is the National Treatment demand –and Drug-related infectious diseases data collection system (special form); data based on test results.

- Data is limited to 67 out of the 72 sites reporting HIV data to the focal point with national coverage
- Samples refer to lifetime injecting drug users entering OST and "drug free" programs. Because of the different form of these data (individual and aggregated, respectively), the HIV prevalence is reported below in two Blocks – Block A (OST; N=1074) and Block B ("Drug-free"; N=466)

Table 4. Percentage of people who have injected drugs at least once in their lifetime who are living with HIV and attend OKANA programs

	All	Males	Females	<25	25+
Percentage of people who have injected drugs at least once in their lifetime who are living with HIV	10.7	10.9	9.9	7.7	10.8

Source: Greek Reitox focal point of the EMCDDA

Table 5. Percentage of people who have injected drugs at least once in their lifetime who are living with HIV and attend KETHEA programs

	All	Males	Females	<25	25+
Percentage of people who have injected drugs at least once in their lifetime who are living with HIV	6.0	5.0	10.0	0.0	6.5

Source: Greek Reitox focal point of the EMCDDA

HIV prevalence among PWID entering drug related treatment setting in 2014

- **18 ANO**

Data reported by the detoxification unit 18 ANO, located in Athens, on the rates of HIV in 2014, as recorded in the questionnaires of the Treatment Demand Indicator TDI, among all those (men, women and adolescents) applying for entering in a drug free treatment programme in the Counseling centres: Among a total number of 827 new applicants: 32, (3,9%) were tested HIV positive, 585, (70,7%) were tested HIV negative, 42,(5,1%) were tested but result is unknown, 95 (11,5%) haven't been tested and 73, (8,8%) is unknown if they have been tested. Among those tested and know the results 5.2% were tested positive.

- **KETHEA**

During 2014, 615 IDUs were referred by KETHEA's services to hospitals and other health services in order to get tested for HIV virus. From those, 18 were found positive. From the positives mentioned above, 14 were found in the Attica area (Athens & Piraeus), 1 in Thessaloniki and 3 in Kalamata.

- **ARGO**

In 2014, HIV testing was offered to patients upon entry therapeutic community. 45 PWID were tested 33 for the 1st time. During street work condoms and informational material was distributed in PWID.

BEHAVIOURAL DATA

Data on risk behaviour among IDUs is collected by **EKTEPN the REITOX Focal Point of the EMCDDA- in Greece** among those persons entering drug treatment. Out of the 72 sites that reported data to the Greek Reitox focal point of the EMCDDA in 2013, 37 (51%) were located in the Attica region (greater Athens area), 10 (14%) in Thessaloniki (second largest city) and 25 (35%) in as many cities other than Athens and Thessaloniki. The majority of the sites (61%) offered OST, followed by drug-free sites (38%) and 1% low threshold services. No sampling was employed. Data were collected upon entry in the drug-related treatment services in the country in the course of 2013.

Safe injecting practices. Reported risk behaviour on needle sharing appears to be stable overall between 2008 and 2011 with 57% of injectors reporting that they have 'ever' shared needles or syringes and nearly more than half of these (25%) having done so during the last 30 days. There has been an increase in reported sharing of syringes among new and young injectors in 2011. More recent data in 2013 from a sample (N=829) shows a decrease in reported sharing of syringes and needles although data is not totally comparable.

Table 6. Safe injecting practices

	All	Males	Females	<25	25+
Percentage of people who have injected drugs at least once in their lifetime reporting the use of sterile injecting equipment the last time they injected	90.2	89.7	92.1	96.3	89.9

Source EKTEPN. *Limitations:* Data limited to 40 sites reporting data to the focal point for this particular Indicator. Data limited only to people entering OST treatment during the reference year

Condom use. In 2013, reported data on condom use on a sample of 829 injecting drug users showed that 46.5% of them, more males than females, used condoms last time they had sexual intercourse with a steady partner, while 58% (No of respondents 684) always used condoms with casual partners. 84.3% of IDUs visiting the above mentioned services report having an HIV test in the past 12 months and know their results.

Table 7. Condom Use

	All	Males	Females	<25	25+
Percentage of people who have injected drugs at least once in their lifetime reporting the use of a condom the last time they had sexual intercourse	46.5	50.2	32.5	50.0	46.3

Source EKTEPN. *Limitations:* Data limited to 40 sites reporting data to the focal point for this particular Indicator. Data limited only to people entering OST treatment during the reference year

HIV testing in PWID. In 2013, reported data on HIV testing on a sample of 829 injecting drug users showed that 66,6% have been tested for HIV during the last 12 months

Table 8. HIV testing

	All	Males	Females	<25	25+
Percentage of people who have injected drugs at least once in their lifetime who have been tested for HIV during the last 12 months	66.6	65.0	73.3	72.4	66.4

Source EKTEPN. *Limitations:* Data limited to 40 sites reporting data to the focal point for this particular Indicator. Data limited only to people entering OST treatment during the reference year

The ARISTOTLE programme which was implemented under NSRF 2007-2013 and co-funded by European Social Fund and national resources, was carried out in Athens by the National and Kapodistrian University of Athens and OKANA, between August 2012- December 2013, in order to provide access to hard to reach PWID population residing in Athens. During a period of 16 months, 7,110 questionnaires and blood samples were collected from 3,320 unique IDUs who had injected drugs within the past 12 months and resided in Athens using RDS (Respondent Driven Sampling) in 5 sampling rounds. HIV prevalence among IDUs was 16.4%. ARISTOTLE program achieved a high coverage of the target population of IDUs (approximately 96%, based on the estimated number of IDUs in Athens). A substantial proportion of IDUs were homeless at the time they participated to the programme (21%-24%, depending on the RDS round). During the programme, a decrease in the prevalence of risk behaviours was observed. Approximately half of those testing positive were diagnosed for the first time. Apart from the known risk factors (sharing syringes, frequency of injecting drug use, cocaine as main substance of use), homelessness was identified as an independent determinant of HIV infection.

Service based data provided by HCDCP mobile units. In 2013, the personnel of Psychologists and Sociologists conducted 814 personal interviews among IDUs visiting the services. 54% report condom use at last sexual intercourse. 89% reported using sterile injecting equipment the last time they injected. 75% reported having received an HIV test in the past 12 months and know their results.

NSP PROGRAMS

According to data reported to HCDCP there are **Twelve (12) NSP sites in 2014:** Five (5) by OKANA (3 fixed sites and 2 outreach/peer workers); One (1) by Medecins du Monde (mobile); Two (2) by KEELPNO (mobile unit and street work); Three (3) by KETHEA (1 mobile and 2 fixed sites); and one (1) by ACT_UP-NGO (street-work). Of note, as of August 2013, OKANA operated the first outreach NSP programme outside Athens, in Thessaloniki.

Needles and syringes are distributed in '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. In 2010, the estimated syringes distributed per PWID per year was low (nearly seven). The NSP programs has expanded NSP since the start of the outbreak. There has been a switch to the free distribution of low dead space syringes (Table 9).

Table 9. Estimated number of syringes distributed through NSP in Greece, 2005–2014

Year	Number of syringes	Number of syringes distributed per PWID
2005	29,792	
2007	64,958	
2008	55,109	
2009	68,579	
2010	61,516	
2011	119,397	
2012	404,124	
2013	429,517	81
2014	367,258	70*

*Using the most recent (2013) estimations of injecting drug users in Greece.

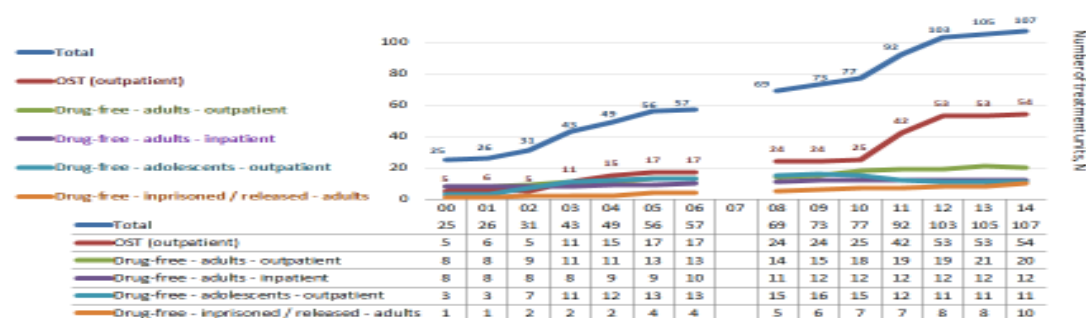
Most NSP programmes currently operate in Athens. In 2014, a total of **314,718** syringes were distributed reaching **160.1 syringes per PWID in Athens** area where the epidemic actually takes place. When counting total number of syringes per PWID in Greece the number is **70 syringes/PWID in Greece** which tell us that efforts should be increased, and emphasis should be placed both in Athens as well as outside the capital area.

DRUGS SERVICES

Opioid substitution treatment (OST) and other forms of effective drug dependence treatment are available in Greece (Figure 5).

Figure 5

Drug-related treatment units, by type of treatment (2002-2014)



Source: EKTEPN, Greek Reitox Focal Point

PROJECTS AND ACTIVITIES IMPLEMENTED IN 2014 IN EACH ORGANISATION

The Greek Organization against Drugs (OKANA) Activities 2014

1.1 OPIOID SUBSTITUTION TREATMENT (OST) was introduced in 1996 in Greece and medications used include methadone and buprenorphine.

Prior to 2010, there was low coverage of OST. Since the start of the HIV outbreak, OKANA has focused its efforts on rapidly increasing access to OST through establishing new treatment centres in Athens. **A Total of 8426 patients were in OST at the end of 2014** (Table 10.)

Table 10. Opiate Substitution Treatment Program OKANA

	2010	2011	2012	2013	2014*
Total N of OST Units at the end of the year of reference	25	42	53	53	54
N of OST Units in Athens at the end of the year of reference	7	18	23	23	23
Total N of new OST applications per year	1859	2773	2325	1474	1542
N of new OST applications in Athens per year	675	1321	866	533	605
Total N of OST applications on waiting list at the	5394	4275	2702	2563	2136

end of the year of reference					
N of OST applications on waiting list in Athens at the end of the year of reference	3689	3838	2431	2301	1679
Waiting time for entering OST in Athens at the end of the year of reference (in months)	74	79	37	43	39
Waiting time for entering OST in Thessalonica at the end of the year of reference (in months)	48	1	0,5	2	3
Total N of patients in OST at the end of the year of reference	5101	6625	8031	8202	8426
N of patients in OST in Athens at the end of the year of reference	2098	2404	3078	3157	3532

* Data from OST units operation in prisons is not included

During 2014:

- A new OST unit has been launched in Northern Greece (city of Verroia). **Overall 54 OST units were in operation, 23 of them in Athens metropolitan area.**
- There was a slight increase of 4.6% in the total number of OST applications as compared to the previous year. The rise was exclusively located in Athens (13.5%).
- Regarding waiting list, there was a significant decrease in the number of applicants waiting for admission in Athens (-27%). At the end of the year 1,679 heroin users were still waiting for entering OST. The waiting time for entering treatment was decreased in Athens from 43 months in Dec-13 to 39 months in Dec-14. In Thessalonica, the waiting time has been raised to 3 months in Dec-14 from 2 months in Dec-13.
- Regarding OST provision, the total number of patients in treatment at the end of Dec-13 was 8,426 with 3,532 of them in Athens OST units. An increase of 11.9% from Dec-13 to Dec-14 is recorded in Athens. Finally, in Athens, a number of 339 HIV(+) patients were receiving OST at the end of Dec-14.

1.2. DRUG FREE TREATMENT PROGRAMMES

With regard to the drug free programmes run by OKANA, no problem of availability in treatment slots has ever occurred. The table bellow shows the numbers of drug addicts in drug free treatment programmes on December of the years 2010-2014:

Table 11. Drug Free Programs OKANA

	2010	2011	2012	2013	2014
N of drug free programmes	7	6	5	6	6
Total N of drug addicts in drug free treatment programmes in the last month of the year of reference*	128	120	187	228	268
N of drug addicts in drug free treatment programmes in Athens in the last month of the year of reference	86	79	87	97	119

* Data from 1 programme in Thessalonica is not included.

2. HEALTH PROMOTION AND HARM REDUCTION PROGRAMMES

2.1. Low threshold services in Athens

In the following table, data on the range of services available for drug addicts and comparative data on their respective visits at MAVY, SFEA and KYEP units in Athens are presented:

Table 12. Low threshold services OKANA

Direct Assistance and Support Unit (MAVY)	2010	2011	2012	2013	2014
Monthly mean number of drug users visits per year of reference at:					
Pathology Clinic	307	353	406	320	355
Dental Clinic	67	72	72	85	74
Cardiology Clinic	-	-	-	30	53
Laboratory	176	254	302	189	207
Nursing Service	90	137	134	53	50
Social Service	38	84	67	44	39
Mobile Medical Unit	206	198	174	77	73
Drug Addicts Care Facility (SFEA)	2010	2011	2012	2013	2014
Monthly mean number of drug users visits in premises per year of reference:	949	626	394	504	1085
Monthly mean number of PWID approached by Streetwork team per year of reference	193	80	1171	744	415
Admission, Information and Orientation Center (KYEP)	2010	2011	2012	2013	2014
Monthly mean number of client visits per year of reference	168	781	1045	653	779

2.2. Needles-syringes and condom distribution

In 2014, overall 187,594 syringes and 38,764 condoms have been distributed by the harm reduction services of OKANA with the OKANA network of NGOs (distribution in premises or by streetwork team) and the 'Boule de Neige Campaign' Project. As compared to 2013, there was a decrease of 21.5% in the N of syringes and a 31.8% decrease in the N of condoms distributed, due to the limited budget.

In Thessalonica, a total of 52,540 syringes and 8,515 condoms have been distributed in the framework of projects financed by European Cohesion Policy Fund (Projects: 'Streetwork Service in Thessalonica' and 'Boule de Neige Campaign').

Table13. NSP -OKANA

Athens	2010	2011	2012	2013	2014
N of syringes distributed per year	43,405	92,829	259,127	238,959	187,594
N of condoms distributed per year	2,925	11,324	65,189	56,822	38,764
Thessalonica	2010	2011	2012	2013	2014
N of syringes distributed per year	0	0	0	8,280	52,540
N of condoms distributed per year	0	0	0	2,235	8,515

2.3. Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013)

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

MIS Code: 339476

Budget: 1,760,000.00 €

Results by subproject:

Subproject 1: 'Boule de Neige Campaign' in Athens & Thessalonica: Provision of information and assistance services to active drug users in order to prevent and reduce damage from drug use

Schedule of implementation: Start 15/10/2011, End 31/12/2014

Aim: approaching PWID in order to offer prevention messages about HIV risks, sterile injecting equipment etc.

Results: From Oct-2013 to Oct-2014, 4,324 PWID have been approached (2,663 of them in Athens), 86,480 syringes (53,240 in Athens) and 8,646 condoms (5,324 in Athens) have been distributed.

Subproject 2: 'Implementation of Streetwork Service in Thessalonica:

Schedule of implementation: Start 15/11/2011, End 28/02/2015

Progress: From Feb-2013 to Dec-2014, more than 1,200 unique drug users have been offered services either by the streetwork team (4,989 approached cases) or within premises (4,418 visits). Services offered included information and counselling on the risks associated with infectious diseases, on safer drug use and harm reduction, provision of injecting material as well as information on the existing drug treatment and welfare services of the city. Overall 27,600 syringes 7,428 condoms had been distributed.

Subproject 3: Implementation of Pre-admission Centers in Athens: supervised drug-use facility in Athens, to address issues of PWID health, early intervention to address overdose, preparation for entering treatment programs

Schedule of implementation: Start 1/7/2012, End 30/4/2015

Progress: the first pre-admission center, named 'Ulysses', started to operate on Oct-2013. In July-2014 the unit operation was suspended after a prosecutor intervention. During the 9-month period of operation 300 PWID had received services. Overall there were 79 cases of overdose intervention.

3. HEALTH PROMOTION AND HARM PREVENTION PROGRAMMES FOR SPECIAL POPULATION GROUPS

Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013):

1. Project title: Pilot substitution programs in prison settings

MIS Code: 349600

Budget: 2,247,000.00 €

Schedule of implementation: Start 15/7/2011, End 28/02/2015

Results: During 2014 two OST units have been launched in Korydallos and Patras correctional facilities. The operation of the OST unit in Patras Prison started in Sep-2014 whereas in Korydallos prison in Dec-2014. By the end of the year, in total, 259 OST applications had been submitted, 51 opioid users have entered treatment (with 42 of them continuing treatment at the end of the year), whereas 176 opioid users were on a waiting list for admission.

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

MIS Code: 349337

Budget: 1,500,000.00 €

Schedule of implementation: Start 1/6/2012, End 30/4/2015

Progress: Two new services have been launched in Athens and Thessalonica. By the end of 2013 all necessary contacts between staff and all stakeholders in order to establish a two-way partnership, have been accomplished. Information and awareness raising activities as well as outreach activities for the programming of special counselling provision have been implemented. Overall 255 individuals had received services by the end of 2014.

4. OTHER COMPLEMENTARY ACTIVITIES

Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013):

1. Project title: Programs in the Community and on the Street

MIS Code: 357502

Budget: 2,000,000.00 €

Results by subproject:

Subproject 1: Executive training in new interventions in the field of harm reduction & supply reduction (drug use prevention, early intervention)

Schedule of implementation: Start 1/7/2012, End 30/6/2013

Progress: implementation of training programs completed. Overall 225 mental health professionals have participated in the training in order to implement new interventions for drug users and special population groups (students, migrants, repatriated, Roma, prisoners, released prisoners, juvenile offenders, sex workers, HIV/AIDS patients etc.) in the Regions of Attica and Central Macedonia.

Professionals came from OKANA, 10 OKANA Prevention Centers and the Self-Help Promotion Program.

Subproject 2: Planning and implementation of new prevention/early intervention programs

Schedule of implementation: Start 1/10/2012, End 30/4/2015

Results: the new prevention programs in the community and in the street started to get implemented by the 2 newly created Services in Athens and Thessalonica in cooperation with 10 Prevention Centers in Attica and Central Macedonia and the Self-Help Promotion Program in Thessalonica.

Intervention 'Prevention Routes' in Athens

Aim: provision of information to students in drug dependency matters and raise awareness of the university community in general.

Schedule of implementation: Start Oct-2013, End Nov-2014

Results: the intervention has been implemented in 7 higher education institutions. Overall 7,620 students have been approached

Intervention 'Ev-MEL-eia' in Athens

Schedule of implementation: Start Mar-2014, End Oct-2014

Aim: Approaching seropositive PWID in the area of the Hospitals' Special Units Care for Infectious Diseases (MEL) in order to provide information on safe sexual behavior, to motivate for regular medical visits and consistency to HIV therapy, to refer to drug dependency treatment and welfare services.

Results: The intervention has been implemented in 3 Hospitals. Overall 254 PWID received services.

Interventions in Thessalonica

A total of 3.500 beneficiaries had been recorded in all actions implemented.

2. Project title: Public Awareness Campaign against Drugs

Campaign targeted among others to highlight the necessity of the harm reduction programmes and the fact that their implementation is of equal importance as compared to other interventions within the treatment system.

MIS Code: 339499

Budget: final budget still unknown (initial budget 1,000,000.00 €)

Schedule of implementation: Start 10/5/2011, End 30/9/2015

Progress: the study on planning communication strategies against drugs and drug addiction' as well as the staff training in media crisis management have been completed. Public awareness campaign competition has also been completed.

3. Project title: Police-staff training in drug related issues

MIS Code: 337862

Budget: 1,740,000.00 €

Schedule of implementation: Start 1/7/2012, End 30/4/2015

Progress: Insofar a total of 550 police officers have been trained, during three training courses started in Apr-2014. The educational program material will be introduced as a special course in police academies in spring semester 2015

KETHEA'S HIV RELATED ACTIVITIES 2014

People seeking help and treatment first make contact with KETHEA through its Counselling Centers. These are safe, substance-free places which provide information, counselling and health care, and prepare those who wish to join a Therapeutic Community. KETHEA targets drug users who do not use the Counselling Centers through low threshold and street work programs. These programs provide a safe drug-free space in which users can spend time, obtain counselling, attend to primary health (and mental health) problems, cover their basic needs in terms of food, clothing and personal hygiene, and get information in order to reduce the negative consequences of substance abuse.

Counselling centres

The prevention of blood-borne diseases is one of the main objectives of KETHEA's counselling centres (32 units all over Greece). The centres provide miscellaneous services addressed to HIV prevention. 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 "KEELPNO" (Hellenic Center for Disease Control & Prevention) "Praxis", "ACT UP" etc. Moreover, before entering the main therapeutic phase, all problem 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 Units (KETHEA EXELIXIS and KETHEA NOSTOS). The aim of these activities is to raise awareness on infectious diseases of IDUs living or working in the street. KETHEA's outreach units approach sub populations of drug users that are usually highly deprived, i.e. homeless or with no steady living conditions, prostitutes, immigrants 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 NGOs doing outreach work. The units distribute condoms and, since 2012, there is a needle exchange program running. During 2014, 18.385 needles were distributed (according to the ones returned) to 538 drug users.

In addition to the street work units already operating, an Outreach Programme funded by the Stavros Niarchos foundation, continued through out 2014 in Athens and Thessaloniki. The program operates through its two mobile units and provides crisis intervention services, primary medical care, psychological support and systematic networking with treatment services. During 2014, 43.721 needles were distributed to 286 drug users (counted only once)

Medical services

a) 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 free 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.

b) Dual - Diagnosis Treatment Centres

The Dual - Diagnosis Treatment Centres provide comprehensive outpatient support to dependent persons with psychiatric disorders and their families. In addition, they offer counselling and treatment to people addicted to alcohol. As far as prevention of HIV is concerned, dual diagnosis centres provide similar services with KETHEA's Counselling Centres.

Services in prison

As far as the services within prison are concerned, 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.

18ANO

Among other services, provides HIV testing and counselling services for those who approaching for treatment to the Counseling services of 18 ANO detoxification Unit.

HCDCP

The Programmes aim to address the prevalence of HIV and hepatitis B and C among IDUs as a counteraction related to the HIV epidemic among IDUS that was observed mainly in the center of Athens.

Mobile Unit programme for Injecting Drug Users

The Mobile Unit programme is implemented from **Monday to Friday** from 9:00 am to 15:00 pm. Trained staff of the Agency distributes free condoms and sterile equipment (syringes, alcohol wipes, serums etc.) to IDUS.

The mobile unit program also acts as a portal through which ID users trained in safer sex practices, are informed about safe injection practices and all the available drug preventive services and they can be interconnected to specific infections units, when necessary.

Outreach Programme for IDUs. The outreach (street work) interventions targeting injecting drug users in downtown Athens. The outreach team operates on weekends (Saturdays and Sundays) from 17:00 pm to 22:00 pm.

Trained staff of the Agency having examined the drug use and distribution patterns in the center of Athens, applies peripatetic intervention and distributes free condoms and sterile equipment (syringes, alcohol wipes, serums etc.) to IDUS. The outreach program also acts as a portal through which ID users are informed about safe injection practices, all the available drug preventive services, they are trained in safer sex practices and they can be interconnected to specific infections units, when necessary.

The majority of IDUs that the outreach team met in the center of Athens were Greek Nationals. Other source countries were Algeria, Afghanistan, Georgia, Morocco, Iraq, Pakistan, Albania, Somalia and Nigeria. 5 outreach workers per shift /2 sifts per week are working throughout the year. The outreach team distributed 15200 "kits".

In total through HCDCP services 34.280 syringes were distributed in 2014 (Table 14).

Table 14. HCDCP NSP syringes and condoms distributed

	2012	2013	2014
N of syringes distributed per year	135,000	152,080	34,280
N of condoms distributed per year	17,850	45,900	4,500

NGOs Participation in Response to HIV epidemic among IDUS

The NGOs actively involved in the implementing HIV prevention programs since the beginning and are also actively involved in designing and response of the current epidemic through participation in the intersectoral committee.

NGOs Positive Voice and Centre for Life participated in the OKANA network for distribution of syringes

DOCTORS OF THE WORLD - GREECE Program: «Streets of Athens» (Mobile Unit)

«Streets of Athens», a project that MDM have been implementing since 1998, is a harm reduction program for the prevention of HIV/AIDS, the provision of primary health care and psycho-social consulting to drug users in the capital of Greece.

NGO ACT UP STREET WORK PROGRAM from January until September 2014 worked in the field with IDUs. Main Goals: Continuous update for: IDUs groups, new drug markets, new drugs, injection ways. Distribution of material for safer use. Distribution of printed materials for STDs on HIV / AIDS and TB. Condom distribution. Interfacing with detox programs and control clinics

During the project a *Field Assessment, took place during July - August 2014*. Cultural mediators were used to approach immigrant groups

Volunteers training: (12) volunteers involved in street actions, attended an educational program on topics such as: Approaching IDUs during street work and cultural mediation, Risk assessment, through Street work techniques, Troubleshooting / crisis management, addressing exposure to hazardous biological fluids -manage infectious hazardous material, Trafficking victims and how to recognize through street work targeting IDUs

Funding: None. The needles/syringes were offered to ACT UP ΔΠΑΣΕ HELLAS by HCDCP (Hellenic Center for Disease Control and Prevention).

Results: During those months ACT UP ΔΠΑΣΕ HELLAS distributed:

- 8000 condoms
- 4000 needles
- Info brochures for HIV AIDS (4000), STDs (4000) and safer sex for MSMs (SIALON material) (4000)
- The results of the field assessment of August 2014 were notified to the Commission to confront HIV epidemic among IDUs.

Identified problems. Working out with police. The multiethnic identity of IDUs. The lack of material for distribution. The fact that different groups of immigrants are now drug dealers

Men Having Sex with Men

BEHAVIOURAL SURVEILLANCE AMONG MSM.

Data on GARP indicators from EMIS study have already been uploaded in 2012 and will not be updated this year.

The 2010 European MSM Internet Survey (EMIS) provided behavioural data on MSM in Greece that is national representative. EMIS was an EAHC-funded survey among MSM across Europe which in Greece was carried out by the NGO Positive Voice, with support from KEELPNO. The National partnership for data analysis included: Positive Voice – Hellenic Center for Disease Control & Prevention (KEELPNO) – Department of Computer Science and Biomedical Informatics of the University of Central Greece – Gay & Lesbian Community of Greece (OLKE) – Synthesis.

The sample consists of 2 944 valid responses from Greek MSM between June and August 2010. Half of respondents were from Athens, similar to the distribution of the Greek population. About one-third (34%) of respondents reported that most people in contact with them know that they are attracted to men.

Additional data from the Greek EMIS responses indicates that:

- One-third of respondents report never having tested for HIV
- Ten percent reported that they personally could not get an HIV test for free in Greece; more than one third (37%) reported that they did not know if they could get an HIV test for free in Greece
- Of those tested for HIV, 12.8% reported being positive
- Of those reporting that they were HIV positive
- around one in six reported presenting late (CD4 count <350 cells/ μ l)
- more than two-thirds were tested in a healthcare setting
- more than half were satisfied or very satisfied with the counselling they received

This data enforced the need of adjusting prevention programs for MSM (prevention, ways of transmission, testing).

In response to the results of EMIS study which enforced the need of adjusting prevention programs for MSM, The Checkpoints an initiative of Positive Voice (the People Living with HIV Association of Greece) in collaboration with the Hellenic Centre for Disease Control and Prevention, were established.

The individuals were asked to fill in a anonymous questionnaire including behavioural data provided by this community based HIV testing and counselling service.

HIV PREVENTION AMONG MSM

HCDCP

The Department for Interventions in Community and the Office of Health Education and Awareness design and implement awareness programmes on HIV/AIDS, Sexually Transmitted Diseases for young MSM and MSM, in several venues and MSM events in the greater Athens area. The outreach team maps the spots of interest in Attica and the municipality of Athens that are frequented by young MSM and MSM (bars, saunas, café, night clubs, special events such as the Athens Gay Pride parade, etc.) and distributes free condoms, informational leaflets on HIV/AIDS and STIs and gathers behavioral data using UNAIDS questionnaires.

The outreach team maps the spots of interest in Attica and the municipality of Athens that are frequented by young MSM and MSM (bars, saunas, café, night clubs, special events such as the Athens Gay Pride parade, etc.) and distributes free condoms, informational leaflets on HIV/AIDS and STIs and gathers behavioral data using UNAIDS questionnaires.

Overall Goal: To raise awareness on issues such as prevention of HIV/AIDS, systematic use of condom and adoption of safer sexual behaviors, among others. The aim of integrating information, concerning prevention and sexuality as an essential part of life, is to strengthen the sense of responsibility in the subsequent behavior of the general population.

Table 15. Outreach programs for MSM

Number of interventions in 2014	64 outings
Number of people approached (total and per key population the Intervention focuses in)	5.500
Number of leaflets/flyers distributed	5.000
Number of condoms distributed	15.000

NGO Positive Voice –ATH & THESS CHECKPOINT

NGO Positive Voice. Ath and Thess Checkpoint are non-clinical, community-based HIV, HBV and HCV prevention and testing promotion facility operating in Athens (2012) and Thessaloniki (2014), Greece. It is designed for the sexually active population while targeting some of the most at risk key populations such as men who have sex with men (MSM). Its purpose is to be operated by and for the community (CBVCT - Community Based Voluntary Counseling and Testing) and it is based on other best practices stemming from abroad. It offers free and rapid diagnostic testing for HIV and other STIs and it also provides peer counselling and further linkage to health care units, especially in reactive cases.

HCDCP has the responsibility of training, supervision and support of the staff of the Centre for hiv prevention – Athens and Thess CHECKPOINTS units of the NGO "Positive Voice"

HCDCP organized and provided the training of the staff on hiv/aids, counseling and psychosocial issues related to HIV.

It also provides on weekly or fortnightly basis:

- Supervision to the staff of the Athens Check Point Program, conducted by psychologists, members of the Aids Counseling Center staff
- Support groups for the staff of the Athens Check Point Program, conducted by the sociologist of the Office of Psychosocial Support and by psychologists, members of the Aids Counseling Center staff. Number of interventions in 2014: 18.
- KEELPNO Thessaloniki Office. Supervision to the staff of THESS Checkpoint, conducted by psychologists of on monthly basis. Number of interventions in 2014: 12. Face to face counselling and support for 5 informers depending on their needs and demands. Number of interventions in 2014: 60.

Results and key findings in 2014

Definition: Men who have sex with men: Men who self-report that they have sex with other men. There are no age limits for an MSM to be included in the sample and to be offered testing and counseling services. Transgenders were not included in MSM-categorized population group. Transgenders are classified in the “trans” population group option.

Centers providing data: Athens and Thessaloniki Checkpoint, HIV prevention and testing promotion facilities situated both in Athens and Thessaloniki. The majority of the beneficiaries reside in Athens and Thessaloniki respectively but there are beneficiaries from all around Greece (islands, mainland, northern Greece, southern Greece and abroad).

Table 16. Condom Use. (Sample size: 3725)

	All	<25	25+
Percentage (%)			
Percentage of MSM who reported that a condom was used the last time they had anal sex	74.5	77.6	93
Numerator			
Number of MSM who reported that a condom was used the last time they had anal sex	2775	1100	1675
Denominator			
Number of MSM who reported having had anal sex with a male partner in the last six months	3225	1418	1807

Table17. HIV test in the previous 12 months (Sample size: 3725)

	All	<25	25+
Percentage (%)			
Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	29.53	32.27	27.66
Numerator			
Number of men who have sex with men who have been tested for HIV during the last 12 months and who know their results	1100	487	613
Denominator			
Number of men who have sex with men included in the sample	3725	1509	2216

Table18. Number of MSM tested positive (Sample size: 3725)

	All	<25	25+
Number of MSM who test positive for HIV	150	42	108

NGP Positive Voice "Street-work team" approaches people to distribute condoms, flyers and to promote an HIV test and counseling. This group sometimes approaches Injecting Drug Users, Sex workers but mainly Transgender people and Men who have sex with men in the streets, sex cinemas, cruising places, saunas etc. During a two year period 2013-2014, 12789 people from the general public and vulnerable groups were approached and 111.246 condoms were distributed.

Informational Intervention about HIV/AIDS at the HOMOphonia-Thessaloniki Pride Society

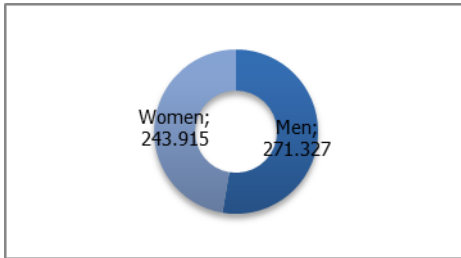
The H.C.D.C.P. of Thessaloniki began a series of informational and educational interventions at the LGBT community of Thessaloniki in cooperation with HOMOphonia-Thessaloniki Pride. The first was titled "Everything you would want to know about HIV/AIDS and you do not dare to ask". The **aim** was to inform and sensitize the members of the LGBT community about HIV/AIDS along with issues of racism, stigmatization and marginalization.

MIGRANTS

INTRODUCTION

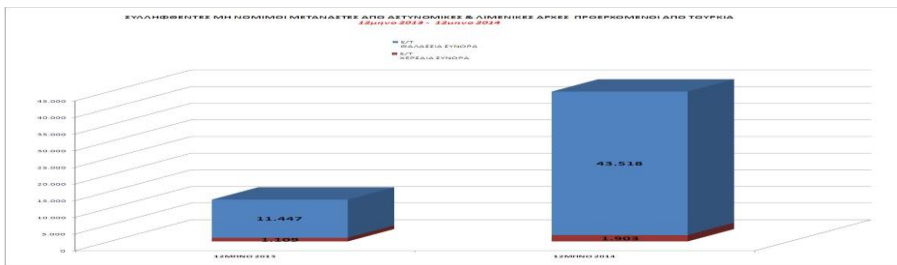
According to statistics provided by the Ministry of Interior third country citizens (excluding citizens of EU countries) legally residing in Greece are 515,242 53% of them are men and 47% are women. Mainly nationals from Albania: 354480 (6.8%)¹.

Fig6.



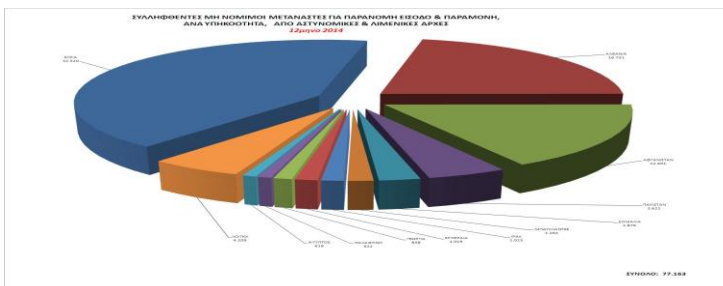
According to data from the Ministry of Citizen Protection 45,421 third country citizens were arrested for crossing the Hellenic east borders without legal documents in 2014².

Fig.7.



In total 77,163 entering in Greece in 2014 without legal documents were arrested by police or coast guards, 32.520 of them from Syria².

Fig.8.



1. Ministry of Interior [HTTP://WWW.YPES.GR/USERFILES/FOFF9297-F516-40FF-A70E-ECA84E2EC9B9/KYA30825-04062014.PDF](http://www.ypes.gr/userfiles/FOFF9297-F516-40FF-A70E-ECA84E2EC9B9/KYA30825-04062014.PDF)

2. Ministry of Interior / Ministry of Citizen Protection [HTTP://WWW.ASTYNOMIA.GR/INDEX.PHP?OPTION=OZO_CONTENT&LANG=%27..%27&PERFORM=VIEW&ID=38019&ITEMID=1240&LANG](http://www.astynomia.gr/index.php?option=OZO_CONTENT&LANG=%27..%27&PERFORM=VIEW&ID=38019&ITEMID=1240&LANG)

BEHAVIOURAL STUDIES ON MIGRANTS

Two studies have started in 2013 which aim to provide data on migrant's health including HIV prevalence and behavioural data as well as linkage to services for those tested positive. The aim of the studies is also to identify the structural, cultural and financial barriers to HIV prevention, diagnosis and treatment for emigrants in order to guide prevention services.

H prolipsis

The National and Kapodistrian University of Athens in collaboration with the **NGOs "Doctors of the World" and "PRAKSIS"** and all Schools of Medicine in Greece initiated the first National Health Examination Survey on HCV, HBV and HIV. Hprolipsis combines questionnaire data with blood exams. The target populations are: a) general adult (≥ 18 years) population; b) Roma; c) emigrants.

The main aims are to: a) estimate the prevalence of main risk factors for the 3 infectious diseases; b) estimate the prevalence of HCV, HBV and HIV; c) investigate barriers to access public health system; d) investigate knowledge level and sexual behavior; e) run awareness campaigns in the three targeted populations; f) provide counseling to seropositive participants and link them to public health services; g) vaccinate for hepatitis B participants from vulnerable populations (Roma/ emigrants).

Sample size for migrants: a 600 sample reflecting gender, age and nationality distribution of emigrants living in Greece. Oversampling from specific nationalities representing recent migrants will be considered.

Time schedule: The field study is underway. It is expected to finish at the end of 2014. First results are expected to be published by September 2015.

Funding:

EU and National resources.

aMASE: advancing Migrant Access to health Services in Europe

aMASE consist WP14 of EuroCoord (European network of HIV/AIDS cohort studies for a global co-ordination on clinical research). EuroCoord is an excellence network funding by EU. Main aims of aMASE: a) identify the structural, cultural and financial barriers to HIV prevention, diagnosis and treatment for emigrants living in the EU; b) Determine the likely country of HIV acquisition in HIV positive emigrant population. aMASE will run two cross-sectional surveys: a) the clinic survey that refers to HIV positive individuals and b) the community survey that refers to emigrant populations.

Sample size: Clinic Survey: 4,000 participants across Europe; 300 participants in Greece (target unlikely to be reached, new estimated sample 200 participants). Community Survey: 2,000 participants across Europe; 200 participants in Greece.

Time Schedule: Surveys to be completed by the end of September 2014; first results to be published in the beginning of 2015.

SERVICES FOR MIGRANTS PROVIDED BY THE PUBLIC HEALTH SECTOR

Legally residing citizens from third countries and EU Member States have the same rights with the Greek Nationals

For citizens entering the country without legal documents including asylum seekers the following services are implemented under the Migration Policy.

Ministry Of Interior and Administrative Reform - Migration Policy –First Reception Service¹

First Reception Service is an independent agency under the Deputy Minister Of Interior and Administrative Reform - Migration Policy Section. Mission of the First Reception Service is the effective management of third country nationals who cross the Hellenic borders without legal documents and/or procedures, under conditions that respect their dignity, by placing them in first reception procedures. First Reception Service is created by Law 3907/2011. Its organization and operation is according to the Presidential Decree No. 102/2012.

1.Ministry of Interior <http://www.firstreception.gov.gr/>

First Reception Service (F.R.S) constitute by the Central Service and the Regional First Reception Services. The Central Service registered in Athens, has the responsibility of programming, planning and coordinating the activities that are taking place to the Regional Services. Regional First Reception Services are the First Reception Centers (F.R.S.) and the Mobile Units. In these services third country citizens stay for a mean time of 12 days.

In first reception centers according to law 3907/2011, first aid and psychosocial support is offered. If further medical examination or laboratory tests are needed they are transferred to secondary public health units FEK 2745/B/29.10.2013

Ministry of Interior -Asylum Services¹

Access to the asylum system is free of charge.

According to law 3907/2011 if a third country citizen is part of a vulnerable group or states that he/she suffers from a disease the responsible civil servant has to inform the asylum seeker in a language that he/she understands how to reach for further medical assistance in a public medical unit. Asylum services don't implement prevention programs for HIV.

Ministry of Interior- Migration Policy- European Migration Network

European Migration Network was established in 2003, initially as preparatory action of European Committee. With the decision 2008/381 (EC), the European Migration Network acquires legal base and Greece participate in the Network actively. The European Migration Network plays a key role in providing up- to-date, reliable and comparable information on migration and asylum topics to policy makers (at EU and Member State Level) and the general public.

The European Migration Network responds to information needs through its reports and studies, Ad Hoc Queries, informs (policy briefs), bulletins and policy factsheets. All EMN products are available on the official website of the European Migration Network. The network's key strength is to collect, document information and statistics held or collected at national and EU level and make them available to policy makers, practitioners and other interested parties.

Ministry of Foreign Affairs-Global Issues- Human Trafficking

The Greek state and the Ministry of Foreign Affairs are implementing an integrated action plan aimed at combating human trafficking on a national and regional level.

The Greek National Action Plan covers the whole range of anti-trafficking actions, i.e. a) victim protection, b) prevention the phenomenon from spreading further and c) effective repression of criminal trafficking networks.

In brief, the National Action Plan includes measures on monitoring new trends and developments, collecting statistical data, procedures for the victims' identification and transfer to specialized hospitality facilities offering psychological & social assistance, legal and administrative support, voluntary repatriation, prevention and victim reintegration actions in the countries of origin, raising awareness campaigns and training programmes for co-competent public agencies. NGO actions supported by the Ministry's 'Hellenic Aid' are aimed at capitalizing on the experience of specialized experts addressing these problems on-site and at making the most of their expertise within the framework of international development cooperation with a view to taking up a leading role in tackling this issue on a regional level.

Actions in 2014 include many informational awareness raising events as well as participation and coordination of committees and actions.

- Actions under the Greek EU Presidency
- EU Anti-Trafficking Day
- Cooperation with Go agencies and NGOs
- Word Day on fight of violence against women
- Greek- French seminar on fight against Human Trafficking aiming on sexual of exploitation and protection of Victims

- National Report to inform EU and International Agencies on issues of Human Trafficking
- Awareness raising events for the general public in Mass Media
- Participation in research projects

PROJECTS IMPLEMENTED IN 2014 BY NGOs.

NGO Praksis Targeted HIV prevention programs for migrants are implemented by the NGO funded by the E.U. grants using leaflets and written articles for the local newspapers in 8 languages (for HIV and other infectious diseases). Mobile units of the NGO offer free and anonymous testing for HIV and HCV in collaboration with some communities of migrants in the center of Athens, in Piraeus, in Thessaloniki and in Patras.

NGO ACT UP.

Project: APPROACHING AFGHAN groups

In order to address the issue of identifying the victims of trafficking, the collection of information on their knowledge about the transmission of diseases and in regards of their rights, the organization has entered in a stable relationship (Memorandum of Understanding) with the organization "Afghan Community in Greece". Main target group is immigrants and unaccompanied minors.

Under this MoU, ACT UP ΔΡΑΣΕ HELLAS organized forty seminars for Afghan groups and especially young Afghans Hazzara on:

- Ways of infection and protection of the HIV
- Diagnosis and symptoms of TB
- Diagnosis and prevention of malaria
- link with health facilities
- link with detoxification units for IDUs

RESULTS:

- Activate information groups
- Link IdUs with detoxification departments
- Peer education group in order to educate community and unaccompanied minors

Project: LEFAMSOL LEARNING FOR FEMALE AFRICAN MIGRANTS' SOLIDARITY: HELP-DESKS FOR FEMALE AFRICAN MIGRANTS IN THE EASTERN MEDITERRANEAN REGION - LEFAMSOL

The target group of the project are women from Africa. Funded with EU funds, the main goal of the project is to create a helpdesk in order to provide information to immigrant women who come from Africa in these topics:

- Health problems, mostly based on sexual problems and
- Legal rights and procedures for immigrants who want to seek health treatment

ACT UP ΔΡΑΣΕ HELLAS in cooperation with the organization for immigrants Generation 2, organized a seminar for women of Nigeria (August 2014) on:

- Ways of HIV infection and protection
- How to diagnose STDs and HIV
- How HPV infection is related to cervical cancer
- The link with the public health services and NGOs
- Right of access to health facilities depending on the status of stay in the country

RESULTS:

The program is still on going in cooperation with University of Peloponnese and universities in Florence, Turkey and Switzerland.

Project :VOLUNTARY REPATRIATION – IOM

The main target group of the project are HIV POSITIVE (MOSTLY) SMUGGLING / TRAFFICKING VICTIMS

GOALS:

- Addressing victim with HIV / AIDS
- Interface between Infectious Diseases Units and inform the patients about HIV
- Refer the HIV trafficking victim with the Infectious Diseases Unit of his/her country

FUNDING: IOM (INTERNATIONAL ORGANIZATION for MIGRATION)

RESULTS:

In 2014 ACT UP ΔΡΑΣΕ HELLAS has helped in the repatriation of a sexual trafficking victim with AIDS from Russia while secured the procedure and the link with the HIV Unit of her birth city.

Legal Status of Sex Work in Greece

Sex work is a legal activity in Greece Law 2734/2-8-99. Medical exams of legal sex workers include testing for HIV. Ministry of Health has established a working group to update the legal framework. Work is ongoing.

Behavioural data on sex workers

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. No recent data on illegal sex workers is available.

General Secretariat on Gender Equality Ministry of Interior

A study is conducted by the General Secretariat on Gender Equality Ministry of Interior on Sex work and Human Trafficking. Results will be available in 2015.

HCDCP: Day Center for vulnerable Populations "Open Doors"

Hellenic Center for Diseases Control and Prevention (HCDCP) and its "Department of Community Intervention" have created a day center, called "Open Doors".

The Day Centre is located in the center of Athens and it operates from 8.00 am to 8.00 pm during the workdays of the week.

The Day Centre services are addressed to vulnerable groups, such as sex workers, victims of forced prostitution, immigrants with or without legal documents, homeless people, victims of abuse and people threatened by social exclusion, who live in the community and may have multiple co morbidities, such as drug use or HIV. The Center focuses on primary health care, mental health care connection with supportive services and improvement of beneficiaries' individual skills, contributing to their personal empowerment and social integration and rehabilitation.

The Scientific personnel of the day Center is involved in outreach work that is targeted to vulnerable populations, especially Sex Workers (male, female and transgender).

In the Street work projects a combination of outreach social intervention is applied: Detached outreach work, which involves the contact at fixed points of reference (e.g. mobile units) and Peripatetic outreach work, which involves the active contact in the streets / parks / bars/ brothels, where vulnerable groups live, work and socialize (in their own territory).

Table 19. Open Doors 2014 outreach for sex workers

Number of interventions in 2014	173 outreach interventions
Number of people approached (total and per key population the Intervention focuses in)	1382 sex workers
Number of people informed about the project	5.370 (General Population)
Number of leaflets/flyers distributed	11.000 leaflets
Number of languages leaflets/flyers were translated (name the languages)	English, Bulgarian, Arabic, Greek and French
Number of Condoms distributed	10.398
Support to Health insurance issues	45 referrals

HCDCP. Outreach program for male sex workers (MSWs). The program 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. During 2014 the team has completed 35 outings. The purpose of the intervention on the street is the promotion of health of people working in the premises of male prostitution about sexually transmitted diseases and other infectious diseases, the promoting of the general body health and hygiene rules, the referral and access to health services, the modification of risk behavior of both male sex workers and clients, the promotion of proper and non-negotiable use of condom, the empowerment of sex workers and self care, the reduction of discrimination and stigmatization of male prostitutes

Main Goals:

1. The distribution of condoms and information about their use
2. The distribution of information multilingual brochures about hiv/aids and sexual health of men who have sex with men
3. The education of street sex workers and their clients concerning safer sex
4. Information about existing health services
5. The reference for anonymous and free test for hiv/aids and hepatitis
6. The reference for anonymous and free services on hiv

Table 20. HCDCP 2014 outreach for male sex workers

Number of interventions in 2014	44
Mean duration per intervention	Any intervention lasts on average 3- 4 hours
Number of people informed	2.500
Number of leaflets/flyers distributed	8.000
Number of languages leaflets/flyers were translated (name the languages)	English French Arabic Farsi, Bulgarian

NGO IMPLEMENTED PROJECTS 2014

NGO ACT UP: STREET WORK FOR SEX WORKERS –TAMPEP

Constant work focused on sex workers in the center of Athens.
 In this action information material for TAMPEP program and condoms are distributed.
Target group for 2014: Women and Girls from Ethiopia.

MAIN GOALS:

- Develop a relationship of trust with the target group
- Give information on STDs and HIV/AIDS,
- Reference to control, connect with the STDs clinics, the MDM clinic and laboratories for STDs and HIV test.
- Focus and Study their belief models on health, disease and sexuality perception.
- Develop interventions according to their needs and their cultural identity.

RESULTS:

- Interface was achieved
- 20 meetings took place in their own area in order to provide them information for STDs, HIV/AIDS, condom use and STDs control
- There were 40 female participants

- 4 of them referred to MDM clinic
- Condoms distribution (800 condoms)

IDENTIFIED PROBLEMS:

- Lack of access to health services as they are uninsured and most of them irregular migrants, without legal documents
- inability to communicate with health professionals because of the linguistic and cultural barrier
- Difficulty of acceptance of sex work in the community as it is stigmatized
- Ignorance about correct condom use and STDs

NGO New Life The service provides support in Athens. Women working in the sex industry are approached through outreach work in contact in the streets / brothels in target areas in Athens
Number of women working in sex industry approached through outreach work in 2014 were 2503 (an outreach worker may approach the same girl more than once).

PRISONS PROVISION FOR HIV POSITIVE DETAINEES

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. 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).

In 2014 there was enacted the law 4242/2014. The article 19 of the aforementioned article introduced beneficial provisions for the conditional release of HIV positive prisoners that resulted to the release of 22 detainees.

Moreover the Ministry of Justice, Transparency and Human Rights took a significant initiative for the improvement of living conditions of the detainees (HIV positive or not).

Specifically, the opening of the special block for HIV positive detainees, that operates within the Korydallos women's wing has allowed the transfer of 45 persons, resulting to the significant improvement of the detentions conditions

KETHEA As far as the services within prison are concerned, 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 a pilot project (European Cohesion Policy Funding) **for opioid substitution programs in prison settings**

Results: During 2014 two OST units have been launched in Korydallos and Patras correctional facilities. The operation of the OST unit in Patra's Prison started in Sep-2014 whereas in Korydallos prison in Dec-2014. By the end of the year, in total, 259 OST applications had been submitted, 51 opioid users have entered treatment (with 42 of them continuing treatment at the end of the year), whereas 176 opioid users were on a waiting list for admission.

ACTIVITIES IMPLEMENTED BY NGOs in 2014

NGO Positive Voice

Weekly interventions in prisons where people with HIV are hospitalized (detained) aiming at empowerment, legal and social welfare services.

NGO Center for Life

Practical and social support for HIV positive detainees in Ag. Pavlos Hospital, Koridallos prison. In 2014, 2 visits were organized in order to provide the detainees with first needs good and 3 discharged persons received social support.

Behavioural Information on Young People

Hprolipsis

The National and Kapodistrian University of Athens in collaboration with the **NGOs "Doctors of the World" and "PRAKSIS"** and all Schools of Medicine in Greece initiated the first National Health Examination Survey on HCV, HBV and HIV. Hprolipsis combine questionnaire data with blood exams. The target populations are: a) general adult (≥ 18 years) population; b) Roma; c) emigrants. One of the main aims is to investigate knowledge level and sexual behavior in the target population

Time schedule: The field study is underway. It is expected to finish at the end of 2014. First results are expected to be published by September 2015.

Funding:

EU and National resources.

HBSC Network: Sexual initiation among adolescents in Greece

Sexual initiation is a significant transitional point for adolescents, and its timing can impact their health and well-being. Nationally representative data is provided from HBSC member in Greece, University Mental Health Research Institute (UMHRI). The survey was conducted in a national representative sample of 4500 school aged children 11, 13, 15 years old in 2010.

HBSC 15 year old respondents self-reported age at sexual initiation. 28.6% of respondents reported sexual initiation, (39% of boys and 18% if girls). Of those reporting sexual initiation 47,9 % reported sexual initiation at the age of 15 years.

SCHOOL BASED EDUCATION

The Ministry of Education implements programs on Health promotion for school aged students. One of the programs addresses "Interpersonal relationships and Mental Health". The programs has four axis: "1.Gender relationships - Sexual Education, 2. HIV infection/Hepatitis, 3.STIs and 4.Interpersonal relationships and Mental Health" of Sexual Health and Sexually Transmitted Infections as well as Mental Health. There is a strong collaboration in cooperation with experts from Ministry of Health, National School of Public Health, 2nd Gynecology Clinic of Athens University and HCDCP. A special license is needed in order for an organisation to participate as trainer in school based education programs.

Table 21. Ministry of Education .The school year 2013-2014

Number of school based interventions on prevention of HIV & STIs	1820
Number of students informed	40,500
Number of teachers informed	2,100

During the school year 2014-2015 the Ministry of Health implements the program of Social School in collaboration with HCDCP, Institute for Psychological and Sexual Health and the Hellenic Society for the Study and Control of AIDS

SCHOOL BASED PROGRAMS IMPLEMENTED BY HCDCP-

1. Office of Health Education and Awareness

The Department of Intervention in the Community - Office of Health Education and Awareness, accepts requests for information from secondary schools all over the country on a daily basis. They also accept requests for information from various parents and guardians associations, institutions and centers (such as Infectious diseases Units etc.).

From 01/01/2014 until 31/12/2014 awareness programmes on HIV/AIDS, Sexually Transmitted Diseases and smoking in young people aged 15-24 in secondary education schools, universities, Institutes of higher Education and Associations of Parents throughout Greece, were implemented. Those programmes are carried out by a well-trained, scientific team of KEELPNO (the team consists of physicians, sociologists, psychologists and nursing professionals) in order to raise awareness on issues such as prevention of HIV/AIDS, systematic use of condom and adoption of safer sexual behaviors, information about HIV testing among others. The aim of integrating information, concerning prevention and sexuality as an essential part of life, is to strengthen the sense of responsibility in the subsequent behavior of young people. Group-work and role-play are particularly important methods in which students discover the practical aspects of the information they are given. These methods also allow an opportunity to practice and build skills

In 2014 the scientific team informed more than **11.789 students** in schools of Attica, Central Greece, Peloponnese, Cyclades and South Aegean

Table 22. Office of Health Education and Awareness school based interventions 2014

Number of people informed	11.789
Number of educational sessions in 2014	594 sessions (66 days x 3 personnel x 3 sessions per day)

2.HCDCP – KEELPNO Thessaloniki Office

Informational and Educational interventions for the student population about "HIV/AIDS and S.T.D.s"

From January to May 2014, **165** informational interventions took place, in which **7.884** students were informed in the Regional Units (R.U.) of Thessaloniki and Pieria.

During the 2014-2015 school year, regarding the "Social School" Program of the Ministry of Culture, Education and Religions, **37** informative interventions at school units were implemented and **2.840** students were informed from September to December 2014. In detail:

Informational interventions	area	NR of students
11	11 junior schools Thessaloniki	829
2	2 j.schools Magnesia	60
15	1 j. schools 5-thessaloniki	1.264
3	3 j.schools -Magnesia	199
2	2 high schools larisa	220
2	2 h. schools -Karditsa	141
2	2 h. schools -Trikala	127

Table 23 HCDCP in Thessaloniki

Number of people informed	10724
Total implemented informational interventions in school units	202

Educational Workshops

2.1 Health Workers of the 3rd and 5th Health Prefectures (H.P.)

Aim: training and motivation of health workers in order to contribute to informing the general and student population in the context of "Social School" Program.

In total, **42 health workers of the 3rd H.P.** took part with specialties of psychologist, speech therapist, social worker, health visitor, midwife and doctor

In total, **52 health workers of the 5th H.P.** of different specialties took part.

2.2 Department of Secondary Education of the R.U. of Evros.

Eight scientists of the Community Service Program specializing in psychology, social work, social management and public health took part in the workshop.

3. HCDCP- Educational workshops for the Parents' School Trainers

The aim of the educational workshops realized by the H.C.D.C.P. was the training of the trainers of the Parents' School of the Ministry of Culture, Education and Religions about health issues relating to the axes of the "Social School" Program, in order for them to function as multipliers and implement similar informative events for parents' school members throughout the whole of Greece. The scientific personnel of the H.C.D.C.P. from Athens & Office of Thessaloniki took part in the planning, organizing and thematology choice of the educational workshops.

Analytically:

- Athens, September 21st-23rd, 2014: training of Parents' School Trainers of Attica, Southern Greece and Islands.
- Thessaloniki, October 16th, 2014: training of Parents' School Trainers of Central, Northern Greece and Thrace.
- Iraklion, November 8th, 2014: training of Parents' School Trainers of Crete.

Figure 9. HCDCP Educational Workshops in Greece



Map: Implementation of school based programs by HC

Blue: KEELPNO Headquarters in Athens, Red: KEELPNO Thessaloniki

Activities Implemented by Scientific Organizations and NGOs

"Greek Society for the Study and Treatment of AIDS» (E.E.M.A.A.)

First time, in 2015 under the program "Social School" the E.E.M.A.A. made social action to high schools with educational awareness program for the prevention of AIDS and Sexually Transmitted Diseases (STDs). Central axis to the educational process is the active participation of students. Members of EEMAA visited 10 high schools in Athens and the Peloponnese region and 15 high schools in the region of Thessaloniki.

HeIMSIC (Hellenic Association of Medical Student) implements a peer education program on World AIDS day. The program addresses Sexual and Reproductive Health and HIV/AIDS issues, stigma and discrimination for PLWHIV and educates medical students on facilitation and tutorial skills in order to raise awareness of the general public. In 2014, 200 medical students participated in seminars organized in 7 medical schools across Greece.

In the street work that followed the seminars in 7 cities, in collaboration with ACTUP, 12.000 condoms and 30,000 leaflets were distributed.

General Population

Behavioural Information on General Population

Hprolipsis

The National and Kapodistrian University of Athens in collaboration with the **NGOs "Doctors of the World" and "PRAKSIS"** and all Schools of Medicine in Greece initiated the first National Health Examination Survey on HCV, HBV and HIV. Hprolipsis combine questionnaire data with blood exams. The target populations are: a) general adult (≥ 18 years) population; b) Roma; c) emigrants.

The main aims are: a) to estimate the prevalence of main risk factors for the 3 infectious diseases; b) estimate the prevalence of HCV, HBV and HIV; c) investigate barriers to access public health system; d) investigate knowledge level and sexual behavior; e) run awareness campaigns in the three target populations; f) provide counseling to seropositive participants and link them to public health services; g) vaccinate for hepatitis B participants from vulnerable populations (Roma/ emigrants).

Sample size for migrants: a 600 sample reflecting gender, age and nationality distribution of emigrants living in Greece. Oversampling from specific nationalities representing recent migrants will be considered.

Time schedule: The field study is underway. It is expected to finish at the end of 2014. First results are expected to be published by September 2015.

Funding:

EU and National resources.

GENERAL POPULATION

Main key messages for the general population are promoted through, education and communication (IEC) on HIV to the general population. Main key messages for the general population refer to safer sex, promote gender equality and fight against violence on women and prevention of MTCT, as well as fight stigma and discrimination. Referring to IDUS the main messages have to do with the use of clean needles and syringes as well as with safer sex practices.

H.C.D.C.P. Department of Community Interventions and the Office of Health Education and Awareness

HCDCP-Public Awareness Web-based Campaign «getting to zero»

The theme of the 2014 awareness campaign designed by the HCDCP (Department of Community Interventions and the Office of Health Education and Awareness) is based on the motto "getting to zero – zero new infections" and is part of the worldwide UNAIDS campaign. The purpose of this national campaign is the dissemination of information related to prevention of HIV/AIDS, the systematic use of condom and the adoption of safer sexual behaviors. This campaign was commenced on December 1st 2013 (world aids day) and runs all year round, through a network of volunteers using social media (blogs, websites etc.), where information about HIV/AIDS and STIs, as well as the services offered by the HCDCP is disseminated. Volunteers participating in this campaign disseminate this info to acquaintances and friends forming that way a human chain of information.

The "getting to zero" campaign involved:

- The construction of a central website (www.getting2zero.gr)
- The construction of a volunteer's database

- The creation of two short films lasting from 1.5 to 3 minutes
This campaign runs on an 80% voluntary basis.

Informational Campaign in Stores and super markets in collaboration with Durex condoms

As part of the World AIDS Day campaigns (1st December) and for the second consecutive year the Department for Interventions in Community and the Office of Health Education and Awareness of the HCDCP in collaboration with the Durex condoms Company, organized and implemented an awareness campaign in large stores and Super Markets in 18 locations throughout Attica. The purpose of this campaign is the dissemination of information related to prevention of HIV/AIDS, the systematic use of condom and the adoption of safer sexual behaviors to shoppers.

Outreach program for the General Population

The Department for Interventions in Community and the Office of Health Education and Awareness design and implement awareness programmes on HIV/AIDS, Sexually Transmitted Diseases for the General Population, in several venues in the greater Athens area.

The outreach team maps the spots of interest in Attica and the municipality of Athens that are frequented by young people (bars, café, night clubs, special events etc.) and distributes free condoms, informational leaflets on HIV/AIDS and STIs and gathers behavioral data using UNAIDS questionnaires.

The outreach team maps the spots of interest in Attica and the municipality of Athens that are frequented by young people (bars, café, night clubs, special events etc.) and distributes free condoms, informational leaflets on HIV/AIDS and STIs and gathers behavioral data using UNAIDS questionnaires.

Table 24. Outreach programs for general population

Number of interventions in 2014	64 outings
Number of people approached (total and per key population the Intervention focuses in)	51.200
Number of leaflets/flyers distributed	50.000
Number of condoms distributed	50.000

H.C.D.C.P. Office of Thessaloniki

Informational Summer Campaign for the General Population about HIV/AIDS and the necessity of HIV Testing at the Shoreline of the Regional Units of Central Macedonia

In cooperation with the General Directorate for Public Health of the District of Central Macedonia, informative interventions on the general population were realized at the R.U.s of Thessaloniki, Pieria and Chalkidiki (August 2014).

The informative interventions were implemented at the following places:

Regional Unit of Pieria: Platamonas, New Panteleimonas, New Poroï, Leptokaria, Paralia of Katerini

Regional Unit of Chalkidiki: New Moudania, Potidaia, Nikiti, Polichrono, Chanioti, Peukochori, Afitos, Kallithea, New Marmara, Sarti

Regional Unit of Thessaloniki: Peraia, Ag. Triada, New Michaniona, Epanomi, Asprovalta, Stauros, Olimpiada, New Kallikrateia

Table 25. HCDCP Office of Thessaloniki – Summer Campaign

Number of interventions in 2014	12 outings
Number of people approached	60.000
Number of leaflets/flyers distributed	55.000 (25.000 in 7 foreign languages)
Number of condoms distributed	30.000

Informational Intervention for World AIDS Day in the City of Thessaloniki and at the capitals of the Regional Units of Thessaly

For the 14th consecutive year, the H.C.D.C.P. of Thessaloniki organized a series of events in Thessaloniki framing World AIDS Day.

The **aim** of the interventions was the informing and sensitizing of the student as well as the general population on HIV modes of transmission and modes of prophylaxis.

The strategies for attaining the informing and sensitization of the general population and special groups were the following:

- Two-day informational intervention for the general population in combination with the distribution of informational pamphlets, gadgets and prophylactics at specially-made stands in the center of the city at Aristotelous Square
- Informational intervention of the student and general population in cooperation with HelMSIC (Greek Committee for International Relations and Exchange of Medical Students) took place at Kamara Square in the center of the city. The H.C.D.C.P. supported it with the distribution of informational pamphlets.
- Interventions with street action programs in cooperation with the Nursing students of the A.T.E.I.T. at central points of the city where young people and the general population frequent (café/bars) where pamphlets were distributed and the opportunity to be informed about HIV/AIDS was given.

The H.C.D.C.P. of Thessaloniki in cooperation with the District of Thessaly and the 5th Health Prefecture realized interventions for informing and sensitizing the general population for the World AIDS day:

- Two-day informational intervention for the general population at each capital of the Regional Units of Thessaly
- Interventions at **School Units** at the capital of each R.U.
- Interventions with **street action** programs in cooperation with the students of the Professional School of Assistant Nurses of the General Hospitals of each city. These interventions took place at central locales where the young and general population frequent (café, bars, restaurants), at the Civil Services and the higher educational institutions of each R.U.

Table 26. HCDCP Office of Thessaloniki – 1st December Thessaloniki and Thessaly

Number of interventions in 2014	7 outings
Number of people approached	60.000
Number of leaflets/flyers distributed	52.000
Number of condoms distributed	30.000

Informative interventions titled "HIV/AIDS, S.T.D.s & Contraception" for the visually-impaired and creation of specific electronic and printed educational material

The need for informing and sensitizing visually-impaired individuals about issues related to HIV infection, the S.T.D.s and contraception prompted the scientific personnel of the H.C.D.C.P. of

Thessaloniki and the Center for the Education and Rehabilitation for the Blind of Thessaloniki to create specific electronic and printed educational material.

Aim: the briefing and educating of visually-impaired individuals about HIV infection, the S.T.I.s and contraception with the application of experiential training methods and the use of the electronic and printed informative material with the Braille method.

ACTIVITIES IMPLEMENTED BY NGOS IN 2014.

NGO ACT UP ΔΡΑΣΕ HELLAS

Interventions on 1ST DECEMBER – WORLD AIDS DAY

Give information on HIV/AIDS and the meaning of the World AIDS Day in six cities (Athens, Thessaloniki, Larisa, Alexandroupolis, Ioannina, Patra).

Street action in cooperation with HelMSIC

Activate all 6 local committees of HelMSIC in those six cities in order to inform the community

Distribution of printed material: 30,000 brochures (HIV/ AIDS, STDs, tuberculosis) in cities: Alexandroupolis, Thessaloniki, Ioannina, Patra, Larissa, Athens.

Awareness actions

A. An hourly Radio Show at www.metadeftero.gr website since September 2014, during the social zone, with the topic "HIV-AIDS policy in Greece throughout the Financial Crisis".

B. Participation at the Athens Antiracist Festival that took place in July 2014.

C. The LGBT community awareness campaigns in Greece for HIV and STIs, with participation in ATHENS Gay Pride and in THESSALONIKI Gay Pride.

D. ACT UP ΔΡΑΣΕ HELLAS participates in the network for the recording of racist violence against vulnerable groups.

E. ACT UP ΔΡΑΣΕ HELLAS organized an informative seminar with the title "Current progress in European Law to protect the rights of LGBT persons and their families" for lawyers and members of NGOs, at the Gounaropoulos museum within the European Programme "Rights on the move - Rainbow families in Europe"

NGO Center for Life

Prevention Program

14 intervention were conducted throughout 2014

- More than 500 people received the service
- Ages mainly 15- 45

Awareness Events

Awareness raising events organizing and participation in relation to HIV, prevention, stigma, and also targeting at funds raising.

Results

- Participation in 27 major events in Athens
- Organization of 2 major events for CFL (Bazaar and Art Exhibition)
- Condoms and informational material distribution in each intervention.

PREVENTION OF MOTHER TO CHILD TRANSMISSION

Greek national guidelines recommend Triple ART for MTCT prophylaxis in all HIV positive 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 out in HIV Infectious Diseases Units which are taking care of the mother. The children are examined in two infectious diseases units. Follow up of mother to child-pairs was established in 2012 within the HIV perinatal study in order to improve monitoring of 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 2014, 25 pregnancies occurred in HIV positive women.

Low risk pregnancies: 13 women were diagnosed before current pregnancy and 3 during antenatal care. All of them received ART and near to delivery their viral load was undetectable. The infants received only ZDV for 6 weeks as ART prophylaxis.

High risk pregnancies:

7 women (5 IDUs) although they were diagnosed before pregnancy and linked to care didn't comply with the necessary visits to Infectious Diseases Units and either received inadequately the prescribed ART regimen or not at all or reached the hospital only on time of delivery. 2 women were diagnosed at delivery. The infants receive ART prophylaxis with two or three drugs based on evaluation from a pediatric infectious diseases specialist.

1 MTC transmission occurred in 2014 among the infants belonging in the high risk group.

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 2014 two viral loads were counted and by the age of 6 weeks HIV (-) status was known and the HIV infection was presumptively excluded. In infants taking more than one antiretrovirals for prophylaxis viral load was counted in a later age.

HCDCP has taken part in conferences, raising awareness on issues on Women & HIV as well as prevention of MCT.

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

Committee on Women IDUs. An intersectoral committee, under the Public Prosecutors' Office of District Court Judges, Juvenile Division in Athens, was developed in order to address the issue of women IDUs of reproductive age and more specifically the issue of prevention of MTCT of infectious diseases including HIV as well as social protection issues.

HIV TESTING and COUNCELLING IN GREECE

In 1990, HIV testing by law (circular) was free and anonymous, confidential and voluntary in all public hospitals and AIDS References & Control Centers. In that circular was mentioned the first recommendations for HIV Testing. In 2014 these guidelines have been revised. According to revised recommendations HIV testing should be:

- voluntary, confidential and anonymous;
- accompanied by informed consent (oral-written);
- accompanied by pre- and post-test counseling or brief pre-test information where counseling was not available;

Guidelines in Greece specifically target a wide range of people including: MSM, IDUs; sex workers; 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 or pregnant women.

According to the revised guidelines HIV testing should always be confidential and voluntary. HIV testing is mandatory for health screening of licensed sex workers and for blood, sperms and issue donors. It is required for IDUS entering drug or drug free treatment after their informed consent. HIV testing in prisons and places of detention is reported to be voluntary and not mandatory. HIV testing is conducted in public hospitals, AIDS References & Control Centers, in private sector. In addition, HIV testing was available in a range of different settings in Greece, including:

- STI clinics;
- harm reduction services (for intake screening after informed consent);
- antenatal clinics
- correctional facilities (upon request);
- specialized clinics, such as TB clinics
- community settings (by NGOs)

HIV testing in public Hospitals

Specifically, in 2014 HIV testing was performed almost in 99 public hospitals (total number of public hospitals across Greece are 136). The rest of 37 of hospitals either were not equipped with the appropriate technology for HIV screening or were small primary health centers in rural areas. It was free of charge only in 28 public hospitals for insured and uninsured individuals (from the budget hospital). In the remained 71 hospitals (out of 99) HIV testing was covered only for insured individuals from social insurance.

HIV testing in HIV/AIDS Reference & Control Centers

In 2014 were in place 8 HIV/AIDS References & Control centers; three in Athens, two in Northern Greece (one in Thessaloniki and one in Alexandroupolis), one in Northwestern Greece (Ioannina) one in Southern Greece (Crete) and one in Southwestern part of Greece (Patra). HIV/AIDS References & Control Centers are responsible for the following activities:

- Initial HIV testing (screening)
- Confirmatory testing
- immunologic and virologic monitoring of HIV patients.
- Contribution to the main surveillance activities
- Quality control of other laboratories

HIV screening was performed free of charge, regardless of insurance status, in 3 out of 8 HIV/AIDS References/Control Centers (in the following cities: Patra, Alexandroupoli, Thessaloniki). Two out of three National HIV/AIDS references centers in Athens were responsible for the confirmation of HIV whilst in one out of three was performed also HIV initial screening assays.

Four out of eight HIV/AIDS References Centers were funded by HCDCP and all of them were in close collaboration with HCDCP. The HCDCP monitors the total conducted HIV screening tests and confirmatory assays in HIV/AIDS References/Control Centers. The total number of performed initial tests in 2014 in HIV/AIDS Reference/Control Centers came up to 22455 whilst the cumulative number of confirmatory assays came up to 1186. Specifically the number of initial tests, except from blood donors, came up to 14777. The aforementioned data is obtained only from HIV/AIDS References/Control Centers and not from all infrastructures where initial screening was performed.

Testing is conducted mostly using 4th generation screening tests with confirmatory tests being conducted in HIV/ AIDS Reference Centers. Rapid testing kits are reported to be used in case of pregnancy, in emergency settings and after occupational exposure. Tests using capillary blood or oral mucosal transudate are not widely available in clinical settings. However, they are used in community settings by NGOs, PRAKSIS and Athens/Thess Check Point. HIV preliminary positive individuals were referred to specific Infectious Diseases Units for further testing.

Although we are in the phase to enhance the existed testing monitoring system, in 2014 the available data regarding HIV initial testing categories (except from blood donors) were the following:

Table 27. Initial HIV testing in HIV/AIDS Reference & Control Centers per group category.

Initial HIV testing category	Number of tests
Pregnant women	1181
Prisoners	482
Sex workers	423
MSM	427
Heterosexuals	3382
IDUs	222
Migrants	844
Occupational exposures	125
Unidentified	7691
Total	14777

According to the data we have collected, from 7 out of 8 HIV/AIDS Reference/Control Centers and independently of testing categories, the numbers of males and females who received HIV testing in 2014 are:

Table 28. Initial HIV testing in HIV/AIDS References & Control Centers per sex

Sex	Males	Females	Sex unknown
Number of diagnostic tests	10542	6746	79
Total n	17367		

Additionally, we have collected data about the ages of persons that get tested for HIV in 2014 from 4 out of the 7 above referred HIV Reference/Control Centers:

Table 29. Initial HIV testing in HIV/AIDS References & Control centers per age group

Age groups	<18	18-25	>25	Age unknown
Number of diagnostic tests	78	413	3325	169
Total n	3985			

COMMUNITY BASED TESTING IMPLEMENTED BY NGOS IN 2014.

NGO Positive Voice. Ath and Thess CHECKPOINT are non-clinical, community-based HIV, HBV and HCV prevention and testing promotion facility operating in Athens (2012) and Thessaloniki (2014), Greece. It is designed for the sexually active population while targeting some of the most at risk key populations such as men who have sex with men (MSM). Its purpose is to be operated by and for the community (CBVCT - Community Based Voluntary Counseling and Testing) and it is based on other best practices stemming from abroad. It offers free and rapid diagnostic testing for HIV and other STIs and it also provides peer counselling and further linkage to health care units, especially in reactive cases.

The Checkpoints is an initiative of Positive Voice (the People Living with HIV Association of Greece) in collaboration with the Hellenic Centre for Disease Control and Prevention and Prometheus (Liver Patients Association of Greece, which offers special training and ongoing supervision and evaluation of the project). Till the end of 2014 more than 12,000 HIV tests were performed and more 1.200.000 condoms have been distributed.

Results in 2014

Table 30. Checkpoints. Testing appointments in MSM in 2014

	All	<25	25+
Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	29.53	32.27	27.66
Numerator Number of men who have sex with men who have been tested for HIV during the last 12 months and who know their results	1100	487	613
Denominator Number of men who have sex with men included in the sample	3725	1509	2216

Table 31. Checkpoints. HIV testing in people who inject drugs in 2014

	All	Males	Females	<25	25+
Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results	53.15	48.06	70.66	76.66	39.9
Numerator Number of people who inject drugs respondents who have been tested for HIV during the last 12 months and who know their results	177	124	53	92	85
Denominator Number of people who inject drugs included in the sample	333	258	75	120	213

Table 32. Checkpoints. Number of adults who received HIV testing and counselling in the past 12 months and know their results

	Total	Males	Females	Sex unknown (Trans)
Number of adults who received HIV testing and counselling in the past 12 months and know their results	2562	1852	687	23
15 - 19	80	67	12	1
20 - 24	617	494	120	3
25 - 49	1736	1180	540	16
50+	129	111	15	3
all adults HIV+ out of the number tested	161	158	3	0

Tested positive by transmission category: Injecting drug users 8, Sex between men 150
Heterosexual contact: 3

NGO Praksis –“HIV testing for Vulnerable Groups” A project financed by the European Cohesion Policy Fund (NSRF 2007–2013) with an aim to increase testing in vulnerable groups (migrants, sex workers and their clients, victims of trafficking, MSM and IDUs) in Athens area and link confirmed positive cases to treatment care and support services. Confirmed cases are linked to Evaggelismos Infectious Diseases Unit. The NGO runs another project funded by 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. The program ended in April 2014. During the whole project period (August 2012- April 2014), **8303 testing appointments** were carried and **90 persons were** linked with the Infectious Disease Unit.

NGOs MDM, PRAKSIS, Centre for Life (Kentro Zois) and Positive Voice. Project: “Public Health: Prevention – Testing – Support”

The project “Public Health: Prevention – Testing – Support” aims at early diagnosis of HIV infection and to increase accessibility to medical and psychosocial care through the initial screening within the community of people with a high risk of HIV infection and HEP C.

The activities of the project include the realization of quick test for the HIV and Hepatitis C (HEP C), psychosocial support and legal counseling and information on the prevention of HIV and Hepatitis C.

The activities of the project include information on the modes of transmission and prophylaxis of HIV and HEP C, the examination, and finally, the provision of psychological support and information on issues that may occur after the announcement of the examination result. In the event that antibodies are found, there is an immediate referral to the Infectious Diseases Units of Hospitals and Directly Observed Therapy is provided. The project started in October 2016 and runs in Athens, Thessaloniki, Patra and Crete.

HIV TESTING WEEK

PRAKSIS-POSITIVE VOICE- CENTRE FOR LIFE has participated in collaboration with many organizations around Europe, in the HIV TESTING WEEK. Special VIP guests were tested (politicians, actors, food ball players, ambassadors, journalists) in order to create social awareness and encourage people to get tested. During a period of 7 days in 2014, 600 HIV tests were conducted and 8000 condoms and 3000 leaflets were distributed.

PRE AND POST TEST COUNSELING SERVICES OFFERED BY HCDPC

1. Athens Aids Helpline

AIDS HELPLINE operates since 1992 anonymously and confidentially, Monday to Friday from 9:00 to 21:00, It is staffed with professionals of the psychosocial field trained in HIV related issues as well as in counseling and psychosocial support over the telephone.

It provides:

1. Information – Sensitization
2. HIV pre – counseling
3. HIV post – counseling and psychological support
4. Evaluation of requests and referrals to appropriate services

Numbers calls received in 2014: 3.385 calls received

2. AIDS COUNSELING CENTER: PRE and POST COUNSELING (NEGATIVE RESULTS)

AIDS COUNSELING CENTER operates since 1992 Monday to Friday. It is staffed with professionals of the psychosocial field and trained psychotherapists. All the staff is also trained in HIV related issues as well as in HIV Counseling and relevant issues (such as sexuality, health education, psychosocial crisis, loss and bereavement, burn out). It is available to people from all over Greece. It operates anonymously and confidentially.

Based on the acknowledgement of the role and of the handling of psychosocial factors that are

associated with the importance of prevention and HIV risk management, it provides:

1. Information
2. HIV Pre Counseling
3. HIV Post Counseling (negative results)
4. Individual psychotherapy
5. Group analytic psychotherapy
6. Psychiatric evaluation
7. Evaluation and referral to appropriate services

Table 33. Counseling sessions Athens

Number of interventions in 2014	151 counseling sessions
Mean duration of intervention Hours/day	Each pre counseling session lasts 45' – 60'
Number of people approached (total and per key population the Intervention focuses in)	39 people received counseling

3. Thessaloniki Counseling AIDS Help Line

Offering information anonymously and in a confidential way for the General Population, specific groups and seropositive people can contribute to safer sex behavior engagement, elimination of new HIV cases and the discrimination against people who are affected by HIV/AIDS. The referral to other health services can reduce the work load and decrease the health cost.

In order to provide individually information about the ways of transmission and protection regarding HIV/AIDS and STDS and HIV testing, anonymous and confidential provision of information and counselling are offered.

Table 34. Counseling sessions Thessaloniki

Number of received calls in 2014	324
Mean time duration per call	5 minutes

BLOOD SAFETY

Coordinating Haemovigilance Centre, HCDCP

Seroepidemiological data for HIV infection in the blood donor population in 2013 shows that the prevalence of anti-HIV is 8.2 per 100,000 tested blood units. The frequency of anti-HIV per 100,000 blood donors in 2013 was 33 in first time and 6 in repeat blood donors ($p < 0.0001$). One blood donors was detected NAT only positive and anti- HIV negative (prevalence 1:521,760). The distribution of HIV positive donors by transmission group shows that 66 % fell into MSM transmission group (Table 35). The profile of the seropositive donor is male, gives blood for the first time and mainly for the relative.

Table 35. Distribution of HIV positive donors by transmission group (66% fell into MSM transmission group).

HIV Seropositive donors by transmission group																										
Transmission group	2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013		Total	
	n	%	n	%	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	10	24,4	10,0	23,3	117	29,5
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	27	65,9	29,0	67,4	225	56,5
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	0,0	0,0	0,0	0,0	1	0,3
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	1	2,4	2,0	4,7	28	7,0
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	3	7,3	2,0	4,7	27	7,0
Total	12	100	21	100	37	100	25	100	32	100	38	100	28	100	43	100	43	100	35	100	41	100	43	100	398	100

C.Politis Hellenic Coordinating Haemovigilance Centre

Resources allocated to molecular testing for blood safety by the Ministry of Health for all infectious diseases (HIV & hepatitis and West Nile) for 2014 was 6,607,570.88 Euro.

The **Federation for the protection of Greek Haemophiliacs** 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.

TREATMENT

Antiretroviral treatment

Antiretroviral treatment in Greece is administered by 16 infectious diseases clinics and 8 outpatient clinics spread throughout Greece (11 and 6, respectively in the Athens area). The infectious diseases units provide specialised services for treatment. Thirty one 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.

National antiretroviral treatment guidelines are compiled by the scientific personnel of HCDCP in collaboration with the Hellenic Society for Study and Control of AIDS and the Hellenic Society for Infectious Diseases, according to the European AIDS Clinical Society (EACS) guidelines. HIV infected persons in Greece have access to and receive highly active antiretroviral therapy. According to the national guidelines, initial assessment of a person with HIV includes medical history, examination, and laboratory and immunologic testing.

ART is always recommended in any HIV-positive person with a current CD4-count below 350 cells/ μ L and follows the EACS and USA Guidelines. Use of ART is also recommended in HIV patients with CD4-count 350-500 cells/ μ L in case of: symptomatic disease (CDC B or C conditions) including tuberculosis, hepatitis C co-infection, hepatitis B co-infection, HIV-associated nephropathy or other specific organic deficiency, HIV-associated neurocognitive impairment, pregnancy (before third trimester) or malignancy (Hodgkin's lymphoma, HPV-associated cancers). While in HIV patients with CD4-count >500 cells/ μ L treatment should generally be deferred, it is recommended in presence of the above co-morbid conditions (see CD4 350-500) (except for: HBV not requiring anti-HBV treatment, HCV for which anti-HCV treatment is being considered or given and HCV for which anti-HCV treatment is not feasible, where it is considered).

Initiation of ART should be considered for patients with CD4-count 350-500 and >500 cells/ μ L under the following circumstances: asymptomatic HIV infection, primary HIV infection, other non-AIDS-defining cancers requiring chemo- and/ or radiotherapy, auto-immune disease otherwise unexplained, high risk for CVD (>20% estimated 10 yrs. risk or history of CVD). Moreover, initiation of ART is considered in order to decrease HIV transmission risk.

The consideration to start ART may be individualized regardless of CD4-count and plasma HIV RNA level, especially if a patient is requesting ARV therapy and ready to start, and/or for any other personal reasons.

The national guidelines have been revised according to the latest version of EACS guidelines (November 2014) and they will soon be released.

Treatment initiation

Among 802 reported to HCDCP in 2014, 540 were linked to care and out of them 427 initiated treatment (Figure 10). Specifically for the IDUs tested positive for HIV from 2011 to 2014, almost 76% have visited an infectious disease centre and 59% have initiated ART (Figure 11).

Figure 10. Linkage to care and treatment for HIV cases reported to HCDCP in 2014.

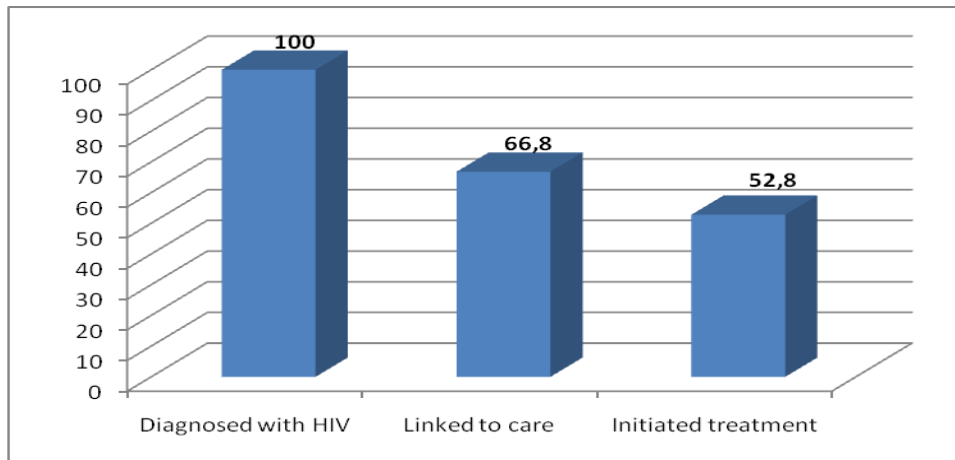
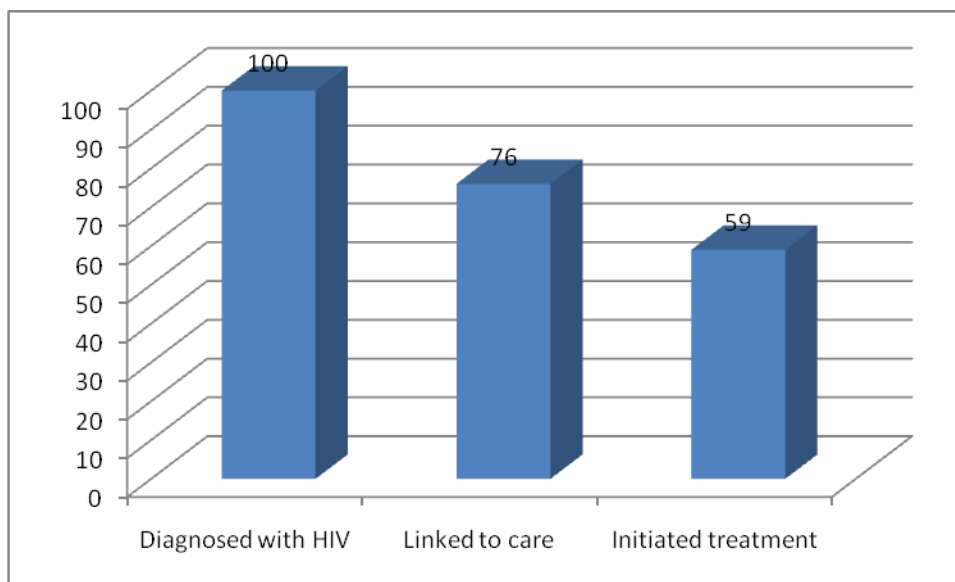


Figure 11. Linkage to care and treatment for HIV (+) IDUs reported to HCDCP during 2011-2014.



By the end of 2014, 6,997 patients in Greece were receiving antiretroviral treatment,. Most persons receiving ART in the end Of December 2014 were men (83.6%) and had been infected through male to male sexual contact. In 2014, 778 persons initiated antiretroviral treatment; MSM 396 (50.9%), IDU 195 (25.1%) and heterosexuals 139 (17.9%) (Table 36).

**Table 36: Persons initiating antiretroviral treatment by transmission group.
Greece, 2009-2014**

Transmission group	2009	2010	2011	2012	2013	2014
IDUs	8 (1.7%)	14 (2.6%)	72 (11.5%)	209 (30.5%)	257 (31.9%)	195 (25.1%)
MSM	272 (58.5%)	364 (68.5%)	365 (58.1%)	291 (42.5%)	342 (42.4%)	396 (50.9%)
Heterosexuals	120 (25.8%)	109 (20.5%)	141 (22.5%)	132 (19.3%)	131 (16.3%)	139 (17.9%)

Cost of ART treatment and Cost coverage issues.

The mean annual cost of antiretroviral treatment is about 8500 Euros/per patient. ART is provided free of charge for the insured population (including greek citizens, EU citizens and legally-residents of other countries), as well as, refugees, asylum seekers and people who are granted asylum for humanitarian reasons who under law have the same rights with greek nationals. Hospitals may provide free-of-charge access to urgent ART, paid either through social welfare or from the hospital's own budget. All individuals including undocumented migrants are offered care under the Ministry of Health decision N. Y4A/OIK45610/2012 in case of emergency or life-threatening situations including HIV and other infectious diseases until stabilization of their health. Primary health Care is offered to the migrants in First Reception Centers according Ministerial Decision Y1.Γ.Π οικ 92490 FEK B'/2745.29-10-2013.

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.

The economic crisis has led to problems with ART treatment at hospitals for uninsured people. In these cases a certificate of economic weakness is required for the HIV seropositive individual in order to obtain antiretroviral treatment. The number of uninsured persons due to economic crisis is rising. The government tried in 2014 to provide access to health care and medication to the uninsured people in Greece who have Social Welfare Insurance Number (AMKA) and legal residence in the country (Common Ministerial Order 56432, Government Gazette B' 1753/28.6.2014, which amended by Common Ministerial Order Government Gazette B' 1465/5.6.2014).

Treatment as Prevention

Treatment as prevention (TasP) is a term increasingly used to describe HIV prevention methods that use antiretroviral treatment to decrease the chance of HIV transmission. An individual may choose to initiate treatment earlier, if given this option, to help prevent the transmission of HIV to sexual partner(s). Antiretroviral therapy is already used in several ways to prevent HIV from being transmitted. These uses are often cited in arguments that support the idea of treatment as prevention being utilised on a larger scale, to lower transmission rates among a population.

In Greece TasP is currently used:

- Prevention of mother-to-child transmission (PMTCT): HIV-positive pregnant women take antiretroviral drugs to reduce the chances of transmitting HIV to their baby.
- Post exposure prophylaxis (PEP): If a person has been exposed to HIV a short course of antiretroviral drugs is offered to reduce their chances of becoming infected with the virus. PEP is used in both occupational and non-occupational settings.
- According to current guidelines the consideration to start ART may be individualized regardless of CD4-count and plasma HIV RNA level, especially if a patient is requesting ART and is ready to start, and/or for any other personal reasons.

Care and Support Services

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. 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).

SERVICES PROVIDED BY HCDCP

❖ HIV COUNSELLING AND PSYCHOLOGICAL SUPPORT FOR PLWHIV

AIDS HELPLINE

Received 158 calls from HIV + people

AIDS COUNSELING CENTER in HCDCP in Athens. Based on the acknowledgement of the role and of the handling of psychosocial factors that are associated with HIV, it provides:

1. Information
2. Counseling – Psychological support for PLWHIV
3. Individual psychotherapy
4. Group analytic psychotherapy (2 groups / week)
5. Social work: social and welfare issues
6. Psychiatric evaluation and treatment

Table 37. COUNCELLING FOR PLWHIV IN ATHENS

Number of interventions in 2014	1.584 post counseling and psychotherapeutic sessions for HIV+ people 97 sessions for relatives
Mean duration of intervention Hours/day	Individual sessions: 45'-60' each Group sessions: 1:30' each
Number of people for post counseling and/or psychotherapy	106 people
Number of people test for 1st time in 2014	39 new comers HIV+ 9 new comers relatives

Additionally counseling and psychological support (rendered by two psychologists, members of the Aids Helpline staff) to patients of the following hospitals: 1."Attikon" Hospital, Unit of Special Infections (twice weekly), 2) "Agiou Anargiroi" Hospital (3 times weekly).

Table 38. COUNCELLING FOR PLWHIV IN HOSPITALS

Number of interventions in 2014	734 pre and post counseling sessions
Mean duration of intervention Hours/day	"Attikon" Hospital: 2 days / week "Agiou Anargiroi" Hospital: 3 days/week
Number of people	84 new comers for pre or post counseling

AIDS COUNCELLING IN KEELPNO THESSALONIKI

Psychosocial Support of HIV+ individuals, individuals in their Family Environment, Partners and those with concerns on HIV/AIDS in HCDC Thessaloniki. Seropositive people face new life situations that many times demand changes in their everyday lives and adjustment to them in order to maintain their mental health. Counselling for HIV people and their significant others is necessary and complementary part of their treatment.

The **aim** is to empower the seropositive people. Counselling, psychological support and psychotherapy following evaluation are provided. In addition, information and education about HIV/AIDS and STIs, information about anti-retroviral therapy, referrals to Infectious Disease Clinics, Reference Centers for AIDS and other appropriate Health Services are provided.

Table 39. COUNCELLING FOR PLWHIV PROVIDED BY KEELPNO IN THESSALONIKI

Number of interventions in 2014	356 counselling sessions
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❖ PSYCHOSOCIAL SUPPORT

HCDCP Psychosocial support of hiv-positive people

Psychosocial support aims in empowering hiv- positive people, solving social, welfare and insurance problems, individual and family counseling. The service is provided in HCDC In the premises of our Office.

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 in case they get ARV treatment.

Financial Support is provided in people in need. Beneficiaries are individuals with no income, homeless, families with hiv+ members, elderly people, released HIV (+) prisoners and people with no job opportunities and capacities. During 2014 almost 12298 € were offered in the form of super market coupons, or through the cover of basic needs and of several services (such as bills, issuance of legal documents, nurses, legal support etc).

Interaction and cooperation with Special Infections Units of hospitals all over the country

The aim of the action is to achieve faster and more effective management of the problems of HIV positive population with primary goal the access to the medical and the nursing care and to antiretroviral therapy.

In 2014, 12 visits have been contacted, with medical, nursing and administrative staff of the Special Infections Units, investigation of the psychosocial needs of HIV-positive patients

recording of the problems confronting the staff to work with patients and distribution of advisory brochure.

❖ HOUSING

HCDCP GUESTHOUSE OF PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH HIV INFECTION is located in Piraeus and operates since 1993 as a regional office of the HCDCP. It is the first host structure for people with HIV in Greece.

The Guesthouse of Psychosocial Support is addressed to seropositive Greeks and Foreigners, without emotional support, whose financial situation is in deadlock and their mental situation is lacking, having strongly experienced social stigmatization and exclusion. The Guesthouse covers, in addition to basic needs in feeding - housing of these people, the constitution of a psychosocial perspective.

Moreover, people needing psychiatric monitoring, former IDUs under treatment by OKANA, former prison inmates and former sex workers, are hosted. The beneficiaries can stay for a year, but the stay may be extended depending on the needs of each case. The Guesthouse is able to host fourteen people.

Specifically in 2014, **27 individuals were hosted**, of which twenty-three were men and four women. The average age of men was 41 years and of women 43 years. During the above period, 13 new guests were introduced and within the social reintegration and 14 guests terminated their stay in the Guesthouse.

The working group of the Guesthouse consists of the head of the structure and the scientific - psychologist, sociologist, social worker, nurse and administrative staff.

Provided services

- Psychological support for HIV-positive people living in the Guesthouse and former beneficiaries
- Gathering information with the use of psychosocial questionnaires
- Restoration of family relationships where possible
- Actions for the issue of welfare benefits and health books
- Issue of residence permits on humanitarian grounds or for political asylum in cases of foreigners
- Cooperation with training centers aimed at participation of unemployed score in subsidized programs
- Collaboration with all public services and NGOs
- Cooperation with services in order to communicate the work of the Guesthouse, developing matters of social exclusion and social protection
- Group discussion within the beneficiaries with a view to discharging conditions resulting from the intermingling of people from different cultural origin.
- Therapeutic group with former drug users
- Continuous cooperation with personal physicians of Infectious Diseases Units at hospitals in Athens
- Set up medical examinations
- Regular consultation with psychiatrists when needed
- Daily monitoring medical therapy and proper medication

The scientific team provides psychosocial support to individuals and families who do not live in the Guesthouse, while providing the same services to former beneficiaries made on a consistent basis. The services provided include: follow up visits, bureaucratic resolution of cases, if requested. Specifically, in 2014 thirty-four persons and two families with minors were serviced.

During the year 2014, the service received 19 new hosting requests, of which seventeen concern men and two women. The social profile of people who sought accommodation in the Guesthouse has changed. A large percentage of requests - around 70% - refers to men with an average age of forty years, active drug users (IDUs), with housing weakness and lack of family context, while, on HIV infection, report recent diagnosis of the virus. A large proportion also relates to men who said they were former drug users under treatment of OKANA.

HALFWAY HOUSE FOR HIV+ INDIGENTS ADULTS

- HCDC runs a Halfway House. The Halfway House provides many services to each person configuring a personalized programme depending on his/her special needs. Most notably the following are provided: primary health care (medical examination, medical treatment, referral and follow up), health promotion (screening control, briefing). Moreover, in secondary level for the HIV/AIDS (monitoring of beneficiaries compliance of with antiretroviral treatment in cooperation with Infectious diseases Units is performed, Furthermore, individual psychotherapy counselling sessions, consulting support to children, social welfare issues, parents counselling, educational meetings for the scientific- executive personnel are provided. The specialized staff of the housing center is composed by a doctor, a psychologist, a child-psychologist, a social worker, administrative staff and the supervisor of the shelter. The shelter may accommodate up to 18 people (9 men, 9 women) and the maximum duration of the lodging is 18 months. The housing center operates from October 2009A support package including paying of initial rent for a house, food and house equipment is provided, to those leaving the service.

The goals of the Halfway House are to:

- Enable each resident or external beneficiary to acquire and develop the necessary skills in order to reintegrate into society.
- Offer an experience of working within a team and encourage co-operation among residents.
- Offer opportunities for creative activities during leisure time.
- Offer an environment that preserves a confidentiality policy while enabling residents to interact with society and take active part in it.
- Promote a healthy living, adherence to medication, safe sex practices, prevent mother to child transmission.

Table 40. Halfway House services provided in 2014.

Number of PLWHIV hosted in 2014	22
External Beneficiaries: Total/PWID	28/ 5
External Beneficiaries: Support package/Meals	18/10
Linkage to HIV care	45
Support to Health insurance issues	25
Counselling	45
Financial Aid (Number of people supported)	45
Financial Aid (Total amount distributed) as part of the support package	75,000 €

SERVICES PROVIDED BY NGOs

NGO CENTRE FOR LIFE (CFL)

1. Counseling on social issues for PLWHA, their partners and family members

The services runs all week days and provides:

1. Access to healthcare and welfare system
2. Financial aid for emergency cases such as bills, lawyers etc. as well as provision of material of basic necessities (clothing, medical supplies, etc.)
3. Information and guidance on social and financial benefits acquirement
4. Management of employment- related issues
5. Counselling and guidance on family- related social issues
6. Counselling and guidance concerning social rights (e.g. protection of personal data)
7. Reprieve of deportation sentence towards countries with no access to HIV treatment
8. Listing and reporting of problems and inadequacies of the national healthcare and welfare system

Results in 2014

- 426 persons receive the service
- 191 appointments took place
- 3 interventions regarding PLWHAs rights

2. Psychological support services for PLWHA, their partners and family members

The services runs all week days (all mornings and 3 afternoons), plus Saturday evening and provides:

1. Information and Support on HIV testing (Pre-Test counselling)
2. Living with HIV
3. Support on starting or changing HIV treatment adherence
4. Social relations
5. Sexual and intimate relations
6. HIV status disclosure
7. Pregnancy, family planning
8. Psychotherapy for mental health disorders
9. Social stigma and self-stigmatization

Results in 2014

- 62 persons receive the service
- 328 sessions was took place

3. Legal counseling and legal representation in relation to PLWHA's rights.

The service runs one afternoon per week and provides legal help on: Access to healthcare, privacy policy and rights of detainees

Results in 2014:

- 117 persons received the service
- 7 persons had legal and court representation
- 2 interventions regarding PLWHAs rights

4. Drop-in Center for PLWH

The Drop- In centre is open three afternoons per week (Mondays, Wednesdays, Saturdays) 6.00-10.00 pm. Trained volunteers monitor the premises, welcome and inform the new visitors, provide emotional support to visitors, offer lunch, coffee and beverages. Informative lectures

with guest speakers, Recreational events, parties, day excursions and other events are organized throughout the year. Self-support groups for PLWHA are conducted (10 meetings for each groups of about 10 participants).

Results in 2014

- 2.468 visitors
- 2 self help groups
- 1 speech by specialist in first aid
- 1 speech by job advisor
- 51 persons received training on info centre
- Theater visits, music performances, film evenings

5. Buddies Program

Home and Hospital Visits supporting PLWH emotionally and practically. **IN 2014**, 3 people were provided with the Home visits program (1 visit / week for 2 hours) **and** more than 10 people were provided with hospital visits service upon request.

6. HIV Positive Women Support Program

Psychological support and reinforcement adjusted to the needs of women living with HIV. In order to formulate a Women's peer support group

Results in 2014:

- 2 HIV positive women's support groups in 2 Hospitals (AHEPA Thessaloniki – Red Cross – Athens)

- Meeting once per month for 2 hours

- 13 women attended the groups

- Around 15 meetings conducted

Day meeting event: HIV and Women

- 4 guest speakers

- 2 coordinators

- More than 30 participations

NGO POSITIVE VOICE

Empowerment: The Positive Voice headquarters has welcomed and answered to visits, phone calls, e-mails, for help in issues regarding the access to the Health System and to Welfare Services but also for information about HIV/AIDS.

HIV & I: The program of meetings, information and networking among people living with HIV was continued in 2014. There have been 17 meetings all held in both Athens and Thessaloniki with more than 1000 participants.

Book "Living with HIV" A comprehensive manual for people living with HIV/AIDS was issued in 2011. In 2014 more than 3000 copies were reproduced. The book can be accessed for reading through the organization's website.

Support Telephone Line for PLWHIV: Started in 2011, daily the services receives around 12 phone calls.

NGO PRAKSIS

PRAKSIS SUPPORT (empowerment of people living with HIV/AIDS)

Labor, social welfare, legal aid on different topics for those living with HIV/AIDS. The main aim of the project is the social inclusion of PLWHIV. **330 people received services in 2014**

HCDCP

HCDCP. The Office for Psychosocial Support and Psychotherapeutic Interventions 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.

The HCDCP, especially the Legal Advisor of Ethics and Human Rights, tries to respond to discriminative behaviors in cooperation with relevant authorities and NGOs. The action is presented in detail in page 11.

ACTIVITIES IMPLEMENTED BY NGOs IN 2014.

NGO Positive Voice

All through 2014 Positive Voice has made a series of contact with bearers of the state and those organizations relevant to policies that affect the access to medicines for the HIV and to Public Welfare services. The association's role was resolute, as far as the formulation and publication of relevant newsletters are concerned. This is a steady procedure ever since the founding of the association, that is being intensified.

Positive Voice organized 2 big events, with a view to informing and raising awareness to the public about HIV/AIDS and the use of condom, and also to the cooperation with MPs of the Greek Parliament in matters of advocacy: In February, International Condom Day and in December, International AIDS Day. Finally it organised a conference on HIV/AIDS and Law.

NGOs Positive Voice and Centre for Life collaborate on research regarding stigma and discrimination against people living with HIV (Stigma Index).

NGO PRAKSIS

Networking with other associations, NGOs and stakeholders.

Advocating towards stakeholders for issues that concern: access to testing, medicines, treatment concerning HIV and co-infections.

Speeches and interventions in international, European and Hellenic conferences.

HIV IN PUBLIC SPHERE: Advocating for the rights of people living with HIV NGO Praksis, Centre for Life and Positive Voice,

The project aims to increase awareness and protect the rights of people living with HIV/ AIDS in Greece. The project is essentially a platform for cooperation of the three organizations dealing with HIV/AIDS in Greece (Positive Voice, Centre for Life & PRAKSIS), who are also partners in this project. It involves a systematic monitoring and intervention in the media, communication with state agencies involved in policies relating to HIV, the protection of human rights of both HIV-positive individuals and groups who are at higher risk and training through seminars-workshops of key opinion leaders (journalists and government officials) in order to raise awareness and change their behavior and policy towards the matter

The project funded by EEA Grants and Norway Grants started in October 2014.

ACT UP ΔΡΑΣΕ HELLAS

- A. ACT UP ΔΡΑΣΕ HELLAS supports persecuted HIV positive women from Ministerial Decree 39A and their families with material resources and institutional interventions.
- B. Organization, participation and scientific supervision of the theatrical performance organized by Italian women Group DREAM Sex-Trafficking in November at the French Institute under the auspices of the Ministry of Foreign Affairs and European Commissioner for Rights issues.

HCDCP promotes the capacity building of its health care personnel through attendance of scientific conferences and specialized training courses.

It disseminates information to all Health care personnel through its website and presentations to national and international conferences.

It provides capacity building and training to HIV implementers through the EU Joint Action on Quality Improvement of HIV prevention

EU JOINT ACTION ON QUALITY IMPROVEMENT OF HIV PREVENTION

Quality Action is the EU-wide 'Joint Action on Improving Quality in HIV Prevention'. The project, which brings together 25 associated and 20 collaborating partners from 26 EU Member States, started on 1 March 2013 and will run for three years. Quality Action contributes to the implementation of the EC Communication: 'Combating HIV/AIDS in the European Union and neighboring countries (2009 -2013)'. Quality Action aims to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools. Five members of the quality action team and two NGO representatives were trained on European level, in quality tools during 2014. 20 HIV implementers were trained in SUCCEED and 16 HIV implementers were trained in PQD in national training events. More than 16 quality tool applications were implemented in 2014.

To emphasise the need including quality assurance and quality improvement tools in policies for HIV/AIDS a workshop was organised during the HIV cluster meeting of CHAFEA in Athens in June 2014.

Based on the results of the pilot applications of QA/QI tools, the project will create a 'Charter for Quality in HIV Prevention' with agreed quality principles and criteria to assess and improve quality. A Policy Kit will promote the integration of QA/QI into HIV prevention strategies, policies and action plans at the European, Member State and Regional levels.

TRAINING SEMINARS PROVIDED BY HCDCP

Training seminars on 3 centers against poverty of UNESCO

Provide information concerning the ways of transmission and prevention of HIV infection, hygiene in workplaces and the social aspects of HIV infection and the management of seropositivity. As well as recognizing special needs, covering demand, supporting social integration, networking. 30 staff were trained in working with people living with HIV, in October and November 2014.

Training seminar for executives of the Rehabilitation Unit "18 Ano"

March 2014, Organization and implementation of seminar for executives of the Rehabilitation Unit "18 Ano", in working with the special needs of hiv and drug users and their access to therapy. 3 persons trained.

Networking with the Substitution Units of OKANA

Visits by the counselors of the Office at Substitution Units of OKANA at the hospitals: "Alexandra", "Agios Savas" and "Evangelismos", exchange of experience, networking and empowerment of the OKANA staff. 3 intervention of a mean duration of 3 hours were organised in 2014

Seminars concerning the prevention of hiv/ stds to dependent and former dependent individuals at KETHEA's Programme "PAREMVASI" and at the Therapeutic Community at Rafina.

A Total of 142 PWID current and former were informed in 2014.

ACTIVITIES IMPLEMENTED BY SCIENTIFIC SOCIETIES AND ACADEMIA

“Greek Society for the Study and Treatment of AIDS» (E.E.M.A.A.) is a Scientific Society which aims to promote the prevention and treatment of AIDS and other viral infections. A key prerequisite for achieving these goals is the application of law rules/norms that protect human rights. EEMAA participated with representatives of its board in meetings of the Ministry of Health, KEELPNO (HCDCP), NGOs and other entities for the fight against HIV infection outbreak in the population of Intravenous Drug Users.

EEMAA organized in 2014 the 26th Pan-Hellenic Conference of AIDS. The aim of the Conference was to bring to better inform doctors of various specialties, and all other of health scientists and students. The program included clinical tutorials for students of Medicine and Dentists, information sessions for Fire Brigade personnel, Greek Police and students of Biology department of University of Athens.

2nd national meeting on HIV and Hepatitis. September 2014, organized by the Department of Hygiene, Epidemiology and Statistics in collaboration with many Infectious Diseases Units.

MONITORING AND EVALUATION

The country reports to UNAIDS and Dublin Declaration using indicators provided. For these an ad hoc working Group is developed. The questionnaires are disseminated to all relevant stakeholders (Ministries, Public Health Organizations, NGOs, Academia, and Scientific Societies) in order to be completed in a participatory way. Data on HIV implemented projects is gathered as well as research outcomes. The Hellenic Centre for Disease Control and Prevention is responsible for collecting the indicators data, collating information and developing the narrative report.

Surveys have been organized especially for these reports and data from other behavioural surveys such as EMIS (the European MSM Internet study) was collected. Information on indicators about HIV among IDUs is derived from data collected by the Greek Reitox focal point and relevant Drug services. 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 uploaded in the HCDCP website and distributed to relevant stakeholders.

Monitoring of implemented activities and national response comes indirectly through the HIV Surveillance data, GARP monitoring of international commitments, external risk assessments by ECDC, EMCDDA and WHO during the HIV epidemic among IDUs as well as monitoring and evaluation procedures of projects implemented either under NSRF or projects implemented within the stakeholders annual working plans.

Although through all these procedures data on relevant indicators have accelerated over years a full assessment of current M&E activities is need to strengthen Monitoring and Evaluation (M&E) mechanism in close collaboration with relevant stakeholders. Funding of relevant studies to collect necessary data is needed.

**NATIONAL GARP TEAM 2015
RESPONSIBLE FOR THE SUBMISSION OF NATIONAL REPORT ON HIV/AIDS TO
UNAIDS AND WHO**

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Ath. Giannopoulos: President of the Board, Hellenic Centre for Disease Control and Prevention (KEELPNO), 2015-

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COORDINATION OF DATA COLLECTION AND REVISION

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C. Botsi, President's office, Hellenic Centre for Disease Control and Prevention

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President's office -2015: C. Botsi

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P. Kalomoiris
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MIGRANTS STUDIES- Hprolipsis& aMASE

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