

**UNGASS COUNTRY PROGRESS REPORT 2008**

**GREECE**

**HELLENIC CENTRE FOR DISEASE CONTROL AND**

**PREVENTION**

**MINISTRY OF HEALTH AND SOCIAL SOLIDARITY**

Reporting period: January – December 2007

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HELLENIC CENTRE FOR DISEASE CONTROL AND PREVENTION

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ATHENS, GREECE

## COUNTRY REPORTING FORMAT

- I. Status at a Glance
- II. Overview of the AIDS epidemic
- III. National Response to the AIDS epidemic
- IV. Major Challenges faced
- V. Support required from country's development partners
- VI. Monitoring and Evaluation environment

## ANNEXES

**ANNEX 1:** Consultation preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

**ANNEX 2:** National Policy Index questionnaire

## **ACRONYMS**

ARV: antiretrovirals

CS: civil society

DRID: Drug Related Infectious Diseases Indicator

HCDCP: Hellenic Centre for Disease Control and Prevention

IDUs: Intravenous Drug Users

LGBT: Lesbian Gay Bisexual Transexual

MoH: Ministry of Health

MTCT: Mother to Child Transmission

NA: Not available

NGOs: Non Governmental Organizations

NSPH: National School of Public Health

PLWH: People Living with HIV

REITOX National Focal Point, UNIVERSITY MENTAL HEALTH RESEARCH

INSTITUTE

STIs: Sexually Transmitted Infections

## I. Status at a Glance

The HIV epidemic in Greece started in the early 80s. A cumulative number of 60 AIDS cases has been reported in Greece through 2007, of whom 44 were males and 16 were females.

AIDS trend analysis faced two important changes in the history of the infection: the expansion of case definition in 1993 and the use of highly active antiretroviral therapy at 1996.

The increase observed in AIDS incidence during 1993-96 was due to the large number of new AIDS cases diagnosed using the expanded case definition. On the contrary, the marked decline after 1997 was due to HAART. In addition, adjusted estimates for reporting delays were based on statistical models, which means that they must be interpreted carefully.

On December 1<sup>st</sup>, the MoH issued the National Action Plan against HIV/AIDS for 2008-2013, which is still under community debate under the auspices of the President of Democracy.

## II. Overview of the HIV/AIDS epidemic

### HIV/AIDS in Greece 2007<sup>1</sup> (31/10/2007)

#### People reported to be alive with HIV infection (6,720)

##### *Gender*

Males	5,258	(78.2%)
Females	1,420	(21.1%)

*Children* 27

##### *Risk groups*

MSM	2,939	(43.74%)
Heterosexuals	1,614	(24.02%)
Heterosexuals originating from high prevalence areas	425	
IDUs	227	(3.38%)
Haemophiliacs and transfused	147	(2.18%)
MTCT	41	(0.61%)
Undetermined	1,752	(26.07%)

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<sup>1</sup> Hellenic Centre of Infectious Diseases and Control (HCIDC)

*New infections in Greece 2007 (420)*

Males 349 (83,1%)  
Women 71 (16,9 %)

*Children 1*

*Modes of transmission*

MSM	151 (36,0%)
Heterosexual contact	81 (19,3%)
IDUs	6 (1,4%)
MTCT	1 (0,2%)
Undetermined	180 (42,9%)

*AIDS incidence in 2007*

Males 9.3 per million population  
Females 3.3 per million population

*Number of deaths 2007 52*

*Total number of HIV infections reported from the beginning of the epidemic*  
8,584

*Total number of AIDS cases diagnosed from the beginning of the epidemic*  
2,829

Total number of deaths among HIV-infected individuals since the beginning  
1,864

*HIV in blood donor* 0.007% (Data available for the first six months of 2006-  
100% of donations are screened for HIV).

*Pregnancies in infected women* 21 (all received prophylaxis)

Data from the National statistical service of Greece indicate that at the end of 2001 the country's population was 10,964.020 thousand. Over the last 20 years, there is an unfavorable situation in terms of the future reproduction of the population with increasing numbers of the elders (table 1, 2).

**Table 1. Population in Greece by sex and age groups.**

**I. POPULATION**

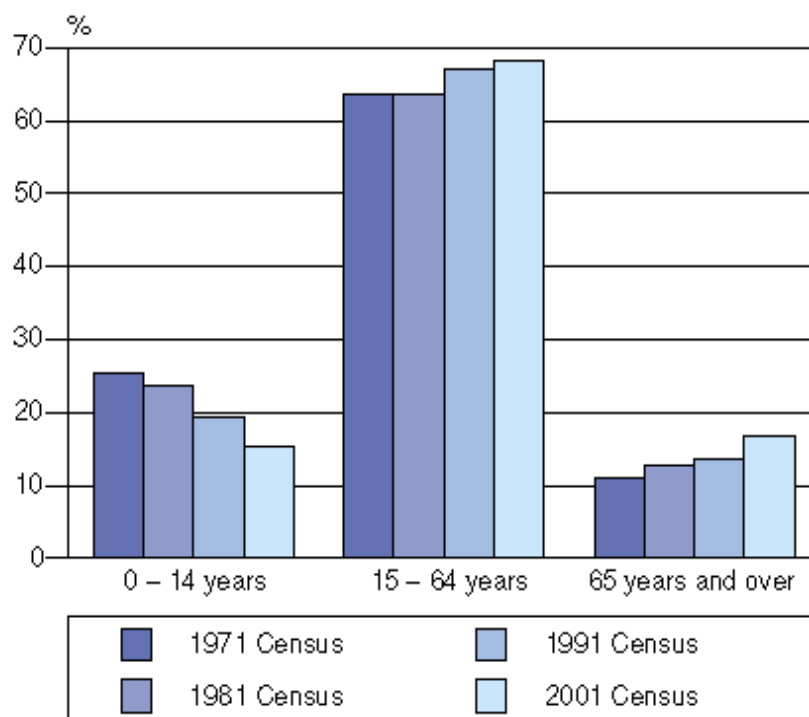
Ia. De facto population of Greece, by sex and age groups

	Censuses			
	1971 <sup>(1)</sup>	1981 <sup>(1)</sup>	1991 <sup>(1)</sup>	2001 <sup>(1)</sup>
<b>Greece, total</b> .....	<b>8.768.372</b>	<b>9.739.589</b>	<b>10.259.900</b>	<b>10.964.020</b>
<b>Males</b> .....	<b>4.286.748</b>	<b>4.779.571</b>	<b>5.055.408</b>	<b>5.427.682</b>
<b>Females</b> .....	<b>4.481.624</b>	<b>4.960.018</b>	<b>5.204.492</b>	<b>5.536.338</b>
0 – 14 years .....	2.223.904	2.307.297	1.974.867	1.664.085
15 – 64 years .....	5.587.352	6.192.751	6.880.681	7.468.395
65 years and over .....	957.116	1.239.541	1.404.352	1.831.540
<b>Percentage distribution</b>				
<b>Males</b> .....	<b>48,89</b>	<b>49,07</b>	<b>49,27</b>	<b>49,50</b>
<b>Females</b> .....	<b>51,11</b>	<b>50,93</b>	<b>50,73</b>	<b>50,50</b>
0 – 14 years .....	25,36	23,69	19,25	15,18
15 – 64 years .....	63,72	63,58	67,06	68,12
65 years and over .....	10,92	12,73	13,69	16,71

*(1) 25% and 10% sample elaboration of the 1971 and 1981 Censuses returns, correspondingly. Complete elaboration of the 1991 and 2001 Censuses returns.*

**Table 2. Percentage distribution of population by age groups.**

**Percentage distribution of population, by age groups**



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

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

Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (74.2%).

Percentage of male sex workers reporting the use of a condom with their most recent client (NA)

Percentage of men reporting use of a condom the last time they had anal sex with a male partner (89.2%).

### **National programme impact indicator**

Percentage of MSM who are HIV infected (NA).

There are no behavioural surveillance questionnaire studies for MSM in Greece. The available data in this report represent data collected through LGB NGOs using the UNAIDS questionnaire for the construction of core indicators in the last months of 2007 and a study of the sociological department of the NSPH.

Participants were recruited from bars (OLKE) while the questionnaire was presented online by the NGO "SYNTHESIS" with links provided on gay websites. There is much concern regarding the sampling procedure and the sample characteristics.

### **Results of the 2007 survey**

Knowledge of modes of HIV transmission and how to prevent transmission is almost universal in the participating sample of MSM. Number of sexual partners (median value:3), proportion of unprotected episodes of anal intercourse (10.8%).

In a pilot study of the NSPH for the use of condom among male sex workers in Athens area, many of them, and among them many migrants do not use condom constantly (Papathanasiou & Ioannidi, 2005).

There are no data for the percentage of MSM who are HIV infected.

Behavioural and qualitative interview studies with MSM (both seropositive and seronegative) are needed in order to obtain additional knowledge and to plan and perform prevention strategies for this population.

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

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

The infection is rarely detected in female commercial sex workers working legally as testing for HIV is mandatory for their official work permit and repeated along with the other STIs, monthly. However systematic surveillance data from sex workers who work illegally or trafficking victims are not available.

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

Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (24.7%).

Percentage of young women and men aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months (28.5%).

Percentage of young women and men aged 15-24 who had more than one partner in the past 12 m reporting the use of a condom during their last sexual intercourse (59.7%).

### **National programme impact indicator**

Percentage of young women and men aged 15-24 who are HIV infected (NA).

There are no demographic Health Surveys in Greece concerning knowledge and behaviour data on HIV/AIDS. The data reported here, refer to previous surveys from academic departments and to data collected through HCDCP, STIs sentinel surveillance centre, ministries and NGOs using the UNAIDS questionnaire for the construction of core indicators in the HCDCP 2007 summer campaign as well as for the period of October-November of 2007. According to a study of NSPH (sociology department) about 90% of the general population know the ways of transmission, while 64% identify the condom as the only means of protection, the last percentage has increased considerably compared to 19,6% who in the first study carried out in the 1990s had given the same answer (Ioannidi-Kapolou & Agrafiotis, 2005).

### ***Results of the 2007 survey:***

Knowledge of modes of HIV transmission and how to prevent transmission is almost universal in the participating sample, but there are also false perceptions about the presumed risk of transmission from a mosquito bite (56%) or the meal sharing with someone who is infected (35.2%).



Number of sexual partners (median value:1), proportion of unprotected episodes of sexual intercourse (40.3%) reported for young women and men aged 15-24 years old.

There are no data for the percentage of young women and men aged 15-24 who are HIV infected.

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

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

Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (NA)

In 2006, 15% of IDUs reported unsafe injecting (syringe sharing) in the last month before the interview. While with steady partners, 23.2% of IDUs reported always using condoms. On the contrary, the percentage was higher (47.7%) with casual partners. Three in four users reported lifetime injecting (Greek REITOX focal point, 2006).

### **National programme impact indicator**

#### **Percentage of IDUs who are HIV**

The HIV prevalence in IDUs recorded by DRID remains very low in the year 2006. Based on individual and aggregated data submitted to the Greek REITOX Focal Point, it ranges between 0% and 0,7%.

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

### **A. Resources for the response to HIV/AIDS in the budget year 2007**

Ministry of Health*	Awareness campaigns, surveillance, ARV treatment, NGOs funding	37,500,000 euros
Ministry of Foreign Affairs	Bilateral/multilateral development cooperation **	7,258,140 euros

\* The number is based on estimations for 2007 as there are no concrete data available. Furthermore, it probably underestimates the true expenditure as there are missing data in specific categories such as blood safety etc.

\*\* Support for HIV structures in local communities/donations to UNAIDS, GFATM/contribution to EU for the development and research for the micro biocides and HIV vaccine for 2006.

## **B Strategy**

In 2007, in Greece, the National Action Plan against HIV/AIDS was issued. Greece has revised its strategy against HIV/AIDS and there is an effort to implement the commitments made at Dublin, Vilnius and Bremen conferences.

The strategy focuses mainly on:

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

## **Key–elements of the Greek National Strategy**

### **Prevention**

The most important pinpoint of the National Action Plan as this is the key to success. About 70-90% of the Greek population knows the most important ways of HIV transmission and how to protect themselves against the infection but it seems there are also false perceptions about things as the presumed risk from a mosquito bite or the meal sharing with someone who is infected referred above.

There have been various AIDS prevention media campaigns such as posters, TV spots, radio spots as well as advertisements in the newspapers or the magazines during summer or for the World AIDS day targeting the general population. AIDS awareness projects reach young people through the schools. The Ministry of National Education and Religious Affairs in collaboration with governmental and non governmental organisations are providing youth-specific educational programmes on Sexual Health as well as Sexual Transmitted Infections, HIV and Hepatitis B. The programmes aim to equip young people with the knowledge, skills and attitudes they need to make informed choices and develop the life skills required to reduce their vulnerability to HIV infection. The programmes are based on specifically prepared educational material for two age levels 11-14 year olds and 15 -18 year olds. Under development, is special educational material on Sexual Health for Primary School students. For the implementation of the programmes the Ministry is collaborating with the Ministry of Health and Social Solidarity, the National School of Public Health, the 2<sup>nd</sup> Gynaecology Clinic of the University of Athens and Hellenic Centre for Disease Control and Prevention (HCDCP).

The new Action plan adopts a target-group oriented and skill based education approach.

### **National Action Plan and Prevention**

- Facing the fear and misconceptions
- Prevention of mother to child transmission
- Prevention targeting young people, 15-24 years old
- Support for people living with HIV/AIDS
- Ensure safety in the health services working environment
- Prevention targeting men having sex with men
- Prevention targeting sex workers (legal and illegal)
- Harm reduction strategies for drug users
- Prevention targeting prisoner inmates

### **Policy for documented and undocumented migrants**

Greece due to its geographical position and the difference of the living conditions in comparison with the neighbouring countries receives a strong migratory pressure. A large number of migrants documented and undocumented are nationals of neighbouring countries (Albania, FYROM) while great number comes from African and Asian countries. A number of illegal migrants are smuggled and trafficked by organized trafficking networks<sup>2</sup>.

Greece, as other countries of the Southern Europe, has shifted from emigration to immigration in the late 80s. The recent explosion of immigration flow is leading Greece to percentages of migrants similar to the ones observed in traditional immigration countries. To cope with irregular migration, special regularization programmes have been implemented. Despite all efforts, there are immigrants who continue to work illegally. The situation raises specific health issues. Greece recognises the significance of integration of migrants in our society in order to avoid discrimination and reduce the gaps between nationals and non-nationals.

It is well known the existing gap in the availability of high quality information in the field of migration health. There is an urgent need for more research to be carried out in order to enable evidence-based decision-making.

### **National Action Plan and health policy for documented and undocumented migrants**

- Creation of a Health Observatory for Immigrants
- Medical/social care in the refugee Reception centres
- Diagnosis/Treatment of STIs and HIV/AIDS

### **Research**

An increase in resistance to the ARVs in use can be detected through genotype laboratory tests while it can also be followed up through the HCDCP

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<sup>2</sup> Ministry of public order, Hellenic police head quarters, security and order branch, analysis unit, May 2005

data base on resistance. Greece is also interested in the development of new approaches in prophylaxis and therapy, which are pursued via the EU. The country participates in networked projects related to prevention, therapeutic approaches, resistance testing etc.

### **National Action plan and Research-education**

- Continuous training for the health professionals
- Strengthening the biomedical, clinical and socio-cultural research

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

Every person in the country has access to free, anonymous/confidential voluntary testing. 62% of the people aged 15-49 are familiar with the test (59% men and 64% women), while percentage of individuals over 25 who are aware of HIV testing is higher than that observed in younger ages. Pregnant women are usually tested for all STIs including HIV.

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

Prevention and treatment of diseases

Payment of sickness benefit

Early detection of co-infections and AIDS related diseases

HIV infected persons receive highly active anti-retroviral therapy according to international guidelines. They have access to specialised centres for care. Several NGOs offer support and counselling.

The number of people treated with HAART as of the end of 2007 was approximately 3500 (calculation based on the ARV registry in the HCDCP).

#### *MTCT antiretroviral prophylaxis*

The number of HIV infected pregnant women who received prophylaxis in 2007 was 21, while there is no perinatal infection detected in Greece this year.

### **National Action plan and Monitoring and treatment**

- Surveillance to record new infections
- Access to free, anonymous/confidential HIV testing, adequate therapy for the HIV infected and the other STIs
- Strengthen the social care

### **Human rights**

Human rights and non-discrimination represent a basic issue for Greece as the fear for those infected and the discriminative behaviours may lead the

infected ones to infect others. Concerning the legal framework, people living with HIV, are supposed to have the same rights compared to the seronegative people of the country while in order to keep patients' identity anonymous, a coding system is used while reporting the HIV infection in Greece.

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

### **Cooperation with Civil Society**

Despite the great number of NGOs registered in Greece, very few are related to HIV/AIDS. The need for co-operation has emerged through the years of co-existence with the disease. NGOs were present and have taken part while working on the National Action Plan as well as representing the country in EU or international fora. There is a need for transnational co-operation also in order to face this epidemic.

### **National Action plan and Fighting the stigma and discrimination**

- Review of the existing legal framework
- Update the legislation for HIV/AIDS, STIs and Public Health
- Co-operation with CS and NGOs

### **National Action plan and Implementation**

In order to be implemented, the various projects included in the National Action Plan, a cost assessment and the need for human resources is under progress.

- Special Economic/Technical Study
- National Coordinating Authority

## **IV. Major Challenges and remedial actions needed to achieve the UNGASS goals**

Despite the awareness about the main transmission and protection modes, our data from the 2007 questionnaires, reveal important misconceptions also.

- More work on the prevention area is definitely needed (awareness campaigns, group-targeted projects).
- Establishment of a network of voluntary counselling Testing Centres to provide easily accessible, non-discriminatory counselling and HIV testing.
- Establishment of Second Generation Surveillance system is challenging in ensuring a high quality system so that it can be used to monitor the spread of HIV and STIs and high-risk behavioural trends over time as well as in order to collect data to guide planning, interventions and evaluate the HIV response.

- There is a lack of health and behavioural surveys in order to evaluate the data and design the programmes that meet the special circumstances and needs of vulnerable groups such as MSM, sex workers, victims of trafficking, migrants, IDUs and street children.
- A systematic evaluation of these programmes, identification of best practices, formulation of a mechanism of scaling up those effective strategies is required.
- Support and care mechanisms for PLWH should be strengthened.
- Skill based education for the younger ages and schools, has also to be developed through the country.
- NGOs involvement should take place in all stages of efforts to face the disease (from planning to implementation).
- Establishment of a strong national monitoring and evaluation mechanism to oversee the national response is needed.
- A national AIDS account to track the funds for HIV must be available.

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

Greece is a donor country and does not require support.

Greece contributes to the Global Fund to Fight AIDS, Tuberculosis and Malaria, supports the EU activities in the area of HIV/AIDS, and contributes to UNAIDS.

## **VI. Monitoring and Evaluation environment**

Greece is committed to have in place the three Ones to ensure concerted action and effective national response to HIV/AIDS. The national framework for action –the National Action Plan (2008-2013) for prevention and Control of HIV/AIDS and STIs-is in place. The coordinating body for initiatives at national level, the National AIDS Committee, is not formed yet.

A national M & E framework is under development being a major responsibility of the MoH. The objectives of the Action Plan under periodic evaluation are in a draft form and yet to be refined:

Implementation of National Action Plan activities, establish whether the objectives have been achieved.

Increase the understanding of the trends and changes in trends in HIV/AIDS prevalence in order to design and implement appropriate response to the epidemic.

Strengthen the capacity of all stakeholders (doctors, NGOs, CS and PLWH) to collect and use HIV/AIDS data.

***Acknowledgements:*** *the compilation of this report was made possible thanks to the co-operation of HIV office, the department of interventions at community level and the training department of the H.C.D.C.P. as long as ministries, NGOs and institutions asked to provide data and to complete the questionnaire.*

## ANNEXE 1

### Consultation/preparation process for the Country Progress Report on monitoring the follow up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

- a) NAC or equivalent No
- b) NAP No
- c) Others: Yes Hellenic Centre for Diseases Control and Prevention, MoH

2) With inputs from Ministries:

Education	Yes
Health	Yes
Labour	No
Foreign Affairs	Yes
Others	No

Civil society organizations: Yes

ACTIONAID HELLAS  
ACT UP HELLAS  
CARITAS HELLAS  
CENTRE FOR INSPIRATIONAL LIVING  
DOCTORS OF THE WORLD HELLAS  
GREEK HAEMOPHILIA SOCIETY  
HELLENIC ASSOCIATION FOR THE STUDY AND CONTROL OF AIDS  
HELMSIC (GREEK COMMITTEE OF MEDICAL STUDENTS)  
KLIMAKA  
OLKE (gay and lesbian association)  
MSF HELLAS  
PRAKSIS  
SYNTHESIS  
SATTE (Travesties'/transsexuals' organization)

People living with HIV	Yes
Private sector	No
United Nations organizations	Yes UNICEF
Bilaterals	No
International NGOs	Yes HELLENIC RED CROSS
Others	Yes

Academic departments: National School of Public Health  
Greek REITOX National Focal Point  
CEDEFOP: European Centre for the Development of Vocational Training  
EUROPEAN COMMISSION IN GREECE  
IOM



NATIONAL COMMITTEE OF HUMAN RIGHTS (NCHR)

- 3) Was the report discussed in a large forum? No
- 4) Are the survey results stored centrally? Yes
- 5) Are data available for public consultation? Yes
- 6) Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?

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