



**UNGASS INDICATORS COUNTRY REPORT
GREECE-HELLAS**



Reporting period: 2006-2008

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We dedicate this report to the undocumented migrants with AIDS whom our country sends to death.

PREFACE

ACT UP HELLAS, having **15** years in HIV /AIDS area, is always taking part in the UNAIDS meeting since 2001. Since 2006, possibly due to a lot of pressure from the NGOs, Greece has succeeded in presenting the first country National report on HIV/AIDS and the ministry of Health has issued the National Action Plan.

We applaud the achievements but we believe there is still a long way to go. It seems although we go some steps ahead we also go backwards. It is on 2006, that in Greece uninsured seropositive people do not have access to ARV therapy despite the fact that the country has signed all UN or EU commitments and really supports universal access to drugs. It is also now that we see undocumented migrants with AIDS being expelled to their country where they have no access to drugs and so they are condemned to death. We know that this not only our country's behaviour. That is why we should all talk about what is going on if we really want to change something.

It is the 2nd time, we decided to collect the opinions/data of all those who deal with the HIV/AIDS, NGOs, institutions and political party organizations for the UNGASS indicators. Five organizations have contributed to this report and no political party. We want to thank all those who answered. We must, however, point out that we have the sole responsibility of the text.

Finally we want to express our disappointment, but also our agony for the attitude of our society, main organizations, institutions and politicians of our country. HIV/AIDS doesn't mean a lot to them. Seven years after the first UN meeting on HIV/AIDS, they fail to understand that this epidemic has an enormous importance for peace, prosperity and the future of the world. They are not able to "take the lead" although they are good enough in "making promises" but not in keeping them.

ACRONYMS

ACT UP DRASE HELLAS: Aids Coalition To Unleash Power Drase Hellas

CFL: Centre for Life

C.R.A.P.: Centre of Research and Action for Peace

HCDCP: Hellenic Centre for Disease Control and Prevention

IDUs: intravenous Drug Users

MFA: ministry of foreign affairs

MoH: ministry of health

MDGs: Millennium Development Goals

NAC: National AIDS Committee

NGO - KLIMAKA

NSPH: National School of Public Health

TAMPEP: European Network for HIV/STI Prevention and Health Promotion among migrant sex workers

USTTG: Union of Solidarity to Transsexual/Transvestite of Greece

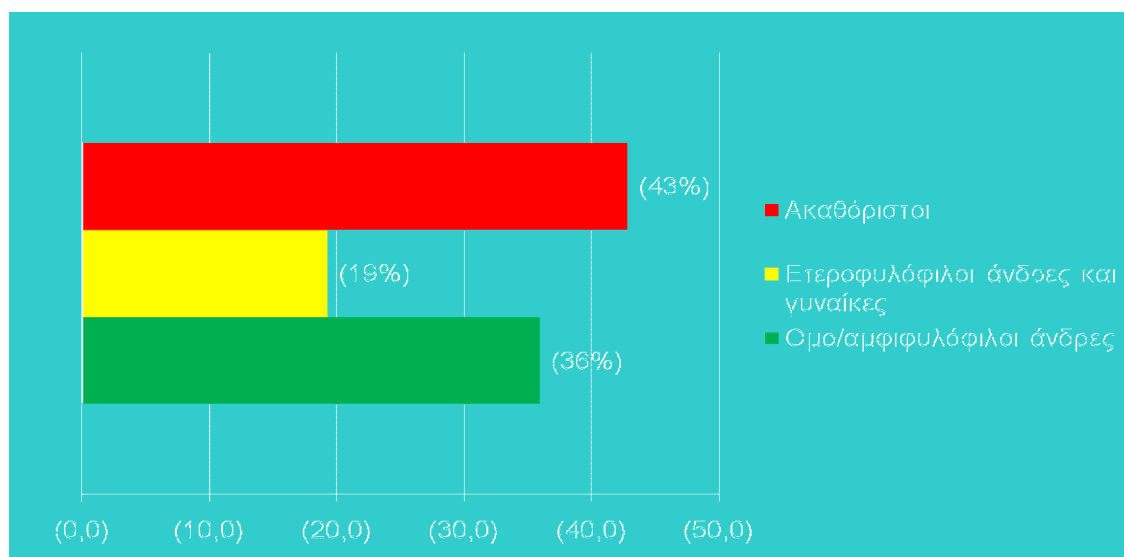
HCHR: Hellenic Committee on Human Rights

NATIONAL REPORT FOR UN GENERAL ASSEMBLY: IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS

Greece is a country with bad epidemiological surveillance. The only disease that is supervised systematically is in fact, HIV infection. HIV is a low prevalence epidemic in Greece. The first case was reported in 1981 while the systematic surveillance of the disease started in 1984.

The main route of transmission was and still remains sexual contact while the group of population, mainly affected, still remains the men having sex with men. The responsible body of epidemiologic monitoring is HCDCP that is answerable to the Ministry of Health. The epidemiological data that are available are reported in the official country report for 2008, which in fact is the first country report¹. The route of transmission was reported as "undetermined" in 43% of cases (red column in table I, while yellow refers to heterosexual contact and green to MSM), something that remains an issue to be resolved. The reported cases of HIV infection in Greece remain steadily increased since 2005.

Table I: newly reported HIV persons (including AIDS cases) by transmission group by 31/10/2007



¹

http://data.unaids.org/pub/Report/2008/greece_2008_country_progress_report_en.pdf

1. EXPENDITURES ON HIV/AIDS.

All NGOs agree that the amount of national funds disbursed by the government for HIV/AIDS, is not enough especially regarding prevention. The need to increase the funds but also to distribute them in a proper way is pointed out by everybody.

Private expenditures on the other hand, refer to funding of conferences or/and specific actions of limited time scale. As a consequence, the whole approach to HIV/AIDS is not sufficient (C.R.A.P.)

2. AMOUNT OF NATIONAL FUNDS DISBURSED BY GOVERNMENT

NGOs point out (KLIMAKA), that the whole amount of this money is not known, so that anyone can safely estimate it. As, even the official report points out, the state is not able to know the exact sum of money spent on HIV/AIDS as there is no NAC or any official to gather all the information around it.

3. POLICY DEVELOPMENT & IMPLEMENTATION STATUS

3a. Prevention: Prevention projects/awareness campaign.



The country did never apply concrete prevention projects. Awareness campaigns have been limited in the commemorative celebration of December 1st. Even these campaigns, do not adopt the UNAIDS campaign themes or UNAIDS posters like the ones of this year. Despite the fact that the UNAIDS material was presented to the MoH, instead of the "take the lead" message and the three posters of the year, a candle light poster (see above) and a memorial evening was adopted!

The fact that all those who collaborated in this report agree on the absence of awareness projects, the non-existence of specialized intervention projects and naturally the non-existence of any system of

evaluation of even projects that were applied is rather impressive.

As USTTG stresses, there are efforts to inform and raise awareness, however they are not enough, they work for a limited period of time. There is also lack of cooperation between the state and NGOs, as well as among the NGOs.

3b. Care and support (antiretroviral treatment and care for patients).

In general terms, there are no particular problems with regard to access to antiretroviral treatment. More often, problems exist with regard to the care of HIV patients, concerning other medical related problems, e.g. surgical interventions, dental care (CFL). Access to ARVs is also denied since 2006, to uninsured national and non-nationals. Access to medical care (with the exception of emergencies) is also denied to undocumented migrants due to the new migration law (3386/2005, Official Gazette A' 212).

3c. Human rights: defense or violation of human rights regarding HIV.

Greece does not have specific laws addressing rights of HIV patients. We need to note, however, that patients with HIV fall under the general provisions of:

- a) article 47 of Law 2071/**92** (Official Gazette A' 123 on Modernization and Organization of the Health System) entitled 'Rights of Hospitalized Patient';
- b) of Law 2519/**97** on Development and Modernization of the National Health System (Official Gazette A' 165), which under article 1 establishes the Independent Service for the Protection of the Rights of Patients and the Control Committee for the Protection of the Rights of Patients; and
- c) Law 3418/**05** (Official Gazette A' 287) on Code of Medical Ethics.

Regarding human rights violations we need to note that national institutions have been given the opportunity- within the limits of their competence- to address issues regarding HIV/AIDS patients.

In particular:

The Hellenic Data Protection Authority, on 05/07/20**00**, issued a decision on 'Access of Social Security Organizations of the General Secretariat of Social Security and the Public Sector to files of HIV/AIDS patients maintained by the Hellenic Center for Infectious Diseases Control'.

The Greek Ombudsman, in July 2007, issued a decision on 'Treatment of HIV/AIDS patients and carriers'. In its decision the Greek Ombudsman dealt with the following problems:

- a) Violation of medical confidentiality;
- b) Non-provision of treatment services;
- c) Dismissal of employee because of positive diagnosis;
- d) HIV testing without prior notification and consent of the patient;
- e) Communication of positive diagnosis without appropriate psychological or other support (HCHR).

The HIV test results are often announced without patients consent to their families or employers or are often done without their permission. There are people dismissed from their jobs due to their HIV status and parents to whom the juries denied meeting their children because they are HIV (+).

3d. Involvement of Civil Society. NGOs involvement in HIV/AIDS policy.

It constitutes general consent that the NGOs in the HIV/AIDS area do not enjoy support from the state. In Greece there is no institutional frame for the activities, the role but also the evaluation of NGOs. Despite the fact that there exists a serious relationship between NGOs in other fields of action (in feminine subjects, environment and trafficking) and the state in the level of decision-making (Ministry of Justice, Ministry of Public Order, Ministry of Environment and Ministry of Foreign Affairs), the HIV/AIDS area is highly depreciated.

The existence of coordinated applied programs that is worked out in collaboration with the responsible institutions (Ministry of Health and HCDCP) is not the case in Greece. The involvement of NGOs in the National Plan of Action for HIV/AIDS and STIs in 2007 is a step in the right direction; however, the collaboration between NGOs and the state should not stop here.

3e. Monitoring and evaluation on anything of the above that you are aware of.

There is no mechanism for monitoring and evaluation in the country not even for the campaigns that are organized by the state whenever they are organized. There is no mechanism to evaluate even the scientific data as f.e. the ARV therapy or the emergence of resistance or the medical and social services.

3f. High-risk populations (LGBT, sex workers, mobile populations, IDUs, women, young people).

Despite the existence of specific proposals to the HCDCP so much from academic departments (NSPH), gay organizations and from international organizations (IOM) and ACT UP, we never got an answer despite the intervention of the ombudsman. Programs however are applied from the NGOs but in the frame of EU projects and HELLENIC AID of the Ministry of Foreign Affairs.

For homosexual men: Awareness campaign and Internet campaign of the NGOs "SYNTHESIS".

Seropositive individuals' information campaign on the antiretroviral treatment, on emergence of resistance and on HIV testing: NGO "SYNTHESIS"

Project "LAIS": the project was financed by the HELLENIC AID of the Ministry of Foreign Affairs, and worked out by ACT UP.

It consists of

- 1) a telephone hot-line for PEP (post exposure prophylaxis) after unsafe sex and possible exposure to the HIV and
- 2) 2) the distribution of printed material on the information and the prevention of all STDs (Sexual Transmitted Diseases) in 4 languages with the street work and bar to bar method. The program began on the occasion of the Olympic games that were held in Greece in 2004 and is continued. Epidemiological and behavioral data from the phone line are also collected, analyzed and reported in Greek AIDS congresses. The project goes on without any funding now by volunteers

For the refugees: European initiative EQUAL: briefing/support of seropositive refugees. (The Centre for Living.)

Prevention Program, concerning STDs through the European Union Program EQUAL project, Pillar 5 "Asylum Seekers" via Development Partnership "AKTINERGIA" of the EQUAL Community Initiative 2005 - 2007 (NGO Centre for Life)

Sex workers: TAMPEP: EU project with target group the migrant sex workers. The project runs in 25 countries and acts as an adviser for WHO for the prevention of transmission of STDs in sex workers. It includes printed and electronic material in 22 languages and approach of the target group with the street work and bar to bar method. It still includes the education of sex workers via the peer education. ACT UP HELLAS that is also a steering committee member represents the project. EU as TAMPEP 8 has reimbursed the project recently.

IDUs: The IDUs, have free access to the laboratory testing for HIV/AIDS and to the antiretroviral treatment. Moreover, the specialized drug treatment programs, the low-threshold programs (harm reduction) and the street-work programs organize often, and in collaboration with health professionals, seminars and/or distribution of leaflets that concern more generally the promotion of health, but also harm reduction in active users. These actions include almost always the briefing on the ways of transmission of virus and ways of protection from it.

A basic problem is that the programs, which address active users, who run the higher danger of infections due to the high-risk behaviors they adopt, are very few in Greece and mostly in the prefecture of Attica. Particularly, in 2007 two low-threshold programs existed in Athens and in Piraeus, four street work programs in Athens, one in Piraeus and one in Thessalonica, and only two programs of needle distribution and/or exchange in Athens.

KETHEA (project against drug use) and the Doctors of World have streetwork programs that have drug users as their target group. Programs that are addressed to women do not exist, as well as programs for the young persons and the adolescents.

NATIONAL PROGRAMME ON HIV/AIDS

The national action plan has a long life story in Greece. It started on March 2006, the initiative taken by the Minister of Health. It is important that only one NGO (CFL) knew its existence. In the meantime, another person was named as the minister of Health. The former Action Plan was considered possibly ineffective and a new effort for a new plan has started which lasted for more than a year. Another one also substituted the president of HCDCP and NGOs as well as doctors were invited to offer their contribution to the Action Plan. The New Action Plan against HIV/ADS and STIs was put under public discussion on December 1st by the minister of Health and is still under review, under the auspices of the President of Democracy. In the new plan specific actions for vulnerable groups are described as well as collaboration with NGOs. There is no NAC yet in the country and there is no known budget for the Action Plan.

KNOWLEDGE AND BEHAVIOR

According to a recent 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)

The percentages the NSPH refers to, are much higher than the ones given from Travesties /Transsexual NGOs. They report knowledge of the ways of transmission of 50% of their clients. The women NGOs report 60% knowledge of the ways of transmission.

The percentages regarding condom use coincide in the case of sex workers: despite the fact that women NGOs express their fear that condom use in the case of sex workers has dropped, the T.T.sex workers' experience coincides with the data for a NSPH research: Sex workers report a 80% use of condom while men who had a sexual contact with a sex worker, reported a 93% use of condom. On the contrary, in a pilot study 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).

From the data of the phone line "LAIS" of ACT UP, 56% of men report use of condom, while the percentage of women reporting use of condom is up to 6%.² From those reporting anal intercourse is impressive that 37% does not report condom use while 18,82% replied that they had a sexual contact with a seropositive person.

² Refers to male condom, as female condom is not available in Greece

In 2005 33% of IDUs that reported injecting in the last month before the interview, reported they also shared syringes. In 2005 21% of IDUs that had a regular partner reported that they always used condom with him/her in the last 6 months. In addition, 46,6% of IDUs that had at least one occasional partner, reports they always used a condom. However the percentage of IDUs who report sharing of any equipment, injecting and non-injecting at least once in their lifetime is 84,6% for 2005. (Greek REITOX focal point, 2006).

New data concerning knowledge and behaviour and misconceptions about HIV transmission are referred in the Country report due to questionnaires that NGOs were asked to distribute and recollect with the main questions of UNAIDS indicators. We must emphasize that the data do not represent data from Community Based Surveys and that there were no coordinators for the country report besides the HIV office.

SUSTAINABLE FINANCING FOR SCALED – UP AIDS RESPONSES. (Funding to face HIV/AIDS, access to drugs for the HIDPC)

Greece is a donor country in the Global Fund Against HIV/AIDS, Tuberculosis and Malaria, but it does not meet its obligations in the frames of development collaboration. With the occasion of meeting of UN on the MDGs (SEPTEMBER 2005), the NGOs submitted their demands on this subject to the Prime Minister.

Since 2006, the MFA did not meet its obligations to the Global Fund and there is no new NGO project on HIV/AIDS for receiving countries, funded by the Hellenic Aid.