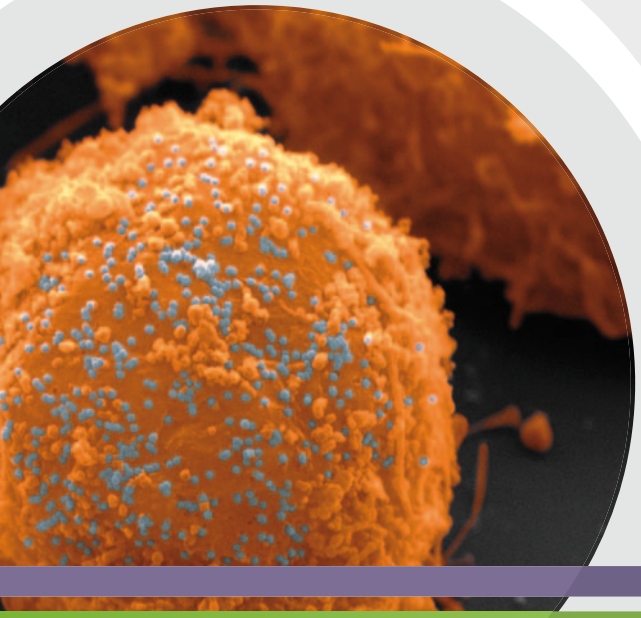

MISSION REPORT

Joint technical mission: HIV in Greece

28 – 29 May 2012

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Marita van de Laar (Programme for Sexually Transmitted Infections, including HIV/AIDS and blood-borne viruses).

The mission was conducted by representatives from ECDC, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) and the WHO Regional Office for Europe, with observers from the EU Fundamental Rights Agency (FRA). ECDC also invited representatives of the EU Civil Society Forum on HIV/AIDS and the ECDC Advisory Forum to participate in the mission.

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Contents

Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
EAHC	Executive Agency for Health and Consumers
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
ELISA	Enzyme-linked immunosorbent assay
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMIS	European MSM Internet Service
EOPYY	National Organisation for the Provision of Healthcare
EU	European Union
FRA	European Union Agency for Fundamental Rights
GDP	Gross domestic product
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IMF	International Monetary Fund
KEELPNO	Hellenic Centre for Disease Control and Prevention
KETHEA	Therapy Centre for Dependent Individuals
LGBT	Lesbian, gay, bisexual, transgender
MEDIN	Medical intervention
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	Needle and syringe programmes
OECD	Organisation for Economic Cooperation and Development
OKANA	Organisation against Drugs
OST	Opioid substitution treatment
PLHIV	People living with HIV
PWID	People who inject drugs
STI	Sexually transmitted infection
TAMPEP	The European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers
TB	Tuberculosis
UNAIDS	Joint UN Programme on HIV/AIDS
UNHCR	UN High Commissioner for Refugees
UNODC	UN Office on Drugs and Crime
VCT	Voluntary counselling and testing
WHO	World Health Organization

Executive summary

Greece has experienced a fairly stable, low-level HIV epidemic for a number of years. Men who have sex with men have been the most affected population. Since the beginning of 2011, Greece has been facing a significant outbreak of HIV among people who inject drugs in Athens.

In the first four months of 2012, for the first time the number of new HIV cases reported among people who inject drugs exceeded the number of new HIV cases among men who have sex with men. This outbreak is driven by unsafe injecting practices among people who inject drugs, for example sharing injecting equipment, and mainly affects Greek nationals. Although foreign nationals who inject drugs are also at risk of acquiring HIV infection, there is no evidence that immigration is driving the current HIV outbreak.

This outbreak is occurring at a time when Greece is experiencing an unprecedented and severe financial crisis. It is unclear to which extent the financial crisis has contributed to the outbreak, but it is evident that the crisis has a significant social and health impact on the population of Greece in general, and Athens in particular. In addition, the response of public authorities and civil society to the HIV outbreak is planned and implemented in a context of social and political uncertainty, with extremely scarce financial resources.

Without decisive action the outbreak will not only continue but there is also the risk that it could spread beyond Athens. The necessary steps were outlined in an EMCDDA/ECDC rapid risk assessment at the end of 2011 and are restated in this report: measures to break the transmission cycle, namely the provision of sterile injecting equipment, and intensified opioid substitution treatment. These measures will require the coordination of public authorities and civil society at the strategic and operational levels.

Encouragingly, significant steps in response to the outbreak have already been taken by the Greek authorities. The outbreak was quickly recognised and reported to national and international stakeholders. The Greek organisation against drugs (OKANA) has quickly expanded the provision of opiate substitution treatment and increased the provision of harm reduction services to prevent further transmission of HIV. However, given the magnitude of the ongoing outbreak of HIV, a significant scale-up of services and additional efforts will be required to significantly reduce the long waiting lists for drug treatment and to improve the supply of sterile injecting equipment to people who inject drugs and thus curb the number of new infections.

There is a strong need to establish AIDS coordination bodies, with strong mandates and sufficient resources at strategic and operational levels in order to maximise the response to the HIV outbreak. These bodies need to involve a number of ministries, local authorities, police, civil society, and other key stakeholders. They need to coordinate the response to the current HIV outbreak among people who inject drugs in Athens as well as the overall response to HIV nationally. Given the current epidemic situation and the potential for further spread, it is highly recommended that access to HIV testing is increased. HIV tests should be provided free of charge in all testing facilities, based on the public health principles of informed consent and medical confidentiality.

1 Objectives

1.1 Background

In common with most countries of the European Union, Greece has, until recently, experienced a low-level HIV epidemic that was concentrated in a few key populations, particularly men who have sex with men (MSM). However, during the first months of 2011 a significant rise in the number of new HIV cases among people who inject drugs in Athens was noticed, rising up to 70 cases in May 2011, a significant increase compared with between nine and 19 cases annually in the years 2001 to 2010. The Greek government informed both ECDC and EMCDDA of this outbreak, and a first report was published in Eurosurveillance in September 2011.

On 1 November 2011, an expert meeting was hosted by KEELPNO and OKANA, in which ECDC and EMCDDA participated. In November 2011, the European Commission requested ECDC and EMCDDA to carry out a rapid risk assessment on the situation of HIV among people who inject drugs in the EU/EEA[*]. This rapid risk assessment confirmed the significant increase in HIV case reports among people who inject drugs in Greece and identified a temporal association with low levels of HIV prevention coverage. The rapid risk assessment recommended an increased focus on prevention programmes, including needle and syringe programmes and opioid substitution treatment, combined with enhanced testing and treatment.

On 20 April 2012, the European Commission requested ECDC to perform a risk assessment on the HIV situation in Greece. According to the request, this assessment should focus on all priority groups affected by HIV in order to draw a complete picture of the HIV epidemic in Greece. Additionally, the European Commission was invited by the Greek health minister to participate in a high-level meeting on the impact of migration on public health as well as the recent increases in HIV infections in Greece and other EU Member States, together with ECDC, EMCDDA and the WHO Regional Office for Europe (WHO/Europe). This meeting, hosted by the Greek Ministry of Health and Social Solidarity, was scheduled for 21 June 2012, but was cancelled shortly after the completion of this mission. In order to provide well-informed input to this high-level meeting, ECDC, EMCDDA and WHO/Europe conducted this joint technical mission to Greece from 28 to 29 May 2012. The EU Agency for Fundamental Rights (FRA) was also invited to participate as an observer.

It is important to note that this mission report presents information gathered in only two days; substantial aspects of the HIV situation could be covered but a complete picture could not be obtained in these two days. The description of the HIV situation in Athens reflects the situation at the end of May 2012. As part of the formal risk assessment carried out by ECDC, additional data have been gathered and analysed since May 2012. These data will be included in the ECDC risk assessment on the HIV situation in Greece.

1.2 Scope and purpose

The objective of the joint technical mission was to provide an evidence-based assessment of the reported increase of newly registered HIV cases in key vulnerable populations in Greece. The purpose of the mission was to provide support to inform the high-level meeting originally scheduled for 21 June 2012. Specifically, the mission was expected to:

- provide an epidemiological and behavioural overview of HIV in key populations in Greece;
- provide an overview of the national programmatic response to HIV/AIDS;
- explore how the current economic situation impacts on the HIV risk environment and the availability of prevention services for those in need; and
- provide conclusions and advice on strengthening prevention and control of HIV in Greece.

1.3 Team

The joint team was composed of representatives from ECDC, EMCDDA and WHO/Europe with observers from FRA. ECDC also invited representatives of the EU Civil Society Forum on HIV/AIDS and the ECDC Advisory Forum to participate in the mission. Team members included:

- Marita van de Laar, ECDC (team leader)
- Anastasia Pharris, ECDC
- Teymur Noori, ECDC
- Yusef Azad, EU Civil Society Forum/National AIDS Trust, UK
- Jose Calheiros, ECDC Advisory Forum

[*] Available at: http://www.ecdc.europa.eu/en/publications/Publications/120112_TER_Joint-EMCDDA-and-ECDC-rapid-risk-assessment-HIV-IDU.pdf

- Roger Drew, ECDC consultant
- Dagmar Hedrich, EMCDDA
- Martin Donoghoe, WHO Regional Office for Europe
- Irina Eramova, WHO Regional Office for Europe
- Ioannis Dimitrakopoulos, FRA (observer)
- Ludovica Banfi, FRA (observer)

Throughout the mission the team was supported by Greek colleagues, particularly by representatives of KEELPNO, OKANA, and a range of civil society organisations. A list of people participating in the main mission meeting is presented in Annex 2.

1.4 Organisation

The mission was organised around a two-day visit to Athens. Participants were drawn from a range of organisations including government agencies and NGOs. In addition, various organisations were visited and their activities evaluated. Full details of the mission programme are provided in Annex 1. A wide range of documents were provided to the mission team. These are documented in Annex 3.

2 HIV epidemiology

2.1 Overview of HIV surveillance

The main mechanism for HIV surveillance in Greece is HIV case reporting. Doctors report HIV-positive cases to KEELPNO who has been analysing and reporting surveillance results since 1998 (annual surveillance report). By the end of 2011, a total of 11 492 HIV-positive cases was on record. Of these, 3 254 were diagnosed with AIDS and 2 178 had died. Up to the end of 2011, a total of 5 600 people living with HIV were reported to receive antiretroviral therapy. The number of new HIV cases reported rose steadily until 2010. However, in 2011 a 57% increase was observed: 954 new cases, as opposed to 607 new cases in 2010 (Figure 1).

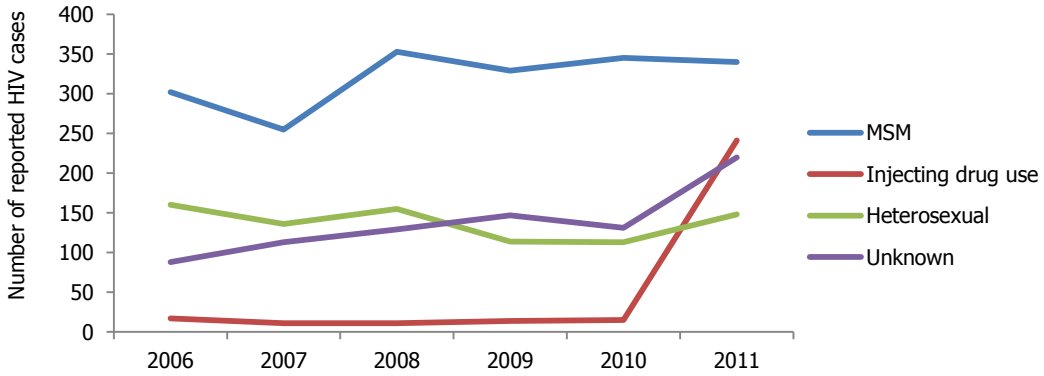
Figure 1. HIV infections per 100 000 population reported in Greece by year of diagnosis, 1984–2011

(Source: HIV/AIDS Surveillance in Greece, KEELPNO 2011)

Data on route of transmission* of HIV infection show that although prior to 2010 HIV transmission was mainly occurring in Greece among MSM, the sharp increase in 2011 was due to a very sharp increase in HIV transmission among people who inject drugs (see Figure 2). Between 2010 and 2011, the number of new infections reported among MSM remained almost the same (345 in 2010; 340 in 2011). But during the same period, the number of new infections reported among people who inject drugs rose from 15 to 241, mainly in Athens.

Data for the first four months of 2012 suggest that the outbreak is ongoing. There were 318 new cases of HIV reported as compared with 315 during the same period in 2011. For the first time in Greece, the number of new HIV infections reported among people who inject drugs (117; 37% of total) was higher than that among MSM (86; 27% of total). These numbers are still preliminary and it is unclear yet if this is an established trend.

Figure 2. HIV infections reported in Greece by transmission group, 2006–11



(Source: KEELPNO, 2011)

Data from molecular typing studies have been used to show the clustering of cases in the current outbreak based on IDU samples between 1998 and July 2011 from the Hellenic HIV-1 sequence database. It was shown that prior to 2010 less than 5% of the strains were clustered, yet in 2011 97% were clustered in two main clusters of related strains. This indicates a shift in the main mode of transmission among people who inject drugs from sexual transmission to injecting-drugs-related transmission between 2010 and 2011. It was also observed that the largest of these clusters may have originated from a 'non-Greek' strain, although the majority of subsequent transmission has been among Greek nationals†.

* Each year, there are a significant number of reports of new HIV infections for which the route of transmission is unknown. Most of these were occurring among men, and it seems likely that, as supported with results from molecular typing, prior to 2011, these were occurring mostly among MSM. In 2011, these may be MSM or men who inject drugs.

† See Paraskevis et al., 2011, and Hatzakis and Paraskevis, 2012.

2.2 HIV surveillance among key populations

People who inject drugs (PWID)

Another source of data regarding HIV and people who inject drugs comes from the national drug monitoring system, which collects data on people who enter drug treatment*. Although not a representative sample of all people who inject drugs in Greece, the collected data provide confirmatory evidence of an HIV outbreak among people who inject drugs in Athens. In Greece as a whole, HIV prevalence among people who inject drugs rose from less than 1% in 2010 to 3.7–5.6% in 2011. Rates are estimated to be higher (around 8%) in Athens. In addition, figures from a medical service for drug users, located in the centre of Athens (MABY-OKABA), confirm that the monthly rate of new HIV diagnosis among people who inject drugs continued to rise in the first four months of 2012 at elevated 2011 levels. Among clients of low-threshold centres in Athens, HIV prevalence is estimated to be close to 12%.

In addition, the analysis of data for 2011 showed that certain characteristics were associated with HIV infection among people who inject drugs:

- Hepatitis C infection: most people who inject drugs diagnosed with HIV infection were also infected with hepatitis C (70%). The proportion was higher in Athens. The significant increase between 2011 and 2011 of hepatitis C among those who had been injecting drugs for less than two years indicates that infection may have been recent. There was a clear association between hepatitis C and HIV infection.
- The types of drugs used. Among treatment entrants, significant associations were found between HIV status and the use of stimulants, such as cocaine and crack†.
- Having 'ever shared' injecting equipment. Around 60% of people who inject drugs in Greece reported ever sharing syringes on entry into drug treatment.
- Between 2008 and 2011, no increases were reported in levels of syringe sharing among people who inject drugs entering treatment in the capital. Nearly one in four in this group reported this risk behaviour.
- A history of current injecting, i.e. within the last 30 days.

The analysis of socio-demographic data of clients entering treatment in Greece showed that 72% were unemployed in 2011, with even higher rates in Athens. Compared with previous years, rates of unemployment have, as in the rest of the Greek population, increased significantly. Outreach workers identified lack of financial resources, among people who inject drugs, as an important reason for sharing injecting equipment.

Most drug users (80%) report polydrug use. The proportion of current injectors among those entering treatment decreased in the whole of Greece from 43% (2005) to 37% (2010). However, these changes are not fully understood and need to be explored further.

Although there was an increase in the proportion of foreign nationals accessing outpatient drug treatment or low-threshold services (8% in 2011), there was no evidence of a higher HIV rate among foreign nationals who inject drugs than among Greek nationals.

Men who have sex with men (MSM)

The 2010 European MSM Internet Survey (EMIS) provides some behavioural data on MSM in Greece. EMIS was an EAHC-funded survey among MSM across Europe‡. The national sample provides information concerning MSM in Greece between June and August 2010 and yielded 2 944 valid responses. EMIS was a wide-ranging survey covering a number of themes, including sexual orientation and practices; coming out; sexual encounters with stable and casual partners; HIV testing and care; STI care; access to healthcare and social services; antiretroviral therapy; meeting points for sex; behaviours of sero-divergent couples; drug use; post-exposure prophylaxis; and stigma and discrimination.

Data from EMIS responses showed that:

- half (51%) of the respondents were from Athens;
- 60% of respondents reported ever being tested for HIV;
- 12.8% of those tested for HIV reported being positive;
- 10% 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;

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* This system includes data from those approaching low-threshold centres for drug-related health problems.
† Opiates were the primary substance of injection. In 2011, a sharp rise was noted in the distribution of stimulants, notably a methamphetamine called locally 'SISA' or 'Shisha', in the open drug scenes of downtown Athens. This was confirmed through police seizures, and a study carried out by the Greek national drug focal point. The study identified non-injecting routes as the predominant mode of methamphetamine administration.
‡ As such, it was a convenience sample and may not be nationally representative. For example, HIV-positive men may be over-represented within the sample.

- 90% claimed to have never heard about the AIDS hotline.
- Of those reporting that they were HIV positive,
  - around one in six presented late with a CD4 count <350 cells/µl;
  - more than two thirds were tested in a healthcare setting;
  - more than half were satisfied or very satisfied with the counselling they received;
- Regarding safer sex,
  - more than two thirds (69%) used a condom during last anal sex;
  - a quarter (25%) reported having had unprotected anal intercourse because they did not have a condom available;
- more than three quarters (77%) had never visited a gay community centre, organisation or social group; and
- around 8% reported they had never heard anything about HIV.

Migrant populations

Although there has been much speculation about the role of migrants and migration in HIV transmission in Greece, epidemiological data show that:

- most of those reported to be HIV infected between 2006 and 2010 were Greek nationals. Of 2 848 people in whom nationality was known, 78% (2 226) were Greek nationals;
- the proportion of foreign nationals among newly reported HIV infections fell slightly from 22% over the years 2006–2010 to 20% in 2011; and
- prior to 2011, most reported HIV cases among people who inject drugs were among Greek nationals (41 of 68 cases, or 60%). In 2011, the majority of newly reported HIV infections among people who inject drugs were also among Greek nationals. Of 220 with known nationality, 83% were Greek.

Molecular typing of strains collected from people who inject drugs between 1998 and July 2011 recorded in the Hellenic HIV-1 sequence database suggests that the two main clusters may have a non-Greek origin. It is likely that the infection was introduced from outside Greece; however, the interpretation of these results has been debated[*]. The introduction of new strains also occurs in other countries; whether this results in an outbreak, and of which magnitude such an outbreak is, depends on a variety of factors, such as the size of involved networks, patterns of sharing, the effectiveness of the national response to HIV (e.g. the availability of essential services, such as needle and syringe programmes and opioid substitution treatment), and the extent of disruption of social and injecting patterns. Several factors laid the basis for an outbreak among people who inject drugs in Greece, for example the rising levels of hepatitis C infection.

Sex workers

It was not possible to assess the HIV situation among sex workers in Greece due to lack of data. Legal sex workers are mandated to test for HIV and other STIs every 15 days in order to keep their license; most sex workers in Greece do not work legally.

2.3 Gaps in HIV surveillance

There are a number of data gaps. For example, no bio-behavioural surveys among key populations such as men who have sex with men, people who inject drugs, sex workers, and migrant populations were recently conducted. There appear to be very limited surveillance data relating to HIV among sex workers, particularly if not licensed. There are no official prevalence studies or estimates for HIV among sex workers. There are currently no data on the overlap between key populations or the number of members of key populations with undiagnosed HIV infection. There is also a need for more qualitative data on risk behaviour and determinants. In addition, as HIV reports are driven by testing practices, no overview could be obtained with respect to current HIV testing practices, the number of HIV tests carried out in clinical and outreach settings, and recent changes in these practices. In addition, there continues to be a large proportion of HIV diagnoses (almost 25%) with an undetermined mode of transmission.

[*] Salminen, 2011, available from: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19986 and reply by Hatzakis et al., 2011, available from: 1 http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19987

3 Health systems in Greece

3.1 Health systems, policies and services: recent changes

The current economic crisis faced by Greece could have profound effects on the Greek public healthcare system[*].

In May 2010, a three-year agreement was reached between Greece, the International Monetary Fund, the European Commission and the European Central Bank to restore market confidence, to become more competitive and to safeguard financial stability. This agreement is referred to as the 'memorandum'[†].

As a major part of public sector expenditure, the memorandum has major implications for the health sector in Greece. It specifies that public health expenditure should not exceed 6% of GDP. Actions taken so far include:

- cost containment measures in the pharmaceutical and hospital sectors[‡];
- restructuring and reduction of human, technological and financial resources; and
- merging the four largest health insurance schemes.

Prior to the memorandum, overall spending on health accounted for 9.7% of gross domestic product (GDP), which was above the average of 9.0% for OECD countries. However, 40% of this came from private sources as compared to an average of 28% for all OECD countries. In 2007, pharmaceutical expenditure accounted for 2.4% of GDP, which was very high compared to other countries. Many post-memorandum efforts focused on reducing and rationalising pharmaceutical expenditure. It is expected that Greece will save EUR 2 billion on pharmaceuticals, EUR 1.5 billion through procurement controls, and EUR 1 billion through reduced insurance expenditure.

Changes in the health system since the adoption of the memorandum have reportedly resulted in:

- an increase in public hospital utilisation (24%) and a reduction in private hospital utilisation (30%);
- a reduction in private practice consultations (35%); and
- an increased prevalence of mental health disorders.

It is expected that public hospitals and social insurance funds will face rising deficits. The private sector is expected to face similar problems. There is likely to be a growing demand for health services in conjunction with rising socio-economic inequalities in terms of access to healthcare.

The National Organisation for the Provision of Healthcare (EOPYY) is a new national health insurance fund in Greece. It was launched in September 2011 and formed by merging four funds. Its main function is as a purchaser of health services although it also has a small provider function. Its funds come from insurance payments by/for employed people, the state budget, rebates from pharmaceutical companies and other sources. EOPYY is now facing a major funding challenge. Reasons include declining contributions from insurances as a result of rising unemployment and ongoing administrative restructuring processes. Other relevant changes include:

- the merger of 132 public hospitals into 82 integrated public hospitals;
- salary reductions in the health sector;
- the reform of administration and financial management including hospital budgets, double entry accounting, publication of balance sheets;
- the increasing use of generic medicines;
- the introduction of patient fees, e.g. EUR 5 per outpatient visit, which means that persons seeking HIV testing must pay this fee in order to get tested. This is applied by some, but not all, hospitals.

3.2 HIV testing: policies and practice

According to Greek legislation, adopted in 1990, and Greek testing guidelines, HIV testing should:

- be voluntary, confidential and anonymous;
- be free of charge in every public hospital and AIDS reference centres;
- require written informed consent;
- always be accompanied by pre- and post-test counselling;
- be offered to a wide range of people including:
  - men who have sex with men;
  - people who inject drugs;
  - sex workers (law stipulates registration as sex worker in 15-day intervals);

[*] See Kentikelenis and Papanicolas, 2011.
[†] See IMF, 2011.
[‡] Including, for example, the adoption of e-prescribing; negative and positive lists of drugs; a reference price system; enhanced purchasing and procurement mechanisms; and centralised purchasing.

- 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, organs (by law);
- blood-transfused patients (by law);
- individuals who report exposure to blood or other infectious biological specimens;
- pregnant women who are known to be injecting drug users or sex workers.
- individuals with another STI

In 1994, guidelines were developed for the laboratory diagnosis of HIV infection. These guidelines are currently being revised.

Annual HIV testing is recommended for people who inject drugs; blood, organ and sperm donors; sexual partners of people who inject drugs; men who have sex with men; non-infected partners of people living with HIV; heterosexual individuals with more than one sexual partner since the time they were last tested.

Health facilities which provide HIV testing include eight AIDS reference centres (four in Athens; one each in Thessaloniki, Patra, Herakleion and Alexandroupolis); public hospitals and private sector medical facilities. Community-based HIV rapid testing is available from NGOs (e.g. PRAKSIS), and conventional HIV testing is offered through KEELPNO mobile medical units. In addition, HIV testing is available in a range of different settings in Greece, including:

- STI clinics;
- harm reduction services;
- antenatal clinics;
- correctional facilities (not all);
- primary healthcare facilities; and
- specialised clinics, such as TB clinics.

Testing is conducted using ELISA tests with confirmatory tests conducted in AIDS Reference Centres. Rapid testing kits are reported to be used in emergency settings and after occupational exposure. Tests using capillary blood or oral mucosal transudate are not widely available; for example, they are not available in KEELPNO mobile units or for use in outreach work among male sex workers. However, they are used in some outreach work, e.g. by PRAKSIS. HIV home sampling or testing kits are not available. HIV home testing is illegal in Greece.

HIV testing is available free of charge in AIDS reference centres, KEELPNO mobile medical units, NGO programmes and in most public hospitals. However, it is reported that some public hospitals have introduced a fee for HIV testing which is higher for uninsured persons. The fee is reported to be EUR 9 for uninsured persons and EUR 2 for those with insurance[*]. This development is of concern because key sub-populations that most need HIV testing, such as people who inject drugs, are also more likely to lack insurance and thus will be unable to pay the higher fee.

Despite the national policy on HIV testing and recommendations for annual testing, a national overview of the total number of HIV tests performed is not available, although figures are available for the four largest AIDS reference centres. These are reported as showing an increasing number of tests (12 919) in 2011. This is higher than the reported number for 2010 (10 383) but lower than for either 2008 (13 564) or 2009 (13 523).

Recent changes in HIV testing policy and practice include:

- strategies to increase HIV testing, including leaflet distribution and media campaigns;
- utilisation of new HIV testing technologies;
- development and publication of guidelines for the management of occupational and non-occupational exposure;
- guidelines for the diagnosis of HIV infection;
- efforts to remove legal and financial obstacles for undocumented migrants and people who inject drugs by using mobile units; and the
- introduction of HIV testing fees in some public hospitals.

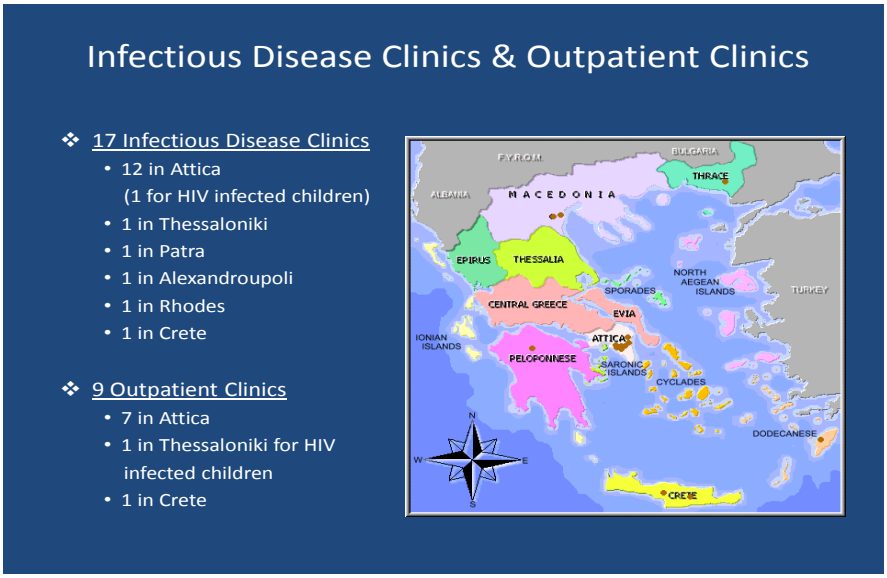
In some instances, for example if a person is unconscious, HIV testing can be initiated by the healthcare provider, even without the person's informed consent. Also, in some cases, HIV testing is required, e.g. for health screening of licensed sex workers and for those entering drug treatment. HIV testing in prisons and places of detention is reported to be voluntary and not mandatory.

[*] According to recent refinements of the previous legislation, HIV testing has been free of charge since September 2012 for insured persons when performed in public healthcare units and/or laboratories of their health insurance agencies (HIV and STIs).

3.3 HIV treatment and care

In Greece, HIV treatment and care is provided by infectious disease clinics. There are 12 infectious disease clinics in the greater Athens area and a further five in other parts of Greece (see Figure 3). An example of one of these clinics is illustrated in Box 1. There is also a number of outpatient clinics.

Figure 3. Location of infectious disease and outpatient clinics in Greece



(Source: KEELPNO)

Box 1: 'Korgialeneio-Benakeio' – Red Cross General Hospital

The infectious diseases clinic at this hospital provides services for 475 people living with HIV. Of these, 402 are receiving antiretroviral therapy, 406 are men and 56 are foreign nationals. In addition to the provision of medical management of HIV infections, the clinic assesses and treats HIV patients for co-infections including syphilis, hepatitis and TB. Patients are also assessed for non-communicable diseases, including cardiovascular, renal and bone disease. Patients attend every three to six months for follow-up. The hospital also provides post-exposure prophylaxis and participates in scientific research. Five men from serodiscordant couples are currently receiving antiretroviral therapy to prevent HIV transmission.

Initial assessment of a person with HIV includes medical history, clinical examination, laboratory, immunologic, and virologic HIV testing. Guidelines for antiretroviral therapy were revised in 2012. Currently, treatment is recommended for those with a CD4 count <350 cells/µl. It is also recommended that treatment be considered for those with a CD4 count between 350 and 500 cells/µl. Treatment is strongly recommended regardless of CD4 count for pregnant women; those with an AIDS-defining illness; those with HIV-associated nephropathy; and those with co-infection with hepatitis B or C. In addition, consideration will also be given to someone starting antiretroviral therapy if they strongly wish to do so.

Greece has clear treatment protocols. By the end of 2011, a total of 5600 people were receiving antiretroviral therapy. In the seven largest infectious disease units, the number of people on antiretroviral therapy varies from around 400 to 1000. Treatment costs are covered by health insurance for insured people. All drugs are provided through the system of public hospital pharmacies with central procurement and registry. For Greek citizens who are uninsured*, the costs are reportedly covered by social welfare or hospital budgets. EU citizens and legally-resident citizens of other countries should be covered by their own insurance. If they are not insured, social welfare or hospital budgets may cover the cost of treatment. Third country nationals without legal documents are reportedly able to access emergency treatment free of charge. There are reports that hospitals may provide free-of-charge access to 'urgent' antiretroviral therapy, paid either through social welfare or the hospital's own budget. According to ministerial circular Υ4α/89–29/12/2005 from the Ministry of Health, undocumented migrants are only given antiretroviral treatment if this option is 'not available' in the country of origin. Although 'state- of-the-art' treatment and care may be available in one hospital (see Box 1), a country-wide assessment of treatment and care was not conducted during this mission. The following areas were not assessed during this mission: proportion of

* In 2010, more than 500 000 employees were estimated to have no medical insurance. Most uninsured employees were found in the greater Athens region.

late diagnoses (CD4 count less than 350); coverage of HIV care and antiretroviral therapy; retention in HIV care and antiretroviral therapy over time*; antiretroviral therapy regimens used; co-infection rates and treatment outcomes.

3.4 Support services for people living with HIV

KEELPNO has a department of community level intervention which provides a range of services including:

- a halfway house;
- an office of psychosocial support;
- an AIDS helpline and counselling centre;
- an office for health education and promotion of public awareness;
- an office of volunteerism; and
- dental services.

The halfway house aims to provide a safe environment and actively promotes social reintegration, team work, cooperation, and creative activities. It is staffed by a multi-disciplinary team and provides a range of services such as:

- individual counselling and psychotherapy sessions;
- educational meetings for staff and residents;
- counselling on social and welfare issues;
- medical care and treatment;
- outdoor activities;
- occupational therapy;
- Greek language lessons; and
- social networking and vocational guidance.

The office of psychosocial support provides support to people living with HIV. Currently, the office of psychosocial support has 133 clients, the majority (86) of whom are male. This number includes 20 drug users, of whom almost all (17) are Greek. Services include:

- counselling and support to people living with HIV;
- provision of information concerning social issues and social benefits;
- financial support;
- interventions on legal issues and human rights;
- interventions at the community level dealing with issues of crisis, stigma, discrimination and phobia;
- policy interventions and proposals; and the
- provision of training and seminars.

The AIDS Helpline and Counselling Centre has been operative since 1992. Areas of work include:

- clinical work including information and pre-test counselling, post-test counselling, psychological and social support, individual and group psychotherapy, psychiatric intervention;
- research including data entry and analysis, reports and publications, announcements in conferences, co-organisation of scientific events, research programmes and participation in study groups;
- educational work including lectures to undergraduate and graduate students, modules for students of psychosocial sciences, training programmes for professionals of mental health issues, trainers and health education managers, clinical practice opportunities to psychology majors, support groups for professionals, groups on 'burn out' issues for healthcare professionals, and group supervision to professionals of psychosocial sciences;
- referrals and networking;
- interventions in the community including participating in actions and campaigns, and collaboration with the media.

A number of NGOs provide support services for people living with HIV. One NGO, *Positive Voice*, is a membership organisation for people living with HIV. *Centre for Life* seeks to provide services to people living with HIV. Services include psychological support, social support, emergency financial aid, legal support, lobbying for rights of PLHIV, a drop-in centre, home and hospital visits, 'Positive' magazine, and an HIV-positive detainees programme in Koridalos prison. In February 2012, PRAKSIS began a programme of holistic support to people living with HIV, which includes family members. This includes medical services, housing, psychosocial support, and work or legal counselling.

* 12, 24 and 60 months

4 Response, prevention and community interventions

4.1 Overview

Overall, it proved difficult during the course of a two-day mission to get a comprehensive overview of the various services available to all key populations at risk of HIV infection as services appeared to be fragmented with no national coordination mechanism for the response to HIV. This section provides illustrative examples of services provided to different groups. Where a project/organisation provides services across a number of key populations, the project/organisation is either described in multiple sections or has been positioned in the section of the key population that it appears to focus on primarily. It is recognised that the descriptions here may not be comprehensive.

It is important to note that there are people with multiple, overlapping vulnerabilities. For example someone who injects drugs may also sell sex in order to earn money to buy drugs.

4.2 People who inject drugs

The most comprehensive response to HIV prevention appeared to be focused on people who inject drugs. Many services for people who inject drugs in Greece are provided by OKANA, the national organisation against drugs. Since the start of the outbreak, OKANA has focused its efforts on rapidly increasing access to opiate substitution treatment (OST) through establishing 20 new treatment centres in the Athens area (as of March 2012); there are plans to open several more by the end of 2012. OKANA is the main provider of OST services in Greece.

For many years, the provision of OST in Greece was unable to keep pace with the demand for services. In August 2010, more than 5300 people were on a waiting list for OST; waiting times in Athens were more than seven years. In late 2011, four OST units in the centre of Athens were closed because of opposition from local residents, resulting in the loss of 1400 treatment slots.

By May 2012, the total number of OST units in Athens had reached 23. As a result, waiting times are down to only one month in Thessaloniki, but remain high at more than four years in Athens. Waiting times are expected to decrease when new units will be operative later in 2012. HIV-positive people who inject drugs are given priority in accessing drug treatment.

Estimates of coverage of services for people who inject drugs are available from the Greek national focal point on drugs. For 2011, it is estimated that there are 20 500 problem drug users in Greece, of whom over 6400 are receiving OST. This gives an estimated national coverage of 30% (see Figure 5).

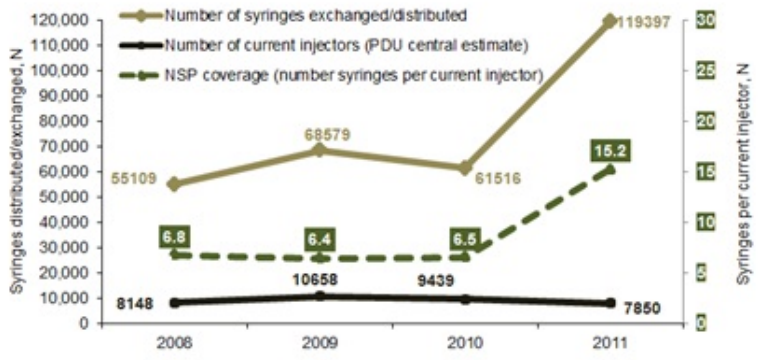
Since the start of the outbreak, OKANA has also expanded the distribution of needles, syringes, and other drug injection equipment in Athens. Programmes for the distribution or exchange of syringes and other injecting material only exist in the capital city at four sites and through outreach teams. In 2011, around 120 000 syringes were reportedly distributed in Athens. This represents a twofold increase compared to 2010, but is still only around 15 syringes per current injector per year, which is seen as a too low (see Figure 4). Needles and syringes are distributed mainly through outreach workers, who distribute free kits containing needles, syringes, and other drug preparation equipment, along with condoms, in Athens neighbourhoods that have a high numbers of users. OKANA collaborates with KEELPNO and several NGOs to distribute the kits; needles and syringes are also freely available via KEELPNO's mobile units.

OKANA also has a drop-in centre for drug users in Athens (see Box 2).

Box 2: OKANA drop-in centre in Athens

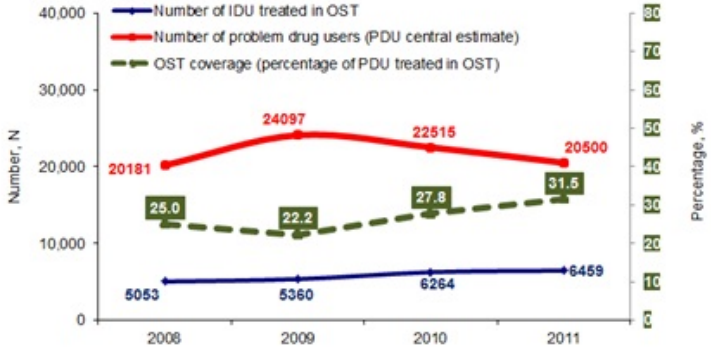
This centre provides services to those who attend and also serves as a base for outreach services. More than 8000 have visited the center and 550 have been referred to other services. Services provided include psychosocial counselling, group counselling, leisure time activities as well as access to basic amenities, e.g. showers and laundry facilities. Outreach services include the provision of needles and syringes and other injecting equipment, such as sterile wipes, citric acid and sterile water. OKANA reports that the number of syringes it has distributed has increased. Staff of the centre is keen to visit and learn from similar centres in other European countries.

Figure 4. Number of syringes distributed, number of current injectors (IDU estimate), and NSP coverage, 2008–11



(Source: REITOX focal point)

Figure 5. Number of problem drug users, number of people receiving OST, and OST coverage, 2008–11



The NGO *Centre for Life* collaborates with OKANA in a number of areas, including their street work programme. In addition, there are a number of other organisations working with people who inject drugs whose work could not be presented during the two-day mission. For example, the Therapy Centre for Dependent Individuals (KETHEA) is the Greek partner of the EAHC-funded SUNFLOWER project, which focuses on preventing HIV among young people. *Medicins du Monde* provides primary healthcare through medical mobile units and engages in street work, offering syringe exchange services.

Harm reduction services in prisons could not be assessed fully during the two-day visit. There are reports that OKANA is starting to implement a pilot OST programme with funding from the European Cohesion Policy funds*. Issues of concern include high rates of imprisonment for drug law offences, overcrowding, limited availability of drug treatment services, and the reported absence of essential drug-related health services, including OST in Greek prisons. There are two KETHEA units located in prisons.

4.3 Men who have sex with men

It is of concern that based on EMIS data, there is a significant proportion of MSM in Greece who are cruising for sex on the internet who have never had an HIV test and who have never accessed services offered by gay community centres, organisations or social groups.

Nevertheless, some services are available, e.g. PRAKSIS offers rapid HIV testing for MSM through mobile units, for example at gay bars (see Box 3).

* Approved budget of EUR 2 247 000. Funded by the National Strategic Reference Framework (NSRF) 2007– 2013. The project is reported to run from 15 October 2011 to 14 May 2014.

Box 3: PRAKSIS mobile HIV testing services

PRAKSIS offers easily accessible, rapid HIV testing through mobile facilities. By November 2011, 1332 tests were performed. Of these, 43 were positive. These included 17 MSM, four people who inject drugs, and four African migrants.

People who used the mobile HIV testing services commended the high standards of confidentiality, reduced waiting time, and the fact that the HIV test is performed using an oral swab rather than a blood test.

Positive Voice is a membership organisation for people living with HIV, many of whom are MSM. Positive Voice was a key partner for EMIS and has organised several focused prevention activities among MSM:

- a campaign to promote HIV testing among gay men;
- a campaign for LGBT youth;
- condom promotion at gay events, including Athens Pride, gay and lesbian film festivals, book presentations, and major dance events in Mikonos, Thessaloniki and Athens;
- implementation of a psychosocial programme through specially trained, HIV-positive gay men who engage with MSM on dating sites and chat rooms.

Positive Voice is scheduled to open an MSM Checkpoint in Athens (with private funding but in collaboration with KEELPNO) in October 2012 and plans to publicise EMIS findings through gay events in Greece. Centre for Life has promoted HIV prevention materials online, e.g. through MSM blogs, web sites and chat rooms, and distributes the magazine 'Positive' in gay cafés, bars, clubs and saunas.

In addition, KEELPNO was a partner in the EAHC-supported SIALON project. SIALON produced a qualitative report (linked to biological sampling for syphilis and HIV) on the behaviour of MSM in a number of cities in Europe.

However, a representative of the LGBT group 'Colour Youth' voiced strong criticism when asked about prevention programmes for MSM: 'We have not seen any activities. Yes, it is good to involve people living with HIV, but MSM need to be involved too. We have not seen anything good coming out for young gay men. We have seen a lot of negative things.'

4.4 Sex workers

Although sex work is legal in Greece, current legislation is complex (see Box 4).

KEELPNO seeks to provide outreach social work for male and female sex workers in Athens and Piraeus. Services include health education, HIV and STI prevention and referral to healthcare. Services are provided in both fixed points and as a peripatetic service. Services for female sex workers began in May 2011 and focus on brothels and studios. Although there are less than 1000 legally employed sex workers in Athens, it is estimated that there are more than 20 000 illegal sex workers, mainly foreign nationals, and around 14 000 victims of trafficking[*]. The illegal sex workers and victims of trafficking typically charge lower prices, have little information about HIV, and do not receive regular medical care.

Box 4: Legislation on sex work in Greece

Sex work is considered a legal activity in Greece under certain closely regulated conditions. Sex workers are persons over the age of 18 who are single, widowed or divorced. They must not suffer from STI or other contagious diseases, as determined by the health ministry. They must not suffer from any form of mental illness and cannot be drug users. Health screenings are mandatory in order to obtain and maintain a license as a sex worker: mandatory HIV and STI tests are conducted every 15 days. The legislation applies to any person wishing to work in the sex industry, regardless of nationality.

Sex work is only legal in brothels, although unlicensed street sex work is very common. Licensed brothels must be at least 200 metres from schools, churches, hospitals, youth/sports centre, libraries, charitable institutions, public squares and playgrounds.

A report of the Ombudsman in 2003 noted that these legal requirements make it practically impossible to exercise sex work legally. The same report also identified a number of constitutional problems with these provisions.

[*] Numbers provided by KEELPNO and the Ministry of Health and Social Solidarity.

Services for male sex workers began in January 2012 and are focused on both the sex worker and the client (see Box 5). Activities include distribution of information and condoms, HIV testing and referral for healthcare. Many of the male sex workers reached by these services are reported to be minors of foreign nationality, while most clients were reported to be Greek nationals.

In addition, EAHC has provided support to TAMPEP, the European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. TAMPEP has produced:

- a report on sex work, migration and health across Europe (2009), including a national report on Greece;
- a 'Directory of health and social support services for sex workers in Europe' which includes a page for Greece* which lists available services†;
- guidelines for information materials (guidelines for implementing effective interventions with migrant sex workers); leaflets and documents; and
- training for outreach workers (training manuals for cultural mediation and peer education interventions).

Box 5: Street work for male sex workers

A street work initiative began in January 2012 to provide health promotion and HIV/STI prevention among men who sell sex at indoor and outdoor venues in Athens, and their clients. Teams do outreach work two nights per week, providing information leaflets, condoms, safe sex information, and referrals to HIV testing and health services at mobile units. Outreach activities began with a mapping activity and have, so far, been conducted in streets, squares, parks, porn movie theatres, a cruising club, gay saunas, bars, sex shops and hotels. To date, the activities have reached 512 people.

4.5 Migrants

There are significant concerns about migration in Greece (see Box 6). However, there is no evidence that HIV is a migrant-specific issue, with the exception of those migrants who inject drugs. Nevertheless, migrants in Greece face a number of health issues, particularly with regard to access to healthcare‡. As part of a broader European project on migrant health, MIGHEALTHNET, with support from EAHC, produced a report on migrant and minority healthcare in Greece. EAHC is also supporting the HUMA network through Médecins du Monde. This work focuses on improving access to healthcare for asylum seekers and undocumented migrants in the EU.

Box 6: Migrants in Greece

Key figures relating to migration in Greece are as follows (total population 10.8 million in 2011):

- Legally resident migrants: 678 268 (2008)
- Refugees: 1 444 (2011)
- Asylum seekers: 55 724 (2011)
- Estimated irregular migrants: 280 000 (2007; Clandestino project)

Since the early 1990s, a significant number of irregular migrants and people seeking international protection entered Greece – a classic case of 'mixed migratory movements'.

Greece is a significant entry point for migrants entering the EU. Since 2010, Greek borders have accounted for 90% of all detections of irregular border crossing into the EU. From June 2010 to January 2011, more than 38 000 undocumented people were detected crossing the Greek-Turkish land border. Nationalities included Afghan (44%), Algerian (16%), Pakistani (8.5%), Somali (6%), and Iraqi (4%).

KEELPNO operates six medical mobile units in the centre of Athens (as of May 2012) that provide accessible healthcare services to people who lack access otherwise. Clients include not only migrants but also homeless people, undocumented sex workers, uninsured individuals, and people who inject drugs. All these groups are characterised by lack of access to services, deprivation, marginalisation, stigma, and social exclusion.

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* http://www.services4sexworkers.eu/s4swi/services/country/?name=Greece

† ACT UP ΔΡΑΣΕ HELLAS; Andreas Syggros Hospital, Infectious Diseases Unit; EKYTHKA, Center for Research and Support of Victims of Abuse and Social exclusion; FRONTIDA, International Company for the Support of the Family; General Hospital 'Erythros Stavros', Infectious Diseases Unit; Greek Council for the Refugees; HCDCP (KEELPNO), Hepatitis Department; HCDCP (KEELPNO), HIV Infection Department; KLIMAKA; and SATTE, Union of Solidarity for Transgenders-Transvestites of Greece.

‡ In 2011, the FRA produced a report on access to healthcare for migrants in an irregular situation in ten EU Member States, including Greece. This report found that many migrants face significant barriers in accessing healthcare services. Attempts to overcome these barriers include the provision of low-threshold services. Examples include seven municipal community health centres in Athens.

These mobile units provide services free of charge in convenient and accessible locations, such as the major squares in downtown Athens. The number of clients attending these units has been higher than expected since the first one started operating in November 2010. As of May 2012, more than 20 000 visits were recorded by the mobile units. Although concern has been expressed that the high influx of migrants has introduced a wide range of tropical diseases to Greece, the main illnesses reported by migrants to the mobile units are skin diseases, respiratory tract infections, gastro-intestinal diseases, sexually transmitted infections, and urinary tract infections.

The mobile units also seek to build trust with the target groups that they serve and provide psychosocial support. It is also reported that the mobile medical units offer HIV testing, although they do not offer rapid HIV testing. Since the start of this service, 1 600 tests have been performed and 94 HIV infections have been detected as of May 2012. In December 2011, the mobile units began distributing needles and syringes and have, to date, distributed more than 100 000 needles/syringes. The mobile units also offer influenza vaccination and refer people to other medical services, but they are not able to follow up such referrals.

The medical mobile units were identified as good practice as they provide health services to those in need; the units are supported through a special public health budget with guaranteed funds for one year. An evaluation of the effectiveness and quality of services will contribute to the future sustainability of these mobile services.

PRAKSIS has two polyclinics, one in Athens and one in Thessaloniki, which provide free-of-charge primary healthcare to excluded populations, including ex-prisoners, people who injects drugs, people with no insurance, and undocumented migrants.

Medicins due Monde operate three polyclinics (Athens, Thessaloniki, and Patras), which provide free-of-charge healthcare to undocumented migrants and other vulnerable groups.

Some organisations have produced HIV information materials targeted at migrants. For example, Centre for Life have produced HIV information in 12 languages and two TV spots subtitled in 12 languages.

The team visited the new detention centre of Amygdaleza in the north of Athens as part of the two-day mission. Around 200 men, mainly from Pakistan, Bangladesh and India, were awaiting their extradition from the country, either through voluntary or compulsory repatriation. In all detention centres around Athens, medical care and primary screening are offered by the NGO Medical Intervention (MEDIN)*. Detention authorities from the Ministry of Civil Protection reported that primary screening includes HIV, hepatitis B and C, and STI testing. If tested positive, the individual is transported to a public hospital to receive medical examination, further testing and the appropriate treatment. If a disease is contagious, like tuberculosis, the patient will be placed in isolation. This detention centre did not have a medical office yet. A mobile medical unit of KEELPNO was providing services if requested. The future medical office will be staffed by a medical doctor and nurse stationed near the detention centre.

* Due to time constraints it was not possible to meet with the NGO MEDIN.

5 Role and perspectives of civil society

One mechanism for the engagement of NGOs in the national response to HIV is KEELPNO's Social Dialogue for HIV/AIDS Committee (see Box 7). The mission team had a number of meetings with representatives of NGOs and also visited the service centres of several NGOs. A number of issues were raised and are covered here.

Box 7: 'Social Dialogue for HIV/AIDS' committee

This committee is comprised of 11 representatives from various KEELPNO departments and 14 NGOs. NGOs represented include those working directly on HIV, those representing MSM, others supporting refugees, migrants, sex workers, victims of trafficking, people who inject drugs etc. The committee deals with medical, social, psychological and welfare issues. Increased collaboration in the planning and implementation of campaigns targeted at key populations was reported. For example, a KEELPNO guide on STIs and HIV prevention was distributed at a popular gay festival in Mykonos with the participation of volunteer MSM from NGOs.

One particular concern raised by a number of representatives of NGOs related to a number of Greek and foreign women who had been detained by the police, tested for HIV and then had their names, photos and personal details published on the internet by the police. The mission had been made aware of a number of issues relating to these cases prior to arriving in Greece[*].

All but one of the detained women told NGO representatives that they were not asked whether or not they wanted to have an HIV test. As they had been detained, they did not think they could refuse to be tested. The results of the HIV test were apparently communicated without any pre- or post-test counselling procedure. Many issues were raised about medical confidentiality, access to (drug) treatment, and whether the women were intimidated into providing statements about their knowledge of their HIV status.

It is of serious concern that medical information, including HIV status, was apparently divulged to the police and prosecuting authorities (and later made public) without the express consent of the people involved or the relevant statutory body, the Hellenic Data Protection Authority. Several NGOs reported that these events already had a noticeable negative impact on health access and HIV testing services and undermined trust in KEELPNO. Concern was expressed by the organisation of sex workers in Greece that although legal sex workers take their medical tests and pay taxes and national insurance, they are still treated as illegal. Concern was also expressed that restrictions on the proximity of brothels to churches, schools or public buildings make it almost impossible to operate legally.

In Europe and also in Greece, there is no evidence that sex workers are contributing significantly to the HIV epidemic.

The representative of the staff union of KEELPNO explained that the staff considered the publication of names and pictures as unacceptable. However, KEELPNO medical staff argued that they as individuals could not deny prosecuting authorities access to medical data without themselves facing serious criminal charges. KEELPNO staff reported that they have engaged with the media and the prosecutor, have visited the detained persons, and have offered them legal aid and medical treatment. The Hellenic Data Protection Authority has launched an official investigation on the legality of the prosecutor's order. An official response was received by KEELPNO on 7 June 2012, shortly after the end of this mission, stating that health staff was obliged to provide the data requested by the district attorney since it was pertinent to the on-going legal investigation or the pre-interrogation phase.

There appeared to be no clear guidance or regulations (for KEELPNO staff and others involved) on how police and prosecuting authorities could request or demand personal medical information or under what circumstances and in what way such information should be made available by health staff.

With respect to HIV testing, all international guidelines, including those from WHO/UNAIDS, ECDC and EMCDDA, state that HIV testing should never be undertaken without consent, should be voluntary and confidential, should be accompanied by counselling, and that access to treatment should be provided according to current national guidelines. In recent ECDC/EMCDDA guidelines on the prevention of communicable diseases among people who inject drugs, seven interventions are outlined, including multi-sectoral collaboration to achieve synergy. From the perspective of public health, trust from key populations is needed to be able to obtain effective results regarding access to HIV testing and treatment and to facilitate access to healthcare services in Greece. The EU Fundamental Rights Agency also commented on the recent events (See Box 8).

[*] See for example, Human Rights Watch et al., 2012; International Committee on the Rights of Sex Workers in Europe et al., 2012; Positive Voice, 2012; and UNAIDS, 2012.

Box 8: The Fundamental Rights Agency

The European Union Agency for Fundamental Rights is concerned about serious allegations that were made about the protection of sensitive personal data in connection to HIV testing in May 2012 by the Greek statutory human rights bodies, e.g. the Ombudsman and the National Commission for Human Rights, as well as the General Secretariat of Gender Equality of the Interior Ministry. The Hellenic Data Protection Authority is carrying out a formal investigation in this regard due to be completed at the end of June 2012.

Other issues raised by NGOs included the following two:

- The need to involve people in issues which affect them, for example as captured in the 'GIPA' principle, the greater involvement of people living with HIV. NGOs were concerned that sex workers were not present when decisions were made or the law changed which affected them.
- The need for NGOs not only to be invited to participate in project activities, but also to be involved in their design and monitoring. 'We need to be considered a vivid part of the work. We don't just want to be the volunteers who will do the work. People in offices don't understand this.'

In the discussions with NGOs, concerns were raised that Greece does not absorb all the European funds available to it for the response to HIV. It was commented that the bureaucracy involved at national level is 'unbelievable' and that the pace of progress is very slow.

6 Conclusions and recommendations

6.1 Factors leading to the outbreak

Greece has experienced a fairly stable, low-level HIV epidemic among MSM for a number of years. Since the beginning of 2011 it has been facing a significant outbreak among people who inject drugs in Athens. This outbreak is continuing in 2012. In the first four months of 2012, for the first time the number of new cases reported among people who inject drugs exceeded the number of new cases reported among men who have sex with men.

The outbreak among IDUs is driven by unsafe injecting practices, for example sharing injecting equipment. Although foreign nationals who inject drugs are also at risk of acquiring HIV infection, and may face other significant health needs, there is no evidence that immigration is driving the current HIV outbreak. Similarly, there is no evidence that sex work is driving the current outbreak.

It is probable that for two of the main clusters the HIV strain was introduced from outside Greece, but the majority of transmission of HIV has been among Greek nationals. The introduction of new strains also occurs in other countries; whether this results in an outbreak depends on a variety of factors. Evidence – for example the rising levels of hepatitis C – points towards factors that made an outbreak among people who inject drugs possible. The low coverage of NSPs and OST in Greece was an important pre-existing factor, and an outbreak occurred when HIV was introduced into that setting.

This outbreak is occurring at a time when Greece is facing an extremely severe financial crisis. It is evident that the crisis has significant social and health impact on the population of Greece in general, and Athens in particular, although the extent to which the financial crisis has contributed to the outbreak is unclear. In addition, the response to the HIV outbreak is planned and implemented in a context of extremely scarce financial resources.

6.2 Rapid response to the outbreak

Encouragingly, significant steps have been taken by the Greek authorities. They have prioritised interventions which have the best scientific evidence for the prevention of HIV as well as hepatitis C among people who inject drugs: opiate substitution treatment and needle and syringe distribution. KEELPNO has a fairly good overview of the epidemic, and the outbreak was quickly identified. Important information on problem drug use and risk behaviours is available through the drug-related monitoring systems that have been established. NSP and OST are implemented and still expanding, with significant efforts by OKANA to increase OST availability. NGOs are actively involved and are making significant contributions despite limited resources. Staff of governmental and non-governmental organisations alike are passionate and committed despite often working under very difficult circumstances. There are many examples of good and innovative practices, including the mobile medical units and street-based NSPs. There have been very impressive developments since last year.

However, without decisive action and increased resources, the outbreak will not only continue but there is also the risk that it could spread beyond Athens. The actions needed are outlined in the EMCDDA/ECDC rapid risk assessment conducted at the end of 2011, and in relevant international guidance, such as the WHO, UNAIDS, UNODC target setting guide for the prevention of HIV infection in injecting drug users. They include a further intensification of measures to break the transmission cycle, e.g. the provision of injecting equipment and OST and the access to HIV testing and treatment.

6.3 Key issues

There are a number of key issues which need to be recognised and addressed. First, the outbreak is driven by injecting drug use in Athens. Action and investment needs to focus on addressing injecting drug use and not be diverted by other issues, such as immigration and sex work. There is an urgent need to focus on the further rapid expansion of effective programmes, particularly NSPs and OST.

There is also a need to increase access to both HIV testing and counselling and, where appropriate, antiretroviral therapy.

There are concerns that although individual organisations and people are doing excellent work, specific responsibilities and the overall response are fragmented. There is need for more coordination and collaboration across different government agencies, between government agencies and NGOs, and among NGOs. Constructive involvement of law enforcement agencies is critical for the success of such coordination. As a result of the fragmented nature of the response, it is difficult to get an overview of the scale, sufficiency and impact of the response. There is a need for a shared and strategic approach to HIV prevention and, more specifically, for a joint plan to prevent infections among people who inject drugs.

There is no evidence that irregular immigrants or asylum seekers are more affected by HIV than legally resident migrants, EU citizens, or Greek nationals. Of course, immigrants who inject drugs or engage in sex work are vulnerable to HIV infection in the same way as EU or Greek nationals, and more so if they are less able to access preventive services.

There are some limitations to the HIV surveillance system, for example the relative absence of bio-behavioural surveys among key populations. In addition, there is limited information about the actual volume of HIV testing conducted annually, including data disaggregated by different sub-populations and behavioural risk factors, by reasons for testing, and by HIV test results. Essential health system data are limited, for example the proportion of late diagnoses, coverage of HIV care and antiretroviral therapy, retention in HIV care and antiretroviral therapy over time, co-infection rates, and treatment outcomes.

The recent publication of sensitive personal data and photographs of people living with HIV have been counterproductive. This undermines trust and threatens to drive vulnerable populations away from health services.

6.4 Recommendations

Urgently needed:

- Intensify opioid substitution treatment in Athens to levels comparable to current average coverage in the EU (50% of POUs) with a waiting time to treatment of less than two months in Athens and throughout Greece.
- Expand needle and syringe distribution programmes to provide at least 200 syringes/IDU/year.
- Given the current epidemic situation and the potential for further spread, HIV testing needs to be freely available and access needs to be improved, based on the public health principles of informed consent and medical confidentiality. Testing should not be mandatory or coercive, and everyone involved in providing medical services and care should fully respect fundamental rights with due regard to EU and national legal provisions concerning data protection.

Short term:

- Develop a strategic and inter-ministerial coordinating body at the national level to maximise the HIV response:
  - Establish strong coordinating bodies at strategic and operational levels and produce a national, integrated HIV prevention strategy. This requires fostering multi-agency partnerships involving national/local government, the police and civil society at strategic and operational levels, and promoting the greater involvement of people living with HIV and affected populations. Key ministries need to be included in this process, such as the Ministry of Health, the Ministry of Public Order and Citizen Protection, and the Ministry of Labour and Social Security.
  - Draw up a joint plan for the prevention of infections among people who inject drugs in Athens and nationally.
  - Integrate health services which address the needs of HIV-positive people who inject drugs, including drug dependence treatment, antiretroviral treatment, health services to address hepatitis B and C as well as TB.
- Establish bio-behavioural surveillance among people who inject drugs, MSM, sex workers, and migrants. This surveillance should focus both on HIV and health-seeking behaviour.
- The availability of rapid HIV testing needs to be increased for key populations that are at increased risk of HIV transmission; introducing mobile medical units is a good approach to meet this need.
- Investigate thoroughly and promptly the recent actions taken against migrants, PWID and alleged sex workers. Future policy formulation directed at populations vulnerable to HIV, like irregular immigrants, PWID, or sex workers, should always consider and mediate potential negative public health consequences.
- Develop a strong monitoring and evaluation system which provides data that are used to inform the response. It is recommended that actions, services and tests be documented in order to obtain an accurate picture of the HIV epidemic and the response so far. This will also support gathering evidence of the quality of care provided in times of limited resources.

Longer term:

- Implement an evidence-based response based on principles of medical confidentiality and trust by fostering non-coercive engagement with health services and also review the use of legally imprecise terms, such as 'illegal migrants'. The Fundamental Rights Agency noted that all national public health authorities in the EU, including KEELPNO, have a duty to ensure that fundamental rights are fully respected when they carry out their activities, in particular the right to privacy and protection of personal data, the right to dignity of the individual and the right to access to healthcare.
- Ensure that full use is made of available funding by developing the necessary administrative capacity to absorb all available EU funds on time.

Annex 1. Programme of the mission

Joint ECDC/EMCDDA/WHO/FRA technical mission to Athens, 28–29 May 2012

Day 1, 28 May 2012	
Venue:	National Health Operations Centre, meeting room (39 Kifisias Ave, Marousi)
9:30	Welcome and introductions (Prof J Kremastinou, Prof M Malliori, Ms Van de Laar)
10:00-13:00	Session I: UPDATE ON HIV EPIDEMIOLOGY
10:00	Data from the surveillance system for HIV/AIDS, total and key populations (15') Speaker: G. Nikolopoulos, KEELPNO
	Data from sentinel behavioural surveillance • among IDUs (10'). Speaker: A. Fotiou, Greek Reitox Focal Point • among MSM from EMIS results (10'). Speaker: NGO Positive Voice
	Contribution of molecular typing studies to understand the causal pathways of HIV-1 outbreak in Athens Metropolitan Area (15') Speaker: Prof. Angelos Hatzakis, Professor of Epidemiology & Preventive Medicine, Head, National Retrovirus Reference Center, Athens University Medical School
10:50-11:15	Discussion
11:15	Coffee break
11:45-13:00	Session II: UPDATE ON HEALTH SERVICES AND CARE RELATED TO HIV
11:45-13:00	Health systems and services – recent changes (10'). Speaker: K. Athanasakis, National School of Public Health
	HIV testing policies and facilities: access, costs, community based testing, other facilities (10'). Speaker: Magda Pylli, KEELPNO
	HIV treatment and care, including treatment guidelines, access to ART and coverage (15'). Speaker: Dr N. Tsogas, MD, KEELPNO & ID Unit, Red Cross Hospital, Athens
	Support services for PLWHA (10'). Speaker: L. Nikolopoulou, AIDS Counselling Station and Helpline, KEELPNO
12:30-13:00	Discussion
13:00-14:00	Lunch
14:00-16:00	Session III: UPDATE ON GOVERNMENTAL RESPONSE: PREVENTION AND COMMUNITY INTERVENTIONS
	Data from the Mobile Medical Units at the Centre of Athens (15'). Speaker: George Rigakos, MD, Emergency Operations Centre, KEELPNO
	Data from the streetwork activities related to sex workers (15'). Speaker: Christos Chryssomalis, Department for Community Interventions, KEELPNO
	Activities by Organization Against Drugs (OKANA): Drug Addicts Care Facility: responses in the field of harm reduction (10'). Speaker: L. Lagakou, OKANA OKANA Report of Activities 2010-2012 (10'). Speaker: S. Bourdoukis, OKANA
15:30-16:00	Coffee break
16:00-17:00	Meet with civil society: coordinator of the Committee for social dialogue on AIDS, NGO center for Life, NGO Praksis, Positive Voice
17:30-19:00	SITE VISITS, part I Visit to one of the field activities – parallel visits
	Team 1: Visit to the Office for Psychosocial Support, KEELPNO, and briefing with team leaders in preparation for that day's street work (Mr P. Damaskos, KEELPNO)
	Team 2: Visit to Mobile Medical Units stationed in Athens (Vathis Square (accompanied by Stamatis Poulis))
	Team 3: visit to OKANA IDU Care Facility (accompanied by Ms Kourea of KEELPNO and Mr Panopoulos of OKANA); visit to an open drug scene in Athens joined by the street work team

Day 2, 29 May 2012	
9:00	Departure from Hotel (arranged by KEELPNO)
9:30-11:00	SITE VISITS, part II
	Team 1: Detention centre in Athens (depends on law enforcement; to be confirmed Monday)
	Team 2: Visit to one of the OKANA centres – OST Unit at ATTIKON University Hospital (OKANA to arrange)
	Team 3: NGO PRAKSIS at work, prevention programme focused on sex workers, migrants or MSM Praksis Medical Polyclinic, Centre of Athens (accompanied by N.N.)
	Team 4: visit to HIV treatment centres; Internal Medicine and Infectious Disease Unit, Red Cross Hospital, Athens (Dr Lazanas to arrange)
11:30-13:00	Session IV: UPDATE ON RESPONSE: PREVENTION AND COMMUNITY INTERVENTIONS Venue: National Health Operations Centre, NPC meeting room (39 Kifisias Ave, Marousi) Session coordinator: G. Vallianatos
11:30-13:00	Review prevention and response programmes targeted at key populations with key implementers and authorities Meet with civil society stakeholders in Greece; MSM, migrants, sex workers, PWID, TAMPEP project KEELPNO, OKANA, others
13:00-14:00	Lunch
14:00-17:30	Session V: DEBRIEFING AND CONCUSIONS
14:00-15:30	Prepare the de-briefing meeting by the international team
16:00-17:30	De-briefing meeting with Greek team

Annex 2. List of participants

Marios Lazanas, President of the Hellenic Association for the Study & Control of AIDS
Jenny Kremastinou, President of KEELPNO
Katerina Kourea, Head of the Office for Volunteering Support and Coordination
Sotirios Tsiodras, KEELPNO President's Office, ECDC Advisory Forum Member (alternate)
George Anastopoulos, Head of the office of International and Public Relations, KEELPNO
Christos Chrysomallis, Department for Community Interventions, KEELPNO
Stamatis Poulis, Department for Community Interventions, KEELPNO
Vali Konte, Office for HIV and Sexually Transmitted Diseases (STDs), KEELPNO
George Nikolopoulos, Office for HIV and Sexually Transmitted Diseases (STDs), KEELPNO
Magda Pylli, Office for HIV and Sexually Transmitted Diseases (STDs), KEELPNO
Panagiotis Damaskos, KEELPNO
Eleni Karatabani, Office of International and Public Relations, KEELPNO
Agoritsa Baka, KEELPNO President's Office
L. Nikolopoulou, KEELPNO
Georgios Rigakos, KEELPNO
Meni Malliori, President of OKANA
L. Lagakou, OKANA
S. Bourdoukis, OKANA
Sotiris Papadopoulos, OKANA
Anastasios Fotiou, REITOX focal point
Angelos Hatzakis, Athens University Medical School
Dimitrios Paraskevis, Athens University Medical School
Grigoris Vallianatos, Co-ordinator of Social Dialogue Committee
Chrysoula Botsi, ACT UP HELLAS
Costas Athanasakis, ESDY
Maria Koulendianou, KENTRO ZOIS
Apostolos Kalogiannis, POSITIVE VOICE
Marianella Kloka, POSITIVE VOICE
Niki Voudouri, PRAKSIS
Maria Moudatsou, PRAKSIS
Elena Giamma, KENTRO ZOIS
Leonidas Vakerlis, KENTRO ZOIS
Giota Stasinopoulou, KEELPNO
Christina Panagiotidi, MOHAW
Philippos Dragoumis, Municipality of Athens
George Koulouris, Municipality of Athens
Maria Tzavara, KEELPNO
Dimitris Stathis, Colour Youth
Evagelia Dimitrakopoulou, HelMSIC
Konstantina Vardramatou, TAMPEP
Tatiana Madalerou, SEPE
Kostadis Kaburakis, ACT-UP
Eleni Spathana, Praxis
Spiros Koulocheris, Greek council for refugees
Ioulia Bafi, REITOX focal point
Roula Antaraki, REITOX focal point
Clive Richardson, Panteion University of Athens

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