

GLOBAL AIDS RESPONSE REPORTING NARRATIVE REPORT- MALTA (January 2013 – December 2013)

Status at a Glance

The 2013 reporting requirements for the Global AIDS Response Report has been completed by the Infectious Disease Prevention & Control Unit, in the Ministry of Health, with input from other entities including the Health Information & Research Unit, the Focal Point for Drugs and Drug Addiction and the Drug services, as well as the Physicians and staff of the Infectious Disease Unit at the main hospital and Pharmacy department.

Overview of HIV in Malta

Malta's total population was just over 400,000 by the end of 2013. Prevention is the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. This is especially so in Malta where, at present the number of cases of HIV/AIDS is still small and therefore prevention measures are more relevant to try to prevent the spread and the occurrence of an outbreak. Over the last couple of years, the number of notifications of new HIV cases in 2011 was 29 cases with 5 of these being AIDS cases. In 2012, there were 36 new cases of HIV reported and 6 of these were AIDS cases. During 2013, there were 37 cases notified , with 1 case being an AIDS case.

At the end of 2013 it is estimated that there are around 300 persons of all ages living with diagnosed HIV in Malta. All these cases fall in the 15-59 age range. The majority of these diagnosed individuals were seen for care during 2013. The ones not seen are very few that ultimately leave Malta. The number of HIV cases has been increasing slowly over the years. This increase reflects both the rise in the number of HIV diagnoses and the decrease in HIV-related deaths since the introduction of antiretroviral therapies.

Over the past years there had been a decrease in the number of cases of Men who have sex with men (MSM) and a steady increase in the number of new HIV infections acquired through heterosexual contact. Since 2012 it seems that the cases of MSM are starting to rise again.

Transmission amongst IDUs remains very low.

There has been a steady increase in the cases diagnosed in migrants, mainly from African countries that continue to arrive at our shores from Libya. During 2013 we noticed a rise in the number of foreigners (European) that were diagnosed with HIV, or who attended our services for treatment, having been diagnosed with HIV in their countries. These are mainly young people between 20 – 35 who are working in Malta.

Table of HIV/AIDS cases 2004 - 2013

Year	HIV cases	AIDS cases	M	F	Hetero	MSM	IVDU	Haem	UnKnown
2004	15	2	13	4	8	2	2	0	5
2005	15	4	11	8	11	5	0	1	2
2006	22	7	19	10	16	10	1	0	2
2007	14	2	10	6	13	0	2	0	1
2008	28	8	25	11	25	8	1	0	2
2009	18	2	11	9	15	3	0	0	2
2010	17	6	19	4	16	7	0	0	0
2011	24	5	22	7	17	9	0	0	3
2012	30	6	28	8	25	10	0	0	1
2013	36	1	31	6	15	18	3	0	1

National Responses

As already stated, Prevention is the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS in Malta where, at present the number of cases of HIV/AIDS is still small and therefore prevention measures are relevant to try to prevent the spread and the occurrence of an outbreak.

Actions taken include screening of the blood supply, public education campaigns, confidential and self referral HIV testing services.

There is a programme whereby IDUs can obtain new syringes from all the Health Centres in Malta. Substitution therapy is offered to every person in need and is free of charge. However, we have had the first 3 cases of HIV in Maltese IDUs this past year.

An HIV test is offered to all new attendees at the GU clinic and also all pregnant women are being offered an HIV test as a routine part of antenatal care.

The Government continues to treat HIV and AIDS as an important public health issue and work in this area remains a public health priority. In fact HIV and AIDS have been identified as priority diseases which need to be tackled at a local level in order to reduce the burden from such illness. This is also in line with recommendations from ECDC to tackle the growing problem. Work has started to develop a strategy for the prevention and control of HIV/AIDS.

A National Sexual Health Strategy has been developed. As with the Sexual Health Policy before it, the principles of individual and social rights and responsibilities, stemming from the values of respect and dignity towards human life, are the cornerstones of the set of targets, goals, measures and deliverables regarding sexual health, for our nation, presented in this strategy.

All entities, sectors, groups and representatives of the entire population were invited to participate in workshops following the publication of the sexual health policy, and thus contribute to the development of the sexual health strategy. The strategy is now in the process of implementation.

Best Practice

The Health Services provide excellent HIV treatment and care services for people diagnosed with HIV.

The following initiatives have been taken on the primary, secondary and tertiary prevention levels to tackle HIV/AIDS as recommended by the Declaration of Commitment.

Primary Prevention:

The thrust of our HIV prevention is focused on the ABCD message. (Abstinence, Be faithful, use Condoms correctly and consistently, Do not use drugs and Do testing). The Health Promotion Directorate conducts several initiatives in schools to raise awareness on prevention throughout the scholastic year. Training of teachers in Personal and Social Development at both initial teacher training and in-service training courses are also performed. Teachers are provided with resources and advice for referrals. Research in sex education and sexual health and behaviour among young people to identify needs is being encouraged. Furthermore, sex education and awareness has been incorporated in the National Minimum Curriculum and schools are legally bound to offer this subject. Education on HIV/AIDS is covered in these lessons

On the other hand, the general public is being targeted through the local broadcasting media including television and radios (discussion programmes) and the published media (magazines, newspapers). The local youth centres are utilized for seminars and discussions. Some initiatives have also been conducted on the university campus. A number of encounters have taken place in different work settings initiatives after the Directorate was invited by the employer or the employees. Sexual health is also promoted during Health and Safety week. Furthermore, university students are encouraged to conduct AIDS awareness campaigns based on peer education principles.

Professionals have also been targeted. Training of nurses, midwives and other health professionals on HIV/AIDS prevention, care and education is being performed at registration and post-registration levels. Training of teachers and psychologists on HIV/AIDS is carried out at their initial training level and in in-service training courses.

Secondary Prevention :

Pre and post test counselling, testing and contact tracing is offered at several locations which include the Genito-Urinary clinic, the Health Promotion Unit, the primary health care clinics, the Detoxification Unit, Sedqa – Drug Rehabilitation Programmes, Caritas, the correctional facilities and at the Infectious Disease Prevention & Control Unit. The programme whereby new syringes can be obtained is conducted at all primary health centres and it is open to all intra-venous drug users in the community.

Tertiary Prevention:

Diagnosed cases are treated and followed up at the specialist in-patient infectious diseases unit and at the genitor-urinary out-patient clinic. Treatment (HAART – Highly Active Anti-Retro Viral Treatment) () is available to all, free of charge, and with regular follow up.

Malta is faced with new challenges related to increased irregular immigration of African nationals on the Maltese coasts. Discussions are currently in progress to explore potential solutions to contain infections that they may import with them. On arrival all immigrants are examined by port health doctors. HIV testing is not done for all, but if clinically indicated and prior to admission to hospital if this is needed. Testing is also performed when clinically indicated in the detention and open centres.

Core Indicators :

Percentage of donated blood units screened for HIV in a quality assured manner – 100%

Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy – 100%

Percentage of HIV positive women who receive antiretroviral medicines to reduce the risk of mother to child transmission – 100% unless they present in labour.

Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV – 100%

Percentage of schools that provided life skills based HIV education within the last academic year – Life skills and PSD is covered in all secondary schools and this should cover HIV education.

Percentage of infants born to HIV infected mothers who are infected – 100% - all infants born to HIV positive pregnant women are followed up.

Major Challenges and Remedial Actions

A major challenge remains to target programming among migrants, using culturally sensitive approaches that are tailored to the particular needs of the respective migrant sub-group. Testing is not offered to all migrants on arrival, though it may be requested so this is an area that may need to be developed more especially to avoid more late diagnoses of HIV.

Another challenge is to target specific sub groups such as MSM and sex workers in Malta, where more interventions need to do developed especially with sex workers.

Monitoring and Evaluation

As part of the implementation process of the Sexual health Strategy, a Sexual Health Committee was set up around 2 years ago and monitoring is one of its functions.