

Jerusalem, April 19, 2015

Dear Sir or Madam,

Global AIDS Response Progress Report- Narrative Report, Israel 2014

The HIV epidemic state in Israel is defined as a low-level epidemic state according to 2000 UNAIDS/ WHO guideline. However, some population groups are at a higher risk for HIV transmission: Injecting Drug Users (IDU), Men who have Sex with Men (MSM), and immigrants originating from a country with a Generalized HIV Epidemic (OGE) (mostly from Sub Saharan Africa). Therefore, our national preventive, caring and treatment efforts are implemented through a multifaceted approach for each of these target populations.

The Israeli Ministry of Health (MoH) monitors HIV on a national level. Examples of some key statistics on HIV indicators are as follows:

- The incidence of HIV/AIDS in Israel in 2013 was 58.5 new cases per million population.
- At the end of 2013, 0.002% of the general population aged 15–24 were living with HIV.
- It is estimated that the prevalence of MSM aged 15-54 who were living with HIV at the end of 2013 was 2.3%.
- It is estimated that 70% among all Israeli adults and children living with HIV in Israel are currently receiving ART.
- Undocumented migrants are eligible to be referred to a recently initiated free of charge MoH program. Among the two hundred people who were referred since 2014, currently 75% are under medical surveillance and 46.7% are receiving ART.
- In 2014, 20 out of 21 new TB cases (both Israelis and non-Israelis) occurring among HIV patients received both TB and ART treatment.
- In 2014, one HIV positive baby was born.
- In 2014, 250,000 syringes were distributed as part of our national Syringe Exchange Programs (SEP) located in 5 major cities.

HIV is on the agenda of many stakeholders in Israel. A wide range of activities are carried out by the MoH in HIV prevention and care. Examples of some of these activities are as follows:

1. Free of charge HIV confidential testing (using fourth generation testing) for all residents (regardless of citizenship).
2. Extensive health care services and ART medications are available for people living with HIV (PLWHIV), free of charge, to all Israeli citizens. Some 30 medications are covered in the national basket of health services and medications as well as infant feeding formula which is free of charge for HIV positive women.
3. Social services are available in each of the eight AIDS centers located throughout Israel.
4. The MoH has made available, free of charge, health care follow-up and ART to a major portion of undocumented migrants who are PLWHIV, and to all HIV positive pregnant women and 6 months post-delivery.
5. The MoH employs HIV cultural mediators originating from Ethiopia for PLWHIV in this community.
6. The MoH initiates and funds prevention and intervention campaigns for the MSM community together with major NGOs from the gay community.
7. The MoH together with the Israeli anti-Drug and Alcohol Authority set up 5 Syringe Exchange Program centers. Sterile syringes and needles, light snacks and drinks, condoms are provided, and to those interested in seeking detox and rehab, referral to such services are provided.
8. Prisoners who are living with HIV receive full (and free of charge) medical care.
9. All organ donations are verified to be HIV negative, and all blood donations are checked with HIV testing and NAT.
10. A National Ethics committee on HIV/AIDS was founded in 2005 under the Patient's Rights Act and convenes ad-hoc to address ethical dilemmas.
11. Post Exposure Prophylaxis (PEP) is available since 2000 and only a minor fee is required.
12. IVF treatment and sperm washing is available to HIV positive couples.
13. Future use of Pre Exposure Prophylaxis (PrEP) is currently under discussion at the MoH.

To a certain degree stigma surrounding HIV still exists in Israel. The Department of TB and AIDS at the MoH collaborates with various departments within the MoH and with NGOs, and together strive to normalize HIV in the mindset of the general public and to improve the quality of life for PLWHIV in Israel, in addition to reducing new infections. For instance, regarding the issue of private health insurance and mortgages for PLWHIV, some progress in Israel has been achieved: one insurance company offers life insurance policies to PLWHIV, which makes them eligible for a mortgage. Other social issues related to HIV are addressed on a national level. Specific Ministry of Education regulations prohibit discrimination and endorse compulsory schooling for all children (beginning at pre-school through high-school). Therefore, all HIV positive children receive schooling.

For a more elaborate description of some of these issues described above, see the bibliography listed below.

In conclusion, Israel developed a multifaceted approach for addressing specific HIV-related Public Health needs of the residents of Israel. In addition to all these efforts, the MoH is committed, together with additional stakeholders and civil societies, to continue to promote HIV prevention, care and treatment in Israel.

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Articles of relevance:

Chemtob D, Grossman Z. The epidemiology of adult and adolescent HIV infection in Israel, a country of immigration. Int J STD AIDS 2004;15(10):691-696.

Chemtob D, Srour S.F. Epidemiology of HIV infection among Israeli Arabs. Public Health 2005;119(2):138-143.

Chemtob D, Damelin B, Bessudo-Manor N, Hassman R, Amikam Y, Zenilman JM, Tamir D. "Getting AIDS: not in my back yard" – results from a national Knowledge, Attitudes and Practices survey. Isr Med Assoc J 2006;8:610-614.

Chemtob D and Rosenberg E. Healthy Israel 2020: Objectives, targets, and evidence-based strategies to prevent tuberculosis and HIV infection in Israel. Int Public Health J 2010;2(3):289-97.

Chemtob D and Merrick J (Editors). Special Issue on Public Health Aspects of AIDS and Tuberculosis. International Public Health Journal 2010;2(3):263-361.

Chemtob D, Levin Y, Haddad E, Harel N. The National Syringe Exchange Program amongst Intravenous Drug Users in Israel – A quantitative and qualitative evaluation, 2004-2009. Report to the Israel Anti-Drug Authority, Jerusalem, 103 pp. (in Hebrew), Abstract in English, 2015.

Chemtob D, Salton A, Haddad E, Rubinstein E, Aharon Y, Yust I. National Ethics Committee on HIV/AIDS – the Israeli experience. UNESCO Chair in Bioethics 10th World Conference - Bioethics, Medical Ethics and Health Law. 2015, Jerusalem, pp. 26.

Mor Z, Davidovich U, McFarlane M, Feldshtein G, Chemtob D. Gay men who engage in substance use and sexual risk behavior: a dual risk-group with unique characteristics. Int J STD & AIDS 2008;19(10):698-703.

Mor Z, Davidovich U, Bessudo-Manor N, McFarlane M, Feldshtein G, Chemtob D. High risk behaviour in steady and in casual relationships among men having sex with men in Israel. Sex Transm Infect. 2011;87(6):532-

Mor Z, Weinstein R, Grotto I, Levin Y, Chemtob D. Thirty years of HIV in Israel: current epidemiology and future challenges. BMJ Open 2013;3:e003078.doi:10.1136/bmjopen-2013-003078.

Mor Z, Lidji M, Cedar N, Grotto I, Chemtob D. Tuberculosis incidence in HIV/AIDS patients in Israel, 1983-2010. PLoS ONE 2013;8(11):e79691.doi:10.1371/journal.pone.0079691.

Mor Z, Lidji M, Chemtob D, Cedar N, Grotto I. HIV prevalence in the Israeli tuberculosis cohort, 1999-2011. BMC Public Health 2014;14:1090.

Salton A and Chemtob D. The notification of a sexual partner of People Living with HIV/AIDS (PLWHIV) of the PLWHIV's medical condition. Refuah Ve Mishpat (The Journal of Medicine and Law) 2009;41:27-39 (in Hebrew), abstract in English pp ii, iii.

Schenker I, Chemtob D, Yamin N, Shtechman N, Rosenberg H. The national HIV/AIDS hotline in Israel: Data on utilization, quality assurance and content. Int Public Health J 2010;2(3):339-44.

State of Israel. Directive for implementation of the community programme for the follow up and anti-retro-viral treatment (ART) of HIV positive migrants without health insurance. Directive of the Director General of the Ministry of Health. No. 3/14 from 15.01.2014 (in Hebrew).