



Global AIDS Response Progress Report 2014

GREECE

Reporting period: January – December 2013

HELLENIC CENTER FOR DISEASE CONTROL AND PREVENTION

3-5 AGRAFON STR.

AMAROUSIO, GREECE

GREECE REPORT NCPI 2013

PART A: GOVERNMENT SOURCES

Process used for NCPI data gathering and validation:

The Hellenic Centre for Disease Control and Prevention organized the collection of the indicators data, collated information and developed the National Commitment and policy Instrument NCPI A. The NCPI part B and the European supplement to NCPI part B is completed by NGOs representatives

Greece Report NCPI

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COUNTRY REPORTING FORMAT

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ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral treatment

CS: Civil Society

Drug Related Infectious Diseases Indicator (DRIDI)

ECDC: European Centre for Disease Control and Prevention

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

EMIS: European MSM Internet Study

ERF: European Refugee Fund

EU: European Union

E.Y.T.K.A: NSRF Special Service for the Health Sector

GARP: Global AIDS Response Progress Report

HAART: Highly Active Antiretroviral Therapy

HCDCP: Hellenic Center for Disease Control and Prevention

HSSCA: Hellenic Society for Study and Control of AIDS

HIV: Human Immunodeficiency Virus

IDUs: Injecting Drug Users

LGBT: Lesbian Gay Bisexual Transsexual

MDM: Medecins Du Monde

MoH: Ministry of Health

MSM: Men who have Sex with Men

MSWs: Male Sex Workers

MTCT: Mother to Child Transmission

NA: Not Available

NSRF: National Strategic Reference Framework

NSP: Needle Syringe Programs

NGOs: Non-Governmental Organizations

OST: Opioid Substitution Treatment

PLWH: People Living with HIV

REITOX: 'Réseau Européen d'Information sur les Drogues et les Toxicomanies'

RITA: recent infection testing algorithm

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POLITICAL LEADERSHIP AND SUPPORT

HIV is a political priority worldwide. This is reflected in the declarations adopted during the past decade including UNGASS 'Declarations of Commitment in 2001 and 2006' and the 2011 Political Declaration, which embody the commitments of countries to act on HIV and AIDS and to reach specific targets, including ensuring universal access to HIV prevention, treatment, care and support. The declarations reflected global consensus on a comprehensive framework to achieve Millennium Development Goal 6: halting and beginning to reverse the HIV epidemic by 2015. As indicated in the 2011 UN Political Declaration on HIV and AIDS, a successful AIDS response should be measured by the achievement of concrete, time-bound targets. In Europe the 2004 'Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia', the 2004 'Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries', and the 2007 'Bremen Declaration on Responsibility and Partnership – Together Against HIV/AIDS' reinforces the countries for an effective response.

GREECE is fully committed through decisive leadership to meet the goals and targets contained in the 2011 Political Declaration on HIV/AIDS as well as to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The Ministry of Health is responsible for policy development and inter-ministerial cooperation on HIV/AIDS.

Actions/examples of leadership in 2013:

- In time of deep financial crisis there is a strong and effective leadership to create the protective environment for the sustainability of health care system and increase its effectiveness/efficiency.
- Political will to maintain social cohesion which entails protecting the health of financially disadvantaged citizens.
- Political will to care for homeless which face increased vulnerability for a number health issues including drug addiction and correlated infectious diseases.
- During 2011-2013 Ministry of Health and the Specialised agencies, Hellenic Centre for Disease Control and Prevention (KEELPNO) and Drug Treatment Services worked in cooperation with the civil society and academia and international partners to tackle the HIV epidemic among IDUs . The group was coordinated by the president of HCDCP and involved: 1. Governmental organizations- institutions HCDCP, KETHEA, OKANA, 18ANO, ARGO, Prevention Centers of Athens Municipality, 2. Nongovernmental organizations (NGOs) ACT UP HELLAS, HeIMSIC, POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS, ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA. 3. Scientific Society Hellenic Society for Study and Control of AIDS
- Funded through the NSRF 2007- 2013 program more than 12 projects address the issue of HIV among IDUs and other vulnerable populations as well as drug addiction itself. Among others: a.The ARISTOTLE study, a RDS for IDUs in order to increase HIV testing and diagnosis of HIV cases among drug users.,b. OKANA projects: 1.education and promotion of health of the active drug users, 2. public awareness, 3. police staff training in drug related issues and OST projects in prisons. c.Two projects for vulnerable populations: HCDCP project "open doors" a project addressed to mainly Male, female and transgender (transvestites), sex workers and individuals belonging to vulnerable groups such as users of psychotropic substances, HIV seropositive individuals, immigrants, homeless individuals, victims of abuse and trafficking victims, as well as those at risk of social exclusion illegal sex workers and for vulnerable populations. and project by NGO PRAKSIS d.A project for linkage of HIV diagnosed patients to therapy from Evagelismos hospital in collaboration with NGO Praksis.

- The proposal of Ministry of Health for the NSRF 2014-2020 embraces EU strategy and EU Health Program which specifically mentions the need for actions to confront the HIV/AIDS epidemic.
- Acknowledging the need for evidence-based response and in order to increase the effectiveness of HIV prevention the Ministry of Health appointed the Hellenic Centre for Disease Control and Prevention as the associate partner in the EU Joint Action 'Improving Quality in HIV Prevention'. It is expected to improve planning, implementation and evaluation of HIV prevention programs through the use of practical quality assurance and quality improvement tools. A roadshow informing more than 35 HIV projects implementers has taken place in 2013 in Greece.
- The Ministry of Health endorses cooperation with the European Commission and international partners and organisations and will have HIV/AIDS high in the political agenda during the Greek Presidency of the European Council the first half of 2014.
- The Minister of Health participated in the EU Commission organised event addressing discrimination and stigma in health: a joint conference with UNAIDS on HIV and Human Rights - "Right to health, right to life" in May 2013.
- A press conference was organised by the Ministry of Health on world aids day 2013.

Challenges remaining:

During this time of financial crisis it is important:

1. to ensure adequate financial and human resources to sustain long implemented HIV services (laboratory diagnostics, prevention, treatment and support services)
2. to budget the action plan for the response to the HIV epidemic among IDUs (including provision of NSP, OST and drug free programs, as well as personnel for Infectious Diseases Units)
3. to ensure funding for the establishment of 2nd Generation HIV Surveillance and the implementation of behavioural surveys by the HCDCP according to the results from a meeting on this issue with national stakeholders in 2012 and 2013.
4. a new action plan to be drafted to update the whole response to the HIV epidemic, apart from the response plan to the HIV epidemic among IDUs that has been updated, since the previous action plan ended in 2012.

STRATEGIC PLANNING IN THE HEALTH SECTOR

1. Legislative Framework on Public Health

Legislation on central public health services essentially covers the organization of the Ministry of Health, of which these services form part.

The Ministry of Health is currently organized along the lines laid down in Presidential Decree 95/2000 and the amendments made thereto, in respect of the health services, by Laws 3172/03 and 3370/05.

2. National Strategic Reference Framework 2007-2013

The structure of the Development Programme of the Ministry of Health and Social Solidarity for the period 2007-2013 was based on three pillars:

1st pillar: Public Health protection and development of primary health care

2nd pillar: Improvement of the contributory nature of the public health system

3rd pillar: Integrated development of Social Solidarity.

The formulation of the basic strategic choices – priorities took into account the principal EU documents which refer to the revised Lisbon Strategy, along with the National Reform Programme for Development and Employment 2005-2008 which constitutes the core long-term choices for the European Union towards which the development policy of the new NSRF should converge. At the same time, development strategy was also shaped according to national policies formulated in strategic documents, such as the National Strategy Report on Social Protection and Social Inclusion 2006-2008, Digital Strategy 2006-2013, "Transport Development Plan 2007-2013 and twenty-year plan", the National Plan for Strategic Agricultural Development of Greece 2007-2013.

In the period 2007-2013 the health sector no longer had a distinct Operational Programme and relevant actions were implemented through Sectoral and Regional Operational Programmes. It was under this approach that related projects on HIV/AIDS and Drug Addiction were funded.

The Special Service of the Health Sector (E.Y.T.Y.K.A.) is responsible for allocation and monitoring of funding under NSRF. This service is responsible for monitoring the implementation of the strategic planning and the four main action plans of the Health Sector: Public Health, Mental Health, Primary Health Care and Solidarity along with the monitoring of the projects that are cofunded by national and European cohesion funds.

2. National Strategic Reference Framework 2014-2020

In 2013 major programming for the next period of the NSRF has taken place. Currently the Health Sector in Greece is influenced in numerous ways both by global and international trends, as well as, of course, by the serious financial and social crisis in the country that set the new strategic priorities.

Growth strategic priorities for Greece in the health sector in the proposed document by the Ministry of Health are set by taking into account the respective EU directions alongside with the particularly difficult conditions of economic and social recession faced by Greece with an emphasis on the challenges related to the bottom-up restructuring of the health system's efficiency and the quality of the health services delivered in an environment of increased social needs and budgetary constraints.

The related EU directions are clearly reflected in the Paper drafted by the European Commission Staff Working Document titled «Investing in Health» and are included in the package of measures intended for Social Investment that was approved on 20 February 2013 by the European Commission. The European network highlights the role of health as an integral part of the "Europe 2020" strategy, setting strategic priorities and respective investment guidelines structured on three axes:

Axis I: «Smart investments for Sustainable Health Systems»

Axis II: «Investing in citizens' health»

Axis III: «Investing in reducing inequalities in Health».

Concurrently, in Greece the Ministry of Health in collaboration with other Ministries and under the overall coordination of the Prime Minister's Office, responsible for the technical assistance provided to Greece, has been implementing since September 2012 the "Health in Action" initiative aiming at developing the specific structures and tools required for effectively and efficiently managing the NHS reforms.

The National Health Sector Vision for 2014-2020 is defined as follows:

Improving the health of the population and reducing inequalities in the health sector while ensuring at the same time the National Health System sustainability for future generations.

In the context of the Health Sector Vision the following Pillars and Strategic Objectives are set:

Pillar 1: Healthcare System Sustainability

Pillar 2: Health as an investment in human capital

Pillar 3: Reducing inequalities in health

The actions of the Health Sector Vision 2014-2020 are compatible with the actions relevant actions described with the EU and National Documents and there are areas for funding HIV/AIDS initiatives.

Ethical Considerations in the Context of NSRF¹. According to article 5 of the Proposal for a Regulation – COM 2011/615 final 2 of the European Parliament and the Council every member state organizes partnerships with the following partners: a) the competent regional, local, civil and other public authorities b) financial and social partners c) bodies representing the civil society, including environmental partners, non-governmental organizations and agencies that are responsible for promoting equality and combat discriminations.

2. Promotion of equality of genders, non-discrimination and accessibility (article 7 of the Common Provision Code (KKD)). The member states and the Commission take the necessary measures to avert any discrimination due to sex, racial or ethnic origin, religious or other beliefs, impairment, age or sexual orientation in the elaboration or implementation of such programs

NATIONAL HIV STRATEGY

GREECE is fully committed through decisive leadership to meet the goals and targets contained in the 2011 Political Declaration on HIV/AIDS as well as to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. In the first years of the epidemic a National AIDS Coordinating Committee coordinated national response on HIV/AIDS.

Since 1992 the Hellenic Ministry of Health is implementing the national response on HIV/AIDS through the Hellenic Centre for Disease Control and Prevention which has a strong mandate for coordination of activities implemented.

NATIONAL STAKEHOLDERS

1. HELLENIC CENTRE FOR DISEASE CONTROL AND PREVENTION.

HELLENIC CENTER FOR DISEASE CONTROL & PREVENTION (HCDCP), is a legal entity, operating under private law with a public service mission, supervised and subsidized by the Ministry of Health. It is operating according to the provisions of P.D. 358/92 (G.G. 179 A' /24-11-92), the Regulation of Internal Operation issued by the procurement of the aforementioned P.D. (Y1/oi. 5028/2001-G.G. 831 B'/29-6-2001) and the provisions of L. 3370/05 (G.G. 176 A' 11-7-2005), and legally represented by the chairman of the Board of Directors.

The Centre was founded in 1992, under the original title 'Centre for the Control of Special Infections'. It serves as the national agency for prevention and treatment of infectious diseases, with an emphasis on HIV/AIDS.

Gradually the Centre has extended its remit to responding to other infectious diseases (TB, vaccine preventable diseases, vector borne diseases, nosocomial infections, etc.), serious public health events caused by biological, toxic and chemical factors, epidemiological monitoring.

In 2005 the original Centre changed its name to the Centre for the Control and Prevention of Disease, extending its remit to cover all aspects of public health, including chronic non-infectious diseases, accidents, environmental health etc., while taking control of the Central Public Health Laboratory, the Regional Public Health Laboratories and the National Cancer Archive. It is also responsible for accrediting laboratories, university departments, hospital units or other agencies of the broader public sector as reporting centres for specific public health issues.

The role of HCDCP in National HIV Strategy

The role of the Centre in responding to HIV/AIDS is a twofold one and involves protection of the individual and of public health in general. The Centre has a strong mandate to coordinate the implementation of national HIV response to HIV/AIDS. Since the beginning HCDCP has served as the main organization for drafting action plans on HIV/AIDS, hosting HIV surveillance, and providing prevention, treatment, care and support services on HIV/AIDS in Greece. HCDCP provides scientific advice for HIV related issues to the Ministry of Health and the Greek parliament, issues on HIV testing and treatment guidelines in cooperation with scientific societies and exchanges technical knowhow with European and international organizations. In order to meet its goals and targets HCDCP establishes and coordinates committees with technical experts from other ministries, hospitals, HIV references centers, infectious diseases units, drug treatment services and relevant stakeholders from the civil society, scientific societies and academia.

The Director of the HCDCP serves as the national representative to UNAIDS. The Organization is the competent body of ECDC and WHO on issues of HIV surveillance. HCDCP is responsible for

monitoring progress on international commitments through GARP and Dublin Declaration reporting.

On specific projects there is a direct cooperation with all the major stakeholders and the different departments and offices of the Organization. The core governmental response to the HIV epidemic is implemented through the Hellenic Centre for Disease Control and Prevention.

HCDCP Offices and services dedicated to comprehensive response to HIV at all levels.

1) HIV & STIs office

The HIV and STI Office is responsible for epidemiological surveillance, for provision of scientific advice, participation in strategic planning, for supervising supply of the appropriate anti-retroviral drugs, development of guidelines on ART treatment and testing and for cooperating with an extensive network of special infections units, clinics and laboratories and cooperation with relevant international stakeholders.

2) Department of Community Interventions main task is to provide prevention programs and care and support services through the following offices:

a) Office of Health Education and Awareness responsible for the design and implementation awareness programmes on HIV/AIDS for Key populations and the General Public.

b) AIDS Helpline (A.H.) and Counseling Center (C.C.)

Founded as a unified Service in 1992, the Aids Helpline (A.H.) and Counseling Center (C.C.), is the first governmental psychosocial agency for HIV in Greece. It employs professionals of the psychosocial field (psychologists, a social worker, a psychiatrist and a nurse) as well as a secretary. The scientific staff has received specific training in AIDS related issues as well as in counseling and psychosocial support over the telephone, psychological evaluation, individual and group psychotherapy and adult education.

From its establishment, it was hosted at the "A. Syggros" Hospital, which being a University hospital for dermatological and venereal diseases, as well as an HIV Reference Center, has served the Service's goals excellently, facilitating public attendance, while at the same time promoting the cooperation between mental health professionals and medical staff.

As a unified service it operates under a shared scientific approach, which is based on the acknowledgement of the role and the handling of psychosocial factors that are associated with the importance of prevention and management of organic illness. The Service's activities (clinical, educational and scientific) are complementary, their basic objective being the preservation of individual mental health along with the promotion of public health.

Goals:

- Providing timely and adequate prevention
- Dealing with and processing the various psychological and social issues that come with infectious diseases.
- Providing sensitization on and/or elaboration of relevant issues, such as interpersonal relations, sexuality, sexual orientation, health education, loss and bereavement, burn out.
- Providing training of health and mental health professionals on psychosocial issues related to HIV and organic illness

c) Psychosocial Support Office

The Office programmes, organizes, implements and controls scientific activities such as the psychosocial support of patients with HIV/AIDS, helping with their social problems, raising the awareness of public opinion in respect of their problems and planning services to support them.

d) Psychosocial Support Hostel

The Psychosocial Support Hostel was opened in Piraeus in 1993 as a regional unit of the Centre, offering hospitality, medical care and psychological support.

e) Halfway House for indigent HIV positive Adults.

The Halfway House is an intervening center, which offers lodging and alimentation potential of indigent HIV positive individuals and their children. The main philosophy of this shelter is to function as a transitional station to their life procession in the matter of their reintegration. The hosting term ranges from 1 to 1.5 years.

3) Thessaloniki Centre for Control and Prevention of Disease

At its branch in Thessaloniki the Centre offers psychological and social support to HIV positive persons and their relatives, provides public information on protection against HIV/AIDS and other sexually transmitted diseases. In addition, Thessaloniki CDCP supports capacity building on HIV/AIDS for relevant stakeholders and runs the Thessaloniki AIDS helpline for the immediate and direct provision of services related to the disease and its treatment. Also, Thessaloniki CDCP offers counselling and support to infected persons and to those suffering of AIDS phobia, and the referral of individuals to other services depending on their problems. The services are provided in strict confidentiality and anonymity.

4) Head Legal Advisor on Ethics and Human Rights

The Head Legal Advisor on Ethics, Human Rights of HCDCP functions as office under the President of HCDCP, deals with issues which include ethics and protection of human rights and civil liberties in relation to epidemiology, foreign migrants, housing, work, education, army, prisons, care, privacy/confidentiality, rights and obligations of health personnel, social security-welfare, protection from unorthodox treatments and misleading advertisement, as well as treatment in the courts that protects human rights and civil liberties of people who live with HIV (legal aid through legal opinions, early release from prison, trial in camera, etc). It contributes to solving issues, in consultation with other government departments and authorities and/or NGOs, for the protection of human rights and civil liberties of people living with HIV. The book "AIDS, Fundamental Principles for the Protection of Human Rights and Civil Liberties" (Athens 1995-1996), by HCDCP (KEEL, KEELPNO) has been translated into five In collaboration with NGO and under the supervision of the Hellenic Data Protection Authority, the "File with personal data of people living with HIV" in Greece has been created that has contributed to the highest level to the protection of privacy and confidentiality of people living with HIV (1999-2000).

5) Coordination within HCDCP. In 2013 a coordination group was appointed by the President of the Board to coordinate activities on HIV/AIDS within the HCDCP and increase collaboration.

HCDCP Actions Implemented on HIV/AIDS

1. HIV Biological surveillance

AIDS cases reporting was implemented in Greece in 1984, and HIV case reporting in 1998. Case definitions for HIV and AIDS follow European case definitions. The first two characters of the first name and the surname as well as the patient's date of birth are used as personal identifiers to achieve possible elimination of duplicate reports. AIDS deaths cases are monitored and reported into the national HIV/AIDS surveillance system.

Data are reported from all infectious diseases units, reference centers and hospitals to the office of HIV infection and sexually transmitted diseases of HCDCP. A pre-specified standard form is used for all reports in order to achieve homogeneity of reported data. To determine route of transmission, the most likely risk factor is selected based on a presumed hierarchical order of probability according to the information given by the reporting physician. Reporting is available in real time, though the data are presented annually.

Starting in 2012, HCDCP began collecting (retrospectively and prospectively) CD₄ cell count at time of diagnosis and by the end of 2013, this information has been recorded for approximately 5.600 cases. Tests of recent infection (RITA or avidity testing) are not performed routinely among new HIV infections.

2. HIV related Behavioural Surveillance

According to GARP 2014 guidelines the most-recently available nationally representative survey should be taken into account in order to calculate indicators that are based on general population surveys. This may mean that the data reported in this round will be the same as the data reported in the previous round, since such surveys are generally undertaken at five year intervals.

HCDCP conducted a mapping of relevant national bio-behavioural surveillance data in close collaboration with main national stakeholders including NGOs, Greek Reitox Focal Points, Drug Treatment Services, Academia and E.Y.T.Y.K.A responsible for NSRF of Health Sector. HCDCP drafted a protocol for Data Submission of relevant bio-behavioural data necessary for M&E purposes in close consultation with national stakeholders, European team of experts and ECDC. The protocol focuses on improving the comparability, timeliness, quality and coverage of the data collected in Greece and harmonizing with data collection procedures on key indicators under the European and international requirements.

The aim is to collect data through the following complementary approaches:

- Collection of existing data from routine services
- Collaborating with Greek Reitox Focal Point on data already been collected on IDUs through DRID indicator.
- Collaborating with already ongoing biobehavioural surveys for the collection of data through this protocol.
- Planning and implementing new biobehavioural surveys .

This protocol will be finalized in 2014.

Information on current behavioural surveillance data

Behavioural surveillance among IDUs is carried out routinely among those entering drug detoxification services and reported to the REITOX Focal Point for the EMCDDA. This includes information on ever-sharing syringes and condom use with last (casual/steady) sexual partner as well as information on provision of OST. For GARP 2014 the indicators on IDUs have been updated. A clearer view of the total number of syringes distributed in the center of Athens is available, reaching 133 per IDU per year. In total 406.898 syringes were distributed in Athens center.

Behavioural surveillance among MSM. Data on GARP indicators from EMIS study have already been uploaded in 2012 and will not be updated this year. In 2010, 2.944 Greek MSM responded to the online European MSM Internet Survey (EMIS), which included behavioural indicators. Most recent behavioural data but not from a national representative sample is provided through AthCheckpoint a community based HIV testing and counselling facility.

Behavioural Surveillance among a) general adult (≥ 18 years) population; b) Roma; c) migrants. The National and Kapodistrian University of Athens in collaboration with the NGOs "Doctors of the World" and "PRAKSIS" and all Schools of Medicine in Greece initiated the first National Health Examination Survey on HCV, HBV and HIV. Hprolipsis combine questionnaire data with blood exams. The main aims are: a) to estimate the prevalence of main risk factors for the 3 infectious diseases; b) estimate the prevalence of HCV, HBV and HIV; c) investigate barriers to access public health system; d) investigate knowledge level and sexual behavior; e) run

awareness campaigns in the three target populations; f) provide counseling to seropositive participants and link them to public health services; g) vaccinate for hepatitis B participants from vulnerable populations (Roma/ migrants). The field study is underway. It is expected to finish at the end of 2014. First results are expected to be published by April 2015.

Funding: EU and National resources.

Behavioural Surveillance among Youth

University Mental Health Research Institute (UMHRI) is the contact point of the WHO Health Behaviour in School –Aged Children survey (HBSC). This research collaboration with the WHO Regional Office for Europe is conducted every four years in 43 countries and regions across Europe and North America. HBSC uses its findings to inform policy and practice to improve the lives of millions of young people. It provides data for indicator sexual intercourse before the age of 15.

Behavioural data on sex workers

The TAMPEP mapping report (2010) includes some behavioural information on sex workers, including condom use and safe sex practices, although the sample size and representativeness of the surveyed population are not well-described. NGO ACT UP during street work programs incorporation with NGO MDM conducted in order to plan the intervention programs for migrants, a survey on attitudes and behaviours towards HIV originating from Africa, Sub Saharan Africa and Asia. 149 questionnaires were complemented. No recent data on sex workers is available.

3. Monitoring International Commitments on HIV/AIDS

HCDCP is responsible for monitoring progress on international commitments through GARP and Dublin Declaration reporting.

4. Overall of Antiretroviral Treatment, Care and Support and prevention activities.

Ministry of Health through HCDCP implements HIV prevention programs for young people as well as vulnerable groups. In the area of HIV testing and treatment HCDCP supports with funding and staff the National HIV Laboratory Reference Centers, as well as the Infectious Diseases Units across major tertiary care centers all over the country. These units provide antiretroviral treatment to HIV/AIDS patients.

A HCDCP operated AIDS helpline and counselling centre is used to provide information on HIV testing and testing centres, pre and post counseling services and support for PLWHA. In addition, HCDCP provides social services for people living with HIV/AIDS and contributes in the fight against stigma and discrimination. According to the Greek law all Greek citizens and citizens of the EU Member States legally residing in Greece who are infected with HIV are entitled to a monthly financial allowance. Among others, HCDCP supports financially people who have no income and do not get any benefit. For homeless HIV+ individuals there are two shelters, offering housing. On specific projects there is a direct cooperation with all the major stakeholders and the different departments and offices of the Organization. At a time of scarce resources and increasing needs in Greece the need for cost effective collaboration is pressing.

5. Capacity Building and Technical Guidance. The HCDCP provides scientific advice to the Ministry of Health and all major stakeholders as well as technical guidance and capacity building.

2. DRUG TREATMENT SERVICES

GREEK ORGANIZATION AGAINST DRUGS OKANA.

Mission of the Organisation: OKANA is a self-regulated, legal entity, which is supervised and financed by the Ministry of Health. It is in charge of the implementation of demand reduction policy at all prevention levels and solely responsible for the operation of the opiate substitution programme (OST). More specifically, OKANA has to (a) contribute to planning, promoting, coordinating and implementing of the national policy on prevention, treatment and rehabilitation of drug addicts, (b) address the drug problem at a national level, provide valid and documented information, and raise public awareness and (c) establish and effectively manage prevention centres, treatment units as well as social and professional reintegration centres.

The Organisation's network of services consists of (a) a nationwide network of 72 Prevention Centres, (b) treatment services: OST Programme (54 units: 53 Substitution Units and 1 Social Rehabilitation Unit), 6 drug free programmes, (c) low threshold services: 1 Assistance Centre (MAVY) and 1 Health Care Facility for drug addicts (SFEA).

Founded in: 1993 (under the Law 2161/93 and amended under the 2256/94 Law and, recently, under the Law 4139/13)

Number of staff: 650 (permanent staff)

Financial Resources

1. Annual Budget 2013: 18,500,000€

2. Other sources of funding: European Cohesion Policy Fund: Projects implemented in the National Strategic Reference Framework 2007-2013

THErapy CENTER FOR DEPENDENT INDIVIDUALS (KETHEA)

KETHEA's therapeutic programmes provide harm reduction services through low threshold units and counselling centres. KETHEA Psychodiagnostic Centre is part of the services of the therapeutic programme KETHEA EXELIXIS (Low Threshold programme), and offers full physical and mental diagnostic facilities, first aid, dental care, as well as referral service for medical examinations. The centre provides information, organizes seminars regarding health issues (i.e. protection against infectious diseases, safer drug use, etc), and delivers informative material to the population that approaches its services. The prevention of blood-borne diseases is also one of the main objectives of KETHEA's counselling centres. Informative seminars on prevention of HIV and other infectious diseases are held in collaboration with the Psychodiagnostic Centre and/or health specialists from external services (hospitals). All problem drug users are referred to health services in order to get tested for HIV/ AIDS and other diseases. In addition, there are activities provided by street work programmes which focus on motivating drug users towards treatment and on promoting safer drug use and sex practices through NSP /condom distribution and through facilitating clients' access to health services. As far as the services within prison are concerned, Psychodiagnostic Centre in coordination with the therapeutic programme KETHEA EN DRASI organizes information seminars within prisons addressed to deliver health education and to inform prisoners about the health consequences of drug abuse and the prevention of infectious diseases. The therapeutic programme KETHEA EN DRASI is addressed to inmates who are drug users and provides services within three prisons of Athens. The aims of the services are to inform the inmates about the effects of drug abuse and the existing treatment programmes as well as to motivate them to enter a therapeutic programme.

KETHEA runs 24 services around the country working with adolescents and young adults, adults, prisoners and released prisoners, drug users in the street, immigrants, families of addicted person, addicted parents, working drug users-students, addicted to internet, gambling and alcohol.

18 ANO

18 ANO detoxification unit, the only free and public unit of the country, is part of the psychiatric Daphni hospital of Athens and offers prevention and rehabilitation services.

The unit is organized in Counselling centres (3 for men, 1 for women and 1 for adolescents), in main drug dependence treatment programs using psychosocial therapeutic approaches including 3 closed programs and open programs including social reintegration units: (1 for women, 1 for mothers), Day centre for adolescents, Department for families, Department for family counselling, Nutritional disturbances, Department for double diagnosis problems, Cultural place, Department for the internet addiction, Department for sexual problems and a hotline. There is also on program specifically addressed to IDUs in prison.

Greek REITOX Focal Point

The mission of the Greek Documentation and Monitoring Centre for Drugs (EKTEPN) is to collect and process official representative data on every aspect of the drugs phenomenon in Greece. It acts as the Greek REITOX Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). EKTEPN is financed by the European Union and the Organisation Against Drugs (OKANA). EKTEPN monitors the drugs problem in Greece with the use of European indicators and provides Greek and European policymakers, professionals and the public with detailed information on every aspect of the drugs problem in Greece over time. The data are collected by a nationwide network consisting of over 800 agencies and individuals. Every year, EKTEPN publishes the Annual Report on the State of Drugs and Alcohol in Greece and the Greek Bibliography on Drugs and Alcohol.

3. CIVIL SOCIETY, SCIENTIFIC ASSOCIATIONS AND ACADEMIA

Nongovernmental organizations (NGOs) working in the field of HIV and IDUs include ACT UP HELLAS, Colour Youth, HelMSIC, Hellenic Association for Study and Control of AIDS , POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS, ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA.

Projects under NSRF are implemented by National and Kapodistrian University of Athens School of Medicine, NGOs, institutions and public hospitals.

4. INTERNATIONAL STAKEHOLDERS

HCDCP is the competent body of ECDC and WHO on issues of HIV surveillance, scientific advice and monitoring international commitments.

HCDCP has been in contact with ECDC and EMCDDA throughout the investigation of HIV outbreak among IDUs. On 1st November 2011 an expert meeting was hosted by the Greek authorities to discuss the ongoing outbreak and to seek experts' advice on how to strengthen the national response activities. In November 2011, the European Commission requested ECDC and EMCDDA to carry out a rapid risk assessment on the situation of HIV among IDUs in the EU/EEA.

In May 2012 following the request of the Greek Minister of Health to the European Commissioner ECDC was requested to make a complete risk assessment to the HIV situation in Greece. Greek authorities and, in particular the Hellenic Center for Disease Control and Prevention (HCDCP) and the Greek Organization Against Drugs (OKANA), contributed to this assessment by sharing information on HIV in Greece, by hosting two country missions, organizing field visits and ensuring free access to the data, programs and services which informed this risk assessment. According to their report in response to the outbreak among IDUs, the Greek authorities have immediately prioritized scaling up the most effective interventions to prevent HIV e.g. opioid substitution treatment and needle and syringe programs. Further actions have been suggested and can be retrieved in ECDC's risk assessment. Close collaboration continued through 2013.

ACTION PLANS

Action Plan on HIV-AIDS 2008-2012

Under the National Strategic Reference Framework 2007-2013 a national action plan for Public Health was developed which included 16 specific action plans on priority areas including HIV/AIDS. The Action Plan against HIV/AIDS 2008-2012 focused on: 1) up-to-date policies for combating HIV/AIDS, 2) prevention 3) combating social stigma 4) development of up-to-date educational policies, while emphasizing the need for co-operation with international organizations and civil society. The action plan included four Axis Prevention, Treatment, Research and Education, Fight Against Stigma and Discriminations. In prevention it included actions for the General Population, Young People 15-24 years old, Women, PMTCT, MSM, Sex Workers, Migrants, Prisoners, PLWHIV, TB-HIV Confection, STIs. In the axis of treatment care and support actions were: The continuous upgrading of health provision, improvement of collaboration of between M&E surveillance and health care services, improvement of health care facilities, personnel capacity building and infrastructure as well improvement of care and support services for PLWHIV including uninsured population and migrants. In Research it emphasized the need for development of research on HIV prevention and response as well as education of health care personnel, lawyers and judges. In the axis of fight against stigma and discrimination it included elimination against any kind of discrimination against PLWH. This action plan had formal programme goals, clear targets, indication of funding sources to support programme implementation and a monitoring and evaluation framework. Though the plan was not fully implemented it served for planning of services and implemented actions from all stakeholder. Monitoring of the program came indirectly through the HIV Surveillance data, GARP monitoring of international commitments, external risk assessments by ECDC, EMCDDA and WHO during the HIV epidemic among IDUs as well as monitoring and evaluation procedures of projects implemented either under NSRF or projects implemented within the stakeholders annual working plans.

2012-2013 Updated action plan to tackle the HIV epidemic among IDUs

Greece has had a low-level HIV epidemic concentrated mainly in men who have sex with men (MSM). However, the number of HIV diagnoses in IDUs in 2011 was 15 times higher than the corresponding number in 2010 comprising approximately 25% of the total HIV reports in 2011. The European Centre for Disease Prevention and control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) were informed of this outbreak, and a report was published in September 2011.

The 2011 outbreak in IDUs lead to the immediate response of the public health authorities in Greece, with a number of evidence-based interventions, including:

1. the improvement of traditional epidemiological tools and the implementation of modern surveillance approaches to monitor the evolution of the outbreak
2. the expansion of syringes exchange/distribution and condom distribution programs,
3. the switch from high to low dead space syringes,
4. the HIV screening of IDUs in detoxification centres
5. voluntary testing in low threshold/outreach services,

6. the prioritization of opioid substitution treatment and antiretroviral therapy for all HIV+ IDUs, with the opening of 28 new opioid substitution units in the public hospitals all over Greece (16 in greater Athens area), and
7. the raising of awareness directed to both professionals and IDUs as well as the general public and vulnerable sub-populations

To further increase inter-sectoral cooperation an intervention team dealing with the HIV epidemic regarding injecting drug users in Athens was established in December 2012 after recommendation of the Deputy Minister of Health. Its target has been the designing of a plan aiming to respond to the HIV/AIDS epidemic in the injecting drug users (IDUs) community situated in downtown Athens that was first recorded in the second semester of 2011.

In order to expedite the process, the group was divided into four working sub-groups according to the subjects of:

- Street work targeting injecting drug users
- Injecting drug users referral for diagnosis of HIV or HIV-co infections and follow up algorithm for injecting drug users with HIV
- Training of professionals and volunteers for street work
- Health education for the community regarding substance abuse and prevention

The group was coordinated by the president of HCDCP. The group involved:

Governmental organizations- institutions HCDCP, KETHEA, OKANA, 18ANO, ARGO, PREVENTION CENTERS OF ATHENS MUNICIPALITY

Nongovernmental organizations (NGOs): ACT UP HELLAS, HeIMSiC, , POSITIVE VOICE, CENTER FOR LIFE, PRAKSIS., Key Populations Representatives: ASSOCIATION OF IDUs UNDER TREATMENT BY OKANA and Scientific Societies: Hellenic Society for Study and Control of AIDS,

HUMAN RIGHTS

Human rights and non-discrimination principles represent a basic issue in Greece. Concerning the legal framework, people living with HIV are entitled to the same rights compared to the HIV seronegative people of the country while in order to keep patients' identity anonymous, a coding system is used while reporting the HIV infection in Greece.

In 1995, HCDPC published the "Fundamental Principles for the Protection of Human Rights and Civil Liberties", which was translated in English in 1996 and to five other languages. It contained 150 articles for the protection of human rights and civil liberties with regard to Epidemiology, Migrants, Refugees, Family, Housing, Rental Residence, Employment, Education, Military-Armed Forces, Prisons, Health Care, Privacy and Confidentiality, Health Care Personnel, Social Security and Welfare, Protection from Un-Orthodox Treatments and Misleading Advertising and Social Life. These principles are characterized as the Bible of Human Rights for people living with HIV/AIDS enacted as Circular of Ministry of Health and Social Solidarity (Y1/3239/4 of July 2000) and are in effect till now.

Our country has ratified the European Convention of Human Rights, Protocols, a lot of Conventions for Human Rights, all the European law for the protection of human rights as a member of European Union, as much as Law for European Constitution (Law 3114/2005).

Mechanisms in place to ensure that these laws are implemented are Greek courts, Ombudsman, Hellenic Data Protection Authority, National committee for human rights, Hellenic Center for Disease Control and Prevention (HCDCP), Ministry of Health and Social Solidarity. Even with the financial crisis in Greece, allowances or benefits have been maintained, as well as free access of vulnerable groups to emergency health care services (i.e. Hospitals and Health Centers of the National Health System, medication).

Regarding workplaces sporadic complaints exist, mainly for large companies and banks that require certificate for HIV sero-negativity of candidates for work, or the environment for HIV infected employees is not friendly and confidentiality is not respected by administrations of companies or other employees. The HCDCP, especially Legal Advisor of Ethics and Human Rights, tries to respond to these discriminative behaviors in cooperation with relevant authorities.

The disease was included according to the European List of Occupational Diseases to the Appendix of the National List of occupational diseases (Presidential Decree 41/2002, Government Gazette A' 91). According to a recent legislation (Act 3996/2011) a reform of the Body of Inspectors of Occupation and the regulations for social security issues took place. The Body of Inspectors of Occupation is responsible for the control of the implementation of the Principle of Equal Treatment, without distinction of any kind, including distinctions based on race or national origin, religion, political or other opinion, disability, age or sexual origin.

In 2012 the Common Ministerial Order 39A has been enacted (Government Gazette 2.4.2012) entitled as "Regulations concerning the restriction of spreading of infectious diseases". The Common Ministerial Order regulates the control of HIV positive migrants, IVDUs and illegal sex workers (their informed consent is required), but also regulates their mandatory restriction and hospitalization in case that they belong to the above mentioned vulnerable groups. Common Ministerial Order 39A repealed, but re-enacted (Government Gazette B' 1002/2012) because : a. was found to contain very important provisions for health shielding of the country, since it is the only part of legislation that relates to serious infectious diseases, which by international regulations require quarantine and special regulations for infected individuals or suspect cases etc., b. with respect to immigrants, there should be programs, which are based on international

Declarations and Regulations protecting Human Rights and Civil Liberties, c. was found that violations of human rights and individual freedoms to sex workers, intravenous drug users, during April - June 2012 occurred due to a misinterpretation of the law. These doctors have been prosecuted by the women offended (the legal cases are still pending).

According to the legislation regarding the issue of migrants, in accordance with Law 3386/2005 and Law 3907/2011, foreigners who are estimated dangerous to public health are expelled from the country and, if they are detained, throughout the duration of detention pending implementation of the return provided similar health care and psychosocial assistance to areas where they are held. Roughly the same provisions listed in Article 59 of Law 4059/2012, in conjunction with Article 13 § 2 d of Presidential Decree 114/2010. The HIV/AIDS, however, is not a criterion of risk to public health. Detained Irregular migrants according to the Greek Police, Foreigners Department, are examined by doctors of the NGO "Medical Intervention". If prisoners need treatment, which is considered by the medical staff, the required health care is administered. Patients needing specialized hospital care are transferred to a hospital designated by the doctors.

Victims of trafficking have generally supportive treatment under international treaties ratified by the country (Law 4216/2013 Government Gazette A' 266/12-10-2013. (ratifies Warsaw, 16.V.2005, Council of Europe Convention on Action against Trafficking in Human Beings), n. 4198/2013 A 215, Presidential Decree 141/2013, Law 3294/2004, 3064/2002 etc. On measures for women equality, under the General Secretary of equality an Advisory Women's Center is running aiming to provide comprehensive support for women in the areas of psychosocial support, information and consultation on issues of employment, entrepreneurship and counseling on reproductive and sexual health, inter alia STIs.

Cases have been reported (1-3 per year) where school principals, acting arbitrarily and due to ignorance of the law, are reluctant to enroll students in schools. HCDCP when informed, takes immediately action.

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

With regard to refugees the country implements the provisions of Convention Relating to the Status of Refugees, 28 July 1951, Protocol Relating to the Status of Refugees, 30 January 1967, Council Directive 2004/83/EC of 29 April 2004 on Minimum Standards for the Qualification and Status of Third Country Nationals or Stateless Persons as Refugees or as Persons Who Otherwise Need International Protection and the Content of the Protection Granted, Official Journal of the European Union, L 304/12, 30 September 2004, Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted, therefore they have access to health services and ART therapy.

Regarding undocumented migrants, free medical care is provided to minors and in case of emergencies.

According to the legislation in accordance with Law 3386/2005 and Law 3907/2011, for foreigners who are estimated dangerous to public health the provisions of the International Health Regulations (Law 3991/2011 Government Gazette A' 162/25.07.2011) are applied. The HIV/AIDS, however, is not a criterion of risk to public health.

If the undocumented migrants are detained, throughout the detention period, pending implementation of the return, health care and psychosocial assistance is provided. Permission to stay in the country on humanitarian grounds to sufferers from severe health problems can be granted

When the health problem refers to an infectious disease, the issuance of such decision requires a decision of the Minister of Health that there is no risk to public health. The granting of a residence permit for persons suffering from serious health problems is in the legally valid permission for the applicant to stay in the country. Roughly the same provisions are listed in Article 59 of Law 4059/2012, in conjunction with Article 13 § 2d of Presidential Decree 114/2010. HIV/AIDS, however, is not a criterion of risk to public health.

The last two years , and despite the economic crisis, the state has the awareness that people who live with HIV/AIDS have a degree of disability which depends on the state of their health, with continuous monitoring and consequently enjoy benefits of people with disability.

The economic crisis has led to problems with ART treatment at hospitals for uninsured people. In these cases a certificate of economic weakness is required for the HIV seropositive individual in order to obtain antiretroviral treatment.

OVERVIEW OF THE AIDS EPIDEMIC

Trends over time

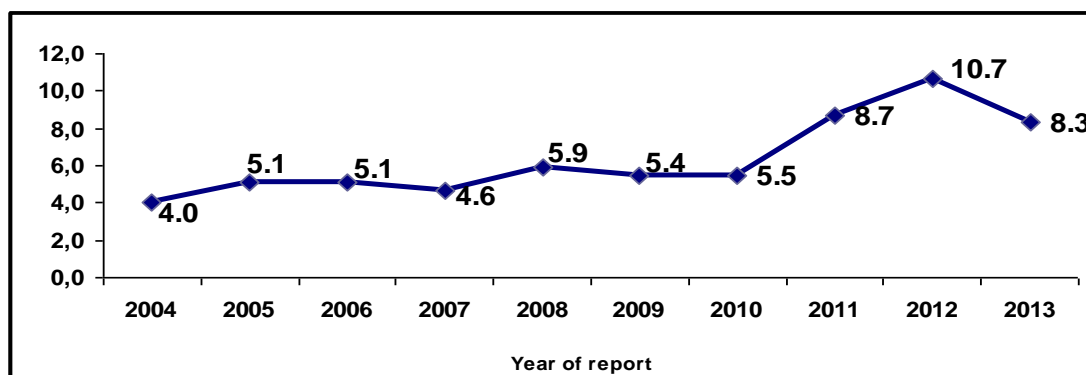
HIV infection is of a major public health importance in Greece. The Greek HIV epidemic has been characterized by a pattern of a low-level, concentrated epidemic. The most affected sub-groups include MSM and IDUs. Table 1.

Table 1. HIV/AIDS in Greece (From the beginning of the epidemic through 31/12/2013)

Reported cases of HIV infection:	13,622 Men: 11,191, Women: 2,385, Children: 86 (age: 0-12 years old)
Reported cases by Risk groups	MSM: 6,261 Heterosexuals: 2,926 Heterosexuals originated from countries with generalized epidemics: 956 IDUs: 1,432 MTCT: 64 Hemophiliacs and transfusion recipients: 337 Undetermined: 2,602
Reported AIDS cases:	3,531
Reported number of deaths among HIV/AIDS cases (any cause of death):	2,391
Reported number of deaths among AIDS cases:	1,817

As depicted in Figure 1, Greece experienced a significant upward shift in HIV epidemic after 2010. In particular, while during 2010 the number of HIV reports came up to 610 (5.5 cases per 100,000 population), in 2011 the corresponding number increased by 58.7%, reaching 968 cases (8.7 cases per 100,000 population). In 2012, the rate of HIV reports per 100,000 population reached 10.7, whereas in 2013 decreased to 8.3 (Figure 1).

Figure 1: Number of reported HIV cases per 100,000 population by year of report, Greece, 2004-2013



New infections in 2013 (1/1/2013 - 31/12/2013)

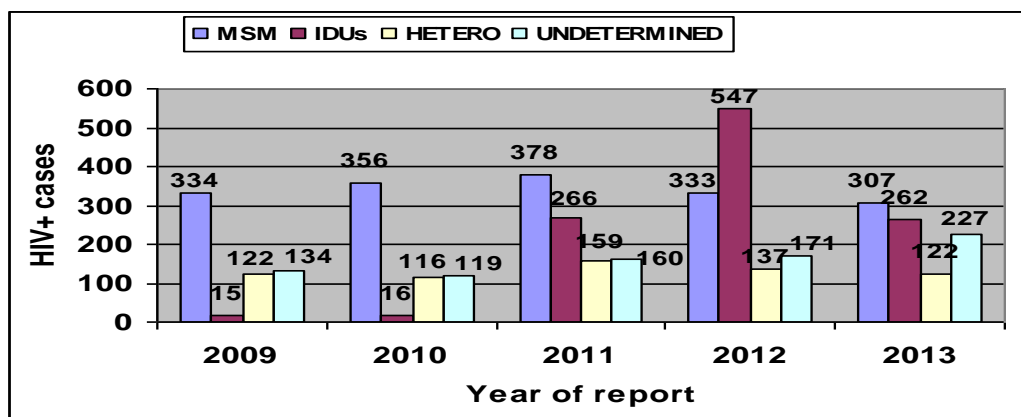
In 2013, a total of 920 HIV cases were reported in Greece. Men: 820 (89.1%) Women: 100 (10.9%) Children: 0 (age: 0-12 years old). Among them 90 were AIDS cases. Men: 80 (88.9%) Women: 10 (11.1%) Children: 0 (age: 0 -12 years old).

MSM was the most affected group with 307 (33.4%) cases, followed by IDUs with 262 cases (28.5%), by undetermined route of transmission (227 cases; 24.7%) and by heterosexual transmission (122 cases; 13.2%) (Table 2, Figure 2). In 2013, 1 case of vertically acquired infection and 1 case of infection through blood transfusion were reported. However, both cases occurred abroad in the past.

Table 2: Proportion of HIV infections by route of transmission and year of report in Greece (2009-2013)

Route of HIV transmission	Year of report				
	2009	2010	2011	2012	2013
MSM	334 (55%)	356 (58.4%)	378 (39%)	333 (28%)	307 (33.4%)
IDUs	15 (2.5%)	16 (2.6%)	266 (27.5%)	547 (46%)	262 (28.5%)
Heterosexuals	122 (20.1%)	116 (19%)	159 (16.4%)	137 (11.5%)	122 (13.3%)
Undetermined	134 (22.1%)	119 (19.5%)	160 (16.5%)	171 (14.4%)	227 (24.7%)

Figure 2: Number of HIV infections by route of transmission and year of report in Greece (2009-2013)



The total number of HIV cases reported in 2013 (920 cases) represents a 22.6% decrease from the 1,188 cases reported during January-December 2012. In 2013, there were fewer cases reported among IDUs (262 cases, about 50% decrease), MSM (307 cases, about 8% decrease) and heterosexuals (122 cases, about 10% decrease), as compared to 2012. Although the HIV reported cases with undetermined route of HIV transmission have increased, it is expected that during 2014 the mode of HIV infection will be specified for cases linked to treatment and care (Table 1).

Overall, men comprise 89.1% of the HIV reported cases in 2013. This has remained fairly stable over time. In 2013, 9.7% of all cases were reported among young people; 39.2% of cases were among 25-34 year olds and 50.4% of the cases were older than 35 years of age.

Late diagnosis

CD₄ count at diagnosis is available for a portion of those tested positive for HIV. For those cases tested in 2013, more than half are classified as late presenters (CD₄ cell count less than 350/mm³), and already in need of antiretroviral treatment. Median CD₄ was lowest among cases classified as IDU transmission, as well as heterosexual and undetermined transmission (Table 3).

Table 3: Median CD₄ count when tested positive for HIV by transmission group and year of report, Greece (2010-2013)*

Transmission group	2010 median (25th-75th)	2011 median (25th-75th)	2012 median (25th-75th)	2013 median (25th-75th)
IDUs	522 (349-563) (n=5)	381 (202-654) (n=159)	271 (132-464) (n=296)	229 (84-401) (n=136)
MSM	377 (230-537) (n=144)	378 (224-588) (n=273)	422 (249-633) (n=292)	410 (241-594) (n=293)
Heterosexuals	275 (70-416) (n=48)	225 (92-406) (n=113)	195 (77-340) (n=123)	253 (102-495) (n=117)
Undetermined	527 (385-718) (n=18)	549 (253-684) (n=27)	194 (62-413) (n=35)	172 (44-421) (n=56)
All	369 (214-522) (n=215)	360 (190-588) (n=575)	305 (144-529) (n=745)	323 (136-533) (n=605)

Source: KEELPNO 2013

*CD₄ count is not available for all HIV cases reported

BEHAVIOURAL DATA AMONG KEY POPULATIONS

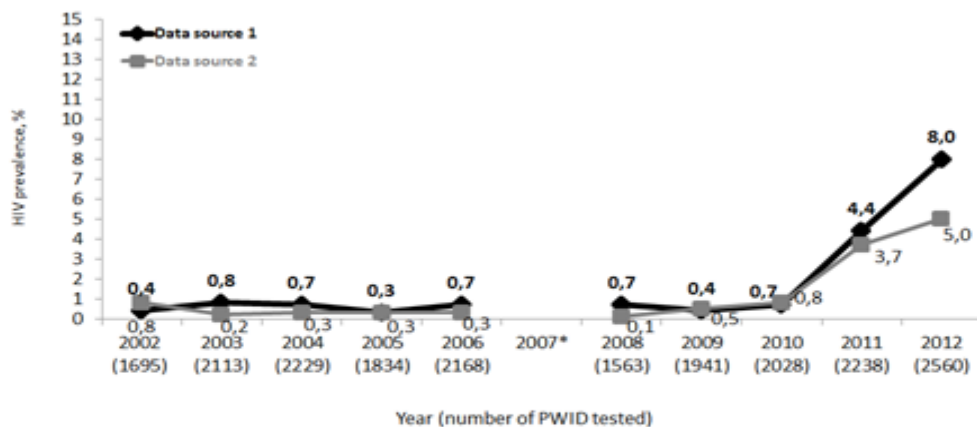
PEOPLE WHO INJECT DRUGS

The **REITOX Focal Point of the EMCDDA- in Greece** estimates that in 2012 there were about 20,429 (Lower = 18,232; upper = 22,968) problem opiate drug users in Greece, 9,025 (Lower = 7,788; upper = 10,528) residing in Athens. Of all problem opiate drug users, there were an estimated 7,651 (Lower = 6,616; upper = 8,914). injectors (current, i.e. last 30 days injection) in Greece (current i.e. last 30 days), 3,069 in Athens.

Prevalence data on HIV, hepatitis B and C infection among PWID are being collected from separate sentinel surveillance systems in drug treatment facilities screening clients upon entry. For the last decade, HIV prevalence in the sentinel surveillance system for PWID entering treatment has remained below 2%. However, from 2011, all data sources detected a steep increase, reaching 5–8 % in 2012 (Figure 3).

Figure 3.

Figure HIV prevalence among PWID tested in the drug treatment system in Greece, by source reporting national data to the Greek national focal point of the EMCDDA (2002-2012)



SOURCE: Greek REITOX Focal Point, 2012.

Notes.

For 2012: **Data source 1:** individual data from OKANA and Psychiatric Hospital of Thessaloniki; data from opioid substitution treatment (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample. **Data source 2:** aggregate data from KETHEA "drug-free" settings; national non-representative sample. *No data are available for 2007. Source: Greek REITOX Focal Point

Data on risk behaviour among IDUs is collected by the **REITOX Focal Point of the EMCDDA- in Greece** among those persons entering drug treatment. Reported risk behaviour on needle sharing appears to be stable overall between 2008 and 2011 with 57% of injectors reporting that they have 'ever' shared needles or syringes and nearly more than half of these (25%) having done so during the last 30 days. There has been an increase in reported sharing of syringes among new and young injectors in 2011. In 2012, reported data on condom use in a sample of 1956 (injecting drug users showed that 20% (No of respondents 646) of IDUs in OKANA's harm reduction and treatment services and in Psychiatric Hospital of Thessaloniki always used condoms with a steady partner, while 58% (No of respondents 684) always used condoms with casual

partners. 84.3% of IDUs visiting the above mentioned services report having an HIV test in the past 12 months and know their results.

Data reported by the detoxification unit 18 ANO, which is located in Athens, on the rates of HIV in 2013, as recorded in the questionnaires of the Treatment Demand Indicator TDI, among all those (men, women and adolescents) applying for entering in a drug free treatment programme in the Counseling centres:

4% were tested HIV positive, 76, 1% were tested HIV negative, 4.5 % were tested before but didn't receive their results and 15, 4% have not ever had a test for HIV.

The ARISTOTLE programme is implemented under NSRF 2007-2013 (Operational Programme "Human Resources Development" 2007-2013, and is co-funded by European Social Fund and national resources, began in August 2012 as a respondent driven sampling method carried out in Athens by the National and Kapodistrian University of Athens and OKANA in order to provide access to hard to reach PWID population residing in Athens. During a period of 16 months, 7,110 questionnaires and blood samples were collected from 3,320 unique IDUs who had injected drugs within the past 12 months and resided in Athens using RDS (Respondent Driven Sampling) in 5 sampling rounds. HIV prevalence among IDUs was 16.4%. ARISTOTLE program achieved a high coverage of the target population of IDUs (approximately 96%, based on the estimated number of IDUs in Athens). A substantial proportion of IDUs were homeless at the time they participated to the programme (21%-24%, depending on the RDS round). During the programme, a decrease in the prevalence of risk behaviours was observed. Approximately half of those testing positive were diagnosed for the first time through Apart from the known risk factors (sharing syringes, frequency of injecting drug use, cocaine as main substance of use), homelessness was identified as an independent determinant of HIV infection. The data of the programme are currently analyzed.

Service based data provided by HCDPC mobile units. In 2013, the Psychologists and Sociologists personnel conducted 814 personal interviews among IDUs visiting the services. 54% report condom use at last sexual intercourse. 89% reported using sterile injecting equipment the last time they injected. 75% reported having received an HIV test in the past 12 months and know their results.

MSM

The 2010 European MSM Internet Survey (EMIS) provides behavioural data on MSM in Greece that is national representative. EMIS was an EAHC-funded survey among MSM across Europe which in Greece was carried out by the NGO Positive Voice, with support from KEELPNO. The National partnership for data analysis included: Positive Voice – Hellenic Center for Disease Control & Prevention (KEELPNO) – Department of Computer Science and Biomedical Informatics of the University of Central Greece – Gay & Lesbian Community of Greece (OLKE) – Synthesis.

The sample consists of 2 944 valid responses from Greek MSM between June and August 2010. Half of respondents were from Athens, similar to the distribution of the Greek population. About one-third (34%) of respondents reported that most people in contact with them know that they are attracted to men.

Additional data from the Greek EMIS responses indicates that:

- One-third of respondents report never having tested for HIV

- Ten percent 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
- Of those tested for HIV, 12.8% reported being positive
- Of those reporting that they were HIV positive
- around one in six reported presenting late (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

This data enforced the need of adjusting prevention programs for MSM (prevention, ways of transmission, testing).

The NGO Positive Voice has started in collaboration with HCDCP and with private funding the **Ath Checkpoint** in November 2012. The centre from the begging till December 2013, has carried out a total of 2.972 testing appointments of which the 3.5 % were positive.

The individuals were asked to fill in a anonymous questionnaire including behavioural data provided by this community based HIV testing and counselling service. 71 % report use a condom the last time you had sex. 64% report unprotected sex during the last 12 months. Reported number of sexual partners during the last 6 months: 0: 2%, 1: 22%, 2-5: 45%, 6-12: 17%, >12: 14%.

YOUNG PEOPLE

HBSC Network Publishes: Sexual initiation among adolescents in Greece

Sexual initiation is a significant transitional point for adolescents, and its timing can impact their health and well-being. Nationally representative data is provided from HBSC member in Greece, University Mental Health Research Institute (UMHRI). The survey was conducted in a national representative sample of 4500 school aged children 11, 13, 15 years old in 2010.

HBSC 15 year old respondents self-reported age at sexual initiation. 28.6% of respondents reported sexual initiation, (39% of boys and 18% if girls). Of those reporting sexual initiation 47, 9% reported sexual initiation at the age of 15 years.

PREVENTION

Prevention is the cornerstone of national response to the HIV epidemic. In a time that Greece faces a deep financial crisis it is essential to ensure that financial resources for prevention are targeted to evidence-based prevention measures in order to ensure that resources for HIV prevention are spent as cost-effectively as possible.

Greece has prioritized prevention activities to key populations especially injecting drug users and MSM.

An action plan aiming to respond to the HIV/AIDS epidemic in the injecting drug users (IDUs) community situated in downtown Athens that was first recorded in the second semester of 2011 was the result of the working groups of the intervention committed , first established by the MoH in Dec 2012.

Effective collaboration has taking place in many of the HIV projects with both GOs and NGOs being involved in planning, designing and implementing activities. Monitoring of HIV implemented projects is anticipated to improve in the next years since all main actors have participated in a Roadshow for the European Joint Action on Quality Improvement on HIV prevention organized by HCDCP in collaboration with the coordinator of the Action on EU level. The Joint Action QHP aims to increase effectiveness of HIV projects through the use of Quality Assurance and Quality Improvement Tools. More than 35 HIV prevention implementers have registered for training and tool application which brings Greece on the front line of the Joint Actions Implementation in Europe.

Main challenges

1. to ensure adequate financial and human resources to sustain long implemented HIV services (laboratory diagnostics, prevention, treatment and support services)
2. to budget the action plan for the response to the HIV epidemic among IDUs (including provision of NSP, OST and drug free programs, 3. to ensure funding for 2nd Generation HIV Surveillance and the implementation of behavioural survey in order to guide response
4. a new action plan to be drafted to update the whole response to the HIV epidemic, since the previous action plan ended in 2012.

HIV PREVENTION AMONG IDUS

Introduction

During 2013, Greece has continued the implementation of measures for HIV and other infectious diseases prevention, treatment and care for IDUs (i.e. provision of sterile drug injection equipment, OST, information, education and behavioural interventions). The main aims for 2013 were the following:

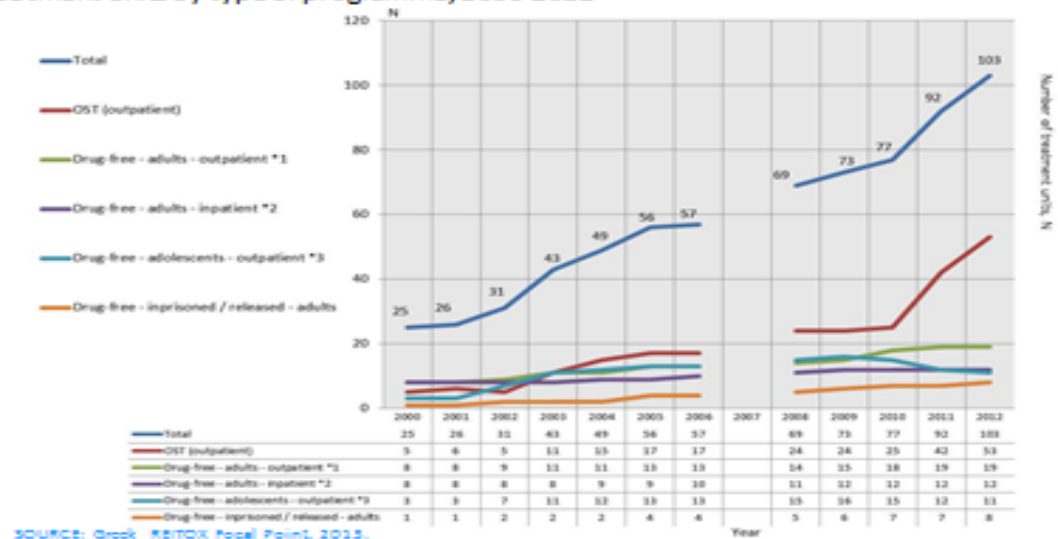
1. Increase coordination and collaboration
2. Intensification of health promotion and harm reduction programmes provided through outreach and low threshold programs.
3. Continue HIV testing for hard to reach IDUs and link them to care.
4. Increase in Opiate Substitution Treatment (OST) provision: expansion of the OST program in order to eliminate the waiting list in Athens and to reduce the risk within the PWID population.
5. Injecting drug users referral for diagnosis of HIV or HIV-co infections and follow up algorithm for injecting drug users with HIV
6. Training of professionals and volunteers for street work
7. Health education for the community regarding substance abuse and prevention

Drugs services

Opioid substitution treatment (OST) and other forms of effective drug dependence treatment are available in Greece (Figure 4).

Figure 4

Figure Treatment units by type of programme, 2000-2012



Notes. *1 Drug-free - adults - outpatient: Counselling Centre II – Motivation and Day Care Centre (1B ANO Psychiatric Hospital of Attica) offered treatment services in the reporting year, thus it is included in the outpatient drug-free units for adults. *2 Drug-free - adults - inpatient: Detoxification Unit of IANOS Rehabilitation Department for Dependent Individuals in Thessaloniki is included in the inpatient drug-free units for adults. *3 Drug-free - adolescents - outpatient: Rethimno Adolescents Unit (OKANA) which suspended its operation in 2012 is not included, whereas KETHEA ARIADNE Counselling Centre for Adolescents in Heraklio which offered treatment services in the reporting year, is included in the drug-free adolescents units for adolescents.

Opioid substitution treatment (OST) was introduced in 1996 in Greece and medications used include methadone and buprenorphine.

Prior to 2010, there was low coverage of OST. Since the start of the HIV outbreak, OKANA has focused its efforts on rapidly increasing access to OST through establishing new treatment centres in Athens. (Table 4.)

Table 4. Opiate Substitution Treatment Program OKANA

	2010	2011	2012	2013
Total N of OST Units at the end of the year of reference	25	42	53	53
N of OST Units in Athens at the end of the year of reference	7	18	23	23
Total N of new OST applications per year	1859	2773	2325	1473
N of new OST applications in Athens per year	675	1321	866	533
Total N of OST applications on waiting list at the end of the year of reference	5394	4275	2702	2598
N of OST applications on waiting list in Athens at the end of the year of reference	3689	3838	2431	2301
Waiting time for entering OST in Athens at the end of the year of reference (in months)	74	79	37	43
Waiting time for entering OST in Thessalonica at the end of the year of reference (in months)	48	1	0,5	2
Total N of patients in OST at the end of the year of reference	5101	6625	8060	8187
N of patients in OST in Athens at the end of the year of reference	2098	2404	3076	3185

After the major expansion of the OST programme in the years 2011-2012, there has been no further scale up as a consequence of budget cuts. More specifically, during 2013:

- Overall 53 OST units were in operation, 23 of them in Athens metropolitan area.
- There was a decrease of 36.6% in the total number of OST applications as compared to the previous year. The decrease was higher in Athens (38.5%).
- Regarding waiting list, there was a minor decrease in the number of applicants waiting for admission in Athens (5.3%). At the end of the year 2,301 heroin users were still waiting for entering OST. The waiting time for entering treatment was increased in Athens from 37 months in Dec-12 to 43 months in Dec-13. In Thessalonica, the waiting time has been raised temporarily to 2 months in Dec-13 from 0.5 months in Dec-12.
- As regards OST provision, the total number of patients in treatment at the end of Dec-13 was 8,187, with 3,185 of them in Athens OST units. There was also a slight increase: 1.6% in total, 3.5% in Athens as compared to Dec -12.
- Finally, a number of 308 HIV (+) patients were receiving OST at the end of Dec-13 in Athens.

NSP programs

According to data provided by **Greek Reitox Focal Point** there are Fifteen (15) NSP sites in 2013: Five (5) by OKANA (3 fixed sites and 2 outreach/peer workers); One (1) by ARISTOTLES (fixed site); One (1) by Medecins du Monde (mobile); Four (4) by KEELPNO (mobile units); Three (3) by KETHEA-EXELIXIS (1 mobile and 2 fixed sites); and one (1) by PRAKSIS-NGO (street-work). Of note, as of August 2013, OKANA operated the first outreach NSP programme outside Athens, in Thessaloniki.

Needles and syringes are distributed in 'kits' containing needles, syringes, and other drug preparation equipment such as sterile wipes, citric acid and sterile water, along with condoms, to users free of charge. In 2010, the estimated syringes distributed per PWID per year was low (nearly seven). The NSP programs has expanded NSP since the start of the outbreak. There has been a switch to the free distribution of low dead space syringes (Table 5).

Table 5. Estimated number of syringes and condoms through NSP in Greece, 2005–2012

Year	Number of syringes
2005	29,792
2007	64,958
2008	55,109
2009	68,579
2010	61, 516
2011	119,397
2012	404,124
2013	406,898

All NSP programmes currently operate in Athens. In 2013, a total of **406,898** syringes were distributed reaching **133 syringes per PWID** in Athens area where the epidemic is actually taking place.

OKANA Other activities Implemented by OKANA

1.2. Drug Free Treatment Programmes

As regards to the drug free programmes run by OKANA, no problem of availability in treatment slots has ever occurred. The table 6 below shows the numbers of drug addicts in drug free treatment programmes on December of the years 2010-2013:

Table 6 OKANA Drug free programmes

	2010	2011	2012	2013
N of drug free programmes	7	6	5	6
Total N of drug addicts in drug free treatment programmes in the last month of the year of reference*	128	120	187	216
N of drug addicts in drug free treatment programmes in	86	79	87	97

Athens in the last month of the year of reference

* Only data on 1 programme in Thessalonica is not included.

2. HEALTH PROMOTION AND HARM REDUCTION PROGRAMMES

2.1. Low threshold services in Athens

In the following table, data on the range of services available for drug addicts and comparative data on their respective visits at the MAVY and SFEA unit, in December of the years 2010-2013, are presented in Table 7:

Table 7.

Direct Aid and Support Unit (MAVY)	2010	2011	2012	2013
N of drug users who received services in the last month of the year of reference by:				
Pathology Clinic	228	375	226	216
Dental Clinic	41	62	55	78
Cardiology Clinic	-	-	-	23
Laboratory	212	382	165	179
Nursing Service	115	105	62	46
Social Service	66	57	38	26
Mobile Medical Unit	161	160	133	72
Drug Addicts Care Facility (SFEA)	2010	2011	2012	2013
N of visits in premises in the last month of the year of reference	704	714	324	717
N of PWID approached by Street work in the last month of the year of reference	136	108	1079	706

2.2. Needles-syringes and condom distribution in Athens Metropolitan area

In 2013, delays in the provision of injecting equipment due to limited budget reduced the NSP coverage in Athens.

Overall 212,319 syringes and 54,158 condoms have been distributed by the harm reduction services of OKANA and the OKANA network of NGOs (distribution in premises or by street work team). As compared to 2012, there was a decrease of 18.1% in the N of syringes and a 16.9% decrease in the N of condoms distributed (Table 8).

Table 8. NSP programmes OKANA

	2010	2011	2012	2013
N of syringes distributed per year	43,405	92,829	259,127	212,319
N of condoms distributed per year	2,925	11,324	65,189	54,158

2.3. OKANA Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013)

1. Project title: An integrated and combined prevention initiative for control of the HIV-1 outbreak among Injecting Drug Users (IDUs) and their high risk contacts in Athens (ARISTOTLE Programme)

Partners: University of Athens (leader), Organization Against Drugs, Centre for Disease Control & Prevention

Action Code: 2011SE09180115

Budget: 975,120.00€

Results: the project was successfully completed in Dec-13. During a 16-month period, 7,110 questionnaires and blood samples were collected from **3,320** unique participants who have been also offered HIV prevention and health promotion services.

2. Project title: Education and promotion of health of the active drug users

MIS Code: 339476

Budget: 1,760,000.00 €

Results by subproject:

Subproject 1: 'Boule de Neige Campaign' in Athens & Thessalonica: Provision of information and assistance services to active drug users in order to prevent and reduce damage from drug use. Schedule of implementation: Start 15/10/2011, End 31/12/2014

Aim: about 1.500 PWID are to be approached and offered prevention messages about HIV risk, sterile injecting equipment etc.

Progress: By the end of 2013, 604 PWID have been approached.

Subproject 2: 'Implementation of Street work Service in Thessalonica:

Schedule of implementation: Start 15/11/2011, End 28/2/2015

Progress: the service was launched at **Jul-13** and by end of the year a total of 2,360 drug users have been offered services either by the street work team (2,145) or in premises (255). Services offered included information and counselling on the risks associated with infectious diseases, on safer drug use and harm reduction, provision of injecting material as well as information on the existing drug treatment and welfare services in the city.

Subproject 3: Implementation of Pre-admission Centers in Athens: supervised drug use places, to address issues of PWID health, early intervention to address overdose, preparation for entering treatment programs

Schedule of implementation: Start 1/7/2012, End 30/4/2015

Progress: the first pre-admission center, named 'Ulysses', started to operate on **Oct-2013**. During a 3month period: 670 PWID have been approached whereas 187 PWID had received services (71% of them were homeless). A total of 529 visits have been recorded, 415 of them were visits for safe drug use. Overall there were 21 cases of overdose intervention.

3. HEALTH PROMOTION AND HARM PREVENTION PROGRAMMES FOR SPECIAL POPULATION GROUPS

Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013):

1. Project title: Pilot project for the launching of 2 substitution units in prison settings

MIS Code: 349600

Budget: 2,247,000.00 €

Schedule of implementation: Start 15/7/2011, End 14/5/2014

Progress: All preparatory actions have been completed. **The operation of the two substitution units is expected soon.**

2. Project title: Pilot project for the implementation of measures alternative to imprisonment of drug users

MIS Code: 349337

Budget: 1,500,000.00 €

Schedule of implementation: Start 1/6/2012, End 30/4/2015

Progress: **Two new services** have been launched in Athens and Thessalonica. By the end of 2013 all necessary contacts between staff and all stakeholders in order to establish a two-way partnership, have been accomplished. Information and awareness raising activities as well as outreach activities for the programming of special counselling provision have been implemented. Overall 125 individuals had received services.

4. OTHER COMPLEMENTARY ACTIVITIES

Interventions in the framework of projects financed by the European Cohesion Policy Fund (NSRF 2007-2013):

1. Project title: Programs in the Community and in the Street

MIS Code: 357502

Budget: 2,000,000.00 €

Results by subproject:

Subproject 1: Executive training in new interventions in the field of harm reduction & supply reduction (drug use prevention, early intervention)

Schedule of implementation: Start 1/7/2012, End 30/6/2013

Progress: implementation of training programs completed. Overall 225 mental health professionals have participated in the training in order to implement new interventions for drug users and special population groups (students, migrants, repatriated, Roma, prisoners, released prisoners, juvenile offenders, sex workers, HIV/AIDS patients etc.) in the Regions of Attica and Central Macedonia.

Professionals came from OKANA, 10 OKANA Prevention Centers and the Self-Help Promotion Program.

Subproject 2: Planning and implementation of new prevention/early intervention programs

Schedule of implementation: Start 1/10/2012, End 31/1/2015

Progress: the new prevention programs in the community and in the street started to get implemented by the **2 newly created Services in Athens and Thessalonica** (overall 26 staff members) in cooperation with 10 Prevention Centers in Attica and Central Macedonia and the Self-Help Promotion Program in Thessalonica.

2. Project title: Public Awareness Campaign against Drugs

Campaign targeted among others to highlight the necessity of the harm reduction programmes and the fact that their implementation is of equal importance as compared to other interventions within the treatment system.

MIS Code: 339499

Budget: final budget still unknown (initial budget 1,500,000.00 €)

Results by subproject:

Subproject 1: Study on planning communication strategies against drugs and drug addiction'

Progress: the study was completed in April 2013.

3. Project title: Police-staff training in drug related issues

MIS Code: 337862

Budget: 1,740,000.00 €

Schedule of implementation: Start 1/7/2012, End 30/4/2015

Progress: preparatory actions are in progress.

KETHEA'S HIV PREVENTION ACTIVITIES 2013

KETHEA's therapeutic programmes provide harm reduction services through its counselling centres and low threshold units.

Counselling centres

The prevention of blood-borne diseases is one of the main objectives of KETHEA's counselling centres (31 units all over Greece). The centres provide miscellaneous services addressed to HIV prevention. Informative seminars on prevention of HIV and other infectious diseases are organised mainly by KETHEA's medical and diagnostic centre in collaboration with other organizations and hospitals. Among the most established collaborations are the ones with "KEELPNO" (Hellenic Center for Disease Control & Prevention) "PRAKSIS", "ACT UP" etc. Moreover, before entering the main therapeutic phase, all problem drug users are referred to health services in order to get tested for HIV/ AIDS and other diseases.

Outreach activities (street work programme)

Outreach prevention activities are provided by KETHEA's Street work Units (KETHEA EXELIXIS and KETHEA NOSTOS). The aim of these activities is to raise awareness on infectious diseases of IDUs living or working in the street. KETHEA's outreach units approach sub populations of drug users that are usually highly deprived, i.e. homeless or with no steady living conditions, prostitutes, migrants etc. Through daily meetings, team's effort focuses on informing addicts about health risks of unsafe drug use, promoting safer drug and sex practices and motivating drug users towards treatment. Educational seminars are also held in the street in collaboration with NGO's doing outreach work. The units distribute condoms and, since 2012, exchanges syringes and other injecting equipment. The syringe exchange programme started in September 2012 and during 2013, 25.921 syringes were distributed (according to the ones returned) to 1073 drug users.

In addition to the street work units already operating, an Outreach Programme funded by the Stavros Niarchos foundation, started the last four months of 2013 in Athens and Thessaloniki. The programme operates through its two new mobile units and provides crisis intervention services, primary medical care, psychological support and systematic networking with treatment services.

Medical services

a) Medical and diagnostic centre

Medical and diagnostic centre operates as part of the therapeutic programme KETHEA EXELIXIS (Low Threshold programme), and offers full physical and mental diagnostic facilities, first aid, dental care, as well as referral service for medical examinations. The centre provides information, organizes seminars regarding health issues (i.e. protection against infectious diseases, seminars regarding safer drug use, etc), and delivers informative material to the population that approaches its services.

b) Dual - Diagnosis Treatment Centres

The Dual - Diagnosis Treatment Centres started their operation in July 2013, aiming at providing comprehensive outpatient support to dependent persons with psychiatric disorders and their families. In addition, they offer counselling and treatment to people addicted to alcohol. As far as prevention of HIV is concerned, dual diagnosis centres provide similar services with KETHEA's Counselling Centres. These centres are part of a wider network created by KETHEA across Greece (Athens, Thessaloniki, Larisa, Ioannina, Heraklion, Kalamata and Mytilene) under the NSRF (OP "Human Resources Development 2007-2013").

18ANO among other services, provides HIV testing and counselling services for those who approaching for treatment to the Counseling services of 18 ANO detoxification Unit.

HCDCP

In the context of primary prevention, the Department of Community Interventions and the Office of Health Education and Awareness is the operational department of the Hellenic Center for Diseases Control and Prevention (KEELPNO) in designing, planning and implementing two programs for IDUs. The Programmes aim to address the prevalence of HIV and hepatitis B and C among IDUs as a counteraction related to the HIV epidemic among IDUS that was observed mainly in the center of Athens, where most of the ID Users live and gather.

Mobile Units programme for Injecting Drug Users

The Mobile Units programme is implemented from **Monday to Friday** from 9:00 am to 15:00 pm, where trained staff of the Agency (Psychologists, Sociologists etc.) distributes free condoms and sterile equipment (syringes, alcohol wipes, serums etc.) to active IDUS.

In addition to providing clean needles, the mobile unit program can also act as a portal through which ID users are informed about safe injection practices, they are trained in safer sex practices, they are informed about all the available drug preventive services and they can be interconnected to specific infections units, when necessary.

In the mobile units 3 workers per shift / 5 shifts per week are working throughout the year.

Outreach Programme for IDUs. The outreach (street work) interventions targeting injecting drug users in downtown Athens. The outreach team operates on weekends (Saturdays and Sundays) from 17:00 pm to 22:00 pm.

During these interventions, trained staff of the Agency (Psychologists, Sociologists etc.), having examined the drug use and distribution patterns in the center of Athens, applies peripatetic intervention and distributes free condoms and sterile equipment (syringes, alcohol wipes, serums etc.) to active IDUS.

In addition to providing clean needles, the outreach program can also act as a portal through which ID users are informed about safe injection practices, they are trained in safer sex practices, they are informed about all the available drug preventive services and they can be interconnected to specific infections units, when necessary.

The majority of IDUs that the outreach team met in the center of Athens were Greek Nationality. Other source countries were Algeria, Afghanistan, Georgia, Morocco, Iraq, Pakistan, Albania, Somalia and Nigeria. 5 outreach workers per shift / 2 shifts per week are working throughout the year. The outreach team distributed 15200 "kits".

In total through HCDCP services 152,080 syringes were distributed (Table 9) .

Table 9. HCDCP NSP programmes

	2012	2013
N of syringes distributed per year	135,000	152,080
N of condoms distributed per year	17,850	45,900

During the outreach work in mobile units the Psychologists and Sociologists personnel of HCDCP conducted 814 unique interviews among IDUs visiting the services.

NGOs Participation in Response to HIV epidemic among IDUS

The NGOs actively involved in the implementing HIV prevention programs since the beginning and are also actively involved in designing and response of the current epidemic through participation in the intersectoral committee.

NGOs Positive Voice, Centre for Life and Praksis participated in the OKANA network for distribution of syringes

NGO Act UP due to the HIV epidemic among IDUs the NGO intensified the activities for IDUs. In 2013, the NGO distributed 10,000 syringes and 10,000 condoms.

Act UP organized training for the volunteers and HelMSIC outreach work teams for IDUs. Topics addressed included: cultural mediation, risk Assessment, Practical methodology of street work, Troubleshooting /crisis management and tackling dangerous biological fluids. Trainers were consultants dependencies OKANA the KETHEA and 18 - ANO, doctor , psychologists and former IDUs .

HIV PREVENTION AMONG MSM

NGO Positive Voice

1. In response to the results of EMIS study which enforced the need of adjusting prevention programs for MSM (prevention, ways of transmission, testing) the NGO has started in collaboration with HCDCP and private funding the **Ath Checkpoint** in November 2012

It is a novel, non-clinical HIV prevention promotion and testing facility, centrally situated. Services include free rapid HIV testing and counseling about HIV/AIDS, other STIs and safer sex practices, linkage to further health care services upon a reactive rapid test result and outreach work as well with free condoms, lube and informative material distribution.

HCDCP organized and provided the training of the staff on counseling and psychosocial issues related to HIV. It also provides on weekly or fortnightly basis:

- Supervision to the staff of the Athens Check Point Program, conducted by psychologists, members of the Aids Counseling Center staff
- Support groups for the staff of the Athens Check Point Program, conducted by the sociologist of the Office of Psychosocial Support and by psychologists, members of the Aids Counseling Center staff

The centre since November 2012 to December 2013, has carried out a total of 2.972 testing appointments of which the 3.5 % were positive.

2. Condom distribution: street work & collaborations: Positive Voice does regular weekly street works towards most at risk groups (men who have sex with men, sex workers, intravenous drug users). Moreover, they collaborate with most of the venues frequented by MSM. During 2013, more than 700,000 condoms have been distributed.

3. «We live like you» campaign: Awareness campaign on LGBT issues. Production of printed material and briefings General Secretariat for Youth 20,000 07/11 – 2012

NGO Colour Youth

1. Training programs on HIV and STIs for LGBTQ Youth. 1 program was organized in collaboration with HelMSIC.

2. A Peer education event on Fight Stigma and Discrimination for LGBTQ Youth was organized and 50 members of LGBTQ Youth Community attended it

MIGRANTS

Two studies have started in 2013 which aim to provide data on migrant's health including HIV prevalence and behavioural data as well as linkage to services for those tested positive. The aim of the studies is also to identify the structural, cultural and financial barriers to HIV prevention, diagnosis and treatment for emigrants in order to guide prevention services.

Hprolipsis

The National and Kapodistrian University of Athens in collaboration with the NGOs "Doctors of the World" and "PRAKSIS" and all Schools of Medicine in Greece initiated the first National Health Examination Survey on HCV, HBV and HIV. Hprolipsis combine questionnaire data with blood exams. The target populations are: a) general adult (≥ 18 years) population; b) Roma; c) emigrants.

The main aims are: a) to estimate the prevalence of main risk factors for the 3 infectious diseases; b) estimate the prevalence of HCV, HBV and HIV; c) investigate barriers to access public health system; d) investigate knowledge level and sexual behavior; e) run awareness campaigns in the three target populations; f) provide counseling to seropositive participants and

link them to public health services; g) vaccinate for hepatitis B participants from vulnerable populations (Roma/ emigrants).

Sample size for migrants: a 600 sample reflecting gender, age and nationality distribution of emigrants living in Greece. Oversampling from specific nationalities representing recent migrants will be considered.

Time schedule: The field study is underway. It is expected to finish at the end of 2014. First results are expected to be published by April 2015.

Funding:

EU and National resources.

aMASE: advancing Migrant Access to health Services in Europe

aMASE consist WP14 of EuroCoord (European network of HIV/AIDS cohort studies for a global co-ordination on clinical research). EuroCoord is an excellence network funding by EU. Main aims of aMASE: a) identify the structural, cultural and financial barriers to HIV prevention, diagnosis and treatment for emigrants living in the EU; b) Determine the likely country of HIV acquisition in HIV positive emigrant population. aMASE will run two cross-sectional surveys: a) the clinic survey that refers to HIV positive individuals and b) the community survey that refers to emigrant populations.

Sample size: Clinic Survey: 4,000 participants across Europe; 300 participants in Greece (target unlikely to be reached, new estimated sample 200 participants). Community Survey: 2,000 participants across Europe; 200 participants in Greece.

Time Schedule: Surveys to be completed by the end of September 2014; first results to be published in the beginning of 2015.

NGO Praksis Targeted HIV prevention programs for migrants are implemented by the NGO funded by the E.U. grants using leaflets and written articles for the local newspapers in 8 languages (for HIV and other infectious diseases). Mobile units of the NGO offer free and anonymous testing for HIV and Hep. C in collaboration to some communities of migrants in the center of Athens, in Piraeus, in Thessaloniki and in Patras.

NGO ACT UP. In order to address the issue of identifying the victims of trafficking, the collection of information on their knowledge about the transmission of diseases and in regards of their rights, the organization has entered in a stable relationship with the organization " Afghan Community in Greece» seminars have taken place for groups of Afghans, especially young Hazzara Afghans on the subject of: Modes of transmission / prevention of HIV infection. Diagnosis and symptoms of TB, Diagnosis and prophylaxis of malaria.

Working with women's groups to support those that are in a vulnerable position such as, mothers, workers, sex workers, and their participation of actions of these women, from Ethiopia, living and working in Greece as well as informing them about HIV and how to be protected from transmission. The organization participates in a network in order to record racist violence against these vulnerable group.

SEX WORKERS

HCDCP The Day Center «Open doors» is an NSRF Programme (2007-2013), implemented by KEELPNO, which aims at the prevention of HIV / AIDS and other sexually transmitted diseases as well as the provision of mental health services to: Male, female and transgender (transvestites) sex workers and individuals belonging to vulnerable groups such as users of psychotropic substances, HIV seropositive individuals, immigrants, homeless individuals, victims of abuse and trafficking victims, as well as those at risk of social exclusion etc.

The main Objectives of the «Open doors» day center are:

- The provision of mental health, social empowerment and rehabilitation services for beneficiaries.
- The gradual integration and participation of beneficiaries in social activities, through empowerment, recognition and promotion of skills and ensure the individual human rights.
- To undertake general actions that will contribute to the de-stigmatization of beneficiaries and the health education of the community.

HCDCP. Outreach program for male sex workers (MSWs). The program started on January 10, 2012 and is addressed to men who have sex with men for money, as well as transvestites or transsexual sex workers. During 2013 the team has completed 35 outings. The program approaches the sex workers themselves but also the potential customers at: indoor environments like porn video stores with private cabins, bars, hotels, and male saunas and outdoor environments like public parks in Athens and other places in the city center. More specifically, the outreach workers have approached sex workers and clients in 3 porn cinemas, 2 cruising clubs, 3 saunas, 3 bars, 3 sex shops, 6 hotels and several outdoor environments (Pedion Areos, Omonoia sq etc). The outreach team informed or referred to different services 1575 individuals, of which some declared openly that they work as MSWs, while others indicated they were clients. The team has regular contact and cooperation with 6 MSWs who act as peer mediators between team members and the target group. Especially designed material for HIV and STI's prevention for MSM (in Greek, and English) and also material for hiv, STI's, Tuberculosis, Lice, Scabies and hiv testing (in Greek, English, French, Farsi, Arabic and Rumanian) is distributed. The outreach team has distributed more than 5000 information leaflets, 2000 gadgets and 6000 condoms.

NGO ACT UP the target group are SWs in the centre of Athens. TAMPEP methodology is used and TAMPEP material and condoms are disseminated

PRISONERS

HIV care is delivered to those prisoners known to be or found to be HIV-positive through the prison health system. Known HIV-positive men prisoners are concentrated in St Paul hospital of Korydallos prison in Athens. The prison health system itself employs a total of 20 trained therapists for counselling-based drug treatment programmes, but they are deployed in only three prisons (in the Attica/Athens region).

KETHEA As far as the services within prison are concerned, Medical and Diagnostic Centre in coordination with the therapeutic programme KETHEA EN DRASI organizes information seminars within prisons addressed to deliver health education and inform prisoners about the health consequences of drug abuse and the prevention of infectious diseases. Similar services are provided to most KETHEA's therapeutic services within prison settings that operate all over Greece.

OKANA is carrying out two pilot projects (European Cohesion Policy Funding) which target prisoners; on measures alternative to imprisonment, and on piloting two OST units in prison settings. All preparatory actions have been completed. The operation of the two substitution units is expected soon.

NGO Praksis.

Weekly interventions in prisons where people with HIV are hospitalized (detained) aiming at empowerment, legal and social welfare services.

NGO Center for Life

Practical and social support for HIV positive detainees in Ag. Pavlos Hospital, Koridalloos prison. In 2013, 2 visits were organized in order to provide the detainees with first needs good and 5 discharged persons received social support.

YOUNG PEOPLE

1. INFORMATION AND EDUCATIONAL PROGRAMS

The Ministry of Education implements programs on gender relationships and Mental Health. The programs address the issues "gender relationships - Sexual Education - HIV infection - STIs" of Sexual Health and Sexually Transmitted Infections as well as Mental Health. Prerequisite for High School Teachers to implement this program is to attend training program. There is a strong collaboration in cooperation with experts from Ministry of Health, National School of Public Health, 2nd Gynecology Clinic of Athens University and HCDCP.

During the school year 2012-2013, 1750 programs were implemented in which 1920 school teachers and 40.000 secondary education students participated. No additional funding was provided in 2013 for this program which was conducted with personnel from the Secondary Education Regional Units.

HCDCP- Office of Health Education and Awareness

The Department of Intervention in the Community - Office of Health Education and Awareness, accepts requests for information from secondary schools all over the country on a daily basis. They also accept requests for information from various parents and guardians associations, institutions and centers (such as Infectious diseases Units etc.).

From 01/01/2013 until 31/12/2013 awareness programmes on HIV/AIDS, Sexually Transmitted Diseases and smoking in young people aged 15-24 in secondary education schools, universities, Institutes of higher Education and Associations of Parents throughout Greece, were implemented.

Those programmes are carried out by a well-trained, scientific team of KEELPNO (the team consists of physicians, sociologists, psychologists and nursing professionals) in order to raise awareness on issues such as prevention of HIV/AIDS, systematic use of condom and adoption of safer sexual behaviors, information about HIV testing among others. The aim of integrating information, concerning prevention and sexuality as an essential part of life, is to strengthen the sense of responsibility in the subsequent behavior of young people.

In 2013 the scientific team informed more than 11.613 students in schools of Attica, Central Greece, Peloponnese, Cyclades and South Aegean.

HCDCP – KEELPNO Thessaloniki Office

Informing High School & University Population - Military School & Police Academy

- During 2013, **6428 High School & University Students** of the Regional Units of Thessalonica, Kavala, Drama, Serres, Xanthi, Evros, Rodopi, Imathia and Chalcidice received information on HIV prevention
- 3 informational and educational interventions were implemented with **125 students** of the Police Academy, Faculty of Training (Panorama of Hmathia).
- **300 students** along with the permanent personnel of the Supreme Joint War College (ADISPO- Thessaloniki) were educated.



Map

HCDCP – KEELPNO Thessaloniki Office

Awareness Month for High School and University Students about HIV/AIDS &STDS (December 2013) in Thessalonica and Capitals of Regional Units of the Region of Eastern Macedonia – Thrace (REMTH). .

- Interventional activities were implemented in Thessalonica, Drama, Kavala, Xanthi and Alexandroupoli.
- Informing the **General Population** in several places of Thessalonica and of Capitals of Regional Units of the Region of REMTH.
- **Street action** took place, by dispensing informative brochures and condoms in areas where young people frequent as well as at the **National Theatre of Northern Greece and of the Museum of Cinema - Film Archive of Thessalonica.**

The total number of the distributed informative material is:

- ✓ **30.000** brochures: "HIV Test and why should I do it"
- ✓ **30.000** brochures: "Do not be infected. You are alive"
- ✓ **10.000** condoms

NGO ACT UP, implements awareness interactive program for HIV/AIDS stigma, access to therapy and human rights targeted to young adults 16-18 years old using the program tool "one

Hour on AIDS activity” EFAIDS programme. In 2012, 120 young people 16-17 years old attended the program.

HeIMSIC implements a peer education project on HIV/AIDS, stigma and discrimination for medical students in all five medical schools in Greece in collaboration with ACT UP Hellas.

2 CAPICITY BUILDING

HIV/AIDS Health Education and Training HCDCP – KEELPNO Thessaloniki Office

- Experiential Educational Program (40 hours) for High School Teachers of the Department of Secondary Education of the Regional Unit of Magnesia: “Bigender relationships - Sexual Education - HIV infection - STIs” (29/1–3/2/2013). **22** High School Teachers were educated.
- Experiential Educational Program for the NGO “Positive Voice” in order to educate the personnel of the Thess Checkpoint. A Personnel of **6** people is given ongoing education and training.
- Informative Workshops and Provision of Feedback for Health Care Workers of the 5th Health Prefecture on HIV/AIDS & STDS, in the Regional Units of Larisa, Magnesia, Trikala and Karditsa. **57** Health Care Workers with the School Activities Coordinators (SAC) of the Department of Secondary Education (SE) of the respective Regional Units participated in the workshops.

GENERAL POPULATION

Main key messages for the general population are promoted through, education and communication (IEC) on HIV to the general population. Main key messages for the general population refer to safer sex, promote gender equality and fight against violence on women and prevention of MTCT. Referring to IDUS the main messages have to do with the use of clean needles and syringes as well as with safer sex practices.

HCDCP-Public Awareness Campaign «getting to zero»

The theme of the 2013 awareness campaign designed by the HCDCP (Department of Community Interventions and the Office of Health Education and Awareness) is based on the motto "getting to zero – zero new infections" and is part of the worldwide UNAIDS campaign. The purpose of this national campaign is the dissemination of information related to prevention of HIV/AIDS, the systematic use of condom and the adoption of safer sexual behaviors. This campaign was commenced on December 1st 2013 (world aids day) and runs all year round, through a network of volunteers using social media (blogs, websites etc.), where information about HIV/AIDS and STIs, as well as the services offered by the HCDCP is disseminated. Volunteers participating in this campaign disseminate this info to acquaintances and friends forming that way a human chain of information.

The "getting to zero" campaign involved:

- The construction of a central website (www.getting2zero.gr)
- The construction of a volunteer's database
- The creation of two short films lasting from 1.5 to 3 minutes

This campaign runs on an 80% voluntary basis and the costs incurred by the HCDCP concerning the creation of both videos and the creation of the Web site (6.500 € plus VAT).

Informational Campaign in Stores and super markets in collaboration with Durex condoms

As part of the World AIDS Day campaigns (1st December) and for the second consecutive year the Department for Interventions in Community and the Office of Health Education and Awareness of the HCDCP in collaboration with the Durex condoms Company, organized and implemented an awareness campaign in large stores and Super Markets in 18 locations throughout Attica. The purpose of this campaign is the dissemination of information related to prevention of HIV/AIDS, the systematic use of condom and the adoption of safer sexual behaviors to shoppers. Durex Condoms Company offered for the HCDCP campaigns (2013) the amount of 100,000 free condoms.

Cooperation with ESAKE (Greek Basketball Association)

In 2013, for the second consecutive year the Department for Interventions in Community and the Office of Health Education and Awareness of the HCDCP in collaboration with ESAKE, organized and implemented an awareness campaign with a central motto "Basketball in our Society". The purpose of this campaign is the dissemination of information related to prevention of HIV/AIDS, the systematic use of condom and the adoption of safer sexual behaviors, to sport fans in the course of Basketball games: The trained HCDCP team used stand at the entrance of the basketball courts, where informational material was distributed to more than 7,500 fans, with an average of 1500 individuals per game. In addition, more than 22,000 pamphlets were distributed by ESAKE officials in sports arenas outside Athens (Crete- Rhodes - Patras - Thessaloniki - Kavala and Drama) 10 match days (5 persons per day) Total 50 Individuals

BLOOD SAFETY

Coordinating Haemovigilance Centre, HCDCP

Seroepidemiological data for HIV infection in the blood donor population in 2012 shows that the prevalence of anti-HIV is 7.2 per 100,000 tested blood units. The frequency of anti-HIV per 100,000 blood donors in 2012 was 31.5 in first time and 4.2 in repeat blood donors ($p < 0.0001$). The profile of the seropositive donor is male, gives blood for the first time and mainly for the relative. Two blood donors were detected NAT only positive and anti-HIV negative (prevalence 1:225.933). The distribution of HIV positive donors by transmission group shows that 62 % fell into MSM transmission group (Table 10).

Table 10. Distribution of HIV positive donors by transmission group (62% fell into MSM transmission group).

HIV Seropositive donors by transmission group																								
Κατηγορία μετάδοσης	2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		Σύνολο	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Heterosexuals	5	42	4	19	7	19	9	36	13	41,2	15	39	13	46,5	11	25,6	9	20,9	11	31,4	10	24,4	107	30,1
Men who have sex with men (MSM)	4	33	11	52	16	43	15	60	18	55,6	22	58	14	50	25	58,1	27	62,8	17	48,6	27	65,9	196	55,2
Sexual contact with multi transfused patients	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0,0	0	0,0	0	0,0	0	0,0	1	0,3	
Other	3	25	2	9,5	5	13,5	1	4	1	3,2	1	3	1	3,5	2	4,7	4	9,3	5	14,3	1	2,4	26	7,3
Undetermined	0	0	3	14,5	9	24,5	0	0	0	0	0	0	0	0	5	11,6	3	7,0	2	5,7	3	7,3	25	7,0
Σύνολο	12	100	21	100	37	100	25	100	32	100	38	100	28	100	43	100	43	100	35	100	41	100	355	100

C. Politis Hellenic Coordinating Haemovigilance Centre

Resources allocated to blood safety by the Ministry of Health for all infectious diseases (HIV & hepatitis) for 2013 was 23,123,294 Euro.

The **Federation for the protection of Greek Haemophiliacs** tries among other activities to assure access to treatment (including ARVS for seropositive ones) for the haemophiliacs as well as access to safe blood products and to the allowance they receive. The federation participates in seminars and campaigns addressing HIV and stigma.

GENDER EQUALITY

The **General Secretariat for Gender Equality of the Ministry of Interior** implements the "National Program on Preventing and Combating Violence Against Women 2009 – 2013" which refers to all forms of gender based violence (e.g. domestic violence, rape, sexual harassment, trafficking in women). It is analyzed in preventive actions of the phenomenon and support of the victims on one hand and in legislative interventions that reinforce the institutional framework. Funded by the National Strategic Reference Framework "2007-2013", the total project budget will reach 30,000,000 Euros. The goal of the national program is to raise awareness and promote the specialized structures developed (SOS Helpline, Counseling Centers and Shelters). For this purpose they have produced printed material, television and radio spots and they are organizing

special events (information sessions and conferences) as part of the launching of regional Counseling Centers. For 2014, the production of radio and television spots is planned, aimed at raising awareness among different audiences that is male population, and the society at large.

PREVENTION OF MOTHER TO CHILD TRANSMISSION

Greek national guidelines recommend Triple ART for MTCT prophylaxis in all HIV(+) pregnant women who don't require ART for their own health and ZDV prophylaxis for 6 weeks to any infant born to HIV (+) women. In cases of women presenting at labour, or with detectable viral load expert opinion of a pediatric infectious disease specialist should be given in order to provide additional ART regimen to the infant for prophylaxis. Guidelines recommend not to breastfeed.

Changes in antiretroviral therapy during pregnancy are monitored by the HIV registry in HCDCP. In Greece follow up of hiv (+) mother is carried out in HIV Infectious Diseases Units which are taking care of the mother. The children are examined in two infectious diseases units. Follow up of mother to child-pairs was established in 2012 within the HIV perinatal study in order to improve monitoring of the HIV status and survival of children born to HIV-positive women. Pediatric Infectious Disease Unit in A' Paediatric Clinic of Athens University and HCDCP in collaboration with the Adult Infectious Diseases Units coordinate the study. Within this study time trends, as well as interventions implemented to reduce mother to child transmission and outcomes will be assessed.

In 2013, 25 pregnancies occurred in HIV positive women. No MTCT case was reported in 2013. To prevent *Pneumocystis jirovecii* pneumonia (PCP), all infants born to women with HIV infection should begin PCP prophylaxis at ages 4 to 6 weeks, after completing their ARV prophylaxis regimen, unless there is adequate test information to presumptively exclude HIV infection. In all children born to HIV(+) mothers in 2013 two viral loads were counted and by the age of 6 weeks HIV (-) status was known and the HIV infection was presumptively excluded.

HCDCP has taken part in conferences, raising awareness on issues on Women & HIV as wells as prevention of MCT.

NGOs "Centre for Life" and "Positive Voice" organized a conference for people who live with HIV/AIDS on the topic of "HIV and Pregnancy".

Committee on IDUs Women. An intersectoral committee, under the Public Prosecutors' Office of District Court Judges, Juvenile Division in Athens, was developed in order to address the issue of IDU women of reproductive age and more specifically the issue of prevention of MTCT of infectious diseases including HIV as well as social protection issues.

HIV TESTING and COUNCELLING IN GREECE

In 1990, HIV testing by law (circular) always confidential and voluntary, anonymous if the individual requested it and free of charge in all public hospitals and AIDS References & control centers. In that circular were mentioned the first recommendations for HIV Testing.

In 2013 and 2014 these guidelines have been revised.

According to revised recommendations HIV testing should be:

- Voluntary, confidential or anonymous (if requested);
- accompanied by informed consent (oral-written);
- accompanied by pre- and post-test counseling or brief pre-test information where counseling is not available;

Guidelines for HIV testing in Greece specifically targets a wide range of people including: MSM, IDUs, sex workers, 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/organ donors, individuals who report exposure to blood or other infectious biological specimens and pregnant women

HIV testing is always confidential and voluntary. HIV testing is mandatory for licensed sex workers and for blood, sperm/organ and tissue donors. It is required for IDUS entering drug or drug free treatment after their informed consent. HIV testing in prisons and places of detention is reported to be voluntary. HIV testing is conducted in public hospitals, AIDS references & Control Centers, in private health sector.

In addition, HIV testing is available in a range of different settings in Greece, including:

- STI/TB clinics;
- harm reduction services (for intake screening after informed consent);
- antenatal clinics
- correctional facilities (upon request);

HIV testing in public Hospitals

Specifically in 2013, HIV testing was performed almost in 99 public hospitals (total number of public hospitals across Greece is 136).

It was free of charge in 33 public hospitals. In the remaining 66 hospitals (out of 99) HIV testing was covered for insured individuals from social insurance and for uninsured individuals from the budget of the hospital.

In 2013, 8 HIV/AIDS reference & control centers,; three in the centre of Athens, two in Northern Greece (one in Thessaloniki and one in Alexandroupolis), one in Northwestern Greece (Ioannina) one in Southwestern Greece (Crete) and one in Southern part of Greece (Patra) were in place.

AIDS reference & control centers are responsible for the following activities:

- Initial HIV testing (screening)
- Confirmatory testing
- Specified assays for the immunologic and virologic monitoring of HIV patients.
- Contribution to the main surveillance activities
- Quality control of other laboratories

Initial HIV screening was performed in 5 to 8 AIDS references centers and it was free of charge regardless of insurance status (in the following cities Ionnina, Patra, Alexandroupoli, Thessaloniki). Two out of three National AIDS references centers in Athens were responsible only for the confirmation of HIV whilst in one out of three HIV screening assays (A.SYGGROS hospital) were also performed.

In the centre of Athens free and anonymous HIV testing was performed in one public hospital through EU funds. Additionally, free of charge HIV testing for IDUs was performed by one reference centre funded by EU.

Five out of three AIDS references centers were funded by MoH through HCDCP and all of them are in close collaboration with HCDCP. The total number of initial tests besides blood doors control performed in 2013 came up to 21.451. The aforementioned data reobtained only from HIV/AIDS References centers.

HIV testing is conducted using ELISA tests with confirmatory tests being conducted in HIV/AIDS Reference Centers.

Despite the national policy on HIV testing and recommendations for annual testing for some key populations, a national overview of the number of HIV tests performed is not available overall or by key population. However, HCDCP tries to enhance the existed testing monitoring system. In 2013 the only available data regarding HIV testing categories were the following:

IDUs	5496	Data from 4 AIDS references centers
Non-nationals	1441	Data from 1 AIDS reference center

Rapid testing is reported to be used in pregnancy, in emergency settings and after occupational exposure. Tests using capillary blood or oral mucosal transudate are not widely available in clinical settings. However, they are used in community settings by NGOs, e.g. by PRAKSIS or by Athens Check Point. Individuals tested positive in community settings are linked to clinical testing facilities.

Community based testing

NGO Praksis implements a project financed by the European Cohesion Policy Fund (NSRF 2007–2013) with an aim to increase testing in vulnerable groups (migrants, sex workers and their clients, victims of trafficking, MSM and IDUs) in Athens area and link confirmed positive cases to treatment care and support services. Confirmed cases are linked to Evaggelismos Infectious Diseases Unit. The NGO runs another project funded by European Cohesion Policy Fund (NSRF 2007–2013) that facilitates access to treatment and support services and through this project health care personnel has been hired.

During 2013 (January 2013 - December 2013) PRAKSIS has carried out a total of 5576 testing appointments.

1. TESTING AND COUNCELING

Free and anonymous saliva testing for HIV and hepatitis C is performed through PRAKSIS polyclinics in Athens and in Thessaloniki, through mobile units and the day center in Athens, Thessaloniki and Patras and also through spare mobile units in the borders when ERF launches emergency projects for asylum seekers/refugees . Pre and posttest Counseling is offered.

2. INFORMATION - SCREENING ENCOURAGEMENT

Modular campaign of awareness about HIV, hepatitis B & C, under the auspices of MoH through tv and radio spots takes place.

3 .PILOT CAMPAIGN FOR HEPATITIS B testing

Free and anonymous HBV testing was offered to a group of 300 people in Thessaloniki. Effort to link seropositive persons to care the hospitals in North Greece independently of their insurance status, was made. PRAKSIS keeps advocating for free access to health care and treatment.

Ath Check point - NGO Positive Voice in collaboration with HCDCP and the municipality of Athens has a non-clinical HIV prevention promotion and testing facility since November 2012 in the centre of Athens. A total of 2.972 testing appointments (November 2012 to December 2013) have been performed

HIV TESTING WEEK

PRAKSIS has participated in collaboration with many organizations around Europe, in the HIV TESTING WEEK through the polyclinics, the mobile units (5) and the day centers in Athens, Thessaloniki and Patras. Special VIP guests were tested (politicians, actors, food ball players, ambassadors, journalists) in order to create social awareness and encourage people to get tested. NGOs Athens Checkpoint and Centre for life and Colour Youth also took part in the event

Pre and Posttest Counseling Services offered by /HCDCP

1. Athens Aids Helpline: Clinical work

Operates with two shifts Monday to Friday (9:00-21:00)

Provides the general public with the opportunity to discuss personal issues anonymously and confidentially. Located at KEELPNO Headquarters since April 2011.

Content:

- Pre - test counseling
- Post - test counseling
- Information and counseling to professionals of various specialties
- Evaluation of requests and referrals to appropriate services

Results: total number of Calls in 2013: 3.641 calls

2. Athens Aids Counseling Center: Clinical work

Located at the "A. Syggros" Hospital, accepts mainly upon appointment (Monday – Friday), individuals from all over Greece. Since 1992 when the Service was founded, up to December 2013, it has accommodated 3.404 individuals.

Content:

- Pre - test counseling
- Post - test counseling
- Counseling and psychological support to PLWHIV
- Psychological support and individual psychotherapy
- Group analytic psychotherapy
- Support groups for medical staff
- Social work
- Psychiatric evaluation and follow up

Results:

- Total newcomers¹ for 2013: 115 individuals. More specifically, 41 cases requested pre counseling, 73 cases were PLWHIV, and 1 case approached the Center with other kind of requests.
- Total of scheduled sessions for 2013: 1.680 sessions (session duration 45-60 min). The above number refers to both newcomers as well as old cases that continue their psychotherapeutic work. Furthermore two psychotherapeutic groups for PLWHIV have operated on a weekly basis.
- Additionally counseling and psychological support (rendered by two psychologists, members of the Aids Helpline staff) to patients of the following hospitals: 1."Attikon" Hospital, Unit of Special Infections (twice weekly), 2) "Agioli Anargiroi" Hospital (3 times weekly). In total 415 sessions (session duration: 45-60 min) were conducted in 2013.

¹ Refers to the number of cases that addressed the Counseling Center for the first time during 2013

3. Thessaloniki Counseling AIDS Help Line

Offering information anonymously and in a confidential way for the General Population, specific groups and seropositive people can contribute to safer sex behavior engagement, elimination of new HIV cases and the discrimination against people who are affected by HIV/AIDS. The referral to other health services can reduce the work load and decrease the health cost.

In order to provide individually information about the ways of transmission and protection regarding HIV/AIDS and STDS and HIV testing, anonymous and confidential provision of information and counselling are offered.

477 phone calls were answered. The following Graph shows the distribution of phone calls per sex. Men are mostly calling the Help Line (Figure 5.).

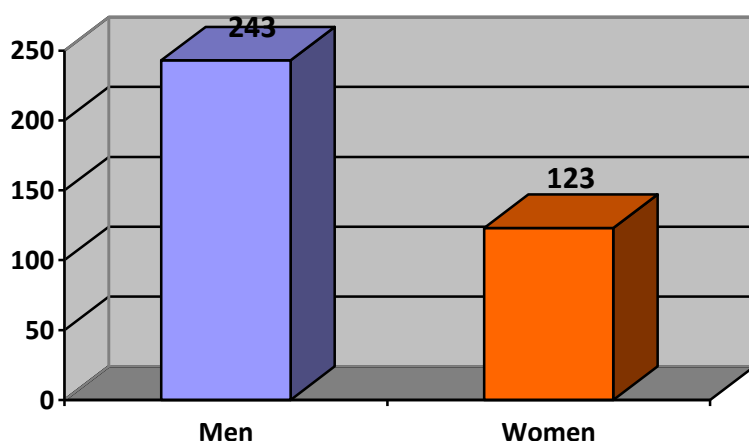


Figure 5. Call distribution per sex, in 2013. (243 calls from Men and 123 from Women)

4. Thessaloniki Counselling Centre: Clinical Work

Seropositive people face new life situations that many times demand changes in their everyday lives and adjustment to them in order to maintain their mental health. Counselling for HIV people and their significant others is necessary and complementary part of their treatment. Counselling, psychological support and psychotherapy to HIV people, their partners and family members are offered. In addition, counselling is offered to people with AIDS – Phobia and counseling for Pre and Post HIV Testing.

295 sessions were conducted. The following Graphs show the distribution per sex and the distribution according to whether someone is seropositive or a member of the family or person with AIDS - Phobia (Figure 6. & 7.).

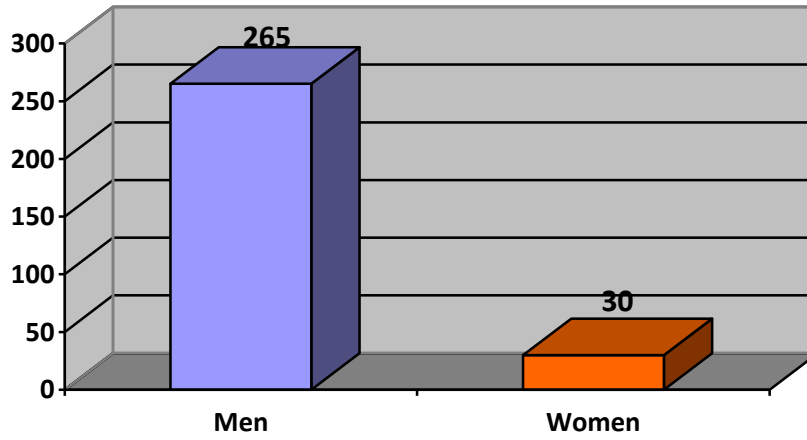


Figure 6. Session distribution per sex, in 2013 (265 sessions for Men and 30 for Women)

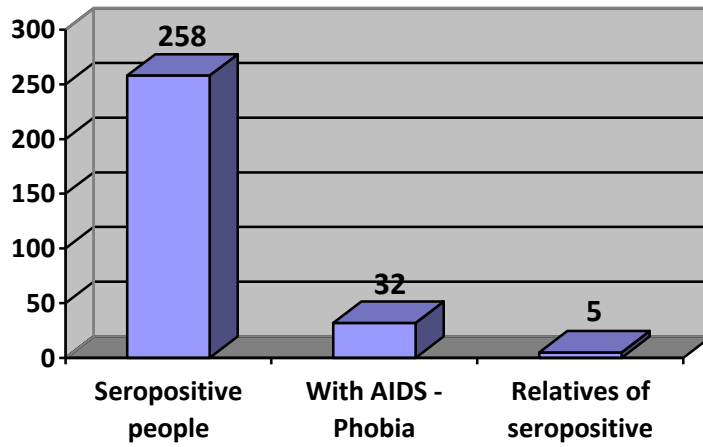


Figure 7. Session distribution per category (258 for seropositive people, 32 for people with AIDS - Phobia and 5 for relatives of seropositive people)

TREATMENT, CARE AND SUPPORT

Antiretroviral treatment

Antiretroviral treatment in Greece is administered by 16 infectious diseases clinics and 8 outpatient clinics spread throughout Greece (11 and 6, respectively in the Athens area). The infectious diseases units provide specialised services for treatment, care and support. Twenty seven different antiretroviral drugs are used falling within 6 classes. The drug supply is provided through the Institute of Pharmaceutical Research and Technology (IFET). The procedure of recording and monitoring ART administration is performed by HCDCP through an HIV/AIDS registry which records CD4 count, viral load, genotype resistance, clinical stage at ART initiation, ART regimen, and subsequent changes to the ART regimen.

National guidelines taking into account the European guidelines (EACS) are developed by HCDCP in collaboration with the Hellenic Society for Study and Control of AIDS. HIV infected persons in Greece have access to and receive highly active anti-retroviral therapy. According to the national guidelines, initial assessment of a person with HIV includes medical history, examination, and laboratory and immunologic testing.

According to the guidelines, ART is always recommended in any HIV-positive person with a current CD4-count below 350 cells/ μ L. Use of ART is also recommended in HIV patients with CD4-count 350-500 cells/ μ L in case of: symptomatic disease (CDC B or C conditions) including tuberculosis, hepatitis C co-infection, hepatitis B co-infection, HIV-associated nephropathy or other specific organic deficiency, HIV-associated neurocognitive impairment, pregnancy (before third trimester) or malignancy (Hodgkin's lymphoma, HPV-associated cancers). While in HIV patients with CD4-count >500 cells/ μ L treatment should generally be deferred, it is recommended in presence of the above co-morbid conditions (see CD4 350-500) (except for: HBV not requiring anti-HBV treatment, HCV for which anti-HCV treatment is being considered or given and HCV for which anti-HCV treatment is not feasible, where it is considered).

Initiation of ART should be considered for patients with CD4-count 350-500 and >500 cells/ μ L under the following circumstances: asymptomatic HIV infection, primary HIV infection, other non-AIDS-defining cancers requiring chemo- and/ or radiotherapy, auto-immune disease otherwise unexplained, high risk for CVD (>20% estimated 10 yrs. risk or history of CVD).

The consideration to start ART may be individualized regardless of CD4-count and plasma HIV RNA level, especially if a patient is requesting ARV therapy and ready to start, and/or for any other personal reasons.

The national guidelines have been revised according to the latest version of EACS guidelines (October 2013) and they will soon be released.

Treatment initiation

Among 808 diagnosed and reported to HCDCP in 2013, 580 were linked to care and out of them 429 initiated treatment. Specifically for the IDUs tested positive for HIV from 2011 to 2013, almost 66% have visited an infectious disease centre. Among them, 73% have initiated ART.

By the end of 2013, 6275 patients in Greece were receiving antiretroviral treatment, an increase from the reported numbers of persons on ART in December 2010 (5114). Most persons receiving ART have been men (83%), which were mostly MSM. During 2013, 806 persons initiated antiretroviral treatment; MSM 342 (42.4%), IDU 257 (31.9%) and heterosexuals 131 (16.3%) (Table 11).

Table 11: Persons initiating antiretroviral treatment by transmission group.**Greece, 2009-2013**

Transmission group	2009	2010	2011	2012	2013
IDUs	8 (1.7%)	14 (2.6%)	72 (11.5%)	209 (30.5%)	257 (31.9%)
MSM	272 (58.5%)	364 (68.5%)	365 (58.1%)	291 (42.5%)	342 (42.4%)
Heterosexuals	120 (25.8%)	109 (20.5%)	141 (22.5%)	132 (19.3%)	131 (16.3%)

Cost of ART treatment and Cost coverage issues.

The mean annual cost of antiretroviral treatment is about 7500 Euros/ per patient. ART is provided free of charge for the insured population (including greek citizens, EU citizens and legally-residents of other countries), as well as, refugees, asylum seekers and people who are granted asylum for humanitarian reasons who under law have the same rights with greek nationals. Hospitals may provide free-of-charge access to urgent ART, paid either through social welfare or from the hospital's own budget. All individuals including undocumented migrants are offered care under the Ministry of Health decision N. Y4A/OIK45610/2012 in case of emergency or life-threatening situations including HIV and other infectious diseases until stabilization of their health. Primary health Care is offered to the migrants in First Reception Centers according Ministerial Decision Y1.Γ.Π οικ 92490 FEK B'/2745.29-10-2013.

Every effort is made by HCDCP to resolve problems concerning access to antiretroviral treatment for the uninsured HIV+ persons. Each case needs individual handling and collaboration with a variety of services, such as hospitals, social services, ministries.

During this time of deep financial crisis a lot of individuals became uninsured in the past two years which created a great difficulty to services responsible for social protection. A circular by the Ministry of Labour, Welfare and Social Insurance (Δ28.οικ.41730/3670) has been disseminated in the end of 2013 to provide accurate information to access for the uninsured population. A joint ministerial decision, which aims to facilitate access to treatment and care of uninsured population including HIV patients and address financial cost for treatment, was prepared and is expected to be activated in 2014.

Treatment as Prevention

Treatment as prevention (TASP) is a term increasingly used to describe HIV prevention methods that use antiretroviral treatment to decrease the chance of HIV transmission. An individual may choose to initiate treatment earlier, if given this option, to help prevent the transmission of HIV to sexual partner(s). Antiretroviral therapy is already used in several ways to prevent HIV from being transmitted. These uses are often cited in arguments that support the idea of treatment as prevention being utilised on a larger scale, to lower transmission rates among a population.

In Greece TASP is currently used:

- Prevention of mother-to-child transmission (PMTCT): HIV-positive pregnant women take antiretroviral drugs to reduce the chances of transmitting HIV to their baby.
- Post exposure prophylaxis (PEP): If a person has been exposed to HIV a short course of antiretroviral drugs is offered to reduce their chances of becoming infected with the virus. PEP is used in both occupational and non-occupational settings.
- According to current guidelines the consideration to start ART may be individualized regardless of CD4-count and plasma HIV RNA level, especially if a patient is requesting ART and is ready to start, and/or for any other personal reasons.

Care and Support Services

Services Provided by HCDCP

Financial support

According to the Greek law all Greek citizens and citizens of the EU Member States residing in Greece who are infected with HIV are entitled to a monthly financial allowance. The Hellenic Center for Disease Control and Prevention provides also social support to infected persons and supports financially people in need. Beneficiaries are individuals with no income, homeless, families with hiv+ members, elderly people, released HIV (+) prisoners and people with no job opportunities and capacities. During 2013 almost 32.000 € were offered in the form of super market coupons, or through the cover of basic needs and of several services (such as bills, issuance of legal documents, nurses, legal support etc).

Housing

- HCDCP runs a guesthouse in Piraeus which provides support for people living with HIV in Piraeus where housing, medical services, recreational and psychosocial support services are provided.
- HCDC runs a Halfway House. The Halfway House provides many services to each person configuring a personalized programme depending on his/her special needs. Most notably the following are provided: primary health care (medical examination, medical treatment, referral and follow up), health promotion (screening control, briefing). Moreover, in secondary level for the HIV/AIDS (monitoring of beneficiaries compliance of with antiretroviral treatment in cooperation with Infectious diseases Units is performed, Furthermore, individual psychotherapy counselling sessions, consulting support to children, social welfare issues, parents counselling, educational meetings for the scientific- executive personnel are provided. The specialized staff of the housing center is composed by a doctor, a psychologist, a child-psychologist, a social worker, administrative staff and the supervisor of the shelter. The shelter may accommodate up to 18 people (9 men, 9 women) and the maximum duration of the lodging is 18 months. The housing center operates from October 2009 and from the beginning of its function 45 people have been hosted and 37 people have been served as external beneficiaries.

Counseling and Support

- The Office for Psychosocial Support and Psychotherapeutic Interventions offers counseling and psychosocial support to hiv+ people, information concerning social issues and social benefits, information and interventions concerning legal issues and human rights. Also the Office implements interventions in community level dealing with crisis, discrimination and stigma, in order to sensitize public opinion.
- The Athens AIDS Helpline and Counselling Center (staffed by psychologists, a social worker and a psychiatrist) offers information, psychological support, counselling, support and guidance for social issues as well as psychiatric services to people living with HIV, partners or relatives. Furthermore individual and group long term psychotherapy for people living with HIV is provided by trained psychotherapists of the Counselling Centre.

SUPPORT SERVICES PROVIDED BY NGOS

NGOPRAKSIS

1. LINKAGE TO CARE

Throughout 2013 PRAKSIS runs a program of linkage to care with one of the biggest hospitals in Athens "Evangelismos", covering costs for diagnostics, further tests needed and antiretroviral treatment.

2. ONE STOP SHOP for HIV+ PEOPLE WHO USE DRUGS

In collaboration with "Evangelismos Special Infection Unit" DOT treatment to people living with HIV that they are active drug users is provided. Medicines together with all other services (food, baths, clothing, and other medical services) are distributed through our day centres in Athens and Piraeus.

3. PRAKSIS SUPPORT (empowerment of people living with HIV/AIDS)

Labor, social welfare, legal aid on different topics for those living with HIV/AIDS

NGO CENTRE FOR LIFE (CFL)

Funded by private donors

1. Social support services for PLWH, their partners and family members. In 2013 238 appointments took place and 168 persons received social support.

2. Psychological support services for PLWH, their partners and family members

- Psychological Counselling and Psychotherapy to PLWH, their partners and family members
- Pre- Test and Post- Test Counselling

In 2013, 545 sessions took place and 97 persons received counselling.

3. Legal Support office for PLWH

Legal counseling and legal representation in relation to PLWHA' s rights and in particular access to healthcare, privacy policy (HIV testing as a hiring prerequisite, non-consensual HIV testing, refusal to provide medical services, exclusion from therapy – Uninsured HIV+ people), right of Detainees

In 2013 119 persons had access to services, 5 persons had legal and court representation, and 7 interventions regarding PLWHAs rights took place.

4. Drop-in Center for PLWH

The Drop- In centre is open three afternoons per week (Mondays, Wednesdays, Saturdays) 6.00-10.00 pm. Trained volunteers monitor the premises, welcome and inform the new visitors, provide emotional support to visitors, offer lunch, coffee and beverages. Informative lectures with guest speakers, Recreational events, parties, day excursions and other events are organized throughout the year. Self-support groups for PLWHA are conducted (10 meetings for each groups of about 10 participants). In 2013 2.416 visitors attended the services. Several theater visits, music performances, film evenings took place.

7. Buddies Program

Home and Hospital Visits supporting PLWH emotionally and practically. In 2013, 3 people were provided with the Home visits program (1 visit / week for 2 hours) and more than 10 people were provided with hospital visits service upon request (frequency differed depending on the situation)

8. HIV Positive Women Support Program

Psychological support and reinforcement adjusted to the needs of women living with HIV. In 2013, a support group of HIV positive women, meeting once per week for 2 hours was created. 7 women attended the group and around 15 meetings were conducted.

A Day meeting event: "HIV and Women" with 4 guest speakers and 2 coordinators was organized in 2013 with more than 30 participants.

NGO POSITIVE VOICE

Empowerment: The Positive Voice headquarters has welcomed and answered to more than 800 requests (visits, phone calls, e-mails) for help in issues regarding the access to the Health System and to Welfare Services but also for information about HIV/AIDS. On these grounds, more than 100 hourly meetings with people have been accomplished.

HIV & I: The program of meetings, information and networking among people living with HIV was continued in 2013. There have been 5 meetings all held in both Athens and Thessaloniki.

Book "Living with HIV" A comprehensive manual for people living with HIV / AIDS [reprint] was issued in 2013.

«**Positive Calendar**» application for smartphones [i-phone & android] for better supervision of personal medical data of PLHIV.

REDUCE STIGMA AND DISCRIMINATION

- **HCDCP.** The Office for Psychosocial Support and Psychotherapeutic Interventions as well as the Office of AIDS Helpline and Counselling Center implement activities regarding stigma and discrimination, educational activities (often in collaboration with other relevant offices of HCDCP as well as with NGOs) aiming to sensitize public opinion professionals.
- **NGOs Positive Voice and Centre for Life** collaborate on research regarding stigma and discrimination against people living with HIV (Stigma Index).
- **NGO Positive Voice**
All through 2013 Positive Voice has made a series of contact with bearers of the state and those organizations relevant to policies that affect the access to medicines for the HIV and to Public Welfare services. The association's role was resolute, as far as the formulation and publication of relevant newsletters are concerned. This is a steady procedure ever since the founding of the association, that is being intensified. Positive Voice organized 2 big events, with a view to informing and raising awareness to the public about HIV/AIDS and the use of condom, and also to the cooperation with MPs of the Greek Parliament in matters of advocacy: In February, International Condom Day and in December, International AIDS Day. Finally it organised a conference on HIV/AIDS and Law.
- **NGO ACT UP DECEMBER 1ST -WORLD AIDS DAY**
Workshops were held in conjunction with the OPEN CITY , radio station RED, the ACT UP NY, MDM , the KETHEA and Solidarity Initiative against prosecution of seropositive women " HIV/AIDS as a political issue and 30 years of ACT UP presence in Greece " with the objectives :
Support of persecuted seropositive women
Analysis of the political importance of HIV / AIDS
Investigating the relationship of stigma / gender and HIV
- **NGO PRAKSIS**
Networking with other associations, NGOs and stakeholders.
Advocating towards stakeholders for issues that concern: access to testing, medicines, treatment concerning HIV and co-infections.
Speeches and interventions in international, European and Hellenic conferences.
- **NGO Centre for Life**
The "Stop Stigma" Campaign an awareness raising campaign against Stigma and Discrimination experienced by people living with HIV/AIDS. The campaign was firstly presented in 2011. The second launch of the campaign in 2012 involved the production of a web and TV spot as well as posters, including information on HIV prevention, transmission and examination as well as encouragement for fighting stigma. The Centre in 2013, developed and freely distributed, the second edition of the Protection Guide against the Violations of Social Rights of people living with HIV/AIDS. 2.500 copies were printed, 1.500 copies were distributed in all public hospitals with infectious diseases units around the country, 300 copies were distributed in other bodies and NGOs related to PLWHA.

CAPACITY BUILDING OF THE HEALTH CARE PERSONNEL

HCDCP promotes the capacity building of its health care personnel through attendance of scientific conferences and specialized training courses.

It disseminates information to all Health care personnel through its website and presentations to national and international conferences.

It provides capacity building and training to HIV implementers through the EU Joint Action on Quality Improvement of HIV prevention

Hellenic Society for Study and Control of AIDS organized in 2013, the 25th Panhellenic Conference of AIDS. The aim of the Conference was to bring participants close to latest developments of international research for HIV infection, to inform better doctors of various specialties, and all other of health scientists and students. The program included roundtable sessions, lectures, tutorials and interactive sessions on epidemiology, pathogenetic mechanisms, complications, treatment, prevention and protection strategies in the laboratory and dental clinic in an effort to reduce the spread and improve the quality of treatment for HIV patients. The program included as well workshops for students and dentists, informative sessions for Fire Brigade personnel, Greek police and school students of professional high schools (Vocational training High School). During the conference a photography exhibition entitled "The face of hope" was organized. At the same time in some football games, in the super league matches, slogans about condom protection were presented.

The HSCA participated in the debate "AIDS in GREECE in 2013" in the framework of the 39th Annual Panhellenic Medical Congress that was conducted in Athens 22 -25/5/2013 and in the European week of HIV testing (22-29/11/13).

MONITORING AND EVALUATION

The country reports to UNAIDS and Dublin Declaration using indicators provided. For these an ad hoc working Group is developed. The questionnaires are disseminated to all relevant stakeholders (Ministries, Public Health Organizations, NGOs, Academia, and Scientific Societies) in order to be completed in a participatory way. Data on HIV implemented projects is gathered as well as research outcomes. The Hellenic Centre for Disease Control and Prevention is responsible for collecting the indicators data, collating information and developing the narrative report and the National Commitment and policy Instrument. For 2014 reporting only the Dublin Declaration Questionnaire Part A was asked by the GARP mechanism to be completed by the Governmental Organizations. The 2014 Dublin Declaration Questionnaire Part B is completed by members of the civil society.

Surveys have been organized especially for these reports using UNAIDS questionnaires and information through other behavioural surveys such as EMIS (the European MSM Internet study) was collected. Information on indicators about HIV among IDUs is derived from data collected by the Greek Reitox focal point. Data on HIV epidemiology is derived from the national HIV surveillance system. The narrative report, the indicators and the national commitment and policy instrument are uploaded in the HCDCP website and distributed to relevant stakeholders.

Monitoring of implemented activities and national response comes indirectly through the HIV Surveillance data, GARP monitoring of international commitments, external risk assessments by ECDC, EMCDDA and WHO during the HIV epidemic among IDUs as well as monitoring and evaluation procedures of projects implemented either under NSRF or projects implemented within the stakeholders annual working plans.

Although through all these procedures data on relevant indicators have accelerated over years a full assessment of current M&E activities is need in order to have a strong Monitoring and Evaluation (M&E) mechanism to oversee the national response with a specific TOR needs implemented in close collaboration with relevant stakeholders.

NATIONAL GARP TEAM 2014

RESPONSIBLE FOR THE SUBMISSION OF NATIONAL REPORT ON HIV/AIDS TO UNAIDS , ECDC AND WHO

Pr J. Kremastinou : President of the Board, Hellenic Centre for Disease Control and Prevention (KEELPNO)

Dr Th. Papadimitriou: General Director, Hellenic Centre for Disease Control and Prevention

COORDINATION OF DATA COLLECTION AND REVISION

V. Konte, MD, HIV & STIs Office, Hellenic Centre for Disease Control and Prevention

C. Botsi, MD, Office of the President, Hellenic Centre for Disease Control and Prevention

DATA PROVISION AND CONTRIBUTIONS IN THE REPORT

HELLENIC CENTRE FOR DISEASE CONTROL- KEELPNO

POLICY AND STRATEGIC PLANNING

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Office of the President,: C. Botsi, MD

EPIDEMIOLOGY AND SURVEILLANCE, HIV TESTING, TREATMENT, TB HIV COINFECTION, PMTCT AND MONITORING

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BLOOD SAFETY

Haemovigilance Centre: C. Politis

NATIONAL FUNDING MATRIX

Financial Department : K. Polyzou

HUMAN RIGHTS- LEGAL ISSUES

Heal Legal Advisor on Ethics, Deontology and Human Rights KEELPNO:DrHarris Politis

President's OFFICE: C. Botsi (Data provided in 2013)

ADMINISTRATIVE SUPPORT

HIV & STIs Office:Anastasia Mintzia

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MINISTRY OF HEALTH

Blood Safety :

Directorate for Development of Health Services: V. Fakoukaki

NSRF

E.Y.T.Y.K.A:G. Zervos

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- **General Secretariat for Gender Equality**
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- **Directorate of Migration Policy**
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MINISTRY OF JUSTICE

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Ms Nikolaou

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GREEK REITOX FOCAL POINT

EPIDEMIOLOGICAL AND TARGET DATA PROVISION FOR IDUs

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M. Lazanas. G.Chryssos

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MIGRANTS STUDIES- Hprolipsis& aMASE

Ass.Prof G.Touloumi, Medical School, University of Athnes

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Center for Life: A. Kavouri

Colour Youth: G-K Charonis, K.Panagiotopoulos

Greek Haemophilia Society (GHS): J. Pittadaki

HeIMSiC D-A Lalou S.Tsakatikas

Positive Voice, ApostolosKalogiannis &Sophocles Chanos

Praksis: M. Kloka

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MSF: A.Veizis