

**UNGASS COUNTRY PROGRESS REPORT 2010**

**GREECE**

**HELLENIC CENTRE FOR DISEASES CONTROL AND  
PREVENTION**

**MINISTRY OF HEALTH AND SOCIAL SOLIDARITY**

Reporting period: January – December 2009

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HELLENIC CENTRE FOR DISEASES CONTROL AND PREVENTION

3-5 AGRAFON STR.,

AMAROUSIO, GREECE

## COUNTRY REPORTING FORMAT

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## **ACRONYMS**

ARV: antiretrovirals

CS: civil society

HAART: Highly Active Antiretroviral Therapy

HCDCP: Hellenic Centre for Disease Control and Prevention

IDUs: Intravenous Drug Users

LGBT: Lesbian Gay Bisexual Transexual

MoH: Ministry of Health and Social Solidarity

MTCT: Mother to Child Transmission

NA: Non available

NGOs: Non Governmental Organizations

PLWH: People Living with HIV

STIs: Sexually Transmitted Infections

## II. Status at a Glance

- a. Stakeholders: The UNGASS questionnaires and other relevant questions were disseminated to Ministries, Institutions and NGOs.
- b. Status of the epidemic:

The HIV epidemic in Greece started in the early 80s. The reported number of HIV infections was steadily increasing during the 90s. The large number of cases observed in 1999 is attributed to a retrospective collection of data. Greece experienced a substantial upward shift in HIV epidemic after 2004. An increasing trend was also obvious in 2008. AIDS trend analysis faced two important changes in the history of the infection: the expansion of case definition in 1993 and the use of highly active antiretroviral therapy at 1996. The increase observed in AIDS incidence during 1993-96 is due to the large number of new AIDS cases diagnosed using the expanded case definition. On the contrary, HAART caused a marked decline in AIDS incidence after 1997, which remains low during recent years (<http://www.keelpno.gr/keelpno/2009/hiv/epidimiologiko.pdf>).

## III. Overview of the HIV/AIDS epidemic

The HIV epidemic in Greece is concentrated on high-risk behavior groups. The most affected sub-groups include MSM and IDUs.

### **HIV/AIDS in Greece**

**(From the beginning of the epidemic through 31/10/2009)<sup>1</sup>**

Reported cases of HIV infection: 9,798

Men: 7,881

Women: 1,869

Children: 98

Reported AIDS cases: 3,027

Reported number of deaths among AIDS cases: 1,613

### **Risk groups**

MSM: 4,511

Heterosexuals: 2,220

Heterosexuals originated from countries with generalized epidemics: 774

IDUs: 329

Haemophiliacs and transfused: 329

MTCT: 57

Undetermined: 2,348

### **New infections in 2009 (31/10/2009): 462**

Men: 385 (83.3%)

Women: 77 (16,7 %)

Children: 0

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<sup>1</sup> Hellenic Centre for Diseases Control and prevention (HCDCP)

### Risk groups for 2009 (31/10/2009)

MSM: 176 (38,1%)  
 Heterosexual contact: 69 (14,9%)  
 IDUs: 10 (2,2%)  
 MTCT: 0 (0,0%)  
 Undetermined: 206 (44,6%)

### AIDS cases in 2009 (31/10/2009): 73

Men: 57  
 Women: 16  
 Children: 0

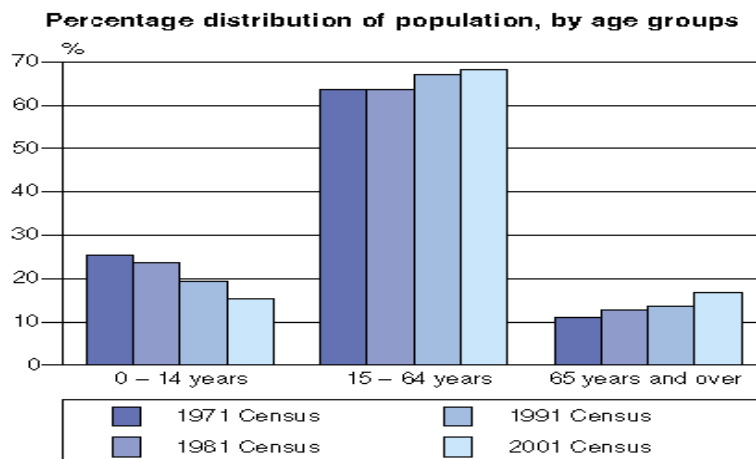
The country's population, at the end of 2001, was 10,964.020 thousand according to the National Statistical Service of Greece. Over the last 20 years there is an unfavorable situation in terms of the future reproduction of the population with increasing numbers of the elders (Table 1, 2).

**Table 1: Population in Greece by sex and age groups**

<b>I. POPULATION</b>				
Ia. De facto population of Greece, by sex and age groups				
	Censuses			
	1971 <sup>(1)</sup>	1981 <sup>(1)</sup>	1991 <sup>(1)</sup>	2001 <sup>(1)</sup>
<b>Greece, total</b> .....	<b>8.768.372</b>	<b>9.739.589</b>	<b>10.259.900</b>	<b>10.964.020</b>
<b>Males</b> .....	4.286.748	4.779.571	5.055.408	5.427.682
<b>Females</b> .....	4.481.624	4.960.018	5.204.492	5.536.338
0 – 14 years .....	2.223.904	2.307.297	1.974.867	1.664.085
15 – 64 years .....	5.587.352	6.192.751	6.880.681	7.468.395
65 years and over .....	957.116	1.239.541	1.404.352	1.831.540
<b>Percentage distribution</b>				
<b>Males</b> .....	48,89	49,07	49,27	49,50
<b>Females</b> .....	51,11	50,93	50,73	50,50
0 – 14 years .....	25,36	23,69	19,25	15,18
15 – 64 years .....	63,72	63,58	67,06	68,12
65 years and over .....	10,92	12,73	13,69	16,71

*(1) 25% and 10% sample elaboration of the 1971 and 1981 Censuses returns, correspondingly. Complete elaboration of the 1991 and 2001 Censuses returns.*

**Table 2: Percentage distribution of population by age groups**



### **IIIa. HIV epidemic among MSM in Greece**

#### **National knowledge and behavior indicators**

Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission: 10.26%.

Percentage of male sex workers reporting the use of a condom with their most recent client: NA.

Percentage of men reporting use of a condom the last time they had anal sex with a male partner: 10.68%.

#### **National programme impact indicator**

Percentage of MSM who are HIV infected: NA

There are no behavioral surveillance studies for MSM in Greece. The available data in this report represent data collected through NGOs (SYNTHESIS, ACT-UP, Centre for Life) using the UNAIDS questionnaire for the construction of core indicators. There is much concern regarding the sampling procedure and the sample characteristics. Additional behavioural and qualitative interview studies with MSM (both seropositive and seronegative) are needed in order to obtain additional knowledge and to plan and perform prevention strategies for this population.

### **IIIb. Status of the HIV epidemic among Heterosexuals**

There is not much evidence for genuine heterosexual HIV transmission in Greece. The majority of people who acquire HIV infection by sexual intercourse have HIV positive partners from the most affected groups, i.e. bisexual partners, IDUs, or partner from high prevalence area.

The infection is rarely detected in female sex workers working legally as testing for HIV is mandatory for their official work permit and repeated along with the other STIs, monthly. However, systematic surveillance data from sex workers who work illegally or trafficking victims are not available.

#### **National knowledge and behavior indicators**

Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission: 37.61%.

Percentage of young women and men aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months: 39.5%.

Percentage of young women and men aged 15-24 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse: 27.6%.

## National programme impact indicator

Percentage of young women and men aged 15-24 who are HIV infected: NA

There are no demographic Health Surveys in Greece concerning knowledge and behavior data on HIV/AIDS. The data reported here, refer to data collected through HCDCP and NGOs using the UNAIDS questionnaire for the construction of core indicators.

## IIIc: Status of the HIV epidemic among IDU in Greece

### National knowledge and behaviour indicators

### National programme impact indicator

### Percentage of IDUs who are HIV

There are no data available for the above-mentioned indicators.

## IV. National Response to the HIV/AIDS epidemic

### ***A. Resources for the response to HIV/AIDS in the budget year 2008***

Ministry of Health	Awareness campaigns, surveillance, ARV treatment, NGOs funding	63,467,911 Euros
Ministry of Foreign Affairs	Bilateral/multilateral development cooperation *	2,140,000 Euros

\* Support for HIV structures in local communities/donations to UNAIDS, GFATM/contribution to EU for the development and research for the micro biocides and HIV vaccine.

### ***B. Strategy***

In 2007, in Greece, the National Action Plan against HIV/AIDS was issued. Greece has revised its strategy against HIV/AIDS and there is an effort to implement the commitments made at Dublin, Vilnius and Bremen conferences.

The strategy focuses mainly on:

- Up-to-date policies for combating HIV/AIDS,
- Prevention,
- Combating social stigma,
- Development of up-to-date educational policies, while emphasizes the need for co-operation with International organizations and civil society.

## **Treatment, care and support**

Every person in the country has access to free, anonymous/confidential voluntary testing. 17.63 % of the people aged above 15 years old are familiar with the test (21.76 % men and 10.81 % women). Pregnant women are usually tested for all STIs including HIV.

Therapy and care constitute the major success of Greece. As most of the population is covered by health insurance systems and access to treatment is free of charge for the insured population as well as for the migrants who do not have access to treatment in their own country, a high standard health care is achieved including:

Prevention and treatment of diseases

Payment of sickness benefit

Early detection of co-infections and AIDS related diseases.

HIV infected persons receive highly active anti-retroviral therapy according to international guidelines. They have access to specialised centres for care. Several NGOs offer support and counselling.

The number of people treated with HAART as of the end of 2008 was approximately 4,500.

## **MTCT antiretroviral prophylaxis**

The number of HIV infected pregnant women who received prophylaxis in 2008 was 14, while there is no perinatal infection detected in this year.

## **Human rights**

Human rights and non-discrimination represent a basic issue for Greece as the fear for those infected and the discriminative behaviours may lead the infected ones to infect others. Concerning the legal framework, people living with HIV, are supposed to have the same rights compared to the 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.

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

## **Cooperation with Civil Society**

Despite the great number of NGOs registered in Greece, very few are related to HIV/AIDS. The need for co-operation has emerged through the years of co-existence with the disease. NGOs have taken part while working on the National Action Plan as well as representing the country in EU or international fora. There is a need for transnational co-operation also in order to face this epidemic.



## **V. Best practices**

Nucleid Acid Testing of all single donations.

## **VI. Major Challenges and remedial actions**

Despite the awareness about the main transmission and protection modes, our data from the 2008-2009 questionnaires reveal important misconceptions also.

- More work on the prevention area is definitely needed (awareness campaigns, group-targeted projects).
- Establishment of a network of voluntary counselling Testing Centres to provide easily accessible, non-discriminatory counselling and HIV testing.
- Establishment of Second Generation Sentinel Surveillance system is challenging in ensuring a high quality system so that it can be used to monitor the spread of HIV and STIs and high-risk behavioural trends over time as well as in order to collect data to guide planning, interventions and evaluate the HIV response.
- There is a lack of health and behavioural surveys in order to evaluate the data and design the programmes that meet the special circumstances and needs of vulnerable groups such as MSM, sex workers, victims of trafficking, migrants, IDUs and street children.
- A systematic evaluation of these programmes, identification of best practices, and formulation of a mechanism of scaling up those effective strategies is required.
- Support and care mechanisms for PLWH should be strengthened.
- Skill based education for the younger ages and schools, has also to be developed through the country.
- NGOs involvement should take place in all stages of efforts to face the disease (from planning to implementation).
- Establishment of a strong national monitoring and evaluation mechanism to oversee the national response is needed.
- A national AIDS account to track the funds for HIV must be available.

## **VII. Support required from country's development partners.**

Greece is a donor country and does not require support.

Greece contributes to the Global Fund to Fight AIDS, Tuberculosis and Malaria Supports the EU activities in the area of HIV/AIDS, contributes to UNAIDS.

## **VIII. Monitoring and Evaluation environment**

There is an urgent and concrete need for a Monitoring and Evaluation body.