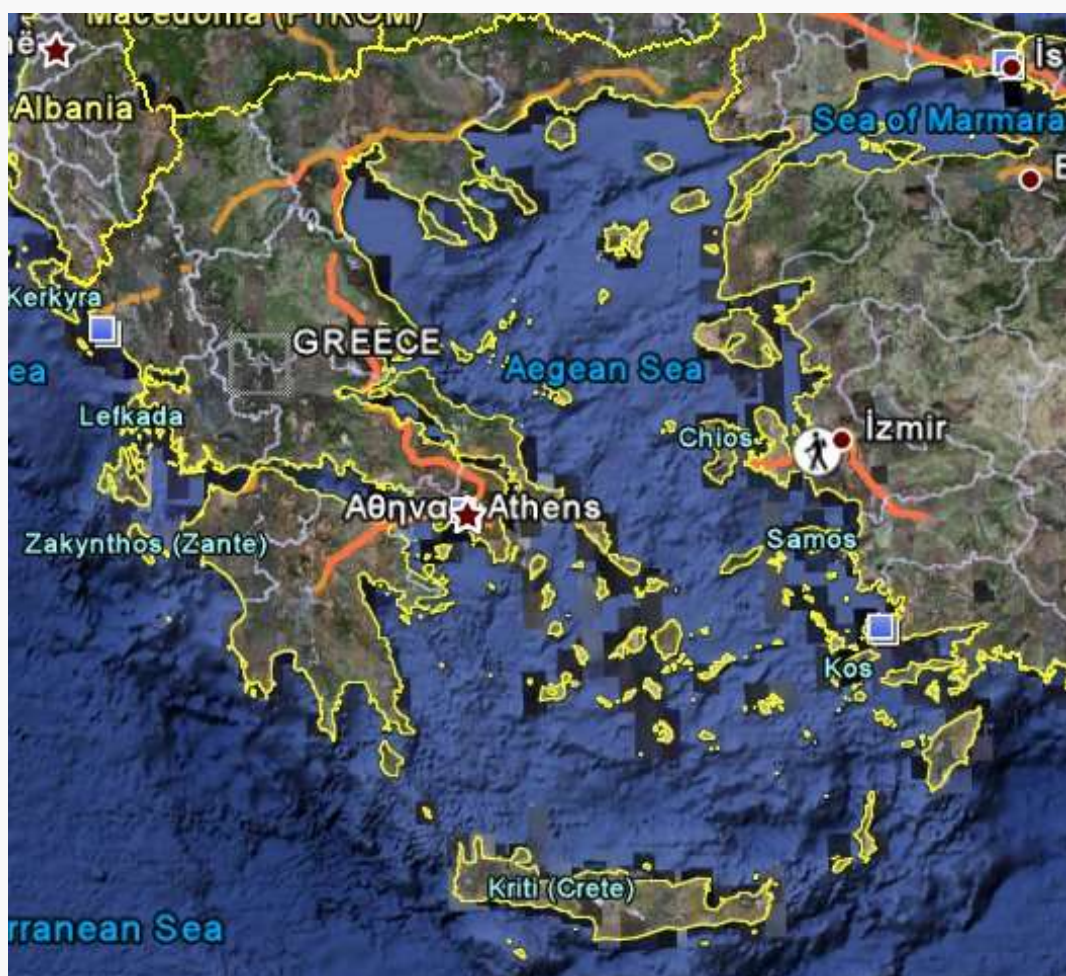




UNGASS INDICATORS COUNTRY REPORT 2010
GREECE-HELLAS



Reporting period: 2008-2010

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We dedicate this report to the undocumented migrants and non insured Greek and EU citizens with HIV/AIDS with no access to ARV therapy in Greece.

PREFACE

ACT UP HELLAS, having **17** years in HIV /AIDS area has prepared with other NGOs and institutions **the first UNGASS shadow report on 2006**.

The 2nd UNGASS National report was presented on 2008 in the very same year the ministry of Health and social solidarity has issued the National Action Plan against HIV/AIDS.

It was a positive step forward but it remained just a step as the NAP has never been implemented.

Since 2006, in Greece uninsured seropositive people do not have access to ARV therapy despite the fact that the country has signed all UN or EU commitments and politically supports universal access.

Undocumented seropositive migrants are being expelled to their country with no access to drugs and condemned to death.

Despite the existence of a directive of MoH and social solidarity that they should have access to drugs and even asylum for humanitarian reasons.

NGOs have always to fight for the seropositive migrants not to be expelled.

It is the 3rd time we try to collect the opinions/data of people who deal with the HIV/AIDS and NGOs for the UNGASS indicators.

Six organizations have contributed to this report. We thank all those who answered.

We must, however, point out that we have the sole responsibility of the text.

Finally we want to express our disappointment, but also our agony for the attitude of our society, institutions and politicians of our country. HIV/AIDS doesn't mean a lot to them.

Nine years after the first UN meeting on HIV/AIDS, they do not seem to understand the importance and the political meaning this epidemic has.

There is no political leadership in Greece for HIV/AIDS.

AIDS still seems to be only a reason for 1st December celebrations.

ACRONYMS

ACT UP DRASE HELLAS: Aids Coalition To Unleash Power Drase Hellas

CFL: Centre for Life

C.R.A.P.: Centre of Research and Action for Peace

GHS: Greek Hemophilia Society

HCDCP: Hellenic Centre for Disease Control and Prevention

HeIMSIC: Hellenic medical Students' International Committee

IDUs: intravenous Drug Users

MDM: Medicines' du Monde Hellas

MFA: ministry of foreign affairs

MoH: ministry of health

NAC: National AIDS Committee

| **NCHR:** N Committee on Human Rights

| **NOVAV:** National observatory for combating violence against women

TAMPEP: European Network for HIV/STI Prevention and Health Promotion among migrant sex workers

NATIONAL REPORT FOR UN GENERAL ASSEMBLY: IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS

Greece is a country with an inefficient epidemiological surveillance system.

The only disease supervised systematically is in fact, HIV infection.

HIV is a low prevalence concentrated epidemic in Greece.

The first case was reported in 1981 while the systematic surveillance of the disease started in 1984.

The main route of transmission was and still remains sexual contact while the group of population, mainly affected, still remains the men having sex with men. The responsible body of epidemiologic monitoring is HCDCP that is answerable to the Ministry of Health.

The epidemiological data that are available are reported in the epidemiological bulleting issued by HCDCP every November the last one on November 2009

<http://www.keelpno.gr/keelpno/2009/hiv/epidimiologiko.pdf>

(last accessed on March 2010).

The route of transmission was declared "undetermined" in 44.6% of cases something that remains an issue to be resolved.

The reported cases of HIV infection in Greece steadily increase since 2005.

1. EXPENDITURES ON HIV/AIDS.

All NGOs agree that the amount of national funds disbursed by the government for HIV/AIDS, is not first of all, known.

The money disbursed is considered inefficient especially regarding prevention, counseling and care, legal support or even therapy (C.R.A.P.).

The need to increase the funds, in other areas but HIV congresses, and also to distribute them in a proper way is pointed out by everybody.

2. AMOUNT OF NATIONAL FUNDS DISBURSED BY GOVERNMENT

NGOs point out that the whole amount of this money is not known, as there is no national budget for HIV/AIDS, so that anyone can really safely estimate it.

As, even the official report of 2008

http://data.unaids.org/pub/Report/2008/greece_2008_country_progress_report_en.pdf

points out, the state is not able to know the exact sum of money spent on HIV/AIDS as there is no NAC or any other official to gather all the information around it.

3. POLICY DEVELOPMENT & IMPLEMENTATION STATUS

3a. Prevention: Prevention projects/awareness campaigns.

The country did never apply concrete prevention projects. Awareness campaigns have been limited in the commemorative celebration of December 1st. Even these campaigns, often, do not adopt the UNAIDS campaign themes or UNAIDS posters.

Despite the fact that this year the UNAIDS theme and poster has been uploaded in the HCDCP site, there was no campaign at all, or posters printed, as the most important issue of the days seemed to be the A H1N1 influenza virus.

The fact that all those who collaborated in this report agree on the absence of awareness projects, the non-existence of specialized intervention projects for vulnerable groups, is rather impressive.

As **C.R.A.P** stresses, there are efforts to inform and raise awareness mainly by NGOs which they are not sufficient. **HeIMSIC** on the other hand points out the lack of sexual and reproductive education at schools.

Regarding the students of medicine no lessons on bioethics and counseling exist and when the professors try to talk about the epidemic, they also try to inform the students at the same time, usually failing in both efforts.

3b. Care and support (antiretroviral treatment and care for patients).

More often, problems exist with regard to the care of HIV patients, concerning other medical related problems, e.g. surgical interventions, dental care, maternity clinics (CFL).

Access to ARVs is denied since 2006, to uninsured national and non-nationals even EU citizen. Access to medical care (with the exception of emergencies) is also denied to undocumented migrants due to the new migration law (3386/2005, Official Gazette A' 212). Sailing men also face problems regarding access to ARVs as they have to unveil their HIV status to the company they work for in order to get their drugs.

The seropositive persons face many problems with access to medical care due to social exclusion, the bad legislation and lack of access to services (C.R.A.P.)

Linguistic barriers and cultural factors represent a big issue when it comes to migrants (MDM).

In the Greek hospitals there are no cultural mediators to cover the communication gap despite the growing number of immigrants.

3c. Human rights: defense or violation of human rights regarding HIV.

Greece does not have specific laws addressing rights of HIV patients. We need to note, however, that patients with HIV fall under the general provisions of:

- a) article 47 of Law 2071/92 (Official Gazette A' 123 on Modernization and Organization of the Health System) entitled 'Rights of Hospitalized Patient';
- b) of Law 2519/97 on Development and Modernization of the National Health System (Official Gazette A' 165), which under article 1 establishes the Independent Service for the Protection of the Rights of Patients and the Control Committee for the Protection of the Rights of Patients; and
- c) Law 3418/05 (Official Gazette A' 287) on Code of Medical Ethics.

Regarding human rights violations we need to note that national institutions and the NGOs have been given the opportunity to address issues regarding HIV/AIDS patients.

In particular:

The HIV test results are often announced without patients consent to their families or employers or are often done without their permission e.g. The National Bank of Greece was asking for an HIV test for

their employees as the CFL declares and after the Ombudsman's intervention the Bank has withdrawn the case.

There are people dismissed from their jobs due to their HIV status and parents to whom the juries denied meeting their children because they are HIV(+).

In 2009 the public prosecutor has asked all the hospitals for all people (names, addresses etc.,) with an STD infection.

Violations of the medical secret are usually met. The code of medical ethics does not seem to be fully respected. Discrimination behaviours towards HIV (+) people are not rare.

3d. Involvement of Civil Society. NGOs involvement in HIV/AIDS policy.

It constitutes general consent that the NGOs in the HIV/AIDS area do not enjoy support from the state.

In Greece there is no institutional frame for the activities, the role but also the evaluation of NGOs. Recently the MoH & S.S. started a procedure to validate the NGOs and create a validated NGOs registry.

Despite the fact that there exists a serious relationship between NGOs in other fields of action (in feminine subjects, environment and trafficking) and the state in the level of decision-making (Ministry of Justice, Ministry of Public

Order, Ministry of Environment and Ministry of Foreign Affairs) where there is even a memorandum of collaboration, the HIV/AIDS area is highly depreciated.

It should also been taken in consideration that the legal frame on CS in Greece is not clear and their support by the state is not usual. (**NOCVAW**)

Coordinated applied programs that are the product of collaboration with the responsible institutions (MoH and HCDCP) from planning to implementation is not a reality. The involvement of NGOs in the National Plan of Action for HIV/AIDS and STIs in 2007 was a step in the right direction but as the NAP has never been implemented, this remained just an activity.

All NGOs emphasize the fact that the Church takes officially part in the Board of Directors of HCDCP, but not even one member of NGOs.

There are NGOs committees in HCDCP where their voice is heard under volunteer's office of the same organization but there are not actively involved in decision making (CFL). There is even a committee on HIV/AIDS but there is no product of the work of this committee being applied for any project (HelMSIC)

The NGOs are usually remembered around 1st December in order to celebrate the World AIDS day (C.R.A.P.) and then easily forgotten again along with HIV until the next 1st December.

3e. Monitoring and evaluation on anything of the above that you are aware of:

There is no mechanism for monitoring and evaluation in the country (every NGO mentions) not even for the campaigns that are organized by the state whenever they are organized every.

There is no mechanism to evaluate even the scientific data as the ARV therapy or the emergence of resistance or the medical and social services.

The only existing evaluation is the epidemiological surveillance of HIV/AIDS issued every year by the HCDCP (HelMSIC).

3f. High-risk populations (sex workers, mobile populations, IDUs, women, young people).

Despite the existence of specific proposals to the HCDCP there are no projects addressing the needs of vulnerable groups. Programs however are applied by the NGOs, but in the frame of EU, EQUAL or by themselves projects.

For homosexual men:

Awareness campaign and Internet campaign of the NGO "SYNTHESIS".

Seropositive individuals'

information campaign on the antiretroviral treatment, on emergence of resistance and on HIV testing: NGO "SYNTHESIS"

Project "LAIS": the project was financed by the HELLENIC AID of the Ministry of Foreign Affairs, and worked out by AC

- 1) a telephone hot-line for PEP (post exposure prophylaxis) after unsafe sex and possible exposure to the HIV and
- 2) The distribution of printed material on the information and the prevention of all STDs (Sexual Transmitted Diseases) in 4 languages with the street work and bar to bar method. Epidemiological and behavioral data from the phone line are also collected, analyzed and reported in Greek and international (Mexico congress on HIV/AIDS) AIDS congresses. The project goes on without any funding now by volunteers. The project also refers to trafficking victims.
- 3) TAMPEP. EU project with target group the migrant sex workers. The project runs in 25 countries and acts as an adviser for WHO for the prevention of transmission of STDs in sex workers. The project recently launched a site for sex workers www.services4sexworkers.eu with information referring to public health services for SWs and to legal situation in EU regarding migration, prostitution, availability of ARVs.

For **the refugees:**

briefing/support, counseling on STDs prevention for asylum seekers of seropositive refugees. (CFL)

Prevention Program,

concerning STDs through the European Union Program EQUAL project, Pillar 5 "Asylum Seekers" via Development Partnership "AKTINERGIA" of the EQUAL Community Initiative 2005 - 2007 (CFL)

IDUs: The specialized drug treatment programs, the low-threshold programs (harm reduction) and the street-work programs organize often, and in collaboration with health professionals, seminars and/or distribution of leaflets that concern more generally the promotion of health, but also harm reduction in active users.

These actions include almost always the briefing on the ways of transmission of virus and ways of protection from it.

A basic problem is that the programs, which address active users, are still very few in Greece and mostly in the prefecture of Attica (four street work programs in Athens, one in Piraeus and one in Thessalonica, and only two programs of needle distribution and/or exchange in Athens).

KETHEA (project against drug use) and **MDM** (harm reduction projects) have street work programs that have drug users as their target group.

In the **MDM** project HIV blood testing is offered along with counseling concerning HIV infection.

Programs that are addressed to women do not exist, as well as programs for the adolescents.

Project on dissemination of information on STIs: young people, ex IDUs, people at the workplace (CFL)

Prevention and information project "positive for Life": 2009-2010: target groups: young people 18-45 y old, refugees, migrants, people working in NGOs supporting migrants/refugees (CFL)

FOREIGN POLICY ON HIV/AIDS

How do you judge the participation of the country (financial/political) in international and EU funding mechanisms (Global Fund, UNICEF, European alliance ESTHER)?

Concerning the contribution to GFATM, there is not much knowledge by most NGOs with the exception of MDM who find it satisfactory.

Greek contribution to GFtFATM, has increased recently along with 1.000.000 \$ offered to UNAIDS in 2009.

The policy by different ministries on HIV/AIDS is sometimes contradictory and misleading as the relationships between the ministries are not always good and there is no NAC to coordinate the efforts.

Greece is actively involved in ESTHER alliance in the last years through the HIV/STIs & ESTHER office and Greek NGOs have applied for projects on HIV/AIDS for countries in the Sub-Saharan Africa through Hellenic Aid (HelMSIC).

NATIONAL PROGRAMME ON HIV/AIDS

The Action Plan against HIV/ADS and STIs was put under public discussion on December 1st 2008 by the minister of Health and is still under review, under the auspices of the President of Democracy.

It has not yet reached the parliament and has not been applied yet.

In the Action plan many -but not all- NGOs have been involved. E.g.

NGOs for women issues have not been involved

KNOWLEDGE AND BEHAVIOR

New data concerning knowledge and behavior and conceptions about HIV transmission are probably to be reported in the Country report due to questionnaires that NGOs were asked to distribute and recollect with the main questions of UNAIDS indicators.

We must emphasize that the data do not represent data from Community Based Surveys or RDS methods and that there were no coordinators for the country report besides the HIV/STIs and ESTHER office.

In fact there was no planning or working groups for the National Report.

Data are collected through the project "positive for life" on the knowledge of migrants and refugees about HIV infection and their attitudes to seropositive people before and after the intervention of the program (CFL)

KEEP THE **PROMISE**



DONT TURN YOUR BACK TO **AIDS**

