

**Main conclusions from mission Athens, Greece, 20-22 March 2013**

**Purpose:** To review the quality of needle and syringe programmes in Athens as part of controlling the HIV outbreak among people who inject drugs

**Background**

ECDC produced a risk assessment of the HIV situation in Greece in 2012. The quality of needle and syringes programmes (NSP) was identified as an area for further work as activities have scaled up quickly during the past year in response to the outbreak. A project was tendered through a negotiated procedure and Finnish THL was awarded the contract. The mission was prepared by ECDC in collaboration with the Hellenic Center for Disease Control and Prevention (KEELPNO) and the Greek Organisation Against Drugs (OKANA). It included an update of the response to the HIV outbreak, detailed discussions with various stakeholders and field observations during outreach work in the streets and squares of Athens.

**Observations**

* KEELPNO provided an update regarding developments in HIV case reports since December 2012 indicating a continuous increase in cases was reported, 1200 cases overall in 2012 of which 44% were among people who inject drugs or PWID; 100 cases among PWID reported in Jan-Feb 2013.
* Since December 2012, an intersectoral committee for the coordination of the response to HIV among PWID was established under the governance of the deputy minister, and chaired by the president of KEELPNO. Four working groups including a variety of government and NGO stakeholders have been established. These focus on street work; treatment and care; training of street work personnel; and communication and education. A technical steering committee will be formed that will monitor results and progress and guide response activities.
* The proposals for the steering committee’s work and collaboration were collated into one document by KEELPNO and all associated partners. This was submitted to the Ministry of Health in February 2013. The MoH has replied to the proposal but the content of the reply remained unclear during the mission (a translation in English is expected soon).
* A representative of the MoH was present during the update and debrief meeting with ECDC and participated in one field visit.
* Detailed discussions were held with both KEELPNO and OKANA as main stakeholders in the response to the outbreak.
* KEELPNO has stopped the outreach work for both PWID and MSM (and sex workers). KEELPNO currently has three mobile units on the main squares of Athens to provide primary care targeting vulnerable populations (uninsured; PWID; migrants; homeless people) and distributing NSP kits (KEELPNO branded since September 2012). KEELPNO has stopped offering HIV testing in December 2012 due to lack of resources. It was unclear whether HIV testing was also reduced in the AIDS reference centres and hospitals; this requires follow-up.
* Since the beginning of the epidemic in 2011, OKANA has scaled up NSP outreach in partnership with a number of NGOs (Positive Voice, PRAKSIS, Centre for Life, Medecins du Monde) who take turns in the outreach work. In 2012, more than 440000 syringes were distributed (as compared to 65000 in 2011); outreach work is carried out every day in different geographical regions of Athens and at different times of the day.
* OST coverage has remained at 35-38% resulting in a waiting list of about 40 months. The main reasons for a lack of further scale-up were lack of resources and recent budget cuts for OKANA.
* OKANA had already produced a NSP kit (in April 2012) consisting of 20 syringes that recently needed to be reduced to 10 (due to a shortage in supply). This kit is being used by all of the above NGOs in street outreach or in PRAXIS and MDM mobile units.
* OKANA hosts a day care centre and the Aristotle study (RDS case finding study) in one building. On both floors, NSP kits are available for distribution.
* The fixed site for NSP (run by OKANA) was closed due to a strike but we visited this site before in May 2012. It was perceived as a user-unfriendly service with a high threshold for service access.
* KETHEA is an organisation that advocates for drug free treatment which has recently started a needle exchange programme and has produced its own kits with 1 or 2 or 3 needles; in their mobile unit they exchange up to 6 needles per person per day.
* Medecins du Monde has the longest history of providing NSP; they have their mobile unit twice a week and distribute the OKANA kit and provide basic medical care.
* Community-based HIV testing is now only offered through the PRAKSIS mobile unit and polyclinic as well as at the Athens Checkpoint; Community based testing by KEELPNO has stopped completely due to lack of funds. Aside from the aforementioned NGO services, hospital-based testing is the only option for HIV testing in Athens and there is a fee for this in some locations.
* During our mission, the police were actively checking and picking up homeless people and drug users; they were being transported to areas outside of Athens for identification checks and were then released. This hampered the work of the outreach teams and displaced users from their normal locations.
* Awareness of infection risks related to sharing and re-use of syringes is actively promoted by all actors working with PWID, however on direct inquiry, it was acknowledged that no active information campaign on the current outbreak of HIV among PWID in Athens has been launched and no leaflets warning about the currently high risk of sharing is included among materials.

**Conclusions:**

During this mission, we saw both progress toward meeting some of the recommendations included in the ECDC risk assessment on HIV in Greece (development of an intersectoral coordinating committee, further scale up of NSP) as well as some worrying trends which have interrupted or hampered the provision of key HIV prevention services.

**Overall HIV situation in Greece**

* The HIV outbreak among PWID in Athens shows no sign of slowing, with an estimated 18% prevalence of HIV among PWID and high on-going incidence (10%).

* Key interventions for HIV prevention appear to be jeopardized due to lack of funding (reduced supply of syringes and other equipment in OKANA kits, halted community outreach and HIV testing by KEELNPO). This is concerning because these services were recommended to be sustained and scaled-up in the ECDC risk assessment.
* The further scale-up of opiate substitution treatment (OST) coverage, which is estimated to have an approximate 40 month waiting time in Athens, appears to be hampered due to lack of funding to OKANA.
* Provision and uptake of HIV prevention services in outreach settings appear to be increasingly challenging, with serious disruptions due to ongoing police sweep operations. The police or ministry of Justice should be invited to the intersectoral committee to learn more about the severity of the HIV situation and to improve collaboration at all levels.

**Needle and syringe programme-related conclusions and recommendations**

* We observed very dedicated staff and volunteers in all services doing a tremendous high-quality job with little resources.
* Coordination and collaboration:
  + Coordination has increased substantially, most specifically in relation to the planning of the intersectoral committee proposal;
  + Collaboration on the delivery of services has increased, particularly that of OKANA and the NGO network. All actors should consider opportunities for greater coordination and collaboration by widening the network of NGOs/organisations collaborating;
  + Coordination could increase further for planning and re-tuning of activities. Monthly or twice monthly meetings with all actors, including the police, likely improve the targeting of services;
  + Consider further harmonisation of messages and staff training.
* Coverage and volume:
  + - There now appears to be reasonably good geographical coverage of NSP services in central Athens which targets the most-at risk populations (mostly homeless PWID). Coverage in other areas of Athens, where non-homeless users might be located, is likely far too low. There is no coverage outside of Athens and scaling up of services there needs attention.
    - The volume of syringes distributed in Athens has increased impressively to 145 syringes/PWID/year in 2012. However this is still too low, especially because the user population size is likely to be greater than estimated.
* Provision:
  + - Service provision should continue via the variety of modalities currently in use (street outreach, fixed sites, mobile units). However, it will be hard to increase the number of needles and syringes significantly via outreach and mobile units alone.
    - Fixed sites for needle and syringe provision have increased slightly (via the OKANA day center and the Praxis polyclinic) but these are not dedicated to NSP;
    - The opening of one or several dedicated fixed NSP sites should be considered for Athens. These should have a low-threshold to be attractive to users.
* Equipment
  + - Different types of needles according to user preferences need to be supplied and ensured;
    - Consider central purchasing of supplies which all actors can use and package according to their needs;
    - A cost-benefit analysis based on the effectiveness of low dead space syringes (and the user acceptance of these) would be useful in guiding purchasing of syringe type.
* Awareness raising as a priority action
  + Current awareness among PWID about the active outbreak and much increased risk of transmission of HIV is unknown although the Aristotle project may improve risk perception among users
  + A directed approach towards awareness raising among PWID should be seriously considered, with an information campaign linked to the outreach work and explicitly telling the clients about the current high risk of HIV-transmission. Users need to know that currently transmission risks are very high.
* Monitoring:
  + - The current injecting drug user size estimate is likely too low. It is likely good to consider additional sources of information for the capture-recapture estimate which may be more likely to get the more hidden populations (ie the Aristotle study).
    - Use of existing data collection systems (ARISTOTLE, all outreach systems, HIV testing and surveillance systems) to map where HIV cases are reported and where users are could help to inform and guide services. This information should be regularly reviewed and shared between all actors.
    - The Aristotle study is an excellent and rich source of data now, but this is not a long-term monitoring solution.
    - Partners are encouraged to agree on basic indicators of operation and to develop similar coding systems to track users and the information and behavior needed. Periodic bio-behavioral surveillance can be planned to track trends over time.