

Greece

Hellenic Foundation of Gastroenterology and Nutrition

Private foundation

Athens, Greece
www.eligast.gr

SURVEY HIGHLIGHTS

The Government of Greece did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore the Hellenic Foundation of Gastroenterology and Nutrition could not comment on government information for this report.

The organisation provided the following general statement regarding hepatitis screening, care and treatment in Greece:

There is no national screening policy for viral hepatitis, not even official recommendations from any governmental body.

There are barriers not only to screening, but also to patients' initial evaluation, as no PCR tests for hepatitis B or hepatitis C (HBV DNA, HCV RNA, HCV genotype) are reimbursed.

There is a delay in the availability and reimbursement of new [viral hepatitis treatment regimens]. Even when the new agents may be available, they are only reimbursed through a bureaucratic process based on approval for individual patients.

Hellenic Liver Association ‘Prometheus’*

NGO – hepatitis patient group
Athens, Greece
<http://helpa-prometheus.gr/>

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The organisation provided the following general statement regarding key hepatitis policy issues in Greece:

Prevention of transmission.

Unfortunately, in Greece there is an increase in the prevalence of viral hepatitis, especially among vulnerable groups. The only effective measure was the establishment of compulsory vaccination in newborns in 1987. Furthermore, since 1992 there has been [screening of blood products] which has prevented the transmission of hepatitis C through transfusions.

In addition, according to the annual report of the National Centre for Documentation and Information on Drugs, there has been an increase in the prevalence of Hepatitis C among people who inject drugs (69.3% in 2011 to 73.4% in 2012). In addition, according to the same report, in 2012 only 81 people who inject drugs (PWID) got vaccinated for Hepatitis A, and 173 for hepatitis B.

Also, the increase of HIV prevalence in 2010 among PWID added an extra problem, since 99% of the newly infected HIV cases had already been diagnosed with hepatitis C.

Unfortunately, the increase in prevalence among PWID is the result of underperforming harm reduction programmes. The government does not seem to “invest” in harm reduction programmes. Waiting lists in substitution programmes remain extremely high – 2.5 years in Athens. Needle exchange is very poor. Approximately, 400,000 syringes have been distributed during the past year, whereas the actual need is approximately 2,000,000. There are no drug consumption rooms in Athens or other facilities that promote safe injection.

Evidence-based policy and data

for action. In Greece, unlike other countries of the European Union, there are no representative epidemiological studies of the population that could give us valid information about the state of health of citizens.

During the last three months, the National Organization of Health Services in Greece in cooperation with the National Technical University of Athens and the University of Peloponnese started a registry project. They will create a register tracing all patients living with hepatitis B and C, and will try to calculate the cost of their treatment.

Furthermore, the Medical School of Athens in collaboration with all of the medical schools of Greece and Panteion University will start a national epidemiological study of hepatitis B and hepatitis C. The study will be conducted on a random sample of 6,000 people aged 18.

Awareness-raising, partnerships

and resource mobilisation. Activities focused on increasing awareness about viral hepatitis among policy-makers, health professionals, and the public have only been conducted by NGOs. Unfortunately, government has not implemented awareness campaigns or other similar actions.

Disappointing is the fact that the department of hepatitis within the Greek Centre for Disease Control (CDC) (KEELPNO) lacks funding. The Greek CDC, which is the most acceptable and well-known institution, and the one responsible for implementing national awareness campaigns for hepatitis, has not carried out any related activities.

On the other hand, the Greek CDC has implemented awareness campaigns for HIV. Unfortunately, hepatitis has been neglected as a disease.

There should be an annual effort to have NGOs work in cooperation with the Greek CDC. All related institutions should implement awareness campaigns so as during the whole year media should constantly broadcast hepatitis awareness messages.

* World Hepatitis Alliance member.