

DRAFT PROPOSAL

**HIV/AIDS
STRATEGIC PLAN 2004 – 2008
CYPRUS**

MINISTRY OF HEALTH

Forward

The National AIDS Programme (NAP) has been implemented since 1986 through a series of strategic plans that had been prepared by the Ministry of Health (MoH) with the assistance of the World Health Organization (WHO). The situation and response analysis for this strategic plan, which covers the period between 2004-2008, draws on an analysis of official reports and data on the HIV/AIDS situation and in Cyprus on related factors. It is the result of the collective work of a multidisciplinary group of key stakeholders gathered in a workshop on 18 and 19 September that was facilitated by Dr A.J Amato-Gauci, UNAIDS Strategic Planning Consultant. This report is based on the original report that was prepared by Dr Amato-Gauci as part of his assignment with the (MoH) and has been submitted for final review to the members of the multidisciplinary group and to other stakeholders who play a role in the national response to the HIV/AIDS epidemic.

The active involvement of NAP officials in the drafting of the plan offers certain possibilities which previous strategic plans, however comprehensive and scientifically based, lacked. The analysis in this plan will extend to cover areas of everyday interaction between sectors of related interest which are known to have influence on the efficacy of the national response to the epidemic. Related factors will be examined and ways of improving intersectoral cooperation for achieving clearly defined common goals and strategies will be proposed.

It is hoped that the interaction which has resulted from the preparatory procedures of this work, the improvement of mutual understanding and the commitment undertaken for the implementation of this strategic plan will act catalytically towards the efforts of each of the stakeholders to mount effective response to HIV/AIDS in their respective fields, which will be in harmony with these common goals and strategies.

Introduction

HIV/AIDS has constituted a public health priority for the Government of Cyprus since 1986, when the first NAP was prepared in cooperation with the WHO. This is still the case today, even though Cyprus continues to be a low prevalence country for HIV/AIDS. This is the fifth plan in a series of strategic plans that were prepared and provided reviews of the HIV/AIDS situation and strategies for the future.

Because HIV risk and vulnerability are closely linked to lifestyle and the socio-economic and demographic environment, the response to the epidemic in Cyprus has been hitherto multisectoral, as in all countries. As in previous plans, this approach is adopted and reinforced in this 5-year strategic plan that will cover the period 2004-2008. A number of stakeholders have been identified from the following sectors: health, social welfare, Civil Society, justice, education, defence, economy, the Church, the Mass Media.

The purpose of the plan is:

1. to make a **situation analysis** with regard to HIV/AIDS,
2. to describe the **response to the epidemic so far** and
3. to propose a **strategic framework for future action**.

It is based on the original report of Dr Andrew Amato-Gauci, UNAIDS strategic planning consultant, which was the result of a multisectoral workshop that took place on the 18 and 19 October 2001 and is based on the opinions and suggestions of the participants in this workshop, who are shown in Annex 1.

Situation analysis

The situation analysis concerns essentially the government-controlled area, for which there is available information and describes:

- The background situation
- The situation with regard to the epidemic of HIV/AIDS

Background situation

Very little is known about the situation in the occupied area. The prevalence of HIV-infection there is believed to be low, as it is in the government-controlled area. Similar risks with regard to sexual behaviour and illicit drug use are recognized on both sides, though the risks linked to the presence of settlers from Anatolia have not been evaluated. A bicommunal approach to the problem is urgently needed and is already being promoted through the intermediary of UNOPS.

Regarding the government-controlled area, a rapid transition took place during the past decades from a mainly agricultural economy, to one based on tourism, services and light industry. This transition was accompanied by a substantial improvement in the standard of living, which is in many ways comparable to that of other developed countries and is characterized by a high per capita gross domestic product, a high literacy level and a rapidly declining fertility rate, which since 1996 remains below the replacement level. Chronic diseases have constituted for many decades the main causes of morbidity and mortality, while Infant mortality is very low. Infections, nowadays, play a limited role in causing illness and death, though Cyprus shares the same concerns with other countries with regard to emerging and reemerging diseases and the appearance of resistance of infectious agents to antibiotics. Despite its low prevalence, HIV-infection constitutes the main concern among infectious diseases in Cyprus, because of its major impact on human welfare and its potential for rapid changes in its epidemiological characteristics.

The rapidly rising prosperity and the increasing opportunities for contacts with people from other countries have brought about the introduction into the country of foreign prototypes, ways of thinking and behaviours that until recently were unusual and even frowned upon by the traditional Cypriot society. There has been a process of liberalization that led to an increase in the numbers of people who start early experimentation with sex and engage in multiple sexual experiences. Developments have been too rapid, leaving little time for sensitization and proper information about sex and self-protection, so that attitudes that help guide people towards safe behaviours have not been adequately developed. Certain factors, in particular the availability and affordability of good quality condoms and of clean injecting equipment, as well as the high literacy level of the population, are believed to have been protective and have contributed to keeping at low levels the prevalence of HIV/AIDS and STDs in the country.

Due to rapid socio-economic changes, a number of conservative beliefs and attitudes, remnants of the traditional way of life of the recent past, are still pervading the Cypriot society. These remnants are particularly visible with regard to gender roles, to youth issues, to contraception and to homosexuality.

Though the position of women has improved dramatically in recent years, a number of traditional beliefs still persist alongside with new roles and expectations. Women's sexuality has not been adequately investigated, in particular with regard to free sexual choice and personal safety. The large number of abortions known to be taking place, presumably as an alternative method of contraception, would indicate inadequate levels of information and sensitization of people (women and men alike) with regard to family planning and safe sex.

Conflicting messages from modern and traditional views on sex are a source of confusion to many young people, who often seem to lack a firm basis to guide their actions.

Until recently, homosexuality was a criminal offense punishable by heavy sentences of imprisonment. The introduction of a new law that decriminalizes homosexuality does not seem to have contributed significantly to the removal of the deeply rooted social stigma and rejection. Marginalization still constitutes a serious impediment to the development of effective prevention measures targeting the homosexual community, which has provided half of the sexually transmitted cases of HIV-infection in Cyprus, though it accounts for only 6% to 10% of the total male population in the country.

There has been an increasing awareness with regard to illicit drug use, which is currently seen as one of the major public health problems in Cyprus. Though there have been no cases of HIV-infection in Cyprus among known drug addicts who are regularly tested in drugs treatment centres, drug abuse is seen as one of the risks that could play an important role in the future spread of the epidemic, through transmission of HIV between intravenous drug abusers and to their sexual partners and offspring. The NAP participates in the tertiary prevention committee of the Anti-Drugs Council (ADC) and has provided the proposal for harm reduction concerning sexual, reproductive and general hygiene among drug addicts that will be included in the strategic plan of the ADC. There is also scope for cooperation between the NAP and the ADC at the primary and secondary prevention level, which will be promoted in the future through common strategies for the development of the right appropriate.

The campaign against HIV/AIDS in Cyprus is mounted through a multisectoral approach, for the prevention of HIV-infection and the care and support of people with HIV/AIDS. Non-governmental organizations, such as the Cyprus Girl Guides Association (CGGA), the Cyprus Family Planning Association (CFPA), the Gregorios Clinic Foundation, the Solidarity Movement, as well as a number of government services have played a crucial role in this campaign. There remains much scope for collaboration between the NAP and other sectors and efforts will be made so as to achieve the full potential of this collaboration.

The NAP has lacked until now the support of a structured academic sector, because of the absence of a school of medicine or other related disciplines in Cyprus. The recently founded Department of Biology at the University of Cyprus (UoC), which employs, among other staff, a molecular biologist with important contribution to antiretrovirals research and the study of the genetic structure of HIV, has the possibility to offer substantial support and prestige to the NAP, as well as the opportunity for the development of sound research projects. Already Cyprus is participating, through the intermediary of the UoC, in the European SPREAD project for the study and prevention of resistance to antiretroviral drugs. This cooperation is expected to act in a positive way in enhancing the capacity of the NAP to assimilate Community funds and to participate in European research projects.

Important work may also be done with other tertiary education institutions, such as private colleges and the School of Nursing, with regard mainly to health education and training programmes.

The NAP has always met with opposition by the Church representatives regarding the promotion of condom use through health education activities, because abstinence is considered by the Church to be the only acceptable mode of behaviour in young people. An understanding has to be reached for mutual respect of each other's methods in the achievement of our common goal, which is the protection of youth and public health in general from HIV-infection.

The NAP has relied heavily on the Media for the dissemination of information with regard to HIV and the work which is performed in Cyprus in this field. This cooperation may become more fruitful and objective and therefore more profitable for both sides, if it is reviewed and placed on mutually accepted principles.

The situation with regard to the epidemic of HIV/AIDS

The epidemiological situation with regard to HIV/AIDS is being evaluated through surveillance and behavioural research (KAB studies), on the basis of the international guidelines for second generation surveillance.

Systematic epidemiological surveillance started in 1986 and until August 2003 408 HIV-infected people were diagnosed – 229 Greek Cypriots and 169 foreigners. The annual incidence increased between 1986 and 1994 and then exhibited a downward trend until today.

Most of the foreigners have left Cyprus, whereas 63 of the known cases have died and a number of people have been lost to follow up. Approximately 110 HIV-infected people are being currently followed at the Gregorios Clinic in Larnaca, where they receive free counselling, care, testing and treatment, including antiretroviral drugs, which are given according to clinical and laboratory criteria.

Based on the prevalence among key population groups, the true prevalence of HIV-infection in Cyprus is estimated to be very low, of the order of 0,6 to 1 per thousand population, or 400 to 500 people among the adult population. The sex ratio is 5 to 6 HIV-infected men for each woman. Because prevalence among women is very low, cases of children being born to HIV-infected mothers are very rare. Prenatal screening for HIV and the provision of the appropriate treatment and advice on child rearing courses have been effective in preventing perinatal transmission of the virus in all but one pregnancies in seropositive women.

The main mode of transmission is sexual intercourse, with an equal split between those reporting a heterosexual and those reporting a homosexual risk of infection. Other modes of transmission, such as perinatal, blood-borne and through shared injecting equipment have played little or no role in the transmission of HIV in Cyprus, but have to be taken very seriously in future strategies, if the risk is to remain low.

The epidemiological surveillance was done until now according to the requirements of the Eastern Mediterranean Regional Office (EMRO) of the WHO. With the accession to the European Union, the epidemiological surveillance will have to be placed on a new basis, so as to conform to the requirements of EuroHIV. Therefore, all known cases diagnosed since 1986 must be recoded and entered in two new databases according to the format and specifications of the European Centre for HIV Epidemiological Surveillance. This will be feasible only through the full cooperation of the epidemiological surveillance officer with the counselling and medical personnel.

A number of behavioural studies were carried out, which highlighted the main areas of risky behaviour, as well as certain areas of inadequate knowledge and attitudes that may predispose to the risk of being infected with or of transmitting the virus. This information will be used in defining future strategies, mainly for the formulation of peer education programmes in schools.

The study of other sexually transmitted diseases is of particular interest, since they share with HIV/AIDS common risk factors, as well as transmission and prevention modes. Though the prevalence of STDs seems to be low in Cyprus, the precise situation is not known, since the large

majority of cases are seen in the private sector and are not reported to the (MoH). There still remains much to be done in order to achieve acceptable levels and quality of reporting, both from the public and the private sectors and to mount effective prevention strategies, common to HIV and STDs. This will require effective cooperation of the NAP with the Infectious Diseases Programme (IDP) and with professionals who deal with STDs in the public and in the private sectors. This cooperation will be included in the strategies of the new plan.

Other infections too play an important role with regard to HIV/AIDS, mainly as potential opportunistic infections for those suffering from AIDS and this is another area where close cooperation between the NAP and the IDP is paramount. The main challenge is posed by tuberculosis, which constitutes one of the greatest threats to AIDS patients and to public health worldwide. Though in Cyprus the incidence of tuberculosis is very low, measures are taken for early detection and treatment of cases and for the prevention of new infections, including cases caused by multi-drug resistant mycobacteria.

Programme management and provision of services

The NAP is managed by a couple of medical officers posted at the Headquarters of the Department of Medical and Public Health Services: the NAP manager, who is also responsible for the epidemiological surveillance of HIV/AIDS, and the officer responsible for health education and communication. Both officers are required to produce work for a number of other areas besides HIV/AIDS and may not devote their full time to the implementation of the programme strategies. They are assisted by a secretary employed by the AIDS Fund, who performs other chores alongside her official duties. No other administrative or clerical support is provided, since the administrator who was assigned the responsibility of the administrative affairs of the NAP retired for health reasons several years ago.

Care is provided free to all citizens of the Republic and to political refugees living in Cyprus. Services include counselling, laboratory testing for diagnostic and monitoring purposes, nursing care and medical treatment with drugs and other therapies for opportunistic infections and cancers, and combination therapies with antiretroviral drugs (ART). These services are provided by the medical and nursing staff of the Gregorios Clinic, by the three counsellors and by the laboratory personnel of the Virus Reference Laboratory in Nicosia, the clinical laboratories of the General Hospitals and the Blood Banks. The cost for ART exceeds half a million CP and this cost is expected to rise in coming years as more and more HIV-infected people become eligible for treatment, according to clinical and laboratory criteria.

Social support includes counselling, services of a psychologist employed by the Solidarity Movement at Gregorios Clinic, financial aid to HIV-infected people from NGOs and the AIDS Fund and monthly allowances by the MoLSI.

The NAP personnel and the health care personnel work in close cooperation, mutually exchanging information and providing support as needed. All information required for routine epidemiological surveillance is collected at the counselling service. Respect of confidentiality and high quality of services ensure a high level of trustworthiness of the information provided by those testing positive and their families and for this reason the level of case detection is believed to be high. Due to staff shortnesses mainly at central level, but also at the level of services provision, the full potential of this cooperation has not yet been realised.

The NAP promotes actively the implementation of national strategies through intersectoral collaboration. Substantial collaboration has already been developed with NGOs and services who

are involved either in prevention and education or in care and support. There is still an enormous potential in these areas, though, again staff shortnesses are preventing the full achievement of this potential.

The National AIDS Committee (NAC) was created in 1986 as a multidisciplinary body that was responsible to study the problems of AIDS in Cyprus and to advise the MoH in the formulation and follow up of the NAP. In 2000, the NAC was dismantled, because it no longer fulfilled its role and mission. Under the new strategic plan it will be re-established, with a revised structure that will aim to render it more flexible and functional and to enhance its coordinating and supportive capacity.

Response analysis

The response so far has been successful in keeping the epidemic at a low level, with an estimated prevalence which is approximately one tenth of the world average for HIV-infection. This seems to be the combined result of the targeted interventions by the authorities in all areas relevant to HIV/AIDS and related socio-economic factors, which have limited the sexual transmission of the virus and the dissemination of the infection among drug addicts.

The national response has been successful in preventing HIV transmission through blood, medical procedures and limiting the transmission from mother to child. A number of local factors combined to efforts applied by the NAP have succeeded so far in keeping the epidemic at low levels, though the epidemic has persisted in Cyprus through sexual transmission, first through contact with foreigners and now between locals. It is realized by all concerned that there is a serious potential for a future worsening of the situation, due to the existence of a number of risk factors that need to be taken into consideration.

Based on what is known about the epidemic and the factors that sustain and fuel its progression, the national response will have to rely on more intensive and coordinated actions of all relevant sectors, so as to preserve the advantages of the present situation. Groups that have been identified by the participants at the preparatory workshop as being at particularly high risk with regard to HIV should be targeted through specially designed strategies, in particular peer education and outreach activities, that will aim to promote safe behaviour and not merely to provide information about HIV/AIDS and STDs. These groups are primarily youth, injecting drug users (IDU), men who have sex with other men (MSM), commercial sex workers (CSW) and people working in the tourist industry. The efforts to make condoms more available and acceptable should continue, while at the same time applying efforts to promote delayed onset of sexual relations, reduction of number of sexual partners and mutual fidelity.

The efforts to reduce the personal and social impact of HIV/AIDS have had some success, as evidenced from the results of recent surveys. It is possible that through the efforts applied in the management of specific issues of discrimination in school and the workplace and the continuous sensitization process through campaigns and Media messages, have brought about a gradual tolerance and acceptance of HIV-infected people by the majority of the population, but there is still much to achieve concerning the acceptance and the social integration of people and families with HIV. Furthermore, the increasing number of HIV-infected people, due mainly to the prolongation of the life expectancy by the wide provision of antiretrovirals, is creating new challenges for the State and for society. Social support will need to be intensified and formulated in structured ways, in order to satisfy the growing medical, psychological, social and economic needs of this new category of chronically ill people and their families.

Important challenges are posed also with regard to the human rights of HIV-infected people and of groups who are vulnerable with regard to HIV. The introduction of a new legislation regulating the rights and responsibilities of HIV-infected people and of society towards each other is promoted, in replacement of the current antiquated and obsolete legislation.

In summary, many of the strategies and activities outlined in the last strategic plan remain relevant today and should be retained and reinforced in this plan, while at the same time making provisions for the availability of human and material resources to carry them out. Especially relevant are the broad spectrum of efforts to expand education on the prevention of sexual transmission, especially focusing on youth, MSM and those in the tourist industry. New intensive strategies must be formulated, involving the cooperation of by the NAP, in cooperation with centres of drug use prevention and treatment, and with relevant NGOs, to ensure that the prevalence of HIV and other related infections remains very low among injecting and non injecting drug users.

Strategic planning

Guiding principles

The strategies will be targeted towards the prevention of transmission of HIV, the reduction of the personal and social impact of HIV-infection and the upgrading of the central managing and coordinating capacity.

Prevention of sexual transmission will be targeted as in the past through the promotion of abstinence, mutual faith, safe sexual practices and correct condom use.

The NAP will be mainly involved in tertiary prevention with regard to **injecting drugs** use, which addresses **harm reduction** and constitutes primary prevention as far as HIV-infection is concerned. In this context, the NAP will support and participate in the implementation of strategies for the health education of drug users and in the development of needle exchange programmes. It should not however be overlooked that primary and secondary prevention of drug use deals with factors such as self esteem, assertiveness, positive decision making and effective communication skills which also play a crucial role in primary prevention of HIV-infection as well. Therefore, it is considered that peer education for HIV/AIDS which target these factors is expected to be beneficial to drug use prevention as well. Therefore, at a later stage, the development of common programmes for primary prevention targeting both drugs and HIV may be considered.

The existing strategies for the prevention of transmission through blood and blood products and for perinatal transmission will be retained and reinforced in the new strategic plan.

The reduction of the personal and social impact of HIV-infection will be promoted through a series of targeted interventions.

Health care services will continue to be provided and reinforced as in the past, based on the latest international guidelines. The policy of social and financial support through concerted intersectoral action will be reinforced, bearing in mind the increasing needs which result from prolonged survival of people on antiretroviral therapy. Community and home care will be developed and psychological support will be enhanced bearing in mind the needs of chronically ill AIDS patients. New legislations will be prepared to regulate human rights and responsibility issues, including specific issues such as for example the rights of HIV-infected people to child bearing or

tissue transplantation. Campaigns will be mounted with the cooperation of services, NGOs and HIV-infected people for the sensitisation of the community with regard to the problems of HIV-infection, but also to address the problems facing specific categories of people such as sex workers, ethnic minorities etc.

The central managing capacity of the NAP will be reinforced by the reestablishment of the NAC and its role facilitated through the promotion of effective intersectoral and international collaboration. The work of the NAP will be promoted by the use of private advertising expertise for the mounting of effective communication campaigns and the organization of scientific meetings.

Specific objectives

The strategies of the new plan will be formulated according to the following objectives:

1. Prevention of sexual transmission of HIV and STDs
2. Reduction of harm related to drug use
3. Prevention of perinatal transmission
4. Prevention of transmission through blood and blood products, tissue and organ transplants, and skin piercing procedures
5. Provision of health care based on the latest international standards in counselling, clinical management, laboratory testing
6. Reduction of the personal and social impact of HIV-infection
7. Human rights' protection
8. Reinforcement of programme performance and infrastructure

Future strategies

1 Prevention of sexual transmission of HIV and STDs among all population groups at risk

1.1 Strategy 1: Peer education in school youth: target group at this stage will be first or second year students of lyceum (to be defined)

- 1.1.1 Activity 1: Contact Ministry of Education
- 1.1.2 Activity 2: Train peer educators
- 1.1.3 Activity 3: Conduct pre-project evaluation survey for the outcomes on knowledge, attitudes and behaviour in lyceums on nationwide sample
- 1.1.4 Activity 4: Implement peer education programme in schools (each session followed by process evaluation, in addition to evaluation of outcome)
- 1.1.5 Activity 5: Conduct post-project evaluation survey
- 1.1.6 Activity 6: Review and disseminate evaluation results
- 1.1.7 Activity 7: Review project format
- 1.1.8 Activities repeated on an annual basis.

Contact private schools' directors for developing peer education there too.

1.2 Strategy 2: General information to school youth

1.2.1 Activity 1: Lectures

In addition to peer education aiming to promote the development of the right attitudes and safe behaviours with regard to HIV/AIDS, sex and STDs, school youth will also receive information regarding these subjects on special occasions, such as for example the World AIDS Campaigns.

1.3 Strategy 3: Tertiary education students

The NAP will target tertiary education students, of both Cypriot and foreign nationality, who, according to existing epidemiological information, are at an age where they run the highest risk of becoming infected with HIV. The authorities of the University of Cyprus and of other tertiary education institutions will be approached in view of developing plans of action against HIV/AIDS and STDs, based on the following lines of action.

- 1.3.1 Activity 1: Evaluation, through behavioural studies among the students
- 1.3.2 Activity 2: Health education, through lectures, distribution of educational materials. Wherever possible, conduct peer education, though this may not be feasible, due to heavy curriculum and changing composition of groups by subject.
- 1.3.3 Activity 3: Involve students in events as in World AIDS Day, St Valentine's Day, running of summer kiosks and various other events organized mainly in cooperation with NGOs.

1.4 Strategy 4: Reaching youth in high risk areas

A number of areas are characterized as carrying a high risk for HIV and will be targeted by the NAP. Such areas are mainly bars and night clubs in all towns, including Agia Napa.

- 1.4.1 Activity 1: Installation of condom vending machines in key areas, first on a trial basis and then in a variety of locations, where there is evidence that the machines are properly used without being damaged. The NAP will contact the Ministry of Commerce, Industry and Tourism (MoCIT) who have the responsibility to regulate the importation and use of such machines.
- 1.4.2 Activity 2: Work with NGOs, such as the NEDESY who expressed the wish to work in the free Famagusta area, to reach local youth, mainly through programmes offered in the community. Effort will be applied to reach them at the place of entertainment as well, though there is evidence (from other countries' experience) that the response is minimal when activity is implemented while youth is feasting and probably under the effect of drink or other substances. The nature of the activities (whether community or local) will be defined in collaboration with NGOs and youth representatives. They may include both educational and research components.
- 1.4.3 Activity 3: In addition to specific events and activities implemented with the cooperation of NGOs, a number of structured educational programmes, such as the peer education programme of the CGGA and the educational activities of the CFPA will continue to be supported by the NAP. Other NGOs might be involved, eg Red Cross Youth Section, who have expressed interest to do so.

1.5 Strategy 5: Reaching men who have sex with men

1.5.1 Installation of vending machines

The installation will be done initially on a trial basis in one bar and one cruising area, so as to evaluate the feasibility and acceptability of this initiative. If the machines are used without being damaged, more machines will be gradually placed in all gay bars and cruising areas. The NAP will cooperate with the MoCIT, which regulates the importation of products.

1.5.2 Preparation of educational materials

A set of three brochures providing information on HIV/ safe sex for gay men and addressing issues of prejudice and discrimination will be prepared over a period of two years. This material will be used in health education activities and will be distributed in key areas frequented by gay people.

1.5.3 Health education on safe sex

The snowball method will be used, in a modified version of peer education. Given the difficulties to approach the gay community as a group, the NAP will undertake to educate a number of gay volunteers who will disseminate in a “centrifugal” mode the information, creating nuclei of informed and trained people, who will in turn disseminate the messages to people of their immediate social circle. The training will be done by a NGO, under the supervision of the NAP, in cooperation with gay leaders.

1.5.4 In addition to this method, the gay community will be approached through social gatherings and attempts will be made to disseminate materials and information through that route as well. The trained volunteers will be used in this activity as well.

1.5.5 Behavioural studies

The snowball method will be used for the collection of information on knowledge, attitudes and practices among gay people, with the use of an anonymous, self-administered questionnaire. The same stakeholders will be involved as in the health education through the snowball method.

1.6 Strategy 6: Army recruits

The NAP will pursue the cooperation that was initiated with the National Guard, following an agreement between the MoH and the Ministry of Defense, for the protection of recruits from HIV/AIDS and STDs.

1.6.1 Activity 1: Definition of health education objectives to address the needs of the recruits based on KAB study results

1.6.2 Activity 2: One-day seminar for National Guard (NG) doctors, to upgrade their knowledge in HIV/AIDS and STDs and to define a programme of health education activities to be developed by them, to be followed by regular meetings on a 6- or 12-month basis to exchange views and define future priorities

1.6.3 Activity 3: Setting up a system of sentinel surveillance for HIV in young recruits. The target group will be preferably recruits who are in the second year of their service, but if this is not possible for practical reasons, the target group will be

newcomers, who will be more easily accessible at the time and place of recruitment. The testing will start in 2004 and will be carried out on a biennial basis. If possible, it will involve a sample of 1000 recruits and not less than 800.

- 1.6.4 Activity 4: KAB studies using the same questionnaire as in the 2002-2003 study will be carried out on regular basis – preferably every three to four years.
- 1.6.5 Activity 5: The NAP will continue to provide the NG with condoms as required. The possibility to install vending machines in the barracks will be discussed with the NG authorities.

1.7 Strategy 7: Foreign sex workers

Foreign women working in bars and cabarets are considered to be a high-risk group, since they provide sex services to clients on a regular basis, despite conditions of their official contracts. Though nowadays there is a tendency worldwide to avoid HIV testing of specified target groups, we consider that in cases such as this public health protection prevails and the following activities will continue to be carried out as in the past. This will be in line with documents on human rights that have been adopted by international agencies such as the WHO, the Council of Europe (CoE) and the European Council (EC).

- 1.7.1 Activity 1: Regular testing of this group upon arrival to Cyprus and repetition of testing every two months, during their 6-month stay
- 1.7.2 Activity 2: Continuation of the health education programme provided to Russian women by the CFPA, in cooperation with the NAP and the counselling centre at Archbishop Makarios III Hospital in Nicosia. The relevance and possibility to offer such programmes to other ethnic groups of women will be examined.

1.8 Strategy 8: Foreign workers

Despite the fact that large numbers of foreign workers undoubtedly engage in sexual activities while in Cyprus, primarily this is done as an everyday activity in the community and therefore they may not be considered to be sex workers in the same sense as women working in bars and cabarets. Cyprus has been under serious criticism by international agencies (WHO, CoE, EC etc) for the regular testing of foreign workers coming to Cyprus. Under the pressure of this criticism, Cyprus will need to reevaluate its policy in this area. The following activities are proposed:

- 1.8.1 Discuss with relevant services (Ministry of Justice and the Aliens' Department) this issue, in view of suspending the routine testing of foreign workers, except for women working in bars and cabarets.
- 1.8.2 Develop outreach programmes of foreign workers, with the objective of evaluating their needs and providing support and health education. This may be done in cooperation with NGOs such as the movement for the support to foreigners, the CFPA and others.

1.9 Strategy 9: Cypriot prostitutes

Though under the Cyprus legislation prostitution is illegal, the small number of prostitutes who choose to visit the government dermatology departments for regular checks are not troubled by the police. Also, several of them visit the Headquarters of the Medical and Public Health Services for the procurement of condoms. The majority, however, remain out of the reach of the health authorities. Efforts to create bridges of communication with them through

their peers who stay in contact with us have been without success up till now. Attempts will be made to approach groups of prostitutes with the assistance of relevant NGOs.

1.10 Strategy 10: Male customers of cabarets

The situation concerning cabaret customers has been the object of a behavioural survey in a number of Limassol night spots frequented mainly by heterosexuals. The interviews were conducted by a psychologist with good knowledge of the local situation. Activities will be programmed based on the findings from this survey.

1.11 Strategy 11: Sexually transmitted diseases

Under the new strategic plan, additional effort will be made for coordinated action between the NAP, the IDP and professionals dealing with STDs.

- 1.11.1 Strategy 1: Closer and more effective cooperation with the IDP will be promoted, including the involvement of the NAP in the epidemiological surveillance of STDs. Special emphasis will be given to the involvement of the private sector in the reporting of cases of STDs.
- 1.11.2 Strategy 2: Preparing the action plan of the Task Force for the Prevention and Control of STDs, that will cover all relevant areas, in particular epidemiological surveillance, testing, clinical management, health education and educational materials.
- 1.11.3 Strategy 3: Providing continuous education to all disciplines involved, through regular communications on relevant scientific issues and by holding a one-day seminar/workshop for the exchange of scientific information and the discussion of practical issues of common interest.

1.12 Preparation of education materials

- 1.12.1 Activity 1 Two hundred sets of the three peer education manuals that were translated from English into Greek by the CGGA will be purchased by the MoH for use by health visitors and other workers in peer education
- 1.12.2 Activity 2 The brochure on Safe Sex and Correct Condom Use will be translated into Greek and reproduced for distribution
- 1.12.3 Activity 3 In addition to materials that will be produced according to the different activities mentioned above, further materials will be produced as required.
- 1.12.4 Activity 4 Existing materials will be reprinted each year as required, after being reviewed for necessary modifications or corrections

2 *Reduction of harm with regard to injecting and non injecting drug use*

The achievement of this objective will rely on the following principles:

- Evaluating extent of harm-causing practices in Cyprus
- Evaluating extent of harm due to drug use in Cyprus
- Reducing prevalence of needle sharing practices
- Reducing risk of infection with HIV (and other agents) due to drug use
- Reducing risk of sexual transmission of HIV and STDs in drug users and their partners
- Acting as an intermediary for the reduction of general health consequences from drug use, in cooperation with other relevant sectors of health care provision.

The following activities will be undertaken:

2.1 Activity 1 Preparation of a comprehensive plan to promote the above principles, in cooperation with the ADC

2.2 Activity 2 Improving epidemiological surveillance for HIV/AIDS among known drug addicts

2.3 Activity 3 The NAP will contact the drugs authorities and request a closer cooperation with regard to the reporting of numbers of drug addicts who are subjected to testing for HIV. This will provide the service of epidemiological surveillance with all data needed for the estimation of rates in this target group.

2.4 Activity 4 Conducting behavioural research

The target group will be drug users who are followed at the drug treatment and prevention centres. The following activities will be undertaken in cooperation with the personnel of the ADC and the drug treatment centres.

2.4.1 Preparation of a questionnaire to evaluate the following parameters:

- Attitudes with regard to HIV/AIDS, sex and drug use
- Sexual practices
- Drug use practices which carry a risk of transmission of HIV among drug users and their sexual partners, including extent of needle sharing practices
- General health risk related to intravenous drug use and to general lifestyle of the drug addicts (including risk of other infectious diseases, risk of non infectious health conditions and risk of trauma)

2.4.2 Conducting the survey

The collection of the information will be anonymous and will be conducted at the centres by the personnel working there. The data will be managed and analyzed by the NAP and will be evaluated in cooperation with the personnel of the ADC and of the care centres.

2.5 Activity 5 Preparation of educational materials

A brochure will be prepared addressing harm reduction to drug users, with regard to HIV/AIDS, STDs, other infections and general health risks. It will be used in conjunction with other materials that have been prepared for general use by the NAP.

2.6 Activity 6 Personnel training

Subject to the final decisions that will be included in the National Strategic Plan of the ADC, the NAP proposes the participation of officers working at the prevention and treatment centres for drugs (as well as future crisis centres) in workshops and training sessions for counselling in HIV/AIDS that will be addressing all officers dealing at various sectors with the subject of HIV/AIDS. Special sessions regarding the reduction of harm related to drugs will be included for all these officers.

2.7 Activity 7 Needle exchange

It is recommended that a needle exchange programme be included in the strategies of the Antidrugs Council.

3 *Prevention of perinatal transmission*

A three-fold strategy is recommended for the prevention of the transmission of HIV from an infected woman to her child during pregnancy, or during and after delivery. This strategy is based on the following objectives:

3.1 Strategy 1 Primary prevention of HIV

This consists in all general efforts to prevent HIV-infection in the population. The net result will be the decreased prevalence of HIV in the population and reduction in the likelihood of transmission of HIV from infected women to their babies. These objectives are considered elsewhere in this proposal.

3.2 Strategy 2 Prevention of unintended pregnancies among HIV-infected women

- 3.2.1 Women and their partners should have the possibility to know their HIV status and to make informed reproductive choices. Couples who are HIV positive will be advised on the risk of perinatal transmission, as well as the risk transmission of the virus between partners, and will be offered the alternatives of safe sex and contraception. The final decision will be made by the couple. Free counselling and confidential testing to all couples are offered through the existing counselling services in Nicosia, Larnaca and Limassol in the Government sector, by the CFPA and by private gynaecologists.

- 3.2.2 These services will be further reinforced as follows:

- Training of the public sector personnel

A training workshop will be organized for all personnel responsible for the provision of counselling services for HIV/AIDS at all levels. This will include the personnel who work at the counselling centres for HIV/AIDS and at the gynaecology and obstetric services, as well as personnel working in other areas of the NAP who are called on occasion to provide information and support in this area.

- Cooperation with the CFPA

There will be contacts with the CFPA to ensure that common strategies are adopted in this area by the government and the non government sector.

- Cooperating with the private sector

A circular will be sent to the private gynaecologists requesting their cooperation for the provision of relevant counselling to all couples wishing to conceive.

3.3 Strategy 3 Prevention of HIV transmission from infected women to their children

- 3.3.1 In the case of an intended or unintended pregnancy, they will be offered all technical support to minimize the risk of perinatal transmission of the virus and maximize the chances of the baby being born free from HIV. The following strategies are being implemented and will be further reinforced:
- 3.3.2 The couple wishing to conceive will be provide technical assistance for the avoidance of perinatal transmission of HIV

- 3.3.3 Pregnant women who are HIV-infected will be offered a comprehensive course comprising antiretroviral therapy according to the currently accepted treatment protocol, safer delivery through cesarean section and counselling for the adoption of replacement feeding.
- 3.3.4 The cooperation of all personnel of the public and private gynaecological services will be requested.

4 *Prevention of transmission through blood and blood products*

4.1 Blood safety

The NAP will cooperate with the blood donation service for the preservation and improvement of the current quality of blood units. These measures will include the following:

- 4.1.1 Continue mandatory universal screening of all blood donations for HIV and other infections
- 4.1.2 Work with health care personnel to achieve a reduction of blood transfusions and to increase the use of safer alternative products such as plasma, platelets etc
- 4.1.3 Ensure the safety of blood products such as factors VIII and IX, albumen, fibrinogen and immunoglobulins
- 4.1.4 Preserve high levels of voluntary donations by supporting and reinforcing the current structures of the blood banks and the outreach centres for the collection of blood
- 4.1.5 Minimize the residual risk for HIV-infection linked to the window period by reinforcing the procedures of donor recruitment and donor deferral and by providing the necessary information so as to sensitize the public to this issue.
 - It should be noted that, however safe a blood donation system may be, the residual risk may not be completely eliminated and the higher the prevalence of HIV in a community the higher this risk will become. It should be remembered that, while incidence of infection is still stable in Cyprus, the prevalence may rise dramatically in the coming years, because of prolonged survivals from the use of antiretroviral therapies (ART)
 - The blood donation service, in collaboration with the NAP, will review the procedures which are followed during the recruitment of a blood donor, including the content of the short questionnaire to be filled before the donation and the role of the doctor conducting the interview. The purpose of this evaluation will be to ensure that screening is done in a discrete but effective way, aiming to defer any high-risk donors while avoiding to offend the volunteers.
 - A common problem in organized blood donation sessions is that people who are aware of having been recently exposed to the risk of infection may not abstain from giving blood because it would be conspicuous for them to leave at the last moment. For this reason, the communities or organizations where the blood donations are taking place will be asked to provide a list of donors to the blood bank authorities several days in advance so as to provide time for the donors to be prepared accordingly.
- 4.1.6 Provide continuous education and information to the permanent and voluntary personnel of the blood donation service and to the clinical personnel in order to reinforce their capacity in matters of blood safety with regard to HIV and other infections. A one-day workshop will be organized to address issues of blood use and blood safety. Further information will be given on a regular basis, with the cooperation of the blood donation service.

- 4.1.7 Doctors and other personnel or volunteers conducting donor recruitment at blood donations will be instructed to provide short addresses of 3' to 4' before each session whenever this is practical and feasible. The purpose of these addresses will be to provide general information to blood donors with regard to HIV-infection. For this purpose, 15 copies of a set of transparencies will be prepared and will be given to the personnel and volunteers to use as needed.

4.2 Safety of skin piercing procedures

The increasing frequency of intervention procedures for the production of tattoos and the attachment of decorative objects on the skin and mucous membranes is causing serious concern with regard to the risk of transmission of HIV and other infectious agents (besides increased cancer risk). The situation with regard to these practices is not known at the moment. A survey will be conducted to determine the extent and nature of the practices and the methods used, in particular whether safety precautions against infections are being respected.

4.3 Safety of tissue and organ transplantation

The same basic principles as for the safety of blood will apply with regard to tissue and organ transplantations.

5 *Provision of health care based on the latest international standards and guidelines, with regard to counseling, clinical management, laboratory investigations and monitoring*

Current strategies with regard to the provision of services in counseling, clinical management and laboratory testing will be continued.

The following strategies will be pursued for the improvement and further development and expansion of these services.

5.1 Counseling

5.1.1 Preparation of guidelines

A set of guidelines on counselling will be prepared and disseminated to all health professionals of the private and the public sector who are likely to come in contact with HIV-infected people or people requesting information and support with regard to HIV/AIDS such the Gregorios Clinic, the NAP Headquarters, gynaecologists, laboratory personnel and others.

5.1.2 Workshop on counselling

A workshop for the reinforcement of the knowledge and skills in counselling of the personnel of counselling centres and of other health workers who come in contact with HIV-infected people or people requesting information and support with regard to HIV/AIDS will be organized.

5.2 Clinical management

- 5.2.1 Ten community nurses will be trained in HIV/AIDS nursing care to cover the needs in all 5 districts for the following years.

- 5.2.2 Centres will be established in all districts for the care of chronic, very debilitated AIDS patients who may not be treated as acute cases and who have no other means of support and sustenance
- 5.2.3 Training sessions will be organized for hospital health personnel on issues such as: short term care to people with HIV for general ailments, non discrimination, universal precautions, avoidance of generalised testing of patients etc.
- 5.2.4 The NAP will participate in the European SPREAD programme for the study and prevention of resistance of HIV to antiretroviral drugs

5.3 Laboratory testing

- 5.3.1 A circular letter will be sent to all directors of private laboratories informing them of current practices with regard to HIV testing, counselling and referral practices

6 *Reduction of the personal and social impact of HIV-infection through social support and measures against prejudice and discrimination towards HIV-infected people and their families*

A number of activities will be undertaken

- 6.1 Preparation of a brochure on stigma and discrimination that will be used for distribution on all occasions provided through peer education, lectures, events, seminars etc.
- 6.2 Meetings will be organized on an on-going basis for sensitising the general population as well as specific groups to the issues of stigma, discrimination, human rights of HIV-infected people and the link between public health and human rights. Effort will be made to involve in these meetings as many HIV-infected people as possible, who will be contacted by district and trained accordingly.
- 6.3 A study of socio-economic impact of HIV-infection and of the current requirements in services to HIV-infected people and their families will be conducted
- 6.4 A feasibility study for the creation of a foyer in Limassol where most HIV-infected people live will be conducted.

7 *Human rights' protection*

A number of vulnerable population groups will be addressed, in addition to the homosexual community and the drugs addicts, with regard to their special needs related to the prevention of being infected with HIV.

The NAP must also take into consideration international guidelines with regard to the respect of human rights of vulnerable populations. The final recommendations should balance carefully the needs for the protection individual rights against the needs for the protection of public health.

7.1 Strategy with regard to foreign workers in areas other than bars

7.1.1 Activity 1: Evaluation

A study to explore their needs, attitudes and behaviours, using simple questionnaires in the main language of the workers, will be conducted, with the cooperation of the relevant NGOs. The questionnaires will be anonymous and self-administered. If necessary, the snowball method will be used.

7.1.2 Activity 2: Prevention

Following the evaluation survey, health education activities for the various ethnic groups, using if necessary the snowball method.

7.1.3 Activity 3: Testing policies

Mandatory testing of people requesting entry into the country will be reviewed according to the universal human rights principles, by the Ministry of Health in cooperation with the Aliens' Department.

7.2 Immigrants from Pontos

The following measures aiming to protect the rights of immigrants from Pontos and to safeguard public health will be studied and applied in cooperation with the representatives of this ethnic group and the Infectious Diseases Programme:

- 7.2.1 Providing training and information to health workers from Pontos so that they will be able to undertake health education activities for their compatriots
- 7.2.2 Providing free counselling and testing services for the people from Pontos

7.3 Roma people

In cooperation with the Infectious Diseases Programme, testing and counselling services for Roma people will be set up.

8 Reinforcement of programme performance and infrastructure

The implementation of the proposed plan necessitates important changes in the infrastructure of the NAP Headquarters, in particular an increase in human and material resources to allow better management and performance of the NAP. The NAPM will be thus supported in the double assignment of managing the programme and conducting the epidemiological surveillance of HIV/AIDS.

- 8.1 A second epidemiologist or a biostatistician will be appointed at the Headquarters to work with the NAPM.
- 8.2 A health promotion unit for HIV/AIDS will be set up at the Headquarters, equipped by the medical officer currently in charge of health education, who will be assisted by a health visitor. Both will have opportunities for further training. The officer in charge will be relieved of any other clerical duties and will work exclusively in the area of HIV/AIDS.
- 8.3 An administrator will be assigned the administrative work of the NAP which is being done by the NAPM and the officer in charge of health education, since the former administrator retired several years ago for health reasons. The administrator will assume also the responsibility for the publicity and communication, in cooperation with the NAPM and the office in charge of health education.
- 8.4 The programme secretary will be relieved of other office duties imposed on her and will work exclusively in the area of HIV/AIDS, according to the requirements of her working contract with the AIDS Fund. Among other duties, she will have the responsibility for the entering and basic processing and validation of data from surveys and evaluation

studies that will be done on a regular basis in the following months and years. She already possesses valuable experience in this area from a number of past surveys.

8.5 The NAP will be accorded sufficient and satisfactory office and storing space so that its officers will be able to develop fruitful and constructive personal and team work. The offices will be provided with the necessary electronic and communications equipment for maximum efficacy and confidentiality.

8.6 There will be enhanced capacity for the NAP to promote basic strategies in the areas of epidemiology, health promotion and human rights and to develop effective intersectoral collaboration with a number of stakeholders, including other Ministries and government services, other related public health programmes such as the infectious disease programme, the national programmes on demography and on gender, NGOs, academic institutions, scientific associations and organizations, the Turkish Cypriot counterparts in the area of HIV/AIDS, international institutions such as the World Health Organization, the European Union and others, for the implementation of the various strategies of the national plan.

8.7 Special emphasis will also be given to continuing education of the personnel and other agents involved in activities against HIV/AIDS and to the dissemination of scientific information on HIV/AIDS to all health professionals.

8.8 The National AIDS Committee which was dismantled in 2000 because it no longer fulfilled its role and mission will be reestablished with the following composition:

8.8.1 The Central Committee will be composed of a limited number of members and will have the responsibility of policy making and programme coordination. It will be presided by the Minister of Health. Membership will be obligatory from a small number of areas such as the NAP, the clinical sector, the academic sector, the Antinarcotics Council, the Youth Board, the Ministry of education, the Cyprus Medical Association, the General Attorney's Office, the nursing profession, the Blood Bank and the laboratory. Any further additions will be considered and approved at central level. The following subcommittees will be formed: Clinical and Epidemiological, Health promotion, Laboratory and Blood Bank and Public Relations and Communication. There will be no subcommittee for legal and human rights issues, which will be handled at the level of the Central Committee and the subcommittees, depending on the nature of the problem at hand. For all matters, ad hoc committees will be set up to handle issues of specific nature. The new proposal for the reestablishment of the NAC will be submitted to the Council of Ministers for approval.

8.9 The NAP will promote its strategies through the intersectoral collaboration with a large number of stakeholders

8.9.1 A number of activities that will be undertaken in cooperation with other sectors are described in different parts of this proposal

8.9.2 There is a large potential for further cooperation with these and other sectors that will be explored by the NAP

8.9.3 The Ministry of Health will address an official invitation to the Church Authorities for the development of a line of cooperation, in a spirit of mutual respect. The basic goal of this cooperation will be the protection of public health

from HIV-infection, with special focus on youth. The invitation will include the understanding that the NAP will base its health education on the promotion of abstinence and delayed sex, as well as the promotion of the correct use of the condom.

- 8.10 A programme of fruitful cooperation with the Mass Media will be promoted. The main objectives of this cooperation will be (a) to achieve the presentation of the right image through the Mass Media of the work of the NAP and (b) to upgrade the quality of the information disseminated through the Mass Media regarding HIV/AIDS and STDs.

Time frame

The time frame for the implementation of these activities is shown in Annex 2

Annex 1

| Service / Organization | Name | Position |
|--|--------------------------------|---|
| Ministry of Health/NAP | Dr Laura Papantoniou | NAP Manager |
| Ministry of Health/NAP | Dr Anna Nouska | Officer resp. for AIDS health education |
| AIDS (Gregorios) Clinic | Dr Ioannis Demetriades* | Officer in charge |
| Counselling Service Commun. Diseases Centre | Ms Evridiki Lazarou | Nursing supervisor |
| STD Clinics | Dr George Vakis | Dermatologist, Larnaca General Hospital |
| Clinical laboratory | Dr Despo Mbakatzouni | Microbiologist |
| Blood Bank | Mr Christos Tapakoudis | Officer in charge |
| Virus Infections Laboratory | Dr Androula Eleftheriou | Officer in charge |
| Drug Law Enforcement Unit | Mr Stelios Sergides | Sociologist |
| Drug Law Enforcement Unit | Ms Areti Amaxari | P.E. and Sports Science (educator) |
| Services Against Dependency on Alcohol and Drugs | Dr Argyris Argyriou | Psychiatrist |
| HIV infected person | Mr Thasos | |
| Health visitors service | Ms Lenia Lambrou | Chief Health Visitor |
| Ministry of Education | Mr Christodoulos Christodoulou | Teacher of Biology |
| Ministry of Defense | Dr Zoe Gogaki (physician) | Director of Cyprus Military Hospital |
| Cyprus Family Planning Association | Ms Despo Hadjloizou | Senior Program Officer |
| Gay Liberation Movement of Cyprus | Mr Alekos Modinos | President |
| Girl Guides Association | Ms Neda Louka | Administrator Trainer |
| Girl Guides Association | Ms Niki Ioannou | Administrator |
| School Health Services | Dr Frosoula Theocleous | School Health Medical Officer |
| School Health Services | Dr Irene Cotter | School Health Medical Officer |

* Represents Cyprus Medical Association as well

Annex 2

**Time frame for the implementation of the Strategic Plan 2004-2008
for HIV/AIDS**

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|--|--|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 1: Peer education in lyceums / <i>indicators measurment</i></p> <p>Relevant objective(s): Stakeholder(s)</p> <p>to</p> <p>1, 4 and 6 MoH/NAP/SHS/MoE</p> <p>Contacting MoE</p> <p>Training peer educators</p> <p>Pre-project evaluation</p> <p>Implementing PE pr/mme</p> <p>Post project evaluation</p> <p>Reviewing/dissemin. results</p> <p>Readapting programme</p> <p>p 1</p> <p>p 2</p> <p>p 3</p> <p>p 4</p> <p>p 5</p> <p>p 6</p> <p>p 7</p> | | X | | | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Programme activity 2: Purchase of 200 sets of manuals on peer education translated into Greek by CGGA</p> <p>Relevant objective(s): Stakeholder(s)</p> <p>to</p> <p>1, 4 and 6 MoH/NAP</p> <p>Implementation</p> | | | X | | | | | | | | | | | | | |
| <p>Programme activity 3: Lectures to school youth</p> <p>Relevant objective(s): Stakeholder(s)</p> <p>to</p> <p>1, 3, 4 & 6 MoH//NAP/SHS/MoE</p> <p>Ongoing – all quarters</p> | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| Programme activity 4: General population behavioural survey/ <i>indicators measurement</i> Relevant objective(s): Stakeholder(s) Preparatory phase Implementation Analysis/evaluation | to 1, 3, 4 & 6 MoH/NAP | X | X | X | X | X | | | | | | | | | | |
| Programme activity 5: Preparation of harm reduction programme among drug users Relevant objective(s): Stakeholder(s) Implementation | to 2 MoH/NAP/PS/ANC <i>Subject to decisions and schedule of Antinarcotic Council's Acton Plan</i> | X? | X? | | | | | | | | | | | | | |
| Programme activity 6: Behavioural study among drug users / <i>indicators measurement</i> Relevant objective(s): Stakeholder(s) Preparatory phase Implementation Analysis/evaluation | to 2 MoH/NAP/PHS/ANC <i>Subject to decisions and schedule of Antinarcotic Council's Acton Plan</i> | | | X? | X? | X? | X? | | | | | | | | X? | X? |
| Programme activity 7: Preparation of educational materials for drug users Relevant objective(s): Stakeholder(s) Implementation | to 2 MoH/NAP/PHS/ANC <i>Subject to decisions and schedule of Antinarcotic Council's Acton Plan</i> | | | | | | | | X? | | | | | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 8: Two workshops on harm reduction for officers working in prevention and treatment centres for drugs</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>2 MoH/NAP/ANC/ EU <i>Tentative - subject to decisions and schedule of Antinarcotic Council's Action Plan</i></p> | | | | | | X? | | | | X? | | | | | |
| <p>Programme activity 9: Preparation of action plan for Task Force for the Prevention and Control of STDs (including evaluation process using indicators)</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>1, 3, 4, 5 & 7 NAP/IDP/DA/GA /Urol.</p> | X | X | | | | | | | | | | | | | |
| <p>Programme activity 10: One-day workshop to address prevention and control of STDs</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>1, 3, 4, 5 & 7 NAP/IDP/DA/GA /Urol.</p> | | | | | | | | | | | | | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|--|---|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 11: Installing condom vending machines in key areas (heterosex., homosexuals)</p> <p>Relevant objective(s): Stakeholder(s) Tenders Trial placement – 4-5 machines Machines in all key areas,</p> | <p>1 MoH/MoCIT</p> <p>Bar owners' cooperation & proper use If trial results are positive, placement gradual, spaced over 1-3 years)</p> | X | X | | | | X | | | | | X | | | | X |
| <p>Programme activity 12: Preparation of educational materials for the homosexual community</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>1 NAP/Gay representative Ongoing, spread over several months (need for research, consultation)</p> | X | X | X | X | X | X | | | | | | | | | |
| <p>Programme activity 13: Two-day training to peer and other educators for homosexuals</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>1 NAP/ NGOs/WHO Tentative - if sufficient number of trainees (2 peer and 12-13 NGO volunteers).</p> | | | | | | | X | | | | | | | | |
| <p>Programme activity 14: Provision of information on HIV/AIDS to gay men by trained peers & NGO volunteers at social events</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>1 NAP/ NGOs eg CFPA Training of volunteers</p> | | | X | X | X | X | X | X | X | X | X | X | X | X | X |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|--|--|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 15: Health education programme for bar girls of Russian origin</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>to</p> <p>1 NAP/CFPA The programme is on-going and will continue as in previous years on a weekly basis</p> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Programme activity 16: Preparation of action plan for HIV/AIDS in recruits</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>to</p> <p>1, 2, 3, 4 & 6 MoH/NAP/MoD</p> | X | X | | | | | | | | | | | | | |
| <p>Programme activity 17: Half-day seminars for army doctors concerning HIV/AIDS education to recruits</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>to</p> <p>1, 2, 3, 4 & 6 MoH/NAP/MoD</p> | | X | | | | | | | X | | | | | | |
| <p>Programme activity 18: Establishing on-going system of sentinel surveillance in recruits</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>to</p> <p>1 MoH/NAP/MoD</p> | | | | | X | | | | | | | | | | X? |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|--|--|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 23: Health information on safe sex behaviour to male customers of night spots</p> <p>Relevant objective(s): Stakeholder(s) Implementation Development of brochure Distribution of brochure Reprint</p> | <p>¹ MoH/NAP</p> | | | | | | | | | X | X | | X | X? | X | |
| <p>Programme activity 24: Sending a circular to all private gynaecologists requesting that all pregnant women be offered free counselling and testing for HIV</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>³ MoH/NAP</p> | | X | X | | | | | | | | | | | | |
| <p>Programme activity 25: Preparing/circulating guidelines on pre- and post-counselling for private/public sector & NGOs</p> <p>Relevant objective(s): Stakeholder(s)</p> | <p>³ MoH/NAP</p> | | | X | X | | | | | | | | | | | |
| <p>Programme activity 26: One-day seminar for personnel of maternity services in the public and private sectors</p> <p>Relevant objective(s): Stakeholder(s)</p> | <p>³ NAP/STD Task Force</p> | | | | | | | | | | X | | | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|--------------------------------------|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 27: Preparation of a brochure on stigma and discrimination that will be used for distribution on all occasions provided through peer education, lectures, events, seminars etc.</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>7 MoH/NAP</p> | | | | | X | | | | | | | | | | |
| <p>Programme activity 28: Public talks and events on discrimination and the link between public health and human rights. HIV-infected people will be trained to provide information</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>7 MoH/NAP</p> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Programme activity 29: Conducting a study of socio-economic impact of HIV-infection and current services requirements</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>5 & 6 MoH/NAP/WHO_STC</p> | | | | | | | | | | | | | | | |
| <p>Programme activity 30: Carrying out a feasibility study for the creation of a foyer in Limassol</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | <p>6 MoH/NAP/MoLSI</p> | | | | | X | | | | | | | | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 31: 7-day workshop in counselling knowledge and skills for personnel of counselling centres and health workers likely to provide advice on HIV/AIDS</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 6 MoH/NAP/WHO_STC | | | | | X | | | | | | | | | | |
| <p>Programme Activity 32: Training 10 community nurses in HIV/AIDS care for the 5 districts</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 5 & 6 MoH/NAP/Greg. Clinic 5 teams of 2 nurses in 2-week training in Clinic | | | X | | X | | X | | X | | X | | | | |
| <p>Programme Activity 33: Establishing district centres for the care of chronic, debilitated AIDS patients</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 5 & 6 MoH/MoLSI/NAP /Municipalities | X | X | X | X | | | | | | | | | | | |
| <p>Programme activity 34: Providing financial aids to HIV-infected persons and families thr' AIDS Fund</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 6 MoH/NAP | | | | X | | | X | | | | X | | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| <p>Programme activity 35: Talks/discussions with hospital health personnel on issues such as: short term care to people with HIV for general ailments, non discrimination, universal precautions, avoidance of generalised testing of patients etc.</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 1-7 MoH/NAP/Hospitals | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Programme Activity 36: Circular to private laboratories on HIV testing practices and referrals</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 3-7 MoH/NAP | X | | | | | | | | | | | | | | |
| <p>Programme activity 37: Participation of NAP in European SPREAD programme for the study and prevention of resistance of HIV to antiretroviral drugs</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 5 EU/UOC/MoH/NAP The project will be on-going | X | X | X | X | X? | X? | X? | X? | X? | X? | X? | X | X | X | X |
| <p>Programme activity 38: Pancyprian Congress on HIV/AIDS</p> <p>Relevant objective(s): Stakeholder(s) Implementation</p> | to 1-8 UOC/MoH/NAP | | | | X | | | | | | | | X | | | |

| | | 2004 | | | | 2005 | | | | 2006 | | | | 2007 | | |
|--|--|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| Programme activity 39: Employing private advertising agency for health promotion campaign Relevant to objective(s): Stakeholder(s) Implementation | | X | X | | | X | | | | X | | | | | | |
| Additional activities that were not included in the plan | | | | | | | | | | | | | | | | |