MISSION REPORT

Technical mission: HIV in Cyprus

15–17 October 2014

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori.

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CAC	Cyprus Anti-Drugs Council
EAHC	Executive Agency for Health and Consumers
EEA	European Economic Area
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMIS	European MSM Internet Service
EU	European Union
HIV	Human immunodeficiency virus
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
LGBT	Lesbian, gay, bisexual, and transgender
LGBTI	Lesbian, gay, bisexual, transgender and intersex
KISA	NGO working in the fields of equality, support and anti-racism
KYFA	HIV/AIDS Support Centre
MSM	Men who have sex with men
NGO	Non-governmental organisation
OST	Opioid substitution treatment
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection

Executive summary

Up until 2005, levels of HIV infection in Cyprus were relatively low, with fewer than 30 new cases diagnosed annually. However, the number of new HIV cases diagnosed annually has been rising since 2005. More than 50 new cases of HIV were diagnosed every year from 2011 to 2013. These new cases occurred predominantly among men who have sex with men (MSM) of Cypriot nationality.

It is unclear whether this increase is due to more testing (which results in more diagnoses), an increase in the number of HIV-positive people who returned to the country after having lived abroad, or to an actual increase in the number of HIV infections among MSM in Cyprus. This mission report addresses this issue and provides options on how Cyprus can respond to the epidemic.

Overall, there is no clear and compelling evidence that the rise in HIV diagnoses among MSM in Cyprus is an artefact caused, for example, by increased HIV testing. While variations in levels of HIV testing may have been associated with changes in numbers of HIV diagnoses, for example between 2012 and 2013, these fluctuations appear fairly small and are insufficient to explain the overall rise in the last ten years. There has not been any marked change in HIV testing behaviour among MSM in Cyprus, and there is evidence that many MSM have as yet not been tested for HIV. There has been no increase in the rates for late diagnosis, which might have been expected were the increased number of diagnoses a result of improved case detection.

Although some of the diagnoses were in Cypriots who previously lived abroad, these numbers were small and could not explain the observed rise. Similarly, the increase does not seem to be due to Cypriots who were previously treated in Greece but later opted for treatment in Cyprus, and then were erroneously considered as new cases.

While more data are needed, for example from bio-behavioural surveillance studies among key populations and on HIV testing practices, currently available data appear to indicate that there has been an increase in HIV transmission among MSM in Cyprus over the last ten years in general, and over the last three years in particular. This is consistent with similar increases in HIV diagnoses among MSM observed in other European countries that previously had low HIV prevalence.

It is suggested that Cypriot authorities should respond to this situation by establishing a task force within the National AIDS Committee focused on expanding the response to HIV among MSM in Cyprus. This task force should include representatives of MSM organisations in Cyprus. It should develop a plan of action which is likely to include expanding health promotion activities; promoting and distributing condoms and condom-compatible lubricants; expanding testing and screening for HIV and sexually-transmitted infections; providing antiretroviral treatment as part of prevention measures; and addressing issues of stigma and discrimination experienced by MSM and the lesbian, gay, bisexual and transgender community in Cyprus.

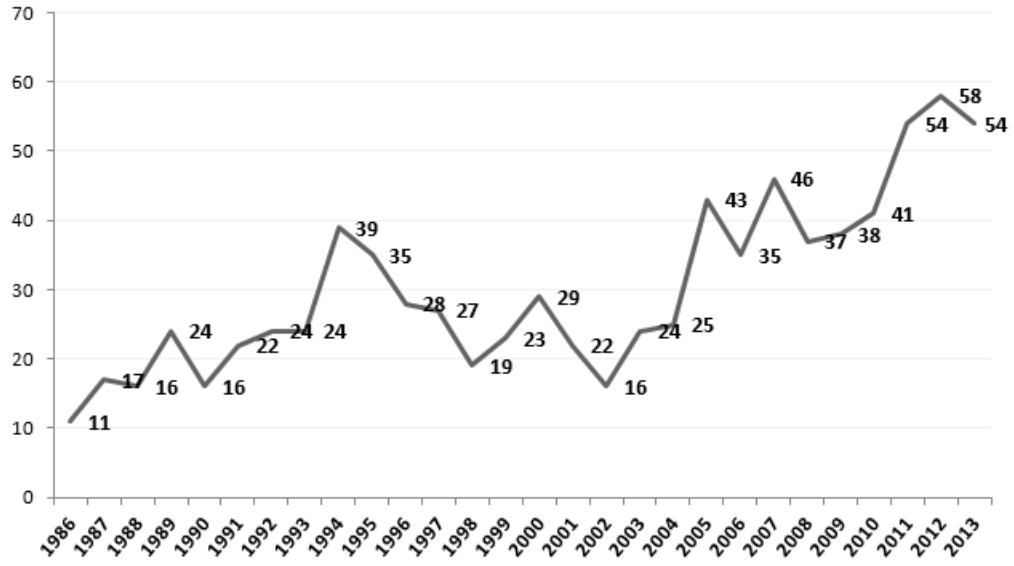
In addition, the Cypriot authorities need to ensure that they are able to detect and respond to HIV outbreaks in particular subpopulations in Cyprus. The increased risk for people who inject drugs was recently demonstrated by an outbreak in Greece, and the many links between Greek and Cypriot nationals who inject drugs could easily lead to an outbreak in Cyprus. Actions could include improving data accuracy and availability; increasing access to, and uptake of, HIV testing; expanding harm reduction services, particularly opioid substitution therapy; and ensuring that harm reduction services are available in prisons for people who inject drugs

1 Objectives

1.1 Background

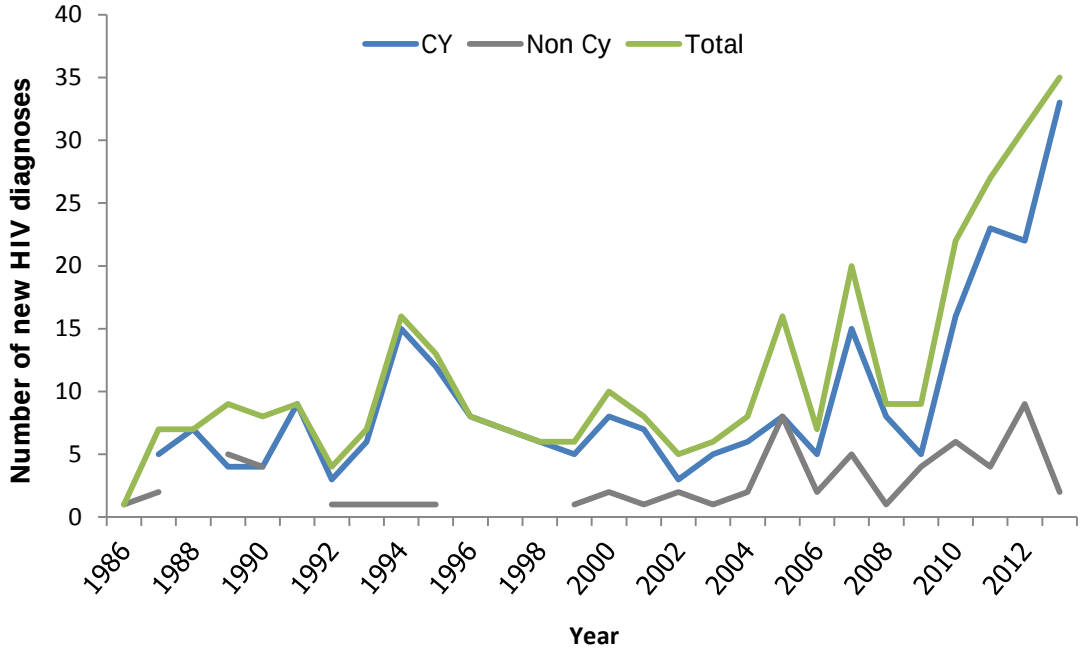
Up until 2005, Cyprus[1] experienced low levels of HIV infection. For example, in most years from 1986 to 2005, there were less than 30 new cases diagnosed annually (Figure 1). Since 2005, more than 30 new diagnoses were reported annually, and between 2011 and 2013, there were more than 50 new diagnoses annually. The rise in new diagnoses appears to be among MSM of Cypriot nationality (Figure 2, blue line).

Figure 1: Number of new HIV diagnoses in Cyprus, 1986–2013



Source: Ministry of Health

Figure 2: Number of new HIV diagnoses in MSM in Cyprus, 1986–2013



Source: Ministry of Health

[1] In this report, all references to Cyprus relate to the area under control of the Government of the Republic of Cyprus only.

There are different views as to whether the rise in new diagnoses among Cypriot MSM is due to an actual increase in new infections or reflects something else, e.g. an increase in HIV testing. Representatives of the Cyprus Ministry of Health discussed these matters informally with ECDC staff at European Union Think Tank meetings. As a result of these discussions, the Ministry of Health formally requested ECDC assistance to explore this question. In addition, the mission team would also look at the general HIV situation and response to HIV in Cyprus.

ECDC has conducted similar missions in a number of other EU countries including Bulgaria, Estonia, Finland, Greece, Latvia, Poland, Portugal and Romania.

1.2 Scope and purpose

The objective of the technical mission was to provide an evidence-based assessment of the reported increase of newly-registered HIV cases in Cyprus. Specifically, the mission was expected to provide:

- an epidemiological and behavioural overview of HIV in key populations in Cyprus;
- an overview of the national programmatic response to HIV;
- conclusions and advice on strengthening prevention and control of HIV in Cyprus.

1.3 Team

The joint team was composed of staff and consultants from ECDC. Team members included:

- Teymur Noori, ECDC (team leader)
- Kathy Attawell, ECDC consultant
- Roger Drew, ECDC consultant
- Henning Mikkelsen, ECDC consultant

Throughout the mission the team was supported by Cypriot colleagues, particularly by representatives of the Ministry of Health. A list of people who participated in the mission is presented in Annex 2.

1.4 Organisation

Participants of the three-day mission were drawn from a range of organisations such as government agencies and NGOs. In addition, the team visited different organisations and reviewed various activities. Full details of the mission programme are provided in Annex 1. The mission team had access to a wide range of documents (Annex 3).

2 HIV epidemiology

2.1 Overview of HIV surveillance

The main mechanism for HIV surveillance in Cyprus is HIV case reporting. HIV testing is available in public hospitals in Nicosia, Larnaca, Limassol and Paphos, as well as through a number of private laboratories. Confirmatory tests are only conducted at Nicosia General Hospital. Results are reported to the Ministry of Health, whose data records go back until 1986. By the end of 2013, a total of 847 HIV-positive cases had been reported; of these, 243 had been reported as having AIDS, and 128 had died. A total of 396 cases had reportedly been linked to HIV care in Cyprus, and around 250 cases are currently receiving antiretroviral therapy (ART). The number of new HIV diagnoses reported annually has risen in recent years (Section 1.1, Figure 1). This rise has disproportionately affected Cypriot MSM (Section 1.1, Figure 2).

According to available records, which go back to 1986, 55% of all HIV diagnoses occurred among Cypriots (460); the remaining 45% were in foreign nationals (381)[2]. Of the affected Cypriots, 95% lived in Cyprus but 26% (115) of this group reported that they had previously lived abroad. Of foreign nationals with a positive HIV diagnosis in Cyprus, just under one third (31%) permanently lived in Cyprus. Between 2009 and 2013 this pattern changed: almost two thirds of foreign nationals diagnosed with HIV (61; 64%) were resident in Cyprus, compared with 34 (36%) who lived abroad.

In addition, HIV surveillance data show the following:

- Most HIV cases occur in people between 20 and 40 years of age, particularly among those 25–29 years of age.
- Most of the women diagnosed with HIV are foreign nationals (195, compared with 55 Cypriots). This contrasts strongly with data for men (405 Cypriots, compared with 187 foreign nationals).
- The educational level of MSM diagnosed with HIV is higher than for other groups.
- Ninety per-cent of new HIV diagnoses between 2006 and 2013 were in people living in Nicosia (43%), Limassol (26%) or Larnaca (21%).

2.2 HIV surveillance among key populations

Men who have sex with men

In addition to data from HIV case reporting, there are two other major data sources for HIV among MSM in Cyprus.

The 2010 European MSM Internet Survey (EMIS) – an EAHC[3]-funded survey of MSM across Europe[4] – collected behavioural data on MSM in Cyprus. The national sample for Cyprus provides information on MSM between June and August 2010, based on 270 valid responses[5]. EMIS covered a number of topics, including sexual orientation and practices; coming out; sexual encounters with stable and casual partners; HIV testing and care; STI care; access to healthcare and social services; antiretroviral therapy; meeting points for sexual encounters; behaviours of sero-divergent couples; drug use; post-exposure prophylaxis; and stigma and discrimination.

Data from EMIS responses showed the following:

- Compared with other European countries, sexual unhappiness was particularly common among MSM in Cyprus. More than half (53.7%) were unhappy with their sex lives. This was associated with a low rate (29%) of men who reported that they were in a steady same-sex relationship.
- Relatively few MSM were 'out' concerning sex with men – 12.8% were open about their sexual preference to all or almost all, while 19.2% kept their sexual preferences to themselves; 17.4% had female sexual partners in the last 12 months.
- While 91.4% had visited gay websites in the last seven days, in the last four weeks only 29.2% had visited a gay commercial venue; only 28.8% had visited a gay sex venue, and only 8.5% had visited a gay community centre, organisation or social group.
- A high proportion of MSM in Cyprus (13%) reported buying sex in the last 12 months. These sexual encounters often took place outside Cyprus; 5.6% reported having been paid for sex in the last 12 months.

[2] These figures exclude five cases in which the person lived in the Turkish Cypriot community and one in which the nationality was unknown.

[3] Executive Agency for Health and Consumers

[4] Convenience sample, may not be representative.

[5] A relatively high proportion of these cases (33%) were expatriates or people born outside Cyprus.

- A high proportion of MSM (31%) reported that HIV testing was inaccessible; 40.4% had never been tested for HIV, and only 32.1% had been tested in the last 12 months. Rates of self-reported HIV among those ever tested for HIV were 1.9%. At the last test, more than two thirds (68.8%) reported they either received no counselling or were dissatisfied with it. Many fewer reported dissatisfaction with confidentiality (7.5%) or respect (5.1%).
- Only 20.7% of MSM reported having taken an STI test in the last 12 months. Of those, 84.6% reported having had a blood test while only 19.2% reported having had a penile or anal inspection as part of STI testing. Only 63.2% of MSM considered STI testing to be affordable or free.
- Almost two thirds (63.4%) reported unprotected anal intercourse in the last 12 months. Almost a quarter (22.6%) reported unprotected anal intercourse in the last 12 months solely because of the absence of condoms.
- 5.6% reported self-injecting. Drugs used in the last four weeks included poppers (15.7%), cannabis (9.0%), Viagra (8.3%), benzodiazepine (4.5%), party drugs (4.1%), and hard drugs (0.7%).
- Levels of HIV-related knowledge were low (65.4% overall), as was the estimated coverage of prevention programmes (45.1%).

Pylli et al. published a study in 2014 on HIV prevalence and sexual and HIV testing behaviour among MSM in Cyprus. Research was conducted in gay venues in three cities in Cyprus from January 2011 to January 2012. A total of 225 men were included in the sample. Of these, 200 agreed to HIV testing. The study showed an HIV prevalence of 2.5%. Of the five men who tested positive for HIV, two were aware of their status. Just over one in three MSM (36%) had not been tested for HIV in the last year. Most (60.5%) reported sexual contact with women in the last year. The proportion of MSM not using condoms during their last anal intercourse was 30%. Condom use was more common with casual partners. Other factors associated with lower use of condoms included alcohol and cocaine use. Limitations of this study are acknowledged, including the fact that respondents were identified at particular venues and may not be representative of MSM more broadly; also, one venue declined to participate. Nevertheless, this is an important study as it is the first of its kind in Cyprus. The study presented the following conclusions:

- Policymakers and civil society should cooperate in the implementation of prevention campaigns at the community level.
- Specific actions should promote anonymous, free-of-charge HIV testing and additional HIV testing sites to the MSM community.
- Targeted interventions should focus on the needs of younger MSM.
- The establishment of a second-generation surveillance system in the Republic of Cyprus could be a scientific tool for the design of effective interventions and their evaluation.

People who inject drugs

Based on HIV case reporting, only 9 or 10 cases of HIV among people who inject drugs were recorded in Cyprus between 1986 and 2013. No bio-behavioural surveillance was conducted among people who inject drugs in Cyprus. However, the mission team talked to a researcher who reported that he had been part of a team who had conducted a survey among people who inject drugs. The team observed counselling centres over a two-year period. During this period, 35 people who inject drugs were identified. Of these, one was found to be HIV positive.

Further sources of information on HIV and people who inject drugs are the Cyprus Anti-Drugs Council (CAC) and the National Focal Point for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). In a report prepared for this mission, CAC highlighted concerns about the risk of an HIV outbreak among people who inject drugs and referred to a Greek outbreak which affected people who inject drugs. In a 2011 report, EMCDDA and ECDC identified Cyprus as a high-risk country for HIV transmission among people who inject drugs.

According to the 2012 country overview supplied by the EMCDDA National Focal Point for Cyprus, there were between 603 and 918 problem opioid users and an estimated 139 to 220 people who inject drugs in Cyprus. The overview also reports an increasing rate of hepatitis C infections among those attending for drug treatment. In 2011, for example, the rate rose to 55.4% (2007: 34.3%). By contrast, sharing drug injection equipment is reported to be relatively rare.

More than two thirds of people who inject drugs and are hepatitis C positive are foreign nationals. Staff of CAC reported that a high proportion of people who inject drugs in Cyprus are Greek nationals.

Based on available data, people who inject drugs have low rates of HIV testing. For example, CAC reports that less than 30% of those entering treatment have been tested for HIV. Most clients of the Stochos Centre have not been tested. Low rates of testing are attributed to a number of factors.

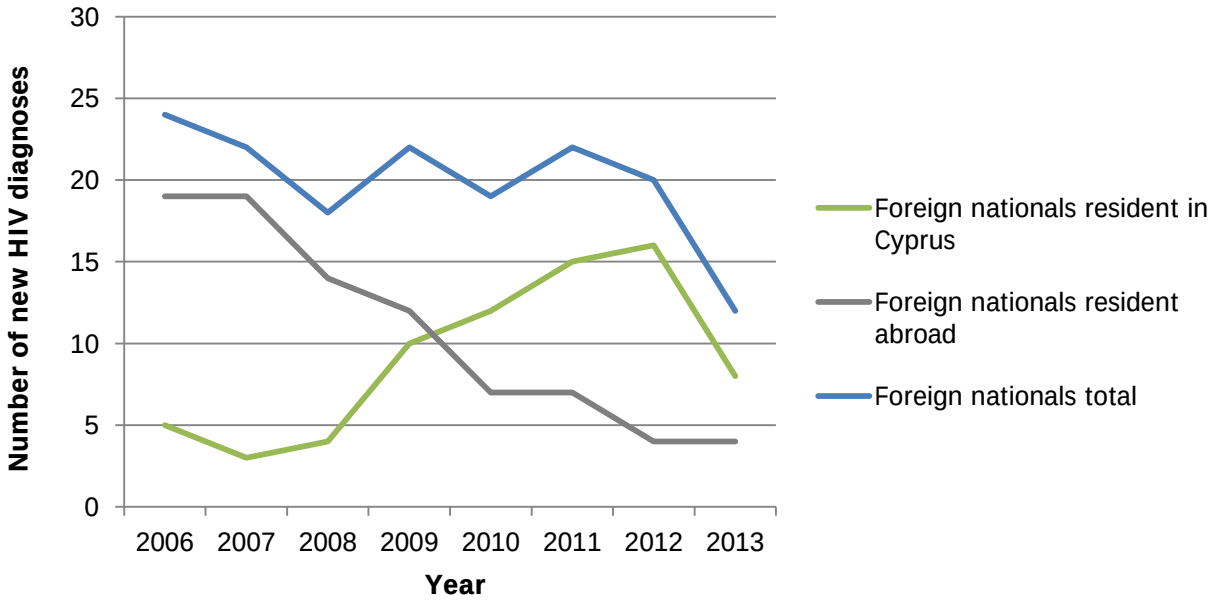
Other key populations

Overall, the number of new infections among foreign nationals in Cyprus remained fairly constant between 2006 and 2012 (Figure 3, blue line). However, these overall figures mask a decline in HIV diagnoses among foreign

nationals resident abroad (purple line) and a rise in HIV diagnoses among foreign nationals resident in Cyprus (green line). These trends were markedly interrupted in 2013 by a sharp decline in the number of HIV diagnoses among foreign nationals. The reasons for this are unclear, but the decline coincides with the introduction of cost-sharing approaches for health services, which also includes HIV testing. Between 2012 and 2013, there was a modest decline in the number of HIV tests offered at state-run facilities (Table 1), and it is possible that these charges disproportionately affected foreign nationals. In the first eight months of 2014, as many HIV diagnoses were made among foreign nationals as in the whole of 2013. As mentioned above, women with HIV are more likely to be foreign nationals than Cypriots. From 1986 to 2013, 195 out of 250 women (78%) diagnosed with HIV in Cyprus were foreign nationals.

There are no readily available data sources regarding HIV among migrants/foreign nationals in Cyprus, although it is reported that the case reporting data may contain further information on this topic. For example, it is not clear which percentage of HIV-positive foreign women in Cyprus come from countries with a generalised HIV epidemic or how many of these women are sex workers or came to the country as victims of human trafficking. However, of 117 HIV-positive foreign nationals living in Cyprus with diagnosis between 1986 and 2013, more than two thirds (68%) came from other European countries, particularly Greece (15), Romania (15), the United Kingdom (15), Ukraine (8), Georgia (6), Bulgaria (4), Latvia (3) and Russia (3). Just over one sixth (18%) came from sub-Saharan Africa, particularly Cameroon (12).

Figure 3: Number of new HIV diagnoses among foreign nationals in Cyprus, 2006–2013



Source: Ministry of Health

There is very little information available about HIV among prisoners in Cyprus. However, there are concerns that both drug use and HIV are potentially important issues in prisons in Cyprus. For example, it is reported that of 440 convicted prisoners, 90 (21%) were convicted of drug-related offences. In addition, of 104 people in pre-trial detention, 25 (24%) had been detained for drug-related offences. HIV testing is reportedly carried out, but data on the number of HIV infections detected are not available. No bio-behavioural studies have been conducted.

It was not possible to assess the HIV situation among sex workers in Cyprus due to lack of available data. There is no possibility to work legally as a sex worker in Cyprus, but it is recognised that many women working in bars and clubs are involved in selling sex. It is also reported that they undergo health checks every two months, but consolidated data on STIs, including HIV, are not available. No bio-behavioural studies have been conducted.

2.3 Gaps in HIV surveillance

More use could be made of available data from HIV case reporting and treatment records. These data could be useful in answering a range of different questions, for example on the proportion of people who were diagnosed with HIV, then treated abroad, and now live in Cyprus, as well as the demographic shifts in this population. Other questions concern the extent to which people linked to care at the Gregorios clinic are retained in care, and how many people on antiretroviral therapy experience viral suppression. Respondents to the mission team's inquiries indicate that a detailed interrogation of the raw data would be necessary to answer these questions, which would be quite labour-intensive because of the lack of relevant case reporting and treatment databases.

There is no system of second generation bio-behavioural surveillance among key populations in Cyprus. A few isolated studies were conducted, e.g. on MSM and perhaps on people who inject drugs. These studies were conducted by independent groups of academics and poorly coordinated with the National AIDS Committee. More accurate data on people who inject drugs are needed, especially on injecting behaviour and access to injection equipment. Apparently, no surveillance studies have been conducted on prisoners, sex workers, or foreign nationals, and information about HIV in these groups is very limited. There are no estimates about the number of members of key populations with undiagnosed HIV infection.

There are only limited data on HIV testing practices. No data are available on the number of HIV tests conducted in the private sector, and there is no breakdown available for the rationale behind HIV testing in the state-run sector. For example, it is reported that HIV testing is standard procedure in pre-operative settings and part of pre-employment health screening for some occupations. However, the number of HIV tests conducted for these reasons compared to the number of tests conducted among key populations is unknown.

Finally, there is some interest in conducting genotyping studies to identify genetic linkages and patterns of infection. Stored blood samples are available from 1986 onwards, but laboratory support is needed to conduct such studies.

3 Responses to HIV in Cyprus

3.1 Targeted interventions for key populations

Men who have sex with men

There are few, if any, HIV-specific interventions targeted towards MSM in Cyprus. Table 1 considers the extent to which seven key intervention components (ECDC, 2014c), are available in Cyprus.

Representatives of the LGBT community in Cyprus reported the following:

- Currently, there are no sexual health information activities or awareness-raising campaigns for MSM in Cyprus. Also lacking are sexual health education efforts that address the specific needs of young MSM. Rather, there are concerns of growing complacency towards HIV, especially among young gay men, who may believe that HIV does not exist in Cyprus or take HIV prevention less seriously than they did before the availability of effective medication. This group may be largely unaware of the many negative aspects of HIV as a chronic condition.
- While condoms are widely available for sale, they are not readily available in venues where men meet other men for sex (see text box below). Equally lacking are condom lubricants and information materials on HIV. *Accept*, an LGBT advocacy organisation, occasionally receives condoms from the Cyprus Family Planning Association for free distribution at special events, but it does not have access to condom-compatible lubricants.
- There are significant barriers to accessing HIV testing in the public sector. The most significant of these relates to fears over anonymity and confidentiality. These concerns relate largely to high levels of stigma and discrimination experienced by MSM in Cyprus (see text box, p. 10). But, there are other barriers, such as inconvenient opening times. As a result, most MSM currently prefer to be tested in private clinics, and some opt to be tested outside Cyprus. MSM would prefer a system where they could get their results impersonally, e.g. online or by telephone. One respondent reported that he had been told he could not have a repeat HIV test six months after his previous test on the basis that he should only have one HIV test per year.
- There is stigma towards people living with HIV among MSM in Cyprus. For example, one respondent reported that people would feel uncomfortable if they were in a room with someone they knew to be HIV positive. As a result, it appears that HIV-positive men are not a visible and vocal part of the LGBT community in Cyprus.
- In contrast to many other EU countries, there is a lack of comprehensive and anonymous STI screening.

The importance of these issues is confirmed by EMIS data, which showed low rates of HIV testing and, for those who got tested, high rates of dissatisfaction with HIV testing. EMIS data also confirmed limited access to comprehensive, high-quality STI screening. Low rates of HIV testing were also found in a recently published study (Pylli 2014) of bio-behavioural surveillance among MSM.

Online dating and increased mobility: establishing social and sexual contacts

There are a number of venues scattered across Cyprus where men meet to establish sexual contacts with other men, including car parks, public parks, public toilets and gay beaches. Commercial gay venues are limited to one men-only bar and one gay sauna in Limassol and a few gay-friendly bars, for example, one in Nicosia with a weekly night for gay men. Many Turkish Cypriots attend gay venues in the areas controlled by the Government of the Republic of Cyprus, and, likewise, some Greek Cypriots try to protect their anonymity by visiting Turkish Cypriot venues.

Mobile apps such as Planet Romeo and Grindr and various internet sites are used to make contact with other men – both locals and tourists – for social and sexual purposes. Low-cost airlines offer cheap and frequent connections to major cities, and thus also to areas with a higher prevalence of HIV among MSM. Reportedly, Cypriot men often travel abroad for sex holidays or weekends.

Online communication and increased mobility have greatly enhanced the opportunities to meet other men and engage in sexual encounters, transcending barriers of distance, stigma and discrimination. These two factors may also play a role in increased HIV transmission, while information on sexual health, disease prevention and STI testing/counselling services remains inadequate.

Table 1: Availability of key components of HIV prevention aimed at MSM in Cyprus

Item	Description	Availability	
Vaccinations	Promote and deliver vaccination to protect against hepatitis A and B. Consider vaccination against HPV.	Not systematically available for MSM. MSM need to purchase vaccinations at private clinics.	
Condoms	Provide easily accessible condoms and condom-compatible lubricants and promote their use. Promotion and provision should be based on population and venue mapping and could include internet-based promotion, sex-venue-based outreach interventions (e.g. condom distribution) to promote use of condoms and lubricants.	While condoms are available for sale from pharmacies, neither condoms nor lubricants are readily available at venues where MSM meet for sex. EMIS data revealed relatively high levels of unprotected anal intercourse because condoms were not available.	
HIV and STI testing	Provide voluntary and confidential HIV and STI counselling and testing. Services need to be easily accessible. For example, service providers should offer tests and maintain outreach and community-based testing programmes. Voluntary and anonymous partner referral should be offered routinely when a person is diagnosed with HIV or another STI.	Very limited STI counselling and testing. HIV testing is available through state-run health facilities but MSM prefer to access HIV testing privately. Testing not available at community venues or places where MSM meet for sex. Studies show high rates of MSM not tested.	
Treatment	Timely provision of antiviral treatment of HIV (including PEP) and hepatitis B/C, according to individual needs. Measures should take into account principles for 'treatment as prevention' and national clinical guidelines. Provision of targeted antibiotic treatment for different STIs.	Hepatitis C treatment is not available. ART is available at the national centre in Larnaca. However, the CD4 threshold for starting treatment for asymptomatic patients remains at < 350 cells/µl.	
Health promotion	Provide accurate and accessible information that enables men to understand and assess risks related to sexual health and efficacy of prevention. Information should also promote knowledge of one's own HIV status. Health promotion is provided in counselling sessions, peer support groups, outreach interventions for MSM, and through public or targeted campaigns that promote sexual health in MSM.	Information is largely missing. EMIS expressed concern about the quality of counselling during HIV testing. There is a lack of HIV prevention messages in gay venues and online fora.	
Delivery of MSM-competent health services	MSM-competent points of care which offer a comprehensive sexual health programme (health promotion, counselling, peer support, disease prevention, adequate diagnostics and treatment) lead to increased service uptake. Target groups should be involved in the design and implementation of services. Health facilities which target sexual health should also offer to train their staff so they can offer comprehensive care for MSM.	It is reported that there are no places with comprehensive sexual health programmes for MSM in Cyprus. MSM may experience stigma and discrimination from health staff if they are open about their sexual orientation and preferences.	
Targeted care for MSM living with HIV	Early antiretroviral treatment for HIV – based on current guidelines – is essential. Comprehensive and specific treatment for STIs, including hepatitis B and C, should be offered. Further measures should include regular STI screening (including anal swabbing and LGV testing if positive for chlamydia), vaccination for hepatitis B, and regular testing for hepatitis C. Individual counselling, sexual health promotion, and peer-support groups are also encouraged.	While ART is provided, the CD4 threshold for starting treatment for asymptomatic patients remains < 350 cells/µl. Treatment for hepatitis C is largely unavailable, and STI services are not well developed.	

Colour codes: light green – limited availability; grey – not available

There is broad consensus on the need to strengthen HIV and STI prevention interventions among MSM. The national AIDS programme manager is committed to work closely with local LGBT and other civil society organisations to reinforce prevention efforts. Although the focus of LGBT organisations has previously been mainly on equal human rights for LGBT people, organisations are now ready to address other priorities and concerns, most notably HIV and STI. Advocacy organisations include Accept, the Gay Liberation Movement, and Rainbow Youth.

Legal and policy human rights situation for MSM and LGBT people in Cyprus

One LGBT respondent referred to Cyprus as the 'most homophobic state' in Europe. He referred to the ILGA (2014b) Europe Rainbow Map, which ranked Cyprus and Latvia in joint last position with regard to the 'national legal and policy human rights situation' in the European Union. All respondents stated that the social and legal environment remains difficult for the LGBT community in Cyprus. Same-sex sexual activity was decriminalised in Cyprus in 1998. There is no legal recognition of same-sex relationships although Cyprus is expected to pass legislation which would introduce 'civil partnership' for homosexual couples. Public opinion on this issue has changed. In 2014, more than 56% of the population supported same-sex civil partnerships (2006: 27%). There is currently no legislation to prevent, or respond to, LGBT-phobic hate crime and hate speech.

There are also many positive developments. In 2014, the Nicosia municipality hosted the first-ever gay pride parade in Cyprus. According to the organisers, this event brought together more than 4 000 people in support of LGBT rights, including celebrities, representatives of five political parties, members of the European Parliament, foreign diplomats and members of the Turkish Cypriot LGBT group, Queer Cyprus. The event had an immediate positive impact, especially among young gay men, who said the event had helped them to be more open about their sexual orientation. However, there were some protests, e.g. from the church.

Despite progress, many MSM remain reluctant to be open about their sexual orientation, particularly in the workplace. It is also reported that many gay men were afraid of being associated with the pride festival, and that most of those who attended were straight.

The Ombudsman (Office of the Commissioner of Administration of the Republic of Cyprus) raised specific concerns regarding transgender people in Cyprus, particularly their difficulties in gaining employment and the inability to legally change gender. It is reported that most transgender people in Cyprus are therefore involved in prostitution.

People who inject drugs

In terms of HIV prevention services for people who inject drugs, syringes are available at very low cost in all pharmacies. However, there are no data on how many needles and syringes reach people who inject drugs through this route. There is one needle exchange programme, at the Stochos Centre in Nicosia, which provides needles and syringes free of charge to people who inject drugs. The Cyprus Anti-Drugs Council (CAC) has recommended establishing additional needle exchange programmes. However, the Stochos Centre only provides services for very few people (three to four per day). Scaling up these services would only be cost-effective if significantly more people who inject drugs could be reached. According to CAC, a venue-based outreach programme may not work because people who inject drugs do not gather in specific locations. CAC is exploring the potential of providing injecting equipment through vending machines, but there is little support for this from pharmacists.

According to CAC, there are 21 drug treatment units in Cyprus, which offer counselling, rehabilitation, detoxification and substitution treatment. In 2012, a total of 1 132 clients were in drug treatment. Opioids were reported as the primary drug by 28% of all treatment clients, but only by 8% of all new clients – which shows that the proportion of opioid-users who enter treatment is on the decline. Foreign nationals, mainly Greeks, constitute up to 20% of treatment clients. This is attributed to the proximity of the two countries and better availability of substitution treatment in Cyprus. Use of opioids as a primary drug, drug injecting and sharing of injecting equipment, are reported to be more prevalent among clients of Greek nationality.

Opioid substitution treatment (OST) was introduced in Cyprus in 2007 and is available in most districts. The national action plan for 2013–2016 proposed establishing three new substitution treatment units in Larnaca, Famagusta and Paphos to achieve national coverage. Substances used for substitution treatment are dihydrocodeine and buprenorphine-based medication. Methadone is only used for detoxification purposes. In 2012, OST was provided to 239 clients. One-third of these were non-Cypriots, primarily from Greece. According to information given to the mission team, there is no waiting list for OST in Cyprus.

Other key populations

Harm-reduction interventions are not available in prisons, detention and immigration centres, despite the fact that approximately 25% of prisoners serve sentences for drug-related offences. The Ombudsman has raised concerns about the lack of drug treatment centres and an over-reliance on custodial sentences. Substitution treatment is not available even for those who have started OST prior to imprisonment. CAC officials reported that it has been difficult for them to implement programmes in prisons during the last two years. Coordination between the Ministry of Health and the Ministry of Justice and Public Order has been poor. There have been efforts to restart programmes, but there was very little progress.

In Cyprus, condoms are not available in prisons. There are reportedly no HIV-related services for imprisoned women. All new prisoners and detainees are reportedly tested for HIV and other infectious diseases. Treatment for HIV is reportedly provided.

There are no specific HIV programmes targeted at migrants. Foreign nationals can access HIV treatment and care. However, the Ombudsman raised concerns because foreign nationals had been threatened with deportation on grounds of being HIV-infected, particularly where they had committed an offence. The Ombudsman considers this a breach of EU law.

There are no specific HIV programmes targeted at sex workers. The Ombudsman started an investigation in 2013. There is no provision concerning sex work in domestic law but it is reported that police practice has been to arrest and deport sex workers of foreign nationality. The Ombudsman is also concerned about trafficking of women but it has proved difficult to bring such cases to court.

3.2 HIV testing: policies and practice

There is a lack of clarity over HIV testing policies and practice in Cyprus. All positive initial tests, including those taken at private clinics/laboratories, require confirmatory testing at the central laboratory. Between 2009 and 2012, the number of HIV tests in state-run health facilities increased, but declined slightly in 2013 (Table 2). However, there is no information on the reasons behind HIV testing nor is there any information on the number of tests conducted outside the state health system. (There are reportedly 132 private laboratories). The decline in the number of HIV tests in the state-run health sector in 2013 coincided with the introduction of a small charge for HIV testing in most state-run health facilities. The charge is EUR 0.50, but there is an additional charge of EUR 3–6 to see a doctor. This was associated with a reduction in new HIV diagnoses in 2013 (Figure 1), particularly among foreign nationals (Figure 3).

Table 2: Levels of HIV testing in state-run health facilities, Cyprus, 2009–2013

Year	Hospitals				Total
	Nicosia	Paphos	Larnaca	Lemesos	
2009	20 965	8 453	10 597	8 143	48 158
2010	20 560	8 625	10 610	8 590	48 385
2011	21 757	8 426	9 345	9 546	49 074
2012	23 923	8 941	10 380	11 506	54 120
2013	21 510	8 475	9 447	10 803	50 235
Total	**108 085**	**42 920**	**50 379**	**48 588**	**249 972**

It was reported that, contrary to the principles of universal precautions, people undergoing surgery may be screened routinely for HIV before surgery. Screening is also conducted for hepatitis B and C. It was unclear what course of action would be taken if a pre-operative patient tested positive for HIV, and if such a patient could be denied surgery.

HIV testing for blood screening is conducted separately from other approaches to HIV testing. However, some respondents reported that some people are still giving blood in order to determine their HIV or hepatitis status.

It is also reported that prior to being issued a residence permit, foreign nationals need testing for HIV, hepatitis B/C and syphilis. According to the Ombudsman, foreign nationals – including EU citizens – who test HIV positive are deported. At the immigrant centre in Menogia (Menoyia), all new arrivals are tested for HIV. Testing is supposedly voluntary, but new arrivals can only be admitted to the centre if they consent.

HIV testing is also reportedly needed for some professions, including teachers, students, cooks and healthcare workers. However, although some respondents believed that such testing was mandatory for particular professions, this is not the case as HIV testing is, by law, not mandatory in Cyprus. Where work-related HIV certificates are needed, payment is required of up to EUR 20.

Most MSM reportedly prefer to get tested in private practices because of greater anonymity and better confidentiality, although state-run health facilities also offer testing. Private clinics and laboratories also release HIV results by telephone, which many MSM prefer.

Cyprus does not issue guidance on optimum testing frequencies for MSM or other key populations. There is no culture among MSM in Cyprus with regard to regular HIV tests every 6 to 12 months. Community or low-threshold opportunities for HIV testing of MSM, e.g. in gay venues, do not exist. Plans to offer HIV testing during the gay pride festival were abandoned because organisers thought that HIV testing could be detrimental to the festive mood. In particular, HIV rapid tests are not used even in locations where they could be extremely useful, e.g. in drug treatment centres.

Access to HIV testing is reportedly difficult for people who inject drugs. HIV testing is only available at health facilities and in counselling centres at the three main hospitals. Treatment centres and the needle exchange programme in Nicosia do not offer HIV tests and do not test for other drug-related infectious diseases. Instead, clients are referred to general health facilities. It is generally assumed that HIV testing is only available to holders of a Cypriot 'state medical card', which deters many people who inject drugs, who often do not have a card. HIV testing is only free at counselling centres; other health facilities charge a small fee for the test and the consultation. In combination with the additional time required for initial and confirmatory testing, and the time needed to retrieve the test results, this is also considered a barrier to HIV testing.

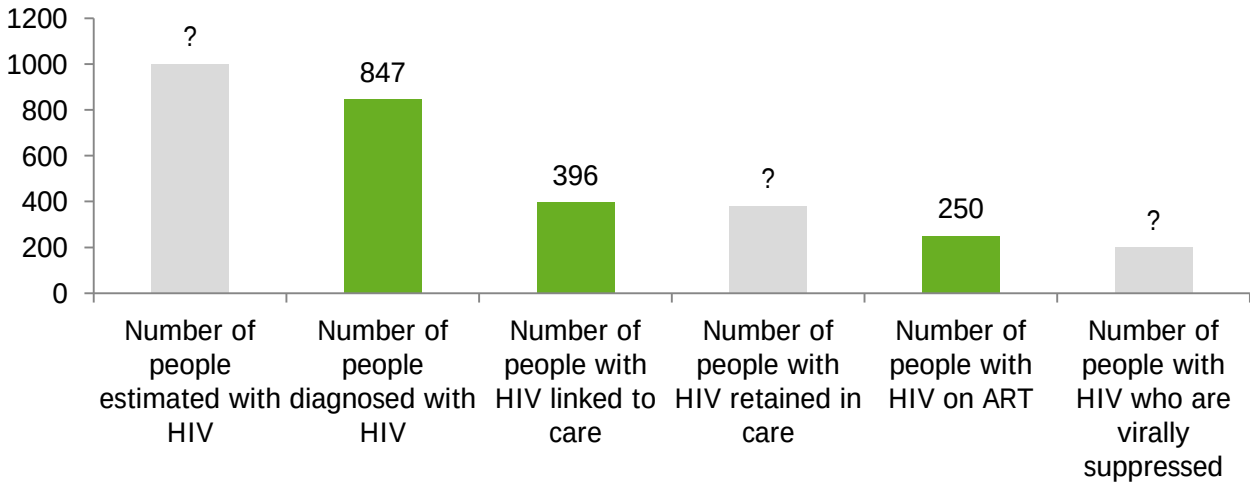
Information about HIV testing in prisons is very limited. Testing is supposedly provided routinely on admission, in addition to tests for hepatitis and tuberculosis. It was reported that prisoners living with HIV experience very difficult conditions and are often isolated from other prisoners.

3.3 HIV treatment and care

The financial crisis has resulted in severe cuts in overall health expenditures in Cyprus. According to reports, the annual budget for medications was cut from EUR 190 million to EUR 90 million. There is no overall national health system, and the budget for medicines is part of the central government's budget. Costs of drugs are reportedly high because the use of generic medicines is restricted. Although some people have private health insurance, most do not; they rely on the government health services. In recent years, a process of cost sharing has been introduced.

HIV care and treatment in Cyprus is provided by only one facility, the Gregorios clinic in Larnaca, which has been operating since 1996. Of the 847 people diagnosed with HIV in Cyprus since 1986, 396 have been linked to care at this clinic and, of these, 250 are on ART. However, figures are potentially misleading because 128 are known to have died, and 294 did not live in Cyprus[6]. If these are excluded, this would leave 425 people known to have HIV who are currently resident in Cyprus. Of these, almost all (93%) are linked to care at the Gregorios clinic. Two thirds (63%) of these patients receive ART. In this context, there is at least one open question: Of those who need it, how many actually receive ART? It is believed that there is a large number of people who need ART, and there are plans to gather more data on this topic.

Figure 4: HIV care and treatment cascade in Cyprus



Note: Grey bars indicate lack or unavailability of data

[6] Two-hundred and eighty-eight people lived outside Cyprus, five in the Turkish part of the island; the place of residence was unknown for one case.

It is reported that MSM experience negative attitudes from healthcare workers. The Ombudsman has received complaints about the way MSM were treated in hospitals.

CAC would like to see people in drug treatment exempted from the requirement to have a medical card. It is reported that prisoners with HIV have access to care and treatment, although the Ombudsman has received complaints about how prisoners with HIV were treated by healthcare staff.

3.4 Support services for people living with HIV

There is a small number of NGOs in Cyprus who support people living with HIV in Cyprus, for example the AIDS Solidarity Movement. KYFA, based in Limassol, is dedicated to providing support, education, information and social services to people affected by HIV/AIDS. It currently focuses on raising funds to establish a hospice or hospitality house for people living with HIV. KYFA conducts the following activities in Limassol:

- Centre for people living with HIV, open daily from 9 a.m. to 1 p.m. The centre offers a safe haven for people living with HIV and provides emotional support, legal advice, educational literature, and condoms.
- Psychological and emotional support through group therapy and/or personal appointments with a psychologist
- Telephone helpline
- Visits to people living with HIV in prison
- Support for partners, families and loved ones of people living with HIV
- HIV information, literature and condom distribution
- Organisational website
- Workshops on safer sex and HIV/STI
- Educational programmes in schools, youth organisations, churches, businesses, and other community groups
- Annual candle march in the streets of Limassol
- Media work

4 Conclusions and recommendations

4.1 Is there a genuine increase in HIV infections among MSM in Cyprus?

Table 3 presents evidence which supports the conclusion that the rise in reported new HIV cases among MSM in Cyprus is a result of a genuine increase of HIV infections among MSM in the country. It also presents evidence to the contrary, namely that this could be an artefact, e.g. of increased HIV testing. Finally, the table also presents gaps in data which might be needed and useful for determining whether the rise in reported HIV cases among MSM in Cyprus is a result of a rise in new HIV infections among MSM.

Table 3: Increase in HIV infections among MSM in Cyprus: evidence for and against; data gaps

Increase	No increase
1. An increase in case numbers has been reported over a number of years. 2. There has been no increase in rates of late diagnosis or AIDS cases; this would be expected if previous infections were diagnosed. On the contrary, it appears that the overall rate of late diagnosis has gone down. 3. Some HIV cases among MSM who had previously tested negative for HIV. 4. Similar increases of HIV infections among MSM have been reported from other European countries, including regional neighbours. 5. Over the last few years, Cyprus has not engaged in any specific initiatives to promote HIV testing among MSM. Rates of HIV testing among MSM in Cyprus are low, and stigma and discrimination persist. 6. The majority of experts in Cyprus think that the rise in HIV cases among MSM reflects a rise in the number of new HIV infections in the MSM population. 7. National epidemiological data show that the increase of HIV cases among MSM cannot be explained by the fact that a number of HIV-positive Cypriot expats returned home. Similarly, clinic records show that the increase cannot be attributed to people living in Cyprus who were initially diagnosed and treated in Greece.	1. There is some correlation between the number of new HIV cases diagnosed and the number of HIV tests reported by state-run health facilities. For example, the number of tests fell from 2012 to 2013, as did the number of HIV diagnoses. 2. Overall, MSM in Cyprus are more interested and willing to get HIV-tested than the general population. 3. There are reports that people are now more willing to live in Cyprus if they are HIV positive. 4. There is anecdotal evidence that MSM living with HIV in Cyprus previously went to Greece for treatment, and that the apparent increase in HIV among MSM can be explained by the fact that this group discontinued treatment in Greece and registered for treatment in Cyprus. 5. There are reports that people are now more willing to identify themselves as MSM than previously.
Data gaps	
1. No data available on levels of HIV testing in state-run facilities prior to 2009. 2. No figures available on the levels of HIV testing in private facilities. 3. No figures available on HIV testing among key populations (state and private healthcare facilities). 4. No figures available on the reasons for HIV testing.	

On balance, it appears that the increasing number of HIV infections detected in MSM in Cyprus over the last few years represents a genuine increase in HIV transmission among this sub-population. Despite data gaps, it does not seem plausible that this increase in case numbers is caused by the increased detection of old/existing HIV infections. Clearly, if there is doubt as to whether the increase is genuine or not, it should be treated as if it were a real increase in transmission and considered a serious public health issue for Cyprus.

It is of some concern that the representatives of LGBT organisations met by the team were only aware of the recent increase in HIV infections among MSM in the most general terms. They were extremely concerned about these figures and saw a clear need to take action and communicate this information to MSM and other members of the LGBT community.

4.2 Data availability

While available data are sufficient to identify and respond to the HIV situation in Cyprus, there are a number of areas where additional data are needed. These areas are summarised in Section 2.3. Necessary steps include the use of databases to analyse HIV case and care/treatment data; the establishment of a system of surveillance studies among key populations (including MSM, people who inject drugs, prisoners, sex workers, and

migrants/foreign nationals); the improvement of data quality regarding HIV testing practices; and the design and conduct of genotyping studies.

4.3 Responses for key populations

Men who have sex with men

There is a pressing need to establish effective HIV responses aimed at MSM in Cyprus. A useful first step would be to establish an HIV MSM task force – with strong representation of the LGBT community – under the National AIDS Committee. Involving Cyprus' LGBT community in the task force will make it possible to develop more specific responses to HIV, which would also be more relevant to MSM. Other NGOs, government representatives and the Ombudsman should also be included in this group. The HIV MSM task force should develop and oversee the implementation of a set of key evidence-based intervention components, adapted to the local context. Activities should include the mapping of locations where MSM meet and the production of an overview of the most popular online sites where MSM establish contact. LGBT organisations should also be involved in implementing interventions, but would probably require additional funds to develop their capacity first. Collaboration and information exchange with Queer Cyprus and LGBT organisations in Greece would facilitate this process.

Possible steps include the following interventions:

- Health promotion activities focused on knowledge and skills to maximise sexual health and wellbeing, including knowledge about HIV transmission routes, use of condoms and lubricants, safer sex, regular STI and HIV testing, health and prevention benefits of antiretroviral treatment, sharing STI and HIV status with sexual partners, etc. Specific interventions might include:
  - Targeted information campaigns for MSM who do not identify themselves as gay. In the Cypriot context, such campaigns and key messages are probably implemented best through dissemination of leaflets, peer outreach by trained peer leaders in gay venues, and the internet and social media (including advertisements in the most popular mobile apps).
  - Peer support groups which can integrate sexual health information and awareness with a broader range of health promotion activities. These support groups can be aimed at subgroups, for example gay teens and young gay men.
  - Health promotion through clusters of friends, for example through privately hosted 'Rubberware parties' to promote the use of condoms and lubricants.
  - Better promotion and quality assurance of existing helplines, counselling and support services, strengthening of pre- and post-test counselling at state-run test sites through training and sensitisation of staff to the specific needs of MSM.
- Promotion and distribution of condoms and condom-compatible lubricants. This may include provision of free condoms and lubricants in settings where MSM gather, including gay bars and gay-friendly venues, saunas, and health service centres and, through peer outreach in public cruising venues.
- Testing and screening for HIV and STI through a range of modalities:
  - Creating one or more community-based checkpoints where MSM can receive counselling and information about safer sex by trained and experienced peer counsellors; rapid testing for HIV and linkage to healthcare services if tested positive should also be offered. Similar checkpoints operate successfully in many European cities, including Athens and Thessaloniki in Greece. Services such as rapid syphilis testing and hepatitis A and B vaccination may also be offered.
  - Voluntary counselling and testing at general hospitals (including access to free and anonymous STI screening and treatment), more convenient opening hours, efforts to address the fears that MSM may have around breaches of confidentiality, and better training and sensitisation of healthcare workers and counsellors to understand and address the specific needs of MSM.
  - Ensuring access to free HIV testing and counselling in private clinics, for example through a general agreement between the Ministry of Health and the private service providers, or through dissemination of vouchers during outreach activities or online.
  - Consider establishing a pilot project on HIV self-sampling or self-testing, with easy access to confirmatory testing and counselling
- Provision of antiretroviral drugs with a focus on 'treatment as prevention'. This is likely to involve:
  - earlier initiation of treatment. The WHO 2013 treatment guidelines recommend the initiation of treatment at a CD4 level of 500 cells/µl or lower, and that individuals in discordant partnerships should be offered immediate treatment irrespective of CD4 count; and
  - pre-exposure prophylaxis (PrEP) as an HIV prevention choice within a comprehensive HIV prevention package.
- Actions to address barriers to the human rights of MSM and HIV-positive MSM. Actions can include the following:
  - Continued progress in elimination of legal and structural barriers for human rights of LGBT and reduction of stigma and discrimination. This may include the final adoption of the civil society

partnership bill, introduction of protection against hate speech and violence, and laws and policies against discrimination because of sexual orientation.
  - Close monitoring of the impact of actions aimed at the reduction of barriers/early uptake of HIV/STI testing, reduction in late presenters, linkage to care, and viral load.
  - Health promotion efforts targeting MSM (including those living with HIV) with a focus on HIV treatment literacy and adherence.
  - Strengthening counselling and peer support groups for people living with HIV. Key issues include stigma, treatment initiation, sexual health, and psychological support.
  - Launching campaigns to reduce stigma and discrimination of people living with HIV. Anti-discrimination campaigns should be directed at the public and healthcare workers, but also at the LGBT community. Addressed topics should include HIV transmission routes and the preventive impact of effective HIV treatment.
  - Decriminalisation of sexual transmission to increase uptake of HIV testing and effective treatment.
  - Continuous monitoring of developments related to the strategic use of antiretroviral drugs at the European and international levels, with the aim to update policies and guidelines.

People who inject drugs

It is essential to the national HIV response that Cyprus can detect, and respond to, HIV outbreaks among key populations. People who inject drugs are particularly vulnerable to such an outbreak. The following measures could be taken:

- Improving data accuracy and availability. More accurate data are needed about the number of people who inject drugs in Cyprus, the prevalence of HIV and hepatitis C among people who inject drugs, and the risk behaviours that people who inject drugs and their partners engage in. These data can be obtained through a bio-behavioural survey. Better data are also needed on HIV testing rates among people who inject drugs, in order to investigate the efficacy of measures on HIV testing access and uptake.
- Increasing access to, and uptake of, HIV testing. Measures could include the following:
  - Free HIV tests for injecting drug users; additional free tests for drug-related infectious diseases. Tests are administered by all health facilities; a medical card is not required.
  - Introduction of rapid tests for HIV screening and other drug-related infectious diseases at drug treatment units and at the Stochos centre in Nicosia.
- Expanding harm reduction services and their coverage, for example by:
  - exploring ways to increase the number of people who inject drugs who have sterile needles and syringes;
  - introducing methadone as an additional option in substitution treatment, in line with the national drug strategy; and
  - ensuring that substitution treatment is available in all districts, and specifically in Paphos, to achieve national coverage.
- Provide harm reduction services in prisons. This could include, as a first step, the provision of substitution treatment for those who started their treatment prior to imprisonment. Healthcare in prison should adhere to the same principles as health services in the community, in order to ensure systematic and continuous treatment for all populations.

4.4 Coordination

The mission team noticed significant weaknesses in the coordination of the national response to HIV in Cyprus, for example with regard to the implementation and analysis of surveillance studies on key populations, which appear to be conducted by isolated groups of academics and are not part of a coordinated effort overseen and managed by the National AIDS Committee.

The re-establishment of a National AIDS Committee is a very welcome development, but it may be useful to review its focus and composition. It is important that the National AIDS Committee focuses on those sub-populations most affected by HIV, e.g. MSM and people who inject drugs, both in the community and in prisons. It is not clear if this is currently the case. In the attended meetings, the main focus appeared to be on young people, particularly those in schools. There are currently no representatives of LGBT organisations on the National AIDS Committee although Accept are about to join. Also missing is a representative of the ministry responsible for prisons.

It may be useful to establish a task force focused on responding to the current increase in HIV diagnoses among MSM in Cyprus. This could be established within the National AIDS Committee and include members from a number of LGBT organisations.

4.5 Options for action

In summary, the following actions are recommended:

- Recognise that increased HIV transmission among MSM is probably occurring in Cyprus and respond accordingly.
- Address identified data gaps.
- Strengthen responses to HIV aimed at MSM in Cyprus by:
  - expanding targeted health promotion activities;
  - promoting and distributing condoms and condom-compatible lubricants, especially in venues frequented by MSM;
  - expanding HIV/STI testing and screening;
  - providing more ART to take advantage of its full prevention potential;
  - addressing issues of stigma and discrimination experienced by MSM and the LGBT community in Cyprus.
- Ensure preparedness to identify and address HIV outbreaks that may occur in other key populations, particularly in people who inject drugs. This could include:
  - improving data accuracy and availability;
  - increasing HIV testing access and uptake;
  - expanding harm reduction services in the country, particularly opioid substitution therapy; and
  - ensuring that harm reduction services are also available in prisons, e.g. to people who inject drugs.
- Continue to strengthen coordination mechanisms by establishing a task force focused on addressing HIV in MSM within the National AIDS Committee.

Annex 1: Programme of the mission

Day 1: 15 October 2014

09.00–09.30	Welcome: Ioannis Demetriades, Ministry of Health
	Introductions
09.30–12.00	Presentation and discussion of the epidemiology of HIV in Cyprus covering description of surveillance system; key epidemiological trends, particularly among MSM and other sub–populations
12.00–13.00	Field visit to HIV testing laboratory at Nicosia General Hospital
13.00–14.00	Lunch
14.00–15.30	Meeting with National AIDS Committee

Day 2: 16 October 2014

09:00–10:00	Cyprus Anti-Drugs Council
10.00–11.00	Meeting with representative of Ombudsman's office
11.00–15.00	Group 1 RD/HM: Meeting with representatives of *Accept*
	Group 2 KA/TN. Visit to needle/syringe programme and opioid substitution therapy clinic
15.00–16.00	Meeting with representative of KISA
16.00–17.00	Meeting with Vasilios Raftopoulos, Cyprus University of Technology
17.00–19.00	Team meeting and discussion

Day 3: 17 October 2014

09.00–12.00	Group 1 KA/RD/TN, Visit to Menogia (Menoyia) immigration centre; visit to Gregorios clinic – HIV treatment facility Group 2 HM. Meeting with Alecho Modinos, Cyprus Gay Liberation Movement
12.00–14.00	Discussions and debriefing with National AIDS Coordinator

Note: It was not possible to meet a representative of Rainbow Youth while in Cyprus. An interview was conducted by telephone after the mission.

Annex 2: List of participants

Tonia Bayada, Cyprus Antidrugs Council

Panagiotis Chatzinmichail, Rainbow Youth

Vassilis Chrysanthou, Ministry of Health

Costantinos Constantinou, Medical Services, Menogia Migrant Centre

Ioannis Demetriades, Ministry of Health

Anna Demetirou, Ministry of Health

Costas Gavrielides, Accept

Niki Georgiou, Cyprus Family Planning Association

Maria Hadjisoteriou, Nursing Services Department

Zoe Kakota, AIDS Solidarity Movement

Kalia Kambonella, Ombudsman's Office

Evi Kyprianou, Cyprus Antidrugs Council

Nicos Michaelides, Military Medical Services

Stella Michaelidou, KYFA

Alecho Modinos, Cyprus Gay Liberation Movement

Petros Papadopoulos, Accept

Liza Pavlou, Youth Board of Cyprus

Ivonne Valdes Petrou, AIDS Solidarity Movement

Philippos Philippou, Psychiatric Nurse

Doros Polykarpou, KISA

Vasilios Raftopoulos, Cyprus University of Technology

Lampros Samartzis, Psychiatrist

Panayiota Xenophontos, Girl Guides Association of Cyprus

Ioanna Yasemi, Cyprus Antidrugs Council

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