



Federal Ministry  
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Federal Ministry  
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Federal Ministry  
of Education  
and Research

# Action Plan to implement the Strategy of the Federal Government to fight HIV/AIDS



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## Joint Preface by the Federal Ministers Ulla Schmidt, Heidemarie Wieczorek-Zeul and Dr. Annette Schavan

For 25 years now, people in all regions of the world have been living under the threat of HIV/AIDS. In this quarter of a century we have gained new insights, gathered experience and know-how, and scored quite a number of successes. The successes in controlling this disease were achieved thanks to the great dedication of political and societal forces, the innovative capacity of researchers from the various disciplines combined with the commitment of those affected and their organizations. Substantial funding has been provided as well. Yet, in spite of all these efforts, the disease has not been vanquished, and the data continue to be alarming. In 2006, a total of 39.5 million people around the world were infected with the virus, with women being particularly hard hit by the increase in new infections.

To be promising, a HIV/AIDS control strategy must tackle a host of challenges – both on the national and the international level – and develop programmes and approaches tailored to each of them. In doing so, the prevention of new infections is of particular importance. The current Action Plan of the Federal Government addresses the most important issues and fields of research, concepts for action and priorities for its work in the fight against the immunodeficiency disease.

The Federal Government's Action Plan for the implementation of the HIV/AIDS control strategy helps to realize the objectives established by the European Union, the United Nations and the G8 States – objectives which Germany shares. During its Council Presidency, Germany will be focusing particularly on innovation, prevention and access to health services. The Action Plan sets out Germany's substantive and strategic contribution to achieving the internationally agreed goals and targets in controlling the disease. The Federal Government is aware of its responsibility and will persevere in its efforts to prevent the spread of HIV, ensuring the care of and support for those affected.

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# Introduction

The HIV/AIDS epidemic has spread globally in the last 25 years, causing millions of people immeasurable personal suffering. 39.5 million people around the world were living with the HI virus in 2006, including 4.3 million new infections. Roughly 25 million people have died of the disease since the epidemic began – 2.6 million adults and 380,000 children in 2005 alone. Almost 15 million children have lost one or both parents as a result of AIDS. The infection rate is rising globally, especially among women.

Consequently, in addition to having a global dimension in terms of health policy, HIV/AIDS has, in a number of affected countries outside Europe, now become a societal problem that impacts every sphere of life and is threatening to turn into a massive development crisis. People can no longer work their fields, schools are having to close. The epidemic is thus annihilating many a past development success, and life expectancy has already declined in some countries.

Against this backdrop, the international community committed itself, in its Millennium Development Goals, to stopping the spread of HIV/AIDS by the year 2015 and reversing the trend. It is thus a central task of German policy to prevent the spread of HIV/AIDS, reverse the trend and contribute to minimising the societal, medical, psychosocial and economic consequences of the AIDS epidemic at a global level.

The number of new infections is rising in the countries bordering on the European Union to the east, and in the Union itself. According to estimates by UNAIDS, 270,000 new infections occurred in Eastern Europe and Central Asia in 2006, representing an increase of 70 per cent compared to 2004.

The number of new cases of infection with the HI virus has likewise risen in Western Europe and Germany – in Germany from an estimated 2,500 in 2004 to 2,700 in 2006. Also particularly alarming is the major increase in sexually transmitted infections, which can favour an HIV infection.

Thanks to medical progress and the existence of functioning health insurance systems in Western Europe, which offer people living with HIV access to treatment, AIDS has lost some of its terror compared to the past. Many people erroneously no longer see AIDS as being a life-threatening disease. An HIV infection is considered to be treatable, occasionally even as curable. What is true is that the life expectancy and the quality of life of people living with HIV have improved considerably. This aspect is particularly perceived in the affected groups. The occasionally severe side effects of the treatment, or the people who have developed full-blown AIDS, are often no longer seen. This has a major impact on sexual behaviour, and consequently also on primary HIV prevention, and entails the risk of infected persons – at least temporarily – dispensing with Safe Sex. Thus, the involvement of people living with HIV in primary prevention continues to be an important task.

The Federal Government has addressed these new developments and already updated its Strategy to Fight HIV/AIDS in July 2005. In accordance with the will of the coalition partners, CDU, CSU and SPD, the seven fields of activity of this strategy are formulated in detail in the present Action Plan. This Action Plan embodies the principles of the policy of the Federal Government in connection with the fight against HIV/AIDS. It is additionally intended to serve as a basis for cooperation with other players in the field of HIV/AIDS control, and to inform the interested public.



The Action Plan specifies targets and indicates the elements to be implemented to achieve the targets; however, it also leaves sufficient leeway to allow planned measures to be adapted to new situations and challenges, where necessary. The time frame for implementation extends up to 2010. An interministerial working group has been set up for implementation, in order to specifically involve all relevant policy fields in the fight against AIDS from the outset.

In terms of content, the Federal Government continues to primarily focus – both globally and nationally – on the combined effect of prevention measures, universal access to HIV testing and treatment, respect for the human rights of people living with HIV and AIDS, and coordination and cooperation, particularly with non-governmental organizations. Research into medicines, vaccines and new prevention approaches – e.g. microbicides – plays an important role if HIV/AIDS is to be conquered in the long term, as does the monitoring of developments, continuous evaluation of what has been achieved, and the resultant improvement of quality. The fields of activity are closely related, and their combination can give rise to synergy effects. They are not only the basis of the national concept, but also the principles governing Germany's actions in the framework of European and global cooperation.

The heart of Germany's policy in the fight against HIV/AIDS is education and prevention. In Germany, prevention measures are increasingly being developed for, and in collaboration with, people with a migration background. Modern information technologies, particularly the Internet, are being used more extensively in order to publicize prevention on this important communication platform as well. In the context of the partnership between the public and the private sector, operators of commercial establishments for sexual encounters are also to become involved in prevention work, particularly for men who have sex with men.

At the international level, the Federal Government will increasingly gear its policy and projects to improving the economic, social and legal situation of women in developing countries, and to the anchoring of HIV/AIDS education in education and measures relating to sexual health. A central role will furthermore be played by the support of health system development and the establishment of social security systems in the partner countries.

In Eastern Europe and Central Asia, the Federal Government has commitments both on a bilateral basis and in the framework of UNAIDS and WHO. It promotes measures for training multipliers in Eastern Europe and Central Asia, also providing tried-and-tested prevention models with the aim of exchanging experience in order to help governments accelerate implementation of their own strategies.

During its term as Presidency of the European Union and Chair of the G8 in 2007, the Federal Government will take the opportunity to make a further contribution to containing the pandemic in Europe and the world on the basis of this Action Plan.



**I Action Plan to implement the Strategy of  
the Federal Government to fight HIV/AIDS  
in Germany and for Cooperation with  
Eastern Europe**



Action 1

# Education and Prevention

## Successful fight against HIV/AIDS

### Targets

- **The number of new HIV infections is minimized**
- **Assistance for affected persons is optimized**
- **Dealings with affected persons are characterized by solidarity**

Based on Article 2 Para. 2 of the Basic Law, the state is obliged to protect life and health against the dangers emanating from the disease AIDS<sup>1</sup>. Since the fight against HIV/AIDS began, all Federal Governments have primarily depended on the willingness of citizens to inform themselves about HIV and protect themselves against infection. Effective health education is more than just information geared to the acquisition of knowledge. It motivates and enables people to behave and act in a health-oriented manner. Information, motivation and skills development are thus important elements of a successful prevention approach. This concept is realized by the “Don’t give AIDS a chance” campaign, which has been developed and implemented by the Federal Centre for Health Education (BZgA) on behalf of the Federal Government since 1987. The message gets through to the population. Almost everyone is aware of the transmission routes of the HI virus and of the options for protection against infection.

Compared to other European countries, the prevalence of HIV in Germany is relatively low. Experts are unanimous in the opinion that this is a consequence of the long-term prevention programmes implemented, whose realization is based on the involvement of many participants and a broad social and professional consensus. The concept of close collaboration between governmental and non-governmental organizations is internationally considered to be exemplary.

The success of prevention is extensively attributable to the self-help groups of people affected by HIV/AIDS. Roughly 120 AIDS-Hilfe groups contribute to the prevention work via their central association, the Deutsche AIDS-Hilfe (DAH).

## Changed framework conditions

Following years of success, during which time the number of new HIV infections remained stable at a low level, the framework conditions for education and prevention have now changed:

- Because of the improved medical treatment options, HIV/AIDS is no longer perceived as being a lethal threat
- HIV infections and full-blown AIDS are increasingly being portrayed as “normal” chronic illnesses in public;

over-optimistic advertising of therapies by the pharmaceutical companies gives rise to false hopes among the target groups.

- A number of sexually transmitted infections (STIs) that can favour HIV infections are on the rise again
- The state's financial latitude and human resources have shrunk in some sectors. Local counselling and support offerings, and the previously nationwide offer of free HIV tests, have partly been cut back.
- There has been a decline in the willingness of the public television corporations to broadcast the BZgA's AIDS education spots free of charge

These changes contribute to the fact that more HIV infections have been diagnosed again in recent years. While a total of 1,443 new HIV diagnoses were reported for 2001, the figure rose to 1,973 in 2003 and 2,486 in 2005. Compared to 2001, with 1.75 new diagnoses per 100,000 inhabitants, the number of new HIV diagnoses was thus substantially higher in 2005 at 3.02 per 100,000 inhabitants.

Also alarming is the increase in the number of diagnosed cases of other sexually transmitted diseases. For instance, twice as many cases of syphilis were reported in 2004 as in 2001. (2005: 3,210 reports.)

Prevention efforts must be stepped up in order to counter the growing number of HIV and STI cases. The hitherto successful strategies can serve as a starting point in this context, and new measures must additionally be developed.

#### Elements

- In order to do justice to the new challenges, the Federal Government updated its Strategy to Fight HIV/AIDS in 2005
- The Action Plan forms the basis for targeted implementation of the necessary measures

## Financing of measures

To date, the Federal Government has provided a total of € 236.4 million for education measures in the field of the fight against HIV/AIDS in Germany. By mutual agreement between all the parliamentary groups in the German Bundestag, the appropriation of € 9.2 million per year remained constant for many years. To strengthen the Strategy to Fight HIV/AIDS, these funds were increased by € 3 million in 2007, now totaling € 12.2 million. The medium-term financial planning provides for a further increase.

The Federal Ministry of Health (BMG) has roughly € 1.6 million per year at its disposal for research and development projects relating to HIV/AIDS and to the social sciences for further development of prevention. The Federal Ministry of Education and Research (BMBF) currently provides roughly € 2.5 million per year for research projects in the field of HIV/AIDS. Clinical infectiology is another of the key focuses of BMBF research funding, as can be seen from the various funding priorities relating to this subject area, which also include European activities. Research projects on HIV/AIDS can likewise be applied for in the framework of these priorities.

Major sectors of the fight against HIV/AIDS are the task of the Länder, municipalities and social insurance providers, which continue to expend substantial funds.

Public-private partnerships offer additional possibilities for prevention measures. Successful examples include the advertising space for the "mach's mit" ("join in") posters, which the Outdoor Advertising Association makes available free of charge, and the provision of free air time for BZgA education spots on radio and television. The Association of Private Health Insurers will give the BZgA € 3.4 million per year for HIV/AIDS prevention up to the end of 2010. However, the many other, smaller support efforts, not exclusively of a financial nature, are also important. The great commitment of societal forces in public-private partnerships is evidence of the fact that the fight against HIV/AIDS is perceived as being a challenge for the whole of society, at the same time also indicating solidarity with the affected persons.

## Overall prevention strategy

### Targets:

- **The overall population has a high level of knowledge regarding protection against HIV/AIDS**
- **Knowledge regarding STIs has improved in the general population and particularly among young people**
- **The realization has established itself that condoms afford effective protection, also against STIs**
- **Protective behaviour, which is on the decline in some groups, is increasing again**
- **The acceptance of, and solidarity with, living with HIV and AIDS is stable**

Implementation of the AIDS prevention campaign on behalf of the BMG is centrally coordinated by the BZgA. Scientific research confirms the prevention concept pursued in Germany. Accordingly, the number of HIV infections can be reduced best and at the least expense with a combination of



1. Mass communication for the general population (“high-reach interventions with a relatively low depth of action in population groups with low HIV prevalence”) and
2. Intensive interventions with a greater depth of action for people in the main groups affected and at risk (in target groups with high HIV prevalence).

## Elements

- This overall strategy for prevention of HIV/AIDS is to be retained, but new points of emphasis are also to be added. The BZgA continues to address the general population (“Don’t give AIDS a chance” campaign). The DAH gears its activities to the main groups affected and at risk.
- The measures of this Action Plan also include STI prevention in order to better exploit synergy effects

## Massmedia measures for maintaining the high level of prevention-related knowledge

The mass-communication measures of the BZgA achieved very high reaches. TV spots, broadcast at prime time, were seen by more than 90 per cent of the population and by people of all social strata. Of decisive importance for their preventive effect were their regular, frequent broadcasting, and their combination with other high-reach media. Studies show that the more people are reached by different education offerings, the more likely they are to protect themselves. Therefore, the BZgA will continue and intensify the mass-communication part of the campaign with attention-getting media and the central education messages. In concrete terms, this means that target group-specific and general communication will be expanded, particularly in the form of TV, cinema and radio spots, posters, advertisements and on the Internet. The media must also make it clear to the general population that the infection risk has increased for some groups. However, no discriminatory associations may be aroused in this context.

## Elements

- Continuation and innovative structuring of the mass-media campaign for protection with condoms
- Addressing of people with a migration background, e.g. by means of multilingual posters on “Don’t give AIDS a chance”
- Expansion of the prevention offerings of the BZgA and the DAH on the Internet, e.g. of the [www.gib-aids-keine-chance.de](http://www.gib-aids-keine-chance.de) and [www.aidshilfe.de](http://www.aidshilfe.de) portals
- Exploitation of national and international events and occasions, such as Olympic Games, Valentine’s Day, World AIDS Day, for the messages of the BZgA campaign
- Expansion of the prevention offerings of the DAH for men who have sex with men (MSM). The BZgA supplements the target group-specific prevention of the DAH. The concepts and measures are developed by the DAH and the BZgA in partnership.
- Expansion of the personal-communication offerings of the BZgA, particularly the Join-In Circuit and mobile exhibitions; development of innovative and interactive offerings for groups in order to strengthen local networks and qualify the participants.
- Increased inclusion of the subject of protection against sexually transmitted infections (STIs) in the AIDS campaign
- Development of independent media and communication forms for education on STIs, e.g. on syphilis
- Creation of additional prevention offerings of the BZgA for people travelling to countries with high infection figures. The tourism industry is to be involved in this context.
- Expansion of prevention measures in the prostitution sector. This also involves measures that target prostitutes’ customers. The measures include offerings of outreach counselling, education via the Internet and poster campaigns. In areas where responsibility lies with the Länder, the Federal Government seeks cooperation with them
- Offering of syphilis tests at HIV/AIDS and STI counselling centres.
- Intensification of cooperation in the German-speaking region, especially with Switzerland and Austria
- Intensification of exchanges on time-proven measures (best practice) with UNAIDS, WHO, the EU and other international organizations

## SPECIAL TARGET GROUPS

### Young people

#### Targets:

- **Young people receive comprehensive and lasting education**
- **Every new generation is reached**
- **The subject of HIV/AIDS is embedded in a culture-sensitive sex education offering in the youth sector**
- **Young people are sensitized as regards the subject of solidarity with people living with HIV and AIDS**
- **Young people are shown that it is possible to speak openly about protecting their own health and that of their sex partners, and that protective behaviour is socially desirable**
- **The effect of illicit and legal drugs, especially alcohol, on protective behaviour is addressed**
- **Socially disadvantaged young people are reached by means of specific measures**

Young people between the ages of 16 and 20 have a high level of basic knowledge regarding HIV/AIDS, as indicated by annual representative surveys of the BZgA. On the other hand, their knowledge is incomplete in some important areas: 20 per cent of these young people are not aware that people living with HIV can infect others even before the outbreak of full-blown AIDS. Similarly, 16 per cent are not sure how they can protect themselves against AIDS, and 21 per cent believe that a positive HIV test result means that you have contracted AIDS. In addition, 14 per cent believe that there are externally visible signs of an HIV infection. These gaps in knowledge must be closed. Moreover, particular attention must be paid to the problems of socially disadvantaged young people, young people with a migration background and young people who are unsure about their sexual orientation – insofar as these aspects are an obstacle to successful prevention.

#### Elements

- Young people are reached by youth-oriented, culture-sensitive AIDS education via their parents, youth media, the Internet, schools and out-of-school youth work
- The BMG and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) hold regular talks on HIV/AIDS and sex education in order to exploit opportunities for joint action

- Supplementation of the BZgA media, primarily by offerings on the Internet and in youth media. Also more offerings for TV and radio stations popular among young people. The possibility of buying and financing corresponding airtime is being examined
- Expansion of TV and cinema spot production and nationwide, permanent screening of the spots
- Further development and supplementation of information materials on HIV/AIDS and STIs that gives consideration to the different needs of girls and boys, as well as the different social circumstances of young people
- Further development and supplementation of BZgA teaching materials on sexuality, HIV/AIDS and STIs for teaching staff at schools of all stages and types
- More extensive utilization of youth events for individual, personal-communication measures

Many of the measures are geared to areas for which the Federal Government requires the cooperation of the Länder and the municipalities. Consequently, the Federal Government and the BZgA seek collaboration with the Länder Ministers and Senators of Health and of Education and Cultural Affairs, and with the providers of the public health service and youth work. Their support is necessary in connection with the following

#### Elements

- Creation of an obligatory offering in all schools for the promotion of sexual health and prevention of HIV/AIDS and STIs that is appropriate for the respective age group and the quality of which is assured
- Expansion of peer education programmes for hard-to-reach groups of young people, i.e. of programmes in which young people are addressed by members of their own group
- Measures for strengthening and supporting young people in difficult social situations

### Military personnel

#### Target:

- **Despite the very small number of HIV infections in the Federal Armed Forces, intensive education for military personnel is maintained, not least because of their missions abroad**



## Education

In the fight against HIV/AIDS in the Federal Armed Forces, the Federal Ministry of Defence (BMVg) bases its activities on the recommendations of the Medical Advisory Council at the Federal Ministry of Defence and the recommendations of the National AIDS Council (NAB) and the HIV/AIDS Working Group at the BMVg. The Ministry cooperates closely with the BZgA.

HIV prevention in the Federal Armed Forces comprises intensive information and education for all military personnel. Civilian staff can also attend the prevention courses to some extent. The Federal Armed Forces offer their members voluntary, anonymous HIV tests, including counselling before and after the test, and also outside the Federal Armed Forces. Military personnel with HIV are offered counselling by unit medical officers on their future life, and they can be referred to a military hospital or a special clinic for further diagnosis and medical care. The Federal Armed Forces also make provision for military personnel with HIV/AIDS to receive assistance from unit medical officers, psychological, psychiatric, pastoral and social-services staff and ensure psychosocial coordination with the civilian sector.

### Element

- In personnel decisions, persons with HIV may not be treated differently from other members of the Federal Armed Forces, regardless of symptoms of illness

## Counselling and preparation for missions abroad

Prior to missions abroad, military personnel are instructed about possible risks of HIV infection in the country in question. The First Aid courses given in preparation for the mission abroad go into special measures for protection against an HIV infection. Medical staff are taught specific medical content, e.g. regarding protection against injuries caused by hypodermic needles.

## Migrants

### Target:

- **Regardless of their cultural background, all people living in Germany have equal access to information, prevention, counselling and care**

According to estimates by the Robert Koch Institute (RKI), approx. 21 per cent of the HIV infections newly diagnosed in Germany are found in persons coming from high-prevalence countries, i.e. countries where more than one per cent of the population is HIV-positive. The RKI assumes that most of these persons were infected in their country of origin.

So far, no reliable data are available concerning the attitudes of migrants towards HIV prevention, condom use, or offers of HIV tests and counselling. How well these people can look after their health is also dependent on the conditions of their migration and their often difficult living situation in Germany. Their behaviour is first of all influenced by attributes that are not migration-specific, e.g. gender, education and age. However, culture-specific attributes, such as region of origin and religious affiliation, equally play a role, as do their command of the German language and their residence status. As a target group, people with a migration background can thus be classified as belonging to both to the general population and the epidemiologically relevant groups. Prevention offerings must take this fact into account.

### Elements

- Studies on attitudes, behavioural patterns and living conditions of migrants, especially female migrants, which can serve as a basis for developing education materials
- Development of education materials in simple German and in selected foreign languages for target groups displaying high-risk behaviour, e.g. male and female prostitutes, MSM and intravenous drug users
- Editorial articles on HIV/AIDS and STIs in magazines, on Internet platforms, radio and television, and in other media published by and for people with a migration background
- Education spots in media intended for people with a migration background
- Promotion of the ability of social services to open themselves towards migrants
- Offers of continuing education by the DAH and the organizations funding counselling centres, so that counsellors can also perform their work for people with a migration background

- Outreach social work for people from regions where HIV is particularly common, i.e. from the countries of sub-Saharan Africa and increasingly also from Eastern Europe and Asia
- Obligatory inclusion of migration-specific topics in basic and specialist medical and psycho-social training and education
- Expansion of counselling offers before and after an HIV test that are readily accessible to the target groups.
- Easier access to medical and non-medical HIV/ AIDS treatment in the event of a positive test result
- Establishment and promotion of self-help structures and projects
- Intensification of outreach social work for people with a migration background in particularly risky environments, i.e. in such settings as prisons, the male and female prostitution scene and drug scenes

## Men who have sex with men (MSM)

### Target:

- **The increase in the number of new HIV infections is stopped and reversed**

In Germany, the group of men who have sex with men (MSM) continues to be the group most affected by the HIV epidemic.

Currently, roughly 1,200 to 1,300 new cases of HIV are diagnosed among MSM each year. There was initially a declining trend in new HIV diagnoses in the group of MSM after 1993. However, an increase in new HIV diagnoses has been recorded since 2002. The number of HIV cases diagnosed for the first time in MSM rose by 50 per cent between 2002 and 2004. A marked rise in the number of syphilis cases among MSM was also observed at the same time. There has been only little change in the age distribution of new HIV diagnoses in MSM in recent years. Most new cases of HIV continue to be diagnosed in the age group of 30 to 39 year-old men, although there has been a slight increase in the proportion of men under the age of 30 and between the ages of 40 and 50. Studies indicate that the proportion of MSM with a low level of education among the persons infected with HIV has risen in recent years. HIV-positive MSM of non-German origin mainly come from Western European countries, as well as from North and South America.

The growing number of new diagnoses in the group of MSM, the results of the 2004 social-science study on "Gay Men and AIDS", and the experience acquired by regional AIDS-Hilfe organizations in their on-site work, indicate a decline in preventive behaviour among MSM since about the year 2000.

There are numerous reasons for the growing number of new HIV diagnoses among MSM, such as:

- Increased utilization of test offers, partly as a result of test campaigns
- Relapse into risky behaviour after practising safe sex for many years – known as prevention-weariness
- Incorrect use of individual protection methods owing to incomplete knowledge or psychosocial factors, i.e. "risk management" errors
- Trivialization of the risk because the medical treatability of HIV/ AIDS is viewed uncritically and too optimistically – referred to as therapy optimism
- Some MSM scenes and settings consider a greater willingness to take risks to be part of their lifestyle
- Emergence of groups that are so far not reached by prevention because of cultural and language barriers and their mobility
- Lack of the necessary resources for local education activities based on personal communication

The work of the Deutsche AIDS-Hilfe (DAH) takes these factors into account. Without discarding hitherto successful activities, it adapts its prevention work to the new challenges.

DAH, BZgA and RKI coordinate their information about new options for protection against infection with HIV, e.g. about measures presented at the XVIth International AIDS Conference in Toronto: circumcision of men, pre-exposure prophylaxis and routine tests for HIV. Despite all the difficulties, safe sex is still the most effective method for preventing HIV infections. In its prevention work, the DAH is increasingly combining the appeal for people to take care of themselves with an appeal to take care of others. Using measures to improve communication and conflict-resolving skills ("empowerment") is intended to strengthen people in the target groups, including those with HIV, in their ability to protect themselves and others.



With its concept of structural prevention, the DAH targets not only the behaviour of individuals, but equally their situation, i.e. the structures in which they live. The DAH therefore gears its offerings relating to health-promoting behaviour to the worlds in which individuals and groups live, advocates health-promoting conditions at all levels, promotes self-help and self-organization, and champions care and medical services geared to the rights and needs of the patients.

## Elements

- Continued representation of the interests of MSM
- Intensified education regarding the serious consequences of an HIV infection, in order to effectively counter any trivialization of an HIV infection
- Continuation and further development of prevention offerings that fit the corresponding scenes
- Continued cooperation with bars and saunas in the scene
- Expansion of prevention on the Internet, e.g. to include e-streetwork, e-counselling and cooperation with e-providers
- Better networking of STI and hepatitis education with HIV prevention
- Continuation and intensification of the recommendation to use condoms, and of advertising for HIV and STI tests
- Information and education regarding the influence of drugs on risk-related behaviour

## Commercial establishments for sexual encounters

### Target:

- **Establishments offering sexual encounters on a commercial basis take part in prevention work**

In Germany, there is a diverse scene of commercial establishments that enable sexual encounters. The DAH has already been successful in reaching voluntary prevention agreements with numerous owners and operators of such businesses, most of which are aimed at men who have sex with men.

Since a judgement of the Federal Administrative Tribunal of 20 November 2002<sup>2</sup>, the legal situation has made it easier to pursue a Safer Environment approach. This approach involves the procurement and stocking of means of protection (condoms) and educational materials, which is obligatory for the operators of commercial establishments

where sex takes place. While the responsibility for protection still lies with the guest, the establishments promote preventive behaviour by providing their guests with free prevention means. A study sponsored by the Federal Ministry of Health is investigating Safer Environment approaches in various cities in Germany and neighbouring European countries. The results are to be used to develop guidelines.

## Element

- A decision on binding regulations in connection with operating licences, and monitoring of compliance with them, will be taken if the study shows how implementation of the Safer Environment approach can be regulated

## Prevention and pharmaceutical advertising

### Target:

- **Pharmaceutical industry advertising relating to HIV and AIDS is realistic and does not arouse exaggerated hopes**

Today, medicines for the treatment of HIV infections are available that can often prevent the outbreak of AIDS for many years. However, they are incapable of curing an HIV infection. Moreover, all HIV/AIDS medications have pronounced side effects. Consequently, prescription drugs of this kind may only be advertised to expert circles, i.e. particularly in scientific journals aimed at physicians or pharmacists.

## Element

- At the European level, the Federal Government advocates upholding the ban on public advertising of prescription pharmaceuticals, i.e. advertising in publications not intended for a medical or pharmaceutical audience

The Federal Ministry of Health (BMG) sees a risk that advertising for HIV and AIDS drugs that promises too much could undermine prevention efforts and lead to a new lack of caution. The BMG has informed the German Association of Research-Based Pharmaceutical Companies (VFA) of this view and suggested that the voluntary advertising restrictions of the pharmaceutical industry be expanded. The code of the members of the Association for Voluntary Self-Control in the Pharmaceutical Industry (FSA) could be used for this purpose. This code should also encompass "image advertising", i.e. advertising that does not relate to specific pharmaceuticals, in order to prevent advertising of this kind from arousing

exaggerated expectations as regards the efficacy of therapy. The chances offered by the medications, and also their limits, must be described realistically.

#### Elements

- The VFA has taken up the suggestion to include image advertising in the code. It is examining how its affected member organizations can more intensively realize the prevention aspect in their advertising practices. Joint talks are planned in this context.
- The BMG advocates that the recommendations currently being discussed at the EU level regarding appropriate patient information also cater to the needs of prevention

## Intravenous drug users

#### Target:

- **Prevention of HIV and hepatitis infections in intravenous drug users**

Measures aimed at reducing the health risks associated with drug use (“Harm Reduction”) have proven to be successful. Above all, these measures include substitution therapy, needle exchange and medically supervised drug-taking rooms. The legal basis for these measures was created in the laws on narcotics.

The effect of substitution therapy is no longer disputed in the scientific community<sup>3</sup>; it is now recognized as a medical treatment method. The German Medical Association has documented the state of medical science in the field of substitution in its guidelines. Substitution therapy is included in the standard medical services provided under the statutory health insurance system.

Substitution therapy has prevented new HIV infections. In Germany, the number of HIV cases diagnosed in intravenous drug users has been declining since the early 1990s and currently accounts for 9 per cent of new diagnoses. The figures have dropped most markedly in the former strongholds of Frankfurt, Berlin and Hamburg.

#### Element

- The Federal Government advocates that the quality of substitution therapy be improved

## People in prison

#### Target:

- **Prevention does not stop outside the prison gates**

One weak spot in HIV prevention for drug users is the unsatisfactory situation in prisons. Successful prevention does not judge people’s lifestyles, but protects them without prejudice in the situations in which they live. So, prevention must also be able to take place where people find themselves in a special relationship of subordination.

According to WHO estimates, half of all prison inmates have experience with drugs. Almost half of those who are intravenous drug users in freedom also maintain the habit in prison, occasionally running particularly high risks. Moreover, unprotected sexual contacts and the practice of tattooing commonly found in prisons contribute to infection with hepatitis B, hepatitis C and HIV. At the same time, there are only limited prevention options for drug users and their fellow inmates.

#### Elements

- The Federal Government expects information on HIV infections in German prisons from a study conducted jointly by the RKI and the European Network on Drugs and Infections in Prison (ENDIPP), which will be completed in 2007
- The Federal Government considers prisons to be a setting necessitating special health promotion measures

## Prevention of mother-to-child transmission of HIV

#### Target:

- **The number of cases of HIV transmission from the mother to her newborn baby is being further reduced in Germany. The children of pregnant women with HIV are infected in less than 2 per cent of all cases.**

If the HIV infection of a pregnant woman is known in good time, the risk of HIV transmission to her child can be reduced to below 2 per cent. Several measures are implemented to this end, namely medication for the pregnant woman and the newborn baby, delivery by caesarean section and no breast feeding.



The Maternity Guidelines of the Federal Committee of Physicians, Health Insurance Funds and Hospitals – the Federal Joint Committee – define measures designed to prevent illness and damage in pregnant women and newborns. At the suggestion of the BMG and the RKI, the Federal Joint Committee is examining the question of how education and counselling in the framework of the Maternity Guidelines can better protect children against an HIV infection.

## Elements

- The Maternity Guidelines are to be updated in such a way that pregnant women are always offered an HIV test. The test offer and HIV counselling are documented in the “Maternity Passport”.
- An information sheet on counselling for pregnant women is to be available in several languages

All obstetric departments in German hospitals are to be in a position to diagnose an HIV infection, also in pregnant women admitted in an emergency, in order to prevent HIV transmission to the child. This also means that quick HIV tests and the necessary medication must be kept in stock.

Moreover, support by a network of competent treatment facilities for pregnant women and children should be guaranteed, even if the case numbers are low.

## HIV/AIDS in Eastern Europe

### Target:

- **A high degree of HIV prevention through cooperative partnership in Europe**

Eastern and Southern Europe are among the regions where the HIV/AIDS epidemic is still spreading rapidly. The shortcomings in the fight against HIV/AIDS, primarily also the lack of scientific process monitoring, are reflected in the – still – substantial increase in the number of new infections, to date predominantly among intravenous drug users. However, there is today also a growing number of reports on HIV/AIDS transmission via heterosexual routes. A significant proportion of women working as prostitutes are intravenous drug users, meaning that they are at particularly great risk of contracting an HIV infection. The problem has already been discussed for some time at the level of the EU Commission, WHO Europe and UNAIDS.

The Eastern European states and Russia have now begun to turn their attention to these problems and have launched measures in the fight against HIV/AIDS. However, there are no signs of any short-term success of prevention, and a further increase in the number of HIV infections must be expected. As in other countries, groups at particular risk are also ostracized by society here. However, exclusion increases the infection risk.

## Element

- The Federal Government is committed to the Declarations of Dublin and Vilnius (February and September 2004) regarding the strengthening and coordination of the partnership with the neighbouring countries in Eastern Europe

## HIV in border regions

Prostitution and trafficking in humans and drugs are HIV-relevant problems in border regions, especially where there are major differences in affluence. Consequently, because of the HIV epidemic in Eastern Europe, growing problems are to be expected in the coming years, particularly at the Eastern borders of the European Union. These problems cannot be solved by police measures. Easily accessible and outreach offerings of prevention and treatment are needed. So that this assistance can be effective, offerings of this kind must be coordinated with the measures of the police and border police. The necessary offerings, which should preferably be available on both sides of a border, include: multilingual prevention materials, anonymous counselling and HIV tests, treatment of STIs and HIV infections even for people with no health insurance and for persons of unclear residential status.

## Element

- In the framework of its bilateral agreements, the Federal Government offers assistance for targeted prevention in the neighbouring countries; in the bodies of the EU, it campaigns for open and pragmatic prevention that particularly targets protection by means of condoms and access to harm-reducing offerings.





Action 2

# Universal Access to HIV Testing and Therapy

## New options for prevention

It is primarily the task of the Länder and municipalities to maintain demand-oriented counselling and support facilities. This fundamentally also includes a ubiquitous, target group-oriented offering of free and anonymous HIV tests and counselling. The National AIDS Council has repeatedly stated the need for this.

## HIV test

The HIV test has acquired a new meaning since there have been improved options for treating HIV infections. After all, once an HIV infection has been diagnosed, therapy can commence promptly and thus maintain the quality of life; the outbreak of AIDS and AIDS-related deaths can be substantially delayed. These aspects will in future be presented more offensively by the BZgA and the DAH.

### Elements

- The Federal Government is continuing to advocate test offers incorporating individual counselling before and after the test. It knows that it is in agreement with the National AIDS Council on this point.
- The Federal Government points out that the necessary counselling before and after the test is not guaranteed in the case of “home tests”, meaning that the individual concerned may possibly be left alone with a grave diagnosis. This is particularly true in the case of home tests purchased on the Internet. The Federal Government warns against home tests without the CE mark, such as are sometimes offered on the Internet.
- STIs, which are known to be co-factors for HIV infections, are included in testing, where medically indicated

## TREATMENT

### Target:

- **Regardless of their origin, infection risk and gender, all persons with HIV in Germany have access to medical and psychosocial services that reflect the latest state of medical knowledge**

## High quality of treatment in Germany

People living with HIV/AIDS in Germany already receive a high standard of medical care and support today. The improved treatment options are based on new medications and treatment strategies, the efficacy of which is examined in clinical studies. Studies by the pharmaceutical industry should be supplemented by industry-independent studies.

Simply because of the improved therapeutic options and the decline in HIV-related deaths, the number of people living with HIV and AIDS requiring medical care has been increasing steadily since the mid-1990s. The number of persons infected with HIV living in Germany is currently rising by about 2,000 per year. The RKI estimates that about 40,000 of the total of some 56,000 people living with HIV in Germany were currently receiving regular medical care in clinics and specialist practices at the end of 2006. Roughly 27,000 of them are treated with antiretroviral combination therapies. Cooperation between specialist HIV practices, attending general practitioners and specialists, nursing services and inpatient facilities has established itself as standard practice in the support and treatment of people living with HIV and AIDS.

## Quality assurance

The social security laws, and particularly Section 73c of Book V of the Social Security Code, make quality promotion obligatory. For this reason, the National Association of SHI-Accredited Physicians (KBV) has, together with the German Association of Physicians Specialized in HIV Care (DAGNÄ) and the Deutsche AIDS-Hilfe (DAH), developed a special service offer, according to which prevention and medical care are inseparable. The programme aims to offer the already good therapeutic options nationwide. The outbreak and progression of the disease are to be delayed for as long as possible by means of continuous care and support of people living with HIV and AIDS in all stages of the disease.

The concept aims to save the patients long journeys, to this end providing rules for cooperation between specialist HIV practices, general practitioners and specialists, nursing services and inpatient facilities. Moreover, it defines medical services and prescribes involvement of the patients. The DAH has ensured that the perspective of people living with HIV is just as much taken into account as the experience of those who have specialized in the treatment of HIV/AIDS. The concept also involves the doctors in prevention and in referral to self-help offers.

### Element

- The BMG welcomes the fact that the KBV, DAGNÄ and DAH have together developed a quality assurance concept that can now be utilized by the health insurance funds

## Training and specialist training of medical staff and nursing staff

Continuous training and specialist training of medical staff is also part of a high-quality medical service. Not only is specialist medical knowledge relating to HIV/AIDS imparted in this context, but also the ability to deal with people from all social groups in a non-discriminatory manner. Skill in talking to patients about taboo-ridden subjects, such as sexuality and drug use, is important for prevention in the framework of medical treatment.

Further qualification of medical staff follows on from basic vocational education and training, which is ensured by universities, colleges and hospitals, and is provided by medical chambers, Associations of SHI-Accredited Physicians, medical societies, the pharmaceutical industry and others. The RKI supports continuing medical education and specialist training measures relating to STIs and participates in work on the guidelines of the medical societies, such as the German STD Society.

Nursing staff in outpatient and inpatient facilities are also to be qualified to deal with HIV/AIDS by means of training and continuing education.

### Element

- The RKI will formulate recommendations on continuing education and specialist training in relation to STIs



## THERAPY GUIDELINES

New medications and treatment strategies are developed by the pharmaceutical industry and by national and international research networks.

The rapid inclusion of new knowledge in the standard medical services provided by the health insurance funds is, on the one hand, the responsibility of the medical societies, which draw up the corresponding therapy guidelines. On the other hand, the Federal Joint Committee ensures the medically meaningful and necessary measures by regulating assumption of the associated costs.

So that comprehensive support concepts for the affected persons can be developed and financed, medical chambers, Associations of SHI-Accredited Physicians and health insurance funds must work together. In HIV therapy, good cooperation of the medical service system with self-help groups, and with social medicine and psychological facilities within the public health service, is indispensable.

### Elements

- The Federal Government promotes HIV/AIDS research in Germany and the involvement of German groups in European and international research
- The Federal Government improves the framework conditions for the development of medications; their different action in women, men and children is to be taken into account

## Medical services for people without health insurance

### Target

- **All people living with HIV in Germany have access to need-based medical services**

Persons who have not been covered against the risk of illness so far and who are to be enrolled in the statutory health insurance system will, from 1st April 2007, be subject to mandatory health insurance. Persons who qualify for the private health insurance system will be able, from 1st July 2007, to take out a private insurance at the standard premium at no risk surcharge.

Competent, close-to-home support has yet to be ensured for some people living with HIV and AIDS. This particularly applies to people who have difficulty accessing the medical service system, i.e. to

- HIV-positive people with a migration background, who have to overcome barriers, such as poor language skills, and thus often only find access to the medical service system at an advanced stage in the course of their HIV infection;
- People living with HIV who are addicted to drugs and require complex medical care, since they often suffer from additional diseases, such as hepatitis C or tuberculosis. Moreover, they need additional assistance in the psycho-social and drug therapy field;
- Pregnant women with HIV and their children, because their relatively small number to date makes it difficult to maintain competent support across the country;
- People living with HIV who have no health insurance.

The Protection Against Infection Act provides for the local health authorities to themselves offer or mediate counselling and testing regarding STIs. These services are also to be offered on an outreach basis for people whose living circumstances entail an elevated risk of infection. People can avail themselves of STI-related offers anonymously. The costs are paid from public funds in individual instances.

## Deportation of people suffering from AIDS who are required to leave the country

### Target

- **No deportation of people living with HIV to a country where no adequate treatment is available**

Worldwide, only roughly 1.3 million people receive life-prolonging treatment with antiretroviral medication. In contrast, approximately 6.5 million would need such treatment. Although more people receive treatment today, thanks to international help – particularly from the Global Fund (GFATM) – therapy is still by no means accessible to everyone.

The Residence Act forbids deportation if it results in substantial, concrete danger to life, limb or freedom of an individual. Impending danger to life can also arise due to AIDS at an advanced stage if no adequate medication is available in the country of destination. In asylum cases, a decision on a

ban on deportation arising in this way is taken by the Federal Agency for Migration and Refugees (BAMF), and otherwise by the competent aliens' authority after previously involving the BAMF. The situation reports of the Federal Foreign Office, reports of other states and of international organizations are also considered in this context. If necessary, Germany's diplomatic missions abroad are requested to provide statements in relation to individual cases.

#### Elements

- Reports on the possibilities for access to treatment and care for people living with HIV and AIDS in developing countries are to continue to be drawn up on the basis of detailed knowledge of the local care situation. Differences between urban and rural areas are to be taken into account in this context.
- Where necessary, qualified non-governmental organizations operating locally are also to be consulted when examining whether adequate treatment for people living with HIV and AIDS is available in the country of origin.

## EASTERN EUROPE

### Eastern Europe and neighbouring states

Numerous Eastern European countries display substantial information deficits regarding antiretroviral therapies, not only among medical staff, but also among affected persons and people bearing political responsibility. In some states, prevention can only be effective within limits because stigmatization of people living with HIV, and criminalization of, and discrimination against, drug users impede its success.

Access to antiretroviral therapies in Eastern Europe is made difficult by poor distribution structures. What is mainly needed in this context is more logistical knowledge and business management training of the staff in the therapeutic institutions at the local, regional and national level. The provision of reduced-price treatment by the pharmaceutical industry in individual, regionally limited campaigns, is inadequate, since no guarantee can be given for the security of distribution channels and the prevention of reimports into the EU.

#### Elements

- The Federal Government funds residencies by visiting doctors, both at individual hospitals and at the Paul Ehrlich Institute and the Robert Koch Institute
- Within the scope of its capabilities, the Federal Government plans to improve the training of nursing staff and social workers in neighbouring Eastern European states by means of pilot projects and internships
- With the help of mutual agreements regarding the exchange of experience between experts, the Federal Government plans to support its neighbours in Eastern Europe in their HIV prevention work and medical services
- Within the scope of its possibilities and – where appropriate – with the involvement of experts from the private sector and organizations of civil society, the Federal Government supports the exchange of experience regarding the qualification of experts for the distribution of antiretroviral medicines
- Vis-à-vis the European Commission and the Member States of the European Union, the Federal Government advocates that Regulation 953/2003 to Avoid Trade Diversion into the European Union of Certain Key Medicines be extended to cover the countries neighbouring the EU in the east in order to increase the security of distribution channels for antiretroviral medicines.
- Vis-à-vis the enterprises of the pharmaceutical industry, the Federal Government advocates the use of the possibilities offered by this Regulation



Action 3

## Solidarity and Non-Discrimination

### Protection against discrimination

#### Target

- **A social climate prevails in Germany that offers solidarity with living with HIV and protects them from discrimination**
- **Protection of the human rights of persons affected by HIV/AIDS**

### Human rights <sup>4</sup>

At the very start of the HIV/AIDS pandemic, the conviction established itself in Germany that protection and promotion of the human rights of affected persons is a question both of ethics and of effective health protection. This is today regarded worldwide as the basis for an effective fight against HIV/AIDS<sup>5</sup>. After all, isolation and stigmatization of living with HIV and AIDS violate their human rights, forcing them to keep their infection secret. Isolation and discrimination impede prevention in the sense of responsible care for oneself and for others.

The reasons for isolation and discrimination are diverse. They range from a fear of infection or the condemnation of certain behavioural patterns, all the way to fundamental rejection of population groups demonstrating a different lifestyle than the majority of society.

Just as effective prevention rests on many shoulders, the battle against discrimination and stigmatization must also be waged in many areas and with various partners.

### Social acceptance

One important element of the strategy is social acceptance of people who are at particular risk from HIV or are themselves infected with the virus. Social acceptance develops in a process that can take years and in which many players in different sectors are involved (see Action 4). The foundations for acceptance are the abatement of fears of a possible infection (see Action 1) and solidarity with people living with HIV. As a result of the consensus of the forces in society, Germany has made good progress along this road. The education campaigns of the BZgA have reduced fears. Prominent politicians,

stars from film and television and top sportspeople have publicly expressed their support for people living with HIV. The benefit events organized by the Deutsche AIDS-Stiftung, such as the opera galas, have brought the subject of AIDS into the midst of society. The state and society have assumed responsibility and practised solidarity. This commitment by the various players has led to a situation where 70 per cent of the German population are today willing to help affected persons, and where only 5 per cent would leave someone because he or she is infected with HIV. These percentages have been constant for years.<sup>6</sup>

### Elements

- The BZgA will continue the annual surveys on “Public Awareness of AIDS” and examine the development of the attitude of the population towards HIV/AIDS and people affected by it
- It will continue to call for solidarity with people living with HIV by means of campaigns and in the framework of major mass-media events

### Target

- **Integration of children and young people living with HIV in their social environment.**

Non-discrimination begins with children. Children with HIV/AIDS can go to kindergarten and school with other children, they can take part in recreational offerings without endangering other children. As long ago as 1985<sup>7</sup>, the Standing Conference of the Ministers and Senators of Education and Cultural Affairs of the Länder pointed out “that school-children with the AIDS virus in their blood do not constitute a particular risk of infection and there is thus no occasion to exclude them from instruction”.

### Element

- This resolution continues to apply in full

## General Equal Treatment Act (AGG)

### Target:

- **Prevention or elimination of discrimination on grounds of race or for reasons of ethnic origin, gender, religion or philosophy, disability, age or sexual identity**

The statutory framework conditions play an important role in the promotion of non-discriminatory behaviour.

Equal treatment of all people is guaranteed by Article 3 of the Basic Law and put into concrete form in Germany by the General Equal Treatment Act (AGG). The Act forbids discrimination on the above grounds and it serves the implementation of the Equal Treatment Directives of the European Community.

The Equal Treatment Directives were developed because people experienced isolation based on certain actual or imputed attributes. The Directives are not limited to protection against discrimination on the part of the state, but commit all Member States to also protect people against discrimination in the private sphere or in working life. They do not aim to protect certain groups, but protect each and every individual against discrimination on grounds of the specified attributes.

An HIV infection and full-blown AIDS do not come directly under the protection of the Directives, and also not under the protection of the AGG.<sup>8</sup> However, the AGG also offers homosexual people living with HIV protection against discrimination on grounds of their sexual identity. In addition, people with disabilities who have HIV are given statutory protection against discrimination on grounds of a disability if their infection has reached a corresponding intensity.<sup>9</sup>

In civil law, the AGG encompasses so-called mass transactions of daily life, such as contracts with hotels, restaurants and department stores or private-law insurers.

The law affords protection against both direct and indirect discrimination. Direct discrimination exists in cases where, on one of the above grounds, one person receives less favourable treatment than another would experience in a comparable situation. For instance, if life insurers were to generally exclude homosexual men, this would be direct discrimination on grounds of sexual identity. Indirect discrimination exists if seemingly neutral regulations, criteria or procedures can put people at a disadvantage in a particular way for one of the above reasons, unless the regulations, criteria or procedures in question are justified by a lawful objective and the means are reasonable and necessary for achieving this objective.

By way of exception, different treatment on grounds of gender may be permissible if, for example, insurers can prove that gender is a determining factor when assessing a risk. For instance, if an insurer demands a higher premium because a man takes out life insurance with another man as the beneficiary, the insurer must prove that men who specify



another man as the beneficiary have a substantially higher mortality risk than men who specify women as the beneficiaries.

Employers must take the necessary measures to ensure protection against discrimination, also on grounds of sexual identity. Collective bargaining parties, employers and employees, and their representatives, are called upon to participate in realising non-discrimination.

### Elements

- Pursuant to Section 25 of the AGG, a Federal Anti-Discrimination Office was created at the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) at the federal level
- In order to help individuals assert their rights, associations can, within the framework of their purpose, act as legal advisors to safeguard the special interests of persons or groups of persons suffering discrimination in court proceedings where legal representation by a lawyer is not mandatory. According to Section 23 AGG, the prerequisite is that they do not represent the interests of their members on a commercial basis, and not only temporarily, have at least 75 members or constitute a combination of at least seven associations. This provision strengthens civil society.

The anti-discrimination laws are aimed, above all, at achieving a climate of non-discrimination and tolerance in society. Consequently, the primary task of anti-discrimination offices is to mediate between the parties, court disputes being only the last resort.

## Protection Against Infection Act

The Protection Against Infection Act (IfSG) also contributes towards protecting people living with HIV against discrimination.

The aim of the IfSG is to strengthen people's personal responsibility and promote responsible action. This particularly applies to STIs. The IfSG provides for local health authorities to provide counselling and examinations relating to STIs, or ensure examination and counselling in collaboration with

other medical facilities. The offers can be taken up anonymously. The IfSG does not encompass any general obligation for certain groups of persons to undergo regular HIV/AIDS tests. Only in justified individual instances<sup>10</sup> can the local health authorities order an examination. As there are effective possibilities for protection against infection with HIV, the regulation in the IfSG regarding such orders probably plays hardly any role as regards HIV/AIDS in practice. The prohibition of excessiveness must be strictly observed in relation to health examinations, especially as regards HIV infections. The personal data collected may only be processed and used for the purposes of protection against infection.

### Element

- The anonymous nature of HIV tests under the IfSG makes it easier for people to avail themselves of counselling offers. This serves both the protection of the health of the individual and the protection of the general public.

## Health check

The entry of foreigners with HIV/AIDS into the country is generally not restricted. However, the health of persons wishing to enter Germany can, under certain circumstances, be checked and taken into account. If, for example, there are clear indications of a threat to public health or of dangerous behaviour, persons with an HIV infection can be denied a residence permit.

In addition, all foreigners need adequate health insurance cover if they wish to enter the Federal Republic of Germany.<sup>11</sup> Consequently, people living with HIV are likewise only allowed to enter the country if they have adequate health insurance cover.

### Elements

- No systematic examinations for HIV/AIDS are carried out on the basis of these regulations
- Border police measures, e.g. refusal of entry, justified solely on the basis of an HIV infection or full-blown AIDS are not in keeping with legal practice in Germany

## Migrants

### Target:

#### ■ Non-discrimination of migrants

17 per cent of all new HIV infections in Germany are diagnosed in migrants from countries where HIV is particularly common, i.e. high-prevalence countries. These people thus constitute the second-largest group after MSM. In their case, there is a risk of discrimination because of several attributes. Women are particularly affected in this context. An additional problem is that the subject of HIV/AIDS is taboo in many migrant communities.

Non-discrimination and solidarity apply to people with a migration background, both in society as a whole and within their communities.

### Elements

- The Federal Government will increasingly seek collaboration with migrant communities and campaign for health education in keeping with the human rights of women and men

## Drug use in Eastern Europe

The area of conflict between isolation and rising infection figures is particularly visible in the countries of Eastern Europe, where the pandemic did not begin until a decade later than in Germany. The main group among the people living with HIV is made up of people who use intravenous drugs and infect themselves with HIV in the process as a result of non-sterile conditions. They belong to a social group that initially received no attention. In Eastern Europe, many drug users are imprisoned. They continue their drug use under risky conditions in prison, meaning that the prisons become a breeding ground for HIV.<sup>12</sup>

## Dealing with affected persons in Eastern Europe

In Eastern Europe, people found to be HIV-positive in a state health check often suffer isolation and social ostracism. The diagnosis can result in them losing their job and their home, and in isolation of their relatives at school and kindergarten. The social isolation of people living with HIV and AIDS is great. Self-help groups often have to work anonymously in order to protect the affected persons against their infection becoming public and the associated isolation.

### Element

- The Federal Government will spotlight non-discrimination against persons affected by HIV at the EU Council Conference on “Responsibility and Partnership – Together Against AIDS” in Bremen in March 2007



Action 4

## Coordination and Cooperation

### Federal Government, Länder, municipalities, civil society

#### Targets

- **The broad-based cooperation between Federal Government, Länder, municipalities and representatives of civil society and the private sector is continued**
- **Cooperation at the European Union level and with neighbouring European countries is intensified**

The challenge of preventing the further transmission of HIV and fighting AIDS is so great that all national and international efforts need to be pooled and meaningfully coordinated.

Being responsible for protection against infections, the Federal Ministry of Health (BMG) handles the central coordination of the fight against HIV/AIDS and represents the Federal Government in European bodies whose task is the fight against HIV/AIDS.

In matters affecting the departments of other Federal Ministries, it cooperates with the respective competent ministries.

### Interministerial Working Group

#### Target

- **Improved cooperation at the federal level**

The Joint Rules of Procedure of the Federal Ministries (GGO) state that the Federal Ministries are to work together regarding issues affecting the departments of several Ministries. According to the GGO, timely and comprehensive involvement must be ensured.

#### Element

- The existing cooperation between the departments in the Interministerial Working Group, presided over by the BMG, will be intensified in order to rapidly implement the present Action Plan. This Group can consult external experts on specific issues. In its work, the BMG is advised by the National AIDS Council, whose members include representatives of various disciplines and social partners.

## BZgA, RKI

The BMG exercises administrative and specialist supervision over the Federal Centre for Health Education (BZgA), which is responsible for the “Don’t give AIDS a chance” campaign, and over the Robert Koch Institute (RKI), whose task is to develop concepts for the prevention of communicable diseases, including the scientific foundations.

### Element

- As the Action Plan assigns extended tasks to the BZgA and the RKI, also regarding cooperation in Europe, the human and financial resources of both institutions are to be strengthened

## Federal Government/ Länder coordination

### Target:

- **The trust-based cooperation between the Federal Government and the Länder is continued**

In the Coordinating Group of the Federal Government and the Länder on AIDS Education Measures at the BZgA, the Federal Government and the Länder discuss their procedures, present their measures and exchange successful practices. The Federal Government considers it very important for the fight against AIDS in Germany to reach a consensus in this body.

### Elements

- The successful cooperation between the Federal Government and the Länder in the framework of the Coordinating Group on AIDS Education Measures is to be continued
- Federal Government, Länder and municipalities are to exchange experience and incorporate it in their own work

## Civil society

### Targets

- **The experience of civil society is taken into consideration in strategic decisions**
- **Civil society is strengthened**

As the spread of HIV/AIDS is influenced by social, cultural and political conditions, the battle must also be waged on all fronts.

The fight against HIV/AIDS in Germany rests on many shoulders. Associations and societies contribute their experience. With their proximity to the affected persons and their expert knowledge, the associations of affected persons are valuable discussion partners for the Federal Government. In addition, the fight against HIV/AIDS benefits from the specialist knowledge, commitment and creativity of various occupational groups, politics, science, business, the churches, and religious communities and the social partners. An important contribution to solidarity with people affected by HIV/AIDS is made by artists, sportspeople and other celebrities who champion them and promote prevention. The same is also done by different organizations: from florists’ associations to the youth fire brigade, from university associations to the associations of the medical community.

The Federal Government welcomes the commitment of civil society. It considers its experience and ideas when formulating and implementing its strategies, and provides political support if requested and appropriate. By promoting projects and studies, it works towards cooperation between various players, creates synergistic effects and avoids duplicate work.

From the outset, Germany promoted the self-help organizations of affected persons and their activities, based on agreement regarding targets and concepts, but without prescribing the detailed content of the work. All players plan their targets and activities on their own responsibility and according to their own priorities.



## Deutsche AIDS-Hilfe (DAH)

The Deutsche AIDS-Hilfe (DAH) represents the interests of people living with HIV and AIDS and is the umbrella organization for roughly 120 regional AIDS-Hilfe groups. One of the focuses of its prevention work is people who are at particular risk from HIV. It offers qualification and continuing education for the full-time and volunteer staff of the local AIDS-Hilfe groups, which themselves provide prevention and outreach social work, likewise for groups at particular risk.

### Elements

- The DAH receives support from the BZgA, in particular; it cooperates with the RKI, the specialist HIV practices, the DAIG and DAGNÄ professional associations, the Associations of SHI-Accredited Physicians and the medical competence network on HIV/AIDS
- Through the BZgA, the BMG promotes the projects of the DAH relating to education, qualification and cooperation with persons affected by HIV/AIDS

## Deutsche AIDS-Stiftung (DAS)

The Deutsche AIDS-Stiftung foundation helps people living with HIV and AIDS who are in material distress. It additionally supports aid projects of and for affected people. Prominent personalities from culture, politics and society are involved in the foundation's bodies and in its diverse benefit projects, such as festive opera evenings, art auctions and TV galas.

### Element

- The BMG will continue to support the foundation through its involvement in the Board of Trustees. It participates in spirit and financially in public events designed to promote solidarity with affected persons.

In addition to the organizations founded specifically for the purpose of fighting HIV/AIDS, other players also make an important contribution to educating the public and creating solidarity with affected persons, especially the media, the churches and religious communities, the private sector and the social partners.

## Media

### Target

- **The topic of HIV/AIDS has a greater presence in the main programming of the radio and TV broadcasting companies and in the editorial sections of newspapers; the BZgA education spots are broadcast free of charge at prime time.**

The news and information disseminated by the media influence the knowledge and behaviour of the population.

### Elements

- On the Broadcasting Councils, the Federal Government will advocate that attention be paid to HIV/AIDS not only on World AIDS Day. The topic should also have a place in the main programming, in documentaries, reports, and also in films. The BZgA will provide new, attractive spots. The Federal Government seeks to have them broadcast free of charge and at prime time.
- The BMG, BZgA, RKI, DAH and Deutsche AIDS-Stiftung will intensify their press work in order to supply journalists with accurate, well-prepared information

## Churches and religious communities

### Target

- **Churches and religious communities sensitize their members as regards protection against infection with HIV. They encourage a climate of acceptance and solidarity with people affected by HIV/AIDS.**

Churches and religious communities are important communicators of values for their members, and they are involved in the treatment and support of the sick as the sponsors of hospitals and nursing facilities. In both contexts, they are confronted with issues relating to education, protective behaviour, access to therapy, treatment and nursing care, as well as solidarity with people affected by HIV/AIDS. Because of their key role as regards the decision of individuals in relation to the prevention of infections, they bear particular responsibility and are important partners of politics, both in the prevention field and in relation to nursing care.

As communities with a common philosophy, they can address issues that are still taboo in society or politics. In 2004, for instance, the Lutheran World Federation organized a congress on HIV/AIDS with 14 Eastern European countries in the Ukraine, which contributed to increasing attention and sensitization to the problem in Eastern Europe. AIDS is nowadays also a topic at the “Ecumenical Round Tables” in Eastern Europe. In this context, some church circles see their task as lying more in the support and counselling of people living with HIV and AIDS, whereas others are particularly active in the field of prevention.

Protestant and Roman Catholic organizations and church communities have joined forces with associations from civil society in the Action against AIDS network, thereby pooling, and thus strengthening, their activities in the fight against AIDS in Germany and the world.

#### Element

- The Federal Government will intensify its dialogue on HIV/AIDS with churches and religious communities

## Migrant associations

#### Target:

- **Trust and an understanding for the necessity of education are created through cooperation with migrants and their representatives**

15.3 million people with a migration background live in Germany<sup>13</sup>. Special factors as regards attitudes to, and perception of, sexual conduct and drug use must be addressed in a culture-sensitive manner.

#### Elements

- The Federal Government, the BZgA and the DAH will expand the dialogue with the different groups, migration commissioners and the non-state providers in the development, planning and implementation of prevention measures
- The Federal Government will ensure that the associations addressed are representative of the women and men of the group they represent

## Private sector

#### Target

- **Business enterprises examine whether and how, in the framework of their business activity, they can contribute to HIV/AIDS prevention and treatment, and to solidarity in dealing with people living with HIV and AIDS**

Internationally and nationally, the Federal Government relies on the initiative and social responsibility of businesses. Securing the jobs of people with an HIV infection is part of this. “People living with HIV and no symptoms of disease are fully capable of working and can perform almost any job.” This statement by the Confederation of German Employers’ Federations and the German Confederation of Trade Unions in the 1991 brochure on “AIDS in the Working World” is more true than ever today thanks to the success achieved in medical therapy.

A practice-oriented guideline of the International Labour Organization (ILO) on HIV/AIDS in the world of work, presented by the International Labour Office in 2001, is also a decisive contribution to the efforts to protect the rights of the affected employees.

## Social partners

The Federal Government welcomes the initiatives of the social partners and the International Labour Organization for directly addressing employees and employers with information regarding the avoidance of infections.

#### Element

- The Federal Government encourages employers and trade unions to champion a society free of discrimination in accordance with Section 17 of the General Equal Treatment Act



## European Union (EU)

### Targets

- **Improvement of the cooperation and partnership between the Member States**
- **Support of a coordinated and integrated approach for the fight against HIV/AIDS in the EU and its neighbouring countries**

In accordance with Article 152 of the Treaty Establishing the European Community, the European Community supplements the policy of the Member States. It aims to improve the health of the population and fight widespread, serious diseases. It therefore promotes health information and education, as well as research into the causes, transmission and prevention of these diseases. So far, there have been two European government conferences on HIV/AIDS: the Dublin conference in February 2004 and the Vilnius conference in September 2004. Both aimed to sensitize the European states to the HIV/AIDS problem and to establish structures to fight HIV/AIDS.

## EU Council

Conference The EU Commission set out its priorities for a policy on HIV/AIDS in the European Union and in the neighbouring states for the period 2006 to 2009 in a Communication and an Action Plan<sup>14</sup>. Among other things, this Plan provides for a conference on HIV/AIDS and human rights in spring 2007 during Germany's Presidency. Both the targets of the Plan and the concrete measures correspond to the targets and tasks formulated by the Federal Government in the fight against HIV/AIDS.

### Element

- Germany has taken up the suggestion of the European Commission and will, during its Presidency of the European Union, be organising a top-level conference – to be held in Bremen on 12 and 13 March 2007 – on the subject of HIV/AIDS under the title "Responsibility and Partnership – Together Against AIDS"

The conference is intended to contribute towards the Member States acknowledging the need for political leadership in the fight against HIV/AIDS and the need to integrate and strengthen non-governmental organizations in the strategies and measures for fighting HIV/AIDS.

### Element

- The BMG plans to present the results of this conference, in the form of Conclusions of the Council of the European Union, to the summit of the EU heads of state and government in order to clearly illustrate the high political priority of the fight against AIDS

## EU Think Tank on HIV/AIDS

### Target

- **Coordinated cooperation in the European Union**

The EU Think Tank on HIV/AIDS, set up by the EU Commission in 2004, also serves the expansion of partnerships with other Member States and the European Union. It is made up of representatives of all Member States and – as observers – the Russian Federation, Ukraine, Moldavia and Belarus. Germany is represented by the BMG. The international organizations ILO, WHO and UNAIDS, the European Broadcasting Union and two representatives of civil society are also involved as observers. In addition, the Commission has established a Forum of Civil Society, in which various European non-governmental organizations have a seat, the German representative being the Munich AIDS-Hilfe organization.

The BMG advocates efficient coordination of the diverse activities and the exchange of successful methods. It works towards avoiding duplicate structures and duplicate work.

### Elements

- Germany supports the proposal to establish a European Clearing House for successful prevention methods
- Together with Portugal, Germany is working on a TV programme on HIV/AIDS prevention that is to be broadcast simultaneously in several European countries

## EU Twinning Programme

### Target

- **National administrations work together and improve the structures for fighting HIV/AIDS**

Sufficient, well-equipped and efficient health services are a key prerequisite for effectively fighting HIV/AIDS.

The BMG welcomes the European Union's Twinning Programme, which strengthens institutions in Central and Eastern European countries by forming partnerships between public administrations from EU Member States and the countries of Central and Eastern Europe. Partnerships of this kind permit the direct exchange of experience, reduce the time taken to implement legal and technical measures, and can lay the foundations for long-term cooperation. The BMG will utilize the Twinning Programme to develop and expand efficient health services in Eastern Europe.

### Elements

- Starting in January 2007, the BMG, together with the Gesellschaft für Technische Zusammenarbeit (GTZ), will be accompanying a twinning project to fight HIV/AIDS in Latvian prisons in order to gather experience and make the expertise of German institutions and the DAH accessible to the partner country
- The Federal Government advocates also giving German non-governmental organizations the opportunity to engage in an exchange of this kind with neighbouring European countries

## ECDC

### Target

- **Monitoring of the occurrence of infectious diseases and establishment of an early warning system**

One example of European cooperation is the European Centre for Disease Control (ECDC) in Stockholm, to which all Member States are affiliated. In the fight against HIV/AIDS, it pursues the goals defined by the EU Commission<sup>15</sup> and concentrates on monitoring the AIDS pandemic.

### Element

- The BMG and the RKI support the development of the expertise of the ECDC

## EDCTP

### Target

- **Research relating to the fight against HIV/AIDS, malaria and tuberculosis is coordinated and harmonized**

The European and Developing Countries Clinical Trials Partnership (EDCTP) initiative, established in accordance with Article 169 of the EU Treaty, accelerates clinical studies used by European and African partners to develop medicines and vaccines targeting HIV/AIDS, malaria and tuberculosis. One key element of the initiative is the harmonization of joint research efforts.

The programme envisages overall investments of € 600 million, with the EU Commission, the participating Member States, and other public and private funds each providing € 200 million.

As one of 16 European partners, Germany provides funding measures to structure and finance the establishment and expansion of research and medical service capacities in African regions where the disease is endemic.

### Elements

- The Federal Ministry of Education and Research (BMBF) is involved in the EDCTP project plan. This roadmap specifies the joint research programme and networks the existing research institutions in Europe and Africa
- In the coming years, funds will additionally be provided for German scientists for their involvement in the EDCTP programme
- The BMBF will work towards inter-departmental coordination of national activities in Germany in the Interministerial Working Group, in order to take EDCTP forwards



## Contact Point Network – Young African Scientists – Poverty-Related Diseases

### Target

- The integration of African scientists in the European science system is supported

With the support of the EU Commission and the BMBF, a Contact Point is being set up for African scientists with the aim of improving cooperation between African and European research into poverty-related diseases.

## Bordernet

### Target:

- HIV and STI prevention, diagnosis and therapy in cross-border regions are restructured and intensified, based on European standards

The EU project Bordernet works on HIV/AIDS and STI prevention in border regions along former and new EU external borders. The Bordernet project partners are Germany, Poland, Austria, Slovakia, Italy and Slovenia. The BMG finances the scientific monitoring. The project involves a total of twelve partners from the private and public sector. It aims to develop interdisciplinary networks, giving consideration to target groups regarded as being vulnerable. Bordernet expands the skills of the multipliers, while at the same time ensuring support and treatment of people with no health insurance and people without a residence permit.

### Element

- The Federal Government will urge the EU Commission to apply the experience from the Bordernet project to other border regions as well

## Bilateral cooperation with Eastern European states

### Target:

- Health systems are strengthened by transferring knowledge and experience

The fundamental prerequisite for cooperation with other countries is a dialogue between partners on an equal footing – open, constructive and willing to learn. International cooperation in the fight against HIV/AIDS is based on the same principles as at the national level. The BMG has signed agreements on cooperation in the health sector with the ministries of health of the Russian Federation, Hungary, Bulgaria, Romania and Poland. To fight and treat infectious diseases, including HIV/AIDS, as well as drug and substance abuse, these cooperation agreements stipulate the exchange of information and experience, as well as the transfer of knowledge and experience; provision is also made for visits by guest scientists. This is supplemented by an exchange on the organization and financing of the health sector, and on the provision of general medical services by family doctors. After all, sustainable prevention and the provision of medical services for drug users and people living with HIV and AIDS are only possible in an effectively functioning health system. Moreover, the partner countries would like an exchange on training and qualification issues in the health professions.

### Elements

- The BMG will fulfil these wishes within the framework of its financial capabilities. In addition, the BMG will share its experience in the fight against HIV/AIDS with the neighbouring countries by utilising existing cooperation tools and programmes.
- Specifically, the BMG will participate in a German-Ukrainian partnership project in the Ukraine, which is scheduled to last three years. The project is intended to provide an improved range of services for people with HIV/AIDS and integrate experienced non-governmental organizations.

The BZgA is also involved in the exchange on prevention models. One example: In cooperation with the Gesellschaft für Technische Zusammenarbeit (GTZ), the Join-In Circuit was initially used in five countries, namely Ethiopia, Mozambique, El Salvador, Mongolia and Russia. By the end of 2006, it had been adopted by more than ten further countries.

It has been seen that the Join-In Circuit also works in other cultural circumstances, provided that it is modified and adapted beforehand in cooperation with the responsible players in the respective country.

#### Elements

- The BZgA intends to also use the Circuit in other countries in cooperation with the GTZ
- The Youth Film Festival, which is to be held in Mecklenburg-Western Pomerania and the Polish administrative district of Zochodniopomorskie in cooperation with Bordernet in the first half of 2007, is likewise to be organized elsewhere on a cross-border basis

## Eastern Europe

One focus of the bilateral and multilateral cooperation projects between Germany and Eastern European countries are serious health problems, particularly resulting from dangerously high HIV infection rates and other communicable diseases. In addition to HIV/AIDS, there is also an extensive spread of tuberculosis (TB), including its multiresistant forms, in the countries of Eastern Europe. The higher susceptibility to, and manifestation rate of, TB in persons infected with HIV often leads to double infections here.

In bilateral cooperation projects on HIV/AIDS, it is thus the approach of the BMG to also include measures to fight TB.

#### Element

- Above and beyond making financial contributions to supranational and international organizations, the BMG advocates a cooperative partnership with the countries of Eastern Europe. One key tool for this purpose are bilateral cooperation agreements aimed at the transfer of knowledge, particularly concerning issues relating to the diagnosis, treatment and prevention of HIV/AIDS and TB. In this context, the BMG attaches particular importance to the establishment of sustainable structures for cooperation between the state and civil society.

Triggered by an EU project, the countries bordering on the Baltic, together with Canada, Norway and France, established a partnership known as the Northern Dimension Partnership for Public Health and Social Wellbeing (NDPHS). This partnership project devotes special attention to the serious health problems existing in Northwest Russia, which threaten the functional capacity of society, and thus political stability in the region, in the medium term. Together with the other project partners, the Federal Government aims to achieve the closest possible cooperation at the project level. Consequently, the question being discussed is how a corresponding exchange of information could succeed. A database currently administered by the GTZ could be adapted for this purpose. Funding for a project database for the Baltic region has already been promised by the EU Public Health programme.



## Action 5

# Epidemiology of New Infections

### Targets

- **The existing system for epidemiological monitoring of HIV/AIDS, the surveillance system, is expanded and additionally includes observation regarding risk behaviour**
- **The surveillance system indicates infection trends in different groups and thus serves the planning and evaluation of prevention measures**

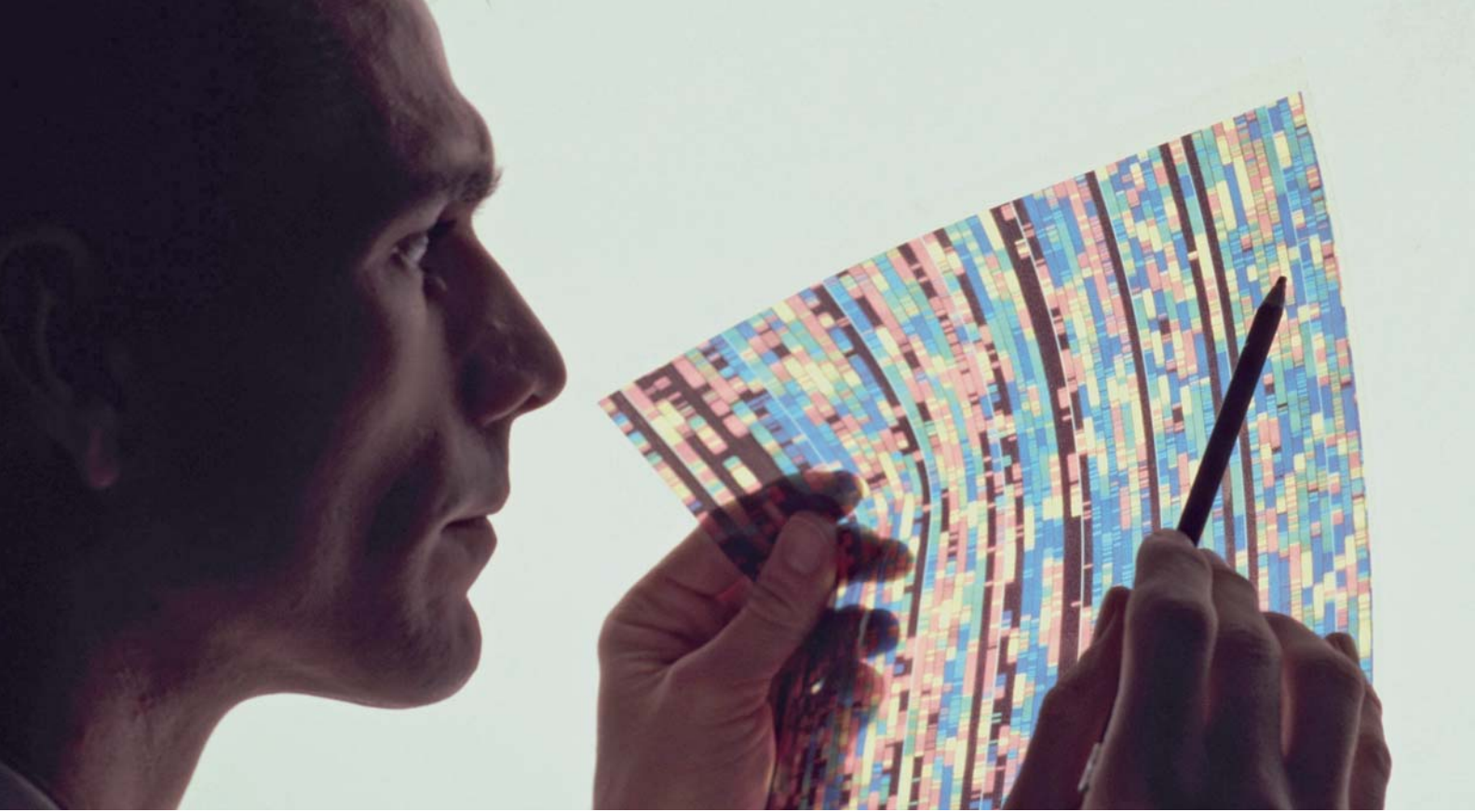
An effective strategy, geared to specific target groups, for fighting HIV/AIDS requires accurate knowledge of the affected groups and the prevailing transmission routes. An HIV infection takes a chronic course and is often not diagnosed until years after the actual time of infection. To be able to estimate the dangerousness of an epidemic, the risk behaviour of the population, the rate of spread and the development of resistance must also be known.

Only a refined surveillance system will permit the targeted control, evaluation and further development of prevention measures and the patient-oriented planning of support and medical service structures.

### Elements

- The RKI continues to establish a surveillance system for HIV/AIDS, in which data on new HIV diagnoses, AIDS diagnoses and deaths are compiled in a database
- Questions of resistance development are examined in projects funded by the BMBF and BMG
- A robust epidemiological monitoring system that serves to correlate laboratory parameters and behavioural attributes (Second-Generation Surveillance), will be permanently established in Germany
- Expansion of compulsory notification of sexually transmitted diseases will be examined when amending the IfSG





Action 6

## Biomedical and Social-Science Research

### Biomedical research

German research into HIV has made rapid progress in recent years. One driving force behind this development is the Competence Network on HIV/AIDS, which has in the meantime become a partner in EU-funded, European and also international research consortia.

#### Targets:

- **Results of scientific research are put to practical use faster and more effectively**
- **Patient data and findings and the data from basic research are fed into the Competence Network in parallel**
- **Epidemiological, social-science and medical service-relevant AIDS research is promoted**
- **Research projects on epidemiology, therapy and health economics are implemented on a cross-sectoral basis**

### Competence Network on HIV/AIDS

In the past, project promotion succeeded in pooling competencies in application-oriented HIV research. This pooling resulted in the establishment of the Competence Network on HIV/AIDS, which has received financial support from the BMBF since 2002. This Network, which is headquartered at the University of Bochum, deals with a wide range of scientific questions relating to HIV/AIDS. Almost € 15 million will be made available for this Network by the end of 2007. The results of the research projects handled under the umbrella of the Network are intended to be put to practical use as quickly as possible. Research institutes are networked with university clinics, hospitals, doctors in private practice and the Deutsche AIDS-Hilfe. More than 13,000 data records of a patient cohort are kept in the Competence Network; these data supplement the register at the RKI and could continue to play a central role in HIV research, because continuous surveys and analyses of data on people living with HIV and AIDS make it possible to tackle urgent issues in relation to research and medical care; however, they also contribute to improving our understanding of the disease in general and thus to the fight against the global AIDS problem.

### Element

- The patient cohort offers a basis for the independence of the network structures. Based on the data gathered, the Network is already developing strategies for future research projects and for answering hitherto open questions

Further issues relating to HIV/AIDS can be addressed in the current funding priorities of the BMBF. These include the „Research Networks on Zoonotic Infectious Diseases“, the „Promotion of Research Networks on Susceptibility and Resistance to Infections“, the „Clinical Infectiology“ priority and the measure for promoting clinical studies, implemented in cooperation with the German Research Foundation.

### Elements

- Following a positive analysis and assessment of the results to date, the BMBF will examine more extensive financial promotion of the Network structures within the framework of the possibilities for project funding
- HIV/AIDS-specific issues can be addressed in the framework of interdisciplinary calls for proposals of the BMBF

## European / German activities

### Targets

- **Promotion of partnerships between German and international research institutions**
- **Participation in ongoing efforts to investigate and develop new therapies via national, European and international research initiatives**

In view of the global and transnational problem, it not only makes sense, but is urgently necessary not to restrict research activities to the national level, but to tackle them jointly in the framework of European and international cooperation. The BMBF is therefore pursuing the goal of systematically networking Germany's contribution with European initiatives. In the context of the EDCTP, Germany advocates the intensification of HIV/AIDS research in the field of vaccines, treatment and microbicides.

### Elements

- Support of German scientists in the framework of the announcements of the EDCTP, e.g. in the area of HIV vaccine research
- Since the start of 2004, the European Commission has been funding a research consortium dealing with the development of microbicides. The project by the name of EMPRO, European Microbicides Project, encompasses 24 partners from various European and African states and is coordinated in the United Kingdom. Munich University of Technology is a member of this consortium.

## Social-science research

Education, support and counselling measures are based to a decisive degree on results from social-science research. It can be used to examine innovative concepts and methods for fighting AIDS, as well as existing ones. Numerous research projects in recent years have yielded information of importance for reaching target groups. Non-state providers, Länder and municipalities have used the results to improve prevention offerings, set up new cooperation structures and expand existing offerings. Exemplary in this context is the study on counselling practice following the coming into effect of the Protection Against Infection Act, which helped define the details of lifestyle-sensitive counselling in connection with sexually transmitted diseases.

Research into attitudes towards people living with HIV is likewise necessary in the efforts to achieve a social climate of tolerance. In addition, the population's experience of, and behaviour towards, HIV/ AIDS change in the course of time. Young people no longer experience the grave consequences of an HIV infection. Therefore, the Federal Government attaches importance to research projects that determine whether there are any gaps in need of closing in the prevention concept, and where innovative options can be found.

### Element

- The Federal Government will continue to provide the necessary funds for social-science research and development projects that serve to detect and fight AIDS and other sexually transmitted diseases



The Federal Government will particularly draw its conclusions regarding efficacy, reach and innovative approaches of prevention from the following studies currently receiving government funds:

### Elements

- Study on the knowledge, attitudes and behaviour of homosexual men in relation to health risks resulting from sexually transmitted diseases. The study is being conducted by the Robert Koch Institute, via the Internet and via doctors' practices. It is intended to provide answers relating to three key issues: trends in HIV prevalence, behavioural changes and possibilities for intervention. The study serves the establishment of „second-generation surveillance“, i.e. the correlation of laboratory parameters and behavioural attributes.
- Study on fresh HIV infections in homosexual men, in order to clarify the circumstances leading to infection. The qualitative study is being conducted in a specialist HIV practice. Evaluation is geared to the reasons for neglecting Safe Sex practices.

New media and communication channels are also to be exploited for target group-oriented prevention – the Internet offers some highly promising possibilities – and some of them are already being used. After all, there are risks that particularly arise from searching for sex partners on the Internet. For example, there is a suspicion that greater risks are taken in the event of sexual encounters that come about via the Internet. This is often named as one of the reasons for the renewed increase in the number of HIV infections in Germany. The BMG is looking into this possibility.

### Element

- The study on „Internet Dating and the Perception and Management of HIV Risk“ is intended to reveal what action is needed. It is being conducted by the Wissenschaftszentrum Berlin.





## Action 7

# Evaluation and Quality Assurance

### Target

- **The quality of state and non-governmental HIV/AIDS prevention measures is continuously verified to ensure their effectiveness**

The effect of the strategies against HIV/AIDS must be verifiable. Regular analyses and evaluations are the prerequisite for scientifically based adaptation of the strategies to changing conditions in society.

Evaluation and quality assurance are particularly indispensable when prevention measures are developed specifically for new groups.

### Element

- Development of a system to determine the effect of prevention measures for people from high-prevalence countries and for other groups with a migration background

Central topics for regular evaluations are: the reachability of the population with prevention measures, knowledge of options for protection against an HIV infection, protective

attitudes and protective behaviour, and the development of HIV infections in the population as a whole and in individual target groups. Representative repeat surveys of the population and an analysis of HIV and STD infections provide the basis for the evaluations. New preventive or therapeutic options often attract a great response among the population, or in individual population groups, and can lead to a change in behaviour. Developments of this kind are taken into consideration in the repeat surveys.

### Elements

- The BZgA will continue to conduct its annual representative survey on „Public Awareness of AIDS in the Federal Republic of Germany“
- A National HIV/AIDS Report is compiled once in every legislative term
- The BZgA supports and finances the evaluation and quality assurance of AIDS-Hilfe organizations
- Regular meetings of prevention and research experts are held in order to review strategies, and to adapt and improve them where necessary





## **II BMZ Action Plan to implement the Government's HIV/AIDS Strategy**



# 1 Background

Over the last 25 years, the HIV/AIDS pandemic has spread to every corner of the world, causing immense human suffering for millions of people. In the most affected countries, the disease has now become an obstacle to development and is reversing the development successes achieved. A key task of German development cooperation is therefore to make a contribution to curbing the spread of HIV infection and ameliorating the medical, psycho-social and economic impacts of the HIV/AIDS pandemic.

This Action Plan defines the HIV/AIDS control measures being supported by the Federal Ministry for Economic Cooperation and Development (BMZ) in developing countries for the period 2007–2010 on the basis of the German Government's HIV/AIDS Control Strategy. It is also intended to provide information for other actors working in the field of HIV/AIDS control as well as the general public.

As German development cooperation currently supports HIV/AIDS control programmes in almost 50 countries around the world in coordination with governments and other agencies, it is beyond the scope of this Action Plan to provide a comprehensive and detailed overview of all the measures envisaged.

## 1.1 The HIV/AIDS pandemic: global trends

### Global spread

The HIV/AIDS pandemic continues to spread worldwide: a total of 39.5 million people were living with HIV in 2006. This includes the 4.3 million adults and children who were newly infected with HIV in 2006.<sup>16</sup> Since the outbreak of the pandemic, more than 25 million people have died of AIDS and almost 15 million children have lost one or both parents to the disease. Worldwide, infection rates are on the rise particularly among women: today, almost 50 per cent of infected people in the world are female; indeed, in sub-Saharan Africa, women account for almost 60 per cent. Young women between 15 and 24 years of age are especially vulnerable to HIV infection: in sub-Saharan Africa, three-quarters of persons in this age group living with HIV/AIDS are women. Other infectious diseases, especially tuberculosis (TB) and malaria, are also on the rise in regions affected by the HIV/AIDS pandemic.

### Feminisation of the pandemic

### Sub-Saharan Africa

The countries of sub-Saharan Africa are especially hard hit by the pandemic; two-thirds of all adults and children infected with HIV globally (24.7 million people) live here. In some countries of Southern and East Africa, more than 30 per cent of the population between 15 and 49 years of age are now living with HIV. In 2005 alone, two million children and adults died of AIDS in sub-Saharan Africa. The AIDS pandemic is not confined to specific groups but has spread into all sections of the population in many countries in the region. The feminization of the pandemic is particularly noticeable in sub-Saharan Africa: whereas in the initial phase of the pandemic far more males were infected here, women now account for 59 per cent of those infected.<sup>17</sup>

### Asia and Eastern Europe

Infection rates in Asia and Eastern Europe have also risen alarmingly in recent years. The rates of increase in the populous countries China (currently 650,000 infected persons) and India (currently 5.7 million infected persons) are especially worrying. In these countries, the pandemic still primarily affects injecting drug users, sex workers and their clients, and men who have sex with men. In Eastern Europe, the percentage of infected adults rose by 30 per cent between 2003 and 2005 (from 0.6 to 0.8 per cent of the population).<sup>18</sup> Here, the virus is primarily transmitted through intravenous drug use but also, and increasingly, through heterosexual and homosexual sex.<sup>19</sup>

### Positive developments

Despite the alarming increase in HIV infection rates in many parts of the world, some positive developments in recent years can also be noted. Successful HIV prevention strategies have been developed through cooperation between various actors. As a result of these and other measures, the prevalence rates and numbers of new infections are falling in some sub-Saharan African countries.<sup>20</sup> The international community has also scaled up its commitment in the fight against the AIDS pandemic in recent years. The relevance of this issue to every country has been recognized by various actors, resulting in an increase in financial resources and more intensive multilateral cooperation.

### Antiretroviral therapy (ART)

The development of antiretroviral therapies (ART) offers new opportunities to combat the HIV/AIDS pandemic. ART enables people with HIV to live a longer and healthier life and can also reduce the number of new infections as it reduces the risk of transmission and motivates people to undergo HIV testing. Until ten years ago, the costs put this therapy beyond the reach of most people living with HIV worldwide, but the cost of treatment has now been reduced from US\$ 10,000 per year to around US\$ 150.<sup>21</sup> This cost reduction has played a part in significantly increasing the number of people who



have access to antiretroviral therapy in recent years. Between 2003 and 2005, for example, the number of persons undergoing treatment in the sub-Saharan African countries rose more than eightfold from 100,000 to 810,000. Nevertheless, only around a quarter of people in this region who need ART actually have access to it.

## 1.2 Interaction of development processes and HIV/AIDS

The measures adopted by the German Government as part of its HIV/AIDS response are based on the recognition that there is a strong link to development processes in general. Poverty, social inequality, discrimination against women, poor education and health systems, and a lack of democratization all boost the spread of the virus in a society. And conversely, all these problems are exacerbated by the AIDS pandemic.

### Underdevelopment boosts the spread of HIV/AIDS

- Widespread **poverty** but especially major economic inequalities in a country are conducive to the spread of HIV. In most developing countries, poor population groups are harder hit by HIV/AIDS and its impacts than affluent groups.
- The **gender inequality** which exists in many countries increases the likelihood of the virus spreading. Women's low social status and economic dependency lead to relationships of sexual dependency and make prevention more difficult.
- A lack of human, financial and technical resources in **health systems** encourages the spread of HIV/AIDS. Firstly, sexually transmitted infections increase the risk of HIV transmission during sexual intercourse up to ten times, but are often not detected and treated. Secondly, poorly equipped health systems cannot implement the necessary measures for HIV prevention, testing and treatment.
- A **low level of education** in the general population makes it more difficult to inform the public about the causes, impacts and prevention of HIV and AIDS. Deficits in the education system also reduce young people's prospects for the future and make it less likely that they will take action to protect themselves and others from HIV.
- **Migration** and flight boost the spread of HIV/AIDS by severing stable partnerships, which increases the number of sexual partners. Language barriers often prevent migrants from accessing information about HIV/AIDS. Their access to healthcare is also not guaranteed.
- **Wars** and armed conflicts also increase the risk of infection in a population by causing the collapse of health and education systems and triggering refugee flows. Wars also encourage violent behaviour in sexual relationships. Rape – a frequent occurrence in armed conflicts – is associated with a particularly high risk of HIV transmission.

### The AIDS pandemic has become an obstacle to development in many countries

- **Mortality and morbidity** are increasing in many developing countries as a result of the HIV/AIDS pandemic. In some African countries, life expectancy has fallen back to 1960s levels due to the pandemic, and child mortality has increased.
- The HIV/AIDS pandemic jeopardizes developing countries' **economic performance**. In the worst affected sub-Saharan African countries, gross national product is decreasing as a result of HIV/AIDS, and many companies are incurring substantial losses in turnover due to absenteeism, the cost of paying benefits to surviving dependants, and declining productivity due to sickness in the workforce.
- As those who die of AIDS are mainly young adults in their most productive and reproductive years of life, when they should really be caring for older and younger generations, the pandemic increases the dependency rate. Many **households become impoverished** when a family member falls sick with AIDS, firstly because they are no longer able to work, so their income is lost, and secondly because savings are used up to pay for their treatment.
- The HIV/AIDS pandemic increases discrimination against women who are especially hard hit by HIV/AIDS and its economic and social consequences.
- The AIDS pandemic jeopardizes **food security**, especially in Southern Africa, as a result of absenteeism of workers due to sickness and because many people are involved in caring for the sick, which also absorbs scarce capital. As many people with AIDS die in the prime of life before their children have grown up, their vital skills and expertise in food production are also lost.
- The care and treatment of persons with AIDS and the increase in other infectious diseases (especially tuberculosis) as a result of the pandemic give rise to direct and indirect **costs for health systems** in developing countries alongside the costs incurred by families and individuals in caring for the sick. The challenges of prevention and treatment put these already weak health systems under even more pressure. General healthcare delivery also deteriorates as health workers succumb to the disease.
- The school enrolment rate among children and young people is falling in many countries as a result of the AIDS pandemic. On the supply side, this is due to the shortage of teachers in the **education systems** due to sickness and death, while on the demand side, many children – especially girls – are caring for their sick parents or running the households after their parents die and are therefore no longer able to attend school.
- Disease, death and impoverishment due to AIDS curtail people's prospects for the future. The deaths of the middle generation and the economic impacts of the HIV/AIDS pandemic may in some regions result in a general decline in values and **political instability**.



## HIV/AIDS needs a comprehensive response

In order to acknowledge the significance of the interaction between development processes and HIV/AIDS, German development cooperation views the HIV/AIDS pandemic not just as a health problem. As an impediment to the social, political and economic development of a society, the problem of HIV/AIDS requires a comprehensive multisectoral response. By addressing HIV/AIDS in conjunction with other development challenges, the interventions implemented – due to positive externalities – offer scope to improve the overall life situations of people in developing countries.

## 1.3 International players and decisions

The German Government's HIV/AIDS Control Strategy is embedded in international measures and decisions. In recent years, the international community has scaled up its commitment to the fight against the global HIV/AIDS pandemic, with the total volume of funding available for the HIV/AIDS response having increased from US\$ 1 billion in 2001 to US\$ 8 billion in 2005.<sup>22</sup>

### United Nations Millennium Declaration

In view of the scale of the problem, the United Nations Millennium Declaration adopted in 2000 defined combating HIV/AIDS, malaria and tuberculosis as a separate Millennium Development Goal (MDG 6).<sup>23</sup> The relevant target is to have halted and begun to reverse the spread of HIV/AIDS by 2015. The other targets established in the eight Millennium Development Goals (e.g. to reduce child mortality, improve maternal health, and achieve universal primary education) also have a direct or indirect bearing on, and cannot be achieved without, effective measures to combat HIV/AIDS.

### United Nations General Assembly Special Session on HIV/AIDS

In order to define practical steps to implement MDG 6, representatives of the states and governments of 189 countries, including Germany, convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001 and, on that occasion, adopted a Declaration of Commitment on HIV/AIDS which emphasizes the key role of multilateral cooperation and the need for participation by self-help groups and non-governmental organizations in the HIV/AIDS response. A second Special Session held in May 2006 (UNGASS+5) reviewed the progress achieved to date and agreed further measures to combat HIV/AIDS, including the setting of interim targets for 2008 on achieving universal access to comprehensive prevention programmes, treatment, care and support.

### Group of Eight (G8)

Combating HIV/AIDS has been a priority issue for the G8 since 2000. At the G8 Summit in Genoa in 2001, the heads of state and government of the world's leading industrial nations decided to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). At the 2004 Summit in Sea Island, the Global HIV Vaccine Enterprise was established in the form of a virtual consortium that also integrates the European Research Initiative EDCTP (European and Developing Countries Clinical Trials Partnership).

At the G8 Summit in Gleneagles in July 2005, the participating heads of government – as part of the G8 focus on Africa – pledged to coming as close as possible to universal access to treatment for all those who need it by 2010. They identified improving health systems capacity and the provision of proper support to all children left orphaned or vulnerable by AIDS as particular priorities.

At its Summit in St. Petersburg on 16 July 2006, the G8 reaffirmed its commitments to mobilize resources for the GFATM and to continuing to pursue coming as close as possible to universal access to HIV/AIDS prevention, treatment and care by 2010.

### Universal Access Initiative

Together with all other UN Member States, the German Government committed to the Universal Access Initiative at UNGASS+5 in New York in June 2006<sup>24</sup>, which provides for scaled-up responses to achieve MDG 6. The Initiative's goal is universal access to comprehensive prevention programmes, treatment, care and support for people with HIV/AIDS in developing countries by 2010. The key features of the Initiative are that it provides for the expansion of existing programmes, gives ownership of the process to the countries themselves, and builds on strong cooperation between multilateral, public, private and civil society actors.

### GFATM

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2002 as a foundation outside the United Nations system in order to mobilize and distribute additional resources in the fight against three infectious diseases, AIDS, tuberculosis and malaria, according to need. The strength of this new funding instrument compared with other bi- and multilateral organizations is that all relevant actors (donor and recipient countries, representatives of affected persons, non-governmental organizations from North and South, private foundations and the private sector) determine, in a joint process, strategies to provide support for countries requiring assistance in combating HIV/AIDS, tuberculosis and malaria. Multilateral organizations (the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank), which play a key role in implementing health-related development cooperation and in policy dialogue with partners, participate as observers in the meetings of the GFATM Board. By the end of 2006, US\$ 6.9 billion had been committed for more than 450 projects in over 130 countries; of this figure, US\$ 3.2 billion had been disbursed to public and private recipients in 129 countries, with around 60 per cent being deployed for the HIV/AIDS response. The GFATM currently funds two-thirds of the measures to combat malaria and tuberculosis and one-third of spending on HIV/AIDS programmes in developing countries.

Various specialized agencies of the United Nations are engaged in the fight against HIV and AIDS.

### UNAIDS

UNAIDS – the Joint United Nations Programme on HIV/AIDS – is one of the leading agencies in HIV/AIDS control worldwide. In close cooperation with the programme's ten cosponsors<sup>25</sup>, UNAIDS is mandated to act as the main advocate for comprehensive and coordinated global action on HIV/AIDS. Its mission includes developing effective and efficient HIV/AIDS control strategies, raising awareness of the causes and impacts of the pandemic, collecting and publishing epidemiological data, evaluating interventions, and mobilising the requisite resources at national and global level. UNAIDS fosters cooperation between donors, developing countries, civil society and the private sector. UNAIDS' work over recent years has raised international awareness of AIDS and the issues associated with it, increased the financial resources available, and improved the harmonization of participating countries' HIV/AIDS response.

### World Health Organization (WHO)

The World Health Organization (WHO) was the first international organization to commit itself to the fight against HIV and AIDS. As a result of the broadened range of therapies for people living with HIV/AIDS in developing countries, the health sector, and with it the HIV/AIDS work of WHO, is becoming increasingly important. WHO is



currently campaigning for broad access to antiretroviral therapy for persons with HIV and is also tackling discrimination against HIV-positive persons in the health sector.

With its „3 by 5 Initiative“, which aimed to provide three million people living with HIV/AIDS with antiretroviral treatment by the end of 2005, WHO made a major contribution to the expansion of ART for persons living with HIV in developing countries, even though the target was not reached. WHO also produces treatment guidelines for developing countries and undertakes quality control of generic medicines, thus contributing to the attainment of the goal of universal access to treatment. In May 2006, WHO made universal access to HIV/AIDS prevention, treatment and care one of its core objectives.

Furthermore, through its Global Health-Sector Strategy for HIV/AIDS 2003–2007, WHO supports its Member States in strengthening their health sectors in order to be able to respond adequately to the challenges posed by HIV/AIDS.<sup>26</sup>

Other UN organizations are also engaged in combating the HIV/AIDS pandemic.

## World Bank

For example, in 2000, the World Bank launched a Multi-Country HIV/AIDS Program (MAP) for Africa which was expanded to include a Treatment Acceleration Program (TAP). The programme aims to scale up HIV/AIDS prevention, treatment and care and has committed US \$1.12 billion to existing programmes in 29 African countries within five years, partly through co-financing arrangements with bilateral donors.

## International Labour Organization (ILO)

In 2000, the International Labour Organization (ILO) launched a programme to develop and implement HIV/AIDS policies and programmes in the workplace, in order to combat the stigmatization of HIV-positive persons at work and ensure that they receive information, prevention material, treatment and care.

## UNFPA

The United Nations Population Fund (UNFPA) campaigns for the implementation of the right to reproductive health and family planning services and links this goal with HIV prevention.

## European Union

Having heavily increased its commitment to HIV/AIDS in recent years, the European Union today counts as one of the largest donors worldwide in terms of the volume of assistance provided. The basis for intervention is the EU’s “Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction” adopted in 2001. The programme focuses on improving existing prevention measures and better access to antiretroviral therapy. In 2005, the EU published its “European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action”. Besides practical measures such as condom distribution, other actions envisaged in the programme include the promotion of universal access to treatment, reinforcement of human resources, overcoming stigma and discrimination, and mitigation of the effects of the pandemic on orphans and elderly people.

## African Union

Organizations established by the African governments, especially the African Union Commission, have undertaken commitments in recent years which aim to combat the devastating impacts of the HIV/AIDS pandemic on this continent.<sup>27</sup>

## 1.4 German development actors

### Technical Cooperation

### Financial Cooperation

### Non-governmental agencies

The German development actors engaged in HIV/AIDS control are the Gesellschaft für Technische Zusammenarbeit (GTZ), Capacity Building International, Germany (InWEnt), the German Development Service (DED) and Centrum für internationale Migration und Entwicklung (CIM) as organizations responsible for implementing technical cooperation, and KfW Entwicklungsbank (KfW) for financial cooperation with partner countries. HIV/AIDS control activities are also undertaken by church development agencies and other non-governmental organizations and by the private sector within the framework of German development cooperation.



## 2 The German Government's HIV/AIDS response for the period 2007–2010

In line with MDG 6, with the measures described below, the German Government contributes to reaching the goal of having halted and having begun to reverse the spread of HIV/AIDS by 2015.

### 2.1 Principles

The German Government's HIV/AIDS Control Strategy is based on four fundamental principles which are incorporated into all fields of action.

#### 1 Protection of human rights

The German Government's HIV/AIDS response is in line with the human rights-based approach to development cooperation. Respect for human rights is a fundamental prerequisite for successful HIV/AIDS control. Protection from HIV/AIDS and its impacts is closely linked with the right to sexual and reproductive health, gender equality, respect for human dignity, and the right of access to healthcare, including the right to essential drugs. The German Government works with partner countries' governments to ensure that they respect, protect and safeguard the basic rights of all social groups, also in relation to HIV/AIDS control. A key task is to ensure that poor and disadvantaged groups, especially sexual minorities, are able to exercise their rights.

## 2 Mainstreaming the HIV/AIDS response in development cooperation

The interaction between obstacles to development and HIV/AIDS, described above, makes it necessary to combat the pandemic not only via specific programmes but to integrate these activities into all sectors. It has been apparent since the 1990s that the AIDS pandemic impacts negatively on all areas of development cooperation. Often, projects are directly affected by co-workers' deaths or incapacity from HIV/AIDS, or the target group's situation changes due to the pandemic. All development programmes have potentially negative or positive implications for the spread of HIV/AIDS as well. The German Government therefore does not limit its HIV/AIDS response to specific AIDS projects in developing countries but pursues them in all areas as a multisectoral task. Mainstreaming HIV/AIDS is the term used to describe this approach, which involves all development actors in the HIV/AIDS response at all levels of action. Germany provides support for governments and development organizations to develop practical measures aimed at incorporating HIV/AIDS control activities as an integral element of all development-relevant fields of work. The aim is to enable actors to identify the pandemic's implications for their work and, conversely, the implications of their work for the spread of the pandemic, and to integrate this awareness systematically and at an early stage into response planning. The mainstreaming process comprises two linked aspects:

### Internal Mainstreaming

- Internal Mainstreaming is intended to combat HIV/AIDS and its impacts within an organization (e.g. through HIV/AIDS control programmes in the workplace which enable workers to access prevention, HIV testing, treatment and care)

### External Mainstreaming

- External Mainstreaming considers the implications of a programme's activities for the vulnerability of the target group and initiates integration of HIV/AIDS control measures into the core areas of activity.

The Special Initiative "Mainstreaming HIV/AIDS in German Development Cooperation" (SIMHA), established in 2003, was commissioned to implement the mainstreaming approach with various development actors (GTZ, DED, KfW, InWent, CIM, non-governmental organizations and political foundations). Due to the success of this initiative in HIV/AIDS mainstreaming in development cooperation, Germany now plays a leading role in this field at international level. The mainstreaming approach has been introduced systematically into the projects in sub-Saharan Africa that have received support from German development cooperation in recent years, and will be expanded over the next few years as a comprehensive approach to HIV/AIDS control.

## 3 Capacity Development

"Capacity Development" means building the capacities of people, organizations and societies to deploy resources efficiently and effectively in order to achieve their goals on a sustainable basis. In the context of HIV/AIDS, capacity development is vital, not only because specialist knowledge and skills are required in response to the HIV/AIDS pandemic but also because many skilled professionals are themselves dying from HIV/AIDS. German development cooperation therefore aims not only to develop the capacities of individuals and organizations to respond adequately to the HIV/AIDS pandemic, but also increasingly aims to foster the institutional and political conditions which safeguard democracy and justice in relation to the HIV/AIDS pandemic. In order to ensure the effectiveness and sustainability of capacity development, it is essential that the target groups participate actively in decision-making on goals and interventions and take responsibility ("ownership") for the process. Capacity development is a multisectoral task in the HIV/AIDS control activities undertaken within the framework of German development cooperation.



### 4 Promoting gender equality

#### Women are more at risk of infection

In view of the increasing feminization of the pandemic, the German Government regards combating gender inequalities as a key element of HIV/AIDS control.

The HIV infection rate is increasing among women in particular in developing countries, for several reasons:

- **Biological vulnerability.** The risk of HIV infection is three times higher for women than for men due to their thin mucous membranes and the high concentration of the virus in sperm.
- **Lack of access to information.** Women in many countries have less access to education and therefore fewer opportunities to inform themselves about HIV/AIDS. They are also less likely to work in the formal sector and so are more difficult to reach through information campaigns.
- **Power relations in sexual relationships.** Women's lower social status in many countries means that they are often unable to determine for themselves whether, how, when and with whom they have sex.
- **Economic dependency.** In many countries, women are dependent on resources that are controlled by men. This gives rise to various forms of prostitution, which contributes to the spread of the virus.
- **Lack of opportunities for political participation.** Women are underrepresented in political bodies and therefore have less influence over legislation governing gender equality and on political decisions on HIV/AIDS programmes.
- **Sexual violence.** Women and girls who fall victim to human trafficking, female genital mutilation, forced prostitution, rape, child marriage etc. are exposed to a particularly high risk of infection.

#### Women are more affected by the social and economic impacts of the pandemic

Women in developing countries are also more affected by the negative social and economic impacts of HIV/AIDS: women infected with HIV suffer more discrimination than HIV-positive men in many societies. This situation, combined with their economic dependency, means that they have poorer access to HIV testing and antiretroviral treatment. Furthermore, women and girls are more likely to take on domestic responsibilities, especially as caregivers to the sick and children orphaned by AIDS, and therefore suffer particularly from the economic hardships associated with HIV/AIDS at household level.

#### Women's potential

At the same time, many women are working to curb the spread of HIV/AIDS and play an active role in ameliorating the negative impacts of the pandemic. Harnessing this potential and supporting women who are involved in these activities are therefore key goals in the German Government's HIV/AIDS Control Strategy.

#### Integrated measures to combat gender inequalities

Women's low social status is a key factor in the spread of the HIV/AIDS pandemic in developing countries. So without gender justice, it will be impossible to halt the further progression of the epidemic. The German Government is committed to gearing its HIV/AIDS response more strongly towards the specific needs and interests of, and risks faced by, women and girls, and to adopting systematic measures within a programmatic framework to address gender inequalities. Measures to combat gender inequalities must be integrated into all fields of action and include the following aspects:

- **Strengthening women's rights.** The German Government is working actively to promote reform of discriminatory legislation in partner countries and supports projects to raise women's awareness of their rights, increase their political participation and improve their access to justice. A key priority, in this context, is protecting women from all forms of violence.
- **Improving women's access to information and education.** Better access to education for women and girls offers them ways out of economic dependency and also equips them with the skills and knowledge to protect themselves and others from HIV.

- **Promoting sexual self-determination.** Improving the status of women and girls in sexual relations is essential as a means of empowering them to protect themselves, their children and their future partners from HIV/AIDS. The German Government therefore supports projects which boost women's assertiveness in sexual partnerships.
- **Creating economic security.** In order to combat relationships of sexual dependency, the German Government is working to improve women's economic status and, in particular, to offer young women alternative income generation opportunities which do not involve economic dependency on men.
- **Targeting men.** As condoms offer the most effective protection against the transmission of the virus during sexual intercourse, women are ultimately dependent on men if they wish to protect themselves against HIV infection. Targeting men in prevention programmes is therefore a key task. The German Government is scaling up its support for projects which encourage men to develop responsible sexual behaviour and take a responsible attitude towards sexually transmitted infections. Economic uncertainties and a lack of positive models of masculinity are key factors which encourage men to engage in risky behaviour and thus put their own and their sexual partners' health at risk. It is essential to take account of these aspects in HIV prevention measures in order to tackle gender inequalities and HIV/AIDS effectively.

## 2.2 Financing

Since 2002, the German Government has, on average, provided around € 300 million per year to combating HIV/AIDS, malaria and tuberculosis worldwide. This figure includes commitments from bilateral development cooperation, Germany's contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and to other international organizations, and Germany's contributions within the framework of the activities of the European Union and the World Bank to combat HIV/AIDS.

In view of the dramatic development of the AIDS pandemic, the German Government will increase its contribution to combating HIV/AIDS, malaria and tuberculosis to € 400 million in 2007.

## 2.3 Actions

### Five actions in developing countries

Five fields of action are especially relevant to Germany's activities in support of efforts to control the HIV/AIDS epidemic in developing countries: (1) cooperation and coordination with various actors involved in the HIV/AIDS response at multilateral and bilateral level, (2) prevention, (3) healthcare and treatment, (4) creating a climate of solidarity and non-discrimination, and (5) evaluation of the measures adopted and quality assurance. All these fields of action are closely linked and can create synergies through their interaction. For example, reducing stigma and discrimination is essential for effective prevention and treatment of HIV/AIDS, and conversely, awareness-raising about the causes and impacts of HIV/AIDS can help reduce the stigma associated with the disease. The availability of antiretroviral therapy increases the likelihood that people will undergo testing, thus reducing the risk of infection, and this in turn has a preventive effect. For this reason, the individual interventions are linked together in practical development projects.



Action No. 1

## Cooperation and Coordination

HIV/AIDS can only be combated successfully through close cooperation with other actors

The scale of the pandemic worldwide means that close cooperation between the German Government and other partners on HIV/AIDS control is essential. Combating the global HIV/AIDS pandemic is a task which cannot be mastered by individual countries alone, so intensive cooperation is required at international level. Cooperation with governments in bilateral projects continues to be vital. Coordinating these activities with other donors on the basis of a national HIV/AIDS strategy can improve project longevity. Cooperation with other actors (non-governmental organizations, faith communities and the private sector) is also playing an increasingly important role.

The “Three Ones” principles adopted by UNAIDS form an important basis for the harmonization of HIV/AIDS-related activities.<sup>28</sup> In line with these principles, there should be one agreed HIV/AIDS action framework at national level that provides the basis for the development of action plans, one National AIDS Coordinating Authority with a broad-based multisectoral mandate, and one agreed country-level monitoring and evaluation system.

### Objectives:

- To strengthen the strategic cooperation between national and international, governmental and non-governmental actors.
- To improve harmonization of donor activities in HIV/AIDS control in developing countries.

## Strengthening multilateral cooperation

The Millennium Goal of halting HIV/AIDS can only be achieved through a concerted effort on the part of all the organizations and institutions involved. The existing international programmes can coordinate global interventions and thus avoid gaps and duplication effects. Multilateral cooperation creates synergies through the pooling of financial resources and joint development of strategies, thus contributing to a more efficient and effective HIV/AIDS response. Recipient countries' ownership is also guaranteed via the multilateral organizations.

### Building block

- The German Government will step up its support for international activities in the fight against the HIV/AIDS pandemic in the coming years.

The German Government cooperates with various multilateral actors. It works within the GFATM, UNAIDS, ILO and World Bank frameworks to develop AIDS control strategies and is involved in the funding and implementation of these strategies. It is also involved in the development and implementation of international strategies and objectives. In this context, German experience in HIV/AIDS control is made accessible to the international community, while insights gained in international cooperation, along with relevant standards, are integrated into German development cooperation. In recent years, several successful German AIDS policy measures in developing countries have been adopted by multilateral organizations, including the HIV/AIDS workplace programmes for the public and private sector, social marketing of condoms and systematic HIV/AIDS mainstreaming in all sectors of development cooperation. German bilateral cooperation thus adds value to multilateral aid.

## UNAIDS

The German Government maintains intensive contact with UNAIDS and its co-sponsors, both at the multilateral level and in the partner countries. Germany's intensive cooperation with UNAIDS focuses in particular on the development and promotion of the mainstreaming approach.

### Building blocks

- The German Government reaffirms its willingness to continue its support for UNAIDS.
- As a member of the Programme Coordinating Board, the German Government will continue to play a role in guiding the work of UNAIDS.

## WHO

The German Government supports WHO's efforts to achieve broader access to antiretroviral drugs for persons living with HIV in developing countries and scale up the health system response. Cooperation also focuses on quality control of generic medicines (ART) and the development of treatment guidelines and instruments. Germany is the third largest contributor to WHO's regular budget.

### Building block

- The German Government will continue to make a financial, technical and conceptual contribution to the work of WHO.



### GFATM

#### Building block

- In financial terms, Germany participates in Fund operations through its contributions; in conceptual terms, it is involved in the Board and in several committees. Germany contributes its experience of HIV/AIDS control acquired in bilateral projects to strategic development within the GFATM framework and to the various national strategies within the Country Coordination Mechanism (CCM).
- Germany will host the second meeting of the GFATM Replenishment in September 2007. The German Government will work actively to ensure that the financial conditions are in place for the achievement of universal access by 2010.

### ILO

#### Building blocks

- The German Government works with the ILO on the development and promotion of HIV/AIDS workplace programmes.

### EU

#### Building blocks

- The German Government supports the EU's HIV/AIDS response in developing countries and contributes to the funding of the Programme for Action.

### G8

At the G8 Summit in Heiligendamm, the G8 countries under the German Presidency will make a significant contribution to achieving universal access to HIV/AIDS prevention, treatment and care. In this context, combating gender inequalities, the expansion and dissemination of prevention strategies and new measures for building health systems capacity will be a key focus of attention.

### Expanding bilateral cooperation

Within the framework of bilateral development cooperation, Germany is assisting the governments of partner countries in developing and implementing their own HIV/AIDS control strategies. German development cooperation can draw on many years of experience in bilateral cooperation and builds on the expertise of the various implementing organizations (GTZ, KfW, DED, InWEnt, CIM), non-governmental organizations and church development agencies. Germany is engaged in AIDS control activities as part of direct bilateral development cooperation in almost 50 countries. It has agreed with 16 of its partner countries to make health sector development a priority area of bilateral cooperation. German bilateral cooperation supports prevention and treatment programmes as well as measures to combat the stigma associated with HIV/AIDS. In this context, the commitment of the cooperation country's political leaders is a key criterion determining the success or failure of an HIV/AIDS control strategy.

#### Building blocks

- Scaling up assistance so that cooperation countries can establish or develop the requisite system capacities for an effective HIV/AIDS response, especially in the health sector and social security.
- Supporting capacity development so that governments can improve their response to the challenges posed by the HIV/AIDS pandemic and implement their national HIV/AIDS strategies more effectively.
- In order to free up funds for partner countries to deploy – in line with national priorities – in HIV/AIDS control programmes, the German Government is working resolutely for the swift implementation of the Heavily Indebted Poor Countries (HIPC) Initiative.

## More intensive cooperation with civil society actors and the private sector

### Civil society

In order to reach all population groups in developing countries as effectively as possible and thus move closer to the target of universal access to prevention, treatment and care, cooperation with non-governmental actors is key. Civil society organizations are often more widely accepted by society than public bodies. German, international and local non-governmental organizations therefore make a major contribution to HIV/AIDS control and the amelioration of its negative impacts through prevention, treatment and care.

#### Building blocks

- The BMZ will continue to work with non-governmental organizations in Germany and partner countries on HIV/AIDS control.
- The BMZ is also cooperating closely with the International Planned Parenthood Federation (IPPF), an NGO which funds HIV/AIDS interventions as part of comprehensive reproductive health programmes.

### Private sector

Cooperation between German official development and the private sector (public private partnership – PPP) has also proved successful. Many companies in Africa have recognized that in view of their moral responsibility to workers and their families, the loss of productivity and rising costs of caring for the sick, recruitment of replacement staff and retraining, but also and not least on account of the prestige associated with corporate social responsibility, it is constructive and useful to establish HIV/AIDS programmes in the workplace. Through these interventions, the private sector has become a key partner in the fight against HIV/AIDS.

#### Building block

- German development cooperation has developed HIV/AIDS workplace programmes and will continue to work with private sector actors to implement these programmes. In this context, it will ensure that the companies guarantee equal treatment and uphold human rights commitments.

## Promoting South-South cooperation through regional projects

Cooperation between developing countries can create synergies in relation to strategic, financial and personnel development and thus enhance the impact of HIV/AIDS control strategies in developing countries. Regional projects are a key element of the harmonization of donor activities agreed in the Paris Declaration.<sup>29</sup> The German Government is therefore scaling up its support for regional networks in both its technical and its financial cooperation. Successful programmes undertaken in specific developing countries can thus be extended to entire regions, taking appropriate account of differences at local level.

#### Building block

- Germany is supporting regional projects in the Caribbean, Central America, and Central and West Africa.



### BACKUP Initiative

The billions of dollars of funding provided by the international community from various sources as part of its HIV/AIDS response present recipient countries with an administrative challenge. To facilitate the utilization of these funds, the requisite capacities to apply for these resources and deploy them effectively must be developed in the countries concerned. The BACKUP Initiative, developed by GTZ within the framework of German development cooperation, was launched in 2002 for this purpose. BACKUP stands for Building Alliances, Creating Knowledge, Updating Partners in the Fight against HIV/AIDS and aims to facilitate better access to global finance for partner countries. German development actors are working with UNAIDS, WHO, ILO and IPPF in more than 50 countries worldwide to provide technical support in order to build the capacities of governments and non-governmental organizations and thus improve their access to global financing initiatives (especially the GFATM) and improve quality assurance in the implementation and extension of interventions. BACKUP provides support to governments and non-governmental organizations in the preparation of funding proposals and finances workshops and small-scale projects. The Initiative also supports the development of effective evaluation and quality assurance systems.

#### Building block

- The BACKUP Initiative will be pursued in the coming years as an instrument of German development cooperation.





Action No. 2

## Prevention

### Prevention remains the key area of HIV/AIDS control

As there is currently no vaccine against AIDS on the market, preventing new infections remains the key area of HIV/AIDS control in developing countries. For people to change their sexual behaviour, they must have access to information about how HIV is contracted, the impacts of the disease, and how they can protect themselves from infection. 20 per cent of at-risk groups in developing countries still do not have adequate access to information about HIV/AIDS or to contraceptives (condoms). Prevention measures which focus solely on awareness-raising and take no account of cultural aspects or the need to establish social environments which are conducive to prevention have proved inadequate.

#### Objectives:

- **To reduce the number of new infections.**
- **To scale up measures to protect high-risk groups from HIV infection.**

### Target group-specific information

To be accepted by the local population, awareness-raising about HIV/AIDS must take account of cultural factors. This means that the information must be presented appropriately and linked in with the positive values applicable in the region.

#### Building block

- German development cooperation supports governments and non-governmental organizations in partner countries in developing their own target group-specific and culturally appropriate prevention campaigns.

## Conducive social environments

Furthermore, for prevention to be effective, the necessary conditions must be in place for people to act on this information. The opportunity to translate the newly acquired knowledge into responsible sexual behaviour depends on a conducive social environment and especially on factors such as economic security, gender equality and non-discrimination of HIV-positive persons. Attractive prospects for young people for the future also have a protective effect as they reduce young people's readiness to engage in high-risk behaviour. Injecting drug users should also be offered support to break their addiction.

## Expanding the scope of HIV/AIDS awareness-raising

In order to provide all social groups with information about the causes and impacts of HIV/AIDS, the ways in which the virus is transmitted and how people can protect themselves, it is essential to utilize a variety of channels for awareness-raising. If awareness-raising about HIV/AIDS is to be successful, political taboos must be removed and governments must be encouraged to accept and understand the problem so that an open dialogue about the causes and impacts of the disease can be fostered. Furthermore, dialogue and cooperation with various actors such as non-governmental organizations and faith communities are especially important here. People living with HIV/AIDS should, as far as possible, be involved in raising awareness of the causes and implications of HIV/AIDS and the ways in which people can protect themselves against infection.

### Building blocks

- German development cooperation supports the partner countries in training multipliers who can undertake target group-specific and factually accurate HIV/AIDS prevention.
- German development cooperation supports information campaigns in partner countries, utilising modern communications systems to undertake target group-specific and factually accurate HIV/AIDS prevention that has a broad impact.
- High-risk groups are targeted through tailor-made prevention programmes, e.g. in refugee camps, bars, prisons, and at meeting points for injecting drug users.

## Women

In view of the increasing feminization of the pandemic, the German Government regards combating gender inequalities as a key element of HIV/AIDS prevention; the actions and interventions envisaged in this context are described in detail on page 58/59.

In order to involve women in HIV/AIDS prevention more fully and effectively, women's and men's different needs must be considered in the context of prevention programmes. It is essential to link HIV/AIDS awareness with the promotion of reproductive and sexual health and with measures to increase women's sexual self-determination.

### Building block

- The German Government supports the inclusion of HIV/AIDS information into all basic healthcare and family planning programmes and is stepping up its support for interventions which link HIV/AIDS control with family planning services and maternal health.



### Young people

Young people are a key target group for prevention campaigns. Young people, especially girls, are particularly at risk of HIV infection, but they also offer the best opportunity to change sexual behaviour on a lasting basis through awareness-raising campaigns. The provision of information for young people and children in schools plays an important role in this context.

#### Building blocks

- The German Government supports the comprehensive inclusion of HIV/AIDS information into curricula and provides funding for training and professional development for biology and social studies teachers. As well as receiving training in the factual aspects of HIV/AIDS and reproductive health, teachers are equipped with the appropriate skills to use participatory teaching methods with the aim of increasing students' assertiveness and breaking down stereotypical gender roles.
- Life Skills Education in schools and the non-formal education sector helps children and young people to protect themselves from HIV/AIDS and also deal with the new challenges they face as a result of the deaths of the middle generation (running a household, caring for the sick etc.).
- As many children and young people, especially girls, break off their school education early or attend infrequently due to the HIV/AIDS pandemic, German development cooperation is extending the prevention work for this target group to the non-school environment as well.

#### Project case study: AIDS control in the education sector

The implications of AIDS for the supply and quality of, and demand for, education pose a massive problem. At the same time, it is recognized that education is a "social vaccine" against HIV as it imparts knowledge and skills and provides children with the requisite information about gender relations, sexuality and reproductive health which empowers them to act responsibly in these areas in later life. German development projects in Chad, Mali and Guinea apply a multisectoral approach to fostering close cooperation between the health and education sectors and are involving the communities around the schools in local AIDS control. The measures are intended to raise awareness of sexuality and the prevention of sexually transmitted infections, including HIV, and improve communication skills in the various target groups (e.g. between parents and children, and between teachers and students) in order to facilitate dialogue and encourage the formation of self-help initiatives within the communities.

### Improving access to condoms, female condoms (femidoms), microbicides, and sterile needles and syringes

For many people, abstinence and sexual fidelity do not offer adequate protection against HIV infection. A purely prevention-oriented approach is problematical for women in particular, who often have no means of protecting themselves against infection if their partners are unfaithful. Condom use is therefore the centrepiece of prevention. Unlike other diseases, the risk of contracting HIV can be reduced substantially by relatively simple means. However, less than 80 per cent of people in at-risk groups worldwide have access to the necessary means of prevention.

## Condoms

### Building blocks

- The German Government is continuing to support the provision of high-quality, price-subsidized condoms through social marketing, in which commercial product-marketing methods are used to promote the use of condoms. The objective is to supply the population with a good-quality and yet affordable means of contraception and inform them how to use it correctly. Women and girls are a key target group here.
- In the coming years, the German Government will scale up its support for the distribution of contraceptives which can be controlled by women. This includes, in particular, the marketing of female condoms (also known as “femidoms”) which enable women to take control in protecting themselves from HIV and unwanted pregnancy.

## Microbicides

Research into the development of microbicides has recently been scaled up as these substances have the potential to become an important new tool in HIV/AIDS prevention. The term “microbicides” encompasses both spermicides and agents which prevent the HI virus from penetrating the target cell. Microbicides could be an especially helpful method of prevention for women, for unlike condoms, microbicides can be used without having to negotiate the consent of the sexual partner.

Substances which have successfully undergone laboratory and animal testing are now being trialled in large-scale research projects. According to the International Partnership for Microbicides (IPM), six microbicide candidates are currently undergoing Phase 1 of clinical trials. South Africa is the main region of research. According to researchers at the XVI International AIDS Conference in Toronto, the market launch of microbicides can be expected within five to seven years.

### Building block

- German development policy supports the development of microbicides and as soon as these are available for use, will work to provide universal low-cost access to this form of protection for women.

## Sterile needles and syringes; drug substitution programmes

Injecting drug users are exposed to a high risk of HIV infection through needle-sharing.

### Building block:

- The German Government is working to provide sterile needles and syringes for drug users and is thus supporting “harm reduction approaches” which can also include drug substitution programmes.



### Preventing mother-to-child transmission

Although HIV is mainly transmitted through unprotected heterosexual sex, infection with the deadly virus among children is rising, especially in sub-Saharan Africa, as a result of mother-to-child transmission during pregnancy and birth or through breastfeeding. The transmission rate from untreated HIV-positive mothers is around 30 per cent. The provision of drug treatment for mother and child can substantially reduce the risk of infection. Since 2001, Germany has supported programmes which provide mothers and their newborns with these vital drugs. Mothers and fathers are supplied with antiretroviral therapy before and after the birth of their child if they require, or come to require, such treatment. The aim is to protect the child not only from HIV infection but also from being orphaned at an early stage in life.

#### Building block

- The German Government is continuing the programmes to prevent mother-to-child transmission.

### Blood transfusion safety

Although significant progress has been achieved in improving blood transfusion safety in developing countries, there is still a lack of adequate safeguards in many countries.

#### Building block

- The German Government is continuing to assist cooperation countries to safeguard blood transfusion safety.





Action No. 3

## Healthcare and Treatment

A functioning health system with adequate financial resources, qualified staff and access to proper diagnostic facilities and drug treatments is a key prerequisite for universal access to HIV prevention and appropriate treatment and care for persons living with HIV. However, in many regions of the world, people are without secure access to even the most basic healthcare. Poor and disadvantaged groups in particular often have no access to basic health services, and the HIV/AIDS pandemic puts already weak health systems in the most affected countries under even more pressure. The World Health Organization estimates that four million qualified health workers are needed to fill the gap in African countries alone. The shortage of qualified health workers is due, firstly, to the death toll and incapacity caused by the HIV/AIDS pandemic and, secondly, to the emigration of many health workers to industrialized countries due to poor pay at home.

### Objectives:

- To improve health systems capacity in developing countries for an adequate response to the HIV/AIDS pandemic.
- To ensure that people in developing countries have access to free and confidential HIV testing.
- To ensure that people living with HIV in developing countries have access to free/low-cost antiretroviral treatment.

## Building viable health systems in developing countries

In order to build the health systems capacity that is necessary to facilitate an adequate HIV/AIDS response, the German Government is assisting partner countries in developing health and social security systems. Promoting the healthcare sector is a priority area of German development cooperation in 16 partner countries. Key components of this activity area include advising policy-makers, training health sector staff (doctors, nurses and carers), expansion and maintenance of medical infrastructure and the delivery of basic medical services to the population.

### Building blocks

- In cooperation with its partner countries, the German Government will give greater priority to improving health systems capacity in the coming years.
- During the German Presidency, the EU will adopt a programme of action to address the acute shortage of skilled health workers (especially as a result of the brain drain).
- At the 2007 G8 Summit in Heiligendamm, as part of the focus on Africa, greater priority should be given to improving health systems capacity with the aim, inter alia, of safeguarding equitable access for poor and disadvantaged groups, especially women and girls, and achieving better linkage of reproductive health and family planning services with HIV/AIDS interventions.
- As a contribution to improving health systems capacity and AIDS therapy programmes, the German Government will continue to support the exchange of experienced specialist workers to partner countries through clinical partnerships (via the Esther Network for Therapeutic Solidarity in Hospitals). This will include doctors who have expertise in treating HIV/AIDS and opportunistic diseases, as well as health experts to advise the partner countries on health project planning and evaluation and capacity development at local level.
- In cooperation with the World Bank, the German Government will work for health systems capacity development to be embedded more strongly in the developing countries' Poverty Reduction Strategy Papers.

## Health insurance systems

In order to facilitate access to health services for poor groups as well, the development and trialling of innovative, solidarity-funded health insurance systems are becoming increasingly important. Social security in the health sector is especially important for households affected by HIV/AIDS.

Social health insurance schemes can also benefit from the financial resources available from global funding mechanisms and utilize them efficiently in order to help build sustainable and viable national health systems.

### Building block

- German development cooperation is supporting the development of social and community-based health insurance schemes in various countries in order to facilitate equitable access to health services for all social groups.



With the loss of the middle generation in households affected by HIV/AIDS, the surviving orphans and older persons are especially vulnerable to poverty and need. For these households, whose self-help capacities are weakened, efficient basic social security systems play an important role in preventing and overcoming absolute poverty.

### Building block

- As part of programmes to develop comprehensive and security systems that are accessible to all, German development cooperation supports the introduction of basic social security schemes (such as social transfers, non-contributory pensions, etc.) which enable households impoverished by HIV/AIDS to meet their basic needs, avoid further poverty and restore their self-help capacities.

### Care of AIDS patients

With the growing number of AIDS patients, safeguarding the delivery of adequate treatment and care for these patients is becoming increasingly important. As health systems are already under great pressure in many countries, much of the care is currently being provided at home by the family, especially by women and girls.

### Building block

- Against this background, German development cooperation is increasing its support for home-based care programmes as an element of the HIV/AIDS response.

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### Project case study: Cameroon

In Cameroon, the BMZ is funding a health and HIV/AIDS programme aimed at socially equitable health system development. Poor and disadvantaged groups in Cameroon often do not have adequate geographical or financial access to basic health services or to health information. The programme is based on close cooperation with the public authorities and bi- and multilateral partners and provides support to Cameroon's Ministry of Health to ensure that its national health strategy is implemented efficiently and effectively. Alongside prevention of HIV/AIDS and unwanted pregnancy, support is also provided for the development of local, solidarity-funded health insurance schemes. More than 12,000 people have now joined local health insurance schemes and are thus mitigating their financial risk in the event of incapacity.

## Improving availability of HIV testing

Knowledge about HIV infection is the starting point for effective prevention and the treatment of opportunistic infections and provision of antiretroviral therapy. People who have undergone HIV testing and have the prospect of treatment are more likely – regardless of the outcome of the test – to take action to avoid infection in future. It is essential, in this context, that HIV testing is also available to marginalized groups without fear of stigmatization.

### Building blocks

- Projects carried out within the framework of German development cooperation support partner countries in offering voluntary, confidential tests free of charge, accompanied by professional counselling which meets international standards.
- The German Government is providing support so that countries can establish the necessary laboratory capacities, train medical and psycho-social staff and build the requisite infrastructure (premises, transport of blood tests).

## Universal access to ART

The German Government regards access to antiretroviral treatment for HIV-positive persons as a fundamental element of the right to health. However, around 80 per cent of the world's people with HIV who require treatment do not have access to antiretroviral drugs. Improving access to these drugs can help prevent millions of deaths, curb the transmission of HIV and combat the stigma associated with the disease.

The use of antiretroviral drugs has proved very successful in many developing countries. However, for effective delivery of therapy programmes, the following conditions must be put in place:

- Programmes to promote “treatment literacy” must be established and appropriate training provided for health workers with the aim of ensuring compliance and avoiding resistance.
- Distributive justice must be safeguarded. To avoid any exclusion of the poor, drugs must be available free of charge or at low cost. There must be secure and equitable access to antiretroviral therapy for disadvantaged and/or marginalized groups (women, ethnic minorities, sexual minorities, drug addicts).
- ART regimes should always form a core part of a comprehensive national AIDS policy, which consists of prevention, voluntary and confidential screening and counselling options, and the availability of care and support services.
- Appropriate infrastructural and institutional conditions must be put in place. They include a national policy on essential drugs, the registration and monitoring of drug delivery and the establishment of national research institutions.

## TRIPS

The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) obliges all WTO Member States to meet minimum standards of intellectual property protection and enforcement, including patent law; least developed countries have until 1 January 2016 to meet their TRIPS obligations.

At the end of August 2003, the General Council of the World Trade Organization reached agreement on the controversial issue of “cross-border compulsory licensing”, whereby poor countries not having sufficient capacity to produce medicines can make use of compulsory cross-border licences to import affordable drugs under less stringent conditions (known as “TRIPS flexibility”).



These and other options to safeguard access to affordable drugs will benefit the countries hardest hit by HIV/AIDS.

### Building blocks

- In cooperation with companies from developing countries and the European Commission, the German Government supports the establishment of regional drug regulatory authorities and training agencies, research networks, laboratory capacities and certification bodies in order to empower African countries in particular to utilize TRIPS flexibility.
- German development policy promotes capacity development for local production of generic medicines in the least developed countries (LDCs) so that vital drugs and substances can be made available at far lower prices there than in the industrialized countries.

### Project region: East Africa

German development policy supports the establishment of production centres for the local production of generic medicines as well as laboratories for quality control of these drugs which can also carry out HIV testing and treatment monitoring.

In Tanzania, Kenya and DR Congo, in cooperation with companies and non-governmental organizations from Germany, the United Kingdom, Kenya and Tanzania, support is being provided for the production of drugs to combat HIV/AIDS, malaria and tuberculosis. This takes place via public private partnership (PPP) projects and through bi- and multilateral development cooperation (e.g. with the United Nations Industrial Development Organization (UNIDO) and the United Nations Conference on Trade and Development (UNCTAD)).

For example, the Congolese company Pharmakina and the Tanzanian company TPI have produced affordable antiretroviral drugs since 2005 and 2006 respectively, thus facilitating poor groups' access to these drugs.





Action No. 4

## Solidarity and Non-Discrimination

**Stigma and discrimination violate human rights and make HIV/AIDS control more difficult**

As many societies associate HIV/AIDS with “deviant” sexual behaviour and death, people living with HIV and those close to them often experience discrimination in the family, workplace and political arena. Persons with HIV and those close to them have a basic right to be protected from discrimination. As stigma and discrimination are an obstacle to effective prevention and treatment of HIV/AIDS, combating them is also a key element of effective AIDS control.<sup>30</sup> Stigmatization can result in further infections as many people, fearing ostracization, will not submit to HIV testing or admit that they are infected. The stigma experienced by persons living with AIDS is also an impediment to open discussions about how the disease is transmitted and protection methods. Stigma and discrimination also make it more difficult to treat HIV/AIDS and opportunistic infections effectively as people delay seeking treatment or do not admit that they are receiving treatment at all. In order to create a climate of solidarity with people affected by HIV/AIDS, close cooperation with governments, faith communities and non-governmental organizations – but especially with people affected by HIV/AIDS – is crucially important.

### Objectives:

- To reduce the stigma associated with HIV/AIDS and tackle the discrimination against, and criminalization of, persons living with HIV and those close to them, and thus,
- To promote solidarity with persons affected by the disease.
- The willingness to undergo HIV testing increases as a result.

### More support for self-help groups for HIV-positive persons

Self-help groups have been established by persons living with HIV in many countries. They offer legal and psychosocial counselling, carry out HIV testing, organize prevention campaigns, provide support in the event of incapacity and lobby governments on behalf of HIV-positive people. They also raise awareness of the problems and potential of persons living with HIV and thus help to dismantle the stigma associated with the disease. Often, however, these groups lack adequate financial and technical resources.

#### Building block

- German development policy provides support to existing self-help groups to enable them to coordinate their activities more effectively, achieve greater public visibility and give their political representation of persons living with HIV/AIDS a greater impact.

### More support for orphaned children

In sub-Saharan Africa alone, 11 million children have been orphaned as a result of HIV/AIDS; worldwide, the number of AIDS orphans could increase to 20 million by 2010. Many of these children are traumatized by the death of their parents, which also causes them to lose their means of support. They often suffer severe disadvantage and discrimination within the family and at school, and on average, are poorer, more malnourished and more likely to have no access to education than children who have not been orphaned. These conditions increase their own risk of HIV infection.

Although many AIDS orphans are still being cared for by family members, this safety net is becoming increasingly strained. Orphaned children are cared for to a disproportionate extent by older people and single women, i.e. by households which are already at risk and which often cannot cope with the additional burden of taking in an orphaned child.

#### Building block:

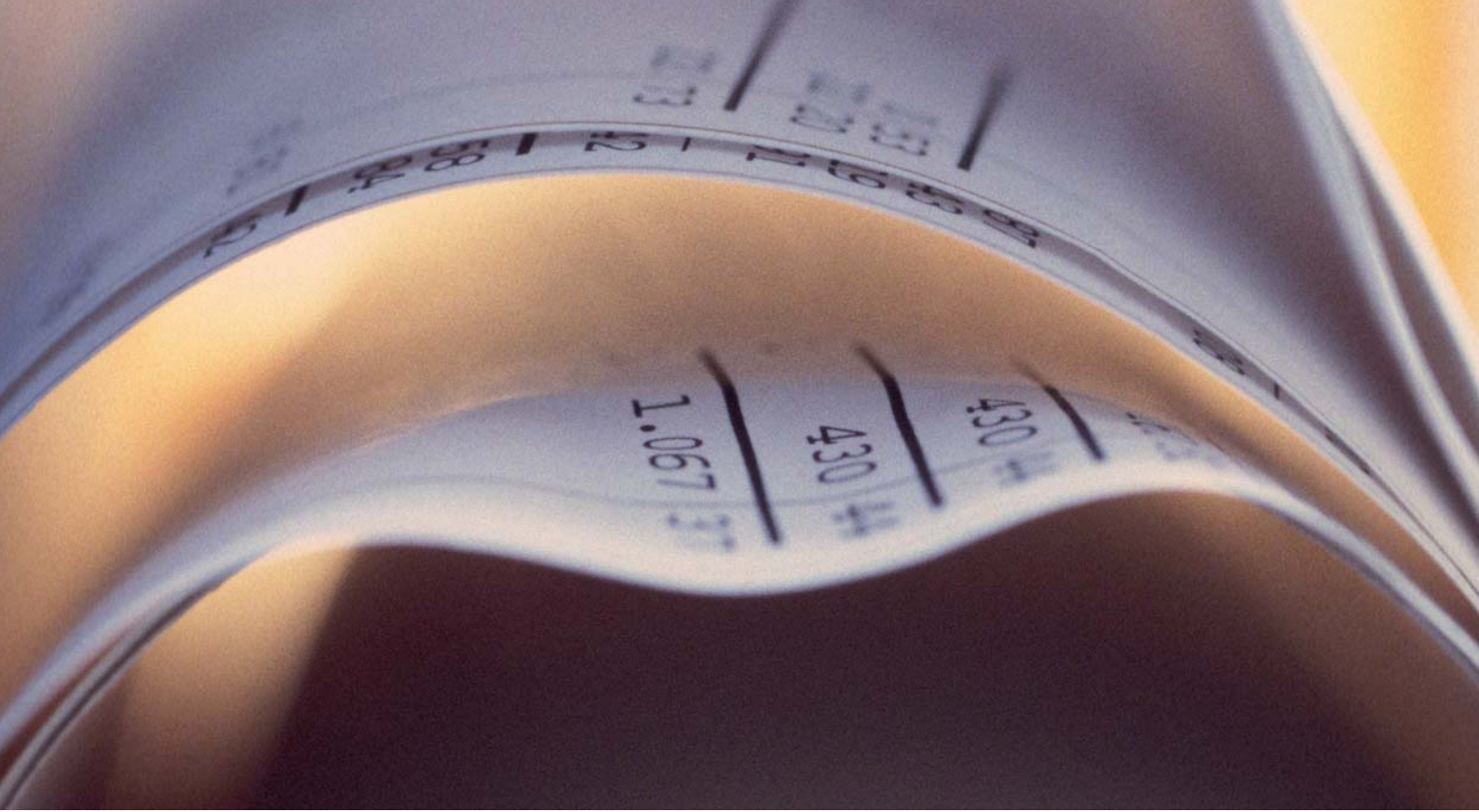
- In its policy dialogue, the German Government is working to ensure that governments in partner countries protect orphaned children from discrimination and reinforce their rights, especially in relation to inheritances from their parents.
- As part of its HIV/AIDS projects in sub-Saharan Africa, German development cooperation is assisting local communities to provide orphans, and the families who take them in, with the protective and nurturing environment that they need.

### Expansion of HIV/AIDS workplace programmes

The aim of HIV/AIDS workplace programmes is to enable workers to access HIV counselling and testing at no cost, as well as antiretroviral treatment if they fall sick. The establishment of HIV/AIDS workplace programmes also helps to reduce the stigma and discrimination associated with the disease and provides better access to information, protection methods and treatment.

#### Building block

- In order to combat stigma and discrimination in the workplace, German development cooperation supports the introduction of HIV/AIDS workplace programmes and advises private companies on how they can prevent stigma and discrimination and protect their workforce from HIV/AIDS and its negative impacts.



Action No. 5

## Evaluation and Quality Assurance

The effectiveness of the AIDS response in developing countries must be monitored and demonstrated with tangible evidence. As the HIV/AIDS pandemic is constantly changing and new interventions are being developed, evaluations need to be carried out at regular intervals, and strategies and individual interventions adapted to new circumstances and needs.

### Objectives:

- **Continuous improvement of HIV/AIDS projects in developing countries.**
- **Development of a body of effective strategies and approaches which can be transferred to other countries.**

### Evaluation and impact monitoring

Impact monitoring in the HIV/AIDS response presents particular challenges as the information about awareness levels, attitudes and behaviour, as well as biological data (HIV surveillance) and data concerning access to and quality of services must be collected on a continuous basis and linked appropriately in order to determine and interpret epidemiological trends.

On the basis of the “Three Ones” principles adopted by UNAIDS, which are derived from the objectives set out in the Paris Declaration and envisage one agreed country-level monitoring and evaluation system, the German Government is working with various international and national actors to develop indicators for monitoring and evaluation of HIV/AIDS interventions and integrate them into country-level monitoring and evaluation systems.

Key indicators relating to the HIV/AIDS interventions undertaken within the framework of German development cooperation are, firstly, the criteria established by the OECD for development projects: relevance, effectiveness, impact, efficiency and sustainability. Secondly, the principles established in the Paris Declaration (especially ownership and alignment) and the criteria of gender relevance, poverty relevance, accessing hard-to-reach groups, participation and complementarity with the activities being undertaken by other actors are also binding.

Impact monitoring in relation to HIV/AIDS poses particular challenges as the success of interventions depends on many different factors and addresses the often taboo subjects of sexuality and death. German development cooperation applies regularly adapted indicators to determine attitudes, knowledge and behaviour, with data being collected through surveys of the relevant population.

#### Building blocks

- German development cooperation, together with other donors, supports partner countries in improving their monitoring systems to assess the progress being made in the HIV/AIDS response.
- The German Government works with partners and other donors to identify suitable indicators to monitor the effectiveness of HIV/AIDS control programmes.
- The implementing organizations are commissioned by the BMZ on an impact-oriented basis.

#### Promoting knowledge transfer

In order to implement successful measures in other countries as well and to avoid any replication of mistakes, the transfer of knowledge about projects that have been implemented is extremely important. German development cooperation is therefore working to ensure that the knowledge gathered is documented and managed properly so that it is accessible to others as well. The lessons learned from previous projects can thus be incorporated systematically into new project planning.

#### Building block

- Through a “peer review” process and collaborative knowledge management involving HIV/AIDS experts from the German implementing organizations and representatives of UNAIDS, WHO and international organizations working on behalf of persons living with HIV, German development cooperation is compiling a register of “good and promising practices” in the field of HIV/AIDS control. Lessons learned from successful approaches can thus be disseminated within different target groups and within German and international development cooperation.



## Glossary

### **AGG**

Allgemeines Gleichbehandlungsgesetz;  
General Equal Treatment Act

### **ART**

Antiretroviral therapy

### **BAMF**

Bundesamt für Migration und Flüchtlinge;  
Federal Agency for Migration and Refugees

### **Best practice**

Proven measures and methods, i.e. measured and methods whose success has been confirmed by scientific evaluation

### **BMBF**

Bundesministerium für Bildung und Forschung;  
Federal Ministry of Education and Research

### **BMVg**

Bundesministerium der Verteidigung;  
Federal Ministry of Defence

### **BMFSFJ**

Bundesministerium für Frauen, Senioren, Familie und Jugend;  
Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

### **BMG**

Bundesministerium für Gesundheit;  
Federal Ministry of Health

### **BMZ**

Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung; Federal Ministry for Economic Cooperation and Development

### **BZgA**

Bundeszentrale für gesundheitliche Aufklärung;  
Federal Centre for Health Education

### **CCM**

Country Coordinating Mechanism. Coordinating mechanisms of the GFATM at the country level that elaborate proposals for project funding

**CIM**

Centrum für internationale Migration und Entwicklung;  
Centre for International Migration and Development

**Community**

Specialist term used in the social sciences for a group of people with an identical background or common attributes

**DAGNÄ**

Deutsche Arbeitsgemeinschaft niedergelassener Ärzte in der Versorgung HIV-Infizierter e.V.; German Association of Physicians Specialized in HIV Care

**DAH**

Deutsche AIDS-Hilfe e.V.,  
central association of the regional AIDS-Hilfe groups

**DAI**

Deutsche AIDS-Gesellschaft; German AIDS Society,  
scientific society focusing on AIDS

**DED**

Deutscher Entwicklungsdienst; German Development Service

**ECDC**

European Centre for Disease Prevention and Control, Stockholm

**EDCTP**

European and Developing Countries Clinical Trials Partnership, initiative for partnership in clinical research

**e-provider**

Provider of platforms on the Internet

**e-counselling**

Counselling on the Internet  
e-streetwork: Streetwork, outreach work, on the Internet

**DC**

Development cooperation

**GFATM**

Global Fund to Fight AIDS, Tuberculosis and Malaria  
Empowerment: The strengthening and enabling of people, in this context especially to adopt behaviour preventing new HIV infections

**EU**

European Union

**GTZ**

Gesellschaft für Technische Zusammenarbeit,  
German cooperation enterprise

**Harm Reduction**

Measures designed to reduce the harmful consequences of an action or measure; e.g. the use of sterile, disposable needles when using drugs, instead of the dangerous shared or multiple use of a needle

**High-prevalence countries**

Countries with a high incidence of HIV in the population

**IfSG**

Infektionsschutzgesetz; Protection Against Infection Act

**ILO**

International Labour Organization

**InWEnt**

Internationale Weiterbildung und Entwicklung gGmbH;  
Capacity Building International, Germany

**Incidence of HIV**

New cases of HIV infection in the population per unit of time

**Combination therapy**

Various medicines are combined in fighting an HIV infection

**Mass-communication measures**

Measures addressing a large, scarcely differentiated group of people via mass media, such as television and radio, as well as posters in public areas and advertisements in leading popular magazines

**MDG:**

Millennium Development Goals. Eight goals, set by all countries in the UN Millennium Declaration of 2000 and targeted for fulfilment by 2015

**MSM**

Men who have sex with men; a term that has established itself in place of "homosexuals", because some men who have sex with men do not consider themselves to be homosexual

**Multipliers, multiplier effect**

Specialist term describing how, or through whom, messages, measures and their impact are multiplied

**Low-threshold nature, low-threshold offerings**

Offerings that are in every respect easy to locate, simple to reach, easily accessible and readily acceptable to the people in question

**Peer education**

Education and information by members of the same group

**Personal communication measures**

In contrast to mass communication, measures of an individual, personal nature, geared to individual persons, especially offers of discussions

**Prevalence of HIV in the population**

Measure of the spread of HIV in the population (often indicated in per cent or per 100,000)

**Public Health**

Specialist term relating to the health of the population, but simultaneously also including the health sciences and the provision of health-related services for the population, especially by the public health service

**Standard medical services**

Medical and therapeutic services provided in the framework of statutory health insurance

**Resistance**

In connection with HIV/AIDS, resistance means that certain medicines are no longer effective against the HI virus

**Risk management**

In this context, taking risks in connection with sexual contacts, because they are considered to be calculable; for instance, dispensing with Safe Sex measures in the event of a very low virus count in the blood

**RK**

Robert Koch Institute, authority in the sphere of responsibility of the BMG; it is here that, inter alia, the epidemiological data on HIV/AIDS are collected and evaluated on behalf of the Federal Government

**Roadmap**

Term used in research and politics for a strategy or project plan

**Safer Environment**

An environment that favours Safe Sex practices; this particularly means sex clubs and saunas, if they provide their guests with means of prevention

**Safe Sex**

Measures taken in the event of sexual contacts that substantial-

ly reduce the risk of an HIV infection and inhibit the exchange of body fluids; particularly the use of condoms

**Setting**

A particular environment of a person that favours or reduces risks

**Substitution**

Medical treatment with an alternative substance (particularly methadone), intended to prevent intravenous drug use; the aim of substitution is to gradually reduce drug use (to the point of abstinence) and reduce the associated health risks

Surveillance: Technical term that can mean both the observation and the monitoring of an occurrence

**STD**

Sexually transmitted diseases

**STI**

Sexually transmitted infections

**TAP**

Treatment Acceleration Programme of the World Bank

Twinning: Partnership programme for the EU countries and candidates

**UN**

United Nations

**UNAIDS**

A joint programme of ten UN system organizations for fighting AIDS

**UNFPA**

United Nations Population Fund

**WHO**

World Health Organization



# Footnotes

- 1 With its objective-law content, Article 2 Para. 2 of the Basic Law implies the duty of the state to protect against the health risks of AIDS; Federal Constitutional Court, *Neue Juristische Wochenschrift* 1987, p. 2287 f.
- 2 Judgement of the Federal Administrative Tribunal of 6 November 2002, File Ref. 6C16.02 – The question was whether the opening of a shielded swinger club furthered immorality. The Federal Administrative Tribunal decided that the commercial exploitation of sexual needs or interests was not fundamentally regarded as immoral. The aim of Section 4 of the Licensing Act (GastG) was not to protect against sexual happenings as such, but primarily to protect against unwanted confrontation with such occurrences. The state assumed no responsibility for behaviour of adults that did not contravene the norms of criminal law and the social ethics values of the legal community. Guiding principle: Anyone who operates a swinger club in a shielded environment, without demonstrating behaviour of relevance under criminal law, does not automatically further immorality within the meaning of Section 4, Para. 1, first sentence, No. 1 of the Licensing Act as a result.
- 3 XVIth International AIDS Conference, Toronto, 13–18 August 2006
- 4 European Court of Human Rights (ECHR, Second Section), judgement of 25 November 2005 - 56529/00 (*Enhorn vs. Sweden*): The Court declared the forced confinement of an HIV-positive man in a hospital in Sweden for one-and-a-half years to be unreasonable and awarded the affected person damages of € 12,000. The Court argued as follows:  
Deprivation of liberty is such a severe intervention that it is only justifiable if other, less incisive measures for protecting the interests of the affected person of the general public have been considered and found to be inadequate.  
Deprivation of liberty in order to prevent the spread of an infectious disease is only “lawful” within the meaning of Art. 5 I letter e of the European Human Rights Convention (EHRC) if the spread of the disease is a threat to public health or safety and confinement of the sick person was the last resort for preventing the spread. The HI virus was and is a danger to public health and safety. However, confinement of the complainant was not the last resort for preventing him from spreading the virus.
- 5 Declaration of Commitment at the UN General Assembly Special Session on HIV/AIDS of 25.–27.06.2001, confirmed at the UNGASS +5 meeting of 2 June 2006
- 6 Public Awareness of AIDS 2006, Final Report, p. 20–22, Federal Centre for Health Education, Cologne
- 7 Resolution of the Standing Conference of the Ministers and Senators of Education and Cultural Affairs of the Länder on “School and AIDS” in Cologne in October 1985
- 8 Judgement of the European Court of Justice of 11 July 2006–C13/05 (*Sonia Chacon Navas / Euest Colectividades SA*)
- 9 According to Section 2 Para. 1 of Book IX of the Social Security Code, people are considered to be disabled if their physical functioning or mental health most probably deviates for longer than six months from the typical condition for their age and their participation in life in society is impaired as a result.
- 10 Only in individual cases and under the prerequisites stipulated in Sections 25 Para. 1 and 26 Para. 2 does the Protection Against Infection Act make provision for examinations to be ordered.
- 11 According to Section 5 Para. 1 No. 1 and Section 2 Para. 3 of the Residence Act and a Decision of the Council of the European Union of 22 December 2003 (2004/17/EC), all foreigners require adequate health insurance cover in order to enter the Federal Republic of Germany.
- 12 For example, 22 per cent of the people with HIV/AIDS in Latvia are in prison.
- 13 Results of the microcensus, Chapter 8 – Migration of 09.06.2006, [www.destatis.de](http://www.destatis.de)
- 14 Communication of 15 December 2005 Com (2005)654
- 15 See Footnote 14
- 16 UNAIDS: AIDS Epidemic update. December 2006
- 17 UNAIDS 2006; Fact Sheet Sub-Saharan Africa
- 18 WHO/UNAIDS 2006: Global Summary of the HIV/AIDS Epidemic.
- 19 UNAIDS 2006: Fact Sheet Eastern Europe and Central Asia.
- 20 A decrease in a country's prevalence rate does not necessarily indicate that the pandemic is being curbed successfully, as this decrease may simply result from the fact that more deaths than new infections are occurring. In order to assess the success or failure of HIV/AIDS control programmes, the prevalence rate must therefore be considered together with the long-term development of the infection rate.
- 21 While the costs of first-line drugs for HIV treatment have been reduced substantially, the costs of second-line drugs, which are administered when patients develop resistance to first-line medication, are still very high.
- 22 UNAIDS: The road towards universal access. Issues Paper. Jan. 2006.
- 23 United Nations Millennium Declaration A/RES/55/2, 2000. For information on the MDGs, see the United Nations Millennium Development Goals webpage: [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals).
- 24 The Universal Access Initiative builds on the Millennium Development Goals (2000), the UNGASS Declaration of Commitment (2001), the EU's Programmes for Action, the decisions adopted by the G8 Summit in 2005 and the outcomes of the Millennium Summit +5 in September 2005.
- 25 UNICEF (United Nations Children's Fund), UNDP (United Nations Development Programme), UNFPA (United Nations Population Fund), ILO (International Labour Organization), UNESCO (United Nations Educational, Scientific and Cultural Organization), WHO (World Health Organization), World Bank, UNHCR (United Nations High Commissioner for Refugees), UNODC (United Nations Office on Drugs and Crime) and WFP (World Food Programme)
- 26 “Global Health-Sector Strategy for HIV/AIDS 2003–2007” <http://www.who.int/hiv/pub/advocacy/ghss/en/index.html>
- 27 In April 2001, African leaders adopted the Abuja Declaration in which they committed to allocate 15 per cent of their national resources towards healthcare expenditure (HIV/AIDS, tuberculosis and malaria).
- 28 The “Three Ones” principles were adopted by UNAIDS, ministries, NGOs and bi- and multilateral and private donors in September 2003 in order to improve the coordination of resources for the HIV/AIDS response at national level and harmonize donor activities.
- 29 In order to lay down a roadmap to improve effectiveness in the implementation of the Millennium Development Goals, donor and developing countries adopted the Paris Declaration on Aid Effectiveness in 2005 in which they committed to harmonize their development activities on the basis of four principles: (1) effective leadership by the developing countries (Ownership), (2) alignment of aid with partner countries' priorities (Alignment), (3) harmonization of donor activities (Harmonization) und (4) managing and implementing aid in a way that focuses on the desired results (Managing for Results).
- 30 In the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), all the participating States declared that respect for the rights of people living with HIV/AIDS drives an effective response to the pandemic.



## **Information offers from the Federal Ministry of Health**

### **Helpline**

The Federal Ministry of Health helpline can be reached from Mondays to Thursdays between 8.00 a.m. and 6.00 p.m. and on Fridays between 8.00 a.m. and 12.00 noon (Fee-based calls. Prices are applicable as stipulated in the price list of your telephone provider, usually 0,14 € per minute from the German landline) by following phone numbers:

### **Questions concerning health care insurance**

+49 1805 9966-02

### **Questions concerning long-term care insurance**

+49 1805 9966-03

### **Questions concerning prevention for health**

+49 1805 99 66-09

### **Service for the deaf/hearing-impaired**

Type phone: +49 1805 9966-07

### **Newsletter**

Our newsletter provides news and information concerning the issues of health, long-term care and prevention for health and will be sent to you every fortnight by e-mail. You will find the registration form at [www.bmg-newsletter.de](http://www.bmg-newsletter.de)

### **Internet portals**

Current information by the Federal Ministry of Health is available at [www.bmg.bund.de](http://www.bmg.bund.de)

Current information concerning all topics of the health reform is available at [www.die-gesundheitsreform.de](http://www.die-gesundheitsreform.de)

Current information concerning the electronic health card is available at [www.die-gesundheitskarte.de](http://www.die-gesundheitskarte.de)

Current information concerning the campaign "Physical Activity and Health" is available at [www.die-praevention.de](http://www.die-praevention.de)

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