

Germany Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Internal data review process in close coordination with national technical authorities and civil society.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Technical review meeting

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

none

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Ines Perea	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ute Schwartz	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Susanna Trapp	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Deutsche AIDS-Hilfe	Silke Klumb, Executive Director	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

Period covered 2005-onwards

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

-

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health, Robert Koch-Institute, Federal Centre for Health Education

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
----------------------	------------------

Yes	-
Yes	Yes
Yes	-
Yes	-
No	-
Yes	-
Yes	-

Other [write in]:

Human resources, Justice, Planning, Tourism, Trade and Industry, Research, Finance, Inner Security (Ministry of the Interior), Defense, Family

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Identified key populations are: Men who have sex with men; Migrant populations from countries with a high HIV prevalence; Injecting drug users; Female sex workers; Prisoners

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

No

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

No

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

In Germany, there is an established line of close cooperation with regular formal and informal contacts between the Ministry of Health and civil society organizations. This also includes a regular provision of institutional and project funding by the Ministry of Health to the German Association of AIDS Self Groups, which amounted to 5 million Euros in 2011. The German Association of AIDS Self Groups is an umbrella organization for 120 local and regional Self-Help Groups, all of which are largely autonomous in conceptualizing and implementing their projects. Regional HIV Self-Groups also receive funding from regional and local authorities. Civil society has been closely involved in developing the HIV and AIDS strategy and is also a key player in the implementation of the national action plan.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

N/A

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

N/A

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

N/A

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

-

(b) IF YES, is coverage monitored by population groups?:

-

(c) Is coverage monitored by geographical area:

-

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:

Since 2009, what have been key achievements in this area:

INTENSIFIED TARGETED PROGRAMMING (MSM, MIGRANTS); SYSTEMATIC APPROACH TO QUALITY ASSURANCE IN HIV PREVENTION

What challenges remain in this area:

TARGETED PROGRAMMING FOR PRISONERS; MAINTAINING HIV TESTING CAPACITIES AT ALL LEVELS ACCORDING TO NEED (ESP. TO REACH AT RISK POPULATIONS)

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Chancellor Angela Merkel committed to continue the support of The Global Fund to Fight AIDS, Tuberculosis and Malaria; Campaign for the World AIDS Day --> support by Ministers Philipp Rösler and Daniel Bahr; High-Level Conference on HIV prevention focusing respect for human rights --> supported by Ministers Dirk Niebel and Daniel Bahr; XVIII International AIDS Conference, 2010 Vienna, Austria --> Participation of the Parliamentary Secretary of State Annette Widmann-Mauz; UN High level Meeting on HIV/AIDS in June 2011 --> Participation of the Parliamentary Secretary of State Annette Widmann-Mauz; Welcoming words at the German-Austrian AIDS-Conference (DÖAK) 2011 by the Parliamentary Secretary of State Ulrike Flach

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

No

IF NO, briefly explain why not and how HIV programmes are being managed:

The Federal Ministry of Health is in charge of the overall coordination of the national HIV/AIDS strategy. In addition, HIV/AIDS-related issues are coordinated by the three main implementing agencies: 1. Federal Centre for Health Education; 2. Robert Koch-Institute; and 3. German Association of AIDS Self-Help Groups. They operate at different levels: 1. Between the national and regional agencies and departments; 2. Between sectors; 3. As advisories to the Ministry of Health. Representation of civil society is ensured in all of them.

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

-

Have active government leadership and participation?:

-

Have an official chair person?:

-

Have a defined membership?:

-

Include civil society representatives?:

-

Include people living with HIV?:

-

Include the private sector?:

-

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Political advocacy; Mainstreaming of HIV/AIDS into policy of the German Government; Implementation of the action plan;

Planning and development of new strategies, particularly concerning MSM and affected migrant groups; Preparation of activities for the World AIDS Day; Civil society coordination; Cooperation with the private sector, in particular with prevention, health insurance providers and pharmaceutical companies; Enhanced cooperation with institutions of the European Union and the United Nations.

What challenges remain in this area:

Coordinating inter-ministerial activities; Keeping HIV/AIDS on the political agenda at national level and – to the extent possible- at federal state level; Closing implementation gaps, especially regarding HIV prevention in prisons, and health care for migrant groups; Continued adaption of prevention messages for hard-to-reach groups at risk for HIV infection.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

38%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

Informal exchange of experience

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

No decisive reductions in national prevention budget: Continued government support to Eastern Europe and Central Asia with the focus on Ukraine; Maintaining the health-related budget for HIV/AIDS research (1.59 Mio. Euro in 2011).

What challenges remain in this area:

Maintaining the current budget in view of financial constrains

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

According to the General Act of Equal Treatment, any person experiencing discrimination on the grounds of race, ethnic origin sex, religion, belief, disability, age or sexual identity has the right to take legal action to seek redress for the damage done.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Substitution program and other harm reduction programs fall under the jurisdiction of the Federal States. Therefore, their level of access in Germany varies.

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

No

Be sexually abstinent:

No

Delay sexual debut:

No

Engage in safe(r) sex:

Yes
Fight against violence against women:
 Yes
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 Yes
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 No
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:
 Yes
Reduce the number of sexual partners:
 No
Use clean needles and syringes:
 Yes
Use condoms consistently:
 Yes
Other [write in below]:
 Promote voluntary counselling and testing of HIV (HIV status)

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes
 2.1. Is HIV education part of the curriculum in

Primary schools?:
 No
Secondary schools?:
 Yes
Teacher training?:
 Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes
Briefly describe the content of this policy or strategy:

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	Yes	No	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	Yes	No	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

Since 2009, what have been key achievements in this area:

Highest level of leadership and advocacy at national, European, and global level is being continued. Collaborative work with Eastern European countries with a focus on Ukraine is being continued on specific HIV programming issues.

What challenges remain in this area:

More progress is needed in the area of prison health. On national level no jurisdiction for the management of prisons exists. Prison health is the responsibility of the Federal States leading to the fact that the level of prison health activities varies. This implies that differing approaches regarding needle exchange, drug substitution and condom promotion are being used.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Agree

Condom promotion:
Agree

Harm reduction for people who inject drugs:
Agree

HIV prevention for out-of-school young people:
Agree

HIV prevention in the workplace:
-

HIV testing and counseling:
Agree

IEC on risk reduction:
Agree

IEC on stigma and discrimination reduction:
Agree

Prevention of mother-to-child transmission of HIV:
Agree

Prevention for people living with HIV:
Agree

Reproductive health services including sexually transmitted infections prevention and treatment:
Agree

Risk reduction for intimate partners of key populations:
Agree

Risk reduction for men who have sex with men:
Agree

Risk reduction for sex workers:
Agree

School-based HIV education for young people:
Agree

Universal precautions in health care settings:
Agree

Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

The treatment of HIV/AIDS is on a high level. Due to the "Quality Assurance Agreement HIV/AIDS" this high level will be ensured in the future as well. With respect to the treatment of people without secure residence permit, it is ensured that in public hospitals those people will be treated in case of acute illness without notification to the respective foreigner authority.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

N/A (Access to treatment and support services is already close to universal.)

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree

ART for TB patients:

-

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

N/A

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

Home-based care, Palliative care and treatment of common HIV-related infections

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

-

Please clarify which social and economic support is provided:

-

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

Germany continues to have a comprehensive health insurance system that ensures state-of-the-art HIV/AIDS medication, including medication for co-infection.

What challenges remain in this area:

Dealing with questions around chronic HIV infection (e.g. ageing, non-infectious complications, drug-related side effects, adequate psycho-social support). In addition facing the problem of the development of resistances and the transmission of resistant HIV strains. Dealing with questions concerning adequate health services for migrants without health insurance.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

-

1.1 IF YES, years covered:

2007-onwards

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

5%

4. Is there a functional national M&E Unit?:

No

Briefly describe any obstacles:

Germany does not have a central M&E unit because the Federal State system does not allow a centralized nationwide M&E system. HIV/AIDS-related M&E is coordinated by the three main implementing agencies: Federal Centre for Health Education, Robert Koch-Institute, and German Association of AIDS Self-Help Groups (Deutsche AIDS-Hilfe).

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

HIV/AIDS-related M&E is coordinated by the three main implementing agencies. Federal Centre for Health Education, Robert Koch-Institute, and German Association of AIDS Self-Help Groups.

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-

-

-

-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Briefly describe the data-sharing mechanisms:

What are the major challenges in this area:

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Federal States

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

-

Other [write in]:

Developing targeted responses for vulnerable groups.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

The main challenges remain the improvement of the data base on migrants, sex workers, drug users and MSM. However, action is being undertaken to fill data gaps.

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

5

At subnational level?:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

50

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

A coordinated strategy for comprehensive second generation surveillance is being developed; implementation of integrated biological and behavioural surveillance in vulnerable groups is underway.

What challenges remain in this area:

Complete alignment and harmonization of M&E approaches are not possible in a Federal State setting.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

5

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

-

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

5

c. The national HIV reports?:

5

Comments and examples:

-

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

-

c. Participate in using data for decision-making?:

4

Comments and examples:

There is no functional national M&E Unit or committee, the three main actors on the national level (BZgA, RKI and Deutsche AIDS-Hilfe= German Association of AIDS Self Help Groups) coordinate the M&E.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

5

Comments and examples:

On the national level, the financial support is quite good, on the regional and local level there is a lack of financial support for activities for people living with HIV and for prevention for MSM. This is a major problem in a Federal State where the responsibility for health issues is located in the regions.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

51-75%

Sex workers:

51-75%

Transgendered people:

>75%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

-

Home-based care:

<25%

Programmes for OVC**:

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

10

Since 2009, what have been key achievements in this area:

The civil society participation was already good in 2009 but still was improved by the continuous involvement in the main working groups in all fields of HIV/STI-prevention, i.e. German AIDS Self Help Groups are involved in professional discussion on guidelines, testing, STIs, treatment, prevention strategies and campaigning.

What challenges remain in this area:

-

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

Through the involvement of the German AIDS Self Help Organisation, PLWH and key populations are involved in policy design and programme implementation.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

-

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Any person experiencing discrimination on the grounds of race, ethnic origin sex, religion, belief, disability, age or sexual identity has the right to take legal action to seek redress for the damage done according to the General Act of Equal Treatment.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention,

treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No

Men who have sex with men:
No

Migrants/mobile populations:
No

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs:
Yes

Prison inmates:
Yes

Sex workers:
No

Transgendered people:
No

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in]:
Access to treatment, care and support for migrants without a legal residence permit/ without health insurance is still limited and needs to be solved.

Briefly describe the content of these laws, regulations or policies:

Harm reduction programs and substitution therapy fall under the responsibility of the Federal States. In most of the prisons in Germany, there is no access to needle and syringe exchange programs in prison and the access to substitution therapy varies throughout Germany.

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Human Rights for PLWH and for key populations are the core element of the national plan on HIV/AIDS.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

There is no nationwide record, cases are documented by the German AIDS Self Help Organisation and their member organisations.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

-

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care

and support for women outside the context of pregnancy and childbirth?:

-
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

-
9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

-
10. Does the country have the following human rights monitoring and enforcement mechanisms?
a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
Yes
IF YES on any of the above questions, describe some examples:
-

-
11. In the last 2 years, have there been the following training and/or capacity-building activities
a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
-

-
12. Are the following legal support services available in the country?
a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

-
14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

9
Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:

-
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

9
Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:

The criminalisation of HIV exposition and transmission remains a challenge. Programmes for members of the judiciary are needed.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes
IF YES, how were these specific needs determined?:

-
1.1 To what extent has HIV prevention been implemented?
Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:

Agree
HIV prevention for out-of-school young people:
 Agree
HIV prevention in the workplace:
 N/A
HIV testing and counseling:
 Agree
IEC on risk reduction:
 Agree
IEC on stigma and discrimination reduction:
 Agree
Prevention of mother-to-child transmission of HIV:
 Agree
Prevention for people living with HIV:
 Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
 Agree
Risk reduction for intimate partners of key populations:
 Agree
Risk reduction for men who have sex with men:
 Agree
Risk reduction for sex workers:
 Agree
School-based HIV education for young people:
 Agree
Universal precautions in health care settings:
 Agree
Other [write in]:
 -

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

Health issues and harm reduction programs for prison inmates remain a challenge (needle exchange, substitution and condom promotion). Due to the federal system, the management of prisons is located in the Federal States.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

-

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

N/A

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

Access to treatment, care and support is still difficult for migrants without health insurance/ residence permit.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

not relevant for Germany

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/58/germany-report-ncpi>