

GLOBAL AIDS RESPONSE COUNTRY PROGRESS REPORT Germany

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by e-mail

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I. Status at a Glance

New modelling of data indicates a gradual decrease in the number of new infections in Germany since 2007. In 2011, HIV incidence was estimated to be at 2,700 p.a., down from a peak of 3,400 infections in 2006. The HIV incidence in Germany was among the lowest throughout Western Europe.

The figures (see table below) reflect Germany's intensive action in HIV prevention and education. In 2010/11, the main focus remained on increasing the reach of persons at risk by strengthening and expanding targeted approaches, and on the integration of sexually transmitted infections (STI).

Germany's goal is to further reduce the number of HIV infections. Therefore, despite this success, the country remains committed to strong efforts in HIV prevention as well as testing, treatment and care.

Table: HIV/AIDS in Germany – Basic Estimates (as of end of 2011*)

HIV Prevalence	
Persons living with HIV	~ 73.000
Men	~ 59.000
Women	~ 14.000
Among these: Children	~ 200
.. by mode of transmission	
Men who have sex with men (MSM)	~ 46.500
Heterosexual contact	~ 10.500
Originating from HIV a high prevalence country	~ 9.000
Injecting drug use (IDU)	~ 6.800
Haemophilia / blood transfusion	~ 450
Mother-to-child transmission	~ 420
HIV Incidence	
New infections	~ 2.700
Men	~ 2.300
Women	~ 400
.. by mode of transmission [in per cent]	
MSM	74 %
Heterosexual contact	20 %
IDU	6 %
Mother-to-child transmission	< 1 %
New cases of advanced immune deficiency or AIDS	~ 1.000
Men	~ 900
Women	~ 110
Of these: Children	< 10
HIV-related deaths	~ 500
Persons living with HIV on antiretroviral treatment	~ 52.000
Cumulative figures	
HIV infections since the beginning of the epidemic	~ 100.000
HIV-related deaths since the beginning of the epidemic	~ 27.000

Source: Robert Koch Institute annual estimate (published in November 2011)

II. Overview of the AIDS Epidemic

Germany's total population was about 82 Mio by the end of 2011. The population size in the age group 15 to 60 years was 51 Mio., of which 26 Mio. were male and 25 Mio. female.

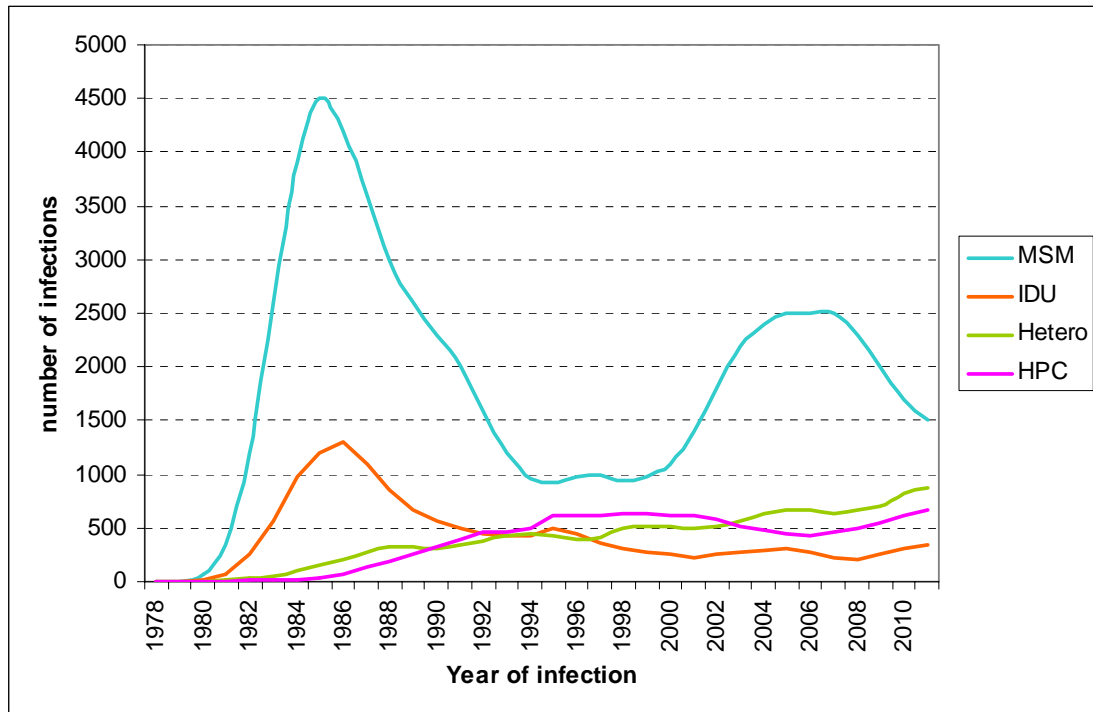
The HIV epidemic in Germany can be characterized as a concentrated epidemic. The most affected population groups are

- MSM (estimated number of MSM living with HIV by the end of 2011: 46,500)
- Migrants originating from HIV high prevalence countries (estimated number of migrants living with HIV by end of 2011: 9,000)
- IDU (estimated number of IDU living with HIV by end of 2011: 6,800 [including former IDU])

Currently, the incidence is highest among MSM. It is estimated that 74 % of the HIV infections acquired in Germany are through male homosexual contact, 20% through heterosexual contact, 6% associated with injecting drug use. Less than 1% of infections are due to mother-to-child transmission.

Overall, HIV prevalence has been rising due to reduced HIV mortality and a declining, but still comparatively higher transmission of HIV. It is currently (by end 2011) estimated at below 0.2% in the adult population (15 and 60 years). With an estimated prevalence of 0.02%, the "general population" (MSM, IDU, and migrants from high prevalence regions excluded) is only marginally affected by HIV infections. This correlates with findings from first time blood donors. Due to discouragement of persons at risk from blood donation, the prevalence in this highly selected group is below 0.01%.

Figure: Estimated numbers of new infections by transmission risk in Germany, 1978-2011



MSM = Male homosexual transmission; IDU = Injecting drug use; Hetero = Heterosexual transmission; HPC = Originating from an HIV high prevalence country

II.a Status of the HIV Epidemic Among MSM

In Germany, MSM is the largest group at risk of HIV infection. After an increase of newly diagnosed HIV infections in MSM in the first years of the new millennium, trends have now started to reverse. Data modelling suggests that HIV incidence among MSM started to decline as early as 2007. HIV prevalence among this group is estimated between 5.0 and 7.5%. Besides HIV, STI infections are also important in this group. MSM participating in a large internet-based behaviour survey reported a lifetime prevalence of 7.3% for Syphilis, 13.0% for Gonorrhoea and 5.8% for Chlamydia. Co-infections of HIV and STI, including HPV and Hepatitis C (HCV), are frequent.

HIV-related knowledge and behaviour of MSM are monitored repeatedly (every 2-3 years). The surveys demonstrate close to universal knowledge on modes of HIV transmission and how to prevent HIV infection, but also document an increase in the number of sexual partners and in the frequency of casual anal intercourse. Concurrently, the proportion of unprotected episodes of anal intercourse with partners of unknown HIV serostatus has increased since 1996. These findings explain the increase of HIV and other STI in this sub-group.

There is a higher concentration of MSM in larger cities. A high number of sexual encounters takes place in saunas, clubs and other sex venues, resulting in high numbers of sexual partners particularly among urban MSM. Urban – rural differences, however, have been decreasing as the internet has gained importance as a contact medium since the late 1990s.

II.b Status of the HIV Epidemic Among IDU

The number of newly diagnosed HIV infections in IDU in Germany has been continuously declining since 1997. The decline was more pronounced in urban than in rural areas. As of 2011, prevalence in the actively drug injecting population is estimated at 4%. In addition, a considerable number of former drug users (no longer active in drug injection) infected in the 1980s and early 1990s are still alive. If they are included in the estimate, HIV prevalence increases to an estimated 8%.

While available data suggest a declining HIV incidence and prevalence among IDU in Germany, prevalence of HCV among IDU remains high. Among HIV-positive IDU, more than 90% are co-infected with HCV.

Sterile injection equipment is widely and easily available in Germany in pharmacies and through needle exchange programmes. Substitution therapy is offered to every person in need and is covered by the health insurance. The majority of HIV-infected injecting drug users participates in drug substitution schemes.

In recent years, the proportion of drug users originating from Eastern Europe (mostly immigrants with a German ethnic background from former Soviet Union states) has increased. Efforts are undertaken to reach this group with prevention and support.

II.c Status of the HIV Epidemic Among Heterosexuals

So far, there is little evidence for genuine chains of heterosexual HIV transmission in Germany. In most cases, HIV infection is acquired from a partner belonging to one of the highly affected sub-groups, i.e. bisexual men, IDU or migrants originating from a high prevalence country.

Approximately half of the heterosexually acquired HIV infections in Germany are reported in migrants originating from high prevalence countries with a generalized epidemic (predominantly from countries in western Sub-Saharan Africa). A sizeable proportion of these transmissions (10-20%) is reported to have occurred after migration to Germany. On the other hand, a sizeable proportion of heterosexually transmitted HIV infections in German nationals are acquired abroad. Overall, of all heterosexually acquired HIV infections (migrants and German nationals) newly diagnosed in Germany in the last decade, more than 50% were acquired abroad, with a slightly higher proportion in females than in males.

Currently no representative data on HIV prevalence in sex workers in Germany are available. Regarding male sex workers, HIV prevalence is estimated to be equal or higher than in the MSM subpopulation (5% -10%). Among female sex workers, HIV prevalence is estimated to be 1% or less. This estimation is based on data from a national STD Sentinel Survey, in which female sex workers diagnosed with an acute STI (representing the upper limit of expected prevalence in an unselected sex worker sample) had an HIV prevalence of 1%.

III. National Response to the AIDS Epidemic

III.a Germany's Strategy and Action Plan

The policy framework for the national response to the AIDS epidemic consists of the German strategy to combat HIV/AIDS of 2005 and the Action Plan of the Federal Government of 2007, which complements the strategy and specifies measures to implement it.

The strategy focuses on national resources and knowledge while emphasising the significance of the cooperation with the member states of the European Union (EU) and the neighbouring Eastern European countries. Its key elements are:

1. Prejudice-free education and prevention;
2. Universal access to HIV testing, adequate treatment for the infected and those suffering from AIDS while strengthening social care;
3. Creating a climate of solidarity within the society and preventing the discrimination of those affected;
4. Coordination and cooperation of national and international activities;
5. Epidemiological surveillance;
6. Strengthening biomedical, clinical, social research, especially in the context of international cooperation;
7. Continuous evaluation and quality assurance.

These seven elements are interdependent. Together, they form a coherent policy. They not only constitute the pillars of the national strategy but also reflect the German position both in Europe and internationally.

Germany's commitment to control HIV/AIDS is reflected by a consistent allocation of public funds in this area. In 2011, these included approx. 29 Mio. Euro for primary prevention¹ and 9.4 Mio. Euro for research² activities. These figures exclude funding of HIV testing and treatment, which are paid for by the federal states or local authorities (testing), and by public and private health insurances (treatment), respectively.

In 2011, a new National AIDS Council was appointed as an independent advisory board to the German Government.

¹ Federal Ministry of Health: 12 Mio. Euro, Federal states: 17 Mio. Euro. Estimate excludes funding at communal level. Figures are rounded.

² Includes funds from Federal Ministry of Education and Research, Federal Ministry of Health, Federal Ministry for Economic Cooperation and Development, DFG (Deutsche Forschungsgemeinschaft). Figures are rounded.

III.b Summary of the National Response 2010 - 2011

Prevention

In more than 25 years of HIV/AIDS strategy in Germany, clear prevention messages as part of a combined framework of general and targeted approaches have always been the centre piece. In addition, about 90% of students are reached by HIV/AIDS awareness campaigns in schools.

The high value of prevention for successful HIV/AIDS control has consistently been confirmed in periodic national evaluations. They demonstrate that knowledge on the most important ways of HIV transmission and protection is almost universal.

In 2010/11, the main focus remained on increasing the reach of persons at risk by strengthening and expanding targeted approaches in MSM, migrants and persons with sexual risk behaviour. In addition, STI are being systematically integrated in the measures for the prevention and control of HIV. The downward trend in new HIV infections confirms that these activities are successful.

Examples of prevention activities:

- The prevention campaign "*Gib AIDS keine Chance*" ("Don't give AIDS a chance") has been ongoing since 1987. It combines mass-media approaches with personal communication services and includes posters, newspaper advertisements, internet portals, postcards, TV and cinema spots, online and telephone counselling, and school and mobile exhibition events. The most visible element of the campaign is "*mach's mit*" ("join in"). Under the theme of "*Liebesorte*" ("Places of Love"), it stages authentic locations where sex can take place or could have taken place in a targeted approach. The German campaign is recognized as an international role model for successful, highly visible prevention.
- The targeted campaign for MSM "*Ich weiß was ich tu*" ("I know what I'm doing"), which started in 2008, is ongoing. Its goal is to reduce the number of new infections by enhancing protective behaviour and diagnosing previously undetected HIV infections. The campaign consists of a modular design consisting of mutually reinforcing elements including print and internet media, consulting, personal communication and regional outreach work, and works with role models. An evaluation confirmed the campaign's success in reaching MSM with HIV and STI prevention and destigmatisation messages, and in strengthening their capacity to communicate around issues of sexuality.
- A National Competition on AIDS Prevention was held in 2010 with public-private sponsoring. Its goal was to identify and reward innovative and sustainable projects that effectively meet the prevention challenges and address hard-to-reach groups. Eight winners were awarded out of more than 60 entries.

Testing:

Voluntary counselling and testing of HIV (VCT) is a central aspect in the German HIV prevention strategy. Every person living in Germany has the right to get VCT. HIV testing can be provided by all primary care providers and private practitioners, by local health authorities and some AIDS-related non-governmental organisations (NGO). Prices for the test vary; if taken on medical grounds, it is provided free of charge.

Treatment, care and support

Easy access to HIV counselling and testing, as well as to treatment and care, constitute the second pillar of the HIV/AIDS strategy. In Germany, coverage by statutory or private health insurance schemes is universal (except for undocumented migrants). Comprehensive health care for the population is thus guaranteed including

- Early disease detection
- Prevention and treatment of diseases
- Medical rehabilitation
- Antenatal and obstetric care
- Maternal and sickness benefits
- Health promotion

As a rule, the entire cost for medical treatment is covered by the insurance schemes (except a very low contribution by the patient). Since cost coverage comprises all diseases, this also fully applies to HIV-related conditions. In particular, HIV-infected persons are entitled to highly active antiretroviral therapy according to the current medical recommendations via their health insurance. They also have access to specialised counselling, treatment and care centres with specifically qualified physicians. Coverage with antiretroviral treatment is therefore generally high. For MSM for example, coverage is estimated between 85 and 90% of all HIV-infected MSM.

Unregistered men and women who often have an undocumented legal status are excluded from the national insurance schemes. They are, however, entitled to limited coverage, i.e. in the case of acute sickness and pain. This also applies to acute HIV-related conditions in persons living with HIV.

Several publicly funded NGO and self-help groups offer psycho-social support and care for people living with HIV. They also run or support centres for drug consumers and substitution programmes.

Solidarity, non-discrimination and destigmatisation

The respect of human rights and non-discrimination are basic principles of the German Constitution (Article 3 – guarantee of non-discrimination).

Likewise, Germany also takes a rights-based approach in its prevention strategy with a view to reduce fear of discrimination and stigmatisation, thus enabling HIV-infected persons to disclose their status and protect others from infection. From the very outset, Germany has supported the AIDS-related self-help organisations, which has significantly increased the acceptance of persons living with HIV in society.

An important element for reinforcing non-discrimination and destigmatisation is "*Gemeinsam gegen AIDS*" ("Together against AIDS"), a solidarity event taking place on World AIDS Day. It is jointly implemented by the Federal Ministry of Health, the Federal Centre for Health Education, and civil society organisations (German Association of AIDS Self-Help Groups and German AIDS Foundation). It uses an interactive approach by inviting the general population to become World AIDS Day "ambassadors". Today, many thousand persons have registered on an interactive website as a World AIDS Day ambassador, with her or his individual message to express solidarity with those affected or a call for the use of HIV protection measures. In addition, the national solidarity campaign has started in 2010 – for the first time in Europe - to bring real persons with HIV, their life and their story, into its focus. This approach has proven to impart a high degree of authenticity in the messages for inclusion and solidarity.

Today, the general attitude towards persons with HIV and AIDS is characterised by both a low level of stigmatising and isolating attitudes, and a great willingness to provide social support and assistance. The climate of willingness to help and support was greatly shaped by the AIDS prevention campaigns. Favourable attitudes towards people with HIV and AIDS have remained stable at a high level. In 2010, 96 % of the general population rejected the isolation of AIDS patients. In addition, 67 % were willing to help look after people with HIV, as compared to 45 % in 1987.

A particular characteristic of the German HIV/AIDS-response is the high level of commitment and advocacy by politicians, athletes and artists, which also has significantly contributed to creating a favourable social climate in the area of HIV and AIDS.

Coordination and cooperation

In Germany, there is an established line of close coordination and cooperation with civil society organisations, the leading ones being the German AIDS-Relief Association and the German AIDS Foundation.

On European level, Germany has a long-standing track record of support in HIV/AIDS prevention and control to neighbouring countries in Central and Eastern Europe, thereby implementing the commitments made in the Declarations of Dublin, Vilnius and Bremen. In the last years, Germany continued to give special emphasis to the Ukraine, which included the bilateral support for HIV/AIDS prevention measures at Government and NGO-level in the context of the German-Ukrainian Partnership Initiative (grant volume: 3.45 Mio. Euro between 2008 and 2011), as well as in the course of the upcoming European Football Championship 2012. In 2011, Germany pledged another 4 Mio. Euro for HIV prevention in the Ukraine.

In addition, there is a close coordination with EU partners in the area of HIV and AIDS, including the European think tank and the European Centre for Disease Prevention and Control (ECDC). In the context of the European and Developing Countries Clinical Trials Partnership (EDCTP), an initiative involving the EU and 49 countries from Sub-Saharan Africa, Germany has so far committed 11 Mio. Euro in support of the Partnership during the first phase ending in 2013. Of these, about 1.3 Mio. Euro have been dedicated to clinical trials on HIV/AIDS.

In the last couple of years, the Federal Centre for Health Education (BZgA) developed and tested quality assurance tools for HIV prevention in collaboration with WHO and other partners. Due to the high demand for such tools from other European countries, the EU has decided to support the roll-out of quality assurance tools and their use in Europe from 2012 onwards.

The scale of the AIDS epidemic world-wide requires the concentration and coordination of international aid measures. Germany advocates and supports a comprehensive coordinated approach, as well as strengthening the strategic cooperation between national and international players (including civil society), as laid out in the Paris Declaration on Aid Effectiveness. One of its international key partners is UNAIDS (s. section VII below).

Surveillance

In 2011, the Robert Koch Institute applied a new mathematical model for the estimation on HIV and AIDS, which provides a more accurate picture on the trends of HIV incidence (as opposed to new HIV diagnoses). Based on these estimates, it became clear that new HIV infections have started to decline in Germany from 2007.

In addition to the national surveillance of HIV and AIDS, Germany cooperates with the ECDC in continuing to harmonise and strengthening a European HIV surveillance system.

Research

Currently, resistance to antiretroviral drugs is increasing. Another challenge is the lack of long-term individual protection (e.g. through chemical or immune prophylaxis). Germany is committed to overcome these obstacles. It is thus increasingly engaged in the development and funding of new approaches in prophylaxis and therapy, which are being pursued via the EU, while also creating a strong research base at home. Within the framework of the HIV/AIDS competence network, a large number of closely networked projects are being conducted. These relate to prevention, analytic and therapeutic approaches, including the creation of a patient cohort, resistance testing and standards for studies on vaccines.

As stated above, public funding for HIV/AIDS-related research stood at 9.4 Mio. Euro in 2011. In addition, Germany supported the International Partnership for Microbicides (IPM) with 1 Mio. Euro per year between 2007 and 2010.

IV. Best Practices

Strong public-private partnerships with sustainable structures have proven to be a particular solid foundation for implementing HIV/AIDS prevention strategies.

One outstanding, internationally renown example is the collaboration of the BZgA as a governmental organisation with the civil society organisation German Association of AIDS Self-Help Groups (DAH), the umbrella organization of 130 local AIDS support groups and initiatives. Their collaboration is characterised by a clear division of labour, whereas BZgA is responsible for the nationwide AIDS prevention campaign "*Gib AIDS keine Chance*" that targets the general population and major target groups. The activities of DAH are primarily aimed at particularly vulnerable groups and those most affected by HIV. The coordinated and mutually supportive collaboration of governmental and non-governmental agencies has made AIDS prevention in Germany a success.

V. Major Challenges and Remedial Actions

In 2010/11, one major challenge has been to target programming among migrants in Germany. In the last two years, pilot projects and operative research were conducted to explore approaches to HIV prevention that include – in the light of a highly heterogeneous group - culturally sensitive approaches that are tailored to the particular needs of the respective migrant sub-group.

In addition, STI prevention and control are increasingly integrated in the national HIV/AIDS strategy. Preventive STI messages are developed for the general population and for specific target groups. At policy level, discussions are underway to formulate a coherent HIV and STI prevention and control policy that includes an intertwined approach of surveillance and preventive measures.

In Germany, health services are under the jurisdiction of the federal states. This implies that specific interventions, such as health care provision in prisons (including HIV-related services) highly depends on the decentralised structures. For this reason, the level of prison health activities varies, and differing approaches regarding needle exchange, drug substitution and condom promotion are being used. The same applies to the question of maintaining adequate HIV testing capacities at all levels. The national level is in continued dialogue with all relevant players to address these two challenges.

VI. Monitoring and Evaluation Environment

In Germany, researchers, practitioners and people living with HIV meet regularly at different levels to discuss areas of progress and challenges of HIV infection. The feasibility of a measure is examined before funding a programme or project. There is a close collaboration with European partners and the ECDC, including on indicators, monitoring tools, and the harmonisation of surveillance tools.

VII. The Contribution of the Government of Germany to the Global Response to AIDS

The Government of Germany is committed to the United Nations Millennium Declaration to halt and to begin to reverse the spread of AIDS, Tuberculosis and Malaria by the year 2015. Therefore, the strengthening of the AIDS response, globally and within the partner countries, is a priority area and outlined by the German Government's health sector strategy.

Germany strongly supports the leadership role of UNAIDS in the global AIDS response. As member of the Programme Coordinating Board, the German Government, represented by the Federal Ministry for Health, has shaped the direction of UNAIDS since its inception in 1994. As such, Germany played a significant part in developing the new HIV Strategy 2011-2015 "Getting to zero" and the Unified Budget, Results and Accountability Framework (UBRAF). In its development work, it contributes to the achievement of central goals of the UNAIDS strategy.

The German Government is committed to strengthen the cooperation on national as well global level, to enhance harmonisation among donors and to closely cooperate with the civil society. Germany is active in the response to AIDS in more than 40 countries.

The objectives of the German contribution to the global response to HIV are:

- To reduce new HIV infections through prevention,
- To increase the access to treatment (especially by supporting local production of medicines and drugs) and
- To enable persons living with HIV and their families to lead dignified lives, and thus to mitigate the social and economic impact of AIDS.

To respond to HIV effectively, Germany supports a multisectoral and evidence-based approach according to the local epidemic situation and incorporates HIV as a cross cutting issue in major fields of development cooperation, especially in countries of Sub-Saharan Africa.

Additionally, all interventions aim to be gender-oriented to reduce the vulnerability of women to HIV infection as well as to negative social and economic impacts of the epidemic. Furthermore, the German Government is committed to promoting and supporting linkages between services of sexual and reproductive health and HIV at various levels and in international processes.

A focus of German Development Cooperation is on HIV prevention embedded in national HIV strategies to increase effectiveness and sustainability, treatment / antiretroviral therapy, and care concepts. Measures are combined with interventions for health system strengthening in partner countries.

The Government's HIV response is in line with the human rights-based approach to development cooperation. Protection from HIV and its impact are closely linked with

the right to sexual and reproductive health (SRHR), gender equality, respect for human dignity, and the right of access to healthcare.

The conference "Health.Right.Now! HIV Prevention Without Barriers" organized in November 2011 by the German Ministry for Economic Cooperation and Development and the Ministry of Health was focused on the role of human rights within the field of HIV prevention. Under the participation of UNAIDS, leading representatives of partner governments, high-level national and international experts of civil society, academia and the private sector – in particular with the view of people living with HIV – discussed how to continue the joint commitment in the response to HIV and AIDS.

To prevent transmission of HIV through IDU, Germany supports a comprehensive, integrated and effective system of measures that consists of the full range of treatment options and the implementation of harm reduction measures, voluntary confidential HIV counseling and testing, prevention of sexual transmission of HIV among drug users, access to primary healthcare, and access to antiretroviral therapy. This approach, based on promoting, protecting and respecting the human rights of drug users, is supported by German Development Cooperation in Nepal, India and Malaysia and in several neighbouring countries through the implementation and scaling-up of high-quality and low-cost methadone substitution treatment for people who inject opioids.

A new initiative towards reducing HIV infection and improving SRHR outcomes for young people in East and Southern Africa (ESA) is supported by German Development Cooperation under the lead of the UNAIDS Regional Support Team with support of UNESCO, SADC, EAC, COMESA. The goal of this initiative is to expand the access to good quality, life-skills based, gender-sensitive HIV and sexuality education and to youth-friendly health services for young people.

As founding member, Germany supports the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) politically and financially on a large scale (disbursements 2011: 200 Mio. Euro). The German Government, represented by the Federal Ministry for Economic Cooperation and Development within a constituency with Canada and Switzerland, significantly contributes to the work of the Global Fund.

In 2010 and 2011, Germany played a key role in shaping important milestones including the implementation of the Fund's new grant architecture, the development and adoption of the Fund's new Strategy 2012-2016 and the initiation and implementation of comprehensive reforms. Their need is also highlighted in the report of High Level Panel, which was established in reaction to reports of misused funds.

Furthermore, German Development Cooperation assists its partner countries to access the GFATM and optimize their utilization of its funding mechanisms.

The Indicators on Global Commitment and Action in Detail:

1. Amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low- and middle-income countries

The Federal Government continues its commitment to the global response to AIDS, Tuberculosis and Malaria. In 2009, Germany disbursed about 685 Mio. Euro on bilateral and multilateral health official development assistance (ODA), including a substantial share for the fight against HIV/AIDS.

Germany's bilateral disbursements for health amounted to about 360 Mio. Euro in 2010.

2. Amount of public funds for research and development of preventive HIV vaccines and microbicides

Funds were provided in support of:

- The European and Developing Countries Clinical Trials Partnership (EDCTP) – approx. 150,000 Euro annually since 2010.
- The International Partnership for Microbicides – annual provision of 1 Mio. Euro as ODA between 2007 and 2010 (see also Section III).

3. Percentage of transnational companies that are present in developing countries and that have workplace HIV policies and programmes (WPP)

Germany funded several Public Private Partnerships (PPPs) with small, medium and large enterprises that established comprehensive workplace programmes with prevention, care and treatment components. Initially, these workplace programmes focussed on HIV, but have been extended to include other health topics such as further chronic and non-communicable diseases as well as psycho-social components (e.g. stress reduction, financial wellness). Moreover, bilateral health programmes supported the implementation of workplace programmes and interventions towards workplace health in several partner Ministries (among others in Tanzania, Namibia, Mozambique).

The programme "Support of the Private Sector in Africa to fight AIDS" (SPAA) (operating from 2008- end of 2011) cooperated with the following pan-African and regional organizations:

- The Pan-African Business Coalition on HIV/AIDS (PABC) based in South Africa, a network of business associations from 29 African countries responding to HIV and other health issues.
- The East African Business Council (EABC) in Tanzania with approximately 140 member companies and associations from the five East African Community partner states.

- The Southern African Development Community (SADC) HIV/AIDS Unit, responsible for the HIV strategy and the harmonization of interventions of the partner states.

The programme "AIDS Prevention and Health Promotion Workplace Programmes in Southern Africa" (AWiSA) operates in Malawi, Mozambique, South Africa and Zambia. With a focus on small and medium-sized businesses, the aim of the AWiSA programme is to reduce the socio-economic impact of the HIV epidemic in the most affected areas in the SADC region. AWiSA provides HIV training in order to mitigate the negative impact of the epidemic. Through their activities, AWiSA creates awareness for the problem of HIV in workplaces. Furthermore, the programme supports the implementation of workplace programmes and policies in small and medium enterprises. Partner organizations among others are:

- The Automotive Industry Development Centre (AIDC) in South Africa
- Afya Mzuri, a Zambian NGO
- The Employers Consultative Association of Malawi
- Empresários contra SIDA, Malária e Tuberculose (ECoSIDA), a national Mozambican private sector initiative in the fight against HIV/AIDS.

4. Percentage of international organizations that have workplace HIV policies and programmes

In the context of German Development Cooperation, German International Cooperation (GIZ) has established an HIV workplace programme for their employees. Staff members are supplied with information about the risks of HIV transmission and ways of prevention. They are also informed about access to treatment and care and learn how to prevent stigma and discrimination at the workplace. These workplace programmes are currently operating in 54 countries. Here, all GIZ staff can participate in awareness-raising events. Testing and treatment options are available for employees and their families.