

Survey Response Details

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Response Details

Page 1

1) Country

Germany (0)

2) 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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7) Date of submission:

Please enter in DD/MM/YYYY format

09/04/2010

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8) Describe the process used for NCPI data gathering and validation:

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

9) Describe the process used for resolving disagreements, if any, with respect to the

responses to specific questions:

Technical review meeting

10)

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

None

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Ines Perea	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Ute Schwartz	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health	Albert Kern	A.I, A.III, A.IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
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Respondent
- 25
Respondent

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Deutsche AIDS-Hilfe	Silke Klumb	B.I, B.II, B.III, B.IV

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14)

Part A, Section 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 (0)

Page 7

15) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)

Period covered:

2005-2010

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

19

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	
Labour	Yes	
Transportation	No	
Military/Police	Yes	
Women	Yes	
Young people	Yes	
Other*	Yes	

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18) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Human Resources, Justice, Planning, Tourism, Trade and Industry, Research, Finance, Inner Security (Federal Ministry of the Interior)

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes

- m. Involvement of people living with HIV Yes
- n. Addressing stigma and discrimination Yes
- o. Gender empowerment and/or gender equality Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

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22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Prioritized target populations are: Men who have sex with men Migrant populations from countries with high HIV prevalence Injecting drug users Female sex workers Prisoners

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 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? No
- e. A monitoring and evaluation framework? No

25)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****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 organisations. This also includes a regular provision of institutional and project funding by the Ministry of Health to the German Association of AIDS Self-Help Groups, which amounted to 5 million Euros in 2009. The German Association of AIDS Self-Help Groups is an umbrella organisation for 120 local and regional Self-Help Groups, all of which are largely autonomous in conceptualising and implementing their projects. Regional HIV Self-Help 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.

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27)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 16

28)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

29)

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 (0)

Page 18

30)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Information and prevention	Yes

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31)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Voluntary

32)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

33)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

34)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

N/A

35)

Briefly comment on the degree to which these laws are currently implemented:

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 damages done.

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36)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

37)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	No

38)

IF YES, briefly describe the content of these laws, regulations or policies:

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

Page 23

39)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

40)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

41)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

42)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

43)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

44)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

45)

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

Yes (0)

Page 27

46)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

Men who have sex with men Migrant populations from countries with high HIV prevalence Injecting drug users Mother-to-child transmission Blood transfusion

47)

Briefly explain how this information is used:

To improve quality and coverage of targeted programming

Page 2848) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

national level, federal state level, community level / large cities

50)

Briefly explain how this information is used:

To improve quality and coverage of targeted programming

51)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No (0)

Page 30

52)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

53)

Since 2007, what have been key achievements in this area:

Intensified targeted programming, especially for men who have sex with men and migrant populations. New campaign addressing men who have sex with men was launched in 2008 by the German Association of AIDS Self-Help Groups.

54)

What are remaining challenges in this area:

Targeted programming for sex workers and prisoners. Maintaining HIV testing capacities at all levels according to need (esp. to reach the high at risk groups). Integrating HIV and STI programming (strategy is being developed). Expansion and further stratification of HIV programming for migrants.

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55)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

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

No (0)

Page 32

57)

Part A, Section II: POLITICAL SUPPORT**Question 2 (continued)**

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

The Federal Ministry of Health is in charge of the overall coordination of the national HIV/AIDS

Strategy. In addition, there are three coordinating bodies operating at different levels: 1. Between the national and the regional agencies und departments; 2. Between ministries; 3. As advisory council to the Ministry of Health. Representation of civil society is ensured in all of them.

Page 34

58)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

59)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Political advocacy Mainstreaming of HIV/AIDS into government policy Implementation of the action plan Planning and development of new strategies, particularly concerning MSM and affected migrant groups Preparation of activities for World AIDS Day Civil society coordination Cooperation with the private sector, in particular with health insurance providers and pharmaceutical companies Enhanced cooperation with institutions of the European Union and the United Nations

60)

Briefly describe the main challenges:

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

61)

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

Please enter the rounded percentage (0-100)

38

62)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs

Yes

Technical guidance

Yes

Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Informal exchange of experience	Yes

63)

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

Yes (0)

Page 36

64)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

65)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

Implementation of technical guidelines to prevent mother-to-child transmission. Regulations on use of HIV home test kits.

66)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Surveillance of specific STIs (i.e. Gonorrhoea, Chlamydia).

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67)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

68)

Since 2007, what have been key achievements in this area:

1. Increase of national prevention budget by 1 Mio. Euro / year (from 12.2 to 13.2 Mio. Euro) 2. Establishment of new budget line in support of HIV programming in Eastern Europe since 2008: 1.5 Mio. Euro / year 3. Budget increase for HIV/AIDS research by 0.5 Mio. Euro / year (from 1.559 to 2.059 Mio. Euro)

69)

What are remaining challenges in this area:

Maintaining the current budget in view of financial constraints.

Page 39

70)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

71)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

e. Use condoms consistently (0)

f. Engage in safe(r) sex (0)

h. Abstain from injecting drugs (0)

i. Use clean needles and syringes (0)

j. Fight against violence against women (0)

k. Greater acceptance and involvement of people living with HIV (0)

l. Greater involvement of men in reproductive health programmes (0)

72) **In addition to the above mentioned, please specify other key messages explicitly promoted:**

Promote voluntary counselling and testing of HIV.

73)

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

No (0)

Page 41

74)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

75)

2.1 Is HIV education part of the curriculum in:

primary schools? No
secondary schools? Yes
teacher training? Yes

76)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

77)

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

Yes (0)

78)

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

Yes (0)

Page 42

79)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user, Sex workers, Prison inmates
Needle & syringe exchange	Injecting drug user, Sex workers, Prison inmates

Page 43**80) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Migrants

Page 44

81)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

82)

Since 2007, what have been key achievements in this area:

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

83)

What are remaining challenges in this area:

More progress is needed in the area of prison health. The national level does not have any jurisdiction for the management of prisons. Prison health is a responsibility of the federal states. This implies that differing approaches regarding needle exchange, drug substitution and condom promotion are being used, and the level of prison health activities varies.

Page 45

84)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

85)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Action-oriented research and pilot programming Close collaboration with civil society

86)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: private sector (i.e. florist and hairdressers)	Agree

Page 47

87)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

88)

Since 2007, what have been key achievements in this area:

Intensified targeted programming, esp. with men who have sex with men and migrants. Continued high level of awareness on HIV (transmission, prevention..) in general population.

89)

What are remaining challenges in this area:

Adjusted prevention messages are needed to accommodate behavioural shifts (HIV complacency, condom fatigue, risk behaviour and risk management errors, i.e. due to sero-sorting) and treatment achievements (reduced viral loads under treatment).

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90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

92)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

93)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Action-oriented research and pilot programming Close collaboration with civil society

95)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

97)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and

substitution drugs?

No (0)

Page 53

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

99)

Since 2007, 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 medications for co-infections.

100)

What are remaining challenges in this area:

Dealing with questions around chronic HIV infection (i.e. ageing, non-infectious complications, drug-related side effects, adequate psycho-social support). Adequate health services for migrants with no health insurance.

Page 54

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

Page 57

102)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

103)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

104)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2010

105)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

106)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

107)

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

Yes, but only some partners (0)

Page 59

108)

Part A, Section V: MONITORING AND EVALUATION**Question 1.4 (continued)****IF YES, but only some partners or IF NO, briefly describe what the issues are:**

Federal states and some civil society organisations work independently from national level.

Page 60

109)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes

a data dissemination and use strategy

Yes

Page 61

110)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

111)

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

Yes (0)

Page 62

112)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

5

113)

3.2 IF YES, has full funding been secured?

Yes (0)

114)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

115)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

116)

IF NO, briefly describe how priorities for M&E are determined:

There is some level of coordination, esp. among the major players. Overall, however, a more systematic approach is needed. In addition, federal states work independently from the national level.

117)

5. Is there a functional national M&E Unit?

No (0)

Page 66

118)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

There is no central M&E Unit. 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

Page 69

119)

What are the major challenges?

Federal state system does not allow for centralised M&E system at national level.

Page 70

120)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

121)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

122) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

German Association of AIDS Self-Help Groups is the umbrella organization of 130 local AIDS support groups and initiatives.

123)

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

No (0)

Page 73

124)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74125) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Federal States

126)

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

Yes (0)

127)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

128)

Provide a specific example:

A new strategy targeting men who have sex with men has been developed in response to the rise of newly diagnosed HIV infections in this group.

129)

What are the main challenges, if any?

Improve data base on migrants.

Page 75**130) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

131)

Provide a specific example:

Adaptation of targeted programming with MSM (approach used, programme scale).

132)

What are the main challenges, if any?

N/A

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133)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

134)

Provide a specific example:

Adaptation of targeted programming with MSM (approach used, programme scale).

135)

What are the main challenges, if any?

N/A

Page 77**136) Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

137)

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

At national level?	Yes
At subnational level?	No
At service delivery level including civil society?	Yes

Page 79

138) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

5

139) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

50

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140)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

141) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

7 (7)

142)

Since 2007, what have been key achievements in this area:

A coordinated strategy for comprehensive second generation surveillance is being developed.

143)

What are remaining challenges in this area:

Complete alignment and harmonisation are not possible in a federal state setting.

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144)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

145)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

HIV is not specially mentioned, but included in two laws: AGG antidiscrimination law (gender, sexual orientation, race, ethnic minorities, disabilities, age, religion) SGB IX law to protect people with disabilities

146)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

147)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	Yes

148)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

laws: Allgemeines Gleichbehandlungsgesetz (AGG) Prostitutionsgesetz (ProstG)
Sozialgesetzbuch IX (Rehabilitation und Teilhabe behinderter Menschen an Gesellschaft und Arbeitsleben) (GG) Grundgesetz

149)

Briefly describe the content of these laws:

AGG: protection against discrimination because of race, ethnicity, gender/sexe, religion, sexual orientation, age, disability ProstG: protects sexworkers of violence, offers legal framework of professional sexwork including healthinsurance SGB IX: measures of participation and integration of disabled people in the labour market and in society in general GG: all citizens have equal rights

150)

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

AGG: implementation is good, for differnt discrimination impacts, official responsible persons are named; if any case of discrimination occurs, applying by court is possible and realised. ProstG: implementation is still low, there is lot more impact in this law, but sexwork business is difficult and professionalizing is not often seen as good practice SGB IX: implementation is good, but the law is not as effectuous as thought because there are no financial measures provided

Page 86

151)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

152)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

153)

IF YES, briefly describe the content of these laws, regulations or policies:

Some subgroups suffer restrictions: people without legal status / without healthinsurance face difficulties to get healthcare and HIV-treatment, because they would have to give up their illegal life (for most of them that means deportation). Refugees get only restricted healthcare, but HIV-treatment is included. Restrictions may appear because of residency restrictions and no free choice of practitioner/hospital to be treated IDU: drug policies in Germany are quite good (e.g. substitution, providing of health care) but drug use in general is still prohibited and drug users live under very restricted conditions prison inmates: health care in prison is restricted by policies of the federal states and the administration, substitution is often not possible in prison

154)

Briefly comment on how they pose barriers:

Health care is needed for everyone irrespective of his/her residence permit status and the situation of being jailed. People without residence permit don't seek healthcare even if they are very sick, they do take risks and get treated too late.

Page 88

155) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 89

156)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

In the national action plan against HIV/AIDS, the respect of the human rights of people living with

HIV/AIDS is mentioned as a base for the fight against HIV/AIDS.

157)

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

Yes (0)

Page 90

158)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

acts of violence against homosexuals are collected by some gay associations; in different cities governmental offices to strengthen the implementation of the AGG (antidiscriminatory law) exist and document aswell homophbic, rassist and gender violence.

159)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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160)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

The prevention programs for most-at-risk groups are developed and implemented by people living with HIV/AIDS, gay men, sexworkers and migrants under the leadership of the Deutsche AIDS-Hilfe, their member organisations and other community based organisations. The "Kompetenznetz HIV/AIDS", the national network of research in HIV/AIDS has an advisory board of people living with HIV/AIDS and one of them is member of the steering committee too.

161)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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162)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Germany's social system offers free treatment for those who are not employed (people with employment normally have a health insurance which protects the costs of treatment, care and support). If there were resource constraints, there will be restrictions in choice and a hierarchy in the necessity of treatment or analyses.

163)

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

Yes (0)

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164)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

165)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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166)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

Access is equal for everybody except people in prison and migrants without residence permit status.

167)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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168)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Different approaches are chosen i.e. for voluntary testing and counseling in low-threshold services for MSM; provision of safer use equipment is offered in different ways including vending machines but also in counseling centers

169)

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

Yes (0)

170)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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171)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

172)

IF YES, describe the approach and effectiveness of this review committee:

The advisory board of the "Competence Network on HIV/AIDS" is representing patients interests and needs, influencing the research design, protection of patients rights and data privacy. Patient advisory boards exist in diverse structures involved in research i.e. pharmaceutical industries, conference boards of the national conferences on HIV/AIDS

Page 97

173)

– **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 (0)

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174)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)**

IF YES on any of the above questions, describe some examples:

In Germany, the human rights situation is good and HIV is no special issue on the human rights agenda. There is a person responsible in the government for all human right issues including violation of human rights. People may aswell go to the court to defend their human rights.

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175)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

176)

– **Legal aid systems for HIV casework**

Yes (0)

177)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

178)

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

Yes (0)

Page 100

179)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

Page 101

180)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

9 (9)

181)

Since 2007, what have been key achievements in this area:

The implementation of the national action plan against HIV/AIDS has strengthened the response in prevention, treatment, care and support.

182)

What are remaining challenges in this area:

Prevention, treatment, care and support for migrants without residence permit status and for people in prison

Page 102

183)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

9 (9)

Page 103

184)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

5 (5)

Page 104

185)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (5)

Page 105

186)

a. the national AIDS strategy?

5 (5)

187)

b. the national AIDS budget?

5 (5)

188)

c. national AIDS reports?

5 (5)

189)

Comments and examples:

Representatives of the Deutsche AIDS-Hilfe (nationwide German AIDS Organisation) have been invited to every strategic meeting i.e. on testing in Germany, on the STI-prevention strategy, on HIV-testing during pregnancy

Page 106

190)

a. developing the national M&E plan?

5 (5)

191)

b. participating in the national M&E committee / working group responsible for

coordination of M&E activities?

5 (5)

192)

c. M&E efforts at local level?

5 (5)

193)

Comments and examples:

i.e. the Deutsche AIDS-Hilfe is involved in the national and european core group on quality assurance and quality improvement.

Page 107**194) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

5 (5)

195)

Comments and examples:

networks of people living with HIV/AIDS are organized on their own but members and partners of Deutsche AIDS-Hilfe; sexworkers are organized in different associations and aswell partners of the Deutsche AIDS-Hilfe; faith-based organizations are building together with other associations the network "Aktionsbündnis gegen AIDS" (Network of activists against AIDS)

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196)

a. adequate financial support to implement its HIV activities?

4 (4)

197)

b. adequate technical support to implement its HIV activities?

4 (4)

198)

Comments and examples:

For some activities, there is not enough funding available, i.e. for HIV-related stigmatization in the labour-market or for campaigns on HIV and labour.

Page 109**199) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	

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200)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

Overall, how would you rate the efforts to increase civil society participation in 2009?

9 (9)

201)

Since 2007, what have been key achievements in this area:

Engaging in low-threshold testing efforts is a new approach to offer voluntary counselling and testing in community settings

Page 111

202)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

203)

Part B, Section III: PREVENTION**Question 1 (continued)**

IF YES, how were these specific needs determined?

specific needs of most-at-risk-groups: MSM, sexworkers, migrants, IDU have to be addressed in an adequate way to provide prevention, treatment, care and support for them (setting, language etc.)

204)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	N/A
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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205)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

206)

Since 2007, what have been key achievements in this area:

the nationwide campaign for men who have sex with men is running very well and may develop its power in the next years prevention programs for migrants from high prevalence countries have been established

207)

What are remaining challenges in this area:

Page 114

208)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

209)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	N/A
TB screening for HIV-infected people	N/A
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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210)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care

and support programmes in 2009?

9 (9)

211)

What are remaining challenges in this area:

treatment for migrants without residence permit status

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212)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)