

UNGASS COUNTRY PROGRESS REPORT Germany

Reporting period: January 2008–December 2009

Submission date: April 9, 2010

by e-mail

I. Table of Contents

I.	Table of Contents	1
II.	Status at a Glance.....	2
III.	Overview of the AIDS Epidemic.....	3
V.	Best Practices.....	12
VI.	Major Challenges and Remedial Actions	13
VII.	Monitoring and Evaluation Environment	13

ANNEXES

ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

ANNEX 2: National Composite Policy Index questionnaire

II. Status at a Glance

After an increase in HIV incidence since 2000, the number of new infections has stabilised in its third year at 3,000 p.a. In 2009, German HIV incidence rates was among the lowest throughout Western Europe.

The figures reflect Germany's intensified action in HIV prevention and education. Besides increased funding for HIV/AIDS prevention at national level (from 9,2 Mio. Euro in 2006 to 13,2 Mio. Euro in 2009), the main focus has been to increase the reach of persons at risk, to strengthen and expand targeted approaches and to integrate STIs.

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

HIV/AIDS in Germany – Basic Estimates (as of end of 2009*)

HIV Prevalence	
Persons living with HIV (by end of 2009)	~ 67.000
Men	~ 55.000
Women	~ 12.000
Of these: Children	~ 200
Of these: Persons living with AIDS	~ 11.300
.. by mode of transmission	
MSM	~ 41.400
Heterosexual contact	~ 9.200
Originating from HIV high prevalence region	~ 7.500
Injecting drug use	~ 8.200
Haemophilia / blood transfusion	~ 500
Mother-to-child transmission	~ 200
HIV Incidence	
New infections (in 2009)	~ 3.000
Men	~ 2.650
Women	~ 350
Of these: Children	~ 25
.. by mode of transmission [%]	
MSM	72 %
Heterosexual contact	20 %
Injecting drug use	8 %
Mother-to-child transmission	< 1 %
New cases of AIDS (in 2009)	~ 1.100
Men	~ 900
Women	~ 200
Of these: Children	~ 5
HIV-related deaths (in 2009)	~ 550
Cumulative figures	
HIV infections since the beginning of the epidemic	86.500
AIDS cases since the beginning of the epidemic	~ 36.500
Men	~ 31.400
Women	~ 5.100
Of these: Children	~ 200
HIV-related deaths since the beginning of the epidemic	~ 28.000

Source: Robert Koch-Institute annual estimate (published in November 2009)

III. Overview of the AIDS Epidemic

Germany's total population as of end of 2008 was 82 Mio. The population size in the age group 15 to 60 years was 51 Mio., of which 26 Mio. were male and 25 Mio. female.

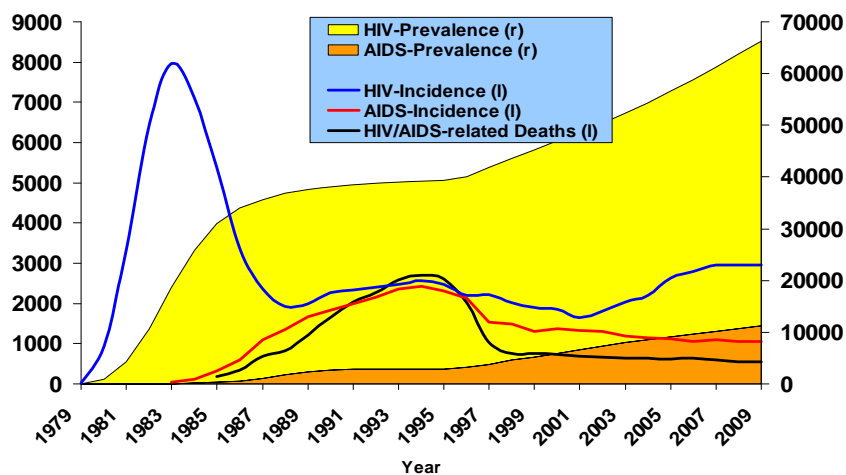
The HIV epidemic in Germany can be characterized as a concentrated epidemic. The most affected population groups are

- MSM (the estimated number of MSM living with HIV by the end of 2009: 41,500)
- Migrants originating from HIV high prevalence regions (estimated number of migrants living with HIV by end of 2009: 7,500)
- Injecting drug users (estimated number of IDU living with HIV by end of 2009: 8,200 – including former IDU)

Currently, incidence is highest among MSM. It is estimated that 72 % of the HIV infections acquired in Germany are through male-male sexual contact, 20% through heterosexual contact, 8% associated with injecting drug use. Less than 1% of infections are due to mother-to-child transmission.

Overall, HIV prevalence rate has been rising due to reduced HIV mortality on one hand and a stabilised, but continued transmission of HIV on the other. It is currently (by end 2009) estimated at below 0.2% in the adult population between 15 and 60 years. With an estimated prevalence rate of 0.02%, the "general population" (groups at risk 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 rate in this highly selected group is < 0.01%.

Estimated HIV/AIDS Incidence, Prevalence and Deaths in Germany, End of 2009 (Model)



III.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 between 2001 and 2008, trends have stabilised since. As of 2009, the estimated prevalence rate among MSM (age groups 20 – 60 years, assuming 3% of male adult population are MSM) is 5.9%. With respect to STI, syphilis incidence increased between the late 1990s and 2004 and has since stabilised. The determination of disease trends in other STIs, which are currently not reportable by law, is more uncertain. A national STD-sentinel surveillance study found an increasing trend of gonorrhoea and chlamydia trachomatis diagnoses in MSM 2003 and 2009; it remains, however, unclear whether these findings were confounded by an increased uptake in STI testing.

HIV-related knowledge and behaviour of MSM are monitored by repeated behavioural surveillance questionnaire studies (approximately every 2-3 years). The last one was realized in 2007¹. Participants were recruited online and offline (by gay magazines).

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.

Knowledge on modes of HIV transmission and how to prevent transmission is almost universal in the participating sample of MSM.

However, the number of sexual partners has been increasing in the surveys since the early 1990s and proportion of unprotected episodes of anal intercourse with partners of unknown HIV serostatus as well as number of partners, with whom unprotected anal intercourse was practised, has increased since 1996. These findings explain the increase of HIV and other STI in this sub-group. Reasons for the decline in protective sexual behaviour include a partial shift from risk avoidance to HIV serosorting (seroguessing), strategic positioning, and withdrawal before ejaculation.

¹ Bochow M, Schmidt AJ, Grote S, Wie leben schwule Männer heute? Lebensstile, Szene, Sex, AIDS 2007. Gesamtbericht zur 8. Wiederholungsbefragung "Schwule Männer und AIDS" im Auftrag der Bundeszentrale für gesundheitliche Aufklärung

III.b Status of the HIV Epidemic Among IDU

The number of newly diagnosed HIV infections in injecting drug users (IDU) in Germany has been continuously declining since 1997. The decline was more pronounced in metropolitan than in rural areas. As of 2009, the prevalence rate in the actively drug injecting population is estimated at 4%². 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 declining HIV incidence and prevalence rates among IDU in Germany, prevalence of HCV among IDU seems to remain on a high level. Overall, however, recent HIV and HCV prevalence data among IDU are scarce.

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.

² Quelle: Radun D, Weilandt C, Eckert J, Schüttler CG, Weid FJ, Kücherer C, Hamouda O: Prevalence of hepatitis B/C and HIV among adult detainees in Germany and their risk behaviour - Preliminary results. European Conference on Applied Infectious Disease Epidemiology, 18./19.10.2007, Stockholm, Schweden.

III.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%) are 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, approximately 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. For the 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 estimate 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%. The actual mode of HIV transmission in female sex workers may often be intravenous drug use.

IV. National Response to the AIDS Epidemic

IV.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 co-operation with the member states of the European Union 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. Co-ordination and co-operation of national and international activities;
5. Epidemiological surveillance;
6. Strengthening biomedical, clinical, social research, especially in the context of international co-operation;
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 2009, these included 29.4 Mio. Euro for prevention³ and 9,7 Mio. Euro for research⁴ activities.

IV.b Summary of the National Response 2008 - 2009

Prevention

In more than 20 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.

³ Federal Ministry of Health: 13.2 Mio. Euro, Federal states: 16.2 Mio. Euro. Estimate excludes funding at communal level.

⁴ Federal Ministry of Health: 2 Mio. Euro; Federal Ministry of Education and Research: 7,7 Mio. Euro. All figures are rounded.

The high value of prevention for successful HIV/AIDS control has consistently been confirmed in periodic evaluations⁵. They demonstrate that knowledge on the most important ways of HIV transmission and protection is almost universal.

In 2008 and 2009, a stronger focus was put on targeted prevention measures in men who have sex with men, migrants and persons with sexual risk behaviour. In addition, STI (sexually transmitted infections) prevention and control have become a crucial component of the overall HIV/ AIDS strategy. The stabilisation of new infection levels in 2009 provides first indications 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 campaign has become an international role model for successful, highly visible prevention.
- *Gemeinsam gegen AIDS* ("Together against AIDS") is 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). One important feature has been to expand the reach to the public by working with celebrities. Over the years, this concept has been further developed to celebrities - as well as non-famed individuals - becoming 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.
- The National Competition AIDS Prevention was first posted in 2008 with public-private sponsoring. Its goal is to identify and reward innovative and sustainable projects that effectively meet the prevention challenges and address hard-to-reach groups. Out of 100 entries in 2008, nine winners were selected. The next round of this competition is planned for 2010.
- The targeted campaign for men who have sex with men *Ich weiß was ich tu* ("I know what I'm doing") was started in 2008. The campaign has a modular design consisting of mutually reinforcing elements including print and internet media, consulting, personal communication and regional outreach work. It seeks to reduce the number of new infections by enhancing protective behaviour and diagnosing previously undetected HIV infections. The campaign works with role models and uses a participatory approach.

⁵ "Public Awareness of AIDS" is a survey studying HIV/AIDS-related awareness and behaviour. Annual repetitions allow to observe the level of reach of the various HIV/AIDS prevention media in the German public over an extended period of time.

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. 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 close to universal. 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.

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 NGOs and self-help groups offer psycho-social support and care for people living with HIV/AIDS. They also run or support centres for drug consumers and substitution programmes.

In 2008/9, efforts were undertaken to increase the HIV testing coverage. While the principle of VCT (see prevention) stands unabated, emphasis is made to exhaust all opportunities for routine testing procedures using a VCT approach. This includes the revision of antenatal care guidelines to include an unambiguous recommendation for routine testing of HIV in pregnant women that came into effect in 2009.

Solidarity, anti-discrimination and anti-stigmatisation

The respect of human rights and non-discrimination are basic principles of the German Constitution (s. Article 3 that guarantees 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/AIDS in society.

Today, the general attitude towards persons with HIV and AIDS is characterised both by 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 2009, 96 % of the general population rejected the isolation of AIDS patients. In addition, 68 % 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.

At European level, Germany has substantially increased its support in HIV/AIDS prevention control to neighbouring countries in Central and Eastern Europe, thereby implementing the commitments made in the Declarations of Dublin, Vilnius and Bremen. This included support to Bulgaria in negotiating HIV medication at affordable prices, the funding of Bordernet, a cross-border project to strengthen HIV/AIDS control measures by sharing best practices and facilitating inter-country collaboration, and the financial support of interventions in Moldova through UNAIDS. With a grant volume of 7 Mio. Euro between 2007 and 2010, special emphasis was given to the funding of bilateral HIV/AIDS prevention measures in Ukraine.

In addition, there is a close coordination with EU partners in the area of HIV and AIDS, including the European think tank, with the European Centre for Disease Prevention and Control, and through the European and Developing Countries Clinical Trials Partnership (EDCTP), an initiative involving the EU and 49 countries from Sub-Saharan Africa. During the first phase ending in 2010, Germany has committed 6 Mio. Euro in support of the Partnership. Of these, about 0.5 Mio. Euro have been dedicated to clinical trials on HIV/AIDS.

The scale of the AIDS epidemic world-wide requires the concentration and co-ordination of international aid measures. Germany advocates and supports a comprehensive co-ordinated approach, as well as the strengthening of the strategic co-operation between national and international players (including civil society), as laid out in the Paris Declaration on Aid Effectiveness.

Surveillance

In addition to the national surveillance of HIV and AIDS Germany cooperates with the 'European Centre for Disease Prevention and Control (ECDC)' in continuing to harmonise and strengthening a European HIV surveillance system. In addition, Germany is also engaged in building national surveillance systems of neighbouring European countries and internationally, with particular emphasis on the monitoring of vulnerable groups.

Research

Currently, resistance to antiretroviral medicines is on the increase. Another challenge is the lack of long-term individual protection (for example, 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 9.7 Mio. Euro in 2009. In addition, Germany supported the International Partnership for Microbicides (IPM) with 1 Mio. Euro per year between 2007 and 2009.

V. 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 German Federal centre of health education (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 co-ordinated and mutually supportive collaboration of governmental and non-governmental agencies has made AIDS prevention in Germany a success.

VI. Major Challenges and Remedial Actions

In 2008/9, one major challenge has been to readjust the targeted programming approaches in HIV/AIDS prevention to the current epidemiological developments. Primarily, this included the response to the increase in newly diagnosed HIV and sexually transmitted infections in the group of MSM. In the new HIV prevention campaign for MSM launched in 2008, aspects like misconceptions on effective HIV prevention methods and encouragement for early HIV testing are addressed. The campaign is ongoing, but has already demonstrated its good reach and favourable acceptance. First evaluation results are expected in 2010.

Similarly, targeted programming among migrants in Germany is another area of work. Pilot projects and operative research are being conducted to explore approaches to HIV prevention that include – in 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.

VII. 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 European Centre for Disease Prevention and Control, including on indicators, monitoring tools, and the harmonisation of surveillance tools.

VIII. The Contribution of the Federal Government of Germany to the Global Response to AIDS

The Federal 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 of German Development Cooperation as defined in its Program of Action 2015⁶, and outlined by the German Federal Government's Strategy to combat HIV/AIDS⁷.

In 2007, the Action Plan for the Implementation of the German Government's Strategy to combat HIV/AIDS 2007-2010⁸ became operative and during the EU and G8 Double Presidency in 2007, Germany substantially contributed to the scaling up of a gender-sensitive and gender-transformative global response to HIV.

German Development Cooperation is active in the response to AIDS in more than 40 countries.

The objectives of the German contribution to the global response to the AIDS pandemic 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 infected 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, German Development Cooperation supports a multisectoral and evidence-based approach according to the local epidemic situation and incorporates AIDS as a cross cutting issue in major fields of development cooperation. Additionally, in order to respond to HIV effectively, all interventions aim to be gender-oriented to reduce the vulnerability of women to HIV infection as well as to negative social and economic consequences of the epidemic. Reducing gender inequalities and empowering of women are effective and essential measures for containing HIV and AIDS. A primary focus of the German Development Cooperation is on HIV prevention embedded in national HIV strategies to increase effectiveness and sustainability, treatment / antiretroviral therapy, and care concepts (home-based care, palliative care and hospice support).

The Federal Government of Germany is committed to strengthen the cooperation on national as well global level, to enhance harmonisation among

⁶ Reducing poverty a global responsibility. Programme of Action 2015. The contribution of the Federal Government to reducing extreme poverty by half world-wide. Bonn 2001

⁷ In Response to HIV/AIDS: The Strategy of the Federal Government of Germany. Bonn July 2005

⁸ Action Plan to implement the Strategy of the Federal Government to fight HIV/AIDS. Bonn/Berlin March 2007

donors and to closely cooperate with the civil society. The Federal Government supports the "Three Ones" initiative and — together with other donors and partner countries — launched the International Health Partnership (IHP), which is an important element of the Global Campaign to support the Health MDGs and aims to strengthen national health strategies.

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 has enhanced constantly its commitment to the Global response to AIDS, Tuberculosis and Malaria. In 2007, the German Government committed to allocate 4 Billion Euro until 2015 for the fight against AIDS, Tuberculosis and Malaria and for health system strengthening.

In 2008, Germany committed 737 million Euro on bilateral and multilateral health ODA, including a substantial share for the fight against AIDS. Disbursements amounted to 686 million Euro in 2008.

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. 500,000 Euro as ODA since 2005
- the International Partnership for Microbicides – annual provision of 1 Mio. Euro as ODA between 2007 and 2009 (see also Section IV.).

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

The German Government has a long track record in the support of the private sector response to HIV in Africa starting in the late 1990s. Through the assistance of German Technical Cooperation (GTZ) in Public Private Partnerships (PPPs) and the AIDS Control in Africa (ACCA) project, transnational companies including Bosch, DaimlerChrysler, Heidelberg Cement, KAEFER, T-Systems and Volkswagen started to establish comprehensive HIV workplace programmes with both prevention and treatment components.

Since then, workplace policy and programme support in sub-Saharan

Africa has been extended to national business associations in different African countries, where the concept of WPP was adapted to the context of smaller local companies. GTZ has also been commissioned to work on health and HIV-related issues with the following pan-African and regional organizations through the regional Support of the Private Sector in Africa (SPAA), Project:

- The Pan-African Business Coalition on HIV/AIDS (PABC) based in South Africa, a network of business associations from more than 25 African countries responding to HIV
- The East African Business Council (EABC) in Tanzania with over a hundred member companies and associations from five countries.

In addition, Capacity Building International Germany (InWEnt) and German Development Service (DED) have, in the context of the "HIV Workplace programs in Southern Africa" (AWiSA) Project, cooperated with

- the Automotive Industry Development Centre (AIDC) since 1997 in the implementation of HIV workplace programs for small and middle-sized companies (especially suppliers of the automobile industry)
- Ford South Africa since 2008

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

In the context of German Development Cooperation, German Technical Cooperation (GTZ) and DED have established an HIV workplace programme for their employees. On the basis of a shared workplace policy between the German technical implementing agencies DED, InWEnt and GTZ, this policy encompasses all German Development Cooperation employees of the country in some offices (e.g. South Africa).