Germany’s Contribution to a Sustainable HIV Response

A BMZ Position Paper
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Executive Summary

With the adoption of Millennium Development Goal (MDG) 6 in 2001, the international community made a commitment to mount a sustained response to HIV/AIDS, malaria and other infectious diseases. This Position Paper describes Germany’s current priorities and actions for achieving this goal and how it will contribute further to its attainment in the coming years.

The HIV response occupies a special position in German development cooperation. Together with other partners, Germany is committed to achieving universal access, so that by 2015, prevention, treatment, care, and support services will be available worldwide to everyone affected by HIV. Furthermore, as one of the world’s eight largest economies (G8), Germany has pledged at least 4 billion euros for the period 2008-2015 to fight AIDS, tuberculosis and malaria and for the requisite strengthening of health systems.

In the multilateral context, Germany is a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and a member of the Fund’s Board. Germany has successfully initiated urgently needed reform processes aimed at increasing the Fund's effectiveness and preventing the misuse of funds. Germany will continue to accompany the Fund’s work constructively, with a particular focus on improving risk management and achieving greater transparency and more involvement of development partners on the ground. In addition to supporting the Global Fund, Germany contributes to the World Health Organization (WHO) and UNAIDS. In this context, the German government is particularly concerned to ensure that spending is targeted towards the poorest countries and most disadvantaged and affected communities and that support is provided for national strategies and processes.

In its bilateral development cooperation, Germany has agreed the priority area of “Health, Family Planning and HIV” with 15 partner countries and two regions, and provides funding for health programmes in a further 23 countries. The countries of Southern and East Africa are a particular focus of attention; here, the HIV epidemic is a significant barrier to development progress.

Making human rights a reality is a guiding principle of German development cooperation: its measures are aimed at eliminating all forms of discrimination and criminalisation, advancing gender equality and women’s self-determination and the full participation of people living with HIV and civil society organisations.

In its contribution to the global HIV response, Germany attaches particular importance to effective prevention and access to testing and treatment. The various measures are aligned strategically to the country context and the needs of key populations at higher risk of HIV exposure. The aim is to change behaviour, improve the quality of health services and treatment programmes, realise the rights and promote the political and socioeconomic participation of particularly at-risk and affected groups, and foster a climate of tolerance.

The goal of universal access to prevention, treatment, care and support can only be achieved if national health systems have the capacity to deliver their services in a competent, effective and efficient manner and if these services are accessible to everyone. German development cooperation is therefore committed to strengthening health systems and is pressing for HIV-related services, as far as is possible and rational, to form part of comprehensive service packages delivered by public and private, faith-based and civil society health service providers, instead of being provided through separate structures.
1. HIV – A challenge for development cooperation

1.1 The HIV response in 2012 – the goal is in sight

With the adoption of Millennium Development Goal (MDG) 6 by the United Nations in 2001, the international community made a commitment to mount a sustained response to HIV/AIDS, malaria and other infectious diseases. One of the targets undertaken for MDG 6 is to have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Since then, obvious gains have been made in the response to the HIV epidemic in many countries. Globally, new HIV infections have decreased by 21 per cent since 1997. HIV incidence has fallen in 33 countries, 22 of them in sub-Saharan Africa, where new infections decreased by more than 25 per cent between 2001 and 2009. Thanks to the concerted efforts of the international community, the number of people dying from AIDS-related causes fell from 2.2 million in 2005 to 1.8 million in 2010. With the reduction in the number of new infections worldwide and the decrease in the number of deaths from AIDS-related causes, an important milestone for the attainment of MDG 6 is now within reach.

Despite these gains, however, the effects of the HIV epidemic are devastating. In their declarations on HIV, the members of the United Nations describe the HIV epidemic as a global emergency and one of the most formidable challenges to human development. Since the outbreak of the epidemic, an estimated 30 million people have died of AIDS. In some countries with high HIV prevalence, average life expectancy has decreased by more than 10 years. Major efforts by the international community are therefore still needed to mount a sustained and effective response to HIV.

According to UNAIDS, 34 million people were living with HIV at the end of 2010. An estimated 68 per cent of all people with HIV live in sub-Saharan Africa, the region most affected by the epidemic, with the greatest burden falling on Southern Africa, where HIV prevalence reaches above 10 per cent of the adult population in some countries. Women are disproportionately affected by the epidemic in Africa and the Caribbean. Even now, there are still more than 7,000 new HIV infections every day; 2.7 million new infections occurred globally in 2010. Infection rates are particularly high among young people aged 15 – 24 years: they account for 41 per cent of all new HIV infections. The epidemic has stabilised in many countries in Africa, Latin America and other regions, but new HIV infections increased by as much as 25 per cent in some countries in Eastern Europe, Central Asia and the Caribbean between 2001 and 2009. Around 6.6 million people were receiving antiretroviral therapy at the end of 2011 – but according to estimates, twice that number need it.

The global response to HIV must therefore be targeted even more precisely. The UN General Assembly, in the Political Declaration on HIV/AIDS – the outcome document of the High Level Meeting on AIDS in 2011 – notes that the epidemiological and social context of each country concerned is still not being taken into account to an adequate extent and priority populations are not being reached. Moreover, investment should be targeted more strategically towards prevention programmes.

In its five-year Strategy 2011-2015, UNAIDS presents an agenda for the more focused response that is needed, and sets out some ambitious visions: to get to zero new infections, to get to zero AIDS-related deaths, and to get to zero discrimination. In addition, the new Investment Framework offers a concept for improving the strategic planning of country-owned responses.

Many members of the international community agree on the need to combine different prevention interventions and sustain the global solidarity network. Unless new infections are significantly reduced,
the costs of providing vital lifelong HIV treatment and care for patients will continue to rise. Drugs have been used for many years to prevent mother-to-child transmission of HIV, and recent scientific studies now show that antiretroviral treatment generally offers great potential for preventing new HIV infections. These findings offer hope that HIV prevention will become even more effective in the coming few years. By investing in comprehensive prevention and deploying the most effective mix of methods strategically in each context, it will be possible, in the long term, to reduce the amount of funding required for treatment programmes. Building the capacity and ownership of the countries most affected by the epidemic is also particularly important in order to reduce their dependence on external funding for national HIV programmes over the long term.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the most important international financing mechanism for HIV programmes in developing countries. The Global Fund’s key feature is an innovative partnership between governments (of donor and implementing countries), civil society, the private sector and affected communities, who jointly govern the Fund. It thus makes a significant contribution to strengthening civil society.

In 2011, the Fund embarked on a comprehensive reform of its working methods and adopted a new Strategy Framework for 2012-2016. With a view to “investing for impact”, funds will be invested more strategically, with a focus on the countries and populations most in need, with more support for national health strategies and systems and a focus on increasing countries’ own contributions. Improved risk management will offer effective protection against the misuse of funds. The Global Fund also aims to coordinate more closely with other donors, define roles and responsibilities, and improve the sustainability of its investments. In particular, the Fund provides funding for treatment programmes for people living with HIV, such as the bilateral programmes from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) or the Bill & Melinda Gates Foundation.

1.2 The German contribution to the global HIV response

The Federal Republic of Germany coordinates closely with partner countries and other donors in order to deliver a strategically optimised response to the global HIV epidemic. Together with other partners, it has signed up to the international agreement to achieve universal access to HIV prevention, treatment, care and support for every person in the world who is affected by HIV. This goal is to be achieved by 2015.

Furthermore, as one of the world’s eight largest economies (G8), Germany has pledged at least 4 billion euros for an eight-year period (2008-2015) to fight AIDS, tuberculosis and malaria and for the requisite strengthening of health systems. This sum includes Germany’s bilateral development commitments, its contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and its contributions to the HIV programmes of the European Union, the World Bank, and other international organisations. As one of the largest donors in the health sector, Germany thus provides crucial support for the global response to the HIV epidemic.

The HIV response occupies a special position in German development policy1. Here, the priority is supporting prevention, with the aim of changing individual behaviour, adverse living conditions and the legal and political frameworks that hamper an effective response, and reducing discrimination and stigma.

1 Sector Strategy “German Development Policy in the Health Sector”, August 2009. Link: www.bmz.de
Making human rights a reality is a guiding principle of German development policy: it aims to eliminate all forms of discrimination, advance gender equality and women's self-determination, and to ensure the full participation of key populations at higher risk of exposure to HIV or living with HIV, and civil society initiatives. Working with groups which are particularly at risk is integral to this process. Involving them in the planning, implementation and evaluation of programmes and supporting their initiatives, individual responsibility and ownership is a priority.

The second priority is safeguarding access to testing and treatment in accordance with the WHO's Treatment Guidelines. As the social and health policy response to HIV, as a chronic disease, requires appropriate health care structures in developing countries as well, Germany focuses here on the requisite strengthening of health systems.

In 2005 and again in 2007, Germany and the other G8 countries pledged to contribute to improved access to programmes for preventing mother-to-child transmission (PMTCT). In 2010, the G8 countries launched the Muskoka Initiative, which aims to improve maternal, newborn and child health. In conjunction with the United Nations General Assembly, promoting integrated health services, especially integration of sexual and reproductive health and HIV is a particular priority under the Initiative. This includes antenatal care services and family planning services as a prerequisite for the attainment of MDG 4 (Reduce child mortality), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS). As a contribution to the Muskoka Initiative, the German government has pledged to make a total of 400 million euros in additional funding available for child and maternal health programmes for the period 2011 – 2015. For the BMZ, achieving the Initiative's objectives is a high political priority. It actively involves civil society organisations and the private sector as key partners and, in the implementation of the Initiative, attaches particular importance to education and vocational training for health personnel who provide obstetric care.

Currently, in its bilateral development cooperation, Germany has agreed the priority area of "Health, Family Planning and HIV" with 15 partner countries and two regions, and provides funding for health programmes in a further 23 countries. The countries of Southern and East Africa are a particular focus of attention; here, the HIV epidemic is seen as a significant barrier to development progress. The German government contributes to the work of the decision-making bodies and provides funding for multilateral institutions in the health sector. It also supports Debt2Health: under this initiative, creditors cancel a country’s debt provided that these funds are used for the strengthening of national health systems.

In the context of the HIV response, Germany is actively engaged:

As a promoter of a conducive global policy framework

Germany is working to ensure that the international community sees HIV as a top-priority challenge and that adequate funding is provided and fair burden-sharing between development partners is achieved. Germany is also committed to enhancing the effectiveness of aid in accordance with the commitments made in Paris in 2005, which were elaborated in more detail in Accra in 2008 and in Busan in 2011, by further strengthening cooperation with partner countries, harmonisation with other donors, managing for results, and monitoring for political accountability. The German government cooperates with key international organisa-
As a member of the Board and the third largest donor to the Global Fund, the German government is working for swift and complete implementation of the reforms adopted at Germany’s instigation. The reform process will help to increase the Fund’s effectiveness, prevent misuse of funds, and make the Fund fit for the future. Misappropriation of funds and corruption destroy trust and increase, not decrease, infections and preventable diseases.

Germany will continue to accompany the Global Fund’s work constructively, with a particular focus on improving risk management and achieving greater transparency. In this context, the German government has been advocating for the funding of national strategies and processes and the targeted use of funds for the poorest countries and most disadvantaged affected communities. Increased mobilisation of national resources and greater linkage with bilateral programmes will also help to put the Fund’s work on a more sustainable footing.

As a supporter of sustainable national HIV strategies
German development cooperation supports partner governments, civil society, affected communities and the private sector. It promotes the development of effective and sustainable national responses to HIV (e.g. national health plans, “country compacts”) and national efforts to coordinate and harmonise support to the health sector (“sector-wide approaches”). It also advises national AIDS councils and commissions on the design and implementation of multisectoral HIV programmes. Bilateral programmes are based on a multilevel approach in the partner countries, ranging from the provision of policy advice to governments to implementation at the local level. They also promote the involvement of non-governmental organisations and the private sector in national HIV politics and policy. Using an appropriate mix of interventions and instruments, they support HIV prevention and integrate it with other health services (e.g. sexual and reproductive health), and strengthen health systems in order to improve access to diagnostic services, testing, drugs and quality-assured treatment.

As a driver for a conducive political and social environment
In order to support the establishment of political and social frameworks which enable an effective HIV response, German development cooperation extends far beyond the health sector. It integrates human rights-based positions into policy advice or political dialogue with partner countries, encourages participation by civil society in the planning and implementation of development programmes, and supports the establishment of decentralised, needs-based services and structures. The HIV response, the promotion of gender equality and the strengthening of civil society, including the private sector, are also embedded as cross-cutting issues in bilateral and trilateral programmes across several different sectors (mainstreaming). Public health, and vulnerability to HIV infection in particular, are influenced by a multitude of factors, for example education. Germany therefore supports multisectoral approaches, also in its efforts to mitigate the impacts of the HIV epidemic.
2. Principles of the HIV response in German development cooperation

2.1 Promoting human rights – involving, protecting and empowering disadvantaged groups

Human rights are the guiding principle for German development policy and are a fundamental prerequisite for a life in dignity, equality and freedom. The BMZ pursues a human rights-based approach in the health sector, with the aim of improving access to health services for disadvantaged groups. In the context of HIV, discrimination and stigma based on poverty, age, gender and sexual orientation, ethnicity or religion impede access to prevention, treatment, care, and support services. Active political and social dialogue about discriminatory social norms and practices is required in order to protect and empower disadvantaged groups.

2.2 Strengthening health systems

The goal of universal access to prevention, treatment, care and support can only be achieved if national health systems have the capacity to deliver their services in a competent, effective and efficient manner and if these services are accessible to everyone. Not least with a view to ensuring sustainability, German development cooperation is pressing for HIV-related services in developing countries, as far as is possible and rational, to form part of comprehensive service packages delivered by public and private, faith-based and civil society health service providers, instead of being delivered through separate structures.

Sexual and reproductive health and rights, family planning, children’s and young people’s health, and nutrition are all issues which must be addressed. It is also important to consider, as a priority, the interaction between HIV infection and tuberculosis.

2.3 Delivering efficient and effective prevention

At present, prevention programmes are only reaching part of the key populations at higher risk of HIV exposure, and therefore cannot reduce new infections to an adequate extent. Prevention measures must therefore be aligned even more closely to the country context and targeted towards relevant key populations. German development cooperation takes account of the specific needs of men, women and individual key populations. Proven prevention strategies are transferred and adapted to other contexts, and innovative solutions to new challenges are developed at the same time. By strengthening and optimising its support for prevention on an ongoing basis and achieving more efficient use of funds for treatment, care and support, Germany’s aim, through its development cooperation, is to help mitigate the devastating impacts of the epidemic, prevent costs from spiralling, and safeguard the sustainability of national HIV programmes.

2.4 Understanding HIV as a multisectoral challenge

In countries with high HIV prevalence in particular, the causes and effects of the HIV epidemic affect all social groups and sectors. Therefore, all German development cooperation programmes and projects implemented in partner countries in sub-Saharan Africa with an HIV prevalence of 1 per cent or higher have to include a systematic review of HIV-related risks and potential effects (external HIV mainstreaming). This aims to mitigate the potential impacts of HIV on the attainment of project or programme goals and to ensure that the projects and programmes themselves do not inadvertently contribute to the spread of HIV. Planned interventions may need to be modified in order to mitigate these risks. In internal

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mainstreaming, German implementing organisations operate HIV workplace programmes worldwide for their local, international and seconded employees. These provide the employees with access to HIV prevention, testing, care, treatment and support while also ensuring that workplaces are free of HIV-related stigma and discrimination.

2.5 Optimising linkages

Optimising the linkage between German development cooperation and international coordination mechanisms, particularly the International Health Partnership (IHP+), and international funding mechanisms such as the Global Fund is highly relevant for the strengthening of health systems. At country level, it is important to support partner governments’ efforts to develop comprehensive strategies which integrate the HIV response and TB programmes, as well as the HIV response and family planning services. Germany also aims to empower partner countries to coordinate bilateral and multilateral donor contributions and align them to national objectives. Another important task is to involve the private sector and non-governmental organisations in the development and implementation of national health strategies, also with a view to improving the general frameworks for these key actors. In the future, German expertise will be utilised more fully at the country level in order to integrate externally funded HIV programmes into the existing system, avoid duplication and create synergies.

3.1 Preventing new infections

At present, every year, for every person starting treatment, two are newly infected with HIV. The first priority for German development policy therefore continues to be the reduction of HIV infection rates. In countries with high HIV prevalence, this goal should be pursued through measures which target the general population, whereas in countries with concentrated epidemics it should be pursued by addressing the specific needs of key populations. Regardless of the degree of generalisation of the epidemic, however, effective prevention must take account of the political, social and economic factors influencing the epidemic, as well as its country-specific manifestations.

Even now, in many countries, key populations at higher risk of HIV exposure lack adequate access to HIV prevention. Experience shows that civil society groups have an important role to play as active partners in the development and implementation of programmes. Key populations are more likely to regard them as relevant and non-discriminatory and thus, are more likely to accept them. Empowering people at risk of HIV infection or who are living with HIV or AIDS, and supporting their political participation, are therefore central to German development cooperation. Members of the key populations are involved in the planning and implementation of programmes in order to reach people in situations of risk in a targeted manner and develop appropriate strategies for mitigating these risks.

At the national and provincial level, German development cooperation supports capacity development for AIDS councils and commissions to enhance their planning skills. These coordinating and decision-making bodies draw on their local knowledge to define and implement needs-based multisectoral programmes.

The German government also aims to strengthen national health systems so that medical prevention measures – such as early antiretroviral therapy (ART) for serodiscordant couples, the use of ART to prevent mother-to-child transmission of HIV, or male circumcision, which reduces the risk of HIV infection – can be implemented safely and in a professional manner in accordance with the relevant WHO Guidelines.

Here too, it is essential to make optimum use of private and public health service providers, to connect them, and to encourage them to pursue innovative approaches to service provision.

3.1.1 Tailoring prevention strategies

Preventing new infections requires behaviour change and the prevention of situations of risk. Besides medical interventions, the most important prerequisites for this are information and education, personal empowerment and political and social change which improves the sociocultural conditions for key populations on a sustainable basis.

In the field of prevention, Germany promotes a mix of interventions and the dissemination of appropriate methods which have proved to be effective in the given country context. These objectives are increasingly being pursued within the framework of general health promotion. One challenge is to embed protective behaviour more strongly in the wider public as well, but without causing “fatigue” to HIV prevention messages. Innovative and appropriately tailored strategies can reduce this particular risk.

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1 “Reinforcing civil society contributions to health”, April 2012. Link: www.german-practice-collection.org

Worldwide: Safer sex through social marketing

German development cooperation uses social marketing to promote the availability and use of condoms. It involves using effective commercial marketing methods to ensure that subsidised – and therefore affordable – condoms are distributed widely to the public via local retailers. To encourage retailers to include condoms in their product range, cultural barriers have to be overcome first of all. In contexts where religion exerts considerable influence, for example, condoms are often a taboo subject. A sensitive approach to communication is effective in such situations: there is evidence that in areas where social marketing programmes are well-established, the taboos surrounding condoms are reduced. Based on analyses of the specific cultural context, local brands are developed that increase the acceptance of condoms. In Niger, for example, the local brand of subsidised condom shows the traditional hat called “foula”. In the Caribbean, the “Got it? Get it!” campaign is very successful. Besides advertising and awareness campaigns via the mass media, which are aimed at the general public, some communication strategies use film, drama, street theatre or discussions to get the message across. Their content is determined on the basis of accompanying research and is tailored to the specific needs of the target group.

Namibia: an interactive film and comic for HIV prevention

The interactive film “Three and a Half Lives of Philip Wetu”, which tells the story of a young professional who has multiple concurrent sexual partnerships, is used throughout Namibia to initiate a debate about HIV and AIDS, love, trust and sex. Three times in the film, when the protagonist needs to make a decision, the audience gets to decide for him. The audience can then see how the decision affects him and the people around him. The film won the Namibian Film Award in 2010 and was broadcast on television, when the audience also had the chance to decide how the protagonist should behave. The film has reached more than 70,000 people. Furthermore, Namibia’s largest daily newspaper, “The Namibian”, serialised Philip Wetu’s story as a comic strip and gave readers the chance to discuss his behaviour by text message and in an online forum. In the first three months alone, almost 500 people used these forums to discuss HIV and safer sex. Many of them say that the story made an impression on them and “opened their eyes”.

3.1.2 Advancing gender equality through social forces

In sub-Saharan Africa and the Caribbean, women are disproportionately affected by HIV. For one thing, women and girls are biologically more susceptible to HIV infection during a sexual encounter. In addition, many women and girls are poorly informed about the risks of HIV transmission due to their limited access to education and information. Economic dependence, a power imbalance in sexual relationships, inadequate sexual and reproductive self-determination, sexual violence, harmful cultural practices, and lack of a political voice all increase the risk for women and girls. German development cooperation is therefore promoting participation by women and girls in the shaping of the national HIV response. It also supports the abolition of discriminatory legislation and discriminatory cultural norms and practices, promotes women’s and girls’ access to the information and knowledge they need, and strengthens sexual self-determination.
Tanzania: Changing gender roles

Within the framework of a qualitative gender study in the Mtwara region, social and cultural factors were identified which impede HIV prevention, treatment, care and support. One example is the custom of sending girls and boys to “initiation camps” which teach children their respective gender roles in the community, including traditional and sexual practices. These include compliance with the principle of patriarchy, which curtails women’s self-determination and leads to discrimination against women in many areas of life. In order to change this situation, German development cooperation is building the capacities of 14 local civil society organisations on gender and HIV issues and is cooperating with government authorities at the national, regional and local level to address these issues. The Tanzania Commission for AIDS has requested that these strengthened local capacities should in future also be utilised for the advancement of the sexual health and rights of young people and that workers in other regions receive similar training.

The involvement of men and boys and their exploration of gender stereotypes are also crucial in strengthening gender equality and eliminating the risk factors described above. Prevention programmes which specifically target men are required to encourage them to practise safe sex without affecting their pleasure, and to access HIV testing services or other prevention and treatment programmes more often. Unless men and boys are involved, many prevention measures, such as condom use, cannot be put into practice, particularly in stable relationships. Even the question whether a microbicidal vaginal gel can in practice be used as a preventive measure by women against the male partner’s will is a contentious issue.

Social norms and cultural (healing) practices can positively or negatively affect take-up of prevention, treatment and care. In order to initiate change and eliminate adverse practices and norms, it is important to join forces with influential and transformative figures in the society concerned. The work with religious leaders, indigenous healers and communities and their functionaries should be emphasised in particular. By working together, cultural mechanisms can be decoded and replacement mechanisms initiated, leading to a process of change. Another important aspect of German development cooperation is the promotion of dialogue between governments, human rights organisations, trade unions, affected communities and other civil society organisations in order to encourage reflection at all levels about the social factors which increase vulnerability, thereby initiating change from within society itself.

South Africa: Supporting Community Dialogues

The “Community Dialogues” hosted by the Nelson Mandela Foundation promote interactive dialogue about HIV and AIDS in order to increase knowledge and positively influence attitudes and behaviour. The Foundation receives support from German development cooperation. The approach addresses the underlying social causes of the epidemic – cultural norms and practices, power relations and gender roles, stigma and discrimination. The dialogues provide a safe space for communities to identify problems through a facilitated process and decide which solutions are appropriate in their particular circumstances. Art, theatre and the media are used to engage young people in the project. In the communities where the project is being implemented, positive changes can be observed: HIV testing has increased, as has condom use, and there is a growing demand for counselling and antiretroviral treatment. The number of rapes has decreased at the same time. This innovative and promising approach is now being scaled up.
Advocacy was required to persuade religious leaders in Niger to support action on HIV and the use of condoms. Today, traditional chiefs and spiritual leaders are actively involved in the marketing campaigns. Many new kiosks and sales outlets have been opened and more than 30 million condoms have been sold since the start of the project. In more than 100 villages, women – known as “Femmes relais” – were trained in issues relating to health and family planning. They are regarded as persons who can be trusted. They arrange regular women’s meetings, initiate discussions, distribute condoms, water purification tablets and mosquito nets, and provide advice on their proper use. In parallel, a series of radio spots is broadcast in the three main languages of Niger. These focus on issues such as women’s rights, female genital mutilation (FGM), early marriage, sexual harassment, being faithful to one’s partner, and discrimination against people with HIV. The radio spots are followed by facilitated discussions, to which callers can also contribute.

In Ukraine, men who have sex with men suffer stigma and discrimination. This makes it more difficult for them to adopt risk-minimising behaviour and access health and social services. With Germany’s support, action groups for men who have sex with men provide a wealth of information about gay life, gay identity and safer sex, as well as techniques for dealing with discrimination and stigma. Doctors, psychologists and social workers are also trained to address and discuss taboo issues such as sexuality and safer sex openly and without embarrassment.

Realising the rights of LGBTI people is one of the commitments enshrined in the BMZ’s Human Rights Strategy. Through its development cooperation, Germany supports organisations which advocate for the rights of sexual minorities, their political and social participation, and recognition of their needs in national strategies. Political dialogue with the partner countries aims to overcome prejudice and legal and social discrimination. In the education sector, German development cooperation works towards the provision of comprehensive sexuality education which promotes respect for sexual and gender diversity. As discrimination by health personnel can have catastrophic health consequences for the people affected, Germany also promotes access to non-dis-
criminatory services, for example through training and sensitisation of health staff.

Kenya: Support for gay and lesbian organisations

In Kenya, homosexuality is a taboo subject. In order to promote recognition and acceptance of LGBTI people and create a safe environment for them to organise, the Gay and Lesbian Coalition of Kenya (GALCK) was set up in 2006 as an alliance of five LGBTI organisations. German development cooperation strengthens GALCK’s capacities to advocate for the rights of gays and lesbians, also with respect to health issues. The Coalition has developed a strategy for the recognition of gays and lesbians’ needs in relation to sexual and reproductive health and rights and is proving to be a very effective advocate for realising the human rights of the LGBTI community.

3.1.4 Promoting tolerance, offering alternatives to situations of risk

Drug consumption is prohibited in many countries and is subject to legal penalties. In most countries, people who inject drugs suffer stigma, discrimination and criminalisation and therefore face a massively increased risk of HIV infection. This in turn causes concentrated epidemics which spread rapidly, as the trends in Eastern Europe and Central Asia over recent years show. Studies also reveal that there is high HIV prevalence among drug users in countries with generalised epidemics, especially in sub-Saharan Africa.

Germany is an international model of best practice in the implementation of harm reduction measures for people who use drugs. The term “harm reduction” refers to policies, programmes and approaches which seek to reduce the harmful health consequences associated with drug use, including HIV infection, and is recognised by the international community and backed by scientific evidence. In many societies, however, rigorous implementation of harm reduction measures is obstructed or prohibited by politics, the justice system and social norms. The criminalisation of people who inject drugs infringes their human rights, including the right to protect themselves from HIV. It also drives up costs and has immense negative social and health consequences. A dialogue with all stakeholders is therefore required in order to decriminalise these social groups and remove the stigma surrounding them, so that they can access the prevention, treatment and support services that they need.

Programmes which aim to reduce risk and offer alternatives have proved to be highly effective in preventing HIV infection, particularly among people who inject drugs. The prevention measures are designed and implemented with input from the target groups. Needle exchange programmes help to ensure that people who inject drugs are not infected with HIV as a result of using someone else’s contaminated injecting equipment. Substitution programmes (the provision of drug substitutes such as methadone) reduce risk behaviour and drug-related crime, and have been proven to also prevent HIV infections and other diseases. Drug counselling centres, drug consumption rooms and social reintegration measures, as well as awareness-raising for health personnel, administrators and policy-makers, are also important and effective ancillary measures. HIV prevention programmes for people who use drugs also focus on sexual health, including family planning, for the affected groups.
Nepal: Supporting the national Methadone Maintenance Programme

Nepal has a concentrated HIV epidemic, with injecting drug use as a main mode of transmission. German development cooperation therefore supports the implementation and scaling up of Nepal’s national Methadone Maintenance Programme (MMTP). The project is complementary to a grant from the Global Fund, which covers the running costs of the MMTP. The project focuses on capacity building for governmental and non-governmental institutions in the area of substitution treatment, training of medical and psycho-social support staff and the implementation of a reference and referral system with relevant health and support services.

Central Asia: Outreach for young people who inject drugs

In Central Asia, one of the greatest challenges is to reach young people who inject drugs with HIV services. German development cooperation therefore supports peer-driven interventions – prevention measures developed and delivered by this key group – which reduce risk behaviour.

Zimbabwe: “Sex worker friendly” health facilities

Many health staff lack an understanding of, and are not responsive to, the health needs of sex workers. In Zimbabwe, German development cooperation is supporting training for sensitisation and awareness-raising to reduce stigma and discrimination of sex workers by health professionals. In parallel, peer educators empower sex workers to seek out and access health services. These efforts are paying off, with a 60 per cent increase in sex workers’ utilisation of health services.

3.1.5 Empowering young people to protect themselves from HIV infection

Worldwide, more than 40 per cent of new HIV infections are among 15 – 24 year-olds, with the majority occurring in young women. In this age group, there is a low level of knowledge about sexuality and HIV transmission modes. At the same time, data from UNAIDS show that in some countries, new infections among young people are decreasing as a result of behaviour change. Prevention programmes in and out of school enable this age group, which is growing and is critical for HIV prevention, to be reached.

Comprehensive sexuality education which is integrated into the curricula does not only impart knowledge; it also aims to build the skills and attitudes that young people need to protect themselves from HIV and unwanted pregnancy. Capacity building is provided for teachers so that they are able to equip children and young people with the knowledge and skills they need to make informed choices about partnership, sexuality, contraception and HIV prevention.


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*Nepal: Supporting the national Methadone Maintenance Programme*

Nepal has a concentrated HIV epidemic, with injecting drug use as a main mode of transmission. German development cooperation therefore supports the implementation and scaling up of Nepal’s national Methadone Maintenance Programme (MMTP). The project is complementary to a grant from the Global Fund, which covers the running costs of the MMTP. The project focuses on capacity building for governmental and non-governmental institutions in the area of substitution treatment, training of medical and psycho-social support staff and the implementation of a reference and referral system with relevant health and support services.

3.1.5 Empowering young people to protect themselves from HIV infection

Worldwide, more than 40 per cent of new HIV infections are among 15 – 24 year-olds, with the majority occurring in young women. In this age group, there is a low level of knowledge about sexuality and HIV transmission modes. At the same time, data from UNAIDS show that in some countries, new infections among young people are decreasing as a result of behaviour change. Prevention programmes in and out of school enable this age group, which is growing and is critical for HIV prevention, to be reached.

Comprehensive sexuality education which is integrated into the curricula does not only impart knowledge; it also aims to build the skills and attitudes that young people need to protect themselves from HIV and unwanted pregnancy. Capacity building is provided for teachers so that they are able to equip children and young people with the knowledge and skills they need to make informed choices about partnership, sexuality, contraception and HIV prevention.

9 “Out of harm’s way: German support for countries reducing the harm of injecting drug use and HIV”, January 2011. Link: www.german-practice-collection.org

Latin America’s harmonisation initiative

In 2007, six countries – Argentina, Brazil, Chile, Paraguay, Peru and Uruguay – launched a regional South-South cooperation initiative on sexuality education and HIV prevention in schools. The process was supported from the start by German development cooperation, the Brazilian Ministry of Health, UNAIDS, UNESCO and UNFPA. The initiative aims to strengthen sexuality education and HIV prevention in schools, to harmonise public policies, and to strengthen the cooperation between the health and education sectors. Since 2007, the sexuality education programmes in all six countries have reached 83,000 teachers and 1.5 million students.

Furthermore, together with UNESCO and UNAIDS, German development cooperation is supporting an initiative to reduce HIV infection and improve the sexual and reproductive health (SRH) of young people in East and Southern Africa. Based on a joint commitment by ministries of health and education, the initiative aims to improve access to good-quality sexuality education in schools and expand access to youth-friendly health services.

Mozambique: Two footballing nations for an HIV-free youth

In Mozambique – just like in Germany – football is the national sport and is therefore an ideal tool for reaching young people. In the capital Maputo, the “Youth Development through Football” project combines football training with life skills sessions on HIV and AIDS, sexual and reproductive health, hygiene and environmental problems for children and young people in the 7-16 age group. This takes place in cooperation with the Mozambique Football Federation, local non-government organisations, and schools. The approach has now been extended to other provinces as well.

Reaching out to young people outside the school context enables them to talk freely with their peers or experts about issues such as sexuality and condom use. Moreover, this also reaches young people who, due to poverty and social disadvantage, are forced to leave school before completing their education. In the non-school context, German development cooperation utilises a mix of prevention tools – from working with peer groups at youth centres to information campaigns via radio broadcasts and social networks. Tools such as the “Join-In Circuit on AIDS, Love and Sexuality” developed by the German Federal Centre for Health Education and innovative information materials which meet young people’s needs have already been adapted to various country contexts. Girls and young women are a particular focus of attention. Young people’s participation in programme development and the inclusion of human rights and gender equality issues have proved successful. The principles enshrined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide a frame of reference here.

Health institutions also have a role to play: they must be encouraged to align their services towards young people in order to meet the needs of this target group. Through the provision of advice on national and local social protection systems and on the requirement for comprehensive safeguarding of children and young people and their human rights, German development cooperation is making a vital contribution to HIV prevention and improved access to treatment, care and support services.
3.2 Strengthening and scaling up integrated health services

The scaling up of prevention programmes, HIV testing and antiretroviral treatment over recent years has resulted in a substantial reduction in new infections and deaths from AIDS-related causes. And yet more than half the people who need this life-saving treatment do not have access to it. The demand for treatment will increase further in the coming years. This is due to the substantial increase in the life expectancy of people living with HIV thanks to the effective treatment now available, as well as the high, although decreasing, number of new infections. Furthermore, the results of studies show that early initiation of treatment can reduce the risk of HIV transmission by as much as 96 per cent. The number of people who are aware of their HIV status must be significantly increased in order to facilitate early initiation of treatment to maximise preventive effects and, together with risk-minimising behaviour, reduce HIV transmission.

The scaling up of lifelong treatment will drive up the long-term costs of treatment. Moreover, as resistance to antiretroviral drugs develops, the need for alternative – and expensive – second-line and even third-line therapy will increase. In view of the limited financial resources available, these developments require an appropriate balance to be reached in the allocation of funds between prevention and treatment, as well as a stronger focus on the efficiency and sustainability of national HIV programmes. To that end, integrating HIV services into the health system and strengthening it are important approaches.

As a founding member and third largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, Germany provides substantial resources to fund health needs in developing countries, particularly in the area of treatment. To date, programmes supported by the Global Fund have provided antiretroviral treatment for 3.3 million people, and this has substantially reduced the number of deaths from AIDS-related causes. Germany will continue to advocate for the strengthening of health systems, participation by civil society, and a gender-sensitive approach in health programmes funded by the Global Fund in partner countries. In addition, Germany contributes to programme-oriented joint financing (basket funding, sectoral budget support) for health sector measures in the partner countries.

3.2.1 Optimising the utilisation of financial resources, advising on national health policies

A key factor for the successful development of the health sector, including the national AIDS response, is to optimise the utilisation of the funding available at the national level and the financial resources received from external donors and international institutions such as the Global Fund. Better coordination, harmonisation and division of labour between bilateral and multilateral donors at the local level are the only way to ensure that optimum use is made of the available resources in the interests of a sustainable health sector response.

Germany will continue to participate in international initiatives aimed at better coordination and linkage of health sector programmes, and will drive these initiatives forward, for example in its capacity as a founding member of the International Health Partnership (IHP+). Germany will work towards better adaptation and integration of the Global Fund in processes and programmes, for well-performing coordinating bodies in-country, and for coordinated technical support to increase the impacts and efficiency of the Fund’s investments. Germany will further scale up its technical support, flanking the work of the Global Fund. The wide array of instruments deployed in the context of German development cooperation is conducive to this process, as is the donor coordination...
function performed by Germany in the health sector in some partner countries.

German development cooperation will continue to advise partner governments on developing and optimising national health and HIV strategies and promote a comprehensive sector-wide approach (SWAp) to health planning and governance. Germany is supporting the implementation of SWAps in Rwanda, Cameroon, Kenya, Tanzania, Mozambique, Burkina Faso, Bangladesh, Nepal and Kyrgyzstan; under these arrangements, government representatives, donors and other major stakeholders work together in a coordinated manner in order to achieve key health goals in the partner countries.

The involvement of civil society and the private sector in national policy-making and their building links with the public sector also have an important role to play here. A mix of public and private resources and service providers (“total market approach”) is essential to ensure that HIV prevention, treatment, care and support are needs-based and delivered efficiently, making the best possible use of scarce resources. Decentralisation of health systems for needs-based health care is a further priority within Germany’s support. The integration of HIV services in the health system, especially in high-prevalence countries, is an important starting point for increasing efficiency and effectiveness in order to deliver high-quality prevention, treatment, care and support services. Many health services are still not reaching the communities most in need. Germany supports targeted measures to improve access to health services, align health programmes to needs, eliminate discrimination by health personnel, and thus increase disadvantaged populations’ confidence in health institutions.

The German BACKUP Initiative: Putting funding from the Global Fund to effective use

The German BACKUP Initiative responds to requests from government and civil society organisations worldwide to assist in building their capacities to apply for and manage funding from the Global Fund efficiently and transparently. It provides advice and training on key topics such as financial management, monitoring and evaluation, and organisational development. It also aims to strengthen health systems, increase civil society participation, and promote gender equality through its advisory services.

South Africa: The churches’ contribution to the national HIV response

In its capacity as Secretariat of the National Religious Association for Social Development (NRASD), the Ecumenical Foundation of Southern Africa (EFSA) is a recipient of funding from the Global Fund. The Church Development Service (EED) has been supporting EFSA for many years, including through funding from the German government. The purpose of NRASD’s work is to strengthen the capacities of churches and other faith communities to undertake HIV-related activities. The funding is being spent on prevention, counselling and testing, the care of orphans and children at risk, home-based care, workplace programmes and institutional capacity building in provinces which were previously under-provided with HIV-related services.
3.2.2 Creating a modern and secure infrastructure for prevention, treatment, care and support, scaling up services

Germany provides substantial funding for this area, mainly via the Global Fund to Fight AIDS, Tuberculosis and Malaria and its programmes, but also via programme-oriented joint financing in the health sector. In its bilateral partnerships, Germany provides funding, for example, for national testing programmes, capacity building for health personnel, measures to improve treatment adherence and the responsible use of medication, flanking the funding provided for multilateral drug programmes.

60 per cent of people living with HIV do not know that they are infected. The number of people who are aware of their HIV status must be significantly increased in order to facilitate early initiation of treatment to maximise its preventive effect and, together with risk-minimising behaviour, reduce HIV transmission. German bilateral development cooperation therefore supports national testing programmes, outreach to key populations and rural communities is a priority here. Innovative concepts, such as the provision of comprehensive health checks at HIV testing and counselling centres or the initiation of voluntary testing by doctors when people visit a health centre, have proved particularly useful in increasing testing rates.

Well-trained health personnel and quality assurance measures are prerequisites for mastering the challenges which the provision of antiretroviral treatment presents to national health systems. Through its development cooperation, Germany will therefore continue to promote innovative and cost-effective learning methods, North-South and South-South exchange of experts, and quality management.

HIV testing and counselling in South Africa

Since 2005, German development cooperation has supported the construction and renovation of governmental HIV testing and counselling centres and associated information and education activities. When it became apparent that men were not accessing the voluntary HIV testing schemes, the programme was supplemented with mobile counselling and home visits, undertaken by NGOs. In parallel, the services offered at the centres were scaled up. Now, CD4 counts to determine whether treatment is required and HIV viral load can be accessed. Moreover, TB screening is performed using the innovative GeneXpert system. Male circumcision is also available. Referrals for treatment in reference clinics are followed up pro-actively.

University and hospital partnerships to improve health care quality

In 2004, Germany joined the ESTHER Alliance, which establishes partnerships between hospitals, universities and other organisations in developing countries and similar institutions in industrialised countries, with the aim of sharing knowledge and improving quality in HIV prevention and treatment through the secondment of personnel, training for medical experts, and accompanying research. Within the framework of a partnership between Bamenda Provincial Hospital, Cameroon, and the Bernhard Nocht Institute in Hamburg, a study on drug resistance in patients with HIV and the prevalence of HIV co-infections was conducted. The results help to improve drug treatment strategies and thus enhance the quality of patient care in the region. It also builds local research capacities.

11 The ESTHER Alliance (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) was launched by France, Spain, Italy, and Luxembourg in 2002.
Africa and Asia: Internet-based training

Through its development cooperation, Germany is supporting the provision of training for health personnel and trainers on HIV and AIDS in sub-Saharan Africa, Central Asia and East Asia. The training is delivered as a mix of attendance-based workshops and Internet courses with practical exercises (blended learning). The evaluation of the courses shows that professional skills and expertise have increased and that participants’ attitudes towards HIV and AIDS have changed. More than two-thirds of the participants surveyed stated that they are able to utilise their newly acquired knowledge in their work and share it with colleagues. More than half the participants say that as a result of the courses, their organisations’ performance has substantially improved.

The provision of antiretroviral drugs to people living with HIV continues to present a logistical and financial challenge for countries with high HIV prevalence and low gross national income. Many countries rely on imports of low-cost, high-quality generic medicines from India. In order to minimise price risks and reduce import dependency, African producers are now increasingly contributing to the supply. Through its development cooperation, Germany – in partnership with local companies and the European Commission – is assisting countries to develop their own generic drug production capacities. This includes establishing regional drug regulatory authorities and training institutions, research networks, laboratory capacities and certification schemes to support local pharmaceutical production, and making maximum use of TRIPS flexibilities.

The national reference laboratory in Tashkent is now regarded as the best laboratory in Central Asia and makes a substantial contribution to the diagnosis and control of multidrug-resistant TB and TB/HIV.

Partnering of local and German laboratories in South Caucasus/Central Asia

With German support, Uzbekistan and Georgia have set up a well-functioning network of TB and HIV testing laboratories, including national reference laboratories and related logistics system. The two national reference laboratories have developed their skills and technical expertise through an exchange with WHO-certified reference laboratories in Germany, thus ensuring that the quality of their work now complies with international standards. The national reference laboratory in Tashkent is now regarded as the best laboratory in Central Asia and makes a substantial contribution to the diagnosis and control of multidrug-resistant TB and TB/HIV.

Cameroon: Comprehensive prevention and treatment in prisons

In Cameroon, prisoners have a 40-fold increased risk of contracting tuberculosis. Around a quarter of prisoners with TB are also HIV-positive. In 2009, with support from German development cooperation, the government of Cameroon therefore launched a pilot programme to give prisoners access to comprehensive

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12 Trade Related Aspects of Intellectual Property Rights.

13 “Healthy dividends: How investments by Germany and partners are helping to stop TB and HIV in the Caucasus and central Asia”, January 2011. Link: www.german-practice-collection.org
prevention and treatment services. In addition, new inmates were offered voluntary HIV testing and TB screening. As a result, the number of inmate deaths in the participating prisons decreased significantly. With funding from the Global Fund, the programme is now being scaled up to other prisons around the country.

**Tanzania: Manufacturing high-quality generic antiretroviral drugs**

Within the framework of a public-private partnership between Muhimbili University in Tanzania, the German non-governmental organisation medeo and the German government, a pharmaceutical laboratory for teaching and development was set up at Muhimbili University in Dar es Salaam. The first generic antiretroviral drugs for production in the region are now being developed. Advanced training was provided for local pharmaceutical personnel, e.g. in quality assurance. This helps to safeguard compliance with quality standards in manufacturing (Good Manufacturing Practice).

With improved access to treatment, more and more people – also in developing countries – are now living with HIV as a chronic condition, in the course of which complications, secondary or concomitant diseases such as cardiovascular conditions and cancer can arise. To date, little experience has been gained with regard to the long-term financing of these new needs. This presents the often weak health systems and their preventive, therapeutic, rehabilitation and care services with new challenges. For example, there is an urgent need for linkage between internal medicine and HIV services. Support for home-based care, especially in rural areas, will continue to be important as treatment provision expands further.

**3.2.3 Linking with sexual and reproductive health and rights**

In sub-Saharan Africa, 60 per cent of the people living with HIV are women and girls of reproductive age. By 2010, only around half of all pregnant women living with HIV were able to access antiretroviral drugs to prevent transmission to their child. A far smaller percentage (23 per cent) of children and infants living with HIV receive antiretroviral therapy, although the disease progresses more quickly in children.

And yet in countries with high prevalence, services which focus on sexual and reproductive health and rights (SRHR) and HIV services are generally offered in parallel and are rarely integrated – even though the risk of HIV infection and the impairment of sexual and reproductive health are often caused by the same factors. These include limited access to information and services, gender inequality, a lack of decision-making power for women and girls, sexual and domestic violence, and cultural taboos and practices. Infection with HIV increases the vulnerability of reproductive health. In addition, the prevention of unwanted pregnancies and sexually transmitted diseases through the provision of integrated sexual health services also has a positive impact on children’s and young people’s health.

For that reason, counselling services enabling self-determined family planning, antenatal care, skilled birth attendance, and diagnosis and treatment of HIV infection cannot be regarded as separate areas of activity. In practice, integration means that services which provide advice and treatment for people living with HIV should also provide advice on sexual and reproductive health, work closely with family planning, antenatal care and neonatal care services, and develop effective referral systems. The offer of an HIV test and interdisciplinary cooperation should be integral elements of family planning and antenatal care in order to ensure effective prevention of
mother-to-child transmission of HIV as well as safe motherhood. Integrating these services also offers the potential to deploy financial resources in a targeted manner in order to improve quality, efficiency and access to comprehensive services, and thus increase the uptake of these services.

In the partner countries, responsibility for HIV and SRHR is often divided between several departments and ministries. In its development cooperation, Germany therefore supports dialogue and cooperation between the various institutions as the prerequisite for joint planning, management, budgeting and project implementation. HIV and SRHR, which were previously separate components of German development cooperation, have now been integrated in Germany’s health programmes in developing countries.

In preventing mother-to-child transmission of HIV, German development cooperation promotes a comprehensive approach. Besides preventing HIV transmission to the child, this also includes primary prevention of HIV infection in young women, the prevention of unwanted pregnancies for women living with HIV, and the care and treatment of women living with HIV, their partners and children.

### 3.2.4 Scaling up social protection against disease and poverty

As a large proportion of the population in developing countries works in agriculture or in some other form of informal employment, very few people have social security provision to cover them in the event of illness or unemployment or provide them with a retirement income. According to the WHO, worldwide, an estimated one hundred million people each year fall below the poverty line because they cannot cope with the financial burden entailed by sickness or the death of a relative, with women, children and young people being particularly affected. It is usually the women who take care of the sick and provide for orphaned children.

German development cooperation aims to support national health systems and HIV services, and to make them more equitable, through the establishment of national health insurance schemes. Here, Germany provides advice to its partner countries at all levels – from the ministries to civil society organisations and the municipalities. Innovative community- and solidarity-based funding models also improve access to health and HIV services for the poor. Germany, together with France, was the founder of the Providing
Cash Transfers in Malawi

In the seven poorest districts of Malawi, impoverished households with no income-generating opportunities receive monthly payments from the Ministry of Gender, Child Development and Community Development. As a rule, these households have no members between 19 and 64 years of age that can work full-time to earn a living, and they are generally headed by grandparents, single mothers or children. In addition to the financial assistance, they also receive advice on health and education issues and HIV from the municipalities’ social committees. Through German development cooperation, around 28,000 households have access to this financial support. The programme is the continuation of an initiative which was originally set up with funding from the Global Fund.

India: Back to normal

In Assisi Hospital in Konkepudi, India, Misereor – in conjunction with the German government and local church partners – is supporting the provision of treatment for people with advanced HIV infection who cannot afford to pay for the antiretroviral treatment that they need. In most cases, their health has now improved to such an extent that they are once again able to provide for their families. Due to the project’s good work, government agencies are now commissioning decentralised treatment programmes from local non-governmental health institutions as well.

In countries with high HIV prevalence, the illness or death of parents or legal guardians means that a growing number of children have to take over as head of household or end up living in orphanages or on the street. Households affected by HIV often have to resort to coping strategies which, over the long term, have a negative effect on their economic and social status; they may have to sell their land, for example, or children may have to drop out of school.

Basic social security programmes can mitigate these impacts for the households concerned by guaranteeing them a minimum of financial security, reducing extreme poverty, and improving their access to health and education. German development policy promotes social security models which benefit the poorest social groups in greatest need14. The measures include tax-funded basic pensions, social transfers, voucher systems, and services in kind.

3.3 Evaluating progress, continuous quality assurance

A further goal of German development cooperation is to contribute to the international community’s efforts to focus more strongly on development results in fulfilment of the commitments made in Paris (2005), Accra (2008) and Busan (2011). Among other things, this requires tangible evidence of the results achieved.

All projects and programmes undertaken within the framework of German development cooperation therefore regularly undergo internal evaluations. In addition, some projects are assessed in external independent evaluations at their completion. The assessment criteria used to determine the success of the project or programme are the goals and results to

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be achieved within the national HIV and health strategies of the partner countries concerned. The attainment of the goals is measured using a set of indicators which are becoming increasingly standardised and harmonised at the international level. German development cooperation adheres to the UNAIDS requirement that all donors should feed into national data collection and reporting and should not undertake any additional or complex information-gathering outside these health information systems\textsuperscript{15}. The collection of data on gender, age or sexual orientation, for example, allows the impacts on disadvantaged groups and key populations to be determined more accurately so that programmes can be aligned more closely to their needs.

In accordance with its consistent focus on results, German development cooperation continuously monitors the publication of studies and reports which focus on the effectiveness of HIV strategies and interventions in various countries, and adapts the German interventions accordingly in light of the evidence. In addition, the German government itself undertakes and supports quantitative and qualitative accompanying research, in order to investigate the impact of German programmes on trends in the HIV epidemic in individual countries. At the same time, evidence gaps in HIV interventions are identified and support is provided for scientific monitoring of measures which are innovative, new or have not been investigated so far. Local research institutions are important partners for these research projects, which are generally structured as joint research projects with German or European scientists. The paradigm shift towards integrating HIV into other parts of the health sectors is being monitored particularly closely through accompanying research in order to detect, at an early stage, changes in HIV-related care and in general health care provision. Examples of these research projects are the cross-sectional impact studies of HIV workplace programmes in Namibia and more comprehensive workplace programmes in Ghana, studies on occupational safety in Mozambique, qualitative research on the “Join-In Circuit” in Kenya, and studies on behaviour change communication in Tanzania and on priority groups’ access to services in Zimbabwe.

\textbf{Evaluation of HIV workplace programmes}

Since 2002, German development cooperation has supported 47 workplace programmes and projects which aim to improve health, particularly HIV prevention and access to treatment. 44 of these programmes and projects are implemented as public-private partnerships (PPPs) in cooperation with the private sector in 15 countries, mainly in Southern Africa. A further three are structured as regional programmes. With an average investment of 5 – 6 euros per employee, German development cooperation has reached around 1.8 million employees and their families. More than two-thirds of the workplace programmes have increased the uptake of HIV counselling and testing and people’s knowledge about how to prevent HIV infection.

\textsuperscript{15} These principles are described by UNAIDS as the “Three Ones” and comprise: 1) One agreed HIV/AIDS Action Framework; 2) One National AIDS Coordinating Authority; and 3) One agreed country level Monitoring and Evaluation System.
4. Annex – Other examples

Global:

The “Join-In Circuit on AIDS, Love and Sexuality” – An Interactive Learning Tool
With support from the German implementing organisation “Deutsche Gesellschaft für Internationale Zusammenarbeit” (GIZ) and in cooperation with target groups and other key local stakeholders, the “Join-In Circuit on AIDS, Love, and Sexuality”, an interactive learning tool for young people which was initially developed by the German Federal Centre for Health Education, was adapted for use in more than 18 countries. Besides being tailored to the local epidemiological context, the tool takes account of the cultural and social perspectives of the respective societies with regard to youth and sexuality. Evaluations show a clear knowledge gain among participating young people and the local tutors who have undergone “Circuit” training.

Evaluation and research in the field of social marketing
In 2003 and 2009, evaluations were conducted to determine the success of social marketing programmes. The results revealed continuous development of the approaches, away from “classic” product marketing towards behaviour change communication backed by accompanying research, and then towards pure communication strategies, coupled with a “total market approach” in which brand advertising no longer plays a role. A key success factor for the projects is their inclusion in national HIV strategies which dismantle the taboos surrounding condom use and rely on a mix of instruments provided by the public and the private sector. The evaluations also recommended that gender roles be taken into greater account in communications work and that HIV programmes be coupled to family planning initiatives. In social marketing programmes, various types of accompanying studies are conducted. In the majority of cases, nationwide Knowledge, Attitude, Practices (KAP) studies, conducted by local research institutions, are used as baseline and endline studies for projects. In addition, quantitative and qualitative studies are used to prepare communication campaigns and measure their success. Not least, market studies focus on access to and availability of condoms.

Africa:

Supraregional: Peer education in sexual health, learning for life
The PASHA – Prevention and Awareness in Schools of HIV/AIDS – project in Tanzania is aimed at schoolchildren in primary and secondary schools, beginning in the fifth grade. The students choose peer educators among their classmates who then receive training in sexual health and on how to develop activities for their peers in order to deliver the PASHA programme at their school. Twice a week, they hold a one-hour meeting for their classmates after school. PASHA encourages the peer educators to work through play, role-play, music and poetry and uses the magazine and website of FEMINA, a civil society initiative working with young people across Tanzania to promote healthy lifestyles, sexual health, HIV prevention, and gender equality. A study conducted in 22 participating schools in 2009 revealed a substantial and steady decrease in the number of teen pregnancies in primary schools, from 41 (2006) to 12 (2009), which school principals and teachers attribute primarily to PASHA.

The “100 % jeune” Programme in Cameroon, which is supported by Germany and implemented by the social marketing agency ACMS, began with radio spots and a youth newspaper which is now the most popular magazine in Cameroon. Youth clubs which have been set up across the country focus on relationship issues, contraception and other topics of relevance.
to young people. There are regular radio broadcasts as well as live events. The radio shows are based on a typical “edutainment” format. A dedicated website (www.reglo.org) takes up various issues from the radio shows and magazine and opens them up for discussion. The youth programme implemented by the social marketing agency PASMO in Central America adopts a very similar approach (www.clubenconexion.org).

Supraregional: Improving church health institutions’ access to drugs, building skills
The Ecumenical Pharmaceutical Network (EPN) is a church-based, non-profit organisation committed to the provision of quality pharmaceutical services and training. The network has been supported for many years by the Evangelical Church in Germany (EKD), the Church Development Service (EED) and the German government. With regard to antiretroviral treatment, the EPN aims to improve faith-based health institutions’ access to drugs and develop their skills and capacities in treatment delivery. The professionalisation of logistics is another important aim. The EPN also seeks to utilise the influence of church dignitaries to a greater extent in advocacy for HIV testing and treatment.

Supraregional: Strengthening local pharmaceutical production in Africa
The European and Developing Countries Clinical Trials Partnership, Germany and France support a research project which aims to introduce a better drug for use in antiretroviral therapy and support its local production. The project is part of an initiative to boost local pharmaceutical production capacities in Africa. It also aims to develop a tool for measuring capacity development for the implementation of research programmes, with support from GIZ. The WHO is involved in the development process with a view to supplying the tool at a later stage to other institutions which provide funding for research projects.

Supraregional: Voucher schemes for reproductive health, maternal and child health, and family planning
On behalf of the BMZ, KfW Entwicklungsbank is supporting voucher schemes set up by the governments of Kenya and Uganda with the aim of improving the use of reproductive health services. Since the programmes were launched, they have provided over 100,000 facility-based deliveries, approximately 27,000 counselling sessions on family planning, and 30,000 STI diagnosis and treatment visits. A management agency was established to administer the voucher scheme and reimburse accredited and contracted providers for the services provided. For voucher distribution, community-based public and private institutions sell the vouchers to pregnant women at heavily subsidised prices. In Kenya, this has greatly increased the number of facility-based deliveries and take-up of family planning services provided by the contracted clinics. Ugandan contracted clinics have noticed a 200 per cent increase in attendance for sexually transmitted infections. Encouraged by the success of the voucher programmes, similar schemes are now being established with German government funding in Cambodia, Tanzania, Yemen and Cameroon.

Southern and East Africa: Building empathy through film
Temus is HIV-positive. His wife Paulina is HIV-negative. They wish to have a child together, but how? This is just one of the stories featured in the films made by “STEPS for the future”, a South African non-governmental organisation which receives support from GIZ and Welthungerhilfe in Germany and brings HIV awareness-raising and dialogue to remote regions of East and Southern Africa. Its partners are local organisations and bilateral German development cooperation programmes. The films are often screened in the open air, and both the screenings and the ensuing discussions are moderated by trained facilitators. The films are true to life and enable open
discussions on difficult situations and choices. Moreover, they aim to reduce prejudice towards people living with HIV.

**Burundi: New hope for people living with HIV**

Caritas International supports the specialised health centre Nouvelle Espérance (which means “new hope”) in Burundi’s capital Bujumbura, which provides medical care for more than 4,000 people living with HIV and AIDS. It also engages in awareness-raising and offers HIV prevention for patients’ families and the general public. Training and micro-loan programmes help people affected by the disease to improve their economic livelihoods. The BMZ has supported the project since 2007 via the social structural programmes.

**Cameroon: Young unmarried women become “aunties” for young women**

In Cameroon, “aunties” play an important social role as confidantes and mentors for young women. Until 2010, GIZ supported the provision of training in basic sexual and reproductive health and HIV prevention for more than 12,000 young unmarried mothers. Equipped with this knowledge and with support from local “auntie” groups, the women facilitate discussions about sexuality with young people in and out of school, educate about harmful cultural practices, and promote gender equality. The project is now being scaled up to all 58 national Women’s Advancement Centres.

**Ghana: Protecting hospitality industry staff from HIV**

With funding from the Global Fund, the Ghana AIDS Commission commissioned GIZ, in 2010, to establish workplace health programmes for all employees of the hospitality industries in five regions of Ghana. The programmes are designed particularly for hotel staff and groups in situations involving particular risk of contracting HIV, such as sex workers. Since they do not focus solely on HIV, they are more readily accepted. As part of the initiative, the Ghana Tourist Board and hotel industry launched a comprehensive workplace policy in 2011 which also encompasses HIV. Under the scheme, around 1.9 million condoms have been distributed since 2010 and some 50,000 hotel staff and members of the community have accessed voluntary testing for HIV and other diseases.

**Mozambique: HIV as a topic in urban planning**

In towns with a HIV prevalence of around 20 per cent, prevention and mitigation of the impacts of HIV are also addressed in urban planning. In Manica District, all sites for which an increased risk of HIV transmission is assumed, such as bars and hotels, and all relevant health facilities are systematically recorded. This “HIV mapping” supports the targeting planning of actions on HIV and is now an integral part of local authorities’ urban planning.

**Namibia: Mobilising the private sector in the HIV response**

In Namibia, GIZ is supporting the introduction of workplace programmes in companies and the mobilisation of the requisite financial resources in the private sector. At political level, the Office of the Prime Minister and the Ministry of Labour are advised on appropriate policy frameworks. With support from the Namibia Business Coalition on AIDS, managers are also being won over to the concept of HIV workplace programmes and trained to demonstrate that the investment pays off for the company. At the same time, through support for the trade union associations, employees are empowered to assert their rights and responsibilities, especially in collective bargaining.

**Rwanda: Successfully utilising funds from the Global Fund to strengthen health systems**

Through its development cooperation, Germany assisted Rwanda to access funds from the Global Fund to strengthen its health systems. The funds were used to pay the health insurance contributions of the poorest sections of the population. Furthermore,
the advisory services provided by Germany helped to strengthen the representation of civil society in Rwanda’s country coordinating mechanism for the Global Fund.

Rwanda: Self-help groups improve the situation of people living with HIV

Instigated by theatre groups which, through their performances, promote knowledge and awareness of HIV in the context of sexual and reproductive health, self-help groups have formed in 12 communities in Rwanda. Their members provide mutual advice and grow farm produce together. The profits are reinvested in the group to fund the purchase of tools, seeds and fertiliser. The members of the groups have also set up a savings and credit fund to enable members to open small businesses or pay for their children’s education. The initiative is supported by action medeor in cooperation with the German government.

South Africa: Caring for AIDS orphans

With more than 1.4 million orphans, traditional family and community structures are overwhelmed by the impacts of the HIV epidemic in South Africa. Providing support for these and other vulnerable children is the goal of a bilateral project funded by KfW Entwicklungsbank in the provinces of KwaZulu-Natal, Limpopo and North West. Community centres are being built, renovated, extended and equipped to provide care and supervision for children and young people. An additional component is the development and delivery of a training and education programme for young people, especially those who have become heads of households as a result of the epidemic.

Tanzania: Improving coordination in the health sector

The Tanzanian-German Health Programme advises the Tanzanian government and other key partners such as civil society on the development, implementation and monitoring of the national health sector strategy. Key objectives of German support are participation of civil society, improved harmonisation of bilateral and multilateral donor contributions, and a more effective division of labour in the field of technical assistance. In order to achieve these objectives, Germany is supporting, inter alia, capacity building for Tanzania’s country coordinating mechanism for the Global Fund.

Tanzania: Hospital and clinical partnerships for quality assurance in disease management

Bombo Regional Hospital in Tanga, Tanzania, and the Department of Anaesthesiology at Charité Universitätmedizin (University Hospital) in Berlin have developed a computer-based quality management tool for HIV and AIDS. As well as using the tool in Tanzanian hospitals, there are plans to adapt and deploy it in Cameroon as part of a South-South partnership to improve quality of care for people living with HIV. ESTHER Germany is supporting the project with technical advice.

Tanzania: Community Health Funds

Since 2003, GIZ, on behalf of the BMZ, is supporting the scaling up of community-based health insurance schemes which give the poorest and most disadvantaged segments of the population access to basic medical care. With funding from Germany and Switzerland, the Swiss Tropical and Public Health Institute, in cooperation with the Ifakara Health Institute in Dar es Salaam and the Ministry of Health in Tanzania, conducted a study which identified success factors and innovative models of community-based health insurance. The study also revealed that social marketing is a successful model for raising public awareness of the need for health insurance to provide cover in the event of illness.

Zambia: HIV-related information and supplies at water kiosks

Within the framework of external HIV mainstreaming in Zambia, GIZ is assisting the National Water Supply and Sanitation Council (NWASCO), which
regulates the water sector, to integrate HIV awareness and education into newly initiated water projects for poor communities. Water kiosks are used as opportunities to disseminate information to these communities about health, hygiene and HIV. After just one year, members of the community showed greater awareness of the epidemic and better knowledge of HIV. There was also an increase in the use of centres offering HIV testing, counselling and antiretroviral treatment, while HIV-related stigma decreased. Initially implemented as a pilot project in just one region, the model will be scaled up as a separate programme in all focus regions of German development cooperation in Zambia over the coming years.

Zimbabwe: Study on sex workers’ access to health services
As part of a health project implemented by GIZ in Zimbabwe, a study was conducted by a research consortium from London and Harare to investigate HIV prevalence, risk factors and behaviour in relation to the take-up of health services among female sex workers. More than 800 women participated in the study, the first of its kind in Zimbabwe. The study revealed very high HIV prevalence among the women (59 per cent) and found that poverty and a lack of social support are key reasons for engaging in sex work. It also revealed a high level of stigma, which obstructs the women’s take-up of health services. The study provides a basis for adapting HIV-related services more precisely to the needs of priority populations with high vulnerability.

Asia:

Bangladesh: Quality standards to improve confidentiality and patients’ rights
Non-discrimination, confidentiality and informed consent are fundamental principles for ethical and high-quality health care provision. This applies especially to HIV diagnostics and treatment, in order to ensure that key populations at higher risk of HIV exposure do not suffer stigma. With German support, treatment centres in urban areas in Bangladesh have developed relevant quality standards and provided training for health personnel to ensure that these standards are consistently applied.

Pakistan: Setting up regional blood banks
In Islamabad and in the provinces of Khyber-Pakhtunkhwa, Punjab, and Azad Jammu and Kashmir, regional blood bank centres are being set up with German financial assistance, and are being equipped with laboratory facilities and information systems. Management training is provided, as well as training in the use of the equipment, thus ensuring its correct operation. A blood donor recruitment programme is being set up by a professional social marketing agency in conjunction with the German Red Cross. The establishment of an independent management structure for the blood transfusion system contributes to the development of the national health system. GIZ is supporting the establishment of the requisite legal frameworks and capacity building for the management of the blood transfusion service.

Latin America:

Supraregional: Men’s health and HIV prevention
Men tend to die much earlier than women, especially in Latin America. They are also less likely to access health services. However, this situation is heavily influenced by sociocultural factors. In Latin America, gender roles increase the risk of HIV, for example by reinforcing the taboos surrounding sexual activity with a same-sex (male) partner and thus making targeted HIV prevention more difficult. In Brazil, a National Men’s Health Policy was therefore developed with support from GIZ. It responds to men’s specific health needs and affords them better access to prevention and health services. The issue of gender also plays a prominent role in sexuality education and
HIV prevention. With support from GIZ and UNFPA, national policies on men’s health are being developed in Ecuador and Chile, based on the lessons learned in Brazil.

Caribbean: Interpersonal communication with men who have sex with men
Besides addressing young people and sex workers, campaigns in the Caribbean which promote behaviour change focus particularly on men who have sex with men and bisexual men. This takes the form of advice from other men in similar life situations (peer education) and uses interactive methods, which particularly target younger men. Reaching homosexual and bisexual men from the middle and upper classes via these approaches is more difficult, however. For this priority group, mass media campaigns are the preferred tool.

Ecuador: Ways back into work for people living with HIV
Thanks to antiretroviral treatment, people living with HIV now have a longer life expectancy. To enable them to become economically independent and improve their quality of life, the Ecuadorian Coalition of People Living with HIV/AIDS, with support from the German BACKUP Initiative, implements income-generating projects for people living with HIV and their families in seven provinces as a sub-recipient of funding from the Global Fund.

Eastern Europe:

Supraregional: Capacity building in harm reduction
In Eastern Europe, a Knowledge Hub has been established with support from technical cooperation. The Hub builds the capacities of civil society organisations, governments and public and private service providers in the region to provide effective and non-discriminatory services for people who use drugs, based on the WHO and UNAIDS guidelines. More than 600 professionals from a variety of fields from 19 countries have undergone training, focusing, for example, on substitution therapy, needle exchange programmes and the provision of tailored services for women who inject drugs.