

COUNTRY REPORTING FORMAT

Reporting period: January 2003 - December 2005

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I. Status at a glance

The HIV epidemic in Germany started in the early 1980s. Based on an AIDS back-calculation model the highest yearly HIV incidences were in 1982-1985 (AIDS cases diagnosed until 1995 used to calculate HIV incidence from 1979 until 1990). During the 1990s we estimate an HIV incidence level in Germany of approx. 2,000 new infections/ year. Since the year 2000 the estimated HIV incidence in Germany increased to a current level of 2,600 new HIV infections in 2005. Recent increases are mainly due to increasing HIV incidence among MSM.

The estimated total number of people living with HIV in Germany is 49,000.

HIV/AIDS in Germany – Eckdaten 2005	
Epidemiologische Kurzinformation des Robert Koch-Instituts (Stand: Ende 2005 *)	
PLWH ~49.000	
men~39.500	
women: ~9.500	
children : ~300	
people living with AIDS ~8.000	
risk groups	
MSM: ~31.000	
Hetero: ~5.500	
people from high prevalence regions: ~5.500	
i.v. Drug user: ~6.000	
Hämophilie and Receivers of blood: ~600	
Mother to child-Transmissions: ~ 300	
New Infections in Germany . 2005: ~2.600	
Men: ~2.250	
women ~350	
children ~20	
modes of infection (estimated):	
MSM: 70%	
Heterosexual contact 20%	
i.v. Drug use: 9%	
Mother to child -Transmission 1%	
New AIDS-incidences 2005: ~850	
Men:~680	
Women: ~170	
children : <5	
Number of death 2005: ~750	

total of HIV-Infections since the beginning of the epidemic: ~75.000	
total of AIDS-incidence*	
since the beginning of the epidemic ~31.500	
Men: ~27.000	
Women: ~4.300	
children: ~200	
Total of death in HIV-Infected people since the beginning: ~26.000	

source: estimates of the Robert –Koch- Institute which are yearly updated.

II. Overview of the HIV/AIDS epidemic in Germany

The total population of Germany as of end of 2004 was 82.5 Mio, with 40.4 Mio men and 42.1 Mio women. In the age groups 15-49 years the population size was 20.4 Mio male and 19.6 Mio female persons.

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

- MSM (the estimated number of MSM living with HIV in Germany as of end of 2005 is 32,000),
- IDU (the estimated number of IDU living with HIV in Germany as of end of 2005 is 5,000),
- immigrants from high prevalence regions (the minimum estimated number of immigrants infected with HIV from these regions currently living in Germany is 5,500).
- The number of people likely infected with HIV by heterosexual intercourse (immigrants originating from high prevalence regions excluded) and currently living in Germany is estimated at 5,500 persons as of end of 2005. At least 20% of these infections were acquired abroad in Sub-Saharan Africa or Southeast Asia.

The number of HIV infections newly diagnosed in persons originating from high prevalence areas has been roughly stable at around 400 new diagnoses per year in recent years. These persons are not included in the HIV incidence estimates for Germany, because it is assumed, that the large majority of these infections were acquired abroad.

Currently an estimated 70% of HIV infections acquired in Germany are acquired by male-male sexual contact, 20% by male-female and female-male sexual contact, 9% are intravenous drug use associated and 1% is due to mother-to-child transmission.

The “general population” in Germany is only marginally affected by HIV infections.

The prevalence of HIV in first time blood donors (above mentioned most affected groups are discouraged to donate blood) was 8.2/100,000 donors in 2003 (100% of donations are screened for HIV)

Approximately 200 pregnancies in HIV infected women are observed annually. More than 50% of these pregnancies are detected by prenatal care testing and at least 50% of these pregnancies are detected in migrant women from high prevalence areas.

The estimated number of HIV infected pregnant women receiving prophylaxis/estimated number of HIV infected pregnant women = 200/ 250

II.a Status of the HIV epidemic among MSM in Germany

- **National knowledge and behaviour indicators, MSM**
 1. Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
 2. Percentage of male sex workers reporting the use of a condom with their most recent client
 3. Percentage of men reporting use of a condom the last time they had anal sex with a male partner
- **National programme impact indicator, MSM**
 1. Percentage of MSM who are HIV infected in capital city

MSM are the largest group affected by HIV in Germany.

Knowledge and behaviour indicators in MSM are monitored by repeated behavioural surveillance questionnaire studies. The last one was realized in 2003, the next one is planned for 2006. Participants were originally recruited from readers of gay magazines, in the last survey the questionnaire was also presented online with links provided on several gay websites. For comparisons with former rounds of the

survey differences concerning the sampling procedures and the sample characteristics due to the availability of an online version have to be considered.

Results of the 2003 survey: HIV positive men are likely to be overrepresented in the sample. The proportion of MSM with known HIV infection in the sample is 12% (387/ 3221). The majority of participants and of HIV-positive participants is between 25 and 50 years old. Among 496 MSM younger than 25 years, who have been tested for HIV-Ab at least once, 7 reported an HIV-positive test result (1.4%).

Trends: HIV prevalence in the general population and among MSM is increasing, due to reduced HIV mortality and increasing HIV incidence in MSM.

WHO-proposed core indicators like the proportion of men tested for HIV in the previous year, exposure to and use of prevention services, knowledge about ways of HIV transmission and how to prevent transmission and condom use for anal intercourse with the last male partner are collected by this survey (*they have not been presented in the requested format in the published results, but can be extracted from the data base and will be provided at a later time point*).

There is a higher concentration of MSM in larger cities. This leads to the development of discos, saunas, clubs and establishments which facilitate the search for partners. The resulting increase of partners led to higher incidence of sexually transmitted diseases.. Since the end of the 90 and the growth of the Internet the difference in the number of partners between the rural and the urban area is decreasing.

Knowledge on modes of HIV transmission and how to prevent transmission is almost universal in the participating sample of MSM. However, number of sexual partners has been increasing in the surveys since the early 1990s and proportion of unprotected episodes of anal intercourse with partners of unknown HIV serostatus as well as number of partners, with whom unprotected anal intercourse was practised, has increased since 1996. Additional behavioural survey studies and qualitative interview studies with recently infected men are planned for 2006. It is hoped, that these studies will generate additional knowledge and approaches to adjust and improve prevention messages and strategies for MSM.

The incidence of other STIs (data available only for syphilis since 2001) has also increased substantially in MSM in recent years: the number of reported syphilis cases in men more than doubled from 2001 through 2004 (from 1378 to 3016), while the number of cases among females remained largely stable around 300 cases per year.

Source:

HIV testing (p. 59/60):

Bochow/Wright

Exposure/ use of HIV prevention services (p. 61/62):

Bochow/Wright

Knowledge about HIV prevention (p. 64/65):

Bochow/Wright / BZgA

Condom use with last male partner in last six months (p. 68/69):

Bochow/Wright

II b. Status of the HIV epidemic among IDU in Germany

- **National knowledge and behaviour indicators, IDU**

1. Percentage of IDU who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

- **National programme impact indicator, IDU**

1. Percentage of IDU who are HIV infected in capital city

Sterile injection equipment is freely available in Germany in pharmacies and through needle exchange projects in larger cities. Drug addiction treatment is available and methadone maintenance therapy is one of the cornerstones. The majority of HIV infected intravenous drug users are treated with drug substitution therapies.

The number of newly diagnosed HIV infections in intravenous drug users in Germany has been continuously declining since 1997 and was levelling off at around 150-200 newly diagnosed infections per year. Injecting drug use is by far not the main source of HIV infection in Germany. In 2004 5,8%

(2003: 7,0%) of HIV infections registered for the first time were drug users. Until the year 2000 this rate was close to 10%.

Amongst drug related deaths a positive HIV status was found in 3,9% (43 von 1.077). Data from outpatient treatment facilities found a HIV prevalence of 3,7%.

The decline in newly diagnosed infections in IDU has been steeper in metropolitan areas than in rural areas. While available data suggest declining HIV incidence and prevalence rates among IDU in Germany, prevalence of HCV among IDU seems to remain on a high level (although representative data on HCV prevalence among IDU is not available)

In recent years the proportion of drug users originating from Eastern Europe (mostly ethnic German immigrants from former Soviet Union) has increased. This group is not well reached by the established German system for prevention and assistance for intravenous drug users. A small wave of HIV infections has been observed in this subgroup of IDU after 2001.

Direct HIV prevalence or incidence data from IDU or behavioural surveillance data from IDU are currently not available in Germany.

The estimated prevalence of HIV infected IDU/ total population (15-65 years old) is 5,000/ 55,208 740 (= 91/100,000) (total population numbers as of end of 2004)

Trends: HIV incidence among IDU declined in recent years, HIV-related mortality declined in recent years, but HIV-related and HIV-independent mortality substantially higher than in other at risk populations

II c. Status of the HIV epidemic among Heterosexuals in Germany

So far there is little evidence for genuine heterosexual HIV transmission chains in Germany. Most people who acquire HIV infection in Germany by heterosexual intercourse have HIV positive partners from the most affected population groups, i.e. bisexual men, IDU, or a partner from a high prevalence area.

HIV infection is rarely detected in professional female commercial sex workers and if detected is mostly associated with current or former intravenous drug use.

However, systematic surveillance data from Commercial sex workers - who often come from Eastern or Southeastern Europe and only transiently work in Germany without official work permit, are not available.

III National Response to the HIV/AIDS epidemic

A. Resources for the response to HIV/AIDS in the budget year 2005

1. at federal level from public resources

Federal Ministry for Development cooperation	Bilateral and multilateral development cooperation	about €300 million
Ministry for Health	Awareness, research & development, surveillance	€12,6 million
Ministry for research (2002–2005)	HIV/AIDS research in the context of the Competence Network for HIV/AIDS	€9,2 million

2. At the level of 16 the federal States there is an amount of around 11,5 Mio Euro available per year excluding supports for HIV structures in the local communities.

3. Support from private industry (mainly insurance and advertising companies) amounts to around 15 million Euros.

B. Strategy

In July 2005, Germany has revised its strategy to combat HIV/AIDS and, in the process, has implemented the commitments it made in 2004 at the Dublin and Vilnius conferences. The strategy focuses on national resources and knowledge while emphasising the significance of co-operation especially with the UN, UNAIDS, WHO, the European Union, within the framework of the G 8 negotiations, and the Global Fund (GFATM) as well as with the civil society.

Key elements of the German strategy to combat HIV/AIDS are:

1. Prejudice-free **education and prevention**. This means explaining to the public how the disease is transmitted as a means of preventing new infections and strengthening protective behaviour;
2. Universal access to HIV testing, adequate **therapy** for the infected and those suffering from AIDS while strengthening social care;
3. Creating a climate of **solidarity** within the society which will simultaneously prevent the discrimination of those affected;
4. **Co-ordination of and co-operation** in national and international activities;
5. **Surveillance** to record new infections;
6. Strengthening biomedical, clinical, social scientific and socio-cultural **research, especially in the context of international co-operation**;
7. Continuous **evaluation** of achievements and, consequently, improving quality.

These seven elements are interdependent and have to be considered together in order to create a coherent policy. They not only constitute the pillars of the national concept; they also are the German maxim both in Europe and internationally

re:1. prevention

Over 20 years of AIDS control have repeatedly confirmed that **prevention** is the key to success. Germany has since the 1980ties adopted a clear language on prevention explaining the modes of infection and taking a target-group oriented approach. This has proven its worth since then. because prevalence is still – although increasing- at a level of under 0,1%.

Almost 100% of the population knows the most important ways of HIV transmission and how to protect against infection. AIDS awareness campaigns reach young people through the schools. About 90% of all pupils are made aware of the topic of HIV/AIDS.

Information/ behaviour

The repeat surveys of the "Public Awareness of AIDS" study regularly examine information behaviour regarding AIDS. This makes it possible to observe the extent to

which the various AIDS prevention media reach the German public over the course of time. The percentage reached is examined both in reference to the last 12 months and also in reference to the more recent period of the last three months.

Mass-media are the posters of the "*mach's mit*" campaign ("join in campaign"), with its colourful condom motifs, and the TV spots, as well as the cinema spots, radio spots and advertisements in newspapers, journals or illustrated magazines.

The greatest reach is recorded for the "*mach's mit*" posters, which have been perceived by 75 percent of the over-sixteen general public of any year. One or more TV spots have been seen by 69 percent.

Mass-media AIDS prevention: current reaches

In percent

General public over the age of 16

<u>People having contact with:</u>		In the last 3 months	In the last 12 months	On some occasion in the past
"mach's mit" posters	2001	50	69	80
	2002	51	71	82
	2003	53	72	84
	2004	55	75	85
TV spots	2001	43	64	89
	2002	44	70	90
	2003	44	69	91
	2004	43	69	89
Advertisements in newspapers and illustrated magazines	2001	39	58	81
	2002	40	61	83
	2003	41	62	84
	2004	38	60	83
AIDS prevention radio spots	2001	17	28	35
	2002	21	32	39
	2003	27	38	45
	2004	26	39	44
AIDS prevention cinema spots	2001	12	23	46
	2002	11	24	51
	2003	11	24	51
	2004	13	27	54

Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by
forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

In the years since 2001, there has been a slight increase in utilisation of the "*mach's mit*" posters and the cinema spots, while the percentage of users of radio spots containing AIDS prevention has risen substantially during this period. Thus, the development of the reach of mass-media AIDS prevention in recent years differs clearly from that in the period before 2001, when a constant decline in the utilisation of AIDS prevention had been recorded for several years.

The reach figures in the younger groups of the population are sometimes substantially higher than those for the general public as a whole. For instance, 93 percent of 16 to 29 year-olds perceived "*mach's mit*" posters in the past year (men: 93%; women: 92%). Cinema spots were seen by 51 percent (men: 56%; women: 45%). Information events offering AIDS prevention were attended in the past year by 19 percent of 16 to 29 year-olds (men: 17%; women: 20%), and 11 percent turned to the Internet for information on HIV and AIDS (men: 12%; women: 10%).

The utilisation of brochures and information events has remained largely unchanged in recent years, whereas the Internet is gradually being increasingly used as a source of information on HIV and AIDS.

Offerings of intensive AIDS prevention

In percent

General public over the age of 16

		In the last 3 months	In the last 12 months	On some occasion in the past
People having contact with AIDS prevention brochures	2001	7	23	54
	2002	8	21	52
	2003	7	22	56
	2004	7	20	53
People attending presentations or information events	2001	2	6	21
	2002	3	6	24
	2003	2	6	27
	2004	2	6	25
People obtaining information on AIDS from the Internet	2001	1	3	5
	2002	3	5	7
	2003	2	4	7
	2004	3	6	10

Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

Testing

Every person living in Germany has the right to voluntary testing and counselling. The test is free when there is the an indication for an infection.

96% of the population above 16 is familiar with the test (97% men , 96% women);

29% have been tested once or several times, men only slightly more often than women.

In 2004 36 % of those under 45 years have been tested .

As of 2004 8% of the population have been tested (10% men, 7 % women),

15% of the population under 45

An HIV test is foreseen and advertised for pregnant women . Efforts are taken to include into the testing other sexually transmittable diseases which can be co- factors for HIV transmission.

re:2. Treatment care and support

Easy access to HIV testing and the concomitant counselling as well as **therapy and care**, alongside prevention, constitute the second pillar of the combat against AIDS, both nationally and internationally. About 90% of the population in Germany are covered by statutory health insurance schemes, that is about 72 million citizens. In this way a comprehensive health care for the population is guaranteed including

- early detection of diseases
- Prevention and treatment of diseases
- Medical Rehabilitation
- Payment of sickness benefit
- Benefits and services for pregnant women and young mothers
- Health promotion

As a rule, within the scope of the benefits-in-kind principle the entire costs for the treatment are covered by insurance. These comprehensive benefits are rendered independent of existing diseases, i.e. also for HIV or AIDS infected persons.

Wage and salary earners shall be automatically subject to compulsory insurance, if their regular gross earnings does not exceed a certain maximum limit per year.

Unregistered men and women who often have an unsolved legal status are entitled to the strictly necessary treatment, i.e. treatment in the state of acute sickness and pain. For people living with HIV this means that they receive treatment when the HIV/AIDS infection leads to the outbreak of acute diseases.

HIV infected people receive highly active anti-retroviral therapy according to the current scientific knowledge via their health insurance. They have access to specialised centres for counselling and care by specifically qualified medical doctors. Several publicly funded NGOs and self help groups offer psycho-social care for people living with HIV/AIDS including centres for drug consumers and substitution programmes.

The estimated number of people treated with HAART as of end of 2005 is approximately **23,500** (calculation based on the number of antiretroviral drugs sold by pharmacies) or 48% of the estimated total number of people living with HIV in Germany (49,000).

It can be estimated from cohort studies, that approximately 60-65% of patients currently under ART are reaching viral load levels below the limit of detection.

The population group with the least favourable clinical outcome of ART in Germany seem to be IDU. Targeted treatment and support programmes for this patient group need to be improved. Structural and cultural barriers in access to medical care also delay ART of migrants infected with HIV.

MTCT antiretroviral prophylaxis (p. 33/34 and 55/56):

Estimated number of HIV infected pregnant women receiving prophylaxis/ estimated number of HIV infected pregnant women = 200/250

number of perinatal infections detected in 2005: 17 infections diagnosed in children born in Germany (date of birth between 12/2002 and 10/2005; 10 mothers not tested during pregnancy); 9 infections diagnosed in children born outside of Germany (date of birth between 06/1991 and 03/2004)

- re:3.** The respect of **Human Rights and Non-discrimination are the basic principle of the German constitution and non discrimination is guaranteed in article 3 of the constitution.** Human Rights are equally the basis of every successful prevention strategy because fear of discrimination and stigmatisation forces those affected to conceal their infection, making them a source of danger to others. From the very outset, Germany has supported the self-help organisations of those affected and this has led to a significant increase in the acceptance of persons living with HIV/AIDS in society.

Attitudes towards people with HIV and AIDS

The general attitude towards people with HIV and AIDS is characterised both by a low level of stigmatising and isolating attitudes, and by great willingness to provide social support and assistance.

In 2004, 71 percent of the general public over the age of 16 were willing to help people with HIV and AIDS. The AIDS prevention campaign played a significant role in the development of this climate of willingness to help. In 1987, at the start of the campaign, 45 percent said they were willing to help look after people infected with HIV. There was a very rapid increase in this willingness to help once the AIDS prevention campaign began to provide information on how people can become infected with the HI virus and how they can not. The 1990s saw a slight decline in the percentage of people willing to help. This downward trend was brought to a halt in the past few years.

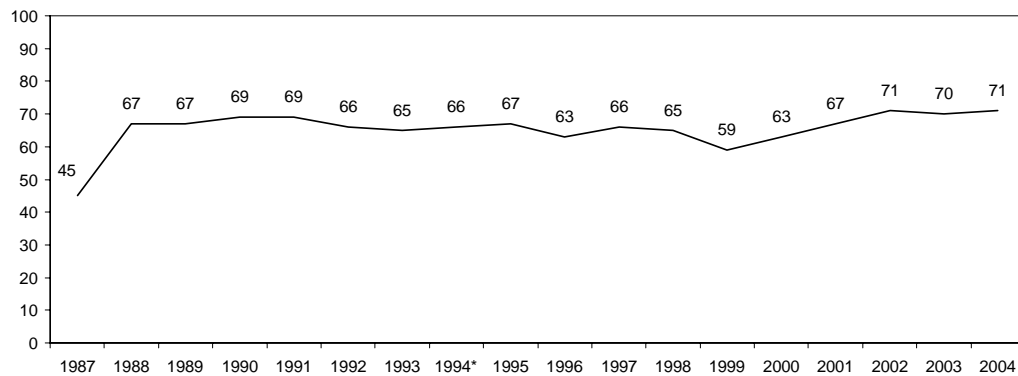
Only few people would be prepared to isolate people with HIV and AIDS. In 2004, 6 percent of the general public were of the opinion that AIDS patients should not come into contact with anyone, except medical staff or their relatives, whereas 93 percent rejected the isolation of people with AIDS.

Willingness to help people with HIV or AIDS

In percent

General public over the age of 16

People who would help look after people with HIV and AIDS:



Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

re:4. Coordination and cooperation with civil society

The scale of the AIDS epidemic world-wide requires the concentration and **co-ordination** of international aid measures. Germany advocates and supports a co-ordinated approach by all of the organisations and institutions involved as well as the strengthening of the strategic co-operation between national and international players as well as with civil society. A transnational co-ordination of activities is necessary in the area of research as well. As a result, Germany is involved, for example, in the European initiative called the European and Developing Countries Clinical Trials Partnership (EDCTP).

At the national level, a good basis for a successful response to AIDS already exists with established committees and mechanisms from civil society, such as the National AIDS Council and the German Association of Self Help Groups for People living with AIDS.

re:5. Surveillance

An effective strategy to combat AIDS requires very precise knowledge about the affected groups. **Surveillance** is a tool which furnishes data about the speed with which the epidemic is spreading and how successful the measures taken are proving to be. Germany will be working together with EuroHIV and will cooperate with the new 'European Centre for Disease Prevention and Control (ECDC)' in continuing and further developing the Europe-wide HIV surveillance system and will support other countries in building national surveillance systems with the emphasis on the monitoring of especially vulnerable groups.

re:6. Research.

An increase in resistance to the medicines presently in use can currently be observed. Long-term individual protection (for example, through chemical or immune prophylaxis) does not exist. Germany is becoming increasingly engaged in the development and funding of new approaches in prophylaxis and therapy which are being pursued via the EU and has, at the same time, created a strong research base at home. Within the framework of the HIV/AIDS competence network, a large number of closely networked projects are being conducted. These relate to prevention, analytic and therapeutic approaches, including the creation of a patient cohort, resistance testing and standards for studies on vaccines.

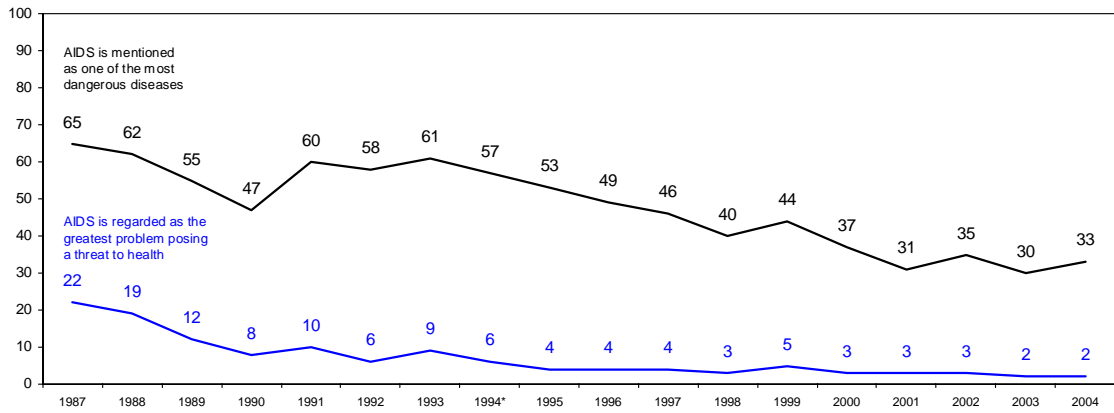
IV. Major challenges faced and actions needed to achieve the UNGASS goals/targets

AIDS prevention – in spite of its success faces new challenges:

In spite of the almost 100% awareness about transmission modes there remain nevertheless knowledge gaps regarding the details of HIV infection and discrepancies between knowledge and behaviour. Advances in AIDS treatments have led to longer survival times and better quality of life for people living with HIV. This has led many people to not perceiving HIV/ AIDS as threatening as they saw it at the beginning of the epidemic, when risky sexual contacts or certain sexual practices were avoided.

Perception of AIDS as a disease
General public over the age of 16

In percent

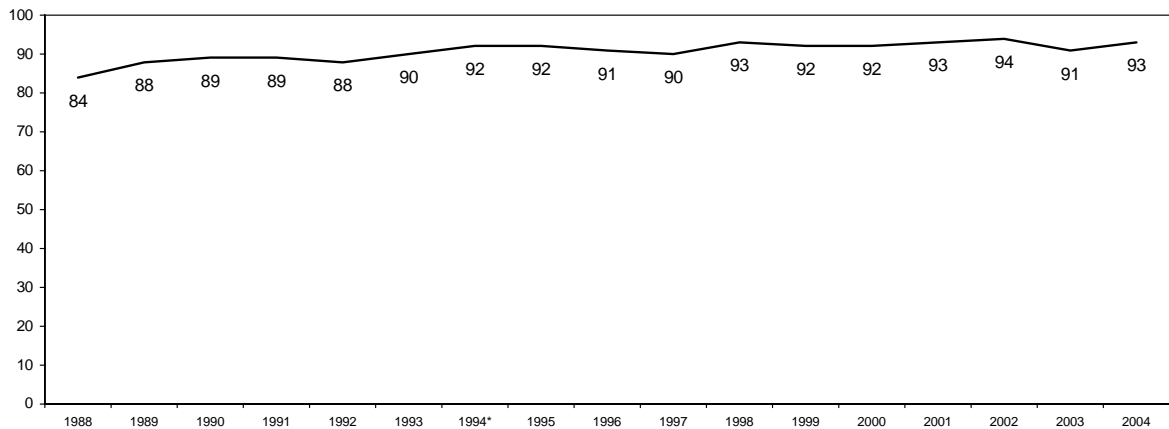


Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

While condoms are accepted in new sexual contacts (93% of singles under 45) condom use has gradually declined but still remains at 69%.

Acceptance of condoms in new sexual contacts
Singles under the age of 45

In percent



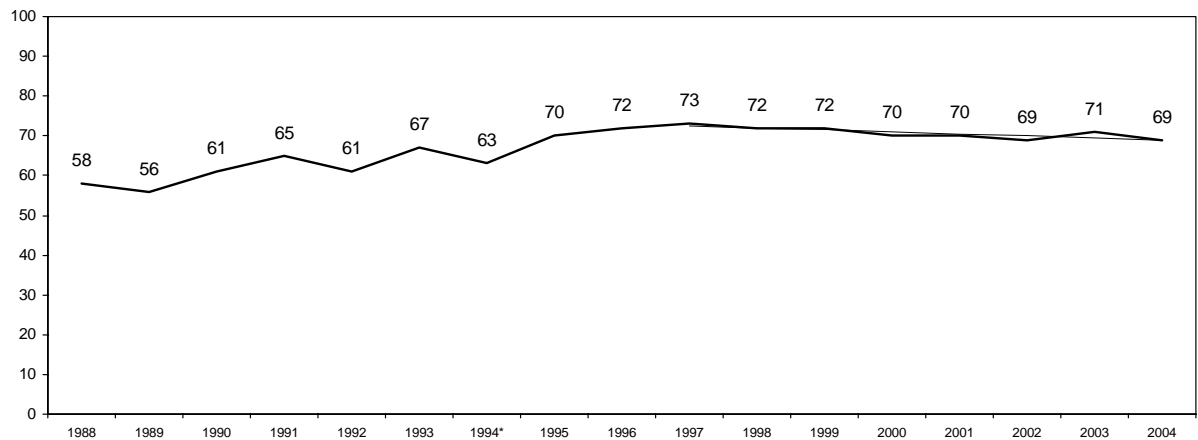
Men: 94
Women: 91

Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

Condom use: always, often or occasionally

In percent

Singles under the age of 45 with sexual contacts in the past year



Trend (1997-2004)
 $y = 73 - 0.5x$
 $t = -3.55; p = 0.012$
 $n = 4,506$
Significant change at
 $\alpha = 0.05$

Source: BZgA - Representative surveys "Public Awareness of AIDS", conducted by forsa. Gesellschaft für Sozialforschung und statistische Analysen, Berlin/Dortmund

Increasing numbers of partners and a certain reluctance to use condoms is also leading to an increase in other sexually transmitted diseases such as syphilis, which indirectly facilitates HIV transmission.

Migrants and other people from high-prevalence countries have a much lower general knowledge about HIV/AIDS than native-born Germans. For them HIV/AIDS carries a higher stigma than among other populations. In addition, they are more difficult to reach for AIDS prevention efforts because of cultural and language barriers. Although all people in Germany have the right to anonymous counselling and, if necessary, free and anonymous treatment of sexually transmitted diseases (including HIV infection), migrants often do not take advantage of these services because of perceived stigmatization, lack of awareness, language and cultural barriers, or other reasons.

V. Support required from country's development partners

not applicable as Germany is a donor country

Germany is committed to the United Nations Millennium Declaration to halt and begin to reverse the spread of HIV/AIDS by the year 2015.

The Federal Government participates in the development and implementation of global strategies and goal-setting in the response to HIV/AIDS. The Government takes part in multilateral conferences and supports international declarations. Furthermore, the Federal Government integrates the results of these conferences and declarations in the development of Germany's health and development policies.

On average, since 2003 the Federal Government has allocated an annual budget of 300 million Euros per year for the response to HIV/AIDS in developing countries. This amount is composed of :

- the annual pledges for bilateral development cooperation activities;
- contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- support to the European Union's activities in the response to AIDS;
- World Bank grant programmes;
- contributions to other international and United Nations organizations such as WHO.

Up to and including 2003, the Federal Government has allocated a total of about 500 million Euros for bilateral projects in the response to HIV/AIDS. These financial expenditures have expanded greatly in recent years. German development cooperation is active in the response to AIDS in almost 50 countries and supports the health sector in 16 countries through wide-ranging programmes. German development experts work continuously on the networking of efforts by the different German agencies active in the response to AIDS so that further synergies in the response can be achieved.

Only through a coordinated strategy can all participating organizations and institutions achieve an effective response to the HIV/AIDS pandemic. For this reason, the Federal Government has committed itself for a long time to strengthen the cooperation among national and international actors and for greater harmonization among donors. Improved networking of bilateral and multilateral efforts should increase the effectiveness of measures to fight HIV/AIDS, including research activities. In order to achieve this goal, German experience in the response to HIV/AIDS is made available to the international community on the one hand, while on the other hand German strategies are oriented towards international strategies and standards.

VI. Monitoring and evaluation environment

Regular stock-taking and monitoring of the effectiveness of measures taken are indispensable if competence is to be increased and the quality of strategies assured. In Germany, researchers, practitioners and people living with AIDS meet regularly at different levels to discuss progresses and challenges of the disease. Before funding each programme and project is examined as to its feasibility to meet new challenges. In collaboration with other states and international organisations, Germany will be bringing its input to the development of standardised criteria and systems for the **evaluation** of measures. Those affected and their organisations will be included in the process.

Consultation/preparation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

Federal Ministry for Health as National Coordinator

- | | |
|----------------------|-----|
| a) NAC or equivalent | Yes |
| b) NAP | Yes |
| c) Others | Yes |

Federal Centre for Health Education

Robert –Koch- Institut Centre- Centre for Health Research and prevention

2) With inputs received for the elaboration of the new HIV/AIDS Response Strategy of the federal government from

Ministries:

- | | | |
|---|-----|-----|
| Education | Yes | |
| Health | Yes | |
| Labour | Yes | |
| Foreign Affairs | | Yes |
| Others | Yes | |
| Federal Ministry for Economic Cooperation and Development | | |

3) Was the report discussed in a large forum? No

4) Are the survey results stored centrally? Yes

5) Are the data available for public consultation? Yes

Name / title:

Head of Division: Dorle Miesala-

Edel _____

Date: _____

Signature: _____

ANNEX 2

NATIONAL COMPOSITE POLICY INDEX - 2006

Country: **Germany**

Name of the National AIDS Council officer in charge:
Dorle Miesala-Edel

Signed by: Name and title

Dorle Miesala- Edel

Head of division "AIDS Control Strategy

Address: Federal Ministry for Health.

Am Propsthof 78a

D53 121 Bonn,

TEL: 0049 1888 4413210

FAX: 0049 18884414260

E-MAIL: Dorle.miesala-edel@bmg.bund.de

DATE: 20.12.2005

Once the questionnaire is completed, please return it by e-mail, mail or fax to:

Evaluation Unit

UNAIDS Geneva

Tel:

Fax:

E-mail:

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE PART A

I. Strategic plan

1. Has your country developed a national multi-sectoral strategy/action framework to combat HIV/AIDS?^{6*}

(Multi-sectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below)

Yes

Period covered: 1988 - 2005

- 1.1 IF YES, which sectors are included?

Sectors included	Strategy/Action framework	Focal point/Responsible
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military	Yes	Yes
Women	Yes	Yes
Youth	Yes	Yes
Others to specify*	migrants	Yes

* Any of the following: Agriculture, Finance, Human Resources, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry.

Comments:

- 1.2 IF YES, does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (Yes/ No)

Programme	
a. Voluntary counselling and testing?	a yes
b. Condom promotion and distribution?	b yes
c. STI prevention and treatment?	c yes
d. Blood safety?	d yes
e. Prevention of mother-to-child transmission?	e yes
f. Breastfeeding?	f yes
g. Care and treatment?	g yes
h. Migration?	h yes
Target populations	
i. Women and girls?	i yes
j. Youth?	j yes
k. Most-at-risk populations ⁷ ?	k yes
l. Orphans and other vulnerable children?	l
Cross-cutting issues	
m. HIV/AIDS and poverty?	m yes
n. Human rights?	n yes
o. PLHA involvement?	o yes

⁶ All questions bolded and with an asterisk are also relevant for the "Three Ones" monitoring at country level

1.3 IF YES, does it include an operational plan?

Yes

1.4 IF YES, does the strategy/operational plan include:

a. formal programme goals?

Yes

b. detailed budget of costs?

Yes

c. indications of funding sources?

Yes

d. a monitoring and evaluation plan?

Yes

1.5 Has your country ensured “full involvement and participation” of civil society in the planning phase?

Yes

1.6 Has the national strategy/action framework been endorsed by key stakeholders?

Yes

Comments: The national government agreed an adapted strategy in response to AIDS in July 2005 which was endorsed by various civil society groups. This strategy was accepted by the new government together with the task given to the ministry to develop an action plan in the new government policy agreement..

2. Has your country integrated HIV/AIDS into its general development plans (such as: a) National Development Plans, b) United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, and d) Common Country Assessments)?

N/A

2.1 IF YES, in which development plan? a) _____ b) _____ c) _____ other _____

Covering which of the following aspects? (Yes/ No)

	a)	b)	c)
HIV Prevention			
Care and support			
HIV/AIDS Impact alleviation			
Reduction of gender inequalities as relates to HIV/AIDS prevention/care			
Reduction of income inequalities as relates to HIV prevention/care			
Others:			

3. Has your country evaluated the impact of HIV/AIDS on its economic development for planning purposes?

⁷ Most-at-risk populations are groups that have been *locally* identified as being at higher risk of HIV transmission (injecting drug users, men having sex with men, commercial sex workers, moto-taxi drivers etc)

N/A

IF YES, how much has it informed resource allocation decisions? (Low to High)

Low High
0 1 2 3 4 5 6 7 8 9 10

Comments:

4. Does your country have a strategy/action framework for addressing HIV/AIDS issues among its national uniformed services, military, peacekeepers and police?

Yes

4.1 IF YES, which of the following have been implemented?

HIV Prevention	Yes
Care and support	Yes
Voluntary HIV testing and counselling	Yes
Mandatory HIV testing and counselling	No

Comments:

Overall, how would you rate strategy planning efforts in the HIV/AIDS programmes?												
2005	Poor										Good	
	0	1	2	3	4	5	6	7	8	9	x0	
2003	Poor										Good	
	0	1	2	3	4	5	6	7	x	9	10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: the recent increase of new infections has once again raised the acute awareness of the federal government and led to new approaches in the HIV/AIDS policy. All measures are taken in close cooperation with civil society.</i>												

II. POLITICAL SUPPORT

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?

Head of government	Yes
Other high officials	Yes

2. Does your country have a national multi-sectoral HIV/AIDS management/coordination body recognized in law? (National AIDS Council or Commission)*

N/A

Since the end of the 1980ties a National AIDS Council advises the government . Due to the federal structure of the Federal Republic of Germany the Federal and the States level have to work together closely. In the response to HIV/AIDS this is done through a Federal/States and Centre for Health Education committee that meets regularly. to exchange experience and coordinate activities.

While well established and meeting regularly these committees are not regulated by law.

2.1 IF YES, when was it created? Year: 1987

2.2 Does it include?

Terms of reference	Yes
Defined membership	Yes
Including civil society	Yes
PLHIV	Yes
Private sector	Yes
Action plan	Yes
Functional Secretariat	Yes
Date of last meeting of the Secretariat	Date:20/21.10.2005 NAC end 2004

Comments:

3. Does your country have a national HIV/AIDS body that promotes interaction between government, PLHIV, the private sector and civil society for implementing HIV/AIDS strategies/programmes?

Yes

3.1 *IF YES*, does it include?

Terms of reference	Yes
Defined membership	Yes
Action plan	Yes
Functional Secretariat	Yes
Date of last meeting	Date: November 2005

Comments:

4. Does your country have a national HIV/AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations?

Yes Association of AIDS Self Help Groups DAH

4.1 *IF YES*, does it include?

Terms of reference	Yes
Defined membership	Yes
Action plan	Yes
Functional Secretariat	Yes
Date of last meeting	Date: december 2005

Comments: Federal Minister of Health visited the DAH office in Berlin to become informed about innovative counselling programmes

Overall, how would you rate the political support for the HIV/AIDS programme?											
2005	Poor										Good
		0	1	2	3	4	5	6	7	8	9 x
2003	Poor										Good
		0	1	2	3	4	5	6	7	8	9 x
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

III. Prevention⁸

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

Yes

- 1.1 In the last year, did you implement an active programme to promote accurate HIV/AIDS reporting by the media?

Yes

Comments: The media are independent but are permanent partners in the HIV-Prevention efforts at all levels (national, regional, local). The Federal Centre for Health Education develops radio and TV spots that are provided for free to public and private broadcasting and TV stations.

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

Yes

- 2.1 Is HIV education part of the curriculum in

primary schools Yes secondary schools Yes

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

Yes

Comments:

There exist target group oriented materials for both – boys and girls which differ where necessary- for educational purposes. Both types of materials aim to encourage self confidence, consideration, communication and respect for the partner.

3. Does your country have a policy or strategy to promote IEC and other preventive health interventions for most-at-risk populations?

Yes

- 3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including:	Yes
- Risk reduction information, education and counselling?	Yes
- Needle and syringe programmes?	Yes
- Treatment services?	Yes
- If yes, drug substitution treatment?	Yes
Men who have sex with men?	Yes
Sex workers?	Yes

⁸ Strategies/policies discussed under *Prevention* may be included in the national strategy/action framework discussed in I.1 or separate

Prison inmates?	Yes
Cross-border migrants, mobile populations	Yes
Refugees and/or displaced populations?	Yes
Other most-at-risk populations? <i>Please specify</i>	NA

Comments:

4. Does your country have a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to VCT, condoms, sterile needles and STD drugs)

Yes

Do you have programmes in support of the policy or strategy?

A social marketing programme for condoms?	Yes
A blood safety programme?	Yes
A programme to ensure safe injections in health care settings?	Yes
A programme on ante-natal syphilis screening	No
Other programmes? <i>Please specify</i>	

Comments:

Overall, how would you rate policy efforts in support of prevention?											
2005	Poor										Good
		0	1	2	3	4	5	6	7	8	x 10
2003	Poor										Good
		0	1	2	3	4	5	6	7	8	x 10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

All these programmes have been permanently implemented since 1987. There is no useful differentiation possible

	2003	2005
a. A programme to promote accurate HIV/AIDS reporting by the media.	a. _____	a. _____

b. A social marketing programme for condoms	b. _____	b. _____
c. School-based AIDS education for youth	c. _____	c. _____
d. Behaviour change communications	d. _____	d. _____
e. Voluntary counselling and testing	e. _____	e. _____
f. Programmes for sex workers	f. _____	f. _____
g. Programmes for men who have sex with men	g. _____	g. _____
h. Programmes for injecting drug users, if applicable	h. _____	h. _____
i. Programmes for other most-at-risk populations	i. _____	i. _____
j. Blood safety	j. _____	j. _____
k. Programmes to prevent mother-to-child transmission of HIV	k. _____	k. _____
l. Programmes to ensure universal precautions in health care settings	l. _____	l. _____

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	x9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	x9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

IV. Care and support⁹

- Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes

- Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

all activities have been implemented since many years, blood transfusions testing is mandatory by law. About 90% of the population are covered by statutory health insurance schemes, that is about 72 million citizens. In this way a comprehensive health care for the population is guaranteed

	2003	2005
HIV screening of blood transfusion		
Universal precautions		
Treatment of opportunistic infections (OI)		
Antiretroviral therapy (ART)		
Nutritional care		
STI care		
Family planning services		

⁹ Strategies/policies discussed under *Care and Support* may be included in the national strategy/action framework discussed in I.1 or separate

Psychosocial support for PLHIV and their families Home-based care Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS) Cotrimoxazole prophylaxis among HIV-infected people Post exposure prophylaxis (e.g. occupational exposures to HIV, rape) Other: <i>(please specify)</i>		
--	--	--

Comments:

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?													
2005	Poor										Good		
		0	1	2	3	4	5	6	7	8	x	9	10
2003	Poor										Good		
		0	1	2	3	4	5	6	7	8	x	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>													

3. Does your country have a policy or strategy to address the additional HIV/AIDS related needs of orphans and other vulnerable children (OVC)?

N/A

- 3.1 *IF YES*, Is there an operational definition for OVC in the country? Yes, No

IF YES, please provide definition: _____

- 3.2 Which of the following activities have been implemented under OVC programmes?

	2003	2005
School fees for OVC		
Community programmes		
Other: <i>(please specify)</i>		

Comments:

Overall, how would you rate the efforts to meet the needs of OVC?		
2005	Poor	Good

	0	1	2	3	4	5	6	7	8	9	10
2003	Poor					Good					
	0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

V. Monitoring and Evaluation^{10*}

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

Yes

Years covered: 1987

1.1. IF YES, was it endorsed by key partners in evaluation?

Yes

by the National AIDS Council

Comments:

There is a permanent, multi-institutional M&E programme in Germany whose findings are regularly published and taken as a resource for political decisions and for quality and effect-assurance processes and projects.

The Robert –Koch-Institute collects epidemiological data and publishes them twice a year.

1.2. Was the M&E plan developed in consultation with civil society, PLHIV?

No

2. Does the M&E plan include?

- data collection, analysis, reporting and information feed back

Yes

- well defined standardized set of indicators

Yes

- guidelines on tools for data collection

Yes

- a data management plan

Yes

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

Yes

Years covered: since 1987

3.1 If yes, has funding been secured?

Yes *has to be negotiated every year in the national budget as part of the allocation to the Federal Centre for Health Education and the Robert- Koch -Institute*

¹⁰ The whole M&E section is relevant for the “Third One”

4. Is there a Monitoring and Evaluation functional Unit or Department?

Yes at the various levels of the Federal State and the Länder

IF YES,

Based in NAC or equivalent? *No*

Based in Ministry of Health? *Yes*

Elsewhere? *No*

4.1 If yes, are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department?

Yes

Comments:

4.2 Is there a full time officer responsible for monitoring and evaluation activities of the national programme?

Yes full time at various numerous levels (Bund , States and authorities in the portfolio of the ministries)

4.3 *IF YES*, since when? : Year_ 1987_____

5. Is there a committee or working group that meets regularly coordinating M&E activities, including surveillance?

Yes irregular

Date last meeting: according to the needs of the various bodies

5.1 Does it include representation from civil society, PLHIV?

No

6. To what degree (*Low to High*) are UN, bi-laterals, other institutions sharing M&E results?

Low *High*
0 1 2 3 4 5 6 7 8 9 10 not answerable

Comments: the newly created European Centre for Disease Prevention and Control is in charge of collecting and monitoring epidemiological data for the European Union Member States and give advice on strategies

7. Have individual agency programmes been reviewed to harmonize M&E indicators with those of your country?

Yes

8. Does the M&E Unit manage a central national database?

Yes

8.1 IF YES, what type is it? Epidemiological Bulletin_____

9. Is there a functional* Health Information System?

National level	Yes
Sub-national*	Yes

(*reporting regularly data from health facilities aggregated at district level and sent to national level, analyzed, and used at different levels)

10. Is there a functional Education Information System?

National level	Yes	No
Sub-national*	Yes	No

* If yes, please specify the level, i.e., district does not apply for Germany

11. Does your country publish at least once a year an evaluation report on HIV/AIDS, including HIV surveillance reports?

Yes 3 reports , 1 by the Federal Centre for Health Education , 2 by the Robert-Koch-Institute

12. To what extent strategic information is used in planning and implementation?

Low High
0 1 2 3 4 5 6 7 8 x9 10

Comments:

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

- At national level? Yes
- At sub-national level? Yes
- Including civil society? Yes

Overall, how would you rate the monitoring and evaluation efforts of the HIV/AIDS programme?										
2005	Poor									Good
	0	1	2	3	4	5	6	7	8	x 10
2003	Poor									Good
	0	1	2	3	4	5	6	7	8	x 10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:										

National composite policy index questionnaire part B

I. Human rights

1. Does your country have laws and regulations that protect people living with HIV and AIDS against discrimination (such as general non-discrimination provisions or those that specifically mention HIV, that focus on schooling, housing, employment, etc.)?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Comments: The "Konferenz der Kultusminister der Länder" of the Federal Republic of Germany has issued recommendations/regulations that focus on schooling.

2. Does your country have non-discrimination laws or regulations which specify protections for certain groups of people identified as being especially vulnerable to HIV and AIDS discrimination (i.e., groups such as injecting drug users, men who have sex with men, sex workers, youth, mobile populations, and prison inmates)?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
------------------------------	--	------------------------------

IF YES, please list groups:

3. Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
---	-----------------------------	------------------------------

IF YES, please list groups:

prison inmates, drug users, asylum seekers

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

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
---	-----------------------------	------------------------------

Comments: It's one of the central aims of the national HIV/AIDS prevention strategy of the Federal Republic of Germany.

5. Has the Government, through political and financial support, involved vulnerable populations in governmental HIV-policy design and programme implementation?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
---	-----------------------------	------------------------------

IF YES, please list groups: people living with HIV/ AIDS, men who have sex with men, sex workers, injecting drug users

6. Does your country have a policy to ensure equal access, between men and women, to prevention and care?

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

Comments: Promotion of gender mainstreaming in the social and health care system. The nongovernmental Deutsche AIDS-Hilfe e.V. (AIDS service organisation) particularly aims at ensuring equal access to prevention and care.

7. Does your country have a policy to ensure equal access to prevention and care for most-at-risk populations?

Yes	No <input checked="" type="checkbox"/>	N/A
-----	--	-----

Comments: Imprisoned drug users don't have access to clean needles and syringes. Asylum seekers are not entitled to get HIV therapy only to basic medical care (according to the "Asylbewerberleistungsgesetz").

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)?

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

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

Yes <input checked="" type="checkbox"/>	No	N/A
---	----	-----

9.1 *IF YES*, does the ethical review committee include civil society and people living with HIV?

Yes	No <input checked="" type="checkbox"/>	N/A
-----	--	-----

Comments:

10. Does your country have the following monitoring and enforcement mechanisms?

Collection of information on human rights and HIV and AIDS issues and use of this information in policy and programme development reform	Yes <input checked="" type="checkbox"/>	No
Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons which consider HIV- and AIDS-related issues within their work	Yes <input checked="" type="checkbox"/>	No

Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses	Yes	No
Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV and AIDS efforts	Yes	No

11. Have members of the judiciary been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes	No X	N/A
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12. Are the following legal support services available in your country?

Legal aid systems for HIV and AIDS casework	Yes	No X
State support to private sector laws firms or university based centers to provide free pro bono legal services to people living with HIV and AIDS in areas such as discrimination	Yes X legal aid	No
Programmes to educate, raise awareness among people living with HIV and AIDS concerning their rights		

13. Are there programmes designed to change societal attitudes of discrimination and stigmatization associated with HIV and AIDS to understanding and acceptance?

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS?												
2005	Poor										Good	
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												

Overall, how would you rate the effort to enforce the existing policies, laws and regulations?												
2005	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor											Good
		0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												

II. Civil society participation

1. To what extent civil society has made a significant contribution to strengthening the political commitment of top leaders and national policy formulation?

Low											High
0	1	2	3	4	5	6	7	8	9	10	

2. To what extent civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV and AIDS or for the current activity plan (attending planning meetings and reviewing drafts)?

Low											High
0	1	2	3	4	5	6	7	8	9	10	

3. To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports?

Low											High
0	1	2	3	4	5	6	7	8	9	10	

4. Has your country conducted a National Periodic review of the Strategic Plan with the participation of civil society in:

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
---	-----------------------------	------------------------------

Month July Year 2005

5. To what extent your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee *in which people living with HIV and caregivers participate?*

Low											High
0	1	2	3	4	5	6	7	8	9	10	

Overall, how would you rate the efforts to increase civil-society participation?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											

III. Prevention

1. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV and AIDS reporting by the media.	a. _____	a. _____
b. A social-marketing programme for condoms	b. <u> X </u>	b. <u> X </u>
c. School-based AIDS education for youth	c. <u> X </u>	c. <u> X </u>
d. Behaviour-change communications	d. <u> X </u>	d. <u> X </u>
e. Voluntary counselling and testing	e. <u> X </u>	e. <u> X </u>
f. Programmes for sex workers	f. <u> X </u>	f. <u> X </u>
g. Programmes for men who have sex with men	g. <u> X </u>	g. <u> X </u>
h. Programmes for injecting drug users, if applicable	h. <u> X </u>	h. <u> X </u>
i. Programmes for other most-at-risk populations ¹²	i. <u> X </u>	i. <u> X </u>
j. Blood safety	j. <u> X </u>	j. <u> X </u>
k. Programmes to prevent mother-to-child transmission of HIV	k. <u> X </u>	k. <u> X </u>
l. Programmes to ensure safe injections in health care settings	l. <u> X </u>	l. <u> X </u>
m. Other: (please specify)	m. _____	m. _____

Overall, how would you rate the efforts in the implementation of HIV-prevention programmes?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:											

migrants, prison inmates

¹² Please define

IV. Care and support

1. Which of the following activities have been implemented under the care and treatment of HIV and AIDS programmes?

	2003	2005
a. HIV screening of blood transfusion	a. <u> X </u>	a. <u> X </u>
b. Universal precautions	b. <u> X </u>	b. <u> X </u>
c. Treatment of opportunistic infections (OI)	c. <u> X </u>	c. <u> X </u>
d. Antiretroviral therapy (ART)	d. <u> X </u>	d. <u> X </u>
e. Nutritional care	e. <u> X </u>	e. <u> X </u>
f. Sexually transmitted infection care	f. <u> X </u>	f. <u> X </u>
g. Family planning services	g. <u> X </u>	g. <u> X </u>
h. Psychosocial support for people living with HIV and their families	h. <u> X </u>	h. <u> X </u>
i. Home-based care	i. <u> X </u>	i. <u> X </u>
j. Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	j. <u> X </u>	j. <u> X </u>
k. Cotrimoxazole prophylaxis among HIV-infected people	k. <u> X </u>	k. <u> X </u>
l. Post exposure prophylaxis (e.g., occupational exposures to HIV, rape)	l. <u> X </u>	l. <u> X </u>
m. Other: <i>(please specify)</i>	m. _____	m. _____

Overall, how would you rate the care and treatment efforts of the HIV and AIDS programme?												
2005		Poor									Good	
		0	1	2	3	4	5	6	7	8	9	10
2003		Poor									Good	
		0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>												

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

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Orphans are generally cared for. There are, moreover, some institutions (clinics, AIDS service organisations) that address the needs of children with HIV/AIDS.

2.1 Which of the following activities have been implemented under the orphan and other vulnerable children programmes?

	2003	2005
School fees for orphans and vulnerable children		
Community programmes		
Other: <i>(please specify)</i>		

Comments:

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>											