

# COUNTRY REPORTING FORMAT

*Reporting period: January 2006 - December 2007*

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## I. Status at a glance

Since the year 2000 the estimated HIV incidence in Germany increased to a current level of estimated 3000 new HIV infections in 2007. Recent increases are mainly due to increasing HIV incidence among MSM.

The estimated total number of people living with HIV in Germany is 59. 000.

<b>HIV/AIDS in Germany – Eckdaten 2007</b>	
Epidemiologische Kurzinformation des Robert Koch-Instituts (Stand: Ende 2007 *)	
<b>PLWH ~59.000</b>	
men	~49.000
women: ~	10000
children :	~350
people living with AIDS ~	9 500
<b>risk groups</b>	
MSM: ~	34 5000
Hetero: ~	7.500
people from high prevalence regions: ~	9 000
i.v. Drug user:	7.000
Hämophile: ~	500
Mother to child-Transmission <sup>3</sup> : ~	550
<b>New Infections in Germany . 2007</b>	<b>3 000</b>
Men: ~	2 400
women ~	600
children ~	25
<b>modes of infection (estimated):</b>	
MSM:	72%
Heterosexual contact	20%
i.v. Drug use:	7%
Mother to child -Transmission	1%
<b>New AIDS-incidences 2007: ~1 100</b>	
Men:~	900
Women:	200
children :	5
<b>Number of death 2005: ~650</b>	
<b>total of of HIV-Infections since the beginning of the epidemic: ~86 000</b>	
<b>total of AIDS-incidence*</b>	
<b>since the beginning of the epidemic ~33 800</b>	
Men: ~	29 1000
Women: ~	4 500

children: ~

200

**Total of death in HIV-Infected people since the beginning: ~27.000**

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 2007 was 82.3 Mio. 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 2007 is 49,000),
- immigrants from high prevalence regions (the minimum estimated number of immigrants infected with HIV from these regions currently living in Germany is 9000)
- IDU (the estimated number of IDU living with HIV in Germany as of end of 2007 is 7,000),

Currently an estimated 72% of HIV infections acquired in Germany are acquired by male-male sexual contact, 20% by male-female and female-male sexual contact, 7% 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)

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

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 2006. Participants were recruited online and offline.

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

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 90ties Internet has gained importance and become a favourite medium for contacts. Through 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.

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

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.

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. Efforts are undertaken to reach this group with prevention and assistance.

## **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.

## **III National Response to the HIV/AIDS epidemic**

### **B. Strategy and Action Plan**

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. This strategy was complemented by an Action Plan to implement the strategy which was adopted at the federal government level in March 2007:

**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 1980s adopted a clear language on prevention explaining the modes of infection and taking a target-group oriented approach. This has proven its worth, 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 the infection. AIDS awareness campaigns reach young people through the schools. About 90% of all pupils are made aware of the topic of HIV/AIDS. A new focus is the information about sexually transmitted diseases (STI) and modes of protection. Special campaigns were started in 2007 targeting MSM and youth.

#### **Information/ behaviour**

The yearly surveys of the "Public Awareness of AIDS" study 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.

For World AIDS Day 2007 the Centre for Health Information launched an "ambassador campaign" on the Internet where everybody could link in to become a HIV/AIDS ambassador. This campaign was started with politicians and actors and has become very popular among young people.

Interactive web sites that provide counselling and advice anonymously are frequently used by the general public and the group of MSM.

## Testing

Every person living in Germany has the right to voluntary testing and counselling provided by every doctor or the local health authority. The test is free when there is the an indication for an infection.

## 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. Everybody can be covered by statutory or private health insurance schemes. Comprehensive health care for the population is thus 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 with a very low contribution of the patient. These comprehensive benefits are rendered independent of the type of diseases, i.e. also for HIV or AIDS infected persons.

Unregistered men and women who often have an undocumented 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 pscho-social care for

people living with HIV/AIDS including centres for drug consumers and substitution programmes.

**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 2007 69 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. A particular characteristic of the German HIV/AIDS-response is the advocacy of politicians , sports people and artists.

#### **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.

Germany used its presidency in the European Union in 2007 to organize a high level conference on "Responsibility and Partnership –together against HIV/AIDS " underlining the importance of cooperation at European government level as well as among governments and NGOs in Bremen. In the Bremen Declaration ministers of health stressed the importance of prevention , pledged to take the lead in advocacy in the fight against HIV and AIDS, support and strengthen civil society and cooperate with the private sector with a particular reference to the provision of affordable access to HIV/AIDS medication. A transnational co-ordination of activities is taking place in the area of research as well. 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**

In addition to the national surveillance of HIV and AIDS Germany cooperates with the '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. Germany supported the International Partnership on Microbicides with 1 mio € in 2007 and will continue to do so.

**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 some 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.

The focus of German prevention has been and still is on the use of condoms. However, in small groups of HIV positive people there are discussions about other modes of protection such as sero sorting or the use of Pre-exposure prophylaxis. The Ministry of Health is following this debate closely.

A focus group for prevention are migrants, who often have a lower general knowledge about HIV/AIDS than native-born Germans. For them HIV/AIDS carries a higher stigma than among other populations. Because of language barriers and cultural sensitivities, they are more difficult to reach for AIDS prevention messages. 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 the services because of perceived stigmatization, lack of awareness, language and cultural barriers, or other reasons. Germany is addressing this problem by studies and through dialogue with migrant communities. A strong cooperation with other EU –Member States took place in 2007 during the Portuguese EU-Presidency.

## **V. Monitoring and evaluation environment**

In Germany, researchers, practitioners and people living with AIDS meet regularly at different levels to discuss progresses and challenges of the disease. The feasibility of a measure is examined before funding a programme or project. The European and international cooperation has been increased particularly during 2007.