



Know your epidemic – Know your response

HIV Prevention in German Development Cooperation

HIV and AIDS as a global challenge

According to statistics of the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the World Health Organization (December 2009), 33.4 million people worldwide were living with an HIV infection in 2008, including 15.7 million women and over two million children under 15 years of age. This was 20% more people than in 2000, and HIV prevalence was three times higher than in 1990.

The further increase of HIV prevalence rates in recent years seems to be the combined result of continued high infection rates and greater availability of anti-retroviral (ARV) therapy with the associated increase in life expectancy. By the end of 2008, a total of four million people in low and middle income countries had received ARV therapy – a tenfold increase over five years.

Programmes to prevent mother-to-child transmission (PMTCT) also expanded considerably between 2004 and 2008 from 10% to 45% of pregnant women living with HIV in low- and middle-income countries. In 2008 the number of new infections among children was 18% lower than in 2001. The HIV prevention measures employed in, for example, Tanzania, Zambia and the Dominican Republic achieved verifiable success. Generally improved national surveillance systems, survey methods and laboratory procedures allow precise estimations of the HIV epidemic with respect to transmission paths, behavioural adaptations and infection characteristics.

The epidemiological data available today suggests that the global spread of HIV was greatest in 1996. While at that time 3.5 million new infections appeared each year, in 2008, the figure was 30% lower. The highest

number of AIDS-related deaths was probably in 2004; in 2008, there were two million deaths, which was 10% fewer than before.

Nevertheless, the challenges remain enormous. For every two people starting ARV treatment, there are five new HIV infections. Women comprise 75% of youths and young adults living with HIV. There are presently around 22.4 million people infected with HIV (67% of the total) in sub-Saharan Africa. Southern Africa, with an average HIV prevalence rate of over 10% of adults, remains particularly affected, even if a stabilisation can be observed in many countries. In East Africa, however, an upward trend in risk behaviour and a shift from the cities to rural areas is being observed. West African countries are still less affected with prevalence between less than 1% (Gambia, Niger) and slightly above 3% (Togo, Nigeria). In Central West and West Africa prevalences between 3.4% (Equatorial Guinea) and 6.3% (Central African Republic) can be observed.

In Asia, with the exception of Thailand, prevalence is less than 1%. Nevertheless, because of the size of its population, the Asian region has the second highest absolute number of HIV-infected people in the world, half of whom are in India. The percentage of infected women among all infected people in Asia rose from 19% in 2000 to 35% in 2008. In Eastern Europe, central Asia and also other parts of Asia, the HIV prevalence rate is increasing particularly quickly: since 2001, a 66% increase in new infections has been observed. Of these new infections, 57% are found among injecting drug users. In Latin America and the Caribbean, in contrast, HIV infection rates have remained relatively stable since 2004.

In recent years, it has become increasingly clear that the key factors for the HIV epidemic can differ significantly between countries or regions and can continually change. Thus, the maxim *'Know your epidemic, know your response,'* in combination with other basic principles, such as participation, is seen as the key to effective measures. However, national strategies are still not sufficiently based on the evaluation of epidemiological data, laws prevent effective HIV prevention, the evidence base of HIV prevention measures needs to be further strengthened and there is an enormous challenge in identifying an effective method mix for the respective country context (Combination HIV Prevention). Also the special risk for key groups (depending on the cultural context), for example, people with parallel sexual relationships, men who have sex with men and injecting drug users, is not sufficiently taken into account. Counselling for those living with HIV continues to gain in importance. Besides HIV prevention, providing for the living of people suffering from HIV or AIDS will be a central logistical and financial challenge in the future. This can only be achieved by good cooperation and shared responsibility among all partners.

The international political context

In the 2000 Millennium Development Goals (MDGs), the international community committed itself to halving the number of people living on less than US\$1 a day by the year 2015. Among the eight goals, the independent MDG 6 was set in order to halt the spread of the HI virus, as well as malaria and other communicable diseases, by 2015 and to reverse the trend. The other seven MDGs are also indirectly related to the fight against AIDS.

Furthermore, in the Declaration of Commitment of the 2001 UN General Assembly Special Session on HIV/AIDS, the international community agreed to the goal of universal access to HIV prevention, treatment, care and support by 2010 (Universal Access Initiative). UNAIDS has the leading role in coordination and strengthening of the worldwide efforts.

These voluntary commitments corresponded to greater international involvement in the subsequent period. Thus, new resources were made available through well-funded initiatives, and new financial instruments were created, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In addition to other bilateral and multilateral measures, this fund finances drugs for antiretroviral therapy on a large scale. One-third of its money is used for HIV prevention measures, particularly for community outreach, voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT) and provision of condoms.

Since 2003, the US Government has been financing the United States President's Emergency Plan for AIDS Relief (PEPFAR), which especially supports HIV testing and antiretroviral therapy in selected countries. The expansion of PMTCT programmes is another important emphasis. From 2010 onwards, PEPFAR will be linked to the new US Global Health Initiative, which aims to contribute to general strengthening of health care systems.

A further important source of finance is the Bill and Melinda Gates Foundation, which, in the area of AIDS, is concentrating on the promotion of biomedical prevention and, for example, male circumcision and the development of a vaccination against HIV infections. The GFATM, PEPFAR and the Clinton HIV/AIDS Initiative (CHAI) have made it possible to substantially increase the global coverage of antiretroviral therapy.

The German contribution to the global AIDS response

In line with the before mentioned international agreements, German development policy is also addressing the global challenges of the HIV pandemic. HIV is one of the priority areas of the 'Programme of Action 2015 – The German Government's Contribution Towards Halving Extreme Poverty Worldwide.' Furthermore, German development policy is oriented towards the principles of the Paris Declaration on Aid Effectiveness.

Since 2007, the 'Action Plan to Implement the Strategy of the Federal Government to Fight HIV/AIDS' has provided the policy guidelines, responsibilities which are allocated among three ministries – the Federal Ministry of Health, the Federal Ministry for Economic Cooperation and Development and the Federal Ministry of Education and Research.

Germany is making significant contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which promotes partnership between donor and recipient countries, the business sector, private foundations, civil society and affected groups and finances drugs for antiretroviral therapy on a large scale.

Germany's bilateral development cooperation concentrates on the **prevention of HIV infections** and only finances the procurement of drugs in exceptional cases.

HIV/AIDS Action Plan of the German Federal Government

Central Statements of the HIV and AIDS Action Plan 2007-2010 of the Federal Ministry for Economic Cooperation and Development:

1. cooperation and coordination at the multilateral and bilateral levels;
2. prevention of new infections;
3. strengthening healthcare and treatment
4. creating a climate of solidarity and non-discrimination and
5. evaluation and quality assurance of the measures adopted.

Profile of German development cooperation in the area of HIV

- German development cooperation concentrates its measures on HIV prevention.
- Combating HIV is a cross-cutting theme in all relevant GDC sectors.
- HIV is combated in an integrated manner by using synergies:
 - Fighting HIV is linked to measures that promote sexual and reproductive health.
 - Combating HIV goes hand in hand with strengthening health care systems and promoting safe blood transfusions.
 - Multilateral financing and bilateral GDC work together to combat HIV.
 - In Africa, private-sector involvement in health promotion and HIV control is promoted by regional organisations and workplace programmes.
- Gender inequalities are taken into account in the planning, implementation and evaluation of measures to fight HIV.
- The use of harm reduction approaches as an effective means to combat HIV in injecting drug users is promoted.
- The social consequences of AIDS are alleviated through support of poor households, AIDS orphans and other vulnerable children.

The current portfolio of German development cooperation (GDC) includes a series of successful approaches to HIV prevention. Social marketing of condoms is promoted on a large scale, in conjunction with behaviour-related communication measures.

There are many GDC measures that contribute to knowledge acquisition and changes in risk or protective behaviours and make innovative use of culture-

specific communication structures. Focused gender orientation and target-group participation are important foundations.

Structural prevention approaches that focus on the social context (responding to gender inequality, decriminalising affected groups, strengthening communities, workplace programmes) and social support programmes are also part of the GDC portfolio.

Social Marketing of Condoms

'Social marketing' of contraceptives has proven to be an especially effective form of prevention. This involves using commercial product marketing methods to promote the use of condoms. The objective is to supply the population with good quality and also affordable contraceptives. People are made aware of condoms through television and radio advertising, posters, fliers, street theatre, etc. At the same time, they are given information about their correct use and also about HIV and AIDS.

The financial support of such social marketing programmes ensures that condoms are affordable for people. Experience in several of the African countries most affected by AIDS, but also in other continents (e.g. in Cambodia, Thailand, the Philippines, Brazil) have demonstrated the success of this approach. By now, individual projects function so well that they no longer need financial support.



Social Marketing: Ad to promote the Radio Soap "Les Aventures de Foula" and the Condom Brand "Foula" of the programme Animas-Sutura in Niger, supported by KFW Entwicklungsbank.

Mainstreaming HIV in the Water Management

Nothing is more essential to the health of everyone, and especially people living with HIV, than having access to reliable supplies of clean water. GDC supports a number of programmes aimed at providing such access. They tend to be labour intensive and require that workers live away from home and move from community to community, so they have potential to contribute to the spread of HIV but also to contribute to prevention.

In Zambia, GDC is working with the National Water Supply and Sanitation Council (NWASCO) and ten water companies to establish HIV workplace programmes; to use kiosks where the urban poor come to collect water as opportunities to disseminate information on HIV and distribute condoms; and to use projects to drill wells in rural areas as opportunities to provide health education covering malaria, diarrhoea and sexually transmitted infections including HIV.

Comprehensive AIDS control at the local level

The German Government has been supporting these kinds of programmes in Tanzania for more than 15 years. Studies in the Mbeya region show that, for the period 1994-2000, intensive prevention programmes there led to more frequent use of condoms and improved treatment of sexually transmitted infections. This success was accompanied by a reduction in the HIV infection rate among 15-24-year-old women from 21% to 15%. Participatory and gender-oriented situation analyses are an important part of these programmes. They serve as a basis upon which to design overall, locally adapted programmes that link prevention and treatment.

Most of the mentioned examples and many other 'good' or 'promising' practices of GDC's HIV programmes have been published in the German Health Practice Collection:

■ www.german-practice-collection.org

The biomedical and clinical approaches include, above all, voluntary HIV counselling and testing, programmes to prevent mother-to-child transmission, harm reduction programmes for injecting drug users and programmes to ensure the safety of blood products and measures to prevent HIV transmission in health care services.



Harm Reduction: Computer-based methadone dispensing in Nepal in the context of a PPP programme with CompWare Medical.

Access to health care service for especially vulnerable groups

A key to HIV prevention and other social benefits is reducing the harms of drug use, a major mode of HIV transmission, accounting for about 30% of all new HIV infections outside sub-Saharan Africa. Of an estimated 15.9 million who inject drugs worldwide up to 3 million are infected with HIV. Harm reduction measures include providing low-threshold access to sterile drug paraphernalia and contact centres, drug consumption rooms and clinics for medically assisted substitution therapy (methadone or buprenorphine).

German Development Cooperation supports countries to scale up essential services for harm reduction. They also reflect approaches that Germany has helped to pioneer, such as opioid substitution therapy; comprehensive treatment of HIV infected drug users; measures that are sensitive to the needs of people of different genders and ages; and multi-sectoral and consensual local drug policies.

A Public Private Partnership Programme for example, which is supporting the implementation and scaling up of national methadone substitution programmes in 3 Asian countries, contributed substantially to an enhancement of quality, coverage, safety and cost effectiveness of the Nepalese Methadone Maintenance Treatment Programme. Risk behaviour, OST and HIV treatment interruptions and new HIV and Hepatitis C infections among the target group are significantly reduced and comprehensive treatment of drug users improved.

Capacity building, as part of efforts to strengthen the entire healthcare system, as well as civil society organisations, is a key area. Linking HIV-related health care services with other areas such as sexual and reproductive health or tuberculosis control is supported.



Capacity Building: Hands-on training in efficient Case Management offered by the „Care and Treatment“ Knowledge Hub (Kiev/ St. Petersburg) 2006.

Support to build regional expertise in HIV prevention and care

In the first years of an unprecedented wave of funding by GFATM and other financing institutions few countries had the capacity to channel this money effectively into services for HIV prevention, treatment and care. To address this weakness, German BACKUP Initiative in partnership with the World Health Organization (WHO) launched a number of regional HIV Knowledge Hubs, serving Africa, eastern Europe and central Asia.

Aim of the Hubs is to encourage sustainable, regional and local ownership of comprehensive HIV prevention and treatment programmes. As well, all Hubs offered four basic services: technical training, direct technical assistance, support for technical networks and adaptation of WHO and UNAIDS guidelines.

The Knowledge Hubs are based in the regions they serve, bringing together multiple countries with shared languages, and similar health and education systems and public-health challenges. They work with ministries of health and other key governmental and non-governmental agencies to develop pools of regional experts, who could provide WHO-certified training and technical assistance.

New strategic approaches for German development cooperation

Given the clearly emerging challenges, it is important to update the strategic approach of GDC in the area of HIV prevention. While the growth rates for ARV therapy are positive throughout the world, there are estimates that prevention programmes still fail to reach 40-60% of the people who are particularly at risk of an HIV infection.

Today, more than ever, it is evident that effective HIV prevention must be much more closely targeted to the specific dynamics and the socio-cultural circumstances in each country and in the respective affected groups – particularly people with parallel sexual relationships, migrants, sexual minorities, injecting drug users and sex workers.

National HIV programme coordination must therefore be able, on the basis of current epidemiological analyses, to plan and to ensure the implementation and effectiveness of HIV prevention measures appropriate to the context ('Know your epidemic, know your response'). This must occur in conjunction with all national and international development partners, as much as with those people affected.

The instruments of German development cooperation are well suited to taking up these powerful challenges. Thus, the prevention approaches implemented in projects supported by GDC should be embedded in the national strategy and oriented to the existing epidemiological parameters. In order to achieve an effective **method mix**, appropriate to the country context, the partner governments should be supported in the analysis of the epidemiological situation and in integrative strategy development, as well as in implementation of complementary components that work at various levels, quality assurance and accompanying research on effectiveness. In these areas, German development policy – which is characterised not only by a focus on innovative approaches, but also by scaling up of successful approaches – can make the following contributions:

1. Human rights topics are addressed proactively in the context of many GDC projects and in the international dialogue, particularly in the area of **gender**. In almost all regions of the world, people with a high risk of HIV infection belong to stigmatised and marginalised groups. Years of successful AIDS control in Germany have shown that a public health strategy for HIV prevention can only succeed if it is linked with **structural social changes**. A consistently strategic approach that involves all social forces, particularly those affected by HIV, and is backed by scientific research, is one of the keys to success. From a human rights perspective, HIV prevention requires, among other things, an **active policy dialogue** (governance) and the inclusion of all social forces (including civil society and organisations of those affected). In countries where this seems possible, Germany's bilateral cooperation should offer even more directly targeted support than before, particularly for especially affected groups, such as sexual minorities, migrants, injecting drug users and sex workers. Besides, south-south and triangular cooperations should be used further as an instrument, which proved successful.

2. Social marketing programmes offer distinct expertise in the **area of communication** (behavioural change communication), which should be used more extensively to prevent HIV infections in people with parallel sexual relationships.



Behaviour Change Communications: This ad combines promotion, health education and empowerment of women.

3. GDC has highly developed expertise in various aspects of **health system strengthening**, including sexual and reproductive health and rights (SRHR), tuberculosis control, quality assurance and capacity building, which is presently underutilized with respect to the role of the health sector in HIV prevention. Strategically, this means **ending the verticality** of such programmes and integrating them into regular health care services, as well as removing access barriers. The objective is, among other things, to promote new models, for example, voucher systems that incorporate the private sector, and to replicate and scale up successful approaches.

4. **Partnerships** should also be promoted in the area of HIV prevention. The Federal Centre for Health Education (BZgA) and Deutsche AIDS-Hilfe, for example, could be involved to a greater extent as German partner organisations. Special German **expertise**, for example, in the area of harm reduction, can be used even more extensively.

5. Cooperation with the **private sector**, both in the framework of social marketing projects and in workplace and community development programmes is a successful approach that should be not only continued,

but also strategically expanded. This applies to private-public partnership projects and the area of vocational training, where successful models are being developed.

6. The **education sector** and **social services** should be more strategically involved. Development cooperation projects in both of these fundamental sectors have developed approaches that promote HIV prevention among children and young people by including their social environment or make use of the perceptions of these groups, in a participatory manner, as the basis of appropriate sexual education.

7. As a strategic cross-cutting task, **scientifically based backup** of German development cooperation (current needs assessments, quality assurance) and evaluation of the results in the respective country or regional context (scientific research, cross-section analyses) should be strengthened. This ensures a more strongly evidence-based concept and continual re-adjustment of GDC instruments, but, above all, also promotes an adequate response to HIV and AIDS on site. Equally important is a cross-organisational **transfer of knowledge**, that can also be used internationally, so that evidentially successful approaches can be appropriately **replicated** to a greater extent.

Contacts and Credits

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