



Federal Ministry
of Health

Federal Ministry
for Economic Cooperation
and Development



Integrated Strategy for HIV, Hepatitis B and C and Other Sexually Transmitted Infections



Foreword

Changes in sexually transmitted and blood borne infections

Anyone can come into contact with a sexually transmitted or blood borne infection during his or her lifetime. There is therefore a need to make appropriate services available in line with age and circumstances which contain infections and minimise impacts on both the individual and on society. This starts with immunisation during childhood, and continues through education and prevention in youth and adulthood, to age-independent diagnostic and treatment services, as well as healthcare in old age.

With the 2005 German HIV/AIDS strategy, the Federal Government successfully laid the foundations for keeping HIV infections at a low level in Germany. At the same time, the Government's high level of international commitment helped to reduce the number of new HIV infections worldwide.

As a result of the progress that has been made in terms of therapy, HIV infections can be regarded as a chronic disease in Germany today, unlike in the 1990s. People with HIV who commence antiretroviral therapy early more seldom suffer side-effects, have fewer symptoms, and are generally well integrated into everyday life and work. Despite all these efforts, HIV is diagnosed late among one-third of people in Germany. Roughly 13 % of those who are infected in Germany are unaware of their infection. Serious health consequences and deaths caused by AIDS could be avoided by earlier diagnoses and treatment. In order to safeguard the achievements which have been made to date, and to sustainably contain HIV/AIDS, engaging in an ongoing commitment and adjusting the approach is therefore indispensable. The early recognition of HIV infections and treatment needs to be enhanced and prevention activities expanded.

New scientific knowledge underpins the approach of viewing HIV not in isolation, but in connection with other sexually transmitted and blood-borne

diseases. At the same time, hepatitis B and C are becoming more significant, both nationally and internationally, because of their prevalence, of the serious health consequences to which they lead (including cirrhosis and cancer of the liver), as well as of new treatment that is available. HIV, hepatitis B and C, as well as other sexually transmitted infections, have comparable transmission routes, and hence have a higher incidence in similar groups. They are therefore being addressed jointly in an Integrated Strategy.

Sexually transmitted infections already formed part of the previous HIV/AIDS strategy. It has however not yet been possible to create the same public awareness of these infections. Unlike with HIV, the numbers of new sexually transmitted infections such as syphilis have risen rapidly in recent years, both in Germany and in neighbouring European countries. Chlamydia or human papillomaviruses (HPV) are particularly prevalent among young women and men. Many sexually transmitted infections can be treated and cured very well, but if untreated they can cause serious health problems such as cancer or infertility. Greater attention and awareness therefore need to attach to the risks of and the protection available against these and other sexually transmitted infections, and groups of the population need to be reached with prevention, testing and care services in a targeted manner. This is the approach followed by the Strategy. In particular for juveniles and young adults, age and target group specific interventions should be regularly offered, addressing the various aspects of sexuality, sexually transmitted diseases, the associated risks and protection. At the same time, there is a need to increase the acceptance of various sexual orientations and living environments. Thresholds are to be lowered when it comes to seeking information and medical advice.

With its **“demand-orientated”, “integrated” and “cross-sectoral”** core concepts, the Strategy forms the framework for the sustainable, successful containment of HIV, hepatitis B and C and other sexually transmitted infections. This integrated approach is pioneering. It constitutes a forward-looking orientation towards the

containment of HIV, hepatitis B and C as well as other sexually transmitted infections which both takes advantage of the shared features, and allows for specific requirements that ensue from individual infectious diseases.

Sexually transmitted diseases are associated with shame and stigma. Those concerned are frequently marginalised and made the subject of discrimination. Only if it is possible to create an atmosphere within society which counters this will it be possible to effectively counter their spread.

All the relevant players need to work together at all levels in order to implement the Strategy. The Federation, the *Länder*, local self-government, public health offices, civil society organisations, community led-initiatives, the medical profession, long-term carers, as well as stakeholders in the judiciary, education and labour affairs, are called upon. The official structures which are available are used as a platform for the implementation of the Strategy, and are modified where appropriate as the process advances. All players are invited to take part.

The safeguarding of sexual rights and the acceptance of diversity, as well as the self-determination of the individual and personal responsibility to respect and protect oneself and others, are major principles of the Strategy. The inclusion of the self-help institutions, empowerment and participation are central

pillars of the success that has been achieved to date, and form principles in the implementation of the Strategy. The Strategy focuses on imparting knowledge and expanding skills in order to set the stage for people to deal with sexually transmitted infections responsibly, and to encourage them to take up the prevention and healthcare services offered.

Data from research and surveillance provide us with a sound basis today for planning and refining evidence-based prevention and treatment services, and for adjusting the measures in line with changing behaviour. Together with its partner countries, Germany is striving to achieve the goal that has been set by the international community in the 2030 Agenda for Sustainable Development, namely to ensure healthy lives and to promote well-being for all at all ages. It was agreed as a part of this Goal to end the epidemics of AIDS and tuberculosis by 2030, as well as to combat hepatitis and ensure universal access to services and information relating to sexual and reproductive health and rights (SRHR). In order to reach these goals, and not to endanger the successes that have been achieved, greater efforts and a holistic approach will be needed in the years to come on the part of all concerned.

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I. Developments and challenges in Germany

1. Data and facts – epidemiological trends

Improves data availability

HIV, hepatitis B and C, as well as other sexually transmitted infections, are caused by a heterogeneous group of pathogens which can be transmitted by sexual contact, and in some cases via blood as well as from the mother to the child during pregnancy, birth or breastfeeding.

Whilst some pathogens have been known for a long time, other infections such as HIV and hepatitis C were not discovered until the 1980s. On the basis of surveillance data and of target group-specific surveys for the groups of men who have sex with men, injecting drug users, migrants from Sub-Saharan Africa, as well as sex workers, concrete data and information are available on HIV and other selected sexually transmitted or blood borne infections to adjust and improve prevention, counselling and treatment services for these groups.

Stabilised new HIV infection rates

The Federal Government has been promoting HIV prevention campaigns since 1987. Overall, there is a high level of knowledge in Germany about HIV and AIDS and protective measures. Antiretroviral therapies have been available in Germany since the 1990s. More and more people with known HIV infections are receiving anti-retroviral treatment. Roughly 90 % of those who are undergoing treatment have viral loads which are fully suppressed. The estimated number of new HIV infections has stabilised since 2006 at an elevated level, after it had fallen steeply until the end of the 1990s. There were 3,200 new HIV infections in 2014 (Figure 1). Roughly 84,000 people with HIV were living in Germany at the end of 2014. Almost three-quarters of people with HIV belong to the group of men who have sex with men.

Increased significance of hepatitis B and C

Hepatitis B and C are currently gaining in significance both nationally and internationally because of their prevalence, of the serious health consequences (including cirrhosis and cancer

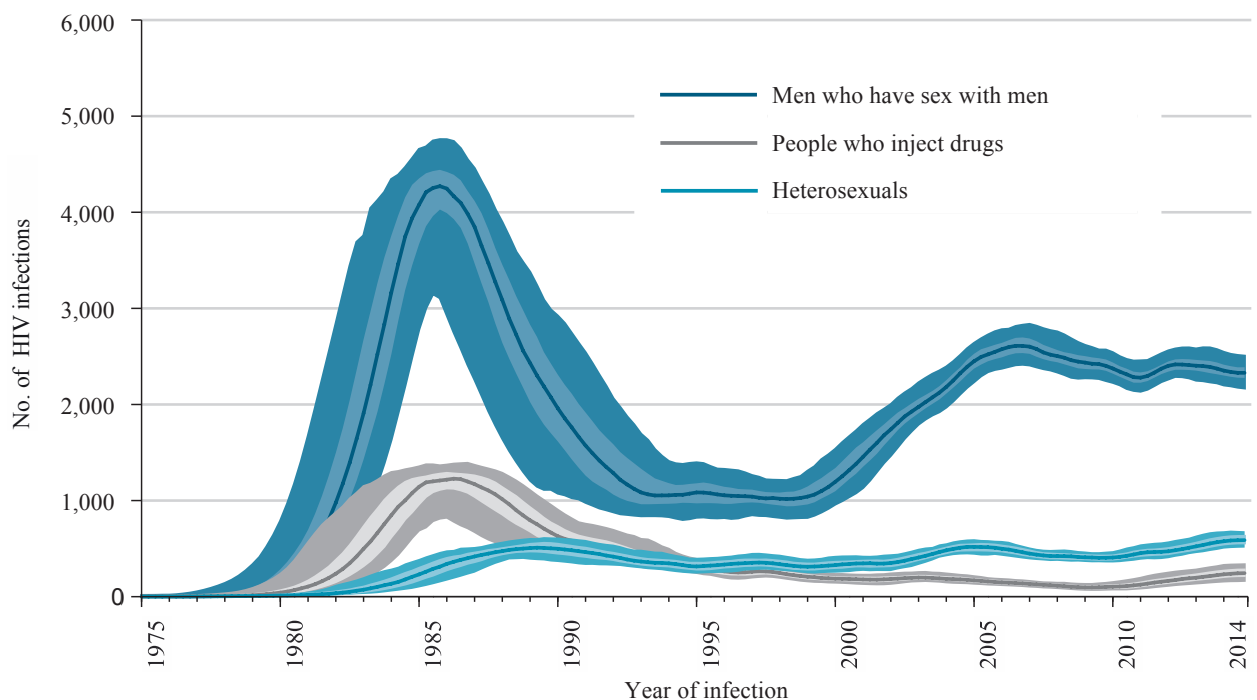


Figure 1: Estimated total number of new HIV infections in Germany from 1975 to 2014 by transmission groups

Source: *Epidemiologisches Bulletin* 45/2015, pp. 478

of the liver), and of new medication that is available. There are at least 300,000 people in Germany who are infected with the hepatitis B and hepatitis C virus, respectively. More than 2,300 hepatitis B and 5,800 hepatitis C infections were diagnosed in Germany in 2014. Hepatitis B and C are particularly prevalent among people who use drugs intravenously or also nasally, as well as among prison inmates, HIV-positive men who have sex with men, and among people from high prevalence countries.

High prevalence of other sexually transmitted infections

Data on other sexually transmitted infections such as syphilis indicate a considerable rise in the trends of some of these infections. Roughly 5,700 syphilis infections were reported in 2014, the majority of whom were men (Figure 2). Chlamydia and human papillomaviruses (HPV) are particularly prevalent among young women and men in Germany. The DEGS Study carried out by the Robert Koch Institute estimated prevalences of 4.5 % among 18- to 19-year old women and of 4.9 % among 25- to 29-year old men. The prevalence of high-risk HPV types among non-immunised women aged between 20 and 25 was 34 % in a study on the prevalence of HPV in Germany, (Delere et al. BMC Infectious Diseases 2014, 14:87).

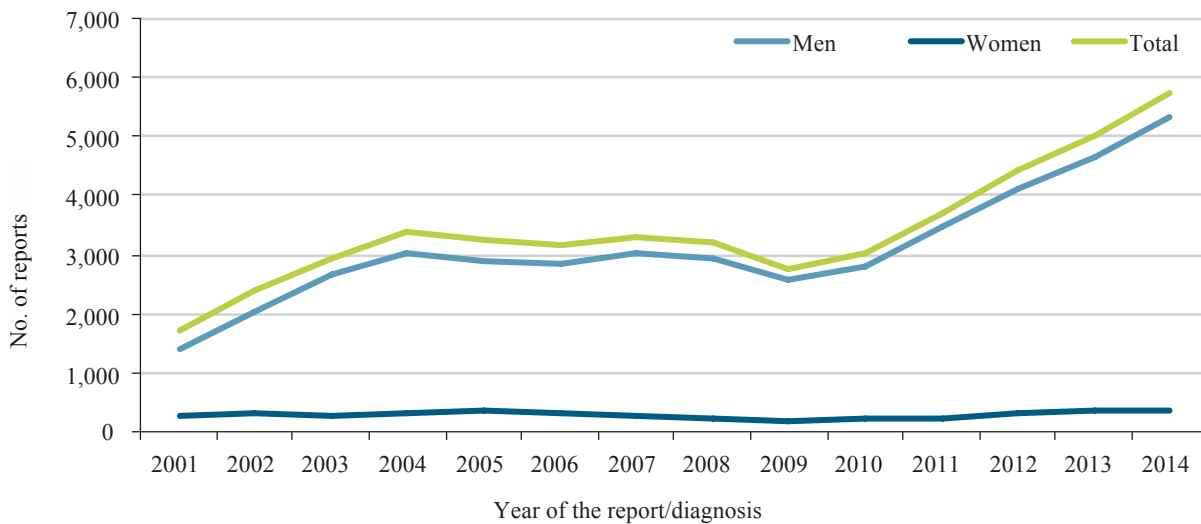


Figure 2: Syphilis reports in Germany by sex and year of diagnosis, Report data in accordance with the Protection Against Infection Act (*Infektionsschutzgesetz*) 2001-2014
 Source: *Epidemiologisches Bulletin* 49/2015, pp. 515-527

2. Medical knowledge and developments

Early initiation of HIV treatment

On the basis of new study data, the HIV guidelines currently recommend treatment to be commenced early, as soon as possible after the diagnosis. This prevents a reduction in the immune status, and serious related diseases are avoided. Effective antiretroviral therapy considerably reduces the HIV transmission risk, and hence also has a preventive effect. Early diagnosis and treatment contribute to the reduction of AIDS.

HIV as a chronic disease

Progress in the therapy has enabled people with HIV in Germany to have a similar life expectancy as those who are not infected. An HIV infection can therefore be regarded as a chronic disease today. However, this requires life-long therapy and needs to be closely monitored by medical staff since people with HIV have a considerably heightened risk of cancer, as well as of heart and vascular diseases.

Hepatitis B immunisation and new treatments available for hepatitis C

Increasing hepatitis B immunisation rates among children, as well as among people with a heightened risk of infection, can prevent the spread and the occurrence of chronic hepatitis B in future. The treatments available for hepatitis B are highly laborious so far. They only alleviate the symptoms and reduce the incidence of related diseases. New therapy options for hepatitis B are expected to emerge in the coming years. Thanks to new therapies with fewer side-effects, more effective, rapid treatments are available to cure hepatitis C.

Sexual transmissibility of hepatitis C

New study data have shown that hepatitis C can be transmitted not only via blood, but also sexually. This mainly affects HIV-positive men who have unprotected anal sex, or who engage in high-risk sexual behaviour. An HIV and hepatitis C virus co-infection is usually

associated with a heightened hepatitis C viral load, which contributes to heightened infectiosity. This explains the heightened hepatitis C co-infection rates observed in particular among HIV-infected men who have sex with men.

Increasing drug resistance

When it comes to gonorrhoea, the number of cases is rising worldwide in which antibiotics have no effect because of resistance. This makes it more difficult to treat the gonorrhoea. Without a successful therapy, the infection can pass to other organs. Inflammatory processes in the genital area also increase the risk of HIV transmission. The failure of chlamydia therapies due to antimicrobial resistance is currently being debated.

Mutual influences of co-infections

Data and studies show that some sexually transmitted infections occur prominently in specific groups because the transmission routes are the same or similar. The risk of infection depends on sexual behaviour. Some sexual practices, such as anal sex, entail higher transmission risks. At the same time, other sexually transmitted infections such as gonorrhoea or syphilis increase the risk of HIV transmission because of infections, irritations and injuries to the oral, intestinal or genital mucosa. Sharing syringes and other equipment entails a high level of risk of hepatitis B and C transmission in the group of drug users. Co-infections with HIV and hepatitis viruses accelerate the respective progression of the disease and more frequently and more quickly lead to serious consequences of the disease.

Long-term effects of sexually transmitted infections underestimated

Sexually transmitted infections can generally be treated and cured very successfully. As they frequently have no symptoms, or the symptoms also subside if left untreated and the infections even heal themselves in some cases, they are too seldom recognised at present. Untreated infections can have serious consequences. HPV is a cause of cervical cancer, which is prevalent among women. Among men, HPV can lead to anal cancer or to a carcinoma of the penis. Untreated syphilis can cause serious after-effects which can even be life threatening.

Other infections such as chlamydia or gonorrhoea can lead to infertility if they are untreated, and can cause miscarriages or diseases among newborns.

3. New challenges caused by behavioural changes

Changing sexual behaviour

Anyone can contract a sexually transmitted infection. The number of sexual partners, sexual orientation, sexual practices, as well as psychosocial factors, influence the vulnerability and risk of becoming infected. Furthermore, social networks and Internet dating portals are changing and facilitating the ways in which people socialise and form relationships. This is influencing sexual behaviour.

New drug consumption patterns

Injecting drug users are particularly badly effected by HIV, hepatitis B and C transmission via blood contacts. Besides opioid users, there are new groups of people who use drugs, primarily taking Crystal, Speed, GHB and other drugs with a stimulating effect (party drugs) that influences sexual and protective behaviour. This as well as sharing injection and inhalation equipment increases the risk of infection.

Mobility

Mobility is continuing to increase within Germany, in Europe and worldwide. This is influenced by both professional and private mobility. Mobility leads to vulnerability and risk factors in Germany, as well as for trips abroad. It promotes the creation of sexual networks within the group of men who have sex with men, the utilisation of sexual services or substance use. Tattooing or piercing shops visited abroad frequently do not come up to the necessary hygiene standards.

4. Gaps in prevention, testing and care

Knowledge and skills

Even though the level of knowledge regarding the transmission of HIV is high, uncertainty remains in everyday situations and when it comes to personal contacts with people living with HIV. The level of knowledge about other sexually transmitted infections such as chlamydia and HPV is generally low. The existing HPV vaccination is not taken up to a sufficient degree (Figure 3).

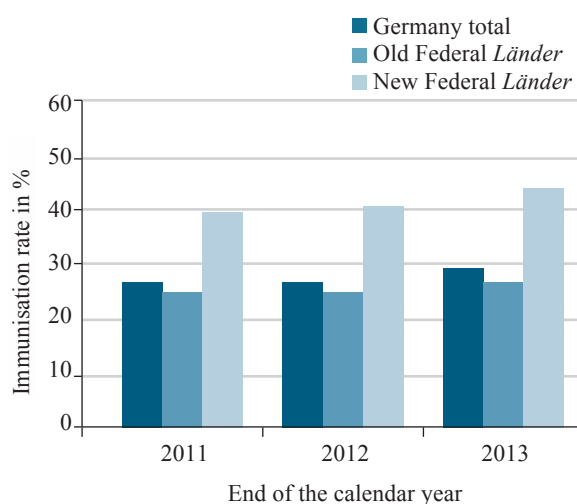


Figure 3: Immunisation rates for a complete series of vaccinations against HPV infections among 15-year-old girls from 2011-2013 according to the vaccination recommendation of the Standing Committee on Vaccination (STIKO), which has been in force since 2014

Source: *Epidemiologisches Bulletin* 1/2016, p. 5

Knowledge is generally scant when it comes to hepatitis B and C, their modes of transmission, the progression of the infections, prevention measures, treatment options, as well as potential cures. Children and adults with a migration background have so far been insufficiently reached by hepatitis B vaccination programmes. Hepatitis B immunisation for people with HIV, men who have sex with men, people who inject drugs and prison inmates is being offered and taken up too rarely at present. Adequate quantities of prevention equipment such as syringes and needles are not available in all Federal *Länder*.

Undiagnosed cases

Gaps in knowledge, a lack of symptoms, as well as in some cases inadequate access to health services, affect the large share of non-diagnosed infections. Low-threshold advice and testing services are not available in all places where they are needed. Even where testing services are available, the share of people who are unaware of their HIV infection is increasing slightly, and is currently estimated to be around 13 % (Figure 4). One-third of people are diagnosed late when the disease has reached an advanced stage. Estimates suggest that the share of non-diagnosed hepatitis B and C cases in Germany is much higher. Available screening services, for instance for chlamydia, are not taken up by women or offered by the medical profession to an adequate degree. Only 12 % of women aged under 25 took up the chlamydia screening service in 2014.

Care services available to people with a heightened risk of infection

Services for the advice, diagnosis and treatment of sexually transmitted infections (above all for young women and men, as well as men who have sex with men) are not sufficiently well known in some cases, do not currently exist in some regions, and are not sufficiently expanded for the group of men who have sex with men. In some cases, services for prevention and therapy of sexually transmitted and blood-borne infections are inadequately networked and coordinated with the drug and addiction care system. Within the prison system, there is room for improvement for the large number of incarcerated drug users with regard to the prevention, diagnosis and treatment of HIV, hepatitis B and C infections.

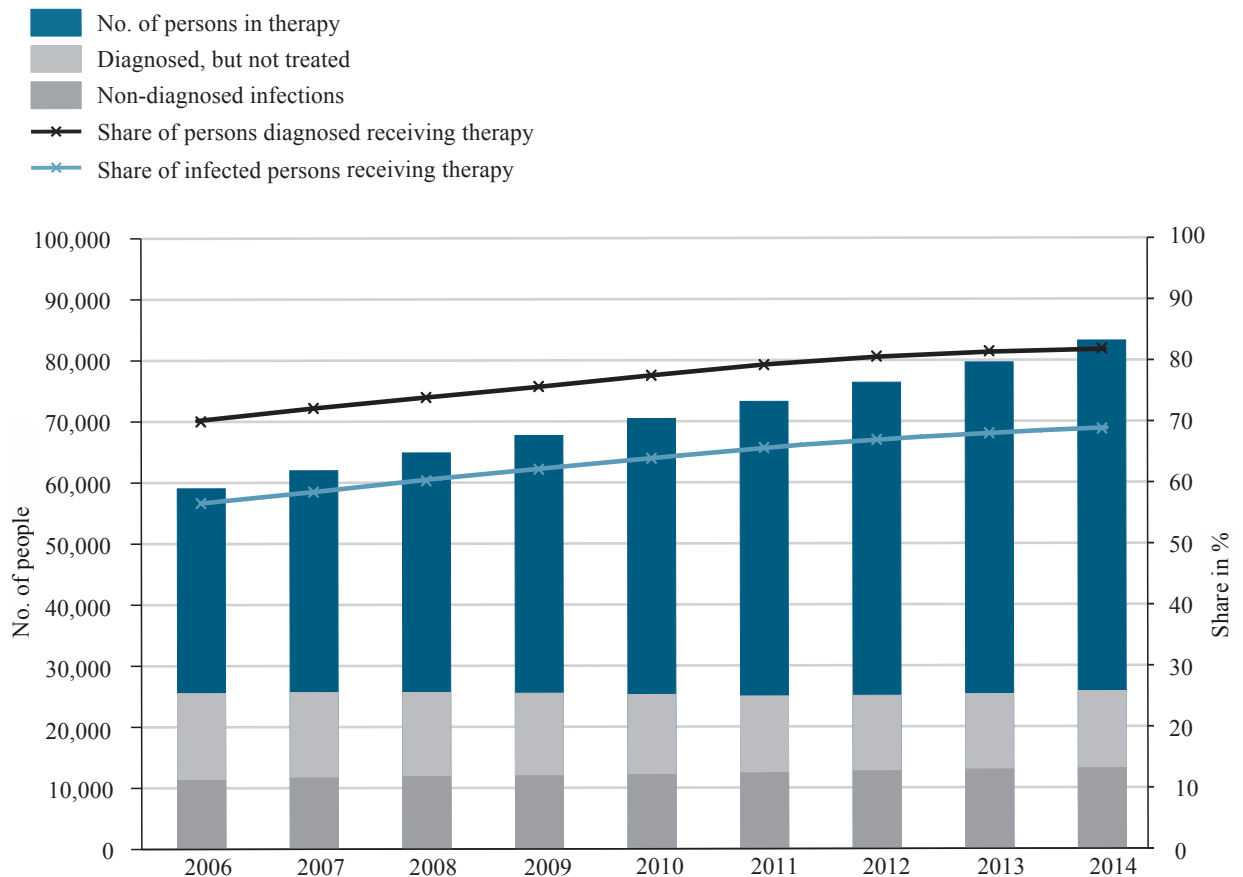


Figure 4: Number and shares of people living in Germany with HIV infections by diagnosis and therapy status
 Source: *Epidemiologisches Bulletin* 45/2015, p. 481

5. Stigmatisation and discrimination

Taboos, a sense of shame, as well as prejudices, prevent open communication on sexually transmitted and blood borne infections in relationships, as well as between physicians and patients. In particular people with HIV, hepatitis B and C continue to be discriminated against

in everyday life, at work, in healthcare, in long-term care, in prisons and in other areas (Figure 5). It is particularly important to reduce the existing knowledge gaps and the discrimination that is experienced in the healthcare system since restricted access to the treatment system can have major health consequences.

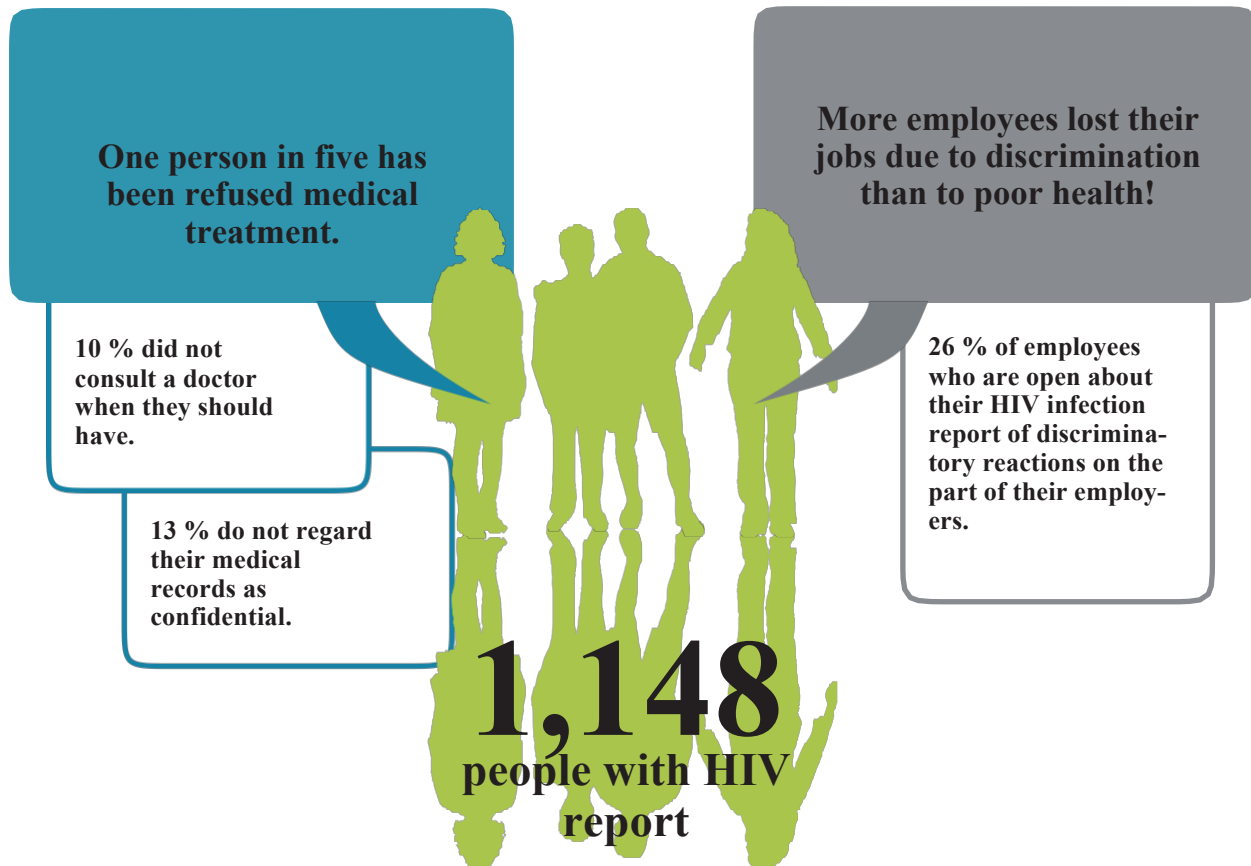


Figure 5: Discrimination against people with HIV

Source: *Positive Stimmen verschaffen sich Gehör – Die Umsetzung des PLHIV Stigma Index in Deutschland*; Deutsche AIDS Hilfe e.V., 2012

II. The goal of the Strategy

The Strategy aims to sustainably contain HIV, hepatitis B and C, syphilis, gonorrhoea, chlamydia, HPV and other sexually transmitted infections. This can improve the overall health of the population by preventing serious related diseases such as AIDS, cancer or cirrhosis of the liver. Undesired childlessness and miscarriages are averted and diseases among newborns prevented. In addition to positive individual and societal effects, preventing infections, as well as early diagnoses, might contribute to a reduction in healthcare expenditure.

The Strategy aims to

- **create an enabling environment** which promotes the acceptance of sexual orientations and different lifestyles, which does not make different sexual practices taboo, which promotes communication about sexuality and sexually transmitted infections, and which does not marginalise the people concerned;
- **further expanding needs-orientated services** for populations at risk and affected, taking various factors and conditions into account that affect vulnerabilities and risk exposure, and considering the wide variances in regional prevalence;
- **developing integrated services** which address the different infections and make available coordinated prevention, testing and care services in order to prevent transmission and co-infections and to recognise and treat infections early. Vital importance attaches to testing, which closes the gap between prevention and care;
- **promoting networking and cross-sectoral cooperation** in order to reach people in their respective circumstances and to facilitate coordinated, high-quality, integrated prevention, testing and care services;
- generating and expanding **strategic information and data** as the basis for the planning and implementation of prevention, testing and treatment interventions.

III. Areas of action

1. Creating an enabling environment

Removing the taboo from sexually transmitted infections

Sexuality is part of life, and it is important for physical and emotional as well as mental well-being. Sexuality, and sexually transmitted infections in particular, however frequently go hand-in-hand with feelings of shame and taboos. Sexually transmitted infections are for instance frequently attributed to misbehaviour and considered to have been self-induced. What is more, most people do not find it easy to speak about sexuality and sexually transmitted infections. Open communication is important in order to protect oneself and others against infection, and where necessary to take up diagnostic and therapeutic services. A major precondition for responsible communication about sexuality and sexually transmitted infections is respect for sexual and reproductive rights, and in this context the acceptance of and freedom from prejudices about different sexual orientations, sexual practices and lifestyles.

Imparting knowledge and preventive interventions can help people to speak with their sexual partners about sexuality, and about sexually transmitted infections in particular. The aspect of communication between partners is particularly important in order to break the chain of infection. Many sexually transmitted infections cause virtually no symptoms, so that the infection goes undetected for a long time. In addition to communication between sexual partners, communication is also key for advice, testing, treatment and care providers. Talking openly about sexuality in a manner that is free of prejudices is a major precondition when it comes to taking up the testing and treatment that are available. Establishing a sexual medical history is a suitable means to first of all learn something about the sexual and risk behaviour of clients and patients, and then to have corresponding diagnostic tests carried out. There is therefore a need to reduce feelings of shame

and taboos, and to promote open communication about sexually transmitted infections.

Interventions:

- Refining mass communication and personal communication campaigns and activities for the population as a whole and for specific groups, involving civil society organisations and volunteers who impart knowledge, contribute towards reducing taboos and promote protective behaviour
- Drafting and providing materials for schools in order to deal with the topic within sexuality education in lessons. Independent agencies can support teachers in this endeavour.
- Expanding the basic and further training available to the medical profession (including general practitioners, gynaecologists, dermatologists, urologists and paediatricians) as well as medical staff in order to make it easier to talk about sexuality and sexually transmitted infections in the doctor-patient relationship, as well as to draw up materials enabling a better sexual medical history to be drawn up.

Reducing stigmatisation and discrimination

Fear of infection and stigmatisation in the context of HIV, hepatitis B and C, as well as of other sexually transmitted infections, is frequently heightened by reservations against different sexual lifestyles and orientations, illegal substance use, people of different origins, or sex work. Fear of stigmatisation can prevent people from taking up testing and support services and from being open about their status. Stigmatisation and discrimination are harmful to the quality of life of those concerned. They lead to people not confiding in those around them and withdrawing from friends or family and being less integrated in society. This can cause damage both to mental and physical health, and to the health and protective behaviour of those concerned.

Ignorance, prejudices and fears continue to lead to people who are infected with HIV and hepatitis being placed at a disadvantage in the healthcare system, in the long-term care area, in prisons, at work and in other areas.

The obligation to observe confidentiality and privacy are not respected in all cases. There is a need to accept diversity, to continue to reduce stigma and discrimination, and to safeguard the rights of those concerned.

Interventions:

- Continuing and refining activities and campaigns to reduce stigma and discrimination
- Continuing and creating additional further training for healthcare professionals in order to guarantee that those concerned receive care in a non-discriminatory manner, and to achieve better application of the recommendations of the Commission for Hospital Hygiene and Infection Prevention (KRINKO) for the prevention of nosocomial infections specifically on HIV or other blood borne infections
- Refining interventions which ensure that people with HIV receive care that is free of discrimination within long-term care
- Continuing and developing interventions in order to counter stigmatisation and discrimination within institutions such as prisons, the police forces or employment agencies
- Continuing the activities of civil society organisations and community led initiatives, including informing patients.

2. Further expansion of demand-orientated services

HIV, hepatitis B and C and other sexually transmitted infections are not spread equally within the population in Germany and over geographic regions. Because of different vulnerability and risk factors, specific needs therefore arise for parts of the population. In order to achieve a greater impact, and to make optimum use of the available resources, prevention, testing, treatment and care services should be in line with people's needs, and supplemented by activities that promote the empowerment of the people affected. Given that people cannot as a rule be attributed to one single group only, different characteristics lead to groups being formed from the interventions needing to be adjusted, re-worked and re-orientated more in line with the regional prevalences. Gender-related aspects need to be taken into account in this regard.

Focus on specific populations

Knowledge about HIV and protective behaviour is to be kept at a high level in the **overall population**. The basic knowledge about other sexually transmitted infections and hepatitis B and C is to be established. People are to be motivated to consult a physician if they suspect an infection. A planned study on adult sexuality will provide data to further adjust prevention interventions.

Young girls can be protected against cervical cancer through early immunisation. An awareness is to be created among parents and in the medical profession in order to increase the HPV immunisation rates. The expansion of HPV immunisation to include boys is currently being examined by the Standing Committee on Vaccination (STIKO).

Juveniles form a group that is central to the prevention of HIV and other sexually transmitted infections. The younger generations must be repeatedly reached with topical information. Freely-accessible educational media on HIV and other sexually transmitted infections, prevention services in the field of social media, as well as quality-assured sexuality education in schools, are to enable young people to deal responsibly with sexuality and sexually transmitted infections. This includes information about and acceptance of sexual diversity and lifestyles. In particular, the awareness of the possible long-term consequences of chlamydia infections is to be increased, as is the take-up of screening services.

Men who have sex with men constitute the largest group of people living with HIV. The prevalence of HIV, and the rates of infection with further sexually transmitted infections such as syphilis, are also high. Among HIV-positive men who have sex with men, additionally co-infections of HIV and hepatitis C need to be taken into account. Knowledge about HIV and other sexually transmitted infections, as well as the protective behaviour of men who have sex with men, remains at a high level as a whole. There is a need to continually provide education and information about effective protection and risk management strategies in order to minimise the possibility of risks being wrongly assessed. Due to the heightened risks posed by individual sexual practices and to other factors such as the number of

sexual partners, the risks of infection for men who have sex with men are higher than in other groups. Specific information and knowledge portals, as well as advice and testing services, are offered by the Deutsche AIDS, local and regional non-governmental AIDS support and service organisations and gay advice agencies. The significance of dating portals for establishing contacts and the use of party and sex drugs in a sub-group of men who have sex with men particularly need to be considered within prevention. A special focus is placed on the education and promotion of responsible protective behaviour on the part of young men who have sex with men. Equally, the uptake of testing for HIV and other sexually transmitted infections should be increased in this group in particular. It would be desirable to increase the hepatitis B vaccination rates among men who have sex with men. Advice, diagnosis and treatment are needed which particularly address the needs of this group in order to increase acceptance and promote regular take-up.

When it comes to **people who inject drugs**, knowledge of infectious diseases and modes of transmission, in particular concerning hepatitis B and C should be improved and unsafe use reduced. Hepatitis B immunisation can prevent infections among people who inject drugs. The additional risk of sexual transmission among people who use drugs needs to be incorporated into prevention interventions. The treatment rates of hepatitis B and C, as well as of HIV, should be increased among people who inject drugs. In order to improve the care provided to people who inject drugs, hepatitis B immunisation and hepatitis C testing need to be better integrated into the care offered by physicians specialising in addiction treatment. Region-specific, low-threshold prevention, testing and care services should be continued, and expanded where appropriate, for instance in the drug and addiction support organisations.

Migrants have particular needs when it comes to prevention, and are less well integrated into the healthcare system in some cases. It is important to offer a range of culturally sensitive, appropriate prevention, advice, testing and care services on HIV, hepatitis B and C, as well as other sexually transmitted infections.

Low-threshold, culture-sensitive information portals in different languages, culture-sensitive advice and care services, as well as the increased use of interpreters, are to further reduce existing obstacles. Best practice examples from the countries of origin could be used to improve the response.

Sex workers who have experience in sex work as a rule have a good level of knowledge about sexually transmitted infections, and are highly motivated when it comes to protection. Specific low-threshold, anonymous advice and testing services are offered by the public healthcare service and by independent agencies in particular. Young, inexperienced sex workers whose German is poor have particular needs when it comes to prevention and care. Prevention activities should definitely include **clients** since the latter sometimes ask for unprotected sex. With regard to sex workers, both testing for sexually transmitted infections and gynaecological testing are important. Demand-orientated expansion of low-threshold advice, testing and treatment services is needed, as is adequate culture-sensitive language instruction.

When it comes to **transgender people**, little is known at present as to the prevalence of HIV infections, viral hepatitis and sexually transmitted infections, or about the risks of, and the need for, prevention and care. International studies indicate a heightened risk of HIV among trans women, as well as inadequate medical and psychological care overall, and discrimination in healthcare. So far, transgender people have not been systematically included in prevention services in Germany. To this end, the needs of transgender people have to be assessed, and appropriate services developed where necessary.

The transmission of HIV, hepatitis B and C as well as syphilis infections from **mother to child** occurs only rarely because of the comprehensive ante-natal tests, which are well taken up. New medical knowledge, such as in the refinement of the Maternity Directive, should be regularly

adjusted and taken into account. Challenges exist in specific groups of migrants who are currently not being adequately reached by ante-natal care. Good advice and coordination between gynaecologists, HIV specialists and midwives should be ensured for couples affected by HIV who would like to have children before, during and after pregnancy.

There are particular challenges in **prisons** with regard to the prevention and care of HIV, hepatitis B and C, as well as other sexually transmitted infections. Using the available data, it can be presumed that the hepatitis B and C as well as HIV prevalences among prison inmates are much higher in comparison to the overall population. This is being caused amongst other things by the large share of people who inject drugs among prison inmates. Recognised prevention activities, including substitution therapy for drug users, or the provision of condoms and lubricant gel, can minimise the risk of HIV, hepatitis B and C transmission. These have not yet been equally and universally implemented or made available. Because of the change in competences with regard to healthcare on detention and release, as well as depending on the duration of detention, the implementation and continuation of therapies such as hepatitis C, and opioid substitution therapies in line with the guidelines, pose a challenge in some cases. Increased cooperation between players within and outside prisons, involving non-governmental AIDS support and service organisations and other civil society organisations, as well as improved data availability, can help improve the continuity of opioid substitution therapy and the treatment of infectious diseases during detention and after release, and adjust existing prevention concepts according to the needs.

Focus on regions

Given the history and the composition of the population, the prevalence and incidence of sexually transmitted infections vary between Federal *Länder* and local areas. The HIV prevalence has been lower in the new Federal *Länder* so far than in the old Federal *Länder*. HIV prevalences are several times higher in metropolitan areas than in

rural regions. Syphilis infections are primarily concentrated among men who have sex with men, and are also increasing in rural regions. The use of differentiated, evidence-based data to identify geographical areas for focused interventions is hence to be further expanded. Surveillance data, as well as target group-specific studies and surveys, provide information for understanding the epidemics. At the same time, there is a need to pay more attention to ensuring that people in rural regions also have low-threshold access to prevention and care.

Activities:

- Ascertaining regional and/or group-specific needs
- Initiating and promoting technical meetings for the analysis and evaluation of existing data, as well as for the development of needs-orientated services for specific groups and regional foci
- Drawing up best practice examples in order to promote the use of needs- and impact-orientated approaches
- Orientating the activities in line with the needs assessed

3. Refining integrated prevention, testing and care services

To effectively contain HIV, hepatitis B and C as well as other sexually transmitted infections, there is a need to interlink prevention, testing, treatment and care. Knowledge, attitudes and skills are key in promoting safe behaviour and in motivating people to undergo testing in case of a suspected infection. The early detection of infections facilitates either a cure (including syphilis, gonorrhoea, chlamydia, hepatitis C), or at least a treatment (HIV, hepatitis B) which prevents the disease from advancing and/or averts long-term effects (cancer, organ damage). Effective, medically-supervised HIV treatment also considerably reduces the transmission risk. At the same time, non-governmental AIDS support and service organisations, other independent agencies, as well as public health service, offer advisory and testing services that also help

prevent infections and re-infections. Person-centred, integrated prevention and care services for HIV, for other sexually transmitted infections, as well as for hepatitis B and C, ensure that those concerned receive comprehensive care, prevent the development of related diseases, and reduce morbidity and mortality. Psychosocial backgrounds should be taken into consideration when it comes to prevention, diagnosis and care.

Anyone can come into contact with a sexually transmitted or blood borne infection during his or her lifetime. Needs-orientated, gender-sensitive, age-specific immunisation, education, prevention, diagnostic, treatment and care services should therefore be provided. (Figure 6).

Reducing transmission

Immunisation offers secure protection against certain infections, and plays a major role when it comes to containing and eliminating infections. It is thus desirable to increase HPV immunisation rates. Germany currently has an immunisation recommendation from the Standing Committee on Vaccination (STIKO) for girls aged between 9 and 14. Re-immunisation by the age of 18 is available. Expanding this to other groups, such as boys or to men who have sex with men, is currently being reviewed by the STIKO. Hepatitis B immunisation rates particularly among people with HIV, people who inject drugs, men who have sex with men, and prison inmates should also be increased and should be monitored at specific intervals. This also applies to people with an occupational risk of exposure, such as healthcare staff, and those in the judiciary and the police force.

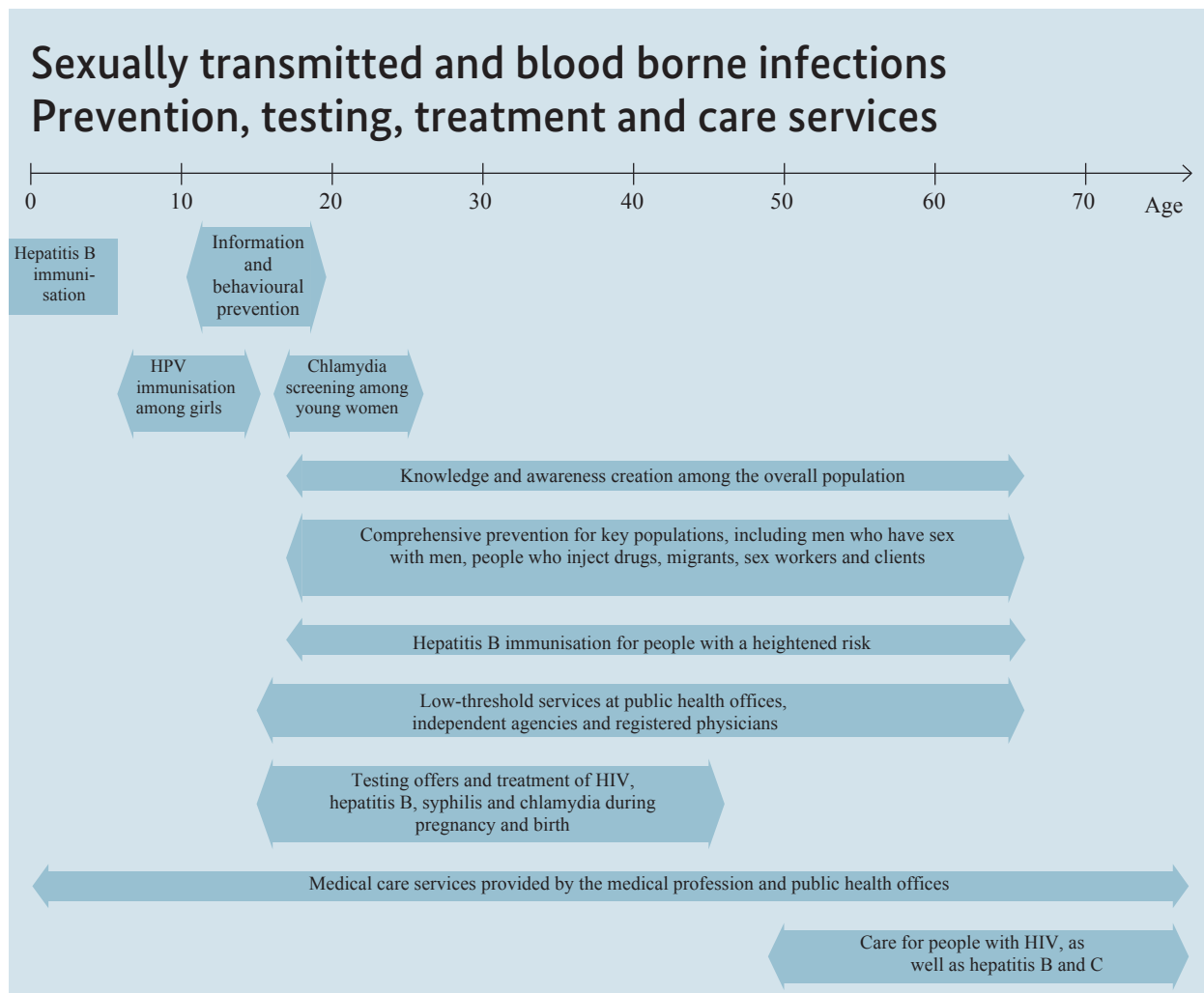


Figure 6: Overview of prevention, testing and care services for sexually transmitted and blood borne infections by age in Germany

Information, education, motivation and skills to support risk reduction remain a major component of the Strategy. In particular, knowledge about sexually transmitted infections such as syphilis, gonorrhoea, chlamydia and HPV is to be increased. Hepatitis B and C are to be more closely integrated into prevention interventions for affected populations. A high degree of condom acceptance and use remains vital.

In addition to information and education, harm reduction forms a major element of the German prevention policy for people who inject drugs. The highly effective opiate substitution therapy is to be continued, and low-threshold prevention services for intravenous as well as nasal drug users are to be adjusted and expanded. Hygiene equipment such as needles, syringes or sniffing pipes can be vital in helping to prevent HIV as well as hepatitis B and C infections. Interventions for people who use sex/party drugs are to be expanded and more prevention interventions provided in sex/party settings.

Antiretroviral therapy and post-exposure prophylaxis (PEP) are an additional component within HIV prevention. Effective, medically-supervised treatment minimises the risk of transmission from mother to child, as well as in sexual contacts. Studies have shown that pre-exposure prophylaxis (PrEP) can reduce the risk of HIV transmissions. The potential risks of drug resistance as well as behaviour changes are not yet sufficiently assessed. It is thus unclear to what degree the oral PrEP is recommended in future as a supplemental prevention tool in Germany.

Interventions:

- Developing information materials and promoting interventions for increasing the immunisation rates with infectious diseases that can be prevented through immunisation
- Promoting targeted interventions to increase the immunisation rates among affected and hard-to-reach populations
- Trialling and where appropriate expanding immunisation services, for instance in schools
- Adjusting and refining the prevention interventions to increase the level of knowledge about sexually transmitted

and blood borne infections, as well as the skills.

Prevention interventions need to be adjusted according to the target groups' media habits and the use of social media and apps further considered.

- Needs-orientated adjustment and safeguarding of low-threshold prevention services for men who have sex with men
- Assessment of new prevention methods

Increasing diagnosis rates and reducing late diagnoses

The lack of symptoms, shame, fears and a low level of awareness of and knowledge about sexually transmitted and blood borne infections, and in some cases inadequate access to healthcare services, are factors preventing infections from being diagnosed, or reasons for late diagnoses. Advances in medications underpin the importance of early diagnosis. At the same time, testing forms part of prevention, and should therefore always be embedded into a more comprehensive range of advisory services. These services should be culturally-sensitive, and should take gender-related and psychosocial aspects into account. Increasing the diagnosis rates and reducing the number of late diagnoses is desirable.

Germany has a diverse structure of service-providers offering testing, ranging from anonymous advisory and testing services provided by the public health service, via low-threshold advisory and testing services provided by non-governmental AIDS support and service organisations and other independent agencies, through to testing in clinics and by registered physicians. The range of testing services varies from one provider to another, and between different Federal *Länder*. Adjustments both with regard to the tested spectrum of infections, and in the testing intervals for specific key populations on the basis of medical guidelines, are needed in order to increase the diagnosis rates. This takes technological simplifications and refinements in the diagnosis into account.

Current target group-specific studies and surveys indicate specific needs and approaches for optimising the testing and diagnosis services for people who inject drugs, migrants from Sub-Saharan Africa, female sex workers, as well as

men who have sex with men, and are used as a basis to adjust the advisory and testing services and structure.

Further studies are needed for other groups in order to assess their needs and develop or adjust services. This relates amongst others to male sex workers and people from high hepatitis B and C prevalence countries.

Assessments are required to determine the need for testing and care services, for instance on HPV and chlamydia, for young men, and appropriate services need to be established where necessary. Possibilities to better include partners in the treatment of sexually transmitted infection need to be examined.

In addition to the population, some in the medical profession need to be better informed and should expand testing offers. Guidelines from the Medical Societies specify indications for providers to initiate testing.

Interventions:

- Updating and refining standards, recommendations and guidelines for (regular) testing of the various infectious diseases
- Promoting studies for evaluating new testing procedures and technologies
- Promoting studies to assess specific needs and approaches for optimising the testing and diagnosis services among specific groups
- Promoting projects to monitor and evaluate target group-specific advice and testing service models
- Developing and implementing interventions, including information material for the medical profession, as well as patients, on specific sexually transmitted or blood borne infections that aims to improve utilization of testing and treatment services
- Drawing up further training material for the medical profession
- Expanding training services offered by Medical Societies, Medical Associations and independent agencies

Refining care services

The German healthcare system ensures recognised, qualified care at a high level. Guidelines for the treatment of HIV, as well as hepatitis B and C, and on several other

sexually transmitted infections, are established, and are regularly adapted and updated by the Medical Societies. The comprehensive treatment and care system for people with HIV was and is pioneering for the treatment of other diseases. New therapy regimes for curing hepatitis C infections will help sustainably reduce hepatitis C in the future. As the therapy is costly, it should be applied in a quality-assured manner. Re-infections should be minimised through corresponding prevention concepts. Considerable significance attaches to the prevention of hepatitis (re)infections and to monitoring potential resistance developments such as with HIV and gonorrhoea.

Integrated prevention, testing and treatment services, which also address co-infections, are desirable in order to develop more effective services that are tailored to the specific needs of specific groups. Independent advisory agencies and community organisations should be involved as partners among other service providers.

In particular for men who have sex with men, and for injecting drug users, services for prevention, testing and treatment should be further optimised by or in cooperation with non-governmental AIDS support and service organisations and drug and addiction advice agencies, and networking between various players should be promoted. Greater attention needs to be focused on new challenges emerging for older people with HIV, in particular in connection with multi-morbidities. There is a greater demand and need for long-term care services for people with HIV and chronic hepatitis B and C.

Interventions:

- Financing studies and providing information on individual groups' specific care needs
- Supporting activities for the development and evaluation of integrated advisory and care services, taking regions into account where the structure is weak

4. Promoting cross-sectoral networking and collaboration

People can be best reached in their respective environments. HIV, sexually transmitted infections and hepatitis B and C are not an isolated topic, but are linked with sexual health, healthcare in general or substance use. High-quality cooperation has been achieved in HIV and in the field of drug and addiction assistance in the past 30 years between governmental and non-governmental institutions and the medical profession. This needs to be continued, expanded (for instance with regard to hepatitis) and placed on a broader footing for specific groups in order to offer even more effective, targeted prevention services and necessary testing and treatment approaches.

Empowerment and participation are a central pillar of past successes in the field of HIV, and remain a major element holding up the Strategy. Empowerment is proven to help improve the state of health, and for instance makes it easier to address HIV openly in partnerships, in relationships and in the healthcare system. Participation promotes voluntary engagement. The inclusion of the respective communities and community led organisations in conception and implementation helps promote the successful, sustainable development and implementation of prevention interventions and treatment concepts.

In order to ensure the systematic, integrated prevention, testing and treatment of HIV, and of hepatitis B and C, as well as of other sexually transmitted infections, close cooperation and coordination between the advisory and care systems are needed. The establishment of integrated, cross-sectoral advisory and care services has been promoted in recent years. Networked cooperation in structurally-weak areas has also been facilitated, and funding is provided in some cases. These possibilities should be used and expanded by the service-providers, in cooperation with public health services and independent agencies.

Assuring the quality of the services

Medical guidelines safeguard quality in testing and treatment. Scientifically-sound, recognised quality assurance tools have been developed in HIV prevention in recent years, and have already been applied in order to develop high-quality services, to analyse the quality and where appropriate to adjust it. Further training ensures that modern services are provided for prevention, testing and care. These quality assurance structures need to be retained and refined according to the respective needs.

Interventions:

- Continuing and promoting coordination and networking between players
- Scientific monitoring and evaluation and where appropriate promotion of projects to develop integrated, cross-sectoral service delivery models, involving various organisations, such as patient organisations, non-governmental AIDS support and service organisations and other independent agencies
- Promoting community led initiatives and organisations and participation
- Supporting further training to promote quality assurance and training of multipliers

5. Further expanding the knowledge base and data utilisation

Research and surveillance provide a sound foundation for the planning and implementation of evidence-based prevention and treatment approaches. By developing a comprehensive surveillance concept, the Federal Ministry of Health has established a system which makes relevant information available to monitor the epidemiological progress of HIV and other sexually transmitted infections, as well as for the planning and implementation of interventions.

To this end, survey data and molecular-epidemiological data are compared and processed, together with specific biological and behavioural data, as well as care data (Figure 7).

Based on the concept, research and surveillance on sexually transmitted infections such as gonorrhoea and chlamydia, as well as on hepatitis B

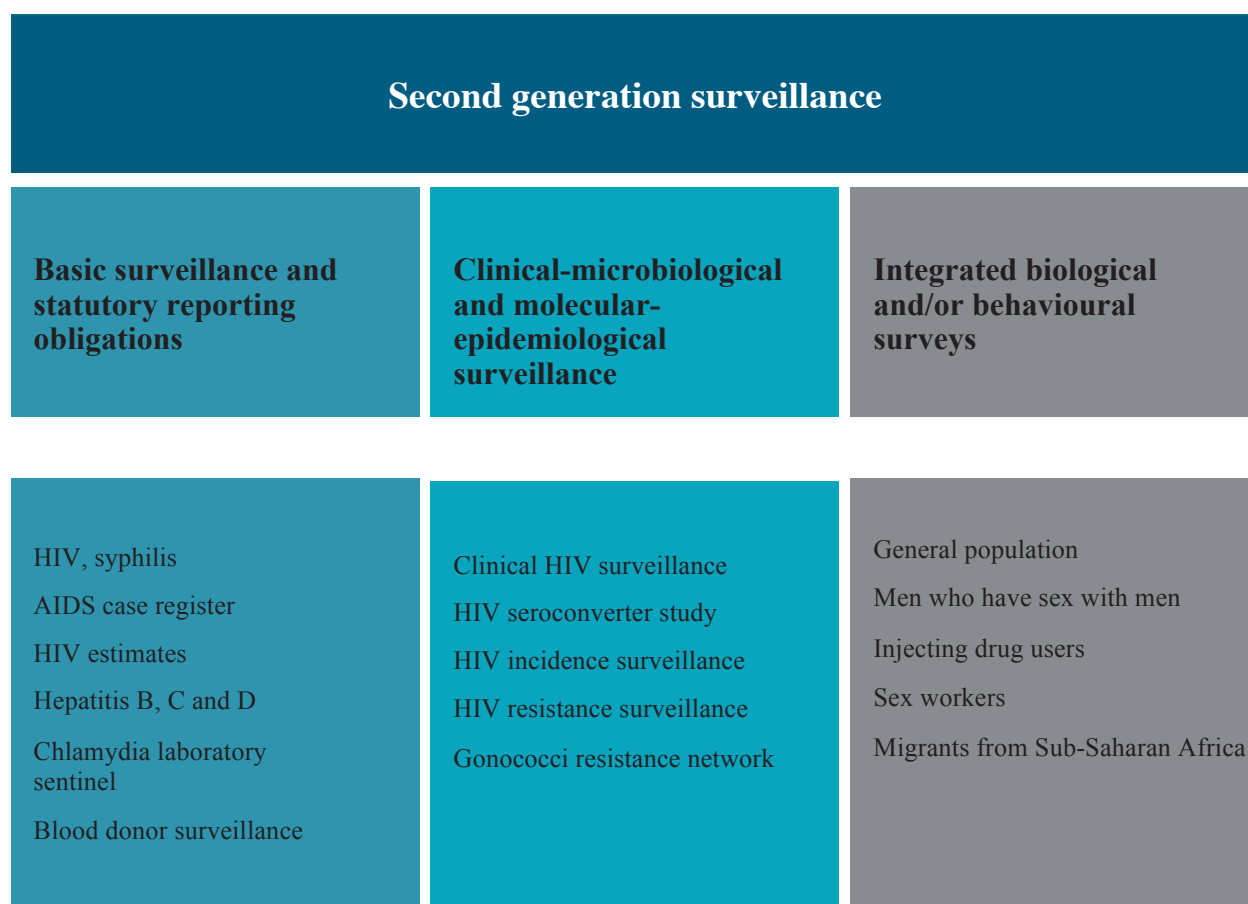


Figure 7: Surveillance on HIV and other sexually transmitted and blood borne infections in Germany (as of: March 2016)

and C, and on HIV co-infections and co-morbidities, resistances and late diagnoses, are to be refined. The need to amend the Protection Against Infection Act is regularly examined in light of topical developments. The collection of nationwide data in prisons would help adjust and modify prevention activities accordingly. Social science studies generate up-to-date information for prevention and care. Participatory research approaches should be considered and implemented wherever appropriate.

In line with the Federal Government's "Health Research Framework Programme", funds are provided for basic research on HIV and vaccine development. Various research facilities receive funding from the Federation and the *Länder* for research into hepatitis, chlamydia, HIV and HPV. By networking in the German Center for Infection Research (DZIF), cooperation with industry, and also with the regulatory authorities, is established, so that new

anti-infectives and vaccines can be targetedly developed.

Interventions:

- Refining and implementing the surveillance concept
- Evaluating research needs and helping to fund studies
- Promoting research and development on prevention, diagnosis and therapy procedures
- Processing and providing data and research results to *Länder*, to local authorities, as well as to other players, in order to plan and where appropriate adapt interventions
- Refining and harmonising the collection of data for taking up the advice and testing available from the public health service and from independent agencies

IV. International contributions

The Federal Government is working at international level, together with other states, to launch and support the necessary activities for containing HIV, hepatitis and other sexually transmitted infections, as well as for ending AIDS, taking the “Health Systems Strengthening” approach into account. The aim is to step up integrated prevention, advice and treatment activities, to continue regional, bilateral and international cooperation, and through innovative research and development to make diagnostic and therapy services also affordable in the future, both in Europe and in developing and threshold countries.

1. Europe

I. Developments and challenges in Europe

The HIV epidemic continues to spread rapidly in the Eastern part of the WHO European Region. The treatment rates are very low in a worldwide comparison. Injecting drug use and a lack of prevention programmes, such as opioid substitution therapy or needle and syringe exchange programmes, are the main reason behind the high HIV prevalence. Men who have sex with men are the group with the highest HIV prevalence in the Western part of the WHO European Region. At the same time, it has not yet been possible to reduce the rates of new HIV infections in this group. The hepatitis B and C prevalences vary widely in the different countries of the European region. An increase in sexually transmitted infections such as gonorrhoea or syphilis can be observed in Europe overall.

II. The objective

By adopting the United Nations’ Sustainable Development Goals, the countries in the WHO European Region, as well as the Members of the European Union, have undertaken to end the epidemics of HIV, hepatitis and other sexually transmitted infections by 2030. Updated action plans will most likely be adopted in 2016 by the WHO European Region, in the drafting of which countries of the WHO Region were involved.

III. Areas of action

The Federal Government will continue to shape political, strategic and technical processes, bodies, initiatives and programmes, in cooperation with European partners and institutions, and to work actively towards drawing them up and implementing them. This particularly relates to projects aiming to develop and improve monitoring and surveillance, as well as improving prevention and treatment services in individual countries and regions of the European Union and the neighbouring countries. The Federal Government will be endeavouring to ensure participatory, integrated approaches as well as sustainability.

The Federal Government will make German approaches and research results accessible to other countries, provide them and promote research and networking. This primarily takes place through participation in European and international initiatives such as by developing vaccines.

Interventions:

- Involvement in the administrative council of the European Centre for Disease Prevention and Control (ECDC), as well as in the administrative council of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- Participation in bodies, monitoring activities, evaluations, technical meetings and drawing up guidelines and recommendations of the ECDC and of the EMCDDA
- Participation in projects and calls for tender from the EU’s Health Programme, as well as supporting the participation of German players, such as via co-funding
- Support for inter-country initiatives, such as the European & Developing Countries Clinical Trials Partnership (EDCTP)

2. Global

I. Worldwide challenges and developments

The efforts undertaken by the international community to contain the spread of HIV and AIDS are proving successful. The number of new HIV infections per year has fallen globally by more than one-third since 2000, from 3.1 million to 2 million. The number of AIDS-related deaths has been reduced by 42 % since 2004,

for instance by massively expanding antiretroviral treatment (ART). In addition to the considerable funding, particularities of the international response to AIDS have also led to these successes: participation by people living with HIV, the guiding principle of human rights, multisectoral approaches, innovative partnerships between civil society, governments and the private sector, as well as comprehensive, international monitoring systems for measuring progress and challenges in addressing the epidemic.

The HIV epidemic has not yet been overcome, however: 2 million people per year are newly infected with HIV. Approximately half of all people who live with HIV are unaware of their status. 1.2 million people died of HIV/AIDS-related causes in 2014. More than 21 million people who live with HIV still have no access to treatment. Only two-thirds of those under treatment are still receiving it after three years. Fewer than one-third of those who receive treatment have achieved viral suppression, which is vital for ART to have a preventive effect. Additionally, access to viral load testing in order to be able to document changes in viral load, and hence the effectiveness of treatment, is not universally available. Only 32 % of children who live with HIV receive the treatment they need. Furthermore, people living with HIV frequently continue to be stigmatised and discriminated against.

The unequal distribution of the epidemic, even within countries, requires granular data and strategies for action. Sub-Saharan Africa remains the region most affected by HIV. Young women and girls in this region have a much higher risk of becoming infected with HIV than their male counterparts. In all regions, new infection rates are particularly high among men who have sex with men, transgender women and transgender men, sex workers and people who inject drugs.

The HIV epidemic is closely related to other diseases which show similarities in terms of transmission routes, influencing factors and vulnerable populations. Despite

a considerable disease burden and an estimated 1.45 million deaths per year, hepatitis has yet to attract the same level of international attention as HIV. Curable sexually transmitted diseases are prevalent worldwide, with an estimated 357 million infections, and increase the risk of an HIV infection. Tuberculosis is the most common cause of death among people who live with HIV. With 1.5 million deaths in 2013, it is the disease that accounts for the largest number of deaths worldwide, although it is curable in most cases.

II. Goals

Together with its partner countries, and in the context of the Sustainable Development Goals of the Agenda 2030, Germany is pursuing the goal that was agreed by the international community, namely to ensure healthy lives and promote well-being for all at all ages (SDG 3). As part of this Goal, it was agreed to end the epidemics of AIDS and tuberculosis, combat hepatitis and ensure universal access to services and information relating to sexual and reproductive health and rights (SRHR).

In order to achieve these goals and to safeguard the achievements that have been made to date, all stakeholders involved in the HIV response are called on to step up their efforts in the years to come. The Sustainable Development Goals furthermore require a holistic approach: poverty eradication, gender equality, education, legal certainty, peace-keeping, industrialisation and global health are closely interlinked. Similarly, the HIV epidemic can only be ended if the underlying determinants of vulnerability are addressed.

In the context of the global HIV response, the German Federal Government pursues the goal of achieving universal access to prevention, treatment, care, healthcare and social protection for every person in the world who is affected by HIV.

Within German development policy in health, efforts contributing to the HIV response are closely linked with measures focussing on health system strengthening and on the promotion of sexual and reproductive health and rights (SRHR). The following guiding principles form the basis for the policy of the Federal Government:

- The realisation of human rights, given that discrimination based on income, origin,

- age, gender, sexual orientation and ethnic or religious affiliation frequently hinders equal access to prevention, treatment and support services.
- The promotion of gender equality, given that reduced access to education, as well as economic dependence, harmful practices such as child, early and forced marriage, female genital mutilation and gender-based violence increase the risk of women and girls to become infected with HIV. By contrast, men and boys on average die earlier from AIDS, partly due to the fact that they take up healthcare services later and less frequently.
 - The full participation of people living with HIV, populations at risk of contracting HIV, as well as civil society organisations in the partner countries in the planning, implementation and evaluation of projects.
 - The consideration of a multisectoral approach in the HIV response since this is the only means to address the underlying social determinants contributing to the spread of HIV.

III. Areas of action

In agreement with international strategies and in coordination with partner countries, the German Federal Government sets the following priorities for its bilateral and multilateral commitment to the HIV response:

1. Providing HIV-related services as an integral part of strengthened health systems

The right to health entails the availability, accessibility, acceptability and appropriate quality of healthcare. In view of a growing demand, weak health systems in low- and middle-income countries are often unable to provide high-quality HIV services for prevention, diagnosis, treatment and care for all in need. At the same time, HIV funding through structures outside the national health system has created parallel as well as concentrated systems of care in several countries. In order to meet the multiple needs of the population, these systems now need to be used in the context of a more comprehensive service package. Against this background, the Federal Government is supporting efforts to strengthen HIV-related interventions and their integration into existing health systems.

Interventions:

- Support for bilateral partners in basic and further training of health staff, in solidarity-based health financing and social protection in the event of illness, as well as in improved access to medicines; promotion of measures aimed at improving the quality of the health services and of the management of health data
- Support for measures and strategies focussing on the integration of HIV-related services into national health systems, in particular in the areas of sexual and reproductive health and tuberculosis, in order to improve sustainability and effectiveness
- Promoting the integration of HIV into measures for training health staff, for the provision of medicines and medical products, for improving diagnoses and laboratory capacities, for health financing, health information systems and quality assurance

2. Promoting needs-orientated interventions for vulnerable and/or marginalised populations

The social, societal and political context can be the cause of the stigmatisation, discrimination, marginalisation and criminalisation of specific groups, and can make access to counselling and health services more difficult. Needs-orientated interventions therefore need to be particularly promoted.

Young people are particularly affected by HIV. More than one-third of global new infections affect young people aged between 15 and 24. In 2014, 71 % of the 10- to 19-year-olds who became infected with HIV in Sub-Saharan Africa were young women or girls. Many young people do not have the knowledge they need about HIV, sexuality and gender roles, and lack non-discriminatory access to health services. The latter is frequently restricted by existing legal frameworks, such as mandatory parental consent. This contributes to the fact that only 10% of young men and 15 % of young women in Southern and Eastern Africa are aware of their HIV status.

The HIV prevalence rate among the 12.2 million **people who inject drugs** was 28-times higher in 2014 than in the general population. Intravenous drug use is the

main transmission mode for HIV in many regions. A package of harm reduction measures, including needle and syringe exchange programmes and drug substitution therapies, has proven to be an effective approach to the prevention of HIV and hepatitis.

Despite their significantly higher risk of HIV infection, **men who have sex with men**, as well as **transgender women and transgender men**, are currently not adequately reached by prevention measures, and continue to face legal persecution and criminalisation in many countries.

On average, the HIV prevalence rate is 12 times higher among **sex workers** than in the general population.

1.7 million (1.4-2.1 million) **people living with HIV were affected by humanitarian disasters** in 2013, 82% of whom were in Sub-Saharan Africa. In the case of displacement and migration, access to treatment is severely restricted. People who have been displaced are at greater risk of HIV infection, especially women, who face incidences of sexual violence, amongst other things.

According to estimates, 30 million people are imprisoned per year, including a large number of marginalised groups. HIV, hepatitis B and C, as well as tuberculosis infections, are 2- to 10-times higher among people in prisons than in the general population. Health care is restricted to a limited set of services, and specific prevention services such as harm reduction programmes are barely existent.

Interventions:

- Support for **school-based and extra-curricular access for boys and girls** to comprehensive sexuality education; this imparts knowledge, skills and attitudes, and also includes education on sexual and reproductive rights, as well as on gender equality. To achieve this, new media and interactive learning games are applied.
- Support access to **youth-friendly HIV and sexuality counselling services**, for instance through training of health staff and support in improving the quality of the services
- Promotion of non-discriminatory access to **safe and affordable contraceptives** via local public and private suppliers

- Creating an **enabling social, political and legal framework for the health of young people**, for instance by supporting a regional knowledge exchange in Southern Africa and through dialogue formats between teaching staff, parents, civil society, communities of faith and representatives of various Ministries (including Education and Justice)
- Implementation of **harm reduction programmes** in cooperation with non-governmental organisations and support for respective measures, above all via the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Supporting advocacy organisations for **lesbian, gay, bisexual, transgender, intersex and queer people (LSBTIQ)** and training courses for health staff to reduce discrimination in the health system
- Promotion of access to contraceptives and health services for **sex workers**, for instance through sensitisation and awareness raising training courses for health staff and by training peer educators among sex workers
- Adaptation of **bilateral programmes** in crisis situations and implementing prevention and infection protection measures in **fragile contexts** in cooperation with local non-governmental organisations. Measures take into account the experiences of bilateral HIV programmes in providing health services to population exposed to a particularly high risk of infectious diseases
- **Multilateral support** for the increased use of funds in **fragile states** via the GFATM in line with the 2017-2022 GFATM Strategy, with the aim in mind of making a contribution to the provision of healthcare in humanitarian emergencies
- Involvement of **prisons** in the context of supporting national tuberculosis control programmes

IV. Interlinking between the levels

Multilateral

The German Federal Government, in cooperation with the central international stakeholders, including WHO, UNAIDS, GFATM and Global Vaccine Alliance continues, to place a strong emphasis on the response to HIV, hepatitis and other sexually transmitted infections.

This is based on efforts towards health system strengthening. Sufficient, sustainable funding and an equitable distribution of financial contributions between the development partners must be achieved. The Federal Government is making efforts at political, strategic and technical level in this regard.

Bilateral

German policy in bilateral development cooperation focuses on the prevention of new HIV infections. Bilateral programmes work at various levels – covering innovative interventions in local communities, funding of behaviour change campaigns, provision of infrastructure and contraceptives for men and women as well as policy advice for partner governments. German civil society is included in the design and implementation of activities, both at national level and in the partner countries.

At the beginning of 2016, Germany had bilateral development cooperation agreements with eleven partner countries and two regions focussing on health, family planning and HIV. Health-related activities are being implemented in 14 additional countries. HIV is a cross-cutting issue in projects outside the health sector in countries with a generalised epidemic (“HIV mainstreaming”).

The Federal Government of Germany links its bilateral interventions with multilateral cooperation mechanisms and stakeholders in order to use synergies and avoid duplications. This helps to ensure that funds are used efficiently and in a manner that is target group orientated, and that they contribute to health system strengthening.

Interventions:

- Allocation of funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM/The Global Fund), including for HIV treatment programmes
- Participation in governing boards of the GFATM, as well as of UNAIDS and the WHO
- Supporting UNAIDS and WHO and involvement in strategic and technical processes
- Financial support for the public-private Global Vaccine Alliance (GAVI) partnership promoting equal access to new and underused vaccines in the poorest countries.

All low-income countries have included the hepatitis B vaccine in their routine vaccination programmes since 2014.

- Support for developing countries in establishing local pharmaceutical industries via specialised agencies of the United Nations (UNIDO and UNCTAD) in order to improve access to medicines
- Support for partner governments, civil society organisations, groups representing people affected by HIV and the private sector in the development and implementation of sustainable responses to HIV via the implementing organisations KfW Development Bank and Deutsche Gesellschaft für internationale Zusammenarbeit (GIZ) GmbH
- Support for partner countries in coordinating multilateral donor contributions and in allocating them in such a way that they meet national goals; technical support in applying for and implementing GFATM funds via the “BACKUP Health” programme
- Promotion of HIV research in the context of the “Global Health at the Centre of Research” programme (2015)

Legal Notice

Resolution of the Federal Cabinet of 6 April 2016

The “Integrated Strategy for HIV, Hepatitis B and C and Other Sexually Transmitted Infections” was drawn up by the Federal Ministry of Health and the Federal Ministry for Economic Cooperation and Development.

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1st edition

