

**STOP AIDS.**  
Keep the Promise.

## **Global Crisis and Germany's Contribution to the Global Response**

Second Civil Society Appraisal on Germany's Contribution  
to the Implementation of International HIV/AIDS Commitments 2006 / 2007



edited by:  
**Action against AIDS Germany**

## Action against AIDS Germany

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services (...).”

Article 25 of the Universal Declaration of Human Rights of the United Nations, 1948

With its campaign, *Action against AIDS Germany* wants to break the silence on HIV/AIDS and is committed to a world without AIDS and poverty. HIV/AIDS impacts on all aspects of lives of people living with the disease. The HIV/AIDS epidemic threatens prospects for development globally and increases the risk of further impoverishment. The HIV/AIDS epidemic calls worldwide for social rethinking.

The demands of *Action against AIDS Germany* refer to the HIV/AIDS specific targets of the United Nations set in June 2001 and are specifically addressing the German government and the pharmaceutical industry. Core demands focus on support for human right to life and health, additional funding for global AIDS prevention and treatment by the German government and price cuts for essential medicines by the pharmaceutical industry.

Through national campaigning and political dialogue *Action against AIDS Germany* reminds all relevant stakeholders of the international commitments and promises of UN Member States’ governments and the G8. It demands urgent implementation as political decision-makers, pharmaceutical companies and the general public have to take on responsibility in the global fight against HIV/AIDS. The lives of millions of people depend on keeping these promises.

*Action against AIDS Germany* is a German nationwide network of more than 100 non-governmental organizations and more than 280 grassroots groups working on AIDS and development cooperation.

In order to coordinate the network's lobbying activities and public relations a campaign bureau has operated out of the *German Institute for Medical Mission (DIFÄM)* in Tübingen since 2002. The civil society network is exclusively funded by membership fees.

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## Executive Summary

This report of *Action against AIDS Germany* was ahead of the United Nations High-Level Meeting in June 2008 at which the implementation of the UN Declaration of Commitment on HIV/AIDS will be reviewed. It comprises a civil society shadow report and critical appraisal of the German government's political activities and financial contributions to meet its international obligations in the fight of the global epidemic.

The report is divided into two main parts, as was the first civil society review in 2006. Part 1 examines to what extent the German government contributed to the implementation of the main target – universal access to prevention, treatment, care and support for all people in need by 2010 – and how far it has assumed political responsibility. This comprehensive target was set out in the Political Declaration adopted at the UN High-Level Meeting on the implementation of the Declaration of Commitment in June 2006 in order to reaffirm and continue the engagement. The German government made real efforts in the years 2006-2007. Concepts and strategies were developed further, civil society recommendations were taken into account and the dialogue with NGOs did improve. Nevertheless there still remains a gap between statements of intent and the actual implementation of well postulated political targets. The implementation must crucially be ensured by the provision of substantially increased funding for health in general as well as for specific HIV prevention, treatment and support interventions. However, *Action against AIDS Germany* confirmed that the German governments' political will to fund HIV/AIDS interventions in the global fight against the epidemic still remains far behind its potentials as an economically privileged country. Although it acknowledges a resource increase during the past years, it is not sufficient to match international commitments, as is shown through a detailed analysis developed in part 2.

AIDS has developed into a worldwide epidemic since the early 1980's. By end of 2007 approximately

33 million people lived globally with HIV/AIDS. Despite the stabilization of the infection rates during the last couple of years – which is partly due to intensified countermeasures – every day 6,800 people become HIV infected and 5,700 die from AIDS. Today AIDS is worldwide one of the leading causes of mortality among adults aged 15 to 59 years. According to most recent estimates by UNAIDS (2007), 33.2 million people are living with the incurable disease. This continues to be a global catastrophe and is one of the greatest threats to human development.

At present more than 92 per cent of all people living with HIV live in developing countries. This reveals the close connection between the spread of the pandemic and the gap between development processes in North and South. Sub-Saharan Africa is still the region of the world most affected by HIV/AIDS, it has more than two thirds of all people living with HIV (22.5 million).

The disease's extraordinary destructiveness regarding the social consequences can be attributed to particular factors. These are: high infection rates and mortality among young people; worsening gender inequality to the disadvantage of young women, pointing out to the intimate correlation between the spread of the disease and lack of access to education and human rights. Other aspects are the aggravation of individual suffering and social as well as economic costs through stigma and discrimination. AIDS accelerates other epidemics and brings enormous costs for affected households, communities and countries.

### **UNGASS 2001: point of departure for actions of the international community**

For many years the international community failed to initiate adequate responses to fight the worldwide HIV epidemic. The United Nations General Assembly (UNGASS) in 2001 marked the beginning of a process of rethinking which henceforth lead to an intensified mobilization of resources for the fight against AIDS. By adopting the action principles and time-bound targets of the "Declaration of Commitment on HIV/AIDS", the UN Member States committed to an effective response to the global HIV crisis: this includes the provision of new, additional funding.

Some progress has been made since the

Declaration of Commitment regarding the scale-up of key measures. However, in his April 2008 Report, the UN Secretary-General states that this progress is neither equally distributed across regions nor is it adequate with regard to achieving the target of universal access. Despite an increase, the current percentage of people who have “accurate knowledge of HIV prevention” falls far short of the target of 95 per cent by 2010. The percentage of mothers who received antiretroviral therapy (ART) to prevent mother-to-child HIV transmission in 2007 added up to 34 per cent, which also remains far behind the 80 per cent to be reached by 2010.

In order to achieve universal access to treatment, 13 million people with an advanced and life-threatening HIV infection would have to receive this therapy by 2010. If programme scale-up is continued at the same low pace as in the past years, the number of patients on treatment will likely increase to 4.6 million only. According to the Report, the achievement of the target crucially depends on

- the deployment of long-term and sustainable strategies in the fight against AIDS and the overall improvement of the health infrastructure in developing countries;
- the enhancement and increase of HIV prevention for all people living in countries with high prevalence and the increase of HIV prevention for high-risk groups (among them men who have sex with men, sex workers, injecting drug users) in countries with low prevalence
- addressing gender inequalities and the strengthening of women's rights.

NGOs have been demanding these interventions for a long time. Their implementation not only requires political will but also closing the gap between available and required resources. However, in contrast to the findings of the UN Secretary-General's Report, in 2010 not only 15 billion but 42 billion US dollars will be needed. The report is misleading with regard to the adequate financial requirements for achieving universal access, as it is based on the assumption that the current slow pace of the HIV response over the past years will continue

It is alarming that the international community

appears to give up the target of universal access in favour of the UN Millennium Development Goals (especially MDG 4 and 5). As such, a broader development policy frame of reference like the MDGs is appropriate and *Action against AIDS Germany* supports it. Nevertheless this must not lead to a weakening of the “universal access” target. Even though it is necessary to acknowledge and solve other global health problems a special commitment for the fight against HIV/AIDS is justified on the basis of the close links between HIV/AIDS and stigma and discrimination.

### **The implementation of the international HIV/AIDS commitments 2006-2007 (Part 1)**

There is striking progress with regard to conceptual and strategic principles of the German government. These are not only marked by a progressive language, for example by clearly pointing out apparent injustice between men and woman. Policy principles have also been more consistently linked to the human rights-approach.

Besides rhetoric, the action plans of both the Ministry of Development Cooperation and Ministry of Health are much more progressive and in many cases reflect compliance to civil society positions.

Whereas in previous government position papers antiretroviral therapy (ART) had only marginally been mentioned, ART programmes are now explicitly considered part of development cooperation in health care. However, specific measures and time-bound targets are missing; not only in this example of the „Action Plan to implement the Strategy of the Federal Government to fight HIV/AIDS“ but this is the general finding of our analysis. Therefore the commitment to universal access is only partly matched by specific contributions of German development cooperation.

The first chapter of this report also illustrates the progress made in the past two years with regard to dialogue and cooperation between the German government (especially the Federal Ministry for Economic Cooperation and Development, BMZ) and civil society. This improved cooperation especially works out in UN bodies and the Global Fund to fight AIDS, tuberculosis and malaria where civil society participation and representation of affected communities is a constituent part of the political decision-making processes. Yet the dialogue was also

improved on the national level, for example by institutionalised thematic round tables. Nevertheless *Action against AIDS Germany* criticises that core policy documents were compiled and adopted without consultations with civil society. Once again *Action against AIDS Germany* calls for an annual review as required by the UN Declaration of Commitment which adheres to transparency and consultation with civil society.

Germany's double presidency in 2007 of G8- and EU Council Presidency raised great expectations concerning government's political activities. In fact the German government was more active with regard to the global fight against AIDS during the EU Council and G8 Presidencies. This is the case for both its public engagement and its commitment in these two forums. The government contributed to raising more attention for the issue in the German public and was making an effort in urging the G8 countries/governments not to fall behind their promises made in 2005. It is also positive that the Federal Ministry for Economic Cooperation and Development clearly had an impact on the G8 Summit Declaration „Growth and Responsibility in Africa“. The Declaration emphasizes the necessary protection of women and girls and the promotion of their human rights to halt the feminisation of the HIV/AIDS epidemic. The Ministry itself now implements the recommendation of the Summit document to link programs of the fight against HIV/AIDS to those of sexual and reproductive health. Furthermore the German government promoted a long-overdue initiative to implement gender mainstreaming in the Global Fund.

The German government took the opportunity of the EU Council Presidency to advance a resolution of the Council on the „Programme for Action to tackle the critical shortage of health workers“. It is also positive that the German government and the EU are willing to support the set-up of local drug production capacities in developing countries. Nonetheless both Presidencies have to be assessed critically by NGOs working in the international AIDS and development cooperation. With regard to achieving universal access, the German government's approaches regarding international economy and trade still lack political coherence. In particular, the positions of the German government and the EU concerning a) the design of patent regulation in the TRIPS Agreement and b) the Economic Partnership Agreements (EPA) are strengthening patent protection of essential

HIV/AIDS medicines rather than diminishing or eliminating it as NGOs are demanding. Access to effective lifelong treatment of HIV as well as the production of affordable medicines in developing countries, are critical elements of a comprehensive health policy which is supporting the universal access target. As *Action against AIDS Germany* has pointed out repeatedly, this is the particular case of the German government not being coherent but rather threatening the achievement of universal access through its policy.

It is of critical importance that the German government acts coherent across its departments also when it comes to the stop of brain drain from developing countries and the European Blue Card initiative for the recruitment of professionals. With regard to the shortage of skilled workers in developing countries NGOs active in the international health sector suggest that it makes more sense to adopt the binding EU or UN codex as a framework of reference before starting the Blue Card initiative. It always has to be guaranteed that health workers are not poached from developing countries.

However, positive effects of conceptual development and trend-setting success in fighting HIV/AIDS are not only diminished by the lack of political coherence but most importantly by inadequate provision of resources and funding of the German government.

### **Germany's financial contribution to the global response (Part 2)**

By signing the UN Declaration of Commitment on HIV/AIDS, the UN Millennium Declaration and other international agreements, Germany committed to contribute to the provision of urgently needed financial resources. We have to notice though that Germany's contributions fall far short of what is needed. This is true for all three key dimensions: the actual total amount of financial resources for official development assistance (ODA), for improvement of the health sector and for the range of specific HIV interventions. The increase of funding in certain areas during the last years is welcome but it is inadequate to close the current resource gap and to meet the international requirements. Compared to efforts of other high-income donor countries, Germany's contribution is below-average.

To inflate total ODA, the questionable procedure of including debt relief is still being applied. In addition, a couple of expenditures which have nothing to do with investment in human development are registered as ODA. These pseudo assistances totalled up to one third of the officially reported development assistance in 2006.

Considering exclusively the actual resource transfers, in 2006 the share of development assistance of Gross National Income (GNI) was less than one third of the UN target of 0.7 per cent agreed back in 1970. In order to at least meet the minimum share of 0.51 per cent of the GNI by 2010, as determined by the EU plan, the financial resources would at least have to be doubled. Although the increase of ODA in 2007 is appreciated, it did not substantially reduce the gap. The previous increases and the additional resources until 2010 projected by the German government are insufficient to reach the minimum target adopted by the EU. This is the case even for the inflated figures made by the government and the unlikely assumption of continuously high levels of debt relief. Since no effective progress has been made in introducing innovative finance mechanisms, there is today no other prospect for essential increased resources. The decreasing ODA contributions to UN organizations engaged in development work are yet another problem. They reached an all-time-low in 2007.

Although health is of great importance with regard to humanitarian and development aspects, this sector has been neglected by the German development assistance for many years. Health programs represent an inadequate proportion of ODA in bilateral cooperation and the difference to the average contributions of the DAC countries has rather increased. The increase of the approved amount in 2006 was unfortunately not the result of forward-looking planning but rather due to temporary circumstances. Data on financial cooperation, which is the most important instrument - in quantitative terms - for the health sector, show that in 2007 the amount approved is likely to have decreased close to the prior level. Even in partner countries in which health is one of the priorities, Germany's resource transfers fund only a small part of the health investments necessary for the achievement of the MDGs. In addition, Germany's contributions to health-related UN organizations are proportionally inadequate. The provision of resources to the Global Fund to fight

AIDS, tuberculosis and malaria also falls considerably short of the amount which would correspond to Germany's relative economic potential. The total of transfers dedicated to the improvement of health summed up to 0.02 per cent of the GNI in 2006. This corresponds to one fifth of the target of 0.1 per cent to be reached by 2010.

As the analysis of all officially reported health-related development projects shows, the bilateral financial commitments to the international HIV response remained at the same low level of 50 to 60 million euros during almost the entire period 2000 to 2007. This also includes the resources for HIV components which are part of health programs with wide-ranging targets. Solely in 2006, the temporary increase of general commitments to health was reflected in higher expenditure for HIV programs. This resulted in a first but limited increase of disbursements. Thus there has been no consistent increase of resources since the adoption of the Declaration of Commitment on HIV/AIDS in 2001. The deficit of the bilateral development cooperation cannot be balanced through contributions to HIV programs of the European Commission. The inadequate contribution to multilateral cooperation further boosts the funding gap. As a result, all funds added up to about one fourth of the adequate contribution to the fight of the HIV epidemic, even if all relevant financial mechanisms are considered. Quantified, the actual payments added up to less than 200 million US dollars. However, Germany's adequate contribution was estimated to being approximately 800 million US dollars.

The temporary increase of bilateral health commitments, the pledged increase of the contribution to the Global Fund and the current higher percentage of HIV projects among IDA supported programs are expected to increase Germany's ODA. In 2008, Germany's contribution will probably sum up to slightly more than 3 per cent of the required international cooperation. Assuming that the EU should cover half of the cooperation needs – according to its development policy relevance – Germany's financial contribution to the global HIV response would be 10 per cent. This is slightly higher than Germany's share of 8 per cent of the GNI of high-income countries. Compared to these figures, the actual resource increase falls far short of the requirements. At the G8 Summit, the German government announced resources to fight HIV, tuberculosis and malaria of on

average 500 million euros per year between 2008 and 2015. However this is not at all sufficient to meet Germany's international responsibilities.

### Recommendations:

- *Action against AIDS Germany* calls on the German government to support the achievement of universal access by 2010 in the context of UNGASS and the G8 process. The German government should regularly conduct a review of its commitments towards the fulfilment of the UN Declaration of Commitment on HIV/AIDS and other global declarations in a consultative process with civil society.
- The German government should continue and further expand its engagement demonstrated during the double presidency. If the political responsibility demonstrated at the G8 Summit in Heiligendamm is taken seriously, the government should support the BMZ in its policy of supporting developing countries in their fight against HIV/AIDS.
- The German government should strive that the Economic Partnership Agreements are in line with its development policy targets and support universal access. It should work across all government departments that EPAs do not include intellectual property rights.
- *Action against AIDS Germany* requests the German government to implement a coherent policy in the fight against HIV/AIDS and give priority to human rights over "intellectual property rights" of the TRIPS Agreement by making the observations and calls of the UN Commission on Human Rights regarding TRIPS and human rights the basis for the German negotiating position in the World Trade Organization.
- *Action against AIDS Germany* calls on the German government to continue participating actively in the elaboration and adoption of an international code of conduct on EU and UN level and of further adequate interventions to reduce the brain drain of health professionals from developing to industrial countries. However, the human right to transnational migration must not be limited. In all negotiations – especially those concerning the Blue Card – the German government should be coherent and transparent and actively involve NGOs.
- In addition to an explicit promotion of women's human rights in the field of health, development cooperation in the fight against HIV/AIDS requires more resources for programs that promote the inclusion of men and a critical discussion about concepts of "masculinity" and gender roles. The contributions of Germany's development cooperation to this area should be visible and measurable.
- Germany's official development assistance has at least to reach the minimum of 0.51 per cent of GNI by 2010. This requires an action plan with concrete annual targets in order to make German cooperation sustainable and predictable for partner countries as well as other donor countries. The international comparison shows that the financial resources of health-related development cooperation have been very low. They will have to be increased if the minimum level of 0.1 per cent of GNI by 2010 is to be achieved.
- The German government should set itself the target as of 2008 to cover a minimum of 10 per cent of the international financial resources necessary to achieve universal access to HIV prevention, treatment and care. This implies increasing the German contribution to fight the HIV epidemic to 1.3 billion US dollars in 2008 and to further increase it to 2.8 billion US dollars by 2010.
- In addition to the urgently needed increase of budget appropriations, the political decision-makers in the German government and Parliament should more decidedly address the development of innovative financial mechanisms. Instruments which not only provide additional resources but also allow political control of economic processes in terms of social justice and ecological sustainability should be given priority. A first step should be Germany's participation in UNITAID.
- Debt relief should be dealt with as parallel steps next to systematic increases of actual resource transfers. Imputed costs for students from developing countries, expenditures for the care of persons seeking asylum and debt relief should not count as ODA.

## Data on the national and global HIV/AIDS epidemic in 2007

### Germany

People living with HIV/AIDS: 59,000

Male: 49,000

Female: 10,000

Children: 350

### Distribution according to mode of transmission

Men who have sex with men: 34,500

People infected through heterosexual contact: 7,500

People from high prevalence regions: 9,000

Injecting drug users: 7,000

Haemophiliacs and people receiving blood transfusions: 500

Mother-to-child transmission: 550

### New HIV infections in 2007:

Total number of new infection: 3,000

Male newly infected: 2,400

Female newly infected: 600

Children newly infected: 25

### Distribution according mode of transmission (estimated):

Men who have sex with men: 72 per cent

People infected through heterosexual contact: 20 per cent

Injecting drug users: 7 per cent

Mother-to-child transmission: 1 per cent

Total number of people infected with HIV since the outbreak of the epidemic: approx. 86,000

Number of deaths in 2007: 650

Total number of deaths since the outbreak of the epidemic: 27,000

Source: Robert Koch-Institut (2007). HIV/AIDS in Deutschland – Eckdaten. Epidemiologische Kurzinformation

### Global data

People living with HIV/AIDS worldwide: 33.2 million

Adults: 30.8 million

Female: 15.4 million

Male: 15.4 million

Children under age of 15: 2.5 million

New HIV infections in 2007:

Total number of new infections: 2.5 million

Adults newly infected: 2.1 million

Children under age of 15 newly infected: 420,000

AIDS deaths:

People who died of AIDS: 2.1 million

Adults: 1.7 million

Children under age of 15: 330,000

**Africa** is the most affected continent:

22.9 million people are living with HIV/AIDS.

This amounts to 69 per cent of all people living with HIV/AIDS.

New infections: 1.7 million

AIDS deaths: 1.6 million

**Latin America** is recording very high infection rates in many countries:

Today 1.6 million people with HIV/AIDS are living in this region.

New infections: 100,000

AIDS deaths: 58,000

In **Asia** the epidemic continues to spread:

Today already 4.8 million people are living with HIV/AIDS.

New infections: 440,000

AIDS deaths: 300,000

**Eastern Europe and Central Asia** show already vast epidemics today:

People living with HIV/AIDS: 1.6 million

Newly infected adults: 150,000

AIDS deaths (by 2005): 62,000

Source: UNAIDS (2007). AIDS Epidemic Update.

## Introduction: Political setting and purpose of this report

By Birte Rodenberg

Since the diagnosis of the first cases in the early 1980s, AIDS (*Acquired Immune Deficiency Syndrome*) has rapidly spread and become a worldwide epidemic. According to the most recent estimates of the United Nations, by end of 2007 about 33 Million people worldwide were living with HIV. During recent years the infection rates have stabilized, which has been also an effect of intensified responses. Nevertheless 6,800 people still become infected every day and 5,700 people die from the immune deficiency. Worldwide AIDS remains one of the leading causes of death and it is responsible for the high-mortality rate in Sub-Saharan Africa.

Compared to the 2006 UNAIDS estimates, in 2007 the total number of people living with HIV was about 6 million lower. This is however mostly due to improved epidemiological methods and a broader data collection – and only part of it is due to a real decline of the number of infections. Even the adjusted number of people living with the incurable disease remains a global catastrophe.<sup>1</sup>

The fact that even today more than 92 per cent of all people living with HIV live in developing countries shows that the spread of the pandemic is closely linked to unequal processes of development in North and South.

Poverty, social and economic inequality and the lack of investments in education and health systems contribute to its rapid spread as much as HIV/AIDS in itself is an obstacle to development.

**Sub-Saharan Africa** still remains the region most affected by HIV/AIDS accounting for more than two thirds of all people living with HIV (22.5 million). In Africa, Southern Africa is the most affected region. **South-East Asia** accounts for the region with the second highest number of people living with HIV (4 million). In **Latin America** there are 1.6 million people living with HIV. The Central American countries are the most affected countries in this region due to their high level of poverty-driven migration and discrimination of minorities. In the Caribbean AIDS has become the leading cause of death

for people between 25 and 44 years of age. In **Eastern Europe and Central Asia**, the rate of new infections has dramatically increased since 2001. The number of people living with HIV has reached about 1.6 million with 90 per cent of all HIV cases in only two countries: Russia and the Ukraine.<sup>2</sup> In **Western and Central Europe**, the number of new infections almost doubled between 1998 and 2005. In 2007, about 760,000 people were living with the virus. As in Africa, the emerging trend in Europe is that even in countries where the AIDS response showed some progress new infections are on the rise again. Here, people with migration background are hit hardest.

Since the beginning of the decade the proportion of women among people living with HIV has increased significantly and “feminization” has been shaping the face of the disease. That almost half of the 5,800 new infections per day are women above 15 years shows the close link between the spread of AIDS and the lack of human rights. Women are particularly vulnerable to HIV infection because they are denied fundamental human rights, most notably sexual and reproductive rights. This clearly shows that the fight against HIV/AIDS has to address stigma and discrimination in order to protect affected individuals against social exclusion.

### Delayed international responses to the spread of the HIV/AIDS epidemic

With the founding of the “Joint United Nations Programme on HIV/AIDS” (UNAIDS) in 1994, the United Nations (UN) took over the main responsibility in the fight against the epidemic. But it was only the United Nations Millennium Declaration in September 2000 which made the fight against HIV/AIDS – along with the fight against the infectious diseases tuberculosis and malaria – a binding development goal of the international community.

The UN Member States agreed to halt and begin to reverse the spread of HIV/AIDS by 2015 as spelled out in the Millennium Development Goal (MDG) number 6. With this the international community acknowledged an

<sup>1</sup> J. Ruppel, Medical Mission Institute in Würzburg; unpublished statement, November 2007

<sup>2</sup> All figures: UNAIDS 2007, Epidemic Update. Cf. summary in the box.

increasing requirement of financial resources and the need to strengthen and improve health systems. However, midway towards achieving the Millennium Development Goals, in July 2007 the international community was far off from reaching its target.<sup>3</sup>

The international awareness of the need for a joint global comprehensive and rapid response to the AIDS epidemic arose quite late and was expressed in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS HIV/AIDS) in June 2001. The Declaration of Commitment to coordinated and more intensive efforts in the fight against AIDS, signed by all Member States, acknowledges the interaction of poverty and AIDS and emphasizes human rights as an indispensable guideline for all strategies to fight AIDS.<sup>4</sup>

### The UN Declaration of Commitment on HIV/AIDS, June 2001 (UNGASS HIV/AIDS)<sup>5</sup>

In June 2001, the representatives of 189 nations unanimously adopted a political Declaration of Commitment at the United Nations General Assembly Special Session (UNGASS HIV/AIDS). UNGASS is considered a cornerstone of the fight against HIV/AIDS as for the first time in UN history a General Assembly Special Session was convened on a single disease. In the Declaration of Commitment the Member States confirmed that the HIV/AIDS epidemic “constitutes a global emergency and one of the most formidable challenges to human life and dignity”. The Member States asserted that only if political commitment and adequate resources for an HIV/AIDS response were available, there would be a realistic hope for halting the epidemic.

Among other things the UN Declaration of Commitment reinforces the critical facts that

- the HIV/AIDS epidemic is an obstacle to the implementation of the MDGs;
- poverty, illiteracy, armed conflicts, stigma and discrimination as well as gender inequality enhance the spread of AIDS;
- access to treatment is a fundamental element of the human right to health;
- synergies exist between care/treatment and prevention;

<sup>3</sup> Cf. estimates on the global HIV/AIDS epidemic as of 2007 in box 2.

<sup>4</sup> Aktionsbündnis gegen Aids (ed.), 2003: Kampagnenhandbuch, chapter 4, p. 1f.

<sup>5</sup> Cf. Ruppel/Weinreich (2006): Globale Krise und Deutschlands Beitrag zur Globalen Antwort, p. 11.

- multidimensional and cross-sectoral approaches are necessary to fight HIV/AIDS;

The Declaration of Commitment sets targets within the national contexts of the Member States. It explicitly mentions commitments of the international community, donors and industrialised countries, which describe the special responsibility of their governments through development aid, international policies and international cooperation. Important operational requirements to effectively fight HIV/AIDS are specified as follows:

- increase of international development assistance;
- acknowledgement of the importance of regional and international cooperation;
- solution of the debt problems, as debts limit the capacity of many countries to fight HIV/AIDS;
- acknowledgement of the leadership role of the United Nations, particularly of UNAIDS.

### UNGASS+5 in 2006: The Political Declaration doesn't cover it all

To review the targets set by the 2001 UN Declaration of Commitment, deadlines were set for 2003 and 2005 and finally for 2010. Progress made is reviewed by an annual report of the UN Secretary-General. Every two to three years a Special Session or High Level Meeting of the United Nations General Assembly is convened in order to review the implementation of the Declaration of Commitment.

From May 31 to June 2, 2006 the United Nations assembled in New York for a comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS and for a high level plenary meeting (“UNGASS+5”). After difficult negotiations the political commitment for the response to the pandemic was reaffirmed.

*Action against AIDS Germany* critically accompanied the preparation process through the Civil Society Task Force and was represented in the German government delegation to UNGASS+5 through member organizations. *Action against AIDS Germany* welcomed the Political Declaration as it reinforced and carried forward the targets set out in the 2001 Declaration of Commitment.

Key concerns of non-governmental organizations (NGOs) were ultimately addressed in the document; however many issues NGOs and affected communities

had fought for were not taken into account/considered. Amongst others, time-bound process targets on scaling up towards universal access and the explicit mentioning of the most vulnerable communities – injecting drug users, migrants, men who have sex with men and women in general – were missing. However, these vulnerable groups and their special situation have to be targeted by HIV prevention and health care. Mentioning their special needs would have been a first step towards safeguarding their social human rights. Concerning access to medicines, the 2006 Political Declaration weakens the 2001 Declaration of Commitment since it no longer talks about a fundamental review and a possible revision of international trade agreements like TRIPS in terms of their impact on availability and development of medicines.<sup>6</sup>

Furthermore *Action against AIDS Germany* criticized the 2006 Political Declaration for expressing too vaguely the issue of financing the urgently needed scale-up of the HIV/AIDS response. The Declaration mentions that according to UNAIDS estimates, 20 to 30 billion US dollars would be needed every year until 2010. However, instead of a binding commitment to increase the financial resources according to these minimum requirements, the Political Declaration only mentions “measures to secure additional resources”.<sup>7</sup> It remains unclear how and through which instruments these resources were to be generated. But above all, the financial target was set much too low since it did not take into account the additional financial requirements needed to achieve universal access.

The 2006 Political Declaration is regarded as the framework for the commitment of the international community. It is of crucial importance for the AIDS response of each UN Member State. However, from a civil society perspective the Political Declaration sets rather weak targets and did not spell out many obligations of the UN Member States that civil society considers indispensable.

Nevertheless the EU, in which the German government delegation voted, showed openness concerning the

recommendations of civil society and took relatively progressive positions during the negotiations. However, the German government as well as the majority of donor countries were rather reluctant with regard to financial commitments. NGOs had high expectations of the political activities of the German government during its double presidency in 2007 to make good on financial commitments.

## Taking advantage of the scope of action on the international level?

### Germany's EU Council Presidency and G8 Presidency in 2007

The German government made the HIV/AIDS response an important and outstanding issue during the double presidency and especially in the run-up to the G8 Summit.

### The EU Council Presidency

The involvement of the Association of German Development Non-Governmental Organisations (VENRO) was important for promoting the demand of *Action against AIDS Germany* to the German government to make use of both forums to consequently implement the UN Declaration of Commitment on HIV/AIDS. Within its project on Germany's EU Council Presidency, which focused on the impact of European politics on Africa, VENRO placed high value to HIV/AIDS. The demands of the Development Policy Manifesto<sup>8</sup> were primarily related to the target “universal access by 2010”, the TRIPS Agreement and the call for specific interventions for women and girls. An international conference jointly organized *Action against AIDS Germany* and member organizations continued advocacy together with African civil society representatives. The German Minister for Development Cooperation and the German G8 Sherpa welcomed the final communiqué of the conference.

Nevertheless the EU Council Presidency can only partly be seen in a positive way. Civil society welcomes the „European Programme for Action to tackle the critical shortage of health workers in developing countries“ (cf. Part 1) adopted by the EU Council. It is also positive that the German government and the EU expressed their intention to support local drug manufacturing capacities in developing countries.<sup>9</sup> Declarations of intent which

<sup>6</sup> Cf. Roll/Weinreich, 2006: UN Sondergeneralversammlung zu HIV/AIDS 31. Mai bis 2. Juni 2006.

Bericht und Handlungsempfehlungen. Unpublished manuscript, Tübingen, p.3.

<sup>7</sup> Cf. Rüppel, 2006: Ergebnisse des UN-Gipfels zu HIV/AIDS werden der Herausforderung nicht gerecht. Unpublished manuscript, Tübingen, p.1.

<sup>8</sup> VENRO 2007: Prospects for Africa – Europe's Policies: Development Policy Manifesto for the German EU Presidency 2007, p. 12f.

<sup>9</sup> VENRO, 2007: „Stellungnahme zu den

show political will and are characterized by progressive language – e.g. concerning urgently needed interventions to enforce women’s human rights and gender equality – are important elements of a coordinated and concerted EU HIV/AIDS policy. However, without coherence between these strategy papers and EU and German government policies in the areas of international economy and trade there is not only a failure to promote universal access but rather this target is threatened, as will be shown in Part 1. This holds particularly true for the Economic Partnership Agreements (EPA) which are restrictive in terms of patent protection of essential medicines for HIV/AIDS rather than limiting or abolishing patent protection for enhancing access to medicines.

### The G8 Summit in Heiligendamm

The provision of adequate resources is a fundamental element of political accountability and a critical precondition for the political progress aspired. It is against this criterion, the German government, the EU as well as the industrial countries of the G8 will be held accountable.

Against the background of the negative impact of HIV/AIDS on the development of the international economy, the G8 (G7 respectively) in 2001 decided to financially support measures against the three biggest/largest epidemics HIV/AIDS, tuberculosis and malaria (see box). The G8 Summit 2007 in Heiligendamm was considered an opportunity to show whether the industrial countries keep their promises made in Gleneagles in 2005 to take on political responsibility in the fight against HIV/AIDS according to their economic power. In hindsight, the German government demonstrated true political commitment during the Summit negotiations to commit the G8 to a substantial increase of financial resources for the response to HIV/AIDS and other epidemics.

Nonetheless the at first sight impressive financial resources announced by single donors including the German government as well as the G8 collectively have to be assessed with regard to their real value and effectiveness.

*Action against AIDS Germany* and international partners of the World Aids Campaign criticized the outcome of the G8 Summit for the lack of a specific financial and

operational plan for the health sector. This plan is however overdue as it would serve to allocate and monitor the pledged resources. Also, the announced resource increase remains absolutely inadequate compared to actual needs, as shown in Part 2.

*Action against AIDS Germany* demands a significant increase of the financial resources to fight HIV/AIDS. It also supports the positions of the development NGOs which criticize the outcome of the G8 Summit as absolutely deficient in terms of general commitments of the donor community to fight poverty in Africa. The Summit documents only marginally mention “debt cancellation“. Moreover, it is mentioned in the context of declaring that also in future debt cancellation will not be granted in addition to development assistance. Rather the equivalent of debt relief measures will still be deducted from increases in development assistance. This underestimates the risk of a massive new debt burden of many African countries. Individual attempts of the German Presidency to establish binding regulations against a speculative and non-responsible lending policy were unfortunately not incorporated in the G8 document.

The German government did not take advantage of the G8 Presidency for own initiatives to introduce innovative investment instruments which could also serve to fulfil Germany’s commitment to the step-by-step plan to raise ODA. Instead the Government seems to hide behind smaller programs such as the debt swap program “Debt2Health” in order to protect itself against further demands in this regard.<sup>10</sup>

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<sup>10</sup> In the G8 Summit document, innovative financing initiatives related to the fight against HIV/AIDS, tuberculosis and malaria (as the Debt2Health-Initiative) are merely „welcomed“. Initiatives „taken on a voluntary basis, to mobilize additional resources for a long term access to affordable vaccines and treatments as well as for the development of vaccines“ (as e.g. UNITAID) are „noted“. Cf. G8 Summit 2007: „Growth and Responsibility for Africa“, § 60, p. 25. See also part 2 of this report.

### Summary of development and health policy focal themes of the G7/G8 Summits since 2001

When	Where	What
2001	Genoa/ Italy	<ul style="list-style-type: none"> <li>➤ Co-financing of the newly established Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) pledged</li> <li>➤ Foundations set for long-term partnership between G8 and African reform states (NEPAD)</li> </ul>
2002	Kananaskis/ Canada	<ul style="list-style-type: none"> <li>➤ Nomination of G8 Special Representative for Africa</li> </ul>
2003	Evian/ France	<ul style="list-style-type: none"> <li>➤ Theme: „Joint international responsibility for international economy, sustainability and regional development“</li> </ul>
2004	Sea Island/ USA	<ul style="list-style-type: none"> <li>➤ Declaration on eradication of polio</li> <li>➤ Focus: famine at Horn of Africa, trade, fight against corruption</li> </ul>
2005	Gleneagles/ Great Britain	<ul style="list-style-type: none"> <li>➤ Africa: Multilateral Debt Relief Initiative (MDRI) agreed</li> <li>➤ ODA increase by 50 billion US\$ until 2010 (of which 20 billion for Africa)</li> <li>➤ Universal access to prevention, treatment, care and support by 2010</li> </ul>
2006	St. Petersburg/ Russia	<ul style="list-style-type: none"> <li>➤ Implementation of aid commitments made in 2005 reaffirmed and review of progress in achieving ‘universal access’ announced for 2007</li> <li>➤ Fight of HIV/AIDS and tuberculosis confirmed to be “investment in humanity“; no additional commitments</li> </ul>
2007	Heiligendamm/ Germany	<ul style="list-style-type: none"> <li>➤ 60 billion US\$ announced to achieve MDGs 4,5,6</li> <li>➤ efforts announced to achieve ‘universal access’ by 2010 through programs for “5 million people in need” in Africa</li> <li>➤ BUT: no binding action plan or verifiable time-bound targets; emphasis on the protection of intellectual property rights.</li> </ul>

#### Civil society participation

Already in the run-up the double presidency lead to increased attention and intensified political campaigning by NGOs. *Action against Germany* welcomes that the German government, particularly the Federal Ministry for Economic Cooperation and Development (BMZ), responded positively to civil society demands for more transparency and strengthened information exchange through regular meetings and discussions. *Action against AIDS Germany* participated on all levels of this dialogue with a critical voice.

In line with other development NGOs, *Action against AIDS Germany* urges the German government to “institutionalize” the participation of NGOs and to continue consultations ahead of upcoming political events also beyond the double presidency, i.e. long-term and independent of the good will of individual policy-makers.

The G8 documents show that active participation of civil society and the disposition of individual governments for discussion prior to important political events do not “automatically” translate into permanent, sustainable and

meaningful civil society participation. For example, the significance of African NGOs for the development progress of the continent was completely omitted in the G8 final document. As emphasized by VENRO, this was a missed political opportunity to further promote African civil society participation and political space. NGOs in the health sector with their many grassroots organizations and particularly those in the fight against HIV/AIDS have to be actively and meaningfully incorporated into all decisions and activities in order to increase program effectiveness.

### **The implementation of the UN Declaration of Commitment: practical test of political accountability**

A High-Level Meeting to review the implementation of the UN Declaration of Commitment will take place in New York on 10-11 June 2008. The Declaration of Commitment acknowledges the significance and important role of civil society in the fight against HIV/AIDS and obliges the Member States to co-operate with civil society. As in the process of UNGASS+5, this is implemented amongst other measures through a *Civil Society Task Force* supported by UNAIDS. The Task Force facilitates the participation of self-help groups, affected communities and people living with HIV/AIDS in the High Level Meeting. During the High-Level Meeting, civil society will speak to the UN Assembly at the opening, during five thematic panel discussions and at a civil society hearing.

As did other UN Member States, the German government invited NGO representatives to the government delegation of the meeting. *Action against AIDS Germany* will be joining the government delegation.

### **Reporting by Member States**

By signing the UN Declaration of Commitment the Member States also committed to report every two years on the progress made in the fight against HIV/AIDS. The evaluation of the country progress reports feeds into the UN Secretary-General's Report presented in April 2008.

The German government met this reporting obligation at the beginning of 2008 and presented a report compliant to the official reporting format on the HIV/AIDS epidemic in Germany for the period January 2006 to December

2007.<sup>11</sup> The report points out the high and further increasing infection rates among migrants in Germany and emphasizes the challenge to address this through specific prevention interventions. The Federal Ministry of Health was in charge of writing the report and only one paragraph is dedicated to the contribution to the global response. It highlights the commitment of the German government during its double presidency and the announcement to contribute 4 billion euros to the fight against AIDS, tuberculosis and malaria and to health systems strengthening over the years 2008-2015. The report further refers to the central areas of HIV/AIDS activities in German development cooperation.

### **About this report**

As did the first civil society shadow report on the implementation of the international HIV/AIDS targets which was published by *Action against AIDS Germany* prior to UNGASS+5 in 2006, this second review also focuses on the analysis of the implementation of the German government's international commitments. The Federal Ministry for Economic Cooperation and Development (BMZ) remains the key counterpart for *Action against AIDS Germany* with regard to the global response and the German government's development policies. This also applies to the present update of the review. Nevertheless the BMZ is not the only German government department responsible for the implementation of the international commitments in the global fight against AIDS. In addition to the Federal Ministry of Health (BMG), *Action against AIDS Germany* emphasizes the responsibility of the Federal Ministry of Economics and Technology (BMWt) to contribute to the global fight against HIV/AIDS through a coherent economic policy.

The shadow report is divided into two main parts: Part 1 by Sonja Weinreich is a detailed analysis of the current implementation of the international HIV/AIDS commitments with regard to the double presidency, the development of concepts and programs of action as well as to specific thematic questions. Part 2 by Joachim Ruppel provides a profound analysis of Germany's participation to date in the provision of urgently needed resources. An extensive presentation and breakdown of the total official development assistance is followed by a further analysis of Germany's health-related

<sup>11</sup> Country Progress Report 2006-2007: [http://data.unaids.org/pub/Report/2008/germany\\_2008\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2008/germany_2008_country_progress_report_en.pdf)

contributions until 2007.

If adequate funding of essential interventions is considered a litmus test for political commitment and declaration of intent, then the result is negative as the review shows. Assuming responsibility within the international community is a question of human solidarity and political vision for the economically privileged countries. In doing so, they could break the vicious cycle of social inequity and devastating burden of disease that aggravates misery. The willingness to contribute adequately to the financing of effective responses shows how serious this is taken by governments. This is especially true for the HIV epidemic which like no other disease leads to impoverishment of families and communities and further reduces the resources of highly affected developing countries. The analysis in chapter 2 however shows that Germany's contributions remain far behind the required level. Even the funding increases of the past two years are not sufficient to close the tremendous resource gap and to meet the international commitments.

### **Recommendations for the further implementation and review of the UN Declaration of Commitment**

Statements of intent do not save a single human life. In 2006 the target of universal access to prevention, treatment, care, and support for all people in need by 2010, was set. If the international community still wants to achieve this target within the remaining time span it has to accelerate the pace as well as substantially increase resources.

The 2008 review process is culminating in the UN High Level Meeting in June 2008. From the perspective of the member organisations of *Action against AIDS Germany* it is particularly important to review the funding estimates. In order to achieve the UN commitment of universal access, no less than 42 billion US dollars are required rather than 15 billion US dollars as stated in the 2008 UN Secretary-General Report.

In addition, it is important to sustain and ascertain the universal access target with regard to the upcoming High Level Meeting and to the forthcoming G8 Summit in July 2008 in Japan.

In an appeal to UNAIDS and WHO, the Civil Society Task Force expressed its great concern that the High Level Meeting might abandon the target of universal access in favour of focusing only on the Millennium Development Goals (especially MDG 4 and 5) at

UNGASS.<sup>12</sup> *Action against AIDS Germany* and its international partners regard the Millennium Goals as a broader development policy reference framework. However these goals must not compete with each other. While acknowledging other global health problems, which also require the commitment of the international community, the HIV/AIDS epidemic deserves an exceptional response. More than other epidemics, HIV/AIDS is a "social disease" closely connected to stigma, discrimination, social exclusion and loss of dignity and human rights. The epidemic affects not only marginalised groups but all social classes and whole generations, especially young people.

*Action against AIDS Germany* advocates for the achievement of universal access by 2010 in order to prevent further misery and impoverishment as well as the spread of the epidemic. All actors have to participate in efforts towards achieving this target: governments, civil society and the private sector. The task for civil society is to monitor governments' actions and to raise public awareness. We will continue to do so.

- Action against AIDS Germany calls on the German government within the context of the High Level Meeting on HIV/AIDS and within the scope of the G8 process to champion the enforcement of universal access by 2010.
- The German Government should regularly conduct the review of the UN Declaration of Commitment on HIV/AIDS and other global commitments in a consultative process with civil society.

<sup>12</sup> A letter of the Civil Society Task Force to the directors of UNAIDS and WHO, Dr. Peter Piot and Dr. Margaret Chan, dated May 12 2008 says: „It has been brought to our attention that official documents being prepared for the Panels of the High Level Meeting emphasize benchmarks other than 2010 (e.g. MDG targets of 2015), failing to prioritize the commitment to universal access to prevention, treatment, care and support by 2010. We recognize that universal access is integrally linked to issues of broader development, as contained within the MDGs. However, these must not detract from nor substitute for the urgent need to deliver on the commitments to universal access by 2010 (...). In light of this, we are writing to you with a sense of urgency. We ask for your leadership in ensuring that the High Level Meeting (...) reiterates and strengthens the commitment to achieving universal access by 2010. (...) It is critically important that this position is clearly documented and communicated as an outcome of the meeting. Millions of lives depend on this commitment, which cannot be delayed. A failure to fulfill international commitments has human and social costs which are unacceptable.“

## Part 1: Implementation of the HIV/AIDS commitments in 2006-2007

Sonja Weinreich <sup>13</sup>

### Universal access to prevention, treatment, care and support by 2010

For many years the international community failed to adequately address the global HIV epidemic. Two decades after the first cases of HIV/AIDS were marked by a rapid spread of the epidemic. A process of rethinking was initiated only a few years ago and resources for the fight against AIDS were gradually increased. The issue was put on the international agenda of the United Nations General Assembly (UNGASS) for the first time in 2001. Member States adopted the “Declaration of Commitment on HIV/AIDS” and hence accepted the time-bound targets to reinforce an effective response to AIDS on a global, regional and national level.

Initiatives of the World Health Organization (WHO) as well as pressure of AIDS activists, affected communities and people living with HIV/AIDS forced the international community at some point to realize that millions of HIV-infected people died preventable deaths because of the lack of access to life-saving antiretroviral drugs. It became obvious that it would be impossible to halt the epidemic without expanding HIV prevention and treatment. Internationally the discussion increasingly focused on a universal target to provide access to all essential services for everyone in need. Comprehensive service includes prevention, treatment, care and social, psychological and material support. The target of the so-called “universal access” or access for all was agreed to be reached by 2010.

The United Nations also committed to this target in the “Political Declaration” adopted at the High Level Meeting on AIDS in 2006. This meeting reviewed the implementation of the 2001 Declaration of Commitment. An effective and comprehensive response to HIV/AIDS is to be achieved through a multisectoral response. It is

crucial to achieve full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector.

### The UN Report 2008: Progress is far from adequate

Based on the 147 reports of the UN Member States, the UN Secretary-General outlines in his April 2008 report progress made with regard to achieving universal access.<sup>14</sup> In many regions of the world, the fight against HIV/AIDS has indeed advanced since 2006. However, the progress that has been achieved is neither equally distributed nor sufficient to reach the target.

In 2007, 40 per cent of young men and 36 of young women had sufficient knowledge of HIV prevention. This is far below the target set out in the Declaration of Commitment of 95 per cent to be reached by 2010. The percentage of pregnant women who receive antiretroviral drugs for the prevention of mother-to-child transmission increased from 14 per cent in 2005 to 34 per cent in 2007 while the aim was to cover 80 per cent by 2010. Three million people had access to antiretroviral treatment in low- and middle-income countries in 2007; which corresponds to only 30 per cent of people in need of treatment. If this slow trend continues only 4.6 million people will have access to antiretroviral treatment by 2010 and 8 million by 2015. This substantially falls short of the estimated need: Almost 10 million people were in need of treatment in 2007 and demand for treatment will continue to rise with more than 33 million people living with HIV today. The Secretary-General Report concludes that universal access can only be reached if the HIV/AIDS response is dramatically scaled up.

<sup>13</sup> Co-author: Birte Rodenberg

<sup>14</sup> Report of the Secretary General: Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals, April 2008.

According to the Report, the following interventions are necessary:

- ensuring long-term and sustainable strategies in fighting HIV/AIDS
- scaling up comprehensive HIV prevention interventions in hyper-endemic countries to all people in need and intensifying HIV prevention with high risk groups (homosexuals, sex workers, drug users) in countries with lower prevalence ;
- providing treatment for HIV/TB co-infection;
- addressing gender inequities and strengthening women's and girls rights;
- improving access to support for child orphans;
- strengthening health care systems.

Civil society has repeatedly called for these interventions to be urgently implemented. Political will as much as responsibility are preconditions for progress in the fight against HIV/AIDS globally. Also, people living with HIV/AIDS have to be involved in all aspects of decision making and planning. Yet the gap between available resources and those necessary to achieve universal access by 2010 continues to widen. High-income countries have to substantially increase financial resources they provide to low- and middle-income countries to enable them to achieve universal access. While the Secretary-General Report notes that by 2010 15 billion US dollars are required to achieve universal access in fact 42 billion US dollars are needed to truly achieve universal access.<sup>15</sup> 15 billion US dollars would only allow for the current slow trend of scaling-up towards universal access. At such a slow pace universal access would not be achieved by 2010 and only 4.6 million people would be receiving antiretroviral therapy rather than 13.7 million people who are indeed in need of treatment.<sup>16</sup>

<sup>15</sup> The Report notes that the need is based on the assumption of „just to continue the current rate of scale-up of services“.

<sup>16</sup> The target of 13.7 million people on ART treatment is

## Political responsibility of the German government

The German government is a signatory to the UN Political Declaration too. What has the government done so far to contribute on their own or together with other donors to achieve the targets set out in the Declaration? How did the commitment to the global fight against AIDS look like in 2006 and 2007? Which strategies have been developed and which interventions are planned for coming years?

In 2006 and 2007, the German government was more strongly committed to the global fight against HIV/AIDS than in the years before. Ahead of and during the German EU Council and G8 Presidencies, the government was involved more strongly than ever publicly as well as in the relevant EU and G8 forums.

Within the Federal Ministry of Economic Cooperation and Development (BMZ), HIV/AIDS has been a key cross-cutting issue in the department for education, health and population policy. The German government's political profile in the global fight against HIV/AIDS has been strengthened, for example with the Global Fund to fight AIDS, tuberculosis and malaria (GFATM) and UNAIDS. Nonetheless an efficient global AIDS policy also relates to other government departments and their policies are quite often not coherent with BMZ policies.

## Recommendations

- The German government should systematically continue and further enhance its commitment shown during the double Presidency. If government is serious in implementing its political responsibility demonstrated at the G8 Summit in 2007, it should support BMZ in its policy of assisting developing countries in their fight against HIV/AIDS.

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taken from the latest UNAIDS estimates. The assumption is made that ART treatment is started on average three years before an otherwise unavoidable death. See. UNAIDS, 2007: Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support, page 5 and part 2 of this report

## A. Governmental Action Plan to implement the German HIV/AIDS Strategy

In 2007, the Federal Ministry of Health (BMG), the BMZ and the Federal Ministry of Education and Research (BMBF) developed a joint action plan to implement the “German Governments Strategy to fight HIV/AIDS” of July 2005. *Action against AIDS Germany* had repeatedly called for such an action plan and welcomes its interdepartmental adoption. Although the action plan aims to specify “Germany's content- and strategy-related contribution to the achievement of the internationally agreed targets in the fight of the disease” it does not refer to universal access by 2010. While some interventions such as the provision of HIV prevention to highly vulnerable groups through programs to improve young people's HIV knowledge and programs to increase women's access to contraceptives and microbicides, are appropriate others are not adequate to get closer to the achievement of universal access. Here, the target of “providing access to free or affordable antiretroviral treatment for people with HIV living in developing countries” shall solely be achieved through facilitation of skilled health workers to partner countries to build local capacities. This is no sufficient contribution of German development cooperation and one would rather expect tangible targets for bilateral and multilateral financial assistance and/ or the promotion of local drug production.

### The sphere of action of German development cooperation: important approaches for the AIDS response – but no time-bound targets

The specified interventions can be assigned to five spheres of action of the German development cooperation (see box). As such, these interventions rather refer to projects planned for the period 2008-2010 or existing programs.

The action plan refers to essential preconditions for a successful and sustainable AIDS response in developing countries. However, it does not include specific, time-bound targets. This gap prevents evaluation of agreed targets. However, it is this aspect that will become crucial once government

has to set specific financial targets as the action plan can only be implemented in conjunction with coherent and tangible financial planning.

### Spheres of action of the German development cooperation since 2006:<sup>17</sup>

- **Cooperation and coordination with different actors in the fight against HIV/AIDS on a multi- and bilateral level** (UNAIDS, Global Fund, private sector and NGOs). Since 2002, the German Association for Technical Cooperation (GTZ) runs the “BACKUP initiative” (Building Alliances, Creating Knowledge, Updating Partners in the Fight against HIV/AIDS) which is designed to improve access to global funding for partner countries and partner organizations.
- **Prevention of new infections** through enhanced HIV knowledge of young people in particular, by improving women's access to condoms and microbicides (substance to kill microbes) and by programs to prevent mother-to-child transmission.
- **Strengthening health care and therapy** through introducing social security systems (e.g. Providing for Health Initiative), through programs promoting home-based care and to increase voluntary testing. Another target is wider access to antiretroviral therapy as a fundamental part of human right to health.
- **Generating a climate of solidarity and non-discrimination** through the support of self-help groups and orphaned children and through work place programs against discrimination.
- **Evaluation and quality assurance** through supporting BMZ partner countries in the set-up and enhancement of monitoring systems reviewing progress in the fight against HIV/AIDS. Promotion of knowledge transfers through systems of mutual peer review by German HIV/AIDS experts of development organisations together with WHO/ UNAIDS and people living with HIV/AIDS.

<sup>17</sup> Vgl. BMZ/BMG 2007 (Hg.): Aktionsplan zur Umsetzung der HIV/Aids-Bekämpfungsstrategie, S. 62 ff. The synopsis in this box was prepared by *Action against AIDS Germany*.

## Recommendations

- The targets of the action plan should be aligned to universal access to prevention, treatment, care and support by 2010 as the international target in the fight against AIDS. These targets should then define Germany's contribution to the achievement of universal access.
- The enhanced and specified frame of reference should be reviewed and completed in an implementation report which should be published in consultation with civil society on an annual basis or at least once until 2010.<sup>18</sup>

## B. The outcome of the G8 Presidency

It is welcome that the BMZ program for the G8 Presidency mentions "strengthening of health care systems and a continued fight against HIV/AIDS" as one of the four pillars relevant to development policy.<sup>19</sup> In light of the G8 Summit, the German government repeatedly spoke out on the necessity to increase donor commitment in the fight against HIV/AIDS. It also contributed to raise awareness on the issue among the German public. It is by and large due to Germany's commitment during the Presidency that HIV/AIDS was on the international agenda at the G8 Summit.

The high political alert paid to HIV/AIDS by the German public during the G8 Summit is a result of persistent campaigning by NGO and AIDS activists. *Action against AIDS Germany* called upon the German government to champion specific commitments based on an agreed time frame with the aim to achieve universal access by 2010 and the health-related MDGs by 2015.

*In sum, the Summit Declaration is considered a disappointment by Action against AIDS Germany and particularly by international NGOs who have analysed the declaration "Growth and responsibility in Africa"<sup>20</sup>. Action against AIDS Germany criticises the G8's lack of a clear commitment to universal access and the lack of a monitorable and quantifiable plan. The aim of coming "as close as possible to universal access" by 2010 declared at the G8 Gleneagles Summit in 2005 is not mentioned in the 2007 Summit documents. At first sight, the 2007 targets seem to go even beyond the statements of 2005. However the Heiligendamm Declaration is rather weak on universal access with the document referring to 'intensifying efforts on universal access'. Moreover, the target of 5 million people to receive ARV treatment „over the next few years“ is far too low. In 2007, about 3 million people received life-saving antiretroviral therapy which is about 30 per cent of people living in low and middle-income countries who are in need of treatment.<sup>21</sup> According to WHO and UNAIDS estimates, more than 13 million people living in developing countries would have to receive HIV treatment by 2010 in order to achieve universal access. About 9 million of these people live in Sub-Saharan Africa.<sup>22</sup> The restriction to "access for 5 million people" implies falling behind the internationally agreed target of universal access. Even if taking into account that the G8 are supposed to provide for only about 80 per cent of the necessary resources and that the target refers solely to Africa (which however is not clear from the context).<sup>23</sup>*

According to the BMZ it still seeks to keep universal access on the agenda of the 2008 G8 Summit in Japan and pushes for including the target into the Summit Declaration.<sup>24</sup> Nonetheless the BMZ also points out that in future the focus will be on health systems when negotiating and

<sup>18</sup> Comparable to the reports which were published on the implementation of the action programme „Fighting Poverty“.

<sup>19</sup> Armut bekämpfen – globale Partnerschaft stärken. Entwicklungspolitische Schwerpunkte der deutschen G8-Präsidentschaft [http://www.bmz.de/de/service/infothek/buerger/DeutscheEU/Broschuere\\_G8.pdf](http://www.bmz.de/de/service/infothek/buerger/DeutscheEU/Broschuere_G8.pdf)

<sup>20</sup> G8 Summit 2007 Heiligendamm, Declaration: Growth and Responsibility in Africa

<sup>21</sup> Report of the Secretary General: Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals, April 2008: [http://data.unaids.org/pub/Report/2008/20080429\\_sg\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2008/20080429_sg_progress_report_en.pdf)

<sup>22</sup> Coverage of 80% is assumed.

<sup>23</sup> Rodenberg, 2007, S.6ff.

<sup>24</sup> Personal communication, BMZ, Bonn, 02/04/2008.

budgeting. Therefore, priorities will be brain drain, MDG 4 (reducing child mortality) and MDG 5 (improving maternal health). Although these goals are very important in the overall health context as well as in fighting HIV/AIDS, they should not be used to neglect the HIV/AIDS response and the universal access target.

### Reporting of the G8 does not compensate for impact monitoring

In 2006, the G8 Summit in St. Petersburg decided that the G8 would do a regular review of their health-related commitments. Under the German G8 Presidency, this self-review was implemented for the first time through an activity report of all G8 countries and several UN organizations. This report however simply lists the statements and interventions of the G8 Member States with regard to their national responses to global HIV/AIDS.<sup>25</sup> Civil society repeatedly requested such a report in order to achieve greater transparency and to avoid that, “old” and not yet delivered financial commitments would be marked as new ones. *Action against AIDS Germany* welcomes the German government's commitment to initiate the review process. It calls however for a comprehensive analysis including a review of achievements through verifiable indicators. Neither the review report nor the G8 Summit documents includes any information on the role of civil society and NGOs in the fight against HIV/AIDS and there are no indications on any civil society participation in a comprehensive G8 monitoring process. The BMZ response is lukewarm when it comes to civil society input into the upcoming report under Japan's lead and Germany's contribution to it.

### Recommendations

➤ *Action against AIDS Germany* calls on the German government to advocate for both the adoption of universal access by 2010 and the achievement of MDG 6 (Halt and begin to reverse the spread of HIV/AIDS) as a frame of

<sup>25</sup> G8 Summit Heiligendamm 2007: Überblick über Maßnahmen zur Bekämpfung der drei Pandemien HIV/Aids, Tuberkulose und Malaria, Bonn, November 2007 (engl.: A Review of the Work of the G8 in the Field of Tackling the three Pandemics, HIV/AIDS, Tuberculosis and Malaria).

reference for donor commitments during the G8 presidencies of Japan (2008) and Italy (2009). Government should strive towards an agreement on binding and practical self-commitments by the G8 countries that correspond to their responsibilities as rich industrial countries.

- The German Ministry for Economic Cooperation and Development (BMZ) should not fall back in outdated and irrelevant discussion about „vertical“ (disease related) and „horizontal“ (cross-section or health systems-related) approaches. Instead it should emphasize that long-term involvement of many actors of the HIV/AIDS sector has lead to important synergies in health systems in general.
- *Action against AIDS Germany* calls upon the G8 to consider mandating UNAIDS and the WHO to review G8 commitments. These two leading international agencies in the fight against HIV/AIDS should present an annual status report to the international community on universal access. This report and its core recommendations should be taken up and discussed at the G8 Summit. Future G8 implementation reports should incorporate and institutionalize the participation of civil society, especially NGOs from developing countries.

### C. Outcome of the EU Council Presidency

The „Development Policy Programme of the German EU Council Presidency“<sup>26</sup> published by the Federal Ministry for Economic Cooperation and Development (BMZ) notes efficient health care systems and affordable medicines as „key elements of European assistance“. However, in the „18-month joint Programme of the German, Portuguese, and Slovenian Presidencies“<sup>27</sup>,

<sup>26</sup> Europa – Partner für nachhaltige globale Entwicklung. Deutsche Ratspräsidentschaft der Europäischen Union Januar – Juni 2007 <http://www.bmz.de/de/service/infothek/buerger/DeutscheEU/globaleEntwicklung.pdf>

<sup>27</sup> Europas Rolle als globaler Entwicklungspartner stärken. Entwicklungspolitisches 18-Monats-Programm der drei Präsidentschaften Deutschland, Portugal und Slowenien Januar 2007 – Juni 2008 <http://www.bmz.de/de/service/infothek/buerger/DeutscheEU/TrioPraesidentschaft.pdf>

HIV/AIDS is not mentioned at all.<sup>28</sup>

### NGOs took advantage of Bremen Conference for East-West networking

In March 2007, a Health Ministers EU Conference “Responsibility and Partnership – Together against HIV/AIDS” was held in Bremen, Germany. In its final declaration, the participants commit to take on political leadership on a national, European and international level in order to contain the pandemic. The focus is on universal access to prevention, especially for HIV positive pregnant women (reduction of mother-to-child transmission) and for young people through sexual education.

*Action against AIDS* Germany welcomed the commitment of the German and European government representatives, since the conference also contributed to a discussion on HIV/AIDS in Eastern European governments, particularly Ukraine and Latvia. Furthermore, the conference was an important platform to link civil society from Eastern and Western Europe.<sup>29</sup> Though the “Bremen Declaration” adopted at the conference includes commitments regarding political responsibility, it does not explicitly refer to the UN Declarations of Commitment.

### The EU Africa Policy

German development NGOs put the focus of the German EU Council Presidency in 2007 on Africa's perspectives and related demands for poverty-oriented European development cooperation.<sup>30</sup> It is consent that in many African

countries the MDGs can only be achieved through scaled up and more efficient interventions. Especially the fight against the spread of HIV/AIDS requires a higher pace.

The Africa-EU Strategic Partnership<sup>31</sup> acknowledges HIV/AIDS, malaria and tuberculosis as global challenges and the EU commits itself to increase efforts to achieve universal access by 2010. However the corresponding action plan of the African Union and the EU for implementing the joint Africa-EU Strategy does not include any verifiable targets. It only names strategies which make the target rather vague and hinders its rapid implementation.<sup>32</sup>

A key and contested concern of the German EU Council Presidency was the timely adoption of the Economic Partnership Agreements (EPAs) with the African and Caribbean States scheduled for the end of 2007. NGOs emphasized the fact that economic growth and poverty reduction are not per se causally related and that trade is not necessarily suitable to promote development but rather can threaten social development. Therefore NGOs demanded that the agreements have to incorporate African perspectives and have to be further developed towards anti-poverty agreements. A major concern is that EPAs will be rather restrictive with regard to rights of African countries, especially when it comes to intellectual property rights. Thereby the agreements would decisively weaken and threaten local markets and local production of generic antiretroviral drugs.

### Recommendations

- The German government should continuously show commitment within the EU beyond the Tripartite Presidency and wherever possible implement the decisions made on the national level. The government should promote a sustainable AIDS response within the enlarged EU.

<sup>28</sup> BMG was involved in HIV/AIDS activities of the Portuguese EU Council Presidency in the second half of 2007 und participated for example in a consultation of European National AIDS Coordinators in Lisbon in October 2007.

<sup>29</sup> The working group Eastern Europe of Action Against AIDS Germany presented cooperation programmes. In a civil society forum, civil society representatives reported on the difficult working conditions they face in their support of affected communities in Eastern Europe (<http://www.aids-kampagne.de/18mimages/pressekitbremen.pdf>).

<sup>30</sup> VENRO (2007): Afrikas Perspektive – Europas Politik. Entwicklungspolitisches Manifest zur deutschen EU-Ratspräsidentschaft 2007, p. 3.

<sup>31</sup> African Union/European Union, 2007: The Africa-EU Strategic Partnership. A Joint Africa-EU Strategy ([http://ec.europa.eu/development/icenter/repository/EAS2007\\_joint\\_strategy\\_en.pdf](http://ec.europa.eu/development/icenter/repository/EAS2007_joint_strategy_en.pdf))

<sup>32</sup> ([http://ec.europa.eu/development/icenter/repository/EAS2007\\_action\\_plan\\_2008\\_2010\\_en.pdf](http://ec.europa.eu/development/icenter/repository/EAS2007_action_plan_2008_2010_en.pdf))

- The action plan for the implementation of the Africa-EU Strategy should be supplemented with specific, time-bound interventions.
- The German government should support Economic Partnership Agreements that are coherent with the standards of development and promote universal access. It should ascertain with all Government departments that intellectual property rights are excluded from the Agreements.

## D. The Global Fund to fight AIDS, Tuberculosis and Malaria

The Global Fund to fight AIDS, Tuberculosis and Malaria (GF) has become one of the most important global financial instruments in the fight against HIV/AIDS. *Action against AIDS Germany* critically assesses the Global Fund in its policies and mechanisms of implementation. Through hosting a Replenishment Meeting in September 2007, the German government supported the Global Fund in securing donor commitments. Thereby the government met the demands of *Action against AIDS Germany* to take on greater political responsibility with the Global Fund. However, donor commitments did not reach the volume that is considered adequate and necessary by civil society (see Part 2 of this report).

The German government advanced the Global Fund *Debt2Health-Initiative*, an agreement on debt swap, which was negotiated with Indonesia as a pilot country.<sup>33</sup> Debts are cancelled upon the condition that Indonesia invests half of the funds freed up through Global Fund approved programmes. The Global Fund aspires that other donor countries will follow. Up to date though the amount of Debt2Health agreements are negligible compared to the overall financial requirements (see Chapter 2). Moreover, the implementation shows considerable shortfalls with regard to participation of Indonesian civil society in designing the

agreement. Indonesian NGOs were informed too late and insufficiently about the contents of the debt swap programme.

*Action against AIDS Germany* welcomes that the German government also championed the Global Fund decision to provide more opportunities for Southern NGOs to become Principal Recipients of Global Fund resources (Dual Track Financing). Through technical assistance by the “BACKUP Initiative”, the German Government also contributed to an increased success rate of developing countries when applying for Global Fund and other global donors’ resources. BACKUP strengthened in-country programme implementation. Nonetheless civil society applicants from developing countries have not yet been able to make adequate use of this initiative. The BACKUP Initiative now looks into enhanced utility for civil society through increased cooperation with NGOs.<sup>34</sup>

### Recommendations

- Within the context of the Global Fund, the German government should continuously profile its political responsibility as a donor country and member of the Global Fund Board and support programme implementation through the BACKUP Initiative. The government should promote adequate civil society participation in policy making on all levels of the Global Fund.

### Urgently needed: Global Fund commitment for empowerment of women and girls

Women and girls are particularly affected by HIV/AIDS. In Sub-Saharan Africa, more than 60 per cent of people living with HIV are female. NGOs’ call for a stronger consideration of gender dimensions when it comes to HIV/AIDS has been increasingly taken up by the German government.

The German government has made significant contributions to the Gender Sensitive Response Initiative of the Global Fund. This gender initiative has long been overdue and Germany’s contribution

<sup>33</sup> For Information: “Innovative Financing of the Global Fund: Debt2Health”; GFATM (Hg.), Genf, März 2008.

<sup>34</sup> GTZ/BMZ: „Accelerating Action. A Technical Support Guide to Develop Capacity and to Benefit from Global Health Financing“, June 2007.

to it is widely acknowledged. The initiative was presented at a Side Event hosted by the German government at the Global Fund Replenishment Meeting. Ever since, the Federal Ministry for Economic Cooperation and Development (BMZ) has championed the conceptualisation of the gender initiative in various discussions. The initiative aims to achieve that Global Fund policies and activities address the specific vulnerability of women and girls and that gender mainstreaming is implemented, for example through programmes that strengthen women and girls. To implement gender mainstreaming within the Global Fund a dedicated post has been established. As one of the first interventions, the Global Fund introduced a category for „Gender Programmes“ in its Call for Proposals 2008. One aspect is the strengthening of community-based organizations of women and girls to enable them to implement Global Fund-supported programmes. The German government announced to support these programmes in particular. The BMZ acknowledges the critical importance of a timely implementation of the gender initiative.

### **Strengthening sexual and reproductive health and rights: what steps are taken by the donor community?**

Throughout the German EU Council and G8 Presidencies in 2007, the German government advocated for strengthening “sexual and reproductive health and rights” (SRHR), especially with regard to HIV prevention. By strengthening their rights, women shall be empowered to become equal and independent actors for social change. The support of microbicides research is to provide girls and women with protection against HIV transmission and make them more independent from their sexual partners when it comes to prevention.

We appreciate the impact the BMZ had on the Final Declaration of the G8 Summit in Heiligendamm. The document identifies the link of sexual violence and increasing HIV infections of women and girls. The explicit mentioning of the need for protection and promotion of women's human rights is a clear progress (§ 52). The declaration points out that any response to

HIV/AIDS requires stronger links to sexual and reproductive health programmes. We also commend the announcement of specific interventions to advance education of girls in particular, in order to enhance their knowledge about sexual and reproductive health. What is behind all the positive rhetoric though? A study by Action Aid International shows the interrelation of domestic/sexual violence and HIV/AIDS and the threat they pose for women and girls. However, multi- and bilateral donors have not yet paid attention to this deadly link, neither in their policies nor through resource allocation.<sup>35</sup>

The BMZ strives to stronger link HIV/AIDS and sexual and reproductive rights projects. In future, these projects shall be implemented with a distinct reference to human rights-based approaches.<sup>36</sup> The true implementation of all these announcements and statements of intent remains to be seen.

### **Recommendations**

- The German government should further foster the timely adoption and implementation of the gender strategy of the Global Fund. When it comes to HIV/AIDS, government should particularly promote the implementation of the BMZ dual-track approach of empowerment of women and gender mainstreaming within the enlarged EU.

### **Securing a transparent budget breakdown**

While the BMZ increased the bilateral aid for HIV/AIDS, malaria and tuberculosis to 130 million euros it includes resources for MDG 5 (maternal health) so that in fact 25 percent of resources for sexual and reproductive health and rights are part of the HIV/AIDS, tuberculosis and malaria budget. From 2009 onwards, sexual and reproductive health resources will be included 100 per cent. *Action against AIDS* Germany supports in

<sup>35</sup> See „Show us the Money – is violence against women on the HIV/Aids funding agenda“ ([www.womenwontwait.org](http://www.womenwontwait.org)).

<sup>36</sup> GTZ/BMZ (2007): *Promoting Linkages and Synergies for Sexual and Reproductive Health and Rights and HIV/AIDS*.

principle the linking of HIV/AIDS with a strengthening of sexual and reproductive rights, especially of women and girls. However, SRHR should not fully merge with HIV/AIDS interventions, neither administratively nor politically.

### Recommendations

- *Action against AIDS* Germany calls upon the German government to transparently breakdown its contributions and interventions in the health sector with regard to HIV/AIDS and other epidemics as well as SRHR.
- In addition to an explicit promotion of women's human rights in the health sector, development cooperation should provide more financial resources for programmes supporting involvement of men and promoting a critical reflection on “masculinity” and gender roles. Any contribution of German technical cooperation should be visible and verifiable.

## E. Access to medicines and TRIPS

Currently about one third of the people in need in developing countries have access to treatment with antiretroviral drugs. This was only possible as producers of generic drugs entered the competition with brand name manufactures. Price cuts for antiretroviral medicines of up to 99 per cent have been achieved only through effective competition of high quality generics.<sup>37</sup> Most generic drugs used in developing countries are produced by Indian pharmaceutical companies, making Indian patent regulations crucially important.

The generic production of ARV drugs predominantly used as first line treatment is guaranteed by Indian generic companies. The production of newly developed second line drugs is however at risk, as these drugs are subject to patent protection through the TRIPS agreement.<sup>38</sup>

<sup>37</sup> Mainly through generic competition, the price of first line drugs fell from 10.000 US dollar per year and patient in 2000 to about 100 US dollar per year and patient in 2007.

<sup>38</sup> Least developed countries will have to implement TRIPS

Developing countries have to grant compulsory licences in order to produce or import generics for a limited timeframe.<sup>39</sup> However, the implementation of this important, legal and legitimate safeguard is hampered by political pressure of rich countries and pharmaceutical companies thereby reducing developing countries' access to affordable antiretroviral medicines.

*Action against AIDS* Germany criticises that German government's trade policies in the EU and G8 are not coherent with Germany's development cooperation policies. While in some projects, the BMZ supports bilaterally the local production of AIDS drugs in developing countries and promotes – through the Global Fund – access to AIDS drugs. On the other hand, the Federal Ministry of Economics and Technology (BMWi) supports a restrictive interpretation of patent agreements within the WTO. Some G8 countries negotiate treaties with developing countries that include so-called “TRIPS Plus” agreements in which developing countries commit themselves to a more strict patent protection than the TRIPS Agreement foresees. For example, patent protection can last more than the 20 years provided for in the TRIPS agreement. *Action against AIDS* Germany criticises that those treaties aggravate developing countries' lack of access to medicines. We call upon the pharmaceutical industry not to obstruct production of generic antiretroviral drugs in and for developing countries.

### Lack of political coherence remains a big obstacle in the fight against HIV/AIDS

In the G8 Summit Declaration on Africa (§ 57), the G8 outline future efforts they want to undertake together with African governments, international organizations and the pharmaceutical industry, to improve access to affordable medicines. In this context, the improvement of infrastructure and

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by 2016

<sup>39</sup> For one of the most important second line drugs, Abbot's heat stable lopinavir/ ritonavir (LPV/r) a patent application was presented in India. At present generic versions of LPV/r are produced and marketed at a cost of 550 US\$. In the case a patent will be granted, those manufacturers who entered the market after the beginning of 2005 would be obliged to discontinue production if they do not get a compulsory license from Indian authorities.

investment terms is mentioned, aiming at the expansion of production capacity in African countries. Furthermore, in cooperation with international organizations and donors, the G8 commit to work on a constructive support of African developing countries enabling them to take full advantage of flexibilities reiterated in the WTO Doha Declaration on TRIPS and public health. Given the political context, *Action against AIDS Germany* criticises these statements by the G8 as rather vague as some G8 Member States are pressuring countries like Brazil and Thailand not to use these flexibilities of the international patent law. The “strengthening of the protection of intellectual property rights” as demanded in the first part of the Summit Declaration “Growth and Responsibility in the World Economy” contradicts universal access. So does the Summit’s proposal of new negotiations with bigger emerging countries on stronger intellectual property rights regulations. *Action against AIDS Germany* criticises the intended tightening of patent laws since this would restrict access to affordable drugs. Any resource increase would then be taken up by increased costs of treatment.<sup>40</sup>

### Holding pharmaceutical companies accountable

NGOs have called upon international pharmaceutical companies to assume more corporate social responsibility. The complaint is that the companies obstruct universal access to essential medicines in developing countries by their profit-driven pricing and patent policies. However, international awareness that pharmaceutical companies’ policies are neither ethical nor economically prudent is on the rise. Competition of different producers is one of the most effective means to guarantee low prices. Therefore *Action against AIDS Germany* calls upon pharmaceutical companies to not obstruct the production of high quality generics for and in developing countries. It encompasses the non-enforcement of patent-based claims for monopolies. *Action against AIDS Germany* believes that the results of research and development of essential medicines should strictly

be treated as *public goods* and not as private property.

### Recommendations

- *Action against AIDS Germany* calls upon the German government to implement a coherent policy in the fight against HIV/AIDS. Human rights should have priority over intellectual property rights. The government should take the findings and requests of the UN Commission on Human Rights as a starting point for the German negotiating position in the WTO. Germany should make visible contributions to the implementation of the sub-target of MDG 8 (MDG 8: Develop a global partnership for development): „In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries“.
- Therefore *Action against AIDS Germany* calls upon the pharmaceutical industry to provide essential medicines to poor countries at a price covering the production costs. The life of people living with HIV/AIDS should always be at the centre of any considerations. Companies should not take action that hinder access of poor countries to essential medicines. *Action against AIDS Germany* further calls upon the pharmaceutical industry to increase resources for research and development for poverty-related diseases. With regard to medicines for HIV treatment of children, more research should be done and the availability of these medicines should be improved.
- *Action against AIDS Germany* expects the German government to support the implementation of the World Health Organization’s (WHO) resolution adopted in May 2007. We urge the government to support the WHO in its mission to create alternative models of incentives for drug development and marketing. Within WTO, the German government should promote a position that developing countries can take full advantage of the TRIPS flexibilities on public health, as explained in the agreement itself and in the 2001 Doha WTO Ministerial Declaration.

<sup>40</sup> Rodenberg, 2007: Füllhorn der Visionen in Rostock – leere Versprechen in Heiligendamm?, S.9.

## F. Health workers and health infrastructure

According to WHO estimates, 4.3 million health workers are lacking to provide essential minimum health care. More skilled health workers are urgently needed in the fight against HIV/AIDS too. Crucial reason for this striking shortage of health workers is the migration of well-trained doctors and nurses from developing to industrial countries, the so-called *brain drain*. The German government supports the complementing initiatives of the EU and the World Health Organization.

The German government has made an effort to develop a joint position of the EU concerning brain drain during its EU Council Presidency.<sup>41</sup> The “Programme for Action”<sup>42</sup> adopted by the European Council in December 2006 is intended to support countries which have a severe shortage of skilled worker. Up-to-date however it is based on mere statements of intent without any implementation report. Neither has the repeatedly announced *EU Code of Conduct for ethical recruitment of health workers* been adopted yet. According to BMZ information, the negotiations on this crucial EU code of conduct are unfortunately not making progress.<sup>43</sup>

At the Summit in Heiligendamm, the G8 countries agreed to “work with African states to address the different causes of this lack of human resource capacity within the health sector, including working conditions and salaries with the aim of recruiting, training and retaining additional health workers.”<sup>44</sup> However, there has been no clear political statement of intent to ultimately stop the recruitment of health workers by the G8 Member States themselves. The BMZ hardly sees a

chance to adopt a joint commitment within the G8 process as the position not to recruit health workers from developing countries is based on development policy and ethics and is in conflict with economic interests of many EU and G8 Member States. EU and G8 countries are simply interested in the inflow of skilled workers.

From an NGO perspective, the European Commission's Blue Card initiative presented in October 2007 is giving the wrong signal, as it is supposed to attract skilled workers through attractive residence conditions. Even if ethical recruitment standards are considered at the introduction of the Blue Card, the political procedure shows incoherence. It would make more sense to adopt the EU Code of Conduct as a frame of reference before starting the Blue Card initiative.<sup>45</sup> It has to be guaranteed that no health workers from developing countries are poached by developed countries.

WHO's *Global Health Workforce Alliance*<sup>46</sup> aims to address health worker shortage, for example by improving the evidence-based data collection on human resource management and international migration. The support for this and similar initiatives and resolutions of the WHO by the G8 and the EU is useful but not sufficient. Processes that are ongoing at different levels should merge in one global Code of Conduct which rapidly and effectively should stop brain drain and the related health sector crisis.<sup>47</sup>

<sup>41</sup> Europa – Starker Partner für nachhaltige globale Entwicklung. Entwicklungspolitische Bilanz der deutschen EU-Ratspräsidentschaft 2007 <http://www.bmz.de/de/service/infothek/buerger/DeutscheEU/Bilanz.pdf>

<sup>42</sup> “Aktionsprogramm zur Bekämpfung der Krise des Fachkräftemangels im Gesundheitswesen von Entwicklungsländern 2007-2013“ (“A European Programme for Action to tackle the critical shortage of health workers in developing countries (2007–2013)”.

<sup>43</sup> The EU Council decision from 2007 (<http://register.consilium.europa.eu/pdf/en/07/st07/st07189.en07.pdf>) is binding for EU countries

<sup>44</sup> “Growth and Responsibility in Africa“, Declaration G8 Summit 2007 Heiligendamm, p. 22.

<sup>45</sup> The Blue Card Initiative was proposed in 2007. EU Commission President Barroso said in a speech: „With regard to developing countries we are very much aware of the need to avoid negative "brain drain" effects. Therefore, the proposal promotes ethical recruitment standards to limit – if not ban – active recruitment by Member States in developing countries in some sensitive sectors. It also contains measures to facilitate so-called "circular migration". Europe stands ready to cooperate with developing countries in this area.“ (<http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/07/650&format=HTML&aged=1&language=EN&guiLanguage=en>)

<sup>46</sup> The *Global Health Workforce Alliance* founded by the WHO in May 2006 aims to identify and implement strategies to solve the shortage of health workers ([http://www.who.int/workforcealliance/forum/2\\_declarati on\\_final.pdf](http://www.who.int/workforcealliance/forum/2_declarati on_final.pdf)).

<sup>47</sup> The World Health Assembly adopted a resolution on a „Code of Practice on the International Recruitment of Health Personnel“,

Well-functioning health infrastructures including skilled health workers and easily accessible basic health care facilities are the prerequisite for effective HIV/AIDS prevention, treatment and care. However public health facilities in many developing as well as Eastern European countries are not equipped to adequately respond to the HIV epidemic.

Therefore we welcome that the G8 according to the Summit Declaration (§ 61) intent to support health systems in collaboration with African countries. This statement of intent is however insufficient if one considers the huge additional resource requirements needed to remedy health care systems' weaknesses with regard to their contribution to achieve universal access. A significant resource increase is therefore required to strengthen health systems.

### Recommendations

- We call upon the German government to provide sufficient resources through bilateral aid as well as through the EU and G8 to improve the living and working conditions of health workers in developing countries. The reversal of the brain drain should include a formal and financial compensation for all developing and emerging countries.
- *Action against AIDS Germany* calls upon the German government to continue contributing actively to the elaboration and adoption of an international Code of Conduct at EU and UN level. The government should contribute to reduce recruitment of health workers from developing countries and to control migration flows without limiting the human right to transnational migration. The government should address coherence and transparency in all negotiations, especially on the Blue Card, and ensure that NGOs participate meaningfully in all negotiations.
- The German government should promote the declaration of the Global Health Workforce Alliance that calls upon industrialised countries to qualify and recruit health workers

domestically to address the health worker crisis at home.

- Interventions should expand to improve donor coordination in the health sector, for example through the International Health Partnership. The German government should support bilateral and multilateral health initiatives in the context of the Paris Declaration on Aid Effectiveness so that it leads to a true improvement of transparency, quality and effectiveness of HIV/AIDS resources.

## G. Civil society participation

UN organizations, governments and other stakeholders have increasingly acknowledged the role of civil society, of NGOs in particular, when it comes to activities related to the fight against HIV/AIDS. The role of NGOs are manifold: as partners in dialogue, as activists who remind governments of their promises and as aid agencies involved in financial and technical support. A key element is the adequate and meaningful involvement of people living with HIV/AIDS.

The German government has repeatedly emphasized the importance of civil society in the fight against HIV/AIDS. The day-to-day business shows an increased commitment to dialogue. Information is exchanged on a regular basis between representatives of *Action against AIDS Germany* and the BMZ. Round tables on HIV/AIDS, on HIV/AIDS and sexual and reproductive health and rights, and on TRIPS and health with NGOs and the ministry, have been formally constituted. The ongoing dialogue facilitates the input of civil society positions and demonstrates the expertise of *Action against AIDS Germany*. Representatives of *Action against AIDS Germany* who are members of the civil society delegation at the UNAIDS Programme Coordinating Board and members of the Global Fund Board also exchange information with the representatives of the German Ministry of Health (BMG) and the Ministry for Economic Cooperation and Development at these boards. This exchange has facilitated joint strategic planning, especially concerning both institutions' gender strategies.

However, despite these positive developments a meaningful civil society participation in terms of true opportunities to impact on BMZ policies has only been realised to a certain extent. The “Action Plan to implement the Strategy of the German Government to fight HIV/AIDS” as well as the G8 monitoring report were adopted without any consultation with civil society organizations. However, political participation as much as receiving funds is of crucial importance to NGOs in particular and civil society in general.

### **Recommendations**

- Existing cooperation between development NGOs and the German government should further be improved. Civil society should be consulted and involved with the chance to truly influence government policies. The transparency of government actions, information exchange, civil society participation and monitoring through civil society should be enhanced in particular with regard to new initiatives such as Debt2Health and Providing4Health.

## Part 2: Germany's Contribution to the Mobilization of Financial Resources required for a Comprehensive Response to the HIV-Crisis in Developing Countries

Joachim Rüppel

### A. Global financial need and international commitments

Participating adequately in the provision of the urgently needed funds, every government of a nation that is economically better off can and must demonstrate how seriously it takes the solidarity with the poor and disadvantaged people in the global society. The real efforts to finance human development constitute a crucial and revealing test of the willingness of industrialized countries in assuming international responsibility. In view of the enormous economic shortfall of most developing countries, sufficient financial transfers are indispensable to enable to overcome poverty and disease. This is especially true for the fight against the HIV pandemic which brings about devastating effects on the economic potential and threatens to destroy the results of development efforts in the most affected countries.

Principally, an appropriate assessment of the financial cooperation for coping with the AIDS problem should envisage three dimensions: firstly the total official development assistance, secondly the funds for health promotion and, thirdly the resources for specific actions of HIV prevention, treatment and support.

Only if the mobilized resources in all three target areas are adjusted to the actual need as well as tally with the relative economic capability of a donor country, it can be said that it assumes its international responsibility in a satisfactory manner.

#### The overall goal must finally be reached

The development cooperation as a whole ought to be increased consistently in order to expand supporting measures in all strategically important

sectors and in order to avoid inappropriate reallocation of resources. Regarding the HIV crisis, scaling-up of total funding constitutes an essential precondition to confront the root causes of the epidemic and to simultaneously ensure the sustainability of financing specific programmes.

The overall goal dates back to the 1970 UN General Assembly Resolution and obligates the industrialized nations to increase their funding of development cooperation to at least 0.7 % of their gross national income (GNI). Originally, this minimum ODA/GNI ratio was to be reached by the middle of the decade, but up to now this has only been achieved by a few donor countries. Therefore, the UN Declaration of Commitment on HIV/AIDS urges the developed countries "to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed".<sup>48</sup>

In 2002, at the occasion of the UN Conference on Financing for Development in Monterrey, the EU member states committed themselves to increase their official development assistance to 0.39% of their combined GNI by 2006; every member country should individually reach a minimum of 0.33 % of its GNI. In 2005, the EU set another intermediate collective target amounting to 0.56 % of the GNI by 2010, in order to close the financial gap and to reach the UN target (0.7 %) until 2015. For the member states which adhered to the EU prior to 2002 a minimum ratio of 0.51 % ODA/GNI was determined. Besides Germany, only Italy, Austria, Portugal and Greece are orienting

<sup>48</sup> Global Crisis — Global Action; Declaration of Commitment on HIV/AIDS; Resolution adopted by the General Assembly, Twenty-sixth special session. 25 to 27 June 2001, New York; § 83.

themselves towards this ratio, while all other EU-15 States have set themselves more ambitious targets. Since those countries which have already achieved the goal of 0.7 % ODA/GNI commit themselves to maintain this level, the collective EU goal can be accomplished.

Another essential reference frame is to be seen in the Millennium Development Goals (MDGs). By signing the Millennium Declaration, Germany has committed itself to align its development policy with its principles and to contribute to the achievement of the MDGs derived from this document. Through MDG 8 the industrialized nations have pledged to create general conditions that are conducive to development and to support developing countries in their efforts to reach the other seven goals. The declaration also contains the promise to grant more generous development assistance.

### Humanitarian and Strategic Importance of Health Promotion

Based on in-depth studies on country level, the UN Report of 2005 on the necessary actions and investments for achieving the MDGs estimated that the need for official development assistance amounts to 135 billion US\$ in 2006, equivalent to 0.44 % of the combined GNI of OECD/DAC<sup>49</sup> member states.<sup>50</sup> Accordingly, official development assistance in the years 2010 and 2015 should increase to 0.46 % and 0.54 % respectively. This means that the EU timetable for ODA growth initially lagged behind the plausible investment need but would cover it in the later years.

The above mentioned country studies confirm that the health sector, including urgent prevention interventions primarily provided outside the health system has the highest financial need among all sectors amounting to roughly one-fourth of the total estimated MDG investment costs. Already in 2006 the per capita investments required in the area

of health promotion amounted to 13 to 25 US\$ – depending on the country where research was done. By 2010 they will rise to a level of 19 to 33 US\$. The magnitude of the HIV epidemic constitutes the most relevant factor for differences regarding the per capita investment needs. We need to consider, however, that no country in Southern Africa with very high HIV infection rates was included in this analysis. If we deduct from the above mentioned cooperation needs those expenses which are not related directly with the MDGs and use as basis the appropriate part of health promotion, the donor countries should have mobilized approximately 0.08% of their GNI for health related fields of cooperation already in 2006. This volume would have to increase to 0.09 % by 2010 and finally reach the target ratio of 0.11 % until 2015. Since, the MDGs do not encompass all urgent health problems an interim target of not less than 0.1% of GNI appears to be indicated for 2010.<sup>51</sup> This target level can be met within the already existing commitments to increase ODA. Simultaneously, however, the actual sector allocation of resources should be reconsidered, especially when taking into account that according to Millennium Project estimates only 28 billion US\$ out of a total ODA volume of 65 billion US\$ supported the MDGs in 2002.<sup>52</sup> The Federal Ministry for Economic Cooperation and Development shares this viewpoint as it states that: “In order to meet the basic principles [the German development cooperation] must reassess the allocation of the resources dedicated to development cooperation. The funds will be increasingly invested in countries and sectors, where a *scaling up* is necessary in order to reach the MDGs and where resources can be absorbed effectively.”<sup>53</sup>

The upgrading of capacities for the general health care ranks among the most important

<sup>49</sup> Development Assistance Committee of the Organisation for Economic Co-operation and Development.

<sup>50</sup> The assessment presumes high internal efforts by the developing countries and takes into account reductions due to adjustments for countries not qualifying because of inadequate governance as well as reallocation of existing ODA.

<sup>51</sup> This target level coincides with the recommendations of the report presented by the Commission on Macroeconomics and Health. See: Commission on Macroeconomics and Health, 2001: Investing in Health for Economic Development, p. 12.

<sup>52</sup> UN Millennium Project: Investing in Development. A Practical Plan to Achieve the Millennium Development Goals, New York 2005, p. 249.

<sup>53</sup> BMZ: Mehr Wirkung erzielen: Die Ausrichtung der deutschen Entwicklungszusammenarbeit auf die Millenniums-Entwicklungsziele, 2005, p. 10.

strategies for an effective fight against the HIV pandemic. Without consistent efforts directed towards this goal neither sustainable success regarding HIV therapy will be achieved nor a large part of central prevention programmes effectively implemented. Furthermore, a one-sided increase of funding directed at single diseases without a comprehensive strengthening of human and technical resources of health services could provoke the danger that other serious problems will be neglected.

### **The HIV Epidemic: A pivotal Challenge for the International Community**

Regarding the financial requirements for the implementation of specific key interventions capable to reverse the HIV pandemic and to cope with its destructive social effects, the most recent estimate of responsible UN organizations for 2005 was 12 billion US\$. A new needs analysis conducted in the same year calculated that the urgently required volume of financial resources amounted to 14.9 billion US\$ in 2006. Hence, the global financing needs increased to 18 billion US\$ in 2007 and to 22.1 billion US\$ in 2008. However, the Political Declaration adopted during the plenary meeting of the UN General Assembly in June 2006 stated that a resource volume of 20 to 23 billion US\$ would be needed by the end of the decade. This was not commensurate with the commitment that was also formulated in the document, to reach “the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010”.<sup>54</sup> This would have meant a stagnation of the investment volume over three years, although the mentioned figure represents only an intermediate step on the way to consistently expand the key actions.

In September 2007, UNAIDS published a new calculation of resource needs that provided a fundamental adjustment of the target level which had been fixed too low in the Political Declaration.<sup>55</sup> According to this newest estimate the financing need in the 132 low and middle

income countries amounts to 30.2 billion US\$ in the year 2009. In 2010 already 42.2 billion US\$ are required to achieve the goal of universal access. Taking into account new epidemiological data as well as the fact that actual resources increased at a much slower pace than needed, resulting in a higher mortality than formerly assumed, the new estimate sets a necessary investment volume of 20.2 billion US\$ for 2008. Approximately half of the total need for 2008 to 2010 is designated to HIV specific health services, 20 % of resources shall support health system strengthening and cross-cutting activities and the remaining 30 % are required for non-health services.

This current estimate includes several additional action areas primarily directed at prevention, in the first instance fighting the violence against women and providing substitution therapies for drug users. Furthermore, it assumes an earlier initiation of antiretroviral therapy in the course of HIV infection. This is indispensable in order to avoid unnecessary deaths, but at the same time it represents the most important reason for the increased financing need for treatment – compared to the indications that were previously applied. On the other hand, the calculation takes into account the cost reductions due to the economies of scale that occur when programmes achieve broader reach.

The calculations assume that developing countries can mobilize approximately one-third of the required resources domestically. The remaining two-thirds need to be provided through international cooperation whereby the major part of this assistance is destined to benefit low-income countries.

According to its share of the total GNI of the rich donor countries Germany should cover at least eight percent of the cooperation need. Based on this premise, we derive target volumes for the participation of Germany in the international response to the HIV pandemic amounting to 640 million US\$ for 2005, nearly 800 million US\$ for 2006 and, ultimately, close to one billion US\$ for 2007. Additionally, the weight of the EU in terms of development policy must be considered, which becomes manifest in the fact that member states collectively contributed roughly more than half of ODA resource transfers in recent years. Germany

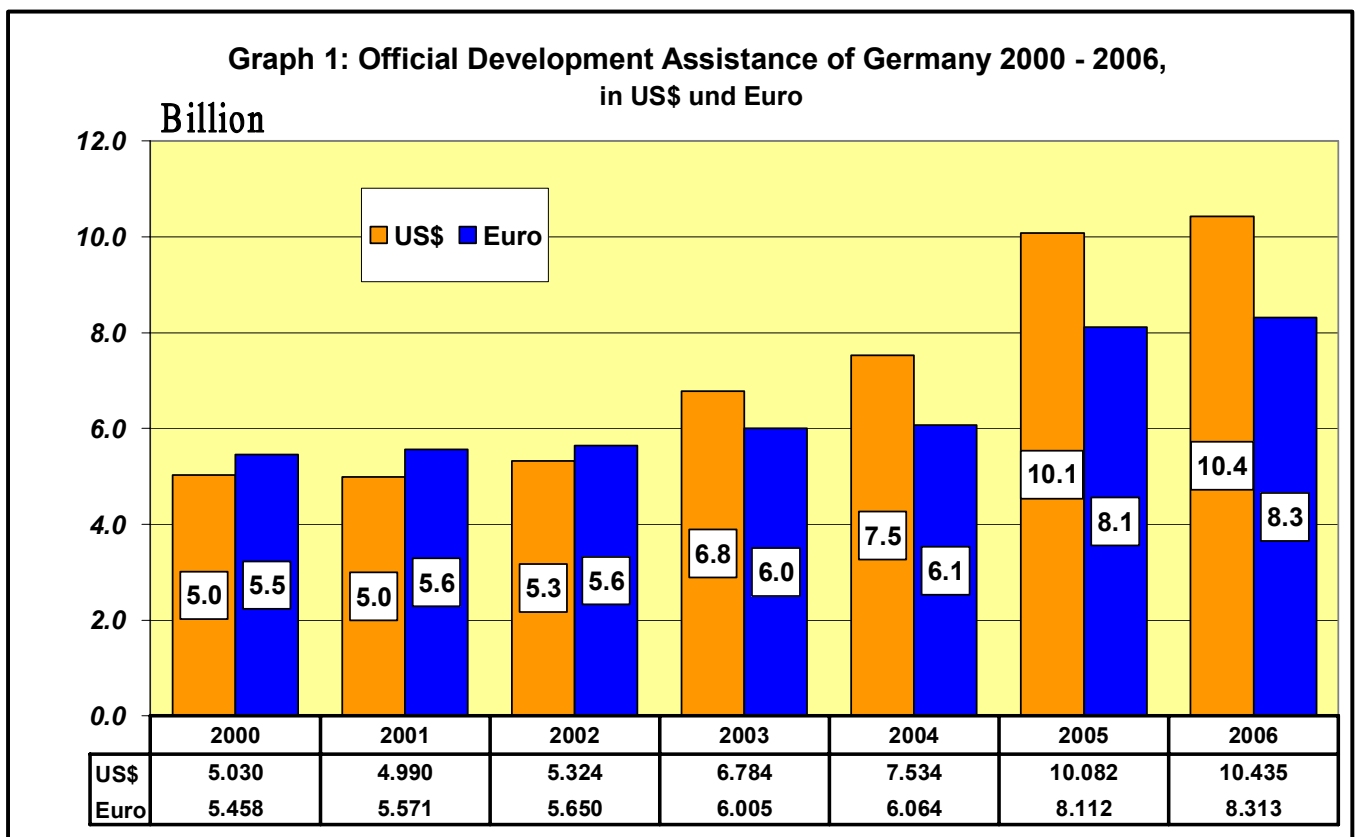
<sup>54</sup> United Nations: Political Declaration on HIV/AIDS. Resolution 60/262, p 20.

<sup>55</sup> UNAIDS: Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support; 2007

shares more than one-fifth in the total GNI of the EU, so that the logical proportion for contributing to international cooperation is to be set at not less than 10%. Therefore, the Federal Government should mobilise at least 1.3 billion US\$ in the year 2008 and increase the German development assistance for reversing the HIV pandemic to 2 billion in 2009 and, finally, to 2.8 billion US\$ in 2010.

In comparison, the actual financial goals announced by the Federal Government which amount to 400 million euros in the year 2007 and

afterwards to yearly 500 million euros for fighting the three huge epidemics fall short of Germany's international responsibility. Until the end of the decade the German contribution for an adequate co-financing of the efforts oriented at achieving universal access to HIV prevention, treatment and support should reach the four-fold volume of the scheduled provision of resources. A glance at the necessary rates of increase of funds to be raised globally demonstrates that the official plans of the Federal Government are not in line with actual financing requirements.



## B. The Evolution of Germany's total ODA

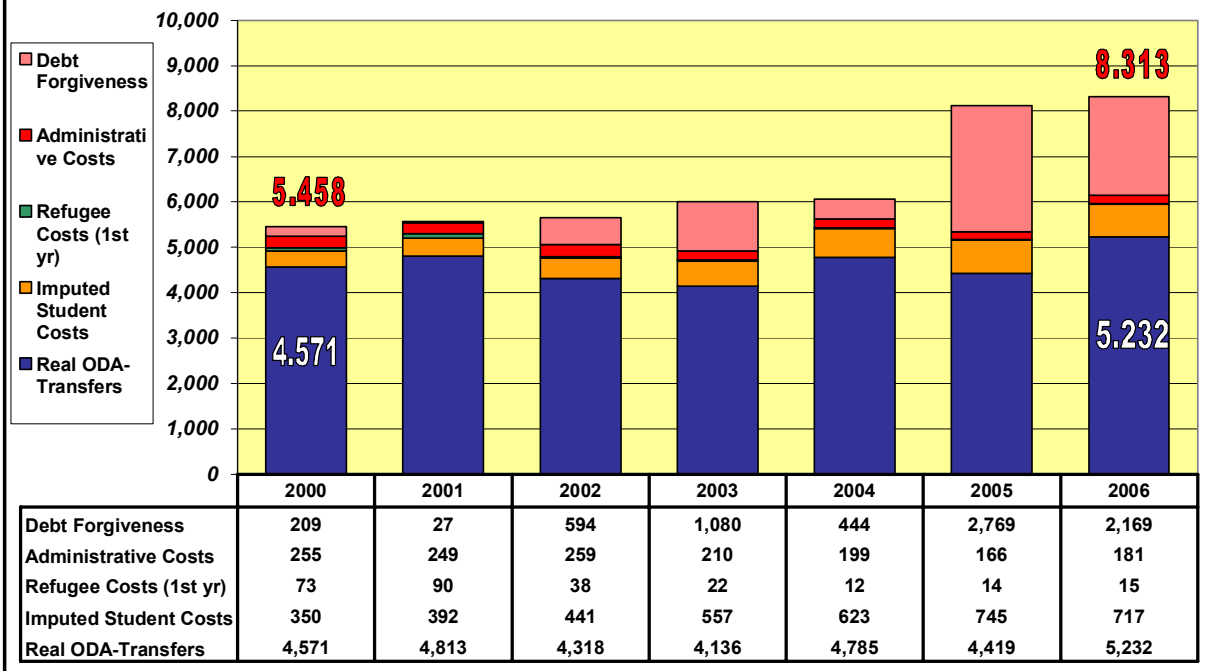
### The deceptive appearance of official ODA statistics

At first glance official German development aid seems to exhibit impressive increases. Reported in current US\$ its total volume has doubled between 2000 and 2005. In the year 2006 a further increase was recorded, resulting in a growth of 108 % over the whole period. Graph 1 shows, however, that a large part of this increase was due to the advantageous trends of the exchange rate. When

measured in euros the increment of ODA volume is only half as much, i.e. exactly 52 %.

In order to assess the financial efforts of a donor country and the resulting contributions in support of the economically disadvantaged countries, a look on the composition of the ODA is necessary. Graph 2 demonstrates that the largest part of the increase of resources was due to the inclusion of debt relief actions. Much as debt forgiveness is of great importance as a parallel measure, this

**Graph 2: Germany's real Resource-Transfers and Pseudo-Aid 2000 - 2006, in Million Euro**



practice permitted by the DAC is highly questionable in terms of development policy and technical accuracy. Paradoxically this routine puts those donor countries in a better light which in the past provided a relatively large portion of their ODA in the form of loans instead of non-repayable grants. For, the forgiven interest payments or rather its net present value can be credited as part of the ODA volume.

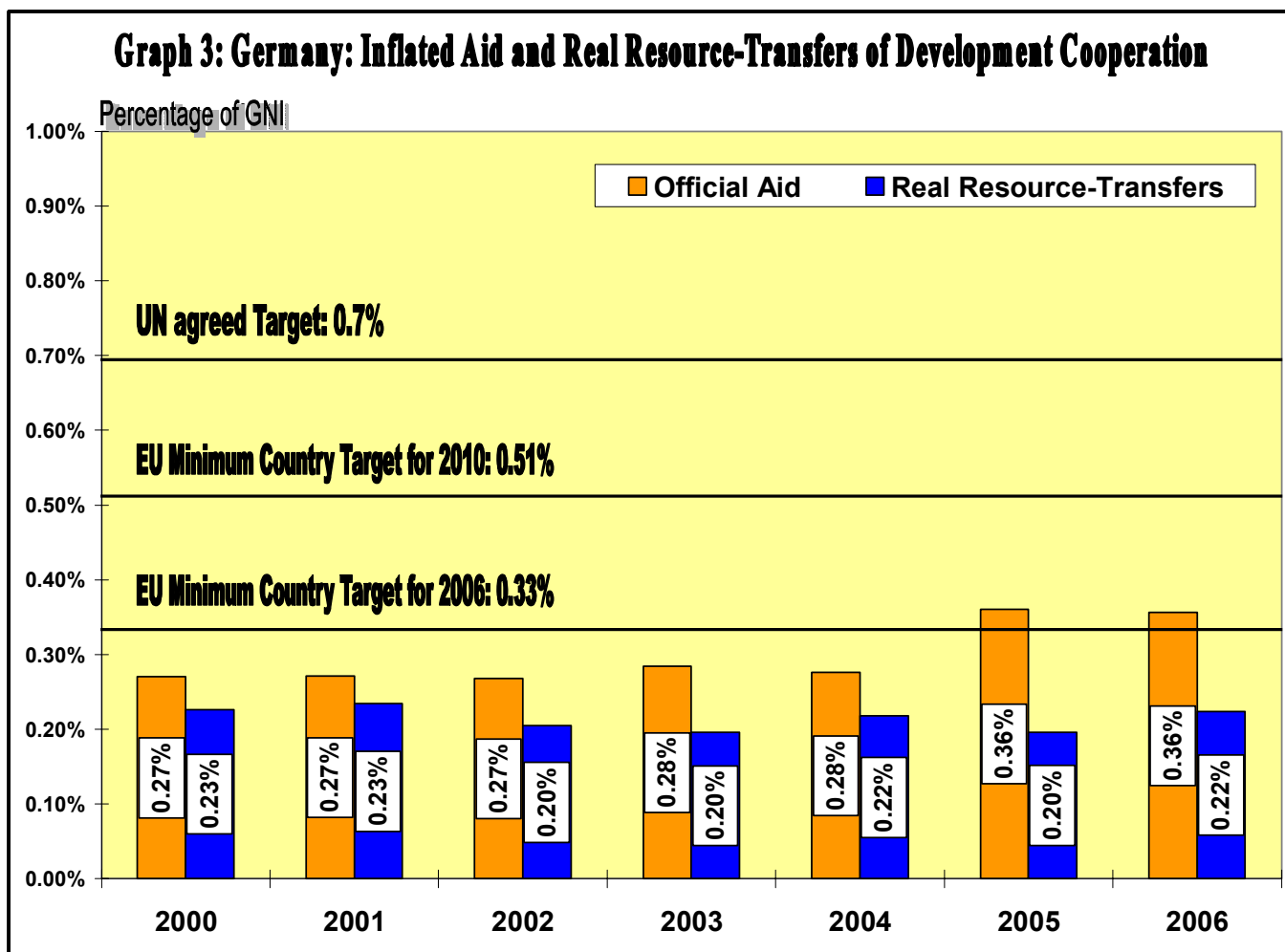
However, the main proportion of the debt forgiveness – in the year 2006 more than 88 % of the commitments – relates to publicly guaranteed trade credits. Thus, exports of the German economy which are hardly related to poverty orientated development assistance, are later booked as ODA contributions. Furthermore, the inflation of the ODA volume through inclusion of debt relief is contradictory to the Monterrey Consensus.<sup>56</sup>

<sup>56</sup> This is also noticed by the European Commission. See: Annual Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions “Keeping Europe's promises on Financing for Development” April, 2007, p. 9. Moreover, the Commission points out that debt relief actions constitute one off measures which have to be substituted by a more stable and more easily predictable development

Germany also declares the imputed costs for students from developing countries as ODA contributions though these do not mean any transfer of resources to the poor countries and despite the reality that their development effects can neither be planned nor assured, especially when considering the emigration of numerous skilled workers to the industrialised countries. That is the reason why more than half of the DAC-countries do not include those imputed student costs in their ODA statistics. In the case of Germany, however, this item has doubled since the beginning of this decade to more than 700 million euros, which constitutes two-thirds of all the financial commitments to the education sector.

The costs for assistance to refugees from developing countries which are reportable for the first year of stay in donor countries (including the costs of their eventual “repatriation“) have however decreased due to a declining number of applicants in the reporting period. The administrative costs decreased in recent years, too.

assistance. Numerous times also the OECD stated that the debt forgiveness agreed upon in the Paris Club is going to expire within the next years.



The latter do not constitute financial transfers or direct expenses for development projects but are practically indispensable for the political and technical steering of cooperation. Insofar as savings were related to staff reductions, important capacities for the securing of quality and efficiency of the development cooperation may have been lost.

### The real volume of German development aid

Subtracting all officially included categories of aid, that do not entail a real transfer of resources, the German ODA numbers shrink enormously, representing a ratio of merely 0.22 % of GNI in 2006.

When assessing the genuine financing efforts Germany also drops back considerably in the ranking of the donor countries and lands in the 16<sup>th</sup>

position.<sup>57</sup> Only few of the 22 member states belonging to the OECD Development Assistance Committee showed a similar or even worse relation of real resource transfers to the inflated amount of the ODA over the past years. With the pseudo aid representing a proportion of more than 37 % of the total volume, Germany reached a hardly praiseworthy 19th position on this negative scale.<sup>58</sup>

In an unadorned depiction the German share in the total transfer of resources from the OECD/DAC countries constituted merely 8.3 % in

<sup>57</sup> To calculate only the programmable aid oriented towards the actual development requirements, one would also have to leave out the humanitarian emergency assistance, as the OECD suggests in its most recent report on development cooperation (OECD: Development Co-Operation Report 2007, p. 16).

<sup>58</sup> For comparison: Regarding the average of all these donor countries the pseudo aid represented nearly one-fourth of the officially registered numbers (own calculations based on the OECD database).

2006 which is even less than Germany's proportion of the collective GNI amounting to 8.6 %. The relatively high volume added through the above mentioned practice of sugar-coating the statistics allows to reach an ostensible proportion of 10 % in the entire officially recognised ODA achievements of the OECD/DAC countries.

Also the minimal goal of the EU for 2006 to raise at least 0.33% of the GNI for development cooperation was only fulfilled due to the embellishment of the statistics. Taking the real resource transfers into account, the ODA/GNI ratio between 2000 and 2006 showed a tendency to decline, despite an increase in the last year for which data are available.

Furthermore, the sub-goal of raising at least 0.15 to 0.20 % of the GNI for the development cooperation in favour of the least developed countries (LDCs) was missed. Considering the real resource transfers this ratio varied between 0.06 and 0.08 % over the past few years.<sup>59</sup> Including the pseudo-aids the ODA/GNI ratio for LDCs reached 0.09 % in 2006.

### **ODA achievements in 2007: One step forward but it is too short**

According to the data published by OECD in April 2008 on ODA levels in 2007, Germany has achieved a significant increase. Thus, the volume of the official aid has increased to nearly 9 billion euros, i.e. by 7.8 % in comparison with last year. However, according to the EU agreed schedule an increment of 13.4 % would have been necessary. The increase adds up to almost 650 million euros which is 58 % of the required amount of more than 1.1 billion euros. The debt forgiveness included in these figures dropped by 74 million euros but maintained an extraordinarily large volume of almost 2.1 billion euros.<sup>60</sup> This enabled Germany to postpone the burst of the debt relief bubble and the consequent shrinkage of the ODA. Deducting

the debt forgiveness we arrive at an increase of approximately 720 million euros which was largely caused by an extraordinarily high payment to the World Bank.<sup>61</sup>

In spite of the per se pleasing increases it has to be recorded that the efforts are insufficient to achieve the commitments. Furthermore, Germany's position within the context of donor countries has not changed significantly. Subtracting the debt forgiveness the ODA/GNI ratio only amounts to 0.28 % compared to 0.26 % in the year 2006. Therefore, Germany ranks in the 14th position which is considerably below the average of 0.42% of the DAC countries. As a result of the inclusion of debt forgiveness, Germany achieves an ODA/GNI ratio of 0.37 % and advances to the 12th position on the official performance scale of the donor countries.<sup>62</sup>

### **Insufficient contributions to multilateral organisations**

Regarding the distribution between bilateral and multilateral aid, the share of the latter appears relatively high merely because the contributions to the EU-administered development cooperation are mostly included. This, however, appears to be hardly appropriate since these resources are allocated according to the common political guidelines of the member states and this inclusion affects the comparability with the other donor countries. When considering only the contributions to genuine international institutions, the share of multilateral ODA in Germany's case is slightly below the average of the donor countries. In 2006 the respective proportion of the German ODA amounted to 19.1 % compared to 22.2 % for all DAC member countries. Consequently the possibility to correct shortcomings existing in the bilateral and European development cooperation

<sup>59</sup>As only around 5 % of the included student costs and a slight part of the recorded debt relief actions (on average merely 7 % in the years 2005 and 2006) are allocated on the poorest countries, the difference to the official figures is much smaller.

<sup>60</sup>Its lion share with more than 1.5 billion euros was due to the German part of the debt forgiveness for Iraq.

<sup>61</sup> Here an increase of nearly 300 million euros was registered. However, also the bilateral cooperation augmented by almost 290 million euros. The imputed student costs had not been published yet at the time of the preparation of this study. Possibly, they have contributed to a further increase of the total volume.

<sup>62</sup> The fact that in 2007 Germany's reported debt relief actions represent almost one third of the total volume of debt forgiveness indicates that the distribution over time turns out to be more favourable than in the case of most of the other donors.

**Table 1: Bilateral Financial Commitments of Germany for Development Programmes in the Health Sector, by Regions, including HIV-Intervention in other Sectors**

Region	Amounts (Euro million)		Distribution in %	
	2005	2006	2005	2006
Sub-Saharan Africa	64.7	119.1	39.8%	32.1%
Middle East & North Africa	7.7	4.2	4.7%	1.1%
South and South-East Asia	72.8	196.3	44.8%	52.9%
East Asia & Oceania	3.8	1.9	2.3%	0.5%
Eastern Europe and Central Asia	9.0	22.5	5.5%	6.1%
Latin America	2.5	8.1	1.5%	2.2%
Caribbean	0.1	0.3	0.1%	0.1%
Western Europe & other regions	0.2	2.2	0.1%	0.6%
International & unspecified	1.8	16.3	1.1%	4.4%
<b>Total</b>	<b>162.6</b>	<b>370.9</b>	<b>100.0%</b>	<b>100.0%</b>

Source: DAC-OECD Databases, own calculations

through multilateral contributions is much restricted.

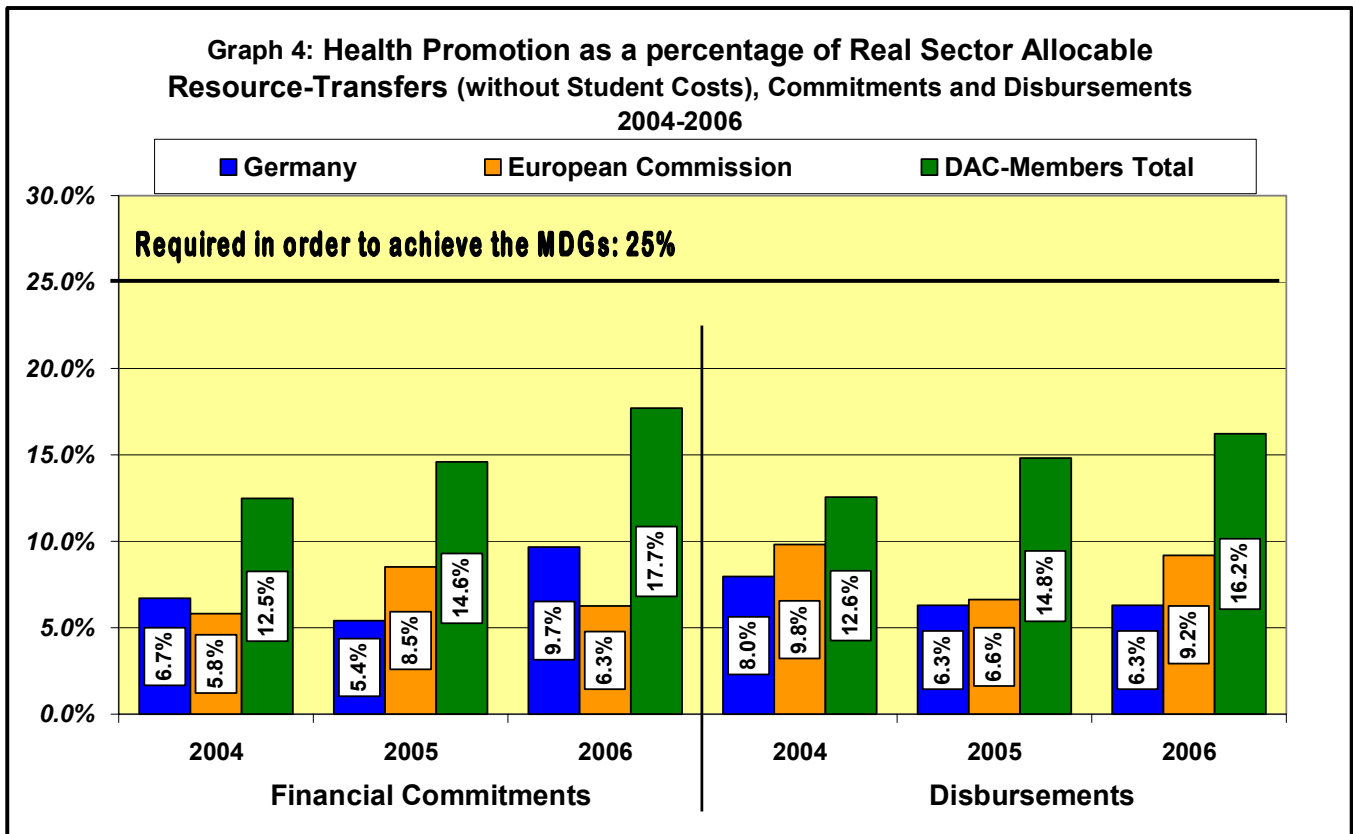
It is especially sad to observe the decreasing ODA contributions to UN organisations relevant in the area of development policy which in 2007 went down to an all-time low of 167 million euros. At the beginning of this decade these numbers were fluctuating between 400 and more than 500 million euros per year. According to the preliminary OECD data the German contributions now only constitute 3.3 % of the grants provided by all DAC-members.

### **Financial planning without consideration for global responsibilities?**

The recent increases of the ODA-relevant items in the German federal budget constitute a step in the right direction but are by far insufficient to achieve the financing goals that have been established through EU resolutions. The current federal financial plan envisages an increase of expenditure for development cooperation of approximately 1.2 billion euros between 2006 and

2010.<sup>63</sup> According to calculations done by the EU the German ODA volume would have to increase to almost 13 billion euros in order to just fulfil the minimum country target of 0.51 % of the GNI by the end of the decade. Based on the officially registered aid volume of 8.3 billion euros in 2006, an increase of 4.7 billion euros would be required. In this scenario the volume of included debt relief would have to remain at this extraordinarily high level which is most unlikely according to OECD predictions. Setting aside the debt relief actions, additional funding of more than 6.8 billion euros would be necessary to close the gap. Taking only the genuine transfer of resources into account, as should be done in accordance with criteria based on sincerity and oriented towards international responsibility, the required increase of resources rises to more than 7.7 billion euros.

<sup>63</sup> The most considerable increase, almost 0.7 billion euros, is supposed to occur between 2007 and 2008, which adds up to an increment of nearly one billion euros when the preceding year is included. In the second half of the remaining timeframe until the reference year of the European Union's interim target, i.e. the years 2009 and 2010, much lower increases are supposed to occur according to this plan. See: Federal Ministry for Finances: Federal financial plan from 2007 to 2011, p. 14.



Therefore, the budgetary resources scheduled up to now are completely insufficient to be able to close in the coming years the financial gap arising from the failure to plan for the mobilization of real ODA transfers in the past.<sup>64</sup> Since the German Government cannot demonstrate any effective progress concerning the planning or even the introduction of innovative financing instruments, no further perspectives exist for the necessary increase of the ODA.

### C. Germany's contribution to health promotion in developing countries

According to the information in the OECD database, Germany's bilateral commitments to the health sector amounted to 160 million euros in 2005 and increased significantly to 370 million euros in the following year. This includes HIV interventions which were identified outside of the

health sector<sup>65</sup>. This increment is per se positive but when taking a closer look, matters turn out to be much less promising because it did not result from a systematic scale-up of funding. As the regional distribution in Table 1 shows, the major part of the increase was allocated to countries of South and South-East Asia. This was mainly due to reconstruction projects in the aftermath of the Tsunami disaster and the earthquake in Kashmir. Additionally, there was a financial cooperation in favour of a large health sector programme in Bangladesh and extensive financial commitments for a polio vaccination programme in India. Although the financial commitments for health promotion in Africa were also increased, their

<sup>64</sup> The chairman of the OECD/DAC, Eckhard Deutscher, also pointed out that a considerable increase of the medium-term budget planning is needed if the European Union's minimum target of 0.51 % shall be achieved (OECD Development Assistance Committee: Figures on 2007 ODA).

<sup>65</sup> These were identified by conducting a text research amongst all commitments registered in the CRS database of the OECD for these two years. On the other hand, after reviewing the available data on all active programmes in the health and population sectors in these years, some smaller programmes (total volume: 0.9 million Euro in 2005) were removed, as they were obviously not directly or foremost geared towards the improvement of the health situation (e.g. rural development programmes with food security components). Furthermore, the BACKUP-Initiative (commitment 2006: 9 million Euro) is listed as part of the German contribution to the Global Fund and not as a bilateral intervention.

share of the total volume declined to less than one-third of the total aid directed at this purpose.

The even more critical fact is that the financial commitments decreased again in 2007. The financial cooperation which is accounting for more than 60% of the total bilateral assistance for the health sector recorded a reduction of around 120 million euros within one year. In consequence, the volume of commitments made through this financing instrument in 2007 fell back to the average level of the years 2004 and 2005.<sup>66</sup>

### **The insufficient significance of health promotion still persists**

Already before 2005, the expenditure for health promotion represented only an exiguous share of Germany's total bilateral development cooperation, even compared to other donor countries. This sad fact had been mentioned in our first report in 2006 on the implementation of the UN Declaration of Commitment on HIV/AIDS<sup>67</sup>. The analysis of the sector distribution of financial resources is distorted by the different conduct of the DAC countries regarding the reporting of imputed student costs. As these expenses are attributed to the education sector and therefore become a part of the sector allocable assistance, recording them as ODA will increase the reference basis. This implicates a calculative decline of the proportion of all the other sectors. In the end, such a statistical sugar-coating can also turn into a disadvantage for those who use these practices. However, for our appraisal the volume of real resource transfers continues to represent the central and adequate reference parameter.

A look at the share of health promotion within the bilateral cooperation shows that Germany's efforts fall not only far short of the required extent but also remain definitely below average. Even the financial commitments for the health sector during

the exceptional year 2006 amounted to less than 10% of real resource transfers, whereas all other donor countries achieved close to 18%. As many other DAC countries place more though often not sufficient significance on health promotion, Germany's deficit to the average level of the donor countries increased even more. The development cooperation managed by the EU also shows a much too low share of health programmes in relation to the MDG requirements. Taking a look at the disbursements which determine the actual availability of resources depicts an even worse situation. Whereas the development cooperation as a whole shows a consistently increasing significance of the health promotion, in contrast we observe a declining tendency for Germany and also the common cooperation of the EU lagged behind the general trend.

Even when including Germany's participation in financing the health related development projects of the EU, the German share to the total ODA contributions of the OECD/DAC countries in favour of health promotion adds up only to 5% for the last years. Even Germany's extraordinary high commitments in 2006, yet again including the co-financing of EU programmes, amounted only to 5.8% of the total ODA contributions of the donor countries devoted to the health sector. These figures show that Germany's engagement in the fight against fatal and poverty-aggravating epidemics in developing countries lags behind an adequate and acceptable level.

### **Bilateral resources far below the needs of partner countries**

The above-mentioned shortcomings, namely the insufficient share of health work within the bilateral Development Cooperation and the inadequate volume of real resource transfers, represent an unfortunate combination which results in the sad reality that Germany's financial contribution to this important area only covers a tiny fraction of the actual need. In the three survey countries of the Millennium Project where, according to the information provided by the Ministry of Development Cooperation health was agreed as a priority area, the financial disbursements for health programmes are at best less than 40 Dollar-Cent per capita. This represents

<sup>66</sup> This calculation is based on the statistical overview prepared by the KfW which only states the contract date but not the commitment year. As there may be a certain time span between both deadlines in some cases, the amounts of commitment may vary in comparison to the OECD databases.

<sup>67</sup> Cf. Rüppel/Weinreich: Globale Krise und Deutschlands Beitrag zur Globalen Antwort. Eine zivilgesellschaftliche Bestandsaufnahme des deutschen Engagements für die Umsetzung der internationalen HIV/AIDS-Ziele, p. 48.

**Table 2: Financial Contributions of Germany for Health Programmes in Relation to Investment Needs for Achieving the MDGs, 2006 in US\$**

	Partner Countries with Health as Priority Area			Other Partner Countries	
	Cambodia	Bangladesh	Tanzania	Ghana	Uganda
<b>MDG Investment needs per capita</b>	14.00	13.00	24.00	18.00	25.00
<b>Disbursements of German ODA per capita</b>	0.28	0.01	0.36	0.05	0.11
<b>Bilateral German ODA as % of Need</b>	<b>2.0%</b>	<b>0.1%</b>	<b>1.5%</b>	<b>0.3%</b>	<b>0.4%</b>

not more than 2% of the investment needed in order to reach the MDGs. In these countries, however, almost 60% of these investments should be covered by international cooperation. Therefore, Germany's contribution to health promotion in these main partner countries is only one fortieth to one thirtieth of the external financial aid required to meet the MDGs.

In those seven African partner countries where health promotion is one of the major activities, the disbursements per capita are even lower amounting to an average of 25 Dollar-Cent. In the other nine non-African partner countries with a main focus on health, the German development aid chips in only half of this amount per capita for improving the health care of the population. Evidently, such an insufficient contribution of resources will not lead to a significant improvement of the health situation on a national level. In the view of these wimpy dimensions, even well-designed programmes can only constitute the proverbial "drop in the ocean".

In most other countries without special concentration on the health sector, the per capita contributions are practically irrelevant consisting of only a few Dollar-Cent. On the other hand, a more comprehensive cooperation with those partner countries where health promotion was a priority area during the reference years could have reached about 23 % of the African population and almost 17% of the population in all developing countries.<sup>68</sup> In principle, an adequate contribution to the resolution of the biggest health problems in the "One World" would be feasible within the existing priority setting. However, this would call for a multiplication of the volume of financial

resources which to date had been raised for the strengthening of the health system in these countries.

### **Insufficient support for multilateral health relevant institutions**

These deficits in the bilateral cooperation can hardly be balanced by the German contributions to international development organisations as the latter represent only a relatively low part of the total ODA. Especially Germany's contributions to financing health relevant UN organisations have to be considered as absolutely insufficient. Whereas the urgent financial need of WHO, UNAIDS, UNICEF and UNFPA has increased considerably during the last years in view of the additional challenges and many donor governments reacted accordingly paying higher contributions, Germany at best kept the respective grants at the already very low level. In the ranking order of WHO contributors, Germany has dropped to position eight in the biennium 2004-2005, when considering the contributions to the regular budget as well as the voluntary payments.<sup>69</sup> Among the donor governments of UNICEF (2006) and UNAIDS (2006-2007), Germany made it only to the disappointing ranks 17 and 18 respectively. The gap between an adequate level of financial support of these important international organisations on the one hand and the real contributions on the other hand has meanwhile turned into an embarrassing and unacceptable reality.<sup>70</sup>

<sup>68</sup> However the number of partner countries with a focus on health care has been reduced from 16 to 14.

<sup>69</sup> The German Government frequently points out that Germany is the third largest contributor to WHO. This is correct regarding the contributions to the regular budget, which, however, in 2004-2005 only accounted for 29% of the total income (see WHO: Director General's Report, A59/28, p. 4)

<sup>70</sup> In order to determine the mobilised financial resources for health promotion, the proportions of relevant fields of activity within

The proportional participation in the financing of the IDA<sup>71</sup> showed a declining trend, too. The German share in the total of donor contributions dropped from 10.3% during the 13<sup>th</sup> replenishment (IDA 13) to 8.23% during IDA 14. Furthermore, the new contributions made by the donor countries represented only 55% of the total volume, whereas an increasing proportion is financed through the loan repayments by the recipient countries. For IDA 15 whose implementation period starts in July 2008, the donor contributions will again rise to 60%. As a result, Germany's calculative financing contribution for IDA 14, which lasts from July 2005 to June 2008, only results in 4.53%. For the calendar year 2005 (the last six months of IDA 13 are a part of this), Germany's contribution is calculated to be 5.07%.<sup>72</sup>

### **Support for the Global Fund and Debt2Health: less than expected**

Likewise, the previous participation in the financing of the Global Fund to Fight AIDS, Tuberculosis and Malaria remained considerably below the amount which would correspond to the relative economic capacity.<sup>73</sup> In the period from 2005 to 2007 Germany paid 6.7% of the total contributions provided by the donor countries, when taking into account the proportionate co-financing of contributions made by the European Commission as well as the expenditures of the BACKUP-initiative.<sup>74</sup> This represents only two-thirds of the appropriate level of 10%

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the total spending of the respective organizations are taken into account. In case of the WHO it has to be considered that according to the current OECD guidelines only 70% of WHO contributions can be reported as ODA (Development Co-Operation Directorate: DAC Statistical Reporting Directives 2007, p. 55).

<sup>71</sup> The International Development Association is part of the World Bank Group and provides interest-free loans and grants to resource-poor countries.

<sup>72</sup> This corresponds to the weighted average of the last term of IDA 13 and the first term of IDA 14. On the basis of these shares and the IDA financial commitments for the health sector the resources that are mobilized by Germany through this channel can be calculated. The disbursements are resulting from payments reported in the budget of the Ministry for Development Cooperation as well as the share of the health programmes in all interventions supported with IDA resources in the respective years.

<sup>73</sup> See Part 1 of the report as well as Ruppel (2007): Results of the second donor conference of the Global Fund in the Fight of AIDS, Tuberculosis and Malaria in Berlin.

<sup>74</sup> The calculation is based on the already entered payments by the Fund.

corresponding to the GNI share and the required participation of Europe in supporting this indispensable financial instrument for fighting these threatening epidemics.

Furthermore, Germany was the first donor who signed an agreement with Indonesia on debt conversion (Debt2Health) of 50 million euros. Half of the forgiven debts are transferred by Indonesia to the Fund in order to be allocated through the established approval mechanisms for health programmes in this country. These 25 million euros have to be paid over 5 years, so that 15 million euros (21 million US\$) accrue in the current replenishment period. Using these modalities the German Government intends to support the conversion of a total of 200 million euros for the next four years. According to official announcements this is an additional initiative and, in no case shall it replace existing programmes. The author's opinion is that this is a necessary accompanying measure which enables the debtor countries to mobilize more of their own resources for the financing of health promotion. But nothing changes in respect of the need for international cooperation. The volume of the existing Debt2Health agreements is rather marginal in relation to the financing need. Indonesia shall remit the amount of 5 million euros per year to the Fund (25 million euros in 5 years which represents half of the freed-up resources of 50 million). Even if taking the other three pilot countries<sup>75</sup> into account, only an amount of 20 million per year will be available.

### **Germany's total contribution remains insufficient**

In view of these facts it is hardly surprising that the total volume, adding up all German ODA contributions in support of health promotion, lags far behind the required level. Apart from the year 2006 when exceptionally high commitments were made, Germany contributed less than 500 million euros during the reporting period, as shown in Table 3. The financial resources provided through

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<sup>75</sup> In addition to Indonesia this also allies to Kenya, Pakistan and Peru.

**Table 3: Financial Contributions of Germany for International Cooperation in Health Promotion taking into account relevant mechanisms (amounts in Million US\$)**

Financing Mechanism	Commitments		Disbursements	
	2005	2006	2005	2006
Bilateral Programmes	199.2	462.9	212.7	246.3
Share of EC Programmes	159.4	124.7	83.8	126.3
Participation through IDA / World Bank	41.7	47.8	44.3	59.7
Contributions to relevant UN-Organizations	42.8	44.4	42.8	44.4
Direct Contributions to Global Fund <sup>1)</sup>	103.0	99.4	107.2	89.2
Share of GF-Contribution by EC	16.6	25.3	16.6	25.3
Participation in Afric. Development Fund	13.0	7.3	14.1	9.7
<b>Total (US\$)</b>	<b>575.6</b>	<b>811.8</b>	<b>521.5</b>	<b>601.0</b>
<b>Total (Euro)</b>	<b>463.2</b>	<b>646.8</b>	<b>419.6</b>	<b>478.8</b>
<b>As a percentage of German GNI</b>	<b>0.021%</b>	<b>0.028%</b>	<b>0.019%</b>	<b>0.021%</b>

<sup>1)</sup> including BACKUP-Initiative

all financing channels represented only 0.02% of the German GNI. Thus, they added up to only one-fifth of the financial contribution required to reach the MDGs by 2010. This reveals that the disregard for the health sector within the German development cooperation has reached a massive extent which needs to be corrected urgently.

#### **D. Germany's participation in funding specific interventions to fight HIV**

As in our first alternative report, the estimate of resources made available through bilateral channels from Germany as well as from the European Commission in order to cope with the HIV crisis is based on a review of the information on all health-related programmes reported to the OECD.<sup>1</sup> In doing so the indicated programme purpose was checked and corrected if necessary. Additionally, the programmes were classified according to four categories: Specific HIV programmes, projects on reproductive health, sector-wide programmes and projects in dealing with other health problems. For the first time in 2006, the database makes available almost complete and precise data on formerly approved

and still running programmes, allowing the allocation of effected disbursements to the above mentioned categories. For the year 2005, disbursements were in fact also registered but the descriptive information is unfortunately incomplete and does not permit to distinguish between sector-wide programmes and projects aiming at other diseases. Due to this lack of information<sup>76</sup> it is not possible to check the stated purposes, either.

This division by categories serves as a basis for the estimation of financial resources devoted to HIV components within programmes with broader approaches. As there is no project related information at hand for the past years, we have to resort to the average shares of HIV interventions within reproductive health projects and the sector-wide programmes resulting from a detailed survey by the OECD referring to the period from 2000 to 2002. The 2006 civil society alternative report on the realisation of the UN Declaration of Commitment on HIV/AIDS still had to rely on a

<sup>76</sup> The Creditor Reporting System (CRS) of the OECD listed for the year 2006 a total of 387 newly approved bilateral health projects. There were 483 registered disbursements for active programmes which had been approved in the previous years.

**Table 4: Bilateral ODA-Resources for the International Response to the HIV-Epidemic, Million US\$**

Subsectors	Total Amounts				HIV-Share (%)	Amounts for HIV-Interventions			
	Commitments		Disbursements			Commitments		Disbursements	
	2005	2006	2005	2006		2005	2006	2005	2006
Specif. HIV-Interventions	43.6	136.0	34.2	55.1	100%	43.6	136.0	34.2	55.1
Reproductive Health	38.0	97.4	33.4	35.9	25%	9.5	24.4	8.3	9.0
Sector-wide Programmes	88.4	166.6	10.0	118.4	10%	8.8	16.7	1.0	11.8
Other Health Problems	32.1	65.6	13.6	38.4	0%	0.0	0.0	0.0	0.0
Unspecified	---	---	122.0	---	10%	---	---	12.2	---
Total US\$	202.1	465.6	213.1	247.8	---	61.9	177.0	55.7	75.9
Total Euro	162.6	370.9	171.5	197.4	---	49.8	141.0	44.8	60.5

1) Available data for disbursements in 2005 do not allow to distinguish between sector-wide programmes and projects directed at other health problems. Therefore the estimated share für HIV components within the former is applied for all health programmes which are not oriented primarily to HIV control and reproductive health. Due to missing descriptions it is also impossible to check the purpose indications. (resulting figures in italics).

Note: Totals in this table may differ from health sector totals because of addition of identified HIV projects localized in other sectors.

relevant publication which however did not contain any detailed information.<sup>77</sup> In the meantime, the OECD has provided this information in a separate database on specific HIV interventions. A more precise calculation on this basis shows that HIV shares in the before-mentioned project categories are in fact lower than earlier information suggested. Hence it can be assumed that the share of HIV interventions within reproductive health interventions is 25 % instead of 50 % and the respective proportion for the sector-wide programmes is 10 % instead of 12 %.<sup>78</sup>

<sup>77</sup> OECD, UNAIDS: Analysis of Aid in Support of HIV/AIDS Control, 2000-2002, June 2004.

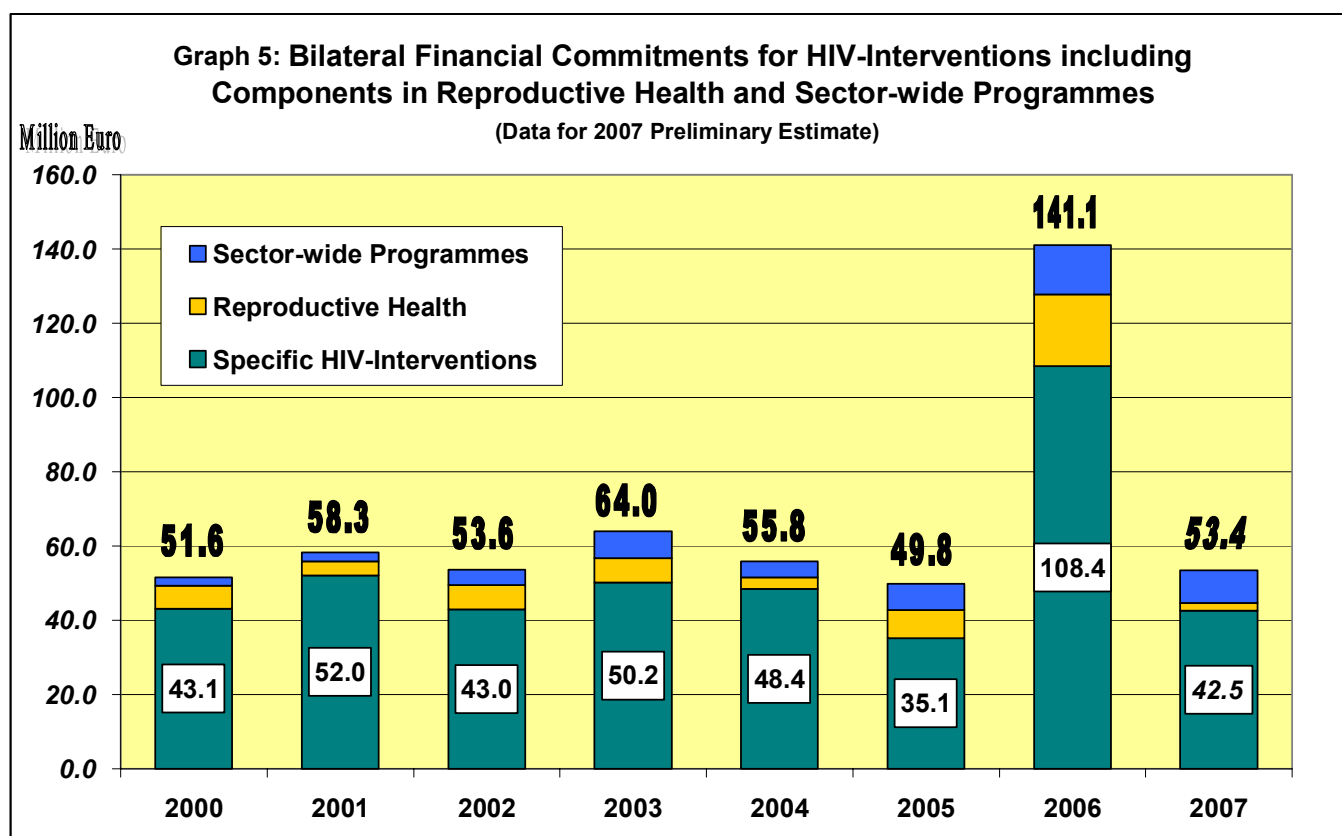
<sup>78</sup> The study was conducted by the OECD and UNAIDS together with implementing organisations of a number of donor countries including Germany. According to the project-related data, the total amount for financing all HIV components within reproductive health projects during this reference period was 12.3 million US\$ out of a total volume of 61.2 million US\$ for this sector, resulting in a share of 20 % for HIV interventions. The funds committed to HIV interventions within comprehensive sector programmes added up to 6.5 million US\$. In relation to a total volume of 81.4 million US\$ for this project category this corresponds to a proportion of 8 %. For the eventuality that some – probably smaller – HIV components within these categories of health programmes remained unspecified, this analysis will use the above mentioned higher percentages. A comparable survey has not been carried out since. As in the past years the share of sub-Saharan Africa within the commitments in support of reproductive health and sector-wide programmes has been declining, it is likely that these proportions are

### Despite an extraordinary increase: bilateral resources remain too low

Table 4 shows that the total of bilateral commitments and disbursements in 2005 can be estimated as less than 50 million euros. The already described increase of health-relevant financial commitments in 2006 resulted in an increment of disbursements, however to a much lower extent.

The massive decline in the field of financial cooperation has resulted in a decrease of the total commitment amount in 2007 presumably bringing it down to the low level registered before 2006. The preliminary estimate, shown in graph 5, reflects this decrease and assumes constant financing levels for the other implementing organisations for which data are presently not available. For the period of 2000 to 2004 a recalculation was conducted on the basis of the new and more precise estimate of the share of HIV components in programmes with another main purpose. It becomes apparent that the financial resources provided bilaterally for the international fight against the HIV epidemic practically persisted at a low level of 50 to 60 million euros for the entire period. Only in 2006 the considerably increased commitments for health promotion also

presently lower.



resulted in a significantly higher volume of resources allocated for HIV interventions. Therefore, Germany's otherwise very moderate participation in mobilising the required resources has achieved an extraordinary volume in that year. The reduction of financial means in 2005 predicted already in the first alternative report is confirmed, too.

The question is why the commitment volume in 2006 has risen to this up to now extraordinary level. As this was the reference year for the Presidency of the European Council and the G8 Chairmanship, one of the factors might have been the intention to improve the image of the German development cooperation in this vital area. In any case, it has to be stated that there was obviously no consistent increase of the German contribution for the response to the global threat by the HIV epidemic. Indeed, the extraordinary commitment level in 2006 will result in an increase of the resource transfers in the following years. However, this will be too limited and absolutely insufficient, unless a prompt increment of considerable dimensions occurs in 2008 and the years to come.

### **The development cooperation of the European Union is not able to compensate for national deficits**

Germany's participation in mobilizing the resources for the fight against the HIV epidemic administered by the European Commission is calculated in Table 5 applying the above described procedure. The health programmes implemented by the European Commission had not been recorded in the CRS database with a sufficient coverage for the years investigated in the OECD study. Thus the total volumes of commitments for reproductive health and for sector-wide programmes are missing. However, there are estimates for individual programmes of the first category estimating consistently the share of HIV components at 25 %.

It is noted here that the total amount of commitments for the health sector has decreased considerably from 2005 to 2006, whereas at the same time the funding pledges for specific HIV projects have tripled. The resources for reproductive health projects were increased considerably as well. The increase of the committed financial resources for HIV interventions only amounted to a total of 15 million

**Table 5: Germany: Calculated Share of ODA Contributions by EC for the International Response to the HIV Epidemic, US\$ million**

Subsectors	Total Amounts				HIV-Share (%)	Amounts for HIV-Interventions			
	Commitments		Disbursements			Commitments		Disbursements	
	2005	2006	2005	2006		2005	2006	2005	2006
Specif. HIV-Interventions	15.5	46.4	40.4	45.0	100%	15.5	46.4	40.4	45.0
Reproductive Health	37.4	60.5	37.6	73.2	25%	9.4	15.1	9.4	18.3
Sector-wide Programmes	573.5	406.7	13.4	439.2	10%	57.3	40.7	1.3	43.9
Other Health Problems	40.5	62.8	0.4	26.4	0%	0.0	0.0	0.0	0.0
Unspecified	---	---	260.3	---	10%	---	---	26.0	---
Total US\$	667.0	576.4	352.0	583.9	---	82.2	102.2	77.1	107.2
Total Euro	536.6	459.2	283.2	465.2	---	66.2	81.4	62.0	85.4
Share Germany US\$	158.8	124.7	83.8	126.3		19.6	22.1	18.4	23.2
Share Germany Euro	127.8	99.3	67.4	100.6		15.8	17.6	14.8	18.5

euros while a significant reduction of commitments for the sector-wide programmes was observed at the same time. Notwithstanding this limited increase, the direct resource transfers in this area seem much too low, when considering that the ODA volume managed by the European Commission is similar to that of Germany. But the real resource transfers are considerably higher in this case, because debt relief and imputed student costs are not included in the official figures. A major increase of the financial resources of the European Commission could also serve to strengthen Germany's position within the international cooperation for coping with the HIV crisis taking into account that the German share in the development aid of the EC amounts to more than one-fifth. However, the much too low rates of budget increase of the European Commission for development cooperation are hampering the compensation of insufficiencies within the bilateral development policy. According to the agreed plan, the budget item "Europe as a global Partner", which comprises development aid with the exception of the European Development Fund, shall increase over the period of seven years by a marginal 1.8 billion euros from 6.3 to 8.1 billion euros annually.<sup>79</sup>

<sup>79</sup> Council of the European Union: Financial Perspective 2007-2013, p 26. Of the total amount of 50 billion euros 28 billion are allocated for development aid. In addition, the 10th EEF allocates funding for the period 2008-2013 in an amount of 22.7 billion euros compared to 13.5

### Multilateral contributions leave much space for improvement

As mentioned before, the German share in IDA funding declined in the course of the last replenishments. Moreover, in the reference years the commitments for HIV interventions by this important financing agency were at a below average level compared to previous years. According to a recently published special database, the commitments amounted to 223.6 and 106.9 million US\$ in the years 2005 and 2006, respectively. However, the committed resources in 2007 increased to an all-time high level of over 490 million US\$ which was mainly caused by the financial commitment for the national HIV-programme of India. Hence Germany's calculated contribution for 2007 rises to 22.3 million US\$.

Regarding the UN system it is necessary to consider in addition to the organisations engaged in the health sector, the UN Development Programme (UNDP) as well as the World Food Programme (WFP), as they are supporting HIV interventions in other sectors. UNDP estimates the respective share of total spending at 5.4 and 4.5 % in 2005 and 2006, respectively. In the case of the WFP, HIV affected persons represent 9.3 and 9.6 % of the total number of beneficiaries of food programmes, as can be calculated on the basis of indicated statistical data. In 2006, Germany ranked 10th resp.

billion for the preceding time-frame.

**Table 6: Estimate of Total ODA-Resources mobilized by Germany for the Global Response to the HIV Crisis, Million US\$**

Financing Mechanism	Commitments		Disbursements	
	2005	2006	2005	2006
Bilateral Programmes and Components	61.9	177.0	55.7	75.9
Calculated Share of EC Programmes	19.6	22.1	18.4	22.9
Calculated Share of IDA-Programmes	11.3	4.8	12.0	6.1
Direct Contributions to UN-Organizations	16.6	15.3	16.6	15.3
Share of EC-Contributions to UN-Organizations	6.3	4.6	6.3	4.6
Direct Contributions to Global Fund <sup>1)</sup>	59.7	57.7	62.1	51.7
Share of EC-Contributions to Global Fund	9.6	14.7	9.6	14.7
Contributions to African Development Fund	2.9	2.4	3.1	3.1
<b>Total Contribution (US\$)</b>	<b>188.0</b>	<b>298.6</b>	<b>183.9</b>	<b>194.3</b>
<b>Total Contribution (Euro)</b>	<b>151.2</b>	<b>237.9</b>	<b>148.0</b>	<b>154.8</b>
<b>German Contrib. in relation to Estimated Need of International Cooperation</b>	<b>2.35%</b>	<b>3.01%</b>	<b>2.30%</b>	<b>1.96%</b>
<b>Share of Estimated Resources Mobilized through international Cooperation</b>	<b>3.30%</b>	<b>4.89%</b>	<b>3.23%</b>	<b>3.19%</b>

<sup>1)</sup> Including BACKUP-Initiative

8th among all contributors of these institutions, i.e. well below the position which would be appropriate regarding its economic capacity. Both organisations also receive EU funds which are proportionally co-financed by Germany through contributions to the common EU budget. The shares of HIV interventions within the overall expenditures or budgets can be taken from the annual reports and other documents for the already mentioned organisations that are involved in the health sector.

Based on current information by the Global Fund, HIV programmes accounted for 58 % of all resources provided during the last approval rounds. The fact that Germany's contribution in mobilising the financial means for the Fund is not sufficient even when including the partial co-financing of the EU contributions and the BACKUP-Initiative of the GTZ, was already analysed.

### **The total volume of resources does not live up to international responsibility**

The total estimate based on these calculations regarding the relevant financing mechanisms shows that the resources transferred to developing countries in support of HIV interventions during the reference years amount to approximately 150 million Euros. At the same time a small increase of disbursements can be observed which is due to the extraordinary - even though still inadequate - commitment level of bilateral cooperation in the year 2006. When put in relation to the total volume required from international cooperation, which should cover two-thirds of the need, Germany's contribution corresponds to only about 2 %. In respect to the resources actually mobilized by donor countries according to UNAIDS estimates, a proportional participation of little more than 3 % can be deduced. Even the total commitment figures of the exceptional year 2006 remain below 5 %. In view of the fact that an appropriate contribution would amount to at least 8 % taking

into account the respective GNI share, we must once more conclude that the financial resources provided by Germany are entirely insufficient.

### **Even the latest financing commitments are insufficient**

The announced increases of the contributions to the Global Fund as well as the partial increments of the bilateral disbursements that will accrue over several years from the higher commitments in 2006 do not suffice to compensate this deficit. The 200 million euros per year that have been promised during the replenishment conference for the Fund in September 2007 and that had been allocated in the 2008 budget of the Ministry for Development Cooperation represent an increase of 128 million euros in relation to the contribution of 2006. Of this amount a portion of 74 million euros corresponds to HIV programmes. The respective increase of the contribution of the EU to the Global Fund is negligible. Assuming an even distribution of the additional financial commitments of approx. 90 million euros in 2006 over the average project period of three years, an increase of approx. 30 million euros per year can be anticipated for bilateral disbursements. Even with an increased calculated share of the IDA-supported HIV interventions, the increase of funds will probably not exceed 115 million euros. This would add up to a total amount of 270 million euros or to 425 million US\$ using the presently favourable exchange rate. At the same time, the global financial requirements in 2008 will climb to 20.2 billion US\$ of which 13.5 billion have to be raised by the international cooperation. Germany's contribution in the year 2008 would then merely represent 3.2 % of the required funds.

## **E. Conclusions and Recommendations**

### **Serious financing gaps at all levels**

The detailed analysis shows that Germany's contributions to the international cooperation for dealing with the HIV crisis fall far short of what would constitute an appropriate participation in covering the urgent need. This is true for all three target areas, e.g. the volume of financial resources for the official development assistance at large, for health promotion and for the specific bundle of

interventions for coping with the HIV epidemic. Likewise, applying the same yardstick and compared to the efforts of the other economically privileged donor countries, the mobilized resources have to be rated as below average. Thus, we have to state that the endeavours to fulfil the relevant international agreements are deficient.

Firstly, considering only the real resource transfers and leaving aside the pseudo aid which is counted in official statistics, the total ODA volume is about one-third of the UN-agreed target level of 0.7 % of the GNI. If looking at matters without adornment, funding would have to be doubled in order to just fulfil the interim minimum ratio for 2010 set at 0.51% of the GNI in the EU timetable. Notwithstanding the recent increases of the budget of the Ministry of Development Cooperation, the efforts contributed so far have to be classified as insufficient.

Secondly, Germany's financial contribution in support of health promotion is particularly inadequate according to this appraisal. The main reason for this is the fact that this sector, despite its importance from a humanitarian and a developmental perspective, represents a proportion well below of the – still deficient - average achieved by OECD/DAC member states. Even in those partner countries where health was agreed as a priority area, the German resource transfers constitute only a tiny fraction of the investments in health care which would be required in order to achieve the MDGs. In relation to the GNI, Germany's total disbursements aiming to improve the health status of people in developing countries add up to no more than one-fifth of the necessary benchmark for 2010, estimated at 0.1%. Sadly, the increment of financial commitments in 2006 was only a temporary phenomenon and will only reduce the deficit to a small extent.

Thirdly, the resources provided for specific interventions to fight HIV reached only a level equal to one-fourth of what would have been an adequate volume, even when considering all relevant funding mechanisms and including the HIV components within health programmes with a broader approach. In concrete figures, the real disbursements registered in 2006 stood at less than 200 million US\$ whereas the appropriate contribution according to the urgent need and the

relative economic capability would have been approximately 800 million US\$. Moreover, the participation in financing the UN organizations which play a crucial role in policy development, programmatic planning and coordination, has to be characterised as completely inadequate.

### **Urgent actions required from Government and Parliament**

Indeed, there has been some progress regarding the mobilization of resources which are definitely to be embraced. These mainly include budget increases for the Ministry of Development Cooperation as well as the increment in the German contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the current replenishment cycle from 2008 to 2010. However, these efforts are not sufficient to live up to the international responsibility and to honour the promises already announced. Therefore, the Federal Government should immediately take the following actions:

### **Recommendations**

- Germany's official development assistance must at least reach the minimum target ratio set at 0.51 % of the GNI in 2010. Consequently it is necessary to prepare and approve a timetable with concrete annual target volumes thus safeguarding that the German development cooperation will constitute a predictable quantity for developing countries as well as other donor nations. Furthermore, Germany should join the numerous EU member states which strive to reach the UN target ratio of 0.7 % ODA/GNI ahead of the scheduled minimum levels set in the EU commitments.
- We call on the Federal Government to substantially increase the volume of the development cooperation devoted to health which up to now is rather exiguous even in international comparison in order to achieve a minimum level of 0.1% of GNI by 2010.
- The Federal Government should aim to contribute from 2008 onwards a minimum of 10 % of the financial resources required from international cooperation for achieving

universal access to HIV prevention, treatment and support. That means to increase the German contribution for the fight against the HIV epidemic to 1.3 billion US\$ in the running year and to increment the volume further to reach 2.8 billion US\$ by 2010.

- Likewise, Germany should contribute one-tenth to funding required for the relevant UN organizations and for the Global Fund to Fight AIDS, Tuberculosis and Malaria supporting these international institutions and enabling them to perform their crucial task to the full extent.
- Artificial restrictions for Germany's participation in financing multilateral organizations, especially the ceiling of 30 % established informally by the parliament's budget committee for multilateral contributions in the budget of the Ministry of Development Cooperation should be removed. Such restrictions are to be considered as obsolete relicts. Only contributions to organisations with a genuinely international scope should be considered for the assessment of the volume of multilateral ODA. The co-financing of the development cooperation administered by the European Union should not be included.
- In addition to urgently increasing budgetary resources the responsible decision-makers in the Government and the Parliament should approach the design and utilization of innovative financing sources in a more determined and consistent manner. In doing so priority should be given to those instruments which do not only raise additional resources but also provide means for the political governance of economic processes in terms of social justice and ecological sustainability. A first step should be the participation in UNITAID.
- Within the European Union the Federal Government should advocate that a higher significance is given to health promotion and to the response to HIV in the development cooperation administered by the European Commission, and that the required resources are provided avoiding any reduction of funds for other programmatic areas. Considering Europe's responsibility for international development

partnership and peace-keeping the German Government should also work towards the common goal that Europe provides at least half of the resources needed to roll back the HIV epidemic and other serious health problems..

- Debt relief should be seen as a parallel action alongside the consistent increase of real

resource transfers. It should not be counted as ODA and the same holds true for imputed costs for students from developing countries, expenses for assistance to refugees and administrative expenditure.

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## Abbreviations

AgA	Action against AIDS Germany
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy (or Treatment)
BACKUP	Building Alliances – Creating Knowledge – Updating Partners in the Fight against HIV/AIDS (GTZ programme)
BMG	Federal Ministry of Health
BMZ	Federal Ministry for Economic Cooperation and Development
BMBF	Federal Ministry of Education and Research
BMWi	Federal Ministry of Economics and Technology
CRS	Creditor Reporting System
DAC	Development Assistance Committee (at OECD)
EDF	European Development Fund
EPA	Economic Partnership Agreement
EU	European Union
G7/G8	Group of the seven/ eight (richest) industrial countries
GNI	Gross National Income
GTZ	Gesellschaft für Technische Zusammenarbeit (Technical Cooperation)
HIV	Human Immunodeficiency Virus
IDA	International Development Association (part of the World Bank Group)
IMF	International Monetary Fund
KfW	Kreditanstalt für Wiederaufbau (Financial Cooperation)
LDCs	Least Developed Countries
MDGs	Millennium Development Goals
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
SRHR	Sexual and reproductive health and rights
Tb	Tuberculosis
TRIPS	Trade Related Aspects of Intellectual Property Rights
UNGASS	United Nations General Assembly Special Session
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	UN Children's Fund
UNITAID	international facility for the purchase of drugs against HIV/AIDS, malaria und Tb
UNFPA	United Nations Population Fund
VENRO	Association of German development non-governmental organisations
WB	World Bank
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation
WTO	World Trade Organisation

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