

Session TUSY03

Where do resources come from to end AIDS?

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How to translate the multisectorality of AIDS to a multisectoral budget (at national level)

First I would like to start with a short description of the situation in Germany.

Germany has 82 Million inhabitants. We are a low prevalence country and based on our estimates there are 84.000 people living with HIV in Germany. 86% of all people who are living with HIV are diagnosed. 86% of those are under treatment und 96% have an undetectable viral load. Progress is needed for the first two 90ies and we are working hard on it. This work is done together with medial associations, civil society and many other partners.

For this work we need resources.

Where do they come from?

First:

We have a very robust health system. It is based on our national health insurance scheme. Every citizen has a mandatory health insurance. This insurance covers all costs for diagnostics, drugs, treatment and care for any disease. The patient has to pay just a little amount between 5 and 10 Euro for every prescription.

All other costs are covered by the insurance. The costs for substitution therapy are also included. Drug addiction is classified as a disease and therefore the costs are covered by the health insurance. Everybody has the same access and gets the best available therapy.

Just right before the AIDS conference our health minister announced that he will include the costs for PrEP in the national health insurance scheme. We have to change the law for this but afterwards everybody who fulfils the criteria has the same right to access PrEP.

Second:

Until now I spoke about treatment. So who is paying for prevention?

Prevention is in general not covered by the health insurance. With the exception of vaccinations.

Prevention activities are paid by the federal ministry of health and the 16 ministries of health of the regions (Länder) and several municipalities.

The Federal ministry of health spends about 12 Million Euro per year on prevention for HIV, Hepatitis and STI. Seven Million are forwarded to the Federal centre for health education BZgA and five Million to the NGO umbrella organisation Deutsche AIDS-Hilfe. They provide for example:

- General information on HIV, STI and Hepatitis
- Awareness campaigns on sexual health
- Specified information for doctors for the treatment of STIs such as Chlamydia, HPV, Hepatitis B and C
- Information and tools which can be used in schools to educate pupils
- Trainings for health care professionals and social workers to improve their knowledge on HIV and STI and to reduce Stigma and discrimination
- Specific information for key population as for example MSM, sex workers, people who use drugs and Migrant populations.
- Online and telephone counselling

The regions (Länder) are responsible for the “field work” of the local NGOs and low threshold testing sites. This includes needle and syringe exchange programmes, checkpoints for MSM and outreach work for sex workers. In most of the testing sites testing for HIV and STIs is free of charge. In some you have to pay a little amount.

This financing system is very robust and sustainable, because it stands on several pillars. The responsibility is not only on the national government. Länder and municipalities are also responsible. And the health insurance covers the biggest amount of the costs!

But there is one drop of bitterness:

We are unable to declare how much we spent on prevention and treatment.

On the other hand prevention activities at the municipality level are also sometimes underfinanced? But compared to many other European countries I have the impression that our system is much more solid.

This might also be related to the fact that from the beginning of the AIDS epidemic, there was a consensus between all parties –right or left wing- to support prevention activities. It is the only health topic to my knowledge where this consensus exists. This means if there is a change in the government the following government will continue the funding of ongoing projects.

In my opinion another pillar of our success is our respectful and trustful cooperation with NGOs. The German government decided already in the early 80ies to fund the work of NGOs.

At the beginning the main reason was that we knew that we would never be successful to reach key populations or if we would reach them they would not trust us.

The first years or even decades haven't always been easy. There have been many challenges, discussions and demands the government wasn't able to fulfil.

Civil society had to learn or accept that governmental processes take time because you have to negotiate and very often find compromises between different interests of different groups.

But over the years the cooperation became more and more trustful and powerful. We have regular meetings to discuss further steps of our national strategy and the priorities for the upcoming years.

And the NGOs are of utmost importance on behalf of negotiations for the prevention budget of the ministry for health. In most of the countries -and Germany is no exception- the ministry of health is weak within the government as a whole. So even if there is a consensus that the HIV response should be supported it doesn't mean that it is done on a proper manner.

Inner security, defence or finance are seen as the most important ministries and are more powerful. But the budget is not approved by the government, it is approved by the Parliament. And this is another aspect where we acknowledge the valuable support of NGOs. They worked and they still work hard to convince politicians about the important work which has to be done. And they are often very successful!

So my conclusion after 30 years of our successful AIDS response is:

Together we are much more powerful!

Thank you