COUNCIL OF THE EUROPEAN UNION

Brussels, 24 November 2005

14925/05

DEVGEN 232
RELEX 684
ACP 158
SAN 190

NOTE

from :	General Secretariat
dated :	24 November 2005
Subject :	World AIDS Day - EU Statement on HIV Prevention for an AIDS Free Generation

Following a silence procedure launched on 21 November and ended on 23 November 2005, the attached EU Statement has been approved by the Council and is therefore released with a view to World AIDS Day (1 December 2005).

EU STATEMENT ON HIV PREVENTION FOR AN AIDS FREE GENERATION

1. On the occasion of World AIDS Day 2005, and against the background of increasing HIV prevalence, we members of the European Union, reaffirm our commitment to tackle the AIDS pandemic in a comprehensive and integrated way, including prevention, treatment, care and research, and in particular to address the HIV prevention gap, which left unchecked will undermine the whole AIDS response. We note with grave concern that the pandemic is endangering human, social and economic development and seriously impacts on our ability to meet the targets set out in the 2001 UNGASS Declaration of Commitment on HIV and AIDS and our broader commitments under the Millennium Declaration including those contained in the September 2005 Summit Outcome Document.

2. The issue is a global one. Whilst most new infections still occur in sub-Saharan Africa, the growing epidemics in Asia and Eastern Europe highlight the need for renewed emphasis on scaling up evidence based HIV prevention to achieve universal access to comprehensive AIDS programmes. Some people, in particular women and girls, are disproportionately affected. Half of all new infections occur in young people and, in sub Saharan Africa, over three quarters of young people living with HIV are female. We fully acknowledge that the vulnerability of women and young people stems not from their lack of knowledge but from their disempowerment. Cultural norms about masculinity and gender put women at risk and also heighten men and boys' vulnerability to HIV.

3. Time and again the European Union has reaffirmed its political commitment to tackling HIV and AIDS[1]. In 2005, we have taken positive steps forward with the adoption of the European Programme for External Action to Confront HIV/AIDS, Malaria and Tuberculosis; the UNAIDS Policy Position Paper *Intensifying HIV prevention* and Europe's leading role supporting the Global Fund to fight AIDS, Tuberculosis and Malaria, including at the first replenishment conference. Looking forward it is recognised that the global commitments on AIDS agreed in 2005 to scaling up towards universal access to treatment by 2010 provide new opportunities and impetus for HIV prevention.

4. However, there is no room for complacency. Over two decades into the epidemic, less than one person in five has access to basic HIV prevention services. We welcome the advent of effective and affordable treatment but recognise that without a massive scaling- up of HIV prevention the trend in increasing numbers of people being infected each year will continue. This poses a major threat to countries' ability to sustain progress towards treatment for all in need. Against this background, it is timely for the European Union, as the largest donor and a committed actor to review its commitment to HIV prevention as an integral component of a comprehensive AIDS response.

5. The European Union's response must support efforts by partner countries to ensure that resources work efficiently through harmonisation and alignment in line with the 'Three Ones' principles and the Global Task Team recommendations that are the basis for greater and more coherent action at country level. We must also support partner countries efforts to address the structural determinants that underpin the HIV epidemic; this demands action to reduce poverty and placing the protection, promotion and respect of human rights including gender equality, the elimination of gender based violence, stigma and discrimination at the foundation of all AIDS policy and programme planning and implementation.

6. We, the European Union, support partner countries, including civil society, to develop a multisectoral response that recognises the added value of effectively engaging all sectors and that uses all entry points to provide evidence based prevention information and services including, for example, the workplace and faith based groups. We also recognise the need to support the development of functioning and effective health systems and address the alarming shortfall of reproductive health commodities.

7. The European Union wholeheartedly supports partners to ensure the meaningful engagement, at all stages of the response, of those groups most affected by and vulnerable to HIV, including people living with HIV and AIDS and young people. We also encourage efforts to support community mobilisation and, at all levels, actions that challenge and combat HIV-related stigma and discrimination.

8. The European Union recognises that strong political commitment, informed leadership and increased resource allocation at both global, national and local level is essential if we are to achieve the ultimate goal of an AIDS-free generation. However, HIV prevention requires that governments and communities have the courage to confront difficult issues in an open and informed way. We understand that in many settings there is a cultural resistance to openly discussing sex, sexuality and drug use. We are profoundly concerned about the resurgence of partial or incomplete messages on HIV prevention which are not grounded in evidence and have limited effectiveness.

9. We, the European Union, firmly believe that, to be successful, HIV prevention must utilise all approaches known to be effective, not implementing one or a few selective actions in isolation. We also believe that these interventions must be designed to reach all vulnerable people including women, children and young people, drug users and their sexual partners, men who have sex with men, sex workers, trafficked women, prisoners, migrant and refugee populations and people living with HIV and AIDS. While the exact nature of the response must be determined by local epidemiology and needs we suggest that the following are critical components of a comprehensive and evidence based response:

   a. Universal access to sexual and reproductive health information and services for women, men and young people, including people living with HIV and AIDS, to ensure that they have access to a full range of reproductive choices in accordance with the Cairo/ICPD Agenda.

   b. Provision of accessible and integrated health promotion and harm reduction services for drug users;

c. Reliable access to essential sexual and reproductive health commodities including male and female condoms and essential harm reduction commodities including substitution therapy and clean injection equipment;

d. Universal access to education and provision of life-skills and sexuality education and action to promote increased safety in schools for all children, to increase protection against abuse, rape, unintended pregnancy and sexually transmitted infection including HIV;

e. Integration of HIV prevention interventions, including voluntary counselling and testing for HIV, into other health services including sexual and reproductive health, family planning, maternity and tuberculosis services including provision of maternal to child transmission services for HIV infected pregnant women;

f. Action to confront and address gender based violence and to provide protection and support to victims of violence, including actions to prevent sexual violence at any time and specifically as an act of war through the education and training of armed forces;

g. Support investment in the development of new biomedical prevention technologies including microbicides and vaccines and, recognising that these will not be available in the immediate future, place renewed emphasis on operational research on sexual health and behaviour to inform the design, delivery and use of existing HIV and AIDS prevention information, services and supplies.

h. Promote the adoption of good workplace practice in all places of employment; this should include universal infection control and blood safety to prevent onward transmission for patients, health workers, emergency staff and other front line workers.

10. On a global and national level efforts to prevent the escalation of the HIV epidemic must be intensified. The European Union is strongly committed to taking action, and urges all actors to play their part in ensuring a successful outcome of the UNGASS + 5 review in 2006. Overturning the AIDS pandemic requires having the courage to do what is known to be effective. We, the European Union, call upon the international community to demonstrate this courage and to put at the centre of the AIDS response the well-being and rights of all people, in particular the young generation, to stay AIDS-free.

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[1] Including: Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, Dublin, 23-24 February 2004; Vilnius Declaration from the Ministerial Conference "Europe and HIV/AIDS- New Challenges, New Opportunities", 16 – 17 September 2004; Communication from the Commission to the Council and the European Parliament on a Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria, Tuberculosis (Doc 14245/04-COM (2004) 726 final); Council Conclusions of 23 November 2004 on Council Conclusions on HIV/AIDS, Malaria and Tuberculosis (doc. 15157/04) and Council Conclusions on a Renewed EU Commitment to ICPD in the Context of the Millennium Development Goals (MDGs) (doc.15158/04) and reaffirmed by the European Council in December 2004 (doc16238/1/04 REV, p.21); Communication from the Commission to the Council and the European Parliament on A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action (doc 9278/05 COM (2005) 179 final) and Council Conclusions of 24 May 2005; (The Council recognises the position of Malta as stated in Annex II of the Council Conclusions of 24 May 2005); Council Conclusions on Millennium Development Goals: EU Contributing to the Review of the MDGs at the UN 2005 High Level Event (9266/05) 24 May 2005; DG Sanco Council Conclusions on Combating HIV/AIDS, June 2005 and Council Recommendations of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (OJ L 165, 3.7.2003) UNGASS Commitment on HIV/AIDS 25-27June 2001; UNAIDS Policy Position Paper: Intensifying HIV Prevention (UNAIDS/PCB(17)/05.3 29 June 2005); EU Statement to UN High Level Summit, 14-16 September 2005.