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"I/A" ITEM NOTE

from :	General Secretariat
to :	COREPER/Council
Subject :	World AIDS Day (1 December 2006) - Draft EU Statement

1. On 23 October 2006 and following consultations with the Commission, the Presidency put forward a draft EU Statement on "Tackling HIV/AIDS: making further progress", with a view to releasing it on World AIDS Day (1 December 2006).

2. On 20 November 2006 and following a series of meetings, the Development Cooperation WP reached an agreement on the attached text.

3. The Committee of Permanent Representatives could therefore invite Council to adopt the draft EU Statement set out in the Annex at its session on 28 November 2006, with a view to releasing it in Brussels and Helsinki on World AIDS Day (1 December 2006).

DRAFT

EU STATEMENT

ON

TACKLING HIV/AIDS: MAKING FURTHER PROGRESS

World AIDS Day

Brussels/Helsinki, 1 December 2006

Global picture of HIV/AIDS in 2006

1. Globally almost 39 million people are living with HIV and AIDS. The AIDS epidemic is one of the biggest challenges to reaching the Millennium Development Goals. It is critical that the long term AIDS response is comprehensive - balancing the need for universal access to prevention, treatment care and support - and that it is placed within the context of overall development in support of national priorities.

2. There have been some encouraging developments during 2006:

- UNAIDS 2006 report on the global AIDS epidemic notes that the epidemic is growing at a slower pace than before;

- Decline in the proportion of people living with HIV has continued in parts of South East Asia, and there are more recent declines in parts of India and some African and Caribbean countries. It is particularly noteworthy that this can be partly attributed to young people's favourable behaviour change towards prevention;

- The number of people receiving treatment has increased;
- New female-initiated prevention methods are being developed with some promising results
- In May the World Health Assembly adopted the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, and important companion to the UNAIDS policy position paper and work plan on “Intensifying HIV Prevention”
- In October, the UN General Assembly noted the need for inclusion in the MDG framework of targets to track progress on universal access to reproductive health and to AIDS treatment

3. Tackling HIV/AIDS is enshrined in the 2005 European Consensus on Development as a cross-cutting issue that must be integrated in all policy sectors and all aspects of development and humanitarian responses. It provides a solid ground for Policy Coherence for Development - ensuring that the objectives of development cooperation are not undermined or negated by other policies with an impact on developing countries.

4. The EU has taken note of the recommendations concerning HIV/AIDS from the recent conference on policy coherence for development, held in Helsinki in early October, and strives for greater internal and external coordination of measures necessary to tackle the epidemic, partly through implementation of the European Programme for Action to Confront HIV/AIDS, Tuberculosis and Malaria through External Action.[1]

5. The EU reaffirms its commitment to universal access to comprehensive prevention programmes, treatment, care and support as stated in the June 2006 UNGASS Political Declaration on HIV/AIDS, which put a renewed emphasis on comprehensive prevention, including sexual and reproductive health, addressing gender inequality, stigma and discrimination, the needs of young people and vulnerable groups. We trust that the process of national target setting towards universal access will be completed by the end the year as expected. To be consistent with the human rights based approach and to secure a more effective outcome of the work, we must ensure that civil society, including persons living with HIV and AIDS, are informed and play an active role in setting and monitoring national goals for universal access in order to close the services gap for young people, women and all vulnerable groups and to hold their governments accountable.

[1] 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 (2007-2011) (COM (2005) 179 final) and Council Conclusions of 24 May 2005 (doc 9278/05).

6. Against the backdrop of these global commitments and building on the 2005 EU Statement in support of comprehensive and evidence based approach to HIV prevention[2] there are certain areas of particular concern to us that require continued advocacy and strengthened support of the EU, namely: feminisation of the epidemic and low coverage of comprehensive prevention and treatment programmes for young people, pregnant women and vulnerable groups with a view to mitigating one of the most devastating impacts of HIV/AIDS - the orphaning of children.

The face of the HIV/AIDS epidemic is that of a young person, most often female[3]

7. Worldwide, HIV infection rates are increasing among women and girls more that among men. Women now represent half of people living with HIV worldwide. In addition to biological factors, women and girls are socially and economically more vulnerable to HIV infection because of gender inequality and neglect and denial of their rights. The equality and empowerment of women is a fundamental social challenge and a prerequisite for equitable development and HIV prevention. Strong and forceful action must now be taken as a matter of urgency.

8. HIV is mostly contracted through sexual transmission. Yet girls and women lack control over matters related to their sexuality and their sexual and reproductive health and rights. Assuring girls' and women's access to sexual and reproductive health and rights must be at the centre of our response to the pandemic. Key to this achievement is the strengthening of health systems capable to provide confidential, voluntary counselling and testing, treatment, care and support as part of comprehensive sexual and reproductive health and HIV/AIDS services.

[2] Council of EU Doc. 14925/05, 24.11.2005 "HIV Prevention for an AIDS Free Generation."
[3] With respect to paragraphs 8 and 9, reference is made to Council of EU Doc 9278/05, 24.5. 2005 "A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action - Council conclusions" and the statement of Malta as stated in Annex II.'

9. The international community and national governments need to address the financing and health systems, political, social and cultural barriers to the use of and access to sexual and reproductive health supplies, such as male and female condoms, which are critical to enable women to protect themselves and their families from HIV with existing prevention methods. It is also important for men to assume their responsibilities in this context. These actions are also necessary to pave the way for use of new safe female-initiated prevention methods, e.g. microbicides that are being developed.

10. Inadequate access to food and income forces women and girls into high risk situations making them more vulnerable to HIV infection. As the number of orphans and vulnerable children increase, even greater burden is put on family and community networks, particularly female caregivers. Scaling up of support through strengthening of social protection systems and opportunities for less susceptible livelihoods for affected households, particularly those with children and the elderly, has a preventive effect and needs to be part of the AIDS response.

Capitalising on prevention[4]

11. While the epidemic remains centred in sub-Saharan Africa, Eastern-Europe and Central Asia have one of the fastest growing HIV epidemics in the world, largely driven by injecting drug use. However, HIV is a challenge also in the EU. The recent rise in the number of new infections in many EU member states and the results of the 2005 Eurobarometer highlight the urgent need to improve the level of knowledge about HIV within the EU and to reinvigorate prevention programmes in Europe.[5]

[4] With respect to paragraphs 14 and 15, ibid.
[5] In terms of the EU and the neighbouring countries combating HIV/AIDS has been addressed in the Commission Communication[5] identifying priorities for action until the end of 2009. COM(2005) 654 final, 15.12.2005.

12. When 4 million people, nearly half of them younger than 25 years old, are still contracting HIV each year, we, the European Union, urge the international community to put a renewed and strong emphasis on HIV prevention in ways that take into account gender equality and human rights.

13. Currently, less than one in five people at risk of becoming infected with HIV have access to basic prevention services worldwide. The coverage of prevention services is particularly low for pregnant women, children and vulnerable groups. Access to prevention, care and treatment is hampered by the extreme human resource crisis in the health sector and weaknesses of the health systems in developing countries. The EU is fully engaged in the identification of strategic actions to overcome this crisis.

14. The concept of universal access, in accordance with human rights based approach, clearly implies that *all people* should have access to comprehensive sexuality education, sexual and reproductive health and HIV prevention related information and services, guided by evidence, by principles of equity and non-discrimination and by a focus on impact, responsive to the different dynamics of the epidemic.

15. Improved prevention requires a concerted effort to fill the persistent gap towards universal access to sexual and reproductive health supplies including male and female condoms. We have to allocate significant resources for sexual and reproductive health services, including supplies and development and dissemination of microbicides and other female-initiated prevention methods and vaccines.

16. The vast majority of children living with HIV get it from their mother. The global coverage of services to prevent HIV infection in infants is unacceptably low with only 9 % of pregnant women having access to such services in 2005. Likewise the development and affordability of diagnostic tools, paediatric drugs and coverage of treatment for children lags far behind what is available for adults. Existing and new initiatives to ensure universal access to treatment for children and to services for prevention of mother to child transmission of HIV must be supported on a long term basis with adequate attention to strengthening maternal health services.

17. Governments are often reluctant to provide services to vulnerable groups including men who have sex with men, sex workers, injecting drug users, prison populations and may even deny their existence. Sustained access to comprehensive harm reduction programmes where drug use is driving the epidemic is as important a tool for HIV/AIDS prevention as any other component of comprehensive prevention. Fear of stigma and discrimination prevents people from coming forward for counselling and testing, treatment, care and support even when these services exist. A failure to change this reality may reverse all our prevention efforts.

The way forward

18. Although some encouraging developments have taken place, the HIV/AIDS situation on 1 December 2006 remains extremely dramatic and the challenges ahead are huge.

19. A balanced approach to scaling up prevention and treatment is urgently needed. It is estimated that treatment alone would avert 9 million new infections globally. Combined scaling up of prevention and treatment would avert 29 million new infections by 2020. The World Bank estimates that every dollar spent on prevention programmes may save as much as 43 dollar in treatment costs.[6]

[6] "The Economics of Effective AIDS Treatment - Evaluating Policy Options for Thailand", the World Bank, 2006.

20. This provides the rationale for the EU to continue focusing on and to strongly lobby to ensure that all people have access to comprehensive HIV prevention information, supplies and services. To ensure access to affordable treatment, particularly as regards second-line drugs under patent, it is absolutely necessary to mobilise political will to put global public health before trade and ensure the agreements reached at the WTO contribute to this.

21. The EU will continue working in the area of HIV/AIDS through a wide array of financing instruments both at country and global level including through the Global Fund to Fight AIDS, Tuberculosis and Malaria which receives most of its funding from the European Union. The EU welcomes the recent creation of the International Drug Purchase Facility, UNITAID. As an innovative financing mechanism UNITAID will contribute with its partners – notably the WHO and the Global Fund – to universal access in areas where coverage is low, in particular paediatric and second-line ARV.

22. The EU will work to ensure that existing instruments, including the Global Fund, facilitate the financing of the full range of services and supplies[7] required for comprehensive HIV and AIDS programming, including universal access to sexual and reproductive health and marginalised issues as discussed above. Where this is not possible, alternative instruments may need to be developed.

23. The EU will pursue further its efforts to reach universal access while ensuring that the aid architecture to tackle the epidemic is in line with harmonisation and alignment as stated in the 2005 Paris Declaration on Aid Effectiveness.

[7] Reference is made to Council of EU Doc 9278/05, 24.5. 2005 "A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action - Council conclusions" and the statement of Malta as stated in Annex II.'

24. The EU reiterates that strong political commitment and leadership combined with increased resources is needed to tackle HIV/AIDS both at global and country level and renews its call upon the international community to address the marginalised issues included in this statement. This World AIDS Day we need to make sure we are keeping the promise on providing universal access. If we act together, we will make substantial further progress.