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| from : | Working Party on Development Cooperation |
| to : | COREPER/Council |
| No. prev. doc.: | 15407/06 |
| Subject : | World AIDS Day (1 December 2007)<br>- Draft EU statement on keeping the promise to stop HIV/AIDS<br>= Adoption |

1. On 31 October 2007 and following consultations with the Commission, the Presidency put forward a draft EU Statement on "Keeping the promise to stop HIV/AIDS", with a view to releasing it on World AIDS Day (1 December 2007).

2. On 27 November 2007 and following a series of meetings, the Working Party on Development Cooperation 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 29 November 2007, with a view to releasing it in Brussels and Lisbon on World AIDS Day (1 December 2007).

**DRAFT**
**EU STATEMENT**

**on**

**KEEPING THE PROMISE TO STOP HIV/AIDS**

**World AIDS Day (Brussels/Lisbon, 1 December 2007)**

1. On the occasion of World AIDS Day 2007, the European Union (EU) strongly reaffirms its commitment to tackle the exceptional challenge posed by the global AIDS pandemic through a longer term and strategic effort that can lay the ground for sustainable progress in the decades to come.

2. As outlined in our EU Programme for Action[1] and fully respecting the principle of ownership, we are committed to address HIV and AIDS as an objective in its own right, and as a cross cutting priority through mainstreaming within national development plans and programmes, including in Poverty Reduction Strategy Papers, and in development cooperation programmes of the EC and EU Member States.

3. Recognizing that the efforts made so far have not been sufficient to stem the worldwide expansion of the AIDS pandemic, aggravated by poverty, we reiterate our strong resolve to support partner countries as they are scaling up towards universal access to HIV prevention, treatment, care and support by 2010 - the target set by the international community at the 2006 UNGASS on HIV/AIDS as an interim measure towards the 6th Millennium Development Goal (MDG).[2] We recognize the critical significance of tackling the AIDS pandemic in our efforts to successfully achieve all MDGs.

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[1] EU Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through external action (2007-2011), endorsed by Council in its conclusions of 24 May 2005 (doc. 9278/05).

[2] MDG 6: Combat HIV/AIDS, malaria and other diseases. Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

4. Today an estimated 33,2 million people are living with HIV, and the pandemic continues to globalize, with the most striking increases occurring in East Asia, Eastern Europe and Central Asia. Women make up an increasing proportion of people living with HIV and young women in particular are being affected at higher rate than heretofore. Sub-Saharan Africa remains the most affected region, in particular Southern Africa, home to one third of all people living with HIV globally and also suffering from more than one third of all AIDS-related deaths in 2007. In several countries the pandemic has shortened life expectancy by more than two decades and globally it is killing an estimated 2.1 million people in 2007 alone.[3]

5. In just 26 years, AIDS has emerged as a leading cause of death globally in men and women aged 15 to 59 years. In many regions of the world, new HIV infections are heavily concentrated among young people (15-24 years old), which accounted for 40% of new HIV infections in 2006. By affecting predominantly young and middle-aged adults who are the mainstay of the economy and the principal support of their families, the pandemic destroys the very fabric of societies. It hamstrings economic growth and makes the provision of social services more difficult.

6. We welcome the considerable progress made in bringing essential HIV services to those in need in low and middle-income countries (LICs and MICs), where 95% of people living with HIV reside. The number of people receiving antiretroviral treatment has increased dramatically since 2001 from only 100,000 to more than 2.5 million people today.[4] Declines in HIV prevalence have been reported in several countries, following the implementation of strong HIV prevention measures. These positive results are directly related to the significant and unprecedented rise, in development cooperation, in financing of HIV and AIDS programmes in LICs and MICs, which increased more than thirty-fold over a decade from US$ 292 million in 1996 to around US$ 10 billion in 2007.[5]

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[3] AIDS Epidemic Update 2007, UNAIDS.

[4] Dr Peter Piot, UNAIDS Executive Director, speech at Woodrow Wilson International Centre for Scholars, 20 September 2007.

[5] Financial resources required to achieve universal access to HIV prevention, treatment, care and support.

7. We emphasize the urgent need for sustained political leadership and greater investments in HIV prevention to get ahead of the AIDS pandemic. We cannot afford to lose the opportunity to avert more than half of all new infections projected between 2005 and 2015 through a comprehensive, scaled up HIV prevention response. We know what works to prevent new infections. Drawing on the EU Statement on HIV prevention for an AIDS-free generation,[6] we need to ensure that our prevention strategies are evidence-based, built on a sound understanding of the local context and what drives the pandemic. If we fail to do this, future treatment costs will continue to mount.

8. Recognizing the need for comprehensive prevention approaches, the EU will continue to support research and development in new prevention technologies, such as vaccines, female controlled prevention methods such as microbicides and antiretroviral pre-exposure prophylaxis, and will carefully address and monitor the policy, programming, financing and gender implications of bringing existing effective technologies to scale.

9. The EU, however, notes that according to new data,[7] the numbers of people dying from AIDS globally has slightly declined, partly due to the scale up in treatment access, while AIDS remains the main cause of mortality in Africa. More than 70% of those in urgent need of antiretrovirals lacked access to these drugs in 2006. As HIV progresses, and as the number of newly infected people continues to greatly outnumber those who gain access to treatment - for every 1 person on treatment, a further 5 or 6 are newly infected -, the number of people needing therapy will grow significantly in the future.

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[6] EU Statement on World AIDS Day, 1 December 2005 (doc. 14925/05).
[7] AIDS Epidemic Update 2007, UNAIDS.

10. We stress the importance of scaling up treatment programmes in pace with the need, and increasing access to affordable quality drugs, including second- and third line treatment This is particularly true as regards children for whom the development and affordability of diagnostic tools, paediatric drugs and coverage of treatment lags far behind what is available for adults.. This is critical also in terms of our efforts to preserve the productivity of adults and their households, to reduce costly hospitalization, and to alleviate the impact of the pandemic on national economies and human development. Recognizing the lethal consequences of dual infections of HIV, tuberculosis and malaria, and noting with particular concern the emergence of extensively drug resistant strains of tuberculosis, we call for increased collaboration and integration of prevention and treatment programmes and services for mutual reinforcement to confront the three diseases.

11. We are committed to work harder to address the fundamental drivers of the pandemic. The EU is concerned by the stigma and discrimination still endured by people living with HIV and calls for the full respect of their human rights, including freedom of movement. Until we address stigma and discrimination, the unequal status of women, and the marginalization of people living with HIV and of populations at particular risk of HIV infection,[8] including men who have sex with men, injecting drug users, sex workers, prison populations, migrants, refugees, trafficking victims and others,[9] neither prevention nor treatment programmes will reach everyone who needs them.

12. We also need to ensure the greater and meaningful involvement of people living with HIV and AIDS, in the design, implementation and monitoring of interventions. We need to empower those most affected by the pandemic to act on their own behalf and in their own interest.

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[8] As identified in the UNAIDS Action Plan on intensifying HIV prevention - http://www.unaids.org/

[9] Council and Member States Conclusions on Recently emerging issues regarding HIV/ AIDS (doc. 7227/07).

13. Throughout 2007 the EU has successfully led efforts to strengthen global attention and action to address gender inequality, gender-based violence and abuse as drivers of the AIDS pandemic, calling for intensified efforts to safeguard women's and girls' rights, develop effective HIV and AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health and rights (SRHRs) within the context of established EU positions,[10] and to support the full involvement of women in planning and decision making related to HIV strategies and programmes. We are committed to work collectively and individually to support partner countries in implementing strategies for gender equality, women's rights and empowerment and approaches which are effective for women and girls in response to the AIDS pandemic.

14. As emphasized in our European Programme for Action[11], more investments should be made in strengthening health systems and human resources necessary to deliver health, education and social services of vital importance to effective HIV prevention, treatment, care and support. Efforts should be made to reinforce, at national and local levels, capacities to respond to HIV and AIDS, as well as to manage HIV and AIDS programmes effectively and ensure that they are closely integrated with healthcare, including SRH, maternal health, tuberculosis and malaria services[10], to enhance long-term sustainability and make optimal use of HIV and AIDS financing.

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[10] The European Consensus on Development, OJ C 46 of 24.2.2006, Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Recently emerging issues regarding HIV/AIDS (doc 7227/07, including the Statement in the Annex), Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Gender Equality and Women's Empowerment in Development Cooperation (doc. 9561/07) and a European programme for action to confront HIV/AIDS, Malaria and Tuberculosis through external action (doc. 9278/05).

[11] European programme for Action to tackle the critical shortage of health workers in developing countries (2007-2013), endorsed by the Council in its conclusions of 14 May 2007 (doc. 7189/07).

15. Recognizing that investment in education is fundamental in the fight against HIV, we will continue to promote and invest in improved access to education, especially for those children most affected by HIV and AIDS, as well as those most at risk. We will support the inclusion of comprehensive education on sexuality and HIV prevention, and especially on aspects of feminization? In education programmes in order to raise awareness among children as well as young women and men of the threat posed by the pandemic.

16. Considering the deplorable low coverage of effective prevention of mother-to-child transmission services, which reached only 11% in 2006; the very low coverage of HIV infected children requiring antiretroviral treatment, just at 8%; and the more than 15 million children who have lost one or both parents to AIDS, we call for renewed efforts to ensure the rights of the child, including the enjoyment of the highest attainable standard of health through the provision of facilities for the treatment of illness and rehabilitation of health care services.

17. Mindful of the need to help closing the huge financing gap between needs and available resources and ensure long term and predictable financing of HIV and AIDS programmes, we reaffirm our commitment to continue making contributions which reflect the weight and importance of Europe as a major international partner in development.

18. The EU will continue working in the area of HIV and AIDS through a wide range of financing instruments both at global and country level, including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and through innovative financing mechanisms such as UNITAID[12].

[12] http://www.unitaid.eu

19. The EU reaffirms its commitment and leadership in support of the GFATM, which has demonstrated its value in mobilizing and channelling resources for effective country-led action. We welcome the substantial progress made at the Berlin Replenishment Conference (26-28 September 2007) in ensuring adequate, long-term and predictable financing, including through significant contributions from the EU.[13] We also welcome the steps made by the GFATM to further enhance predictability through support to national strategic plans and to strengthen support for gender sensitive programmes.

20. The EU is particularly committed to enhancing aid effectiveness, based on partner country ownership and on the 2005 Paris Declaration on Aid Effectiveness, the EU Code of Conduct on Complementarity and Division of Labour and the "Three Ones" principles.[14]

21. The EU also reaffirms its commitment to the UN system in its fight against HIV and AIDS, in particular UNAIDS (Joint United Nations Programme on HIV/AIDS)[15], in its support for national and international efforts to scaling up towards achieving universal access to HIV prevention, treatment, care and support in 2010. The EU acknowledges that the global campaign for the health MDGs and in particular the international health partnership are expected to play an important role in supporting partner governments effort to strengthen their own systems and to improve coordination in-country in order to help deliver HIV/AIDS services.

22. Today, on World AIDS Day, we can reflect on the progress made, while also bearing in mind that the work is far from completed. We, as European Union, must continue moving forward building on what we have achieved and strive collectively to make further progress. The EU remains committed to being a leader in keeping the promise to stop the HIV and AIDS pandemic.

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[13] At the Berlin Conference, donors pledged 9,7 billion USD to the GFATM over the period 2008-2010. Around 50% of this amount corresponds to the EU's contributions.

[14] One national HIV/AIDS framework, One broad-based multi-sectoral HIV/AIDS coordinating body, and One agreed country-level monitoring and evaluation system.

[15] The UNAIDS Secretariat and 10 co-sponsoring agencies.