

Brussels, 23 May 2008

Dear Member of the Development Cooperation Working Group,

On 10 and 11 June, the High Level Meeting on HIV/AIDS will take place in New York. This meeting provides a vital opportunity for the world to **take stock of the progress made since the adoption of the 2006 Political Declaration on HIV/AIDS.**

We are rapidly approaching the **deadline of 2010** to achieve universal access to HIV prevention, treatment, care and support, as committed to by UN Member States in 2006 and we have passed the half-way mark of the target date of achieving the **Millennium Development Goals by 2015**, with few signs of being on track. We applaud the strong text of the draft EU Statement for the High Level Meeting, which clearly demonstrates the leadership role the EU is taking in the road to achieving universal access for all and a world without AIDS.

However, we believe the current text could be further strengthened by including the following issues:

**Access to essential HIV services for key populations<sup>1</sup>**

We welcome the paragraph on the need for further action to increase HIV prevention services for the most at risk populations. However, not only coverage of HIV prevention services, but access to the full range of essential HIV services, including HIV treatment, care and support remain alarmingly low for key populations, including men who have sex with men, injecting drug users and sex workers. This is a violation of the right to health and to health care and services for these groups. In addition, we urge the EU to include **sex workers** as one of the most at risk populations in the EU Statement.

- ⓧ The concept of universal access to HIV prevention, treatment, care and support clearly implies that **all people should have access to all HIV related information and services.** If universal access is to have any meaning at all, it must address all needs of those most vulnerable to and those most affected by HIV/AIDS such as sex workers, injecting drug users and men who have sex with men.
- ⓧ The UNAIDS-led process of national **target setting towards universal access should explicitly address the needs of key populations.**
- ⓧ The right to **health** and health care is a **human right.** This right should be promoted and protected for all persons, including marginalized and vulnerable groups and key populations,

**Sexual and reproductive health and rights and information for young people, in particular young women and girls**

**Young people** accounted for about **40 per cent of new HIV infections among adults (15+)** in 2007, and 5.4 million young men and women are living with HIV. Current HIV prevention efforts reach only a few at-risk adolescents. Young people can not protect themselves if they do not know the facts about HIV transmission and how to prevent it. In many parts of the world, knowledge about HIV transmission is still low. One of the consequences is that **millions of young people are becoming sexually active each day with no access to basic HIV information and prevention services.**

<sup>1</sup> Key populations are groups that are of higher risk of being infected or affected by HIV, or play a key role in how HIV spreads, such as men who have sex with men, injecting drug users and sex workers. Key populations vary according to the local context.

- ⌘ Young people, in particular young women and girls have **the right to accurate information, education and skills**, as well as youth-friendly **HIV related and sexual and reproductive health services**.
- ⌘ They should have **increased access to life saving commodities**, including condoms (male and female) for those who are sexually active, voluntary counseling and testing, as well as diagnosis and treatment of sexually transmitted infections (STIs).
- ⌘ There is a significant need and potential to scale up towards HIV prevention, treatment, care and support through recognising and **strengthening the linkages between HIV/AIDS and sexual and reproductive health and rights**.

### **Financing for HIV/AIDS, and Health Systems Strengthening**

There is a growing donor interest in budget support, “horizontal” financing and strengthening of health systems. Support for the strengthening of health systems is essential, as universal access to HIV prevention, treatment, care and support will never be achieved without strengthening health systems and access to primary health care. However, there is a risk that increased attention to budget support, “horizontal” financing and health systems strengthening could result in a **reduction of donor aid available to tackle specific diseases**, especially highly stigmatised diseases such as AIDS, that primarily affect those most vulnerable and marginalised within society, including people living with HIV and AIDS, sex workers, injecting drug users and men who have sex with men. Moreover, the response to HIV/AIDS is still faced with an enormous financing gap<sup>2</sup>, which cannot be addressed by “horizontal” or “vertical” financing alone.

- ⌘ Health system strengthening is vital for achieving universal access. . However, in addition, **there is a continuous need for increased and sustainable HIV/AIDS specific financing, to address the financing gap and responding to the exceptionality of the HIV epidemic, such as HIV-related stigma and discrimination and criminalisation and mitigating the impact of HIV/AIDS, which cannot be addressed through strengthening the health system alone**
- ⌘ Budget support should be channelled based on a performance and results oriented approach with **specific indicators on sustainable health outcomes including access to health care and comprehensive HIV services for the most vulnerable and marginalized populations**. To maximise the effects of budget support, it is important for donors not to depend solely on this instrument alone, but to use **a range of different aid modalities**, including sector and programme support and project aid, if universal access to essential HIV services for all is to be achieved.

### **National leadership and involvement of civil society**

Developing national strategic frameworks in a country is a complex political process, involving many stakeholders, which must respond to national and local contexts and needs and should be **country-driven** instead of donor-driven. **The role of civil society is key** in the formulation, delivery, evaluation and monitoring of effective policy and programmes. Moreover, the EU should show greater support for the involvement of marginalised communities in target setting, service delivery and monitoring. It should also be noted that people living with HIV and AIDS should **not** be referred to as patients, as the draft EU text currently does in the paragraph on freedom of movement. People living with HIV and AIDS should be regarded as strong and active players in determining policies and programmes that affect them.

- ⌘ National leadership should be strongly promoted including full country ownership in strategic priority setting and the development of HIV policies and programming. Full country ownership means the **effective involvement of civil society, including key populations in all stages of the national HIV response**, including in the development, implementation and monitoring of HIV policies and programmes and national health plans.
- ⌘ Technical and financial resources should be made available for **capacity-building of civil society**, including key populations and other vulnerable and marginalized groups, to ensure that they can **participate fully and effectively in the dialogue with decision makers at all levels** regarding the governance, coordination and prioritization of priority setting and funding allocations.

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<sup>2</sup> In 2008 the HIV/AIDS financing gap is 8 billion, according to the WHO

Finally, we would like to stress the need to refer to situations of fragility and conflict in the EU statement, since vulnerability to HIV is much higher in these situations, in particular for young women and girls.

We very much hope the EU will pay urgent attention to these issues in order to ensure a powerful EU Statement for the High Level Meeting on HIV/AIDS.

Yours sincerely,

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Stop AIDS Alliance

On behalf of:

Stop AIDS Alliance	Brussels
International HIV/AIDS Alliance	United Kingdom
STOP AIDS NOW!	The Netherlands
International Planned Parenthood Federation – European Network (IPPF EN)	Brussels
German Foundation for World Population (DSW)	Brussels
Marie Stopes International	Brussels
Pro Familia	Germany
Väestöliito	Finland
Riksförbundet för sexuell upplysning (RFSU)	Sweden
Sex og Samfund	Denmark
Sensoa	Belgium
Associação para o Planeamento da Família (APF)	Portugal
Cyprus Family Planning Association	Cyprus
World Population Foundation	The Netherlands
Cordaïd	The Netherlands
Irish Family Planning Association (IFPA)	Ireland