

July 2007

Dear Member of Parliament,

In view of your upcoming discussions in the national Parliament about the ACP country strategy papers (CSPs), the undersigned organizations, working in the field of **HIV/AIDS and Sexual and Reproductive Health and Rights (SRHR)**, would like to express their **strong concern** about **the lack of prioritization of health in the CSPs** that will be financed through the coming 10th EDF (2008-2013).

Article 25 of the Cotonou Agreement contains a legal commitment for the EU to support basic social infrastructure and services.¹ The European Consensus, adopted in 2006 as the joint EU policy framework for development cooperation, includes very clear commitments to tackle HIV/AIDS and to promote SRHR. These underline Africa's own commitments made to SRHR and HIV/AIDS in 2006, both in Maputo² and in Abuja³.

Finally, the EU Council Conclusions adopted in May 2002 on the European Commission's Communication on Health and Poverty reaffirmed the EU's support to those developing countries who agreed to work towards the targets set by themselves for investments in health, such as the target set in Abuja in 2001 (reinforced by the African Union in May 2006 to allocate at least 15% of the national annual budget to improving the health sector and setting aside a substantial proportion of these funds to tackle HIV/AIDS, Malaria and Tuberculosis. This is reinforced by the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis 2007 -2011, adopted in 2005, which proposes that the EU should "aim for a contribution that helps to fill the financing gap for the three diseases and meet MDG 6."

Despite these legal and political commitments, research undertaken for the 2015 Watch Report 2007⁴, which will be officially launched in Brussels and in Wiesbaden parallel to the JPA meeting, shows that **very few CSPs in the 10th EDF will support health as a focal sector**. This is in line with the EC Issues Papers guiding the drafting of the ACP CSPs (according to which the number of

¹ "Cooperation shall support ACP States' efforts at developing general and sectoral policies and reforms which improve the coverage, quality of and access to basic social infrastructure and services and take account of local needs and specific demands of the most vulnerable and disadvantaged, thus reducing the inequalities of access to these services. Special attention shall be paid to ensuring adequate levels of public spending in social sectors."

² In 2006 AU Heads of State adopted the Continental Policy Framework on Sexual and Reproductive Health and Rights which calls for increased resources to strengthen the health sector and improve access to services, including reproductive health care services. As a follow-up the AU Ministers of Health adopted the Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive health and rights 2007 – 2010 in September 2006 to develop a comprehensive multisectoral approach to sexual and reproductive health including the response to HIV/AIDS and nutrition.

³ During the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria in Abuja, Nigeria, in May 2006, the Heads of State of the Member States of the African Union adopted the 2006 Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services by 2010; and of the MDGs.

⁴ Watch Report 2007 is published by the Alliance 2015 and will be officially launched at the end of June 2007

CSPs focused on health would decrease from 4% under the 9th EDF to only 2% under the 10th EDF⁵) and with a recent civil society report on EC's development funding for health.⁶ This is extremely concerning, especially considering the fact that most African countries are yet to attain the 15% public spending for health and **a big financing gap remains.**

The CSPs do not include any information on how this funding gap will be resolved. In addition, budget support as the preferred aid instrument by the European Commission creates challenges for ensuring that adequate funds will go to health services and for monitoring this. **There is currently no agreed mechanism for allocating a proportion of funds for general budget support as ODA for health.**

In conclusion, we would like to stress that the lack of strong health systems, coupled with the spread of HIV/AIDS and the lack of access to sexual and reproductive health services and information is severely undermining the social and economic development of ACP countries and is **a violation of the universal right to health** and a serious obstacle to a life in dignity.

We urge you to take these concerns into consideration in your deliberations on the CSPs in the Parliament and to request clarity from the European Commission and the Council of the EU on the process and choice of issues of the CSPs.

Sincerely yours,

Stop AIDS Alliance, Brussels
German Foundation for World Population (DSW), Germany
Marie Stopes International, Brussels
IPPF-EN (International Planned Parenthood Federation - European Network), Brussels
Stop AIDS Now!, The Netherlands
International HIV/AIDS Alliance Secretariat, United Kingdom
International HIV/AIDS Alliance Country office Caribbean, Trinidad and Tobago
International HIV/AIDS Alliance Country office China
International HIV/AIDS Alliance Country office Ivory Coast
International HIV/AIDS Alliance Country office India
International HIV/AIDS Alliance Country office Madagascar
International HIV/AIDS Alliance Country office Mozambique
International HIV/AIDS Alliance Country office Myanmar
International HIV/AIDS Alliance Country office Sudan
International HIV/AIDS Alliance Country office Uganda
International HIV/AIDS Alliance Country office Ukraine
International HIV/AIDS Alliance Country office Zambia
IPC (Initiative Privée et Communautaire contre le Sida), Burkina Faso
Colectivo Sol, Mexico
AMSED, Morocco
ANCS (Association Nationale contre le Sida), Senegal

⁵ In most CSPs for Sub-Saharan Africa for 2008-2013, transport and macro-economic support will dominate as funding priorities, whereas specific allocations to the response to HIV/AIDS and the promotion of SRHR will be extremely low.

⁶ This report entitled "An Unhealthy Prognosis, the EC's development funding for health", was published by Action for Global Health, DSW and Eurostep in May 2007. Visit www.actionforglobalhealth.eu to access the report.

African Council of AIDS Service Organisations (AfrICASO)
Marie Stopes Tanzania
Marie Stopes Timor Leste
Marie Stopes Pacific
Marie Stopes Uganda
ActionAid International
Yumi Health, Papua New Guinea
IPPA (Indonesian Planned Parenthood Association, Indonesia)
Perdhaki (Foundation for the Development and Health Management), Indonesia
Youth Incentives, The Netherlands
TAABCO, Kenya
ASTRA (Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights), Poland
Social Help & Research Organization, Pakistan
Women's Global Network for Reproductive Rights, The Netherlands
Latin American and Caribbean Women's Health Network, Chile
Spanish Interest Group on Population, Development & Reproductive Health, Spain
Australian Reproductive Health Alliance, Australia
Ipas, United States of America
World Population Foundation, The Netherlands
Interact Worldwide, United Kingdom
GAYa Nusantara, Indonesia
ANPPCAN Zambia Chapter, Zambia
Women's Shadow Parliament, Kenya
Development Through Media, Kenya
Community Mobilization for Economic Development, Kenya
SchoolNet, Uganda
Women Fighting Aids in Kenya
Sustainable Aid in Africa International, Kenya
IPPA Chapter Yogyakarta, Indonesia
MFPF (Mouvement Francais pour le Planning Familial), France
AMREF, Kenya
YouAct, The Netherlands
Students Partnership Worldwide, Uganda, Tanzania, Zambia, Zimbabwe, South Africa and Sierra Leone
World Population Foundation, Vietnam
Action Canada for Population and Development, Canada
The Pemba Island Relief Organization, Tanzania
Equilibres & Populations, France
Fédération Laïque des Centres de Planning Familial, Brussels
CESTAS, Italy
AIDOS, Italy