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## MOTION FOR A RESOLUTION

to wind up the debate on the statement by the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy

pursuant to Rule 110(2) of the Rules of Procedure

on a rights-based approach to the EU's response to HIV/AIDS

**Ulrike Lunacek, Heidi Hautala, Barbara Lochbihler, Judith Sargentini**  
on behalf of the Verts/ALE Group

**B7-0426/2010**

**European Parliament resolution on a rights-based approach to the EU's response to HIV/AIDS**

*The European Parliament,*

- having regard to the upcoming XVIII International AIDS Conference: ‘Right Here, Right Now’, to be held in Vienna on 18-23 July 2010,
- having regard to the UN Declaration of Commitment on HIV/AIDS, 'Global Crisis – Global Action', adopted by the United Nations General Assembly on 27 June 2001, during its 26th Special Session,
- having regard to the United Nations General Assembly Special Session (UNGASS) High-Level Meeting on HIV/AIDS of 2 June 2006 and the political declaration adopted at that meeting,
- having regard to the Abuja Declaration of 27 April 2001 on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, and to Africa's Common Position to the UNGASS 2006 High-Level Meeting and the Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, signed in Abuja on 4 May 2006 by the African Union,
- having regard to its resolution of 6 July 2006 on HIV/AIDS: Time to Deliver; of 24 April 2007 on combating HIV/AIDS within the EU and in the neighbouring countries, 2006-2009; of 20 November 2008 on HIV/AIDS: early diagnosis and early care,
- having regard to the Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011), November 2009,
- having regard to the 2009 UNAIDS report on the global AIDS epidemic,
- having regard to the UNAIDS Outcome Framework 2009-2011,
- having regard to the Commission Communication on 'Combating HIV/AIDS in the European Union and neighbouring countries' and strategy for combating HIV/AIDS in the EU and neighbouring countries 2009-2013,
- having regard to the United Nations 2010 Millennium Development Goals Report,
- having regard to its resolution of 15 June 2010 on progress towards the achievement of the Millennium Development Goals: mid-term review in preparation of the UN high-level meeting in September 2010,
- having regard to Rule 110(2) of its Rules of Procedure,

- A. whereas the number of people living with HIV continues to grow, with an estimated 33.4 million people living with HIV globally and, particularly worrying, 2.7 million newly infected in 2008,
- B. whereas Sub-Saharan Africa remains the most heavily affected region, with 22.4 million people living with HIV and 71% of all new HIV infections in 2008,
- C. whereas an estimated 17.5 million children lost one or both parents to AIDS in 2008 – with the vast majority of these children living in sub-Saharan Africa – and frequently suffer from stigma and discrimination and may be denied access to basic services such as education and shelter while also increasing their vulnerability to HIV infection,
- D. whereas women and girls continue to be affected disproportionately by HIV/AIDS, with women accounting for approximately 60% of HIV/AIDS infections in sub-Saharan Africa and HIV/AIDS still being the leading cause of death and illness in women of reproductive age,
- E. whereas same-sex behaviour is still heavily stigmatized, most notably in sub-Saharan Africa, where 31 countries criminalize same-sex activity between consenting adults, 4 punish it with the death penalty, and others provide for criminal penalties in excess of 10 years' imprisonment, such stigmatization impeding HIV/AIDS prevention work,
- F. whereas the relationship between HIV/AIDS and disability has not received due attention, although persons with disabilities are found among all key populations at higher risk of exposure to HIV/AIDS,
- G. whereas AIDS remains one of the leading causes of death globally, accounting for 2 million deaths in 2008, and is projected to continue as a significant global cause of premature mortality in the coming decades,
- H. whereas by the end of 2009, estimated 5 million people in low- and middle-income countries were receiving antiretroviral therapy – a 10-fold increase over five years and an unprecedented scale up in the history of public health,
- I. whereas the number of new infections continues to outstrip the expansion of treatment, and still two thirds of the people in need of treatment in 2009 were not receiving it, which means that 10 million people in need did not have access to the necessary effective treatment,
- J. whereas there is strong evidence of HIV prevention as an effective means to reduce new infections and deploring that there is an important programmatic gap in involving people living with HIV in prevention efforts,

- K. whereas there is increased evidence of elevated levels of infections and risk among key populations<sup>1</sup>, including sex workers, men who have sex with men, prisoners, injecting drug users, migrant populations and mobile workers in nearly all regions, and also in countries with generalized epidemics, there is also a common failure to prioritise and finance HIV prevention programmes for those populations and focus on a gender perspective,
- L. whereas due to stigma associated with HIV/AIDS about 30% of HIV infected people are unaware of their HIV positive status, and studies suggest that undiagnosed infection facilitates ongoing HIV transmission and increases susceptibility to early mortality among people living with HIV,
- M. whereas criminalisation of illicit drug users in many countries prevent their access to HIV prevention, treatment, care and support and fuels transmission of HIV related to injecting drug use,
- N. whereas still 106 countries report having laws and policies that present significant obstacles to effective HIV responses,
- O. whereas access to health care is a fundamental right as it is enshrined in the UN Declaration for human rights,
- P. whereas the Doha declaration that placed the protection of public health above the protection of private commercial interests, and confirmed the right of developing countries to use safeguards to the TRIPS Agreement, such as compulsory licences, to overcome patents when necessary in order to protect public health and promote access to medicines for all,
- Q. whereas the current pricing system based on companies giving voluntary discounts on medicines to developing countries does not guarantee the affordability of medicines, with some single-source drugs being too expensive even with a discount; some discounts not available because manufacturers have not registered or are not marketing their drugs in certain countries, and some companies not offering discounts at all to middle-income countries,
1. Reaffirms that access to health care is part of the universal declaration of human rights and governments have the duty to fulfil their obligation by providing public health service to all;
  2. Considers at the same time that the EU must give high priority to the protection and promotion of human rights defenders, including those who mainly focus their action on educating communities on HIV/AIDS; calls in this respect on the High Representative/Vice-President of the Commission to ensure that all concrete actions and measures foreseen in the EU Guidelines on Human Rights Defenders be duly

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<sup>1</sup> 'Key populations' are groups that are at higher risk of being infected or affected by HIV, who play a key role in how HIV spreads, and whose involvement is vital for an effective and sustainable response to HIV. Key populations vary according to the local context but include groups who are vulnerable and marginalised such as people living with HIV, their partners and families, people who sell or buy sex, men who have sex with men, people who use drugs, orphans and other vulnerable children, migrants and displaced people, and prisoners.

implemented for civil society representatives acting in the HIV/AIDS field;

3. Calls on the Commission and the Council to meet their commitments and step up efforts to address AIDS as a global public health priority with human rights and women's rights as central to HIV prevention, treatment, care and support, including in EU development cooperation;
4. Calls on the European Commission and the Member States to address particularly women's needs for HIV/AIDS prevention, by expanding access to sexual and reproductive health care programmes, with HIV/AIDS testing, counselling and prevention services fully integrated into those, and by reversing the underlying socioeconomic factors contributing to women's HIV/AIDS risk such as gender inequality, poverty, lack of economic and educational opportunity, lack of legal and human rights protections;
5. Calls on the Commission and the Member States to support the participation of persons with disabilities in the HIV/AIDS response and the incorporation of their human rights into national HIV/AIDS strategic plans and policies, to ensure they have access to HIV/AIDS services which are both tailored to needs and equal to the services available to other communities;
6. Calls on the Commission and the Member States to support harm reduction programmes for prisoners and injecting drug users;
7. Calls on all the Member States and the Commission to reverse the worrying decline in funding for sexual and reproductive health and rights in developing countries and to support policies on treatment of sexually transmitted infections and the provision of reproductive health supplies consisting of life-saving drugs and contraceptives, including condoms;
8. Commands the adoption of the Toolkit to Promote and Protect the Enjoyment of all Human Rights by Lesbian, Gay, Bisexual and Transgender People by the Council's Working Party on Human Rights, and calls on the Council and Commission to implement its recommendations;
9. Calls on the Commission and Member States to ensure that health spending in developing countries reaches levels commensurate with the political commitments made, both in terms of the Millennium Development Goals in general and combating HIV/AIDS in particular;
10. Criticises bilateral and regional trade agreements that include provisions which go beyond the WTO's TRIPS Agreement ('TRIPS-plus') effectively hindering if not de facto restricting the safeguards established by the Doha Declaration in order to ensure the primacy of health over commercial interests; points out the responsibility of those countries that put pressure on developing countries to sign such free-trade agreements;
11. Underlines that compulsory licensing and differential prices have not fully solved the problem, and calls on the Commission to propose new solutions to ensure genuine access to HIV/AIDS treatments at affordable prices;

12. Calls on developing countries to prioritise health spending in general and combating HIV/AIDS in particular, and calls on the Commission to provide incentives to partner countries in order to encourage prioritising health as a key sector in Country Strategy Papers;
13. Calls on the Commission and the Council to promote rights-based responses to HIV/AIDS and to review legislations that constitute barriers to effective, evidence-based HIV programmes and services;
14. Calls on the Commission in the framework of policy dialogue with developing countries to promote the participation of people living with HIV/AIDS in the design, implementation, monitoring and evaluation of HIV prevention, treatment, care and support programming, as well as in fighting stigma and discrimination of women and men living with HIV and in protecting their rights to safety and protection from abuse and violence;
15. Believes that prevention is an important aspect to fight against HIV/AIDS and in this respect promotes the participation of the population in respecting the 3C (informed consent, confidentiality and counselling) principles in HIV testing and other HIV-related services;
16. Calls on the Commission in HIV programming policy that it is targeted at people living with HIV and other key populations and aimed at empowering individuals and communities to respond to HIV/AIDS, at reducing risk and vulnerability to HIV infection and at mitigating the adverse impact of HIV/AIDS;
17. Calls on the Commission to support national governments and engage civil society to address the low coverage of programmes to reduce stigma and discrimination and increase access to justice in national AIDS responses;
18. Calls on the Commission and the Council to work with UNAIDS and other partners to improve indicators for measuring progress at global, national and at programmatic level to reduce AIDS-related stigma and discrimination, including indicators specific to key populations and from a gender perspective;
19. Calls on the Commission and the Council to support the work of the recently established Global Commission on HIV and the Law to ensure that legislation works for an effective response to HIV;
20. Calls on the Commission and the Council to engage the European Union Agency for Fundamental Rights to gather further evidence on the human rights situation of people living with HIV and other key populations in Europe from a gender perspective, and taking into account especially their vulnerability to multiple and inter-sectional discrimination;
21. Calls on the EU to continue to work through a mix of financial instruments at global and country levels in addition to budget support, and through relevant organisations and mechanisms which have proven successful in addressing the human rights dimension of AIDS, in particular civil society organisations and community based organisations;

22. Instructs its President to forward this resolution to the Council, the Commission, the parliaments of the Member States, the UN Secretary-General, the Joint United Nations Programme on HIV/AIDS, the World Health Organisation and the organisers of the XVIII International AIDS Conference.