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## MOTION FOR A RESOLUTION

to wind up the debate on the statement by the Commission

pursuant to Rule 103(2) of the Rules of Procedure

by Miguel Angel Martínez Martínez, Glenys Kinnock, Karin Scheele and Ana Maria Gomes

on behalf of the PSE Group

on HIV/AIDS (World AIDS Day)

**European Parliament resolution on HIV/AIDS (World AIDS day)**

*The European Parliament,*

- having regard to World Aids Day on 1 December 2006 and its theme, 'Accountability: Stop AIDS, Keep the Promise',
- having regard to the UNAIDS/WHO 2006 AIDS epidemic update, published on 21 November 2006,
- having regard to the UN General Assembly meeting to review progress on the Declaration of Commitment on HIV/AIDS, held from 31 May to 1 June 2006,
- having regard to the XVI International AIDS Conference, held in Toronto in August 2006,
- having regard to the EU's new Financial Perspective 2007-2013,
- having regard to the UN Millennium Development Goals (MDGs) and in particular the goal of reversing the spread of the HIV/AIDS epidemic by 2015,
- having regard to the goal set out by the International Conference on Population and Development to achieve universal access to reproductive health by 2015,
- having regard to the first Global Steering Committee meeting of 9-10 January 2006 on scaling up access to HIV prevention, treatment, care and support,
- having regard to the International Conference on Population and Development, held in 1994, and the follow-up to the Programme of Action undertaken in 1999 and 2004,
- having regard to the European Programme for Action to confront HIV/AIDS, Tuberculosis and Malaria, covering all developing countries for the period 2007-2011, which was adopted by the Commission in April 2005,
- having regard to Rule 103(2) of its Rules of Procedure,

**HIV/AIDS in the world**

- A. whereas in 2006 there were 4.3 million new infections, with 2.8 million (65%) of these in Sub-Saharan Africa alone, according to the UNAIDS report published on 21 November 2006,
- B. whereas over 95% of the 39.5 million people worldwide suffering from HIV/AIDS come from developing countries,

- C. whereas there are indications that infection rates in Eastern Europe and Central Asia have risen by more than 50% since 2004, and there are only a few examples of countries that have actually reduced new infections,
- D. whereas, of the 6.8 million people living with HIV in low- and middle- income countries who are in need of anti-retroviral medication, only 24% have access to the necessary treatment,
- E. whereas there are an estimated 15 million HIV/AIDS orphans globally, 12.3 million of these being in Africa alone,
- F. whereas older siblings and grandparents take on responsibility for often large numbers of AIDS orphans, and the dying generation of HIV/AIDS-infected young adults is leaving some countries without enough teachers, nurses, doctors and other key professionals,
- G. whereas AIDS disproportionately affects the generation of economically active young people,

### **Feminisation of the epidemic**

- H. whereas Nelson Mandela has said that 'women live out the reality of AIDS',
- I. whereas women now represent 50% of people living with HIV worldwide and nearly 60% of people living with HIV in Africa,
- J. whereas the gender inequalities associated with HIV/AIDS highlight the fact that finding vaccines that are available to women and young girls before the onset of sexual behaviour must be a budgetary and political priority; stresses that women must be involved in all appropriate clinical research, including vaccine trials,
- K. whereas women's socio-economic status and dependence on men in many countries often leave them unable to negotiate safe-sex practices, and microbicides are therefore considered a promising prevention tool,

### **Sexual and reproductive health and rights**

- L. whereas sexual and reproductive health rights are intrinsically linked to the prevention of HIV/AIDS and other poverty diseases,
- M. whereas the Millennium Development Goals (MDGs) will only be achieved if sexual and reproductive health issues are put at the heart of the MDGs agenda,
- N. whereas people living with HIV have special needs with regard to their reproductive health in terms of family planning, safe birthing and breastfeeding of babies which are often overlooked, especially given the feminisation of the epidemic,

- O. whereas the International Conference on Population and Development (ICPD) in 1994 and the ICPD follow-up undertaken in 1999 and 2004 have reaffirmed the importance of empowering women and providing them with more choices through expanded access to education and the full range of sexual and reproductive health services,
- P. whereas the Bush administration in the US continues to block funding for non-US development NGOs that counsel on the full range of reproductive health services; and whereas the majority of this 'decency gap' has been filled by the EU for the poorest countries,

### **Trade and generics**

- Q. whereas, five years after the Doha Declaration, rich countries are failing to fulfil their obligation to ensure that cheaper life-saving drugs are available in developing countries,
- R. whereas, according to the World Health Organisation, 74% of AIDS medicines are still under monopoly, 77% of Africans still have no access to AIDS treatment and 30% of the world's population still do not have regular access to essential medicines,
- S. whereas fierce generic competition has helped prices for the first-line AIDS drug regimen to fall by 99% from \$10 000 to roughly \$130 per patient per year since 2000, and whereas prices for second-line drugs – which patients need as resistance develops naturally – remain high owing to increased patent barriers in key generics-producing countries like India,
- T. whereas such advances are being undermined by countries such as the US that continue to negotiate trade deals with rules that limit how countries can use public health safeguards,

### **International calls**

- U. whereas the UN resolution on HIV/AIDS of December 2005 requests that UNAIDS and its co-sponsors assist in facilitating inclusive, country-driven processes, including consultations with relevant stakeholders, including non-governmental organisations, civil society and the private sector, within existing national AIDS strategies, for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it,
- V. whereas the African Union's Declaration of April 2006 calls on the EU to refrain from seeking obligations that exceed those under the TRIPS Agreement in negotiating Economic Partnership Agreements and calls on the EU to fully implement the Paragraph 6 Solution,
- W. whereas the high-level meeting in New York in June 2006 reaffirmed the international community's commitment to scaling up HIV prevention, treatment, care and support services with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it,

1. Recognises that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large;
2. Calls on all international donors to work to ensure that HIV prevention programmes reach the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users and ethnic and cultural minorities following UNAIDS' conclusion that these vulnerable groups are not being provided for;
3. Acknowledges that important progress has been made since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS;
4. Acknowledges that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;
5. Recognises the overall expansion and feminisation of the pandemic and the fact that women now represent 50% of people living with HIV worldwide;
6. Stresses the need for the EU to fund specific programmes to ensure that those children affected by the AIDS epidemic, through the loss of one or both parents or through contracting the disease themselves, remain in education;
7. Calls on the Commission and the governments of our partner countries to ensure that health and education, and HIV/AIDS and sexual and reproductive health in particular, are prioritised in Country Strategy Papers;
8. Calls on the Commission to support HIV surveillance in areas where this is currently lacking, particularly Latin America, the Caribbean, the Middle East and North Africa, as well as Sub-Saharan Africa;
9. Calls on the Commission and the Member States to support programmes that combat homophobia and to break down the barriers that stop the effective tackling of the disease, especially in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam and across Latin America, where there is increasing evidence of HIV outbreaks among men who have sex with men;
10. Stresses the need for an overall funding increase from donors over the next years for all contraceptive supplies, including condoms for HIV prevention, to fill the gap between supplies and availability to purchase them;
11. Stresses that all health-care providers, including all family-planning providers, should be given specialised training in the prevention and detection of, and counselling on, sexually transmitted diseases, especially infections in women and youth, including HIV/AIDS;

12. Expresses concern that the UNAIDS report highlights that levels of knowledge of safe sex and HIV remain low in many countries, including those in which the epidemic has had a high impact; calls, in this regard, for information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, to become integral components of all reproductive and sexual health services;
13. Calls for the promotion and reliable supply and distribution of high-quality condoms to be prioritised in the EU's sexual and reproductive health programmes, as well as encouragement for condom usage with other contraceptive methods; stresses that the EU must work to combat any misinformation spread on the effectiveness of condoms;
14. Stresses that the strategies needed to combat the HIV/AIDS epidemic effectively must include a comprehensive approach to prevention, education, care and treatment and must include the technologies currently in use, expanded access to treatment and the urgent development of vaccines;
15. Calls on the EU and its Member States to dramatically increase funding for the development of microbicides, given that conservative estimates suggest that the introduction of even a partially effective microbicide would result in 2.5 million averted cases of HIV over three years, and that an effective microbicide could be developed by the end of the decade with the necessary financial support;
16. Calls on the newly elected US Congress to overturn the Bush administration's 'global gag rule' that stops funding from non-US NGOs to any reproductive health organisations that counsel on abortion, and calls on the Commission and the Member States to bring pressure to bear on the US Government to reverse its 'global gag' on reproductive health spending;
17. Calls on the WTO to review the impact of the TRIPs agreement on the affordability and availability of medicines in developing countries five years after the adoption of the Doha Declaration, and to ensure that all countries are able to protect public health;
18. Calls on the US to stop coercing developing countries into adopting stricter intellectual property rules, especially through its bilateral and regional trade agreements;
19. Calls on the EU to clarify that it will not push for TRIPS-plus measures within Economic Partnership Agreements (EPAs), and that they will guarantee developing countries the policy space to freely use TRIPS flexibilities;
20. Calls on pharmaceutical companies to stop lobbying rich-country governments to promote stricter intellectual property rules worldwide, and stop pressuring poor countries to accept stronger intellectual property rules that undermine public health;
21. Welcomes the Commission proposal setting up a uniform framework for issuing compulsory licences authorising production and exportation of cheaper medicines to the eligible countries in need;

22. Insists on the importance of ensuring that the objective of providing developing countries with affordable medicines is not jeopardised by excessively restrictive or cumbersome procedures nor by re-importation into the European Union of pharmaceutical products manufactured under compulsory licences;
23. Instructs its President to forward this resolution to the Commission, the Council, the governments of the EU Member States and ACP countries, the UN Secretary-General, and the heads of UNAIDS, UNDP and UNFPA.