

EUROPEAN PARLIAMENT

2004



2009

Session document

24.11.2004

B6-0192/04

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 Anne Van Lancker, Glenys Kinnock, Miguel Angel Martínez Martínez,
Max Van den Berg and Karin Scheele

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 2004 and its theme: Women, Girls and HIV/AIDS,
- having regard to the UNAIDS/WHO report 'AIDS Epidemic Update 2004', released on 23 November 2004,
- having regard to the XV International AIDS Conference held on 11-16 July 2004 in Bangkok, Thailand,
- having regard to the new EC Strategy to confront HIV/AIDS, and particularly Commission Communication COM(2004) 0726 on a European policy framework for external action to confront HIV/AIDS, malaria and tuberculosis,
- having regard to the UN Millennium Development Goals (MDGs) and the review of progress made towards the MDGs taking place in 2005,
- having regard to the new EU financial perspectives 2007-2013,
- having regard to the International Conference on Population and Development held in 1994 and the follow-up of the Programme of Action undertaken in 1999 and 2004,
- having regard to the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, adopted on 24 February 2004,
- having regard to previous Commission communications on accelerated action targeted at major communicable diseases within the context of poverty reduction (COM(2000) 585) and on a Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction (COM(2001) 96),
- having regard to the ACP-EU Joint Parliamentary Assembly resolutions of 19 February 2004 on poverty-related diseases and reproductive health in ACP countries in the context of the 9th EDF, of 21 March 2002 on the impact of communicable diseases on health, young people, the elderly and people living with disabilities, and of 1 November 2001 on HIV/AIDS,
- having regard to the WTO Ministerial Declaration and the WTO Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and Public Health, adopted on 14 November 2001 in Doha,
- having regard to the WTO General Council Decision on the implementation of Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health, taken

on 30 August 2003,

- having regard to its previous resolutions,
- having regard to Rule 103(2) of its Rules of Procedure,
- A. whereas 90% of the 40 million people worldwide suffering from HIV/AIDS come from developing countries, and whereas there were 5 million new cases of HIV in 2003,
- B. whereas, in 1997, 41% of HIV-positive people were women and girls, but today around half of all people living with HIV/AIDS worldwide are women and girls, and in Sub-Saharan Africa the figure is 57%; and whereas so far there are 40 million people infected with HIV and approximately 90% of them are from developing countries,
- C. whereas women and adolescent girls are more vulnerable to HIV/AIDS than men and boys, both because they are more biologically susceptible to sexually transmitted infections, including HIV, with one in four women in South Africa being infected with HIV by the time they are 22 years old and studies from Mali and Kenya showing that young women aged 15-24 are four times more likely to be infected than young men of the same age, and because of the lack of sufficient and relevant prevention options as well as gender and cultural inequalities, domestic violence and ignorance,
- D. whereas, in view of the gender inequalities associated with HIV/AIDS, 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,
- E. whereas there remains no cure for AIDS and a key factor limiting vaccine success today is lack of funding,
- F. whereas women's socioeconomic status and dependence on men in many developing countries often leave them unable to negotiate safe sex practices, and microbicides are therefore considered a promising prevention tool,
- G. whereas a study commissioned by the World Bank and the European Commission has estimated that a 50% effective vaccine delivered to 65% of adults could still reduce infection rates by 25-60%, depending on the nature of the epidemic,
- H. whereas sexual and reproductive health rights are intrinsically linked to the prevention of HIV/AIDS and other poverty diseases, and whereas the Millennium Development Goals (MDGs) in general and those on promoting gender equality and empowering women, reducing child mortality, improving maternal health and combating HIV/AIDS in particular will only be achieved if sexual and reproductive health issues are put at the heart of the MDGs agenda,
- I. whereas almost 2 million people are already infected in Russia, Ukraine and other Eastern European nations, the majority of whom are under 30 years old, and whereas Eastern Europe and Central Asia have one of the fastest-growing HIV/AIDS infection,

- J. 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,
- K. whereas the US Bush administration 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, but this money has not been replaced for Eastern European countries and Central Asia,
- L. whereas developing countries hit by HIV/AIDS are in urgent need of affordable treatments for those diseases, have little or no manufacturing capacity for producing their own medicines and are therefore heavily dependent on imports of pharmaceutical products,
- M. whereas the WTO General Council adopted a waiver to Article 31(f) of the TRIPS Agreement allowing WTO members to grant compulsory licences for manufacturing and distribution of patented pharmaceuticals intended for export to third countries with insufficient or no manufacturing capacity in the sector, which should increase the accessibility of low-cost medicines in those countries,
- N. whereas the Commission put forward a proposal for a European Parliament and Council Regulation aimed at implementing the WTO decision of 30 August 2003 in the EU,
- O. whereas many developing countries will lose the possibility of producing generic medicines with the entry into force of TRIPS rules on 1 January 2005,
- P. whereas the EU tiered price system only includes products for which generic equivalents exist; whereas resistance to first-line drugs is increasing, meaning that second-line treatment will soon be necessary, for which there is no generic competition as yet,
- Q. whereas the socio-economic and demographic effects of the HIV/AIDS epidemic have been catastrophic, with an estimated 15 million HIV/AIDS orphans globally, 12.3 million of these being in Africa alone, increased pressure on older family members to look after children, and the dying generation of HIV/AIDS infected young adults leaving some countries without enough teachers, nurses, doctors and other key professionals,
- R. whereas changing attitudes, prejudices and behaviour through education for both boys and girls is essential for combating HIV/AIDS,
- S. whereas the various EC financial instruments to combat HIV/AIDS, tuberculosis and malaria from both the European Development Fund and the general budget will total more than € 1 billion during the period 2003-2006; whereas, however, there is a shortfall of over € 9 billion in this period to fight these three poverty diseases,
- T. whereas the Commission has proposed that the thematic budget lines on poverty-related

diseases and sexual and reproductive health and rights be eliminated in favour of geographical funding,

- U. whereas a lack of coordination at global level, particularly between the Global Fund, the relevant UN Agencies, the World Bank and other donors such as the EU, is hampering effective funding of education, prevention and treatment of HIV/AIDS,
 - V. whereas Kofi Annan has warned that HIV/AIDS is far more than a health crisis - it is a threat to development itself,
 - W. whereas the gap between the need for essential condom and contraceptive supplies and the funds available to purchase them is decreasing,
 - X. whereas the crisis in the availability of reproductive health supplies, which are essential for combating HIV/AIDS, is hitting women the hardest,
1. 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, as well as the urgent development of vaccines and microbicides;
 2. Notes that the International AIDS Vaccine Initiative has drawn attention to the lack of funding from the private sector; calls therefore on private donors to join with charitable and public sectors to develop vaccines, especially in Africa;
 3. 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;
 4. Welcomes the Commission's proposed new policy framework to confront HIV/AIDS, malaria and TB, particularly the notion of global public goods in the context of prevention and treatment of these diseases which features prominently, as does the need to develop an HIV/AIDS vaccine and microbicides in order to enable women in particular to protect themselves from HIV infection;
 5. Calls on the United Nations and its Members to increase dramatically the visibility and prominence of sexual and reproductive health issues during the review of the Millennium Development Goals next year, and to seriously consider making universal access to sexual and reproductive health a Goal in itself;
 6. Calls on the Commission and the EU budgetary authorities to ensure that HIV/AIDS, sexual and reproductive health and education, research and development and particularly vaccine and microbicide research are visibly treated with development funding despite the abolition of thematic budget lines in this area; stresses that the European Developing Country Clinical Trial Partnership should continue to be strongly supported by the EU;

7. Calls on the EU to continue to prioritise sexual and reproductive health issues through funding programmes on family planning, and in particular to influence sexual behaviour through risk-reduction strategies, to educate young people, and especially girls and young women, about STIs and HIV, and to encourage condom usage with other contraceptive methods and combat any misinformation spread on the effectiveness of condoms;
8. Calls on the new Commission to ensure that funding continues to plug the 'decency gap' left by the US withdrawal of UNFPA funding, not only in the developing world but also in Eastern Europe and Central Asia;
9. Stresses the need for an overall funding increase from donors over the next few years for all contraceptive supplies (including condoms for HIV prevention) to fill the gap between supplies and availability to purchase them;
10. Calls, in this regard, for the Commission, the Council and MEPs sitting on the Temporary Committee on Financial Perspectives to ensure clear programming in respect of financing for HIV/AIDS in 2006-2013 by means of the following:
 - making a clear and multi-annual commitment to the Global Fund;
 - heeding Parliament's repeated calls to allocate 35% of development funding to the social sector, 20% of which should be in health and education;
 - increasing the proportion of development funding in line with the EU's commitments to ensuring 0.7% of spending on development;
 - legally ring-fencing the European Development Fund should it be integrated into the EC budget;
11. Stresses that there is no single AIDS epidemic in the world but a series of epidemics; with most cases of infection being caused by sexual transmission, especially in the developing world, whereas a much higher proportion of transmission in Eastern Europe and Central Asia is through the sharing of needles; calls therefore for region- and country-specific strategies to be drawn up to fight the spread of HIV/AIDS;
12. Calls for all ACP countries to involve a wide range of non-state actors in the drafting of Country Strategy Papers and Poverty Reduction Strategy Papers, and in particular to ensure that adequate priority is given to health and education concerns, and sexual and reproductive health in particular;
13. Stresses the need for the EU to fund specific programmes in order 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 and are not left to fend for themselves;
14. Reiterates its call for developing countries facing public health problems arising from widespread diseases decimating their populations to be guaranteed access to affordable medicines;

15. Welcomes the Commission proposal setting up a uniform framework for issuing compulsory licenses authorising production and exportation of cheaper medicines to the eligible countries in need;
16. 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;
17. Urges developed countries to adopt a waiver on the application of the TRIPS Agreement in this field so as to enable the pharmaceutical companies in developing countries to continue to provide generic low-cost medicines;
18. Calls on the Commission to take the lead on donor coordination, particularly as regards the Global Fund to fight HIV/AIDS, malaria and TB;
19. Calls for the creation of an EU AIDS ambassador to work closely with the European Commissioners and the High Representative for the CFSP in order to keep the issue at the top of the EU and Member States' agendas;
20. Instructs its President to forward this resolution to the Commission, the Council, the governments of EU Member States and ACP countries, the UN Secretary-General, and the heads of UNAIDS, UNDP and UNFPA.