

# EUROPEAN PARLIAMENT

2004



2009

---

*Session document*

28.6.2006

B6-0377/2006

## **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, Anne Van Lancker and Pierre Schapira

on behalf of the PSE Group

on HIV/AIDS: Time to Deliver

**European Parliament resolution on HIV/AIDS: Time to Deliver**

*The European Parliament,*

- 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 UN Declaration of Commitment on HIV/AIDS, 'Global Crisis – Global Action', adopted by the United Nations General Assembly on 27 June 2001, during the 26th Special Session of the General Assembly,
  - having regard to the United Nations position paper on 'Preventing the Transmission of HIV among Drug Abusers',
  - having regard to the forthcoming International Conference on 'HIV/AIDS: Time to Deliver', to be held in Toronto in August 2006,
  - 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 Rule 103(2) of its Rules of Procedure,
- A. whereas more than 65 million people in the world have been infected with HIV, more than 25 million people have died, 15 million children have been orphaned by AIDS and, of the 40 million people currently living with HIV, over 95% live in the developing world, with over 70% in Sub-Saharan Africa alone,
- B. whereas unprotected heterosexual sex is now the single most important factor in the spread of HIV infections worldwide and half of all new HIV infections affect young people under the age of 25,
- C. whereas women now represent half of all people living with AIDS and 60% of those living with AIDS in Africa, with women being between two and four times as susceptible to catching the disease as men,
- D. whereas women and girls, youth, older people, men who have sex with men, injecting and other drug users, sex workers, transgender populations, prisoners, migrant labourers, orphans, people in conflict and post-conflict situations, indigenous peoples, refugees and internally displaced persons, as well as HIV/AIDS outreach workers, are amongst the most vulnerable to HIV/AIDS and to the impact of the pandemic,

- E. whereas many organisations that attended the 2006 UNGASS High-Level Meeting on HIV/AIDS reported and publicly denounced the fact that the political and economic interests of a few prevailed over the needs of millions of people in developing countries, resulting in a weak declaration with no clear targets or financial commitments,
- F. whereas the Doha Declaration 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,
- G. 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 being 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. Welcomes the commitment contained in the declaration of the UNGASS High-Level Meeting to scaling up significantly in order to achieve the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;
  2. Regrets, nevertheless, that the declaration lacks any global targets or timelines on treatment, resources and prevention, and does not provide a viable action plan to back up the goal of providing universal access for all HIV-affected people by 2010;
  3. Expresses concern at the fact that international HIV/AIDS targets have so far not been met and the lack of firm commitment on where the extra \$ 20-23 billion which is needed by 2010 will come from;
  4. Calls on the international community to deliver on its promises made during the Toronto Conference in August, and calls on the Commission and the 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 in combating HIV/AIDS in particular;
  5. Stresses that, in order to effectively halt and reverse the spread of HIV/AIDS, it is essential to target key vulnerable groups, such as drug users, sex workers, men who have sex with men, and girls, with appropriate measures;
  6. Emphasises that sexual and reproductive health rights are crucial to combating HIV/AIDS, and urges the Commission and partner countries to prioritise broad prevention strategies in Country Strategy Papers, including programmes promoting the use of condoms and HIV/AIDS education geared towards young people;
  7. Criticises the contradictions highlighted by the Commission's appalling track record in development fund spending in the healthcare sector; stresses, for example, that in 2003 only 5.2% of the EDF was earmarked for health spending and only 4% in 2002, and deplores the fact that the Commission intends to propose that only 6% of development

funds within the new development cooperation instrument be allocated to human and social development, covering not only healthcare, HIV/AIDS, sexual and reproductive health, but all other aspects of social development, including children, education and gender programmes;

8. Calls on the Commission to double its budget for healthcare in developing countries within the Development Cooperation Instrument and in addition to increase its contribution to the Global Fund against HIV/AIDS, malaria and TB, and to aim for at least 50% of all ODA to be spent on achieving the Millennium Development Goals;
9. Recognises the importance of country ownership, calls on developing countries to prioritise health spending in general and combating HIV/AIDS in particular, calls on the Commission to support commitments made by the developing countries (i.e. Abuja commitment to spending at least 15% of general budget on health) and to provide incentives for partner countries in order to encourage them to prioritise health as a key sector in Country Strategy Papers, and insists that health spending should become a priority for the EU side in negotiations;
10. Stresses the importance of local action highlighted by the UNGASS meeting; points out that 50% of the world's population will be living in cities by 2015; calls for the involvement of local authorities in prevention, treatment and care, in helping tailor policies to local needs and in helping to overcome the difficult social taboos surrounding the epidemic;
11. Calls on the Commission, when appropriate and subject to strict conditions, to allow for large increases in sectoral budgetary support to health sectors, particularly to retain key health workers in developing countries,
12. Stresses the importance of all people having access to safe, sufficient and nutritious food to meet their dietary requirements as part of a comprehensive response to HIV/AIDS and the well-being of those being treated for the disease;
13. Notes that 1 January 2005 saw the implementation of the WTO's agreement on TRIPS in India, compelling India to recognise product patents on medicines; notes that the presence on the market of several producers has brought down the prices of first-line AIDS drugs from US\$ 10 000 to US\$ 150 per patient per year over the past five years; notes with concern that newer drugs, and particularly more expensive second-line treatments, must not only be produced by patent holders that could set a monopoly price unaffordable for developing countries;
14. Criticises bilateral and regional trade agreements that include provisions which go beyond the WTO's TRIPS Agreement ('TRIPS-plus') in order to restrict, if not eliminate, the safeguards established by the Doha Declaration to ensure the primacy of health over commercial interests; points out the responsibility of those countries, in particular the United States, that put pressure on developing countries to sign such free-trade agreements;
15. Stresses 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;

16. Points out that fixed-dose combinations (pills containing two or three AIDS drugs in one tablet) simplify the treatment of HIV/AIDS and must be prioritised in areas where there are few hospitals or healthcare workers;
17. Instructs its President to forward this resolution to the Council, the Commission, the Member States, the UN Secretary-General and the World Health Organisation.