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B7-0615/2011

MOTION FOR A RESOLUTION

further to Question for Oral Answer B7-0669/2011

pursuant to Rule 115(5) of the Rules of Procedure

on the EU response to HIV/AIDS in the EU and neighbouring countries,
mid-term review of Commission Communication COM(2009)569

Françoise Grossetête

on behalf of the PPE Group

Nessa Childers

on behalf of the S&D Group

Antonyia Parvanova, Sophia in 't Veld

on behalf of the ALDE Group

Satu Hassi

on behalf of the Verts/ALE Group

Marina Yannakoudakis

on behalf of the ECR Group

Marisa Matias

on behalf of the GUE/NGL Group

Oreste Rossi

on behalf of the EFD Group

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B7-0615/2011

European Parliament resolution on the EU response to HIV/AIDS in the EU and neighbouring countries, mid-term review of Commission Communication COM(2009)569

The European Parliament,

- having regard to the Commission Communication to the Council and the European Parliament on ‘Combating HIV/AIDS in the EU and neighbouring countries 2009-2013’ (COM(2009)569),
- having regard to its resolution of 8 July 2010 on a rights-based approach to the EU’s response to HIV/AIDS¹,
- having regard to its resolution of 20 November 2008 on HIV/AIDS: early diagnosis and early care²,
- having regard to the Political Declaration on HIV/AIDS adopted at the 2011 UN General Assembly High-Level Meeting on HIV/AIDS,
- having regard to the Rome Statement adopted at the International Aids Society Conference 2011, which calls for more funding for the development of a functional cure for HIV,
- having regard to the UNAIDS Strategy 2011-2015 and to the World Health Assembly Global Health Sector Strategy on HIV/AIDS 2011-2015, which identifies existing and agreed global targets to motivate countries to plan for HIV/AIDS responses through to 2015,
- having regard to the World Health Organisation (WHO) European Action Plan for HIV/AIDS 2012-2015, which addresses the current situation with regard to the HIV/AIDS epidemic in the European region and sets out an effective response to it,
- having regard to the ‘Dublin Declaration’ on the partnership to fight HIV/AIDS in Europe and Central Asia, adopted at the Ministerial Conference on ‘Breaking the Barriers - Partnership to Fight HIV/AIDS in Europe and Central Asia’ held in the framework of the Irish EU Presidency on 23-24 February 2004,
- having regard to the 2010 UNAIDS/WHO Europe report entitled ‘Progress on implementing the Dublin Declaration on the Partnership to Fight HIV/AIDS in Europe and Central Asia’,
- having regard to the HIV Testing Guidance issued in 2010 by the European Centre for Disease Prevention and Control (ECDPC), which sets out how HIV tests could be

¹ Texts adopted, P7_TA(2010)0284.

² OJ C 16E, 22.1.2010, p. 62.

conducted in Member States,

- having regard to the 2010 WHO Europe Policy Framework on ‘Scaling up HIV testing and counselling in the WHO European Region’,
 - having regard to the United Nations Convention on the Rights of Persons with Disabilities,
 - having regard to Rules 115(5) and 110(2) of its Rules of Procedure,
- A. whereas, according to the ECDPC's 2010 Report on HIV Surveillance, 25 917 newly-diagnosed cases of HIV infection were reported in 2009 by the countries of the European Union and European Economic Area;
- B. whereas in 2009 161 000 people became infected with HIV in the EU and neighbouring countries, bringing the number of people living with HIV to a total of more than 2.2 million according to estimates by UNAIDS and WHO;
- C. whereas the number of HIV infections is rising at an alarming rate, particularly in Eastern Europe;
- D. whereas, despite improved long-term treatment and prognosis, the complexity of HIV continues to impose specific challenges on women that conventional healthcare may fail to address, and leaves women with an unaddressed gap between diagnosis and effective, informed healthcare¹;
- E. whereas AIDS is a fully preventable disease, and whereas primary prevention interventions, providing the information, skills, services and products needed to protect people against HIV transmission and promote safer forms of behaviour, are central to the efforts to prevent the spread of HIV;
- F. whereas the ECDPC estimates that in the EU 30 % of people infected with HIV do not know that they have the virus, and that of those diagnosed half are presenting at late stages of infection, by which time they cannot benefit fully from treatment, creating unnecessary risks of morbidity, mortality and transmission;
- G. whereas undiagnosed sufferers are 3.5 times more likely to transmit HIV than those who are diagnosed;
- H. whereas a large proportion of HIV infections remain undiagnosed; whereas many people do not know their serostatus and are likely to discover it only once they are affected by HIV/AIDS-related illnesses;
- I. whereas attention should also be paid to the issue of co-infection, in particular with tuberculosis and viral hepatitis B and C and their complications; whereas tuberculosis and viral hepatitis B and C are highly prevalent, progress more rapidly and cause significant morbidity and mortality among HIV-positive people; whereas, for example, in western Europe an estimated 30% of HIV-positive people are co-infected with hepatitis C, and

¹ WHO: ‘Gender inequalities and HIV’, http://www.who.int/gender/hiv_aids/en/

whereas the rate is even higher in eastern Europe;

- J. whereas in its Written Declaration from March 2007 the European Parliament recognised the scale of hepatitis C under-diagnosis as an important EU health problem and the fact that hepatitis C develops faster in people already infected with HIV, emphasising the importance of comprehensive and early diagnosis;
- K. whereas HIV infectivity increases significantly in the presence of other sexually transmitted diseases, such as gonorrhoea, chlamydia, herpes and syphilis;
- L. whereas recent trials have shown the efficacy of early access to treatment in reducing both the infectiousness of patients and the HIV-transmission rate by up to 96%;
- M. whereas levels of access to HIV prevention, treatment, care and support services differ significantly between Member States;
- N. whereas the use of contaminated injection equipment among people who inject drugs is fuelling the rapid spread of HIV in many eastern European countries;
- O. whereas there is a critical need for cross-border and cross-disciplinary cooperation to address the epidemic;
- P. whereas the full participation of civil society is crucial in ensuring access to HIV treatment and services for at-risk and marginalised populations;
- Q. whereas particular attention should be paid to the issues facing the EU's neighbouring countries, given that HIV/AIDS and other sexually transmitted infections know no borders, as emphasised in the ECDPC's Technical Report on 'Hepatitis B and C in the EU neighbourhood: prevalence, burden of disease and screening policies';
- R. whereas the full protection of the human rights of people affected by HIV is essential to every aspect of the response to HIV;
- S. whereas the social exclusion, stigma and discrimination resulting from HIV status, as well as the silence and denial surrounding the infection and the failure to respect the basic human rights of people living with HIV in general, and those belonging to vulnerable groups (men who have sex with men, people who inject drugs) in particular, persist and continue to undermine HIV prevention, care and treatment, and increase the impact of the epidemic on individuals, families, communities and countries;
- T. whereas HIV prevention, treatment, care and support programmes have been inadequately targeted or made accessible to persons with disabilities;
- U. whereas there is an urgent need to step up the development and implementation of comprehensive prevention approaches, along with continued investment in research into and development of new prevention technologies;
- V. whereas the economic and financial crisis should not be allowed to have a negative impact on the health sector, including reduced investments in areas essential to combating HIV/AIDS;

- W. whereas the difficult economic situation is endangering funding for HIV/AIDS programmes;
- X. whereas the predominant mode of HIV transmission in the EU is sex between men, followed by heterosexual contact, especially between individuals originating from countries with generalised HIV epidemics;
- Y. whereas gender inequality is one of the drivers of the HIV epidemic, and whereas women now account for almost half the newly-reported HIV infections in the EU's neighbouring countries;
- Z. whereas young women are increasingly vulnerable to HIV, with roughly 45 % of all new infections occurring among women between the ages of 15 and 24;
- AA. whereas it is crucial to advocate strengthening and expanding policy and programming in the area of links between sexual and reproductive health and rights (SRHR) and HIV so that HIV/AIDS prevention programmes are integrated into SRHR programmes and HIV/AIDS prevention becomes an integral part of sexual and reproductive health care;
- AB. whereas, owing to their limited decision-making power, lack of control over financial resources, restricted mobility and child-care responsibilities, women are more likely to face barriers in accessing HIV prevention, treatment and care services;
1. Calls on the Commission and Council to implement the Communication on 'Combating HIV/AIDS in the European Union and neighbouring countries 2009-2013' and its accompanying Action Plan by:
 - scaling up the implementation of prevention strategies which effectively target regional or local epidemiologic trends and needs, and working towards universal access to prevention, testing, counselling, treatment, care and support;
 - supporting an effective response to HIV/AIDS in priority regions, such as the worst affected EU Member States, the EU's worst affected neighbouring countries and the Russian Federation and other CIS countries,
 - developing means to reach and support the population groups which are most at risk and most vulnerable to HIV/AIDS across Europe;
 2. Recalls that the enemy is HIV, rather than HIV carriers;
 3. Calls on the Council to demonstrate political leadership in addressing the continued HIV epidemic in Europe, to develop country-specific HIV action plans and to support effective responses to HIV in neighbouring countries through policy dialogue, technical capacity-building and support for civil society engagement;
 4. Calls on the Commission and Council to provide the resources needed to guarantee equitable access to HIV prevention, testing, treatment, care and support, to address stigma and other barriers to timely access to counselling, testing and early care, to increase investment in research to achieve an effective cure and to improve instruments

and actions to address co-infections such as tuberculosis or hepatitis B and C, among others, through improved access to screening and effective access to treatment;

5. Calls on the Member States to reduce the risks of co-infection by improving diagnosis of and access to treatment for hepatitis C, tuberculosis and other co-infections, while recognising the need to address women's needs for HIV/AIDS treatment and care as an essential measure in curbing the epidemic;
6. Calls on the Commission and Council to promote early diagnosis and care by implementing evidenced-based testing and linked treatment strategies;
7. Calls on the Member States to promote and support continued investment in research on new prevention technologies (NPTs) employed and managed by women, including microbicides;
8. Calls on the Commission and Council to ensure that civil society and the academic research community are involved at every stage in the implementation of the Communication on the EU response to HIV/AIDS and its Action Plan;
9. Reaffirms that all people living with HIV/AIDS should enjoy the best available standards of care and treatment, regardless of their origin, nationality, opinion, age, gender, sexual orientation and religion or any other status, and with due regard for the principles of privacy and confidentiality;
10. Calls on the Commission to develop joint EU action and approaches to promoting full respect for human rights and rights-based approaches to addressing HIV/AIDS policies, including information campaigns to combat the stigmatisation of and the discrimination suffered by people living with HIV/AIDS;
11. Calls on the Member States to take all necessary action to end discrimination against people living with HIV/AIDS, to promote and protect all human rights and fundamental freedoms, paying particular attention to all people vulnerable to and affected by HIV, to review laws and policies that adversely affect the delivery of effective HIV programmes and to ensure that people living with HIV/AIDS are involved and represented when anti-discrimination policies are drawn up; stresses the importance of taking account of the gender perspective in combating discrimination, so as to develop a comprehensive HIV/AIDS approach;
12. Recognises the potentially enormous contribution which employers' and workers' organisations can make, in partnership with governments, to the fight against the spread of HIV/AIDS and to supporting workers living with HIV/AIDS;
13. Calls on the Member States to take all necessary action to end any discrimination regarding access to and the terms and cost of insurance plans suffered by people living with HIV/AIDS;
14. Calls on the Member States to ensure that all national AIDS programmes and strategies develop strong linkages between sexual and reproductive health and HIV services, as

emphasised in the Cochrane Review¹ and reaffirmed at the 42nd session of the UN Commission on Population and Development, which monitors the implementation of the Programme of Action of the International Conference on Population and Development (ICPD);

15. Notes that prevention measures should explicitly include adequate information and sex education, access to means of protection, such as male and female condoms, and a strengthening of the rights and autonomy of women in sexual relationships;
16. Points out that stigma and discrimination make fighting the spread of HIV/AIDS considerably more difficult;
17. Welcomes the commitments made at the UN General Assembly High-Level Meeting on HIV/AIDS in 2011, in particular the aims of ensuring treatment for 15 million HIV-positive people worldwide by 2015 and of reducing new HIV infections by 50 % by 2015;
18. Welcomes the UN call for continued commitment to funding HIV programmes;
19. Welcomes the UN call for the timely delivery of affordable, high-quality and effective antiretroviral treatments by pharmaceuticals companies, with a special focus on cost-effective strategies, in particular the use of generic medicinal products;
20. Calls on the Commission and Council to implement the changes needed to fulfil their obligations under the UNGASS (United Nations General Assembly Special Session) Political Declaration on HIV/AIDS;
21. Calls on the Commission, the Council and the Member States to honour their obligations towards the Global Fund to Fight Aids, Tuberculosis and Malaria and to continue to support its work in developing countries;
22. Calls on the Commission and Council to ensure access to high-quality, comprehensive sexual and reproductive health services, information and supplies; takes the view that this should cover, *inter alia*, confidential and voluntary counselling, testing and treatment for HIV and all sexually transmitted infections; prevention of unintended pregnancies; equitable and affordable access to contraceptives, including access to emergency contraception; safe and legal abortion, including post-abortion care; and care and treatment to prevent vertical transmission of HIV, including to partners and children;
23. Instructs its President to forward this resolution to the Council, the Commission, the Member States, the UN Secretary-General, UNAIDS, the World Health Organisation and the governments of the Member States.

¹ http://www.unfpa.org/webday/site/global/shared/documents/publications/2008/linkages_evidence.PDF.