

EUROPEAN PARLIAMENT

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B6-0375/2006 }
B6-0377/2006 }
B6-0378/2006 }
B6-0379/2006 }
B6-0380/2006 } RC1

JOINT MOTION FOR A RESOLUTION

pursuant to Rule 103(4) of the Rules of Procedure, by

- John Bowis, on behalf of the PPE-DE Group
- Miguel Angel Martínez Martínez, Anne Van Lancker and Pierre Schapira, on behalf of the PSE Group
- Fiona Hall, Marios Matsakis and Elizabeth Lynne, on behalf of the ALDE Group
- Margrete Auken, on behalf of the Verts/ALE Group
- Luisa Morgantini, Feleknas Uca, Vittorio Agnoletto, Eva-Britt Svensson and Adamos Adamou, on behalf of the GUE/NGL Group

replacing the motions by the following groups:

- GUE/NGL (B6-0375/2006)
- PSE (B6-0377/2006)
- PPE-DE (B6-0378/2006)
- ALDE (B6-0379/2006)
- Verts/ALE (B6-0380/2006)

on HIV/AIDS: Time to Deliver

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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 its 26th Special Session,
 - 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 the 2006 report by UNAIDS on the global AIDS epidemic,
 - having regard to Rule 103(4) 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, young people, 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,

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- E. whereas realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS,
 - F. 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,
 - G. whereas the countries most affected by HIV and AIDS will fail to achieve the Millennium Development Goals (MDGs) and will continue to weaken, potentially threatening social stability,
 - H. whereas the Global Fund has shown impressive results to date, with more than 540 000 people living with HIV now having access to life-saving antiretroviral treatment through programmes the Fund is financing,
 - I. 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 TRIPS Agreement safeguards, such as compulsory licences, to overcome patents when necessary in order to protect public health and promote access to medicines for all,
 - J. 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 to a massive scale-up of HIV prevention, treatment and care, with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it, made at the 2005 meeting of the G8 nations and the September 2005 United Nations World Summit by world leaders and reconfirmed at the 2006 High-Level meeting on AIDS;
 2. Welcomes the declaration of the UN General Assembly Special Session of 2 June 2006, in particular its references to promoting access to medicines for all, which includes production of generic antiretroviral drugs and other essential drugs for AIDS-related infections;
 3. 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;
 4. Calls on the international community to deliver on its promises during the Toronto Conference in August, and calls on the Commission and Member States to ensure that health spending in developing countries reaches levels commensurate with the political commitments made;

5. Expresses grave concern at the fact that half of all new HIV infections occur among children and young people;
6. Expresses disappointment at the fact that, although a large number of infections occur due to the sharing of drug abuse needles, there are still no effective programmes in operation for providing clean needles to drug addicts in many countries, including Member States;
7. Calls for measures to be taken to reduce the level of needlestick and medical sharp injuries received by health-care workers;
8. Stresses that, in order to effectively halt and reverse the spread of HIV/AIDS, it is essential to target key vulnerable groups with specific measures;
9. Remains deeply concerned by the overall expansion and feminisation of the pandemic and the fact that women now represent 50% of people living with HIV worldwide and 60% of people living with HIV in Africa;
10. 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;
11. Criticises the Commission's poor 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;
12. Calls on the Commission to double its budget for healthcare in developing countries within the Development Cooperation Instrument and to aim for at least 50% of all ODA to be spent on achieving the Millennium Development Goals;
13. Stresses that the European Commission is one of the main donors of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, contributing overall € 522 million over the period 2002-2006; calls on the Commission to consider increasing its contribution to the Fund;
14. Recognises the importance of country ownership, calls on developing countries to prioritise health spending in general and combating HIV/AIDS in particular, and calls on the Commission to support commitments made by the developing countries in line with the Abuja commitment to spending at least 15% of their 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;

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15. 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, and calls for the speeding-up of the recruitment and training of health-care workers at all levels;
16. Urges the promotion, at international, regional, national and local level, of access to HIV/AIDS education, information, voluntary counselling, testing and related services, with full protection of confidentiality and informed consent, and the promotion of a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;
17. Stresses the importance of local action and the fact that prevention, treatment and care responses need the involvement of local communities;
18. 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 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;
19. Criticises bilateral and regional trade agreements which restrict, if not eliminate, the safeguards established by the Doha Declaration; stresses the need 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;
20. Calls on the Commission and the Member States to work with UNAIDS in its role to build on and support national efforts to set in place inclusive, transparent processes, and ambitious national targets on HIV prevention, treatment, care and support;
21. Calls for comprehensive reviews of the progress achieved in realising the Declaration of Commitment on HIV/AIDS to be undertaken in 2008 and 2011, within the annual reviews of the UN General Assembly;
22. Instructs its President to forward this resolution to the Council, the Commission, the Member States, the UN Secretary-General, UNAIDS and the World Health Organisation.