

# EUROPEAN PARLIAMENT

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B6-0619/2006 }  
B6-0620/2006 }  
B6-0622/2006 }  
B6-0623/2006 }  
B6-0624/2006 } RC1/rev.

## 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, Glenys Kinnock, Karin Scheele, Anne Van Lancker and Ana Maria Gomes, on behalf of the PSE Group
- Georgs Andrejevs, Marios Matsakis, Frédérique Ries, Thierry Cornillet, Fiona Hall and Johan Van Hecke, on behalf of the ALDE Group
- Carl Schlyter and Marie-Hélène Aubert, on behalf of the Verts/ALE Group
- Vittorio Agnoletto, Luisa Morgantini, Felekna Uca, Dimitrios Papadimoulis, Adamos Adamou and Helmuth Markov, on behalf of the GUE/NGL Group

replacing the motions by the following groups:

- PPE-DE (B6-0619/2006)
- GUE/NGL (B6-0620/2006)
- PSE (B6-0622/2006)
- ALDE (B6-0623/2006)
- Verts/ALE (B6-0624/2006)

on AIDS

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## European Parliament resolution on AIDS

*The European Parliament,*

- having regard to its resolution of 3 July 2006 on ‘HIV/AIDS: Time to Deliver’ and its resolution of 2 December 2004 on HIV/AIDS Day,
  - having regard to World AIDS Day on 1 December 2006 and its theme of ‘Accountability: Stop AIDS, Keep the Promise’,
  - having regard to the UNAIDS/WHO 2006 AIDS Epidemic Update, published on 21 November,
  - 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 European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis, covering all developing countries for the period 2007-2011, adopted by the European Commission in April 2005,<sup>1</sup>
  - having regard to the Commission Communication to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009, of 15 December 2005,<sup>2</sup>
  - having regard to the G8 Gleneagles Summit and the UN’s 2005 commitment to achieving universal access to prevention treatment and care by 2010,
  - having regard to Rule 103(4) of its Rules of Procedure,
- A. whereas since the first identified case of AIDS 25 years ago, more than 25 million people have died from the disease,
- B. 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,
- C. whereas over 95% of the 39.5 million people worldwide suffering from HIV/AIDS live in developing countries,
- D. 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,

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<sup>1</sup> COM(2005) 179 final.

<sup>2</sup> COM(2005) 654 final.

- E. 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,
- F. whereas there are an estimated 15 million HIV/AIDS orphans globally, 12.3 million of these being in Sub-Saharan Africa alone,
- G. whereas only 5% of HIV-positive children receive medical help, and fewer than 10% of those 15 million already orphaned by AIDS get financial support,
- H. 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,
- I. whereas AIDS disproportionately affects the generation of economically active young people,
- J. whereas women now represent 50% of people living with HIV worldwide and nearly 60% of people living with HIV in Africa,
- K. whereas sexual and reproductive health is intrinsically linked to prevention of HIV and other diseases of poverty ,
- L. whereas people living with HIV have special reproductive health needs in terms of family planning, safe birthing and breastfeeding of babies, which are often overlooked in spite of the feminisation of the epidemic,
- M. whereas the International Conference on Population and Development (ICPD) of 1994 and ICPD follow-up undertaken in 1999 and 2004 reaffirmed the importance of empowering women and providing them with more choices through expanded access to education, information and care as regards sexual and reproductive health,
- N. 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,
- O. whereas five years after the Doha Declaration, which stated that ‘each member state of the WTO has the right to grant compulsory licenses and the freedom to determine the grounds upon which such licenses are granted’, the WHO warns that 74% of AIDS medicines are still under monopoly and 77% of Africans still have no access to AIDS treatment,
- P. whereas since 2000 fierce generic competition has helped prices for first-line AIDS drug regimens to fall by 99%, from \$10,000 to roughly \$130 per patient per year, but prices for second-line drugs – which patients need as resistance develops naturally – remain high, mostly owing to increased patent barriers in key generic-producing countries,
- Q. whereas in the negotiation of bilateral trade deal, agreements should not limit how countries can use public-health safeguards,

### **HIV/AIDS in the world**

1. Expresses its deepest concern at the expansion of HIV/AIDS and other epidemics amongst the poorest populations in the world and at the lack of focus on prevention of HIV/AIDS, inaccessibility of key medicines, insufficient funding and the lack of research efforts on the major epidemics;
2. Stresses the importance of accountability of governments, health service providers, the pharmaceutical industry, NGOs and civil society, and others involved in prevention, treatment and care;
3. Calls on all international donors to work to ensure that HIV prevention programmes reach the people most at risk of infection as identified in the UNAIDS conclusion that these vulnerable groups are not being provided for;
4. 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 and are supported;
5. Calls on all aid programmes to make sure that once a patient starts a course of treatment, funding is provided for continued uninterrupted treatment, in order to prevent the increased drug resistance that results from interrupted treatments;
6. Stresses the need for the EU to fund programmes to protect women from all forms of violence that propagate AIDS and to ensure that victims are afforded access to health services and the opportunity to reintegrate into society and to combat the stigma that often affects victims of such crimes;
7. Calls on the IMF to end monetary conditions and fiscal ceilings that force countries to restrict spending on public health and education;

### **Sexual and reproductive health**

8. 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 development of vaccines as a matter of urgency;
9. Calls on the European 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;
10. Calls on the Commission and Member States to support programmes that combat homophobia and break down the barriers that stop effective tackling of the disease, especially in Cambodia, China, India, Nepal, Pakistan, Thailand and Vietnam and across Latin America, where there is increasing evidence of HIV outbreaks among men who have sex with men;
11. Welcomes the inclusion of research into HIV/AIDS in the 7th Research Framework

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Programme and calls for research on vaccines and microbicides, diagnostic and monitoring tools suited to developing countries' needs, epidemic transmission patterns and social and behavioural trends to be supported; underlines that women must be involved in all appropriate clinical research, including vaccine trials;

12. Calls for investment in the development of female-controlled prevention methods such as microbicides, female condoms and post-exposure prophylaxis for survivors of rape;

#### **Access to medicines**

13. Encourages governments to use all the possibilities available to them under the TRIPS Agreement, such as compulsory licences, and for the WHO and the WTO and its members to review the whole of the TRIPS Agreement with a view to improving access to medicines;
14. Calls on the Commission and the Member States to recognise, five years after the adoption of the Doha Declaration, that its application has been a failure, as the WTO has not received any notification from an exporting or importing country of compulsory medicines, nor has it received any such notification under the Decision of 30 August 2003;
15. Calls on the Commission and the Member States to take the necessary steps in the WTO, in association with the developing countries, to modify the TRIPS Agreement and its article based on the Decision of 30 August 2003, particularly in order to abolish the complex, time-consuming procedural steps needed for authorisation of compulsory licenses;
16. Meanwhile, encourages and calls on all countries facing major epidemics to make immediate use of Article 30 of the TRIPS Agreement to access the necessary medicines without paying royalties for patents to the right-owners;
17. Calls on the Commission to increase to 1 billion euros its contribution to the global fund against HIV/AIDS, malaria and TB, as clearly requested by the EP in its resolution of December 2004, and on all Member States and G8 members to increase their contribution to 7 billion in 2007 and 8 billion in 2008, in order to provide UNAIDS with the resources necessary to reduce the epidemics;
18. Supports the commitment made by heads of state and government at the 2005 UN World Summit calling for universal access to HIV/AIDS prevention services, treatment and care by 2010; believes, however, that a clear plan for funding universal access should be developed and international and interim progress targets set;
19. Stresses that strong public health services, including research facilities, are essential in order to fight the epidemic, and opposes the situation of conditionality leading to their liberalisation;
20. Calls for support for the developing growth of regional and national generic drug industries in affected areas with a view to facilitating access to affordable drugs;
21. Instructs its President to forward this resolution to the Council, the Commission, the governments of the EU Member States and ACP countries, the IMF, the Government of the

United States, the UN Secretary-General and the heads of UNAIDS, UNDP and UNFPA.

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