



TEXTS ADOPTED

P9_TA(2021)0250

Accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030

European Parliament resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030 (2021/2604(RSP))

The European Parliament,

- having regard to the United Nations General Assembly High-Level Meeting on HIV/AIDS, scheduled to take place in New York from 8 to 10 June 2021,
- having regard to the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030, adopted by the UN General Assembly on 8 June 2016,
- having regard to the Political Declaration of the high-level meeting on universal health coverage, adopted by the UN General Assembly on 18 October 2019,
- having regard to the 2020 Global AIDS Update of UNAIDS entitled ‘Seizing the Moment – Tackling entrenched inequalities to end epidemics’,
- having regard to the 2019 Annual Report of the United Nations High Commissioner for Human Rights in the response to HIV,
- having regard to the Abuja Declaration of 27 April 2001 on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, to the Common African Position presented at the 2016 High-Level Meeting and to the 2016 Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030,
- having regard to the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), adopted in New York in September 2015,
- having regard to the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development, and the outcomes of their review conferences,
- having regard to the Council conclusions of 26 May 2015 on gender in development,
- having regard to the EU Gender Action Plan III for 2021-2025,

- having regard to the EU Action Plan on Human Rights and Democracy for 2020-2024,
 - having regard to the European Consensus on Development: ‘our World, our Dignity, our Future’,
 - having regard to its resolutions of 8 July 2010 on a rights-based approach to the EU’s response to HIV/AIDS¹ and of 5 July 2017 on the EU’s response to HIV/AIDS, Tuberculosis and Hepatitis C²,
 - having regard to the question to the Commission on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030 (O-000027/2021 – B9-0015/2021),
 - having regard to Rules 136(5) and 132(2) of its Rules of Procedure,
 - having regard to the motion for a resolution of the Committee on Development,
- A. whereas nearly 76 million people have become infected and nearly 33 million people have died of AIDS-related causes since the beginning of the epidemic in 1981; whereas the HIV epidemic remains a global crisis and a total of 38 million people live with HIV; whereas 1.7 million people acquired HIV in 2019;
 - B. whereas in 2019, 12 million people living with HIV did not access life-saving antiretroviral treatment and nearly 700 000 people died of AIDS-related causes globally;
 - C. whereas universal access to antiretroviral HIV treatment and care significantly reduces the risk of further transmission and has given people living with HIV an almost normal life expectancy and comparable quality of life;
 - D. whereas inequalities that drive the HIV epidemic, including violation of human rights and sexual and reproductive health and rights, in the context of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences, as well as stigma and discrimination, have been deteriorating and have been further exacerbated by COVID-19;
 - E. whereas men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, and prisoners (key populations) are at higher risk of exposure to HIV than other groups; whereas their engagement is critical in the HIV response;
 - F. whereas 159 countries have at least one discriminatory or punitive law hampering the HIV response; whereas criminalisation of people living with and at risk of HIV fuels stigma and discrimination, reducing prevention and treatment service uptake and increasing HIV incidence;
 - G. whereas gender inequality, unequal access to education and sexual and reproductive health services and information, and sexual and gender-based violence increase the vulnerability of women and girls to HIV, with AIDS-related illnesses being among the leading causes of death among women of reproductive age globally;

¹ OJ C 351 E, 2.12.2011, p. 95.

² OJ C 334, 19.9.2018, p. 106.

- H. whereas existing prevention methods have not done enough to stop the spread of HIV, particularly among women, who bear a disproportionate burden of the epidemic, particularly in sub-Saharan Africa; whereas there is a need for investment in research and innovation for new and improved tools to prevent, diagnose, and treat HIV and AIDS, including gender-sensitive tools, and new treatment options to address the emergence of HIV drug resistance;
- I. whereas young people between the ages of 15 and 27 account for more than one third of all new infections among adults and whereas AIDS-related deaths are increasing among adolescents; whereas many young people have limited access to social protection, sexual and reproductive healthcare and programmes empowering them to protect themselves from HIV;
- J. whereas compulsory comprehensive sexual education in school systems is essential to prevent the spread of AIDS and other sexually transmitted infections;
- K. whereas people in difficult humanitarian situations and informal and fragile settings, people with disabilities, indigenous populations, LGBTIQ+ people, and migrant and mobile populations are vulnerable to HIV infection and face unique challenges in accessing HIV services;
- L. whereas sub-Saharan Africa remains the most heavily affected region, accounting for 57 % of all new HIV infections and 84 % of HIV infections in children (aged up to 14 years), with much higher HIV prevalence in females than in males, and with 4 500 girls and young women (aged between 15 and 24) becoming infected with HIV every week, and 25.6 million people living with HIV;
- M. whereas the COVID-19 pandemic poses further challenges to the AIDS response and has reversed some of the gains made to date, with several countries not achieving their 2020 targets; whereas this puts the achievement of the SDG target of ending AIDS as a public health threat by 2030 at risk;
- N. whereas there is a need to strengthen resilient and sustainable health systems as part of universal health coverage, while preserving the gains of the AIDS response;
- O. whereas the achievement of the right to health needs to address inequality in access to services and advance the quality of life and well-being of people living with and at risk of HIV throughout the lifespan;
- P. whereas communities and community-led responses, which are pivotal in the HIV response, continue to be undermined by acute funding shortages, shrinking civil society space and lack of full engagement and integration in national responses;
- Q. whereas several middle-income developing countries have difficulties importing or locally producing generic versions of antiretroviral medicines owing to patent protection; whereas multinational pharmaceutical companies are increasingly excluding middle-income developing countries from donations, decreased prices and voluntary licenses, thus hampering their ability to access affordable generic medicines;
- R. whereas the human right to health takes precedence over rules on trade-related aspects of intellectual property rights (TRIPS); whereas the Doha Declaration on the TRIPS Agreement and Public Health affirms the right of developing countries to make full use of

the flexibility provisions in the TRIPS Agreement to protect public health and, in particular, provide access to medicines for all;

- S. whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was created following the global surge of HIV/AIDS, has played a significant role in the context of the fight against HIV/AIDS;
1. Underlines the importance of a positive outcome at the UN High Level Meeting on HIV/AIDS to be held from 8 to 10 June 2021; requests that the Council contribute to the adoption of a set of forward-looking and ambitious commitments in the political declaration;
2. Reaffirms that everyone is entitled to the enjoyment of the highest attainable standard of health, as well as equality conducive to living life in dignity;
3. Commends the EU's role in the multi-sectoral global AIDS response and calls on the Commission to address AIDS as a global public health crisis and accelerate all efforts to meet the 2025 targets, including through scaling-up investments in UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria;
4. Insists on the essential provision of sufficient means for the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to enable it to make decisive contributions to the fight against HIV/AIDS;
5. Underlines that the global AIDS response requires a multi-sectoral approach and multi-level cooperation that demonstrate timeliness, scale, inclusiveness, partnership and innovation;
6. Calls on the Commission to ensure that the programming of the NDICI is supportive of partner country efforts to build strong and resilient health systems, including health research and regulatory systems and community systems for health, that are able to deliver HIV-sensitive universal health coverage;
7. Requests that the European External Action Service, the Commission and Member States use the implementation of the EU Human Rights Action Plan and the Gender Action Plan III to address the human rights and gender inequality drivers of HIV/AIDS by prioritising the fight against stigma and discrimination, sexual and gender based violence, criminalisation of same-sex relations and other punitive and discriminatory laws and policies in order to contribute to universal access to sexual and reproductive health and rights, access to quality education, including comprehensive sexuality education, equitable and affordable access to healthcare, access to the labour market and the participation of affected communities in all spheres of public life;
8. Calls on the Commission and the Member States to work with partner countries to instate compulsory comprehensive sexual education in their national education plans in order to prevent the spread of AIDS and other sexually transmitted diseases, especially in countries with the highest infection rates;
9. Recalls that health is a prerequisite for human development; requests that the Commission prioritise health as part of the EU-Africa strategy, which implies mobilising additional public funds to guarantee universal health coverage, including for sexual and reproductive health and rights, HIV, tuberculosis and malaria, as well as focusing on global health

research and development, stepping up EU-Africa health research and innovation collaboration, and jointly boosting African and European production capacity for health products, equipment, and medicines; underlines that development aid should primarily be dedicated to delivering horizontal universal healthcare system coverage through a holistic and rights-based approach, which entails fully addressing the multidimensional nature of health (with close links to gender, food security and nutrition, water and sanitation, education and poverty), along the line of a ‘One Health’ approach; calls in particular for the promotion of investments in integrated HIV rights and sexual and reproductive health and rights, with a focus on women and girls, sex workers, transgender people, people who inject drugs, people in prison and other vulnerable groups;

10. Calls on the Commission to address the deplorably low treatment coverage for children living with HIV as well to ensure access to HIV services for pregnant women and breastfeeding mothers, in order to avoid mother-to-child transmission of HIV;
11. Calls on the Member States and the Commission to ensure the level of spending and resource mobilisation needed to achieve the 2025 targets in all EU Member States;
12. Calls on the Commission to work with Member States and partners to prioritise an integrated approach to global health security that incorporates the fight against both existing pandemics such as HIV and emerging ones, as part of the universal health coverage agenda;
13. Calls on the Commission and the Member States to play a strong political role in dialogue with the EU’s partner developing countries, including neighbourhood countries, ensuring that plans for sustainable transitions to domestic funding are in place so that HIV programmes remain effective and sustained, and can be scaled up after the withdrawal of international donors’ support; calls on the Commission and the Council to continue to work closely with those countries to ensure that they take responsibility for and ownership of their HIV response;
14. Calls for the EU to set up a clear and coherent EU global COVID-19 vaccination strategy, focusing on ensuring equal, affordable and timely access to vaccination for people in developing countries, in particular those belonging to vulnerable and high-risk groups, including people infected with HIV/AIDS; calls on the EU, therefore, to support the Indian and South African World Trade Organization initiative for a temporary waiver on intellectual property rights for COVID-19 vaccines, equipment and treatments, and urges pharmaceutical companies to share their knowledge and data through the World Health Organization COVID-19 Technology Access Pool (C-TAP);
15. Calls on the Commission and Member States to ensure that the global response to COVID-19 includes lessons learned from the fight against HIV, such as: protecting human rights and addressing stigma and discrimination, particularly among key and other vulnerable populations; fighting gender barriers to health; supporting healthcare practitioners and researchers, especially in low-resource settings; engaging communities in the response; and fairly allocating limited resources and new tools so that no one is left behind;
16. Urges the EU to set up a comprehensive global strategy and road map for the achievement of the SDGs, including those relating health and targets on HIV/AIDS reduction; notes that this strategy should take particular account of the impact of COVID-19, as achieving

the SDGs is critical to ensuring our preparedness for future pandemics and other shocks, including to health systems; calls for an effective long-term EU global health strategy; insists that the Commission needs to redouble its efforts and intensify its work towards effective global health programmes targeting healthcare systems in developing countries;

17. Calls on the Commission to work with Member States and partners to support services responsive to the needs of key populations and other priority populations facing unique challenges in accessing HIV services, including by providing youth-friendly sexual and reproductive health services for young people;
18. Calls on the Commission to work with Member States and partners to facilitate and advocate increased commitment for the provision of HIV treatment in all conflict zones and the elimination of HIV-related discrimination against refugees, especially with regard to equal access to antiretroviral treatment and health services in host countries;
19. Calls on the Commission to work with Member States and partners to increase social protection support, including for food security and nutrition for vulnerable populations, particularly people with disabilities, aging people living with HIV, and AIDS-related orphans;
20. Calls on the Commission to work with Member States and partners to support and invest in community engagement and community-led responses as key components in an effective HIV/AIDS response and in the fight against HIV/AIDS-related stigma and discrimination, as well as to integrate HIV prevention and care with other local healthcare service offers as an entry point for HIV information, education, communication and training;
21. Calls on the Commission and the Member States to promote investments in real-time data collection and a robust pipeline of affordable and accessible, gender-sensitive diagnostic, therapeutic and vaccine candidates for HIV and other poverty-related and neglected infectious diseases, and to strengthen regional and interregional capacities and cooperation in science, research and innovation; urges the EU to offer particular support to developing countries, especially least developed countries, in the effective implementation of flexibilities provided for in the TRIPS Agreement for the protection of public health, notably on compulsory licencing and parallel import, and to optimise the use of voluntary licencing and technology sharing mechanisms to meet public health objectives by insisting that multinational pharmaceutical companies include middle-income developing countries in such mechanisms and offer affordable HIV treatment in those countries; encourages, more broadly, the decoupling of research and development spending from the price of medicines, for example through the use of patent pools, open source research, grants and subsidies, with the aim of ensuring sustained accessibility, affordability, availability and access to treatment for all those in need;
22. Calls on the Commission to oppose the inclusion of TRIPS-plus measures in free trade agreements with middle-income developing countries in order to ensure that all HIV antiretroviral treatments are affordable, with full respect for the Doha Declaration on TRIPS and Public Health;
23. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the President of the United Nations General Assembly and UNAIDS.