

BACKGROUND PAPER

OF THE EUROPEAN UNION¹

ON THE OCCASION OF THE

HIGH-LEVEL MEETING TO REVIEW THE PROCESS ACHIEVED IN

REALIZING THE COMMITMENTS SET OUT IN THE

DECLARATION OF COMMITMENT ON HIV/AIDS OF

THE UNITED NATIONS GENERAL ASSEMBLY

First of all the EU would like to thank the President of the General Assembly for the opportunity that is given to us today to take stock of our progress regarding the fight against HIV/AIDS and to transmit a strong message to the Millennium Review Summit in September. We would also like to thank the Secretariat for the excellent preparation of this meeting. Our gathering today should be in testimony of the strong commitment by all governments and stakeholders and enable us to further enhance international cooperation against HIV/AIDS.

The European Union would like to start by restating its strong support to the UN Declaration of Commitments on HIV/AIDS. We acknowledge the urgency of action against HIV/AIDS, and underline that our response must continue to grow. The overarching framework of the Millennium Summit has recognized this by setting a specific Goal for HIV/AIDS. Without an appropriate response to this disease, most of the MDGs are unlikely to be met.

The EU further recognizes that the MDGs cannot be attained without progress in achieving the Cairo goal of universal sexual and reproductive health and rights. The EU will continue to work to ensure that the linkages are properly reflected in the outcome of the September 2005 High-Level event. In this context, the EU strongly supports that a subsequent technical process examines how best to incorporate related targets and monitoring indicators under MDG 5.

The AIDS pandemic has developed into a global crisis of exceptional dimensions and needs an exceptional response, but one of our challenges is that HIV/AIDS must be considered an emergency as well as a long-term development issue. Urgent action is needed; but any short-term measures must feed into long term strategies.

Since the adoption of the Declaration of the UNGASS in 2001, we have many successes to be proud of. Since 2001, there has been a spectacular increase of action to combat HIV/AIDS. There has been a marked rise in funding and in the number of actors and initiatives involved, notably governments, the UN system, the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), PEPFAR³, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP) and NGOs.

The EU has further elaborated the Declaration of the UNGASS in a European context through the Dublin Declaration and the Vilnius Declaration. The European Union (EU) has also developed and adopted a political framework for action to confront HIV/AIDS, Malaria and Tuberculosis. An updated Program of Action for the EU providing a roadmap for further action regarding AIDS, Tuberculosis and Malaria was recently adopted by the 25 Ministers for Development in Brussels. This Program recognizes the need to step up efforts to confront HIV/AIDS, malaria and tuberculosis, and emphasizes country ownership and leadership, as well as the need for governments to involve civil society, including people living with the diseases, in the design, implementation and monitoring of all strategies.

But while the response has greatly increased since 2001, and despite a stronger political commitment, greater access to prevention and treatment impact mitigation and a substantial increase in resources, the scope and the dynamics of this pandemic continue to pose a long-term challenge to the affected populations and countries, and to the international community. We are at risk of not reaching the targets and goals of the UNGASS Declaration.

HIV/AIDS is now a development crisis which is devastating lives and social fabric, threatening growth prospects and the achievement of the MDGs and other internationally agreed development goals. Especially the spread of HIV/AIDS in the LDCs and in sub-Saharan Africa is of acute concern. In our efforts to combat HIV/AIDS, we also recognize the situation in Eastern Europe and take into account the experience of the countries of this region as well as the challenges facing them as regards dealing with HIV/AIDS.

Further increases in resources are needed for prevention, treatment, care, research and impact mitigation but we also need to look at those areas on which the scaling up of HIV and AIDS services depend. These include the strengthening of human capacity and resources, universal access to sexual and reproductive health services and rights and coordination and alignment of aid behind quality national AIDS strategic plans.

Every response to HIV/AIDS must be comprehensive, reflect the needs of each country, with a balanced policy mix of prevention, treatment, care and research. We cannot pick and chose among those approaches, we need to use them together and in an integrated manner with nationally-led strategic plans, and also include measures to combat the root causes of the pandemic such as inequality between women and men, poverty and social marginalization of the most vulnerable groups like (young) women, injecting drug users (IDU's), sex workers, prisoners, and men having sex with men. It is necessary to integrate actions against HIV/AIDS into national poverty reduction strategies, and other national plans and budgets, so as to address the intricate link between the pandemic poverty.

The European Union strongly believes that no preventive strategy will be effective without universal access to high quality sexual and reproductive health services. Today, more than 75% of HIV infections are caused by sexual intercourse. The ICPD Program of Action, which the EU continues to support, needs to be fully implemented in order to ensure that women of all ages, especially poor or otherwise vulnerable groups, including sex workers, have access to the support, counseling, information, commodities and services, including family planning and information that they need in order to protect themselves from infection.

Effective prevention means that people need to be properly informed. Simplistic messages about abstinence and faithfulness – sometimes ideologically driven – as the only ways to prevent HIV may mean that many vulnerable people are denied the information, knowledge, skills and services they need to protect themselves. Disinformation that casts doubt on the effectiveness of condoms is, frankly, inexcusable.

People need the means to have safe and responsible options within the realities and circumstances of their daily lives. This should be based on mutual respect and dignity, and not on any particular morality or ideology.

The largest generation ever is coming into reproductive age, so prevention actions aimed at young people are crucial if we want to stop, and eventually reverse, the spread of HIV/AIDS. It is crucial to offer these, young women and men access to information, education and adequate commodities, including male and female condoms. The growing gap between commodities needed and those available and accessible is of great concern to the EU; we want to do the utmost to work towards reaching reproductive health commodity security at country level.

Women and girls are increasingly disproportionately affected by HIV/AIDS, especially in sub-Saharan Africa and part of Asia. Peter Piot has said that “women are now the face of AIDS”. For every young man infected in sub-Saharan Africa between 3 and 6 young women are infected. So doing more to promote and support women’s sexual and reproductive rights must be fundamental to efforts to combat the spread of AIDS. The empowerment of women and recognition of their sexual and reproductive rights is a necessary step in that context.

Also, 10% of the new infections are transmitted from mother to child during delivery or through breast-feeding. Pre-natal and reproductive health services are thus crucial entry points to maximize prevention actions against HIV/AIDS. To achieve these outcomes, the Beijing Platform for Action needs to be fully implemented. Greater focus by leaders is required on the role of men and boys and the need to change attitudes and behavior in order to reduce gender inequality and reduce the high HIV burden for women.

Women and girls are not only more vulnerable to infection, but they also bear the brunt of care for the infected members of their families. At least 11 million children in sub-Saharan Africa have been orphaned. Within the next five years, this is expected to rise to 18 million. In the worst-affected countries, every sixth or seventh child will be an orphan by 2010.

We are also confronted with newly emerging epidemics in Asia and Eastern Europe, driven in large part by Injecting Drug Use. Effective Harm Reduction interventions, including Needle and Syringe Exchange and Methadone Substitution Therapy, have been proven to reduce the spread of HIV infection amongst injecting drug users and their sexual partners. Prevention programmes in these countries must include harm reduction, taken to scale, if we are to have any impact on these “next wave” epidemics.

In the context of scaling up prevention efforts, it is important that the global community invests in developing new HIV prevention tools to ensure the protection of future generations. Microbicides and vaccines have the potential to significantly strengthen HIV prevention, and particularly reduce the impact of AIDS on the poor. The EU has a key role to play in global research and development efforts including improved funding, coordination and scientific collaboration and information sharing, creating incentives for

stakeholder engagement and supporting the development of scientific capacity in countries of need.

The epidemic will not be stopped if we don't focus our efforts on prevention, but the human, social and economic consequences of not treating infected people will become catastrophic and put at risk most development efforts unless we increase the number of people on antiretroviral (ARV) therapy. It is of great importance that ARV programs will be supported with strengthening health systems and procurement training and support to avoid HIV drug resistance. It is equally important to implement systems for surveillance and monitoring of HIV drug resistance. By the end of 2004, the number of people on such therapy in developing and countries with economies in transition stood at an estimated 700,000. This represents a substantial increase, but still only about 12% of the approximately 5.8 million women, men and children currently needing treatment in developing and countries with economies in transition. The fact that more than 5 million people still do not have access to life-saving treatment demonstrates the scale of the challenge.

The EU strongly welcomes recent positive developments in relation to the provision of anti-retroviral drugs at affordable prices in the world's poorest countries. We underline the importance of the WTO General Council Decision relating to paragraph 6 of the Doha Ministerial Declaration on TRIPS and Public Health.

Furthermore, the EU fully supports the "3 by 5" initiative that demonstrates that it is possible to offer treatment to a large number of people in developing countries. Our ultimate goal is universal access to treatment (and prevention). GFATM is also an important mechanism in this regard. The European Union and the Commission will continue to demonstrate their commitment and leadership in supporting the GFATM and to contribute, together with other donors, including the private sector, to ensure its full financing through the ongoing replenishment process. The European Union hopes that the forthcoming G8 Summit will also demonstrate its continued commitment to ensure that the GFATM is fully funded.

The causes and consequences of HIV/AIDS – social and gender inequality, famine, lack of education, limited economic perspectives, demographic challenges, to name but a few – can be attenuated if those who need it have access to affordable and quality treatment and are thus enabled to continue a productive life in society. But access to treatment means far more than only access to drugs. Without a comprehensive and integrated approach, including the training and capacity building of national human resources for procurement, treatment and follow-up, the creation of an enabling environment, and the taking into account of the psycho-social and follow-up aspects, the simple procurement, fabrication, donation or delivery of drugs will be inefficient and unsustainable.

AIDS is a new kind of emergency, because it depletes human capacity much faster than it can be replenished, affects all sectors of society and generates long-term vulnerability. By 2010, without far higher treatment rates, five countries will have lost more than every fifth person in their labor force.

The lasting success of our efforts depends greatly on the enhanced development of human capacity and resources. This is the only way in which we can ensure ownership by the countries, but also the sustainability of our actions. The EU member states step up our efforts to build capacity in partner countries for all areas of an integrated response to the three diseases, particularly through the development of health systems, including procurement policies and practices for pharmaceutical products and commodities, as well as on joint monitoring and reporting. The EU and its Member States have expressed our support to innovative responses to the human resources crisis and are working on proposals for a EU strategy to address the human resources crisis for health providers within the broader health context. Without the professional qualification and utilization of local human resources, sustainability, long term effectiveness and qualitative improvements are unlikely to be ensured.

To be successful in achieving the UNGASS Declaration and the Millennium Development Goals is to ensure that the chosen approaches are comprehensive and mutually supportive, and that the necessary funding to reach those goals is available. In this regard, 2005 is a crucial year, with the process leading up to the Millennium Review Summit and the replenishment process for the GFATM.

The level of resources available for the response to HIV/AIDS needs to be continuously raised, in the general context of Monterrey. UNAIDS is currently working on forecasts of the needs in the next years, and it already appears that the pandemic, and hence the funds needed to control it, will continue to increase. The exceptional efforts by the international community since 2001 need to be continued and intensified. The EU, as one of the major players in development assistance and in the fight against AIDS, and as the main donor to the Global Fund, plays a major role in the financing of the response to HIV/AIDS.

However, a simple increase in funding is not enough. In order for this increase to effectively support the short and long term response to AIDS, funding needs to be predictable and consistent. Existing funding also needs to be efficiently channeled and targeted, taking into account absorption capacity and complementarity.

As the resources devoted to the fight against HIV/AIDS increase, there is a risk of duplication, overlap and lack of coordination. The AIDS action arena is increasingly crowded, with multiple funding and program mechanisms and initiatives, as well as duplicative procedures and requirements for financing, reporting and monitoring. We must take greater steps to address the rapidly expanding scope of the response to gain the greatest impact from these efforts and reduce fragmentation and inefficiency along the way. This is a prerequisite for a long-term sustainable response.

The EU welcomes and endorses “The Three Ones” principles brokered by UNAIDS which has brought consensus across countries for stronger coordination, simplification and harmonization of procedures. The European Union also hopes that progress in this important area can be made at the forthcoming G8 Summit at Gleneagles. The European Union would like to recall and support the recommendations of the Paris Declaration on

Aid Effectiveness, Ownership, Harmonization, Alignment, Results and Mutual Accountability adopted at the High-level Forum in Paris in March of this year which provides a broader context in which the Three Ones can be achieved. The current work of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, provides a tangible mechanism to bring these recommendations into practice across the multilateral system and the donor community. Our challenge now is to ensure that behavior and systems adapt accordingly, that efforts are complementary and not competitive, and lead to improvements in the effectiveness of country-led responses. Support to national ownership and strong and fully costed national AIDS strategies are at the centre of this work. Countries should ensure that their response to HIV/AIDS remains high on their political and budgetary agenda, and is included in national development strategies. The resources diverted by developing countries to manage international aid should be limited and be more effectively used for the fight against the disease.

¹ The Acceding Countries Bulgaria and Romania, the Candidate Countries Turkey and Croatia*, the Countries of the Stabilisation and Association Process and potential candidates Albania, the former Yugoslav Republic of Macedonia, Serbia and Montenegro, EFTA countries Iceland and Norway, members of the European Economic Area, align themselves with this declaration.

* *Croatia continues to be part of the Stabilisation and Association Process.*