



CONCORD¹
Position Statement on the
Global HIV and AIDS Pandemic
March 2007

We, as a European confederation representing more than 1800 relief and development NGOs, urge the European Union to:

- **ADDRESS immediately the AIDS pandemic as a global emergency**
- **LEAD in the international HIV and AIDS response and in the achievement of universal access to comprehensive prevention, treatment, care and support by 2010**

In 2001, for the very first time, world leaders acknowledged that HIV and AIDS are not just a health issue but a “global emergency and one of the most formidable challenges to human life and dignity”. Six years after the Declaration of Commitment on HIV and AIDS (UN General Assembly Special Session on HIV and AIDS, June 2001), the AIDS emergency still demands unwavering political leadership, significantly increased and predictable human and financial resources, and a comprehensive and effective rights-based response based on what works.

The European Union (EU) must take a leading role in the international AIDS response, challenging and inspiring other international partners in working together to tackle HIV and AIDS and achieving universal access to comprehensive prevention, treatment, care and support by 2010.

A Global long term emergency

HIV and AIDS have provoked an unprecedented global crisis, whose impact crosses the boundaries of public health and reaches into all aspects of economic, social and human development. In the worst affected countries, entire generations have

disappeared. This crisis is rapidly destroying communities and families and increasing the fragility of developing countries' economies and public services.

It is a pandemic that disproportionately affects women and young people, both in the contraction of the virus, in the persistent challenges in accessing information and services and in the burden of care. HIV and AIDS are fuelled by poverty, gender inequality, social exclusion and persistent human rights violations. The stigma and discrimination experienced by a number of groups, including sex workers, injecting drug users, men who have sex with men, ethnic minorities, prisoners, children, young people, women, older people, refugees, migrants and persons with disabilities, remains a key driver of the pandemic in many countries.

HIV and AIDS demand a response that is based not only on the needs of people, but also on the fulfillment of their human rights. Priority attention needs to be paid to the increasing feminization of the pandemic and the persisting violence against women and girls, which calls for the need to include a gender-based approach in all interventions. It is no exaggeration to state that it affects every area of policy making.

The Commitment

At the G8 Gleneagles Summit, the Millennium Summit in 2005 and the 2006 UNGASS on HIV and AIDS, **world leaders recommitted to reaching the goal of Universal Access to prevention, treatment, care and support for all those who need it by 2010.** This involves setting ambitious national targets through inclusive, transparent processes, and setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV and AIDS strategies.

Significant barriers must be overcome if we are to ensure a holistic, comprehensive, rights-based approach that embraces the full spectrum of prevention, treatment, care and support. The international community, national governments and civil society identified **5 main areas of action to scaling up to Universal Access.** Namely: set and support national priorities; ensure predictable and sustainable financing; strengthen national capacity and social systems; ensure affordability of commodities; and effectively tackle stigma,

¹ CONCORD member organisation Caritas Europa, although generally supporting this statement, cannot actively subscribe to some specific references and passages

discrimination, gender inequity and persistent violations of human rights²

The role of the European Union (EU)

These internationally agreed areas provide the EU with a clear guideline for action. We call for genuine, committed leadership, political will and resources from the European Union in reaching Universal Access by 2010. EU leaders must wait no longer to efficiently respond to this global crisis. This demands coherence across the policy spectrum and strong partnership with those most affected.

As European NGOs, we are dismayed by the continuing gap between agreements, commitments and visible action by the EU institutions and Member States. In particular, we wish to draw attention to specific policy clashes, the quality and quantity of aid and the central role of those living with HIV and AIDS (along with broader civil society) in policy development and decision-making.

1. Policy coherence for development and HIV and AIDS

The European Union's political strength, financial capacity and its promotion of human rights means that it has a critical global leadership role in the response to HIV and AIDS and the achievement of the Universal Access target by 2010. The EU is in a unique position to promote comprehensive policies internationally and this must be reflected in all European Council, Commission and Parliament actions and in all EU Member States relations with international bodies. The European response to the AIDS emergency must be based on a consistent approach that will not undermine progressive policies and actions, and is not subject to the fluctuating political aspirations of European political leaders in the Commission and in the Member States.

- ***EU policies on trade and pharmaceutical products must promote and not undermine access to affordable medicines.*** Only an estimated 1.6 million people are accessing ARVs, out of the 6 million who are in urgent need. High prices of medicines tied to patents, especially second line drugs, are one of the most important barriers to scaling up access to treatment. As generic competition is the most efficient and sustainable way

to make drugs affordable for those who most need them, the European Community (EC) must stop putting barriers to it.

- European Member States and the EC, who holds exclusive competence over trade issues, must push for the real implementation of the 2001 Doha Declaration on TRIPS and Public Health through the review of the TRIPS agreement. When doing so, the EC should avoid supporting the promotion of bureaucratic and cumbersome mechanisms that are showing to be inapplicable, such as the 2003 August 30th WTO Decision on compulsory licensing.
- The EC must stop blocking south to south collaboration for domestic production, remove TRIPS-plus clauses from negotiations on economic partnership agreements (EPAs) or regional free trade agreements (i.e. EU-ASEAN) and guarantee developing countries the policy space to use TRIPS flexibilities freely. The EU must publicly reject and denounce similar practices or abuses of power by other WTO partners and pharmaceutical companies.

- ***The refocus of the EU Lisbon strategy for 2005-2008 must not undermine the human resources capacity and research and innovation needs in the area of health in developing countries.*** The EU strategy to make the Europe 'a more attractive place to work' needs to be revised in order to ensure that it does not underpin the brain drain of doctors and health workers to European countries. The EU pledge to become the world's leading research area by 2010 must also translate into closing the current research spending gap for diseases that affect poor countries; only 10% of all spending on health research and development is devoted to the problems that primarily affect the poorest, 90% of the world's population.

- The EU should politically and financially support the WHO strategy to treat, train and retain health workers and support developing countries to reduce the factors that push health workers to leave the health sector.
- Under the 7th EU Research Framework Programme (FP7), the EC must considerably increase its spending on research and development (R&D) for poverty diseases and accelerate the research and development of ARV paediatric formulations and new HIV preventive technologies, such as vaccines and microbicides.

² UN Secretary General, Declaration of Commitment on HIV/AIDS: five years later, A/60/736, March 2006.

For a long term solution, it is critical that the EU Member States actively participate in the WHO Intergovernmental Working Group on Public Health, Innovation and Intellectual Property and promote a needs-based R&D agenda versus one dominated by private sector interests.

2. Quantity and quality of aid for HIV and AIDS

If HIV and AIDS are to be fully recognised as a global emergency, the quantity of aid must substantially **increase** over time in a sustainable and predictable manner. At least \$18bn in 2007 and \$22bn by 2010 are needed for a comprehensive response to HIV and AIDS in low- and middle-income countries.³ The current global annual funding gap is approximately \$11bn.

- Being the biggest donor block in the world, ***the EC and the EU Member States must contribute their fair share to overcome the global financing gap, without this being at the expense of funding for other development responses, especially in view of the multi-sector determinants of the AIDS pandemic.*** This means that:

- EU governments must reach their 0.51% ODA/GNI target by 2010 and the 0.7% ODA/GNI by 2015.⁴
- The EC and EU member states need to provide new and specific resources to developing countries, through the European Development Fund (EDF) and the EU budget, to realize the universal access commitments according to their national action plans; in particular, through increased funding to strengthening national health systems, which will ensure an effective global and local delivery of the response.
- The EC and especially the EU member states must stick to their international commitments to contribute their fair share to the Global Fund for AIDS, TB and malaria in a sustainable way with predictable and additional resources, while using their political influence to promote meaningful involvement of civil society in all its governing bodies.

³ The Global Fund, Resource need for the Global Fund 2006-2007 and 2008-2010. Geneva 2006.

⁴ Conclusions of the Council and of the representatives of the governments of the member states meeting within the Council on Financing for Development and Aid Effectiveness: Delivering more, better and faster, April 2006

European aid to respond to the pandemic must be **effective**. Its support to national responses must be aligned to national priorities for action on HIV and AIDS, in line with the three ones principles and the Paris Declaration on Aid Effectiveness. In order to effectively respond to its multi-sectoral nature, HIV and AIDS should be addressed in the EU Country Strategy Papers and the Poverty Reduction Strategy Papers, ensuring that the root causes of the pandemic, such as gender inequality and poverty, are effectively addressed.

- ***The 2005 EU Policy framework and programme for action on HIV and AIDS, tuberculosis and malaria should be effectively resourced and implemented without delay as a starting point for effective EU action.*** The policy framework places the commitments to the Millennium Development Goals, Cairo⁵, Beijing⁶, human rights and human security as the core pillars of the EU vision for confronting the three diseases. The immediate implementation of this programme for action and of the series of EU Presidency statements should be done in line with the 2001 HIV and AIDS Declaration of Commitment and nationally and internationally agreed plans for scaling up access to prevention, treatment, care and support by 2010.

- In order to address poverty as a driver of the pandemic, the implementation of EU HIV and AIDS policies must include the support to social protection strategies and food and income security programmes⁷.
- Given current misconceptions and contradictory messages from other donors on HIV prevention, EU policies and funded programmes should not only focus on scaling up the access to existing preventive tools, but should also promote access to correct and consistent information on HIV prevention and comprehensive sexuality education, based on what works. It is critical that HIV and AIDS responses are directly linked with

⁵ The Programme of Action was adopted in Cairo in 1994 at the International Conference on Population and Development (ICPD). The Cairo agenda on sexual and reproductive health and rights emphasizes a voluntary, people-centered approach based on informed choice.

⁶ Declaration and Platform for Action of the 1995 World Conference on Women in Beijing

⁷ Article 28 of the UNGASS 2006 Political Declaration on HIV and AIDS at http://data.unaids.org/pub/Report/2006/20060615_HLM_Political_Declaration_ARES60262_en.pdf

services and programmes on sexual and reproductive health and rights.

- When addressing the impact on children, the EU should work in line with the principles of the 'Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS'⁸, in order to ensure efficient coordination of responses.

- ***The EC and the EU Member States must increase funding for building national health and education capacity.*** Access to HIV and AIDS prevention, treatment, care and support needs to be set within a wider commitment to strengthening in-country health care infrastructures, skills and resources. Strong public health and education services, including research facilities, are essential in order to fight the epidemic.

- EU cooperation with ACP and non ACP partners (via the EDF and the EU budget, respectively) must stop dismissing the relevance of investing in health and education services. Funding to social sectors from both financial sources must be prioritised and ring-fenced where appropriate.
- In its cooperation with developing countries and with multilateral institutions, such as the World Bank and the International Monetary Fund, the EC and EU Member States must promote the elimination of user fees and oppose conditionalities such as the promotion of health spending caps on developing countries.

- ***The EC and the EU Member States must evaluate current aid modalities, to ensure that resources actually reach those that need them most.*** General and sectoral budget support should be complemented with the specific funding of programmes that have shown positive impact in addressing the needs of vulnerable populations and have strengthened community responses.

- ***The EC and the EU member states should invest in an effective HIV and AIDS mainstreaming response.*** The EU must ensure that an effective system is put in place and that the necessary organisational changes are made for effective HIV and AIDS mainstreaming assessment, analysis and action in all EU emergency response and development efforts in order to: a) reduce HIV

transmission; and b) ensure the impact of AIDS is adequately addressed.

3. Partnership of the EC with civil society organisations – matching ownership and good governance commitments

In order to implement the principle of country ownership, it is fundamental to strengthen domestic accountability, reinforcing national parliaments and their relationship between states and AIDS affected communities. NGOs are often useful in bridging this gap. The 'Code of Good Practice for NGOs responding to HIV and AIDS' sets out a number of guiding principles which apply a human rights approach to the range of AIDS-specific health, development and humanitarian work undertaken by NGOs responding to HIV and AIDS. Partnership with civil society in the context of the AIDS epidemic starts with the true and meaningful involvement of people living with HIV and AIDS.

- ***The EC and EU member states must fully implement the GIPA principle*** (Greater Involvement of People living with HIV and AIDS). People living with HIV and AIDS and the networks that support them must be central players in shaping policies and developing services that meet their own needs. The EU and, in particular, the EC delegations must establish the necessary mechanisms to effectively engage people living with HIV and AIDS in their political dialogue and country programming.

- ***The EC and the EU member states must acknowledge the critical contribution of local communities in the response to HIV and AIDS and support them.*** The EU should fund and implement programmes that strengthen and encourage participatory approaches within communities.

- ***The EC and the EU member states must actively engage with civil society organisations in Europe and in developing countries.*** Civil society organisations must be enabled to play a more active role in holding governments and donors accountable to their commitments. It is critical that the EU is transparent in the design and implementation of HIV and AIDS policies and programmes and must involve civil society in the decision making through meaningful consultation processes.

⁸ http://www.unicef.org/aids/files/Framework_English.pdf