

The European Union, HIV/AIDS and Human Security

- Issues and Challenges for Ireland's EU Presidency

A Dóchas Briefing Paper

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Executive Summary

In announcing the proposal to hold a UN General Assembly Special Session on HIV/AIDS (UNGASS) the UN Secretary General, Kofi Annan proclaimed *"We must make people everywhere understand that the AIDS crisis is not over; that this is not about a few foreign countries, far away. This is a threat to an entire generation; this is a threat to an entire civilisation"*¹. A year later and only a couple of weeks before the start of the new millennium, Annan declared *"Today the AIDS pandemic, unexpected, unexplained, unspeakably cruel ...presents us with a tragedy we can barely comprehend, let alone manage. ...This unprecedented crisis requires an unprecedented response...a response that makes humanity live up to its name. The epidemic is terrible but we are not powerless against it. Already strong forces of hope and faith are showing us what can be done"*². His words capture the urgency and importance of this issue.

The urgency in Annan's plea was especially acute in light of the international community's underestimation of the impact of the disease. Back in 1991 it was predicted that by the end of the decade about 20 million people worldwide would have HIV: in reality this was more than a three-fold underestimation. This means that the HIV/AIDS pandemic is one of the most destructive in human history. Millions have died, millions are infected and millions are affected by HIV, which has been termed 'a virus of mass destruction'.

HIV/AIDS is undermining and in some cases reversing progress in terms of human development. It is eroding the very fabric of societies. For instance, many of the countries which are home to the highest numbers of people living with HIV/AIDS have very few doctors or other trained health personnel, many of whom have themselves died as a result of untreated AIDS. Others have migrated to wealthier countries in search of better pay and job security. At the same time there is hope arising from those countries, which have been successful in reducing the prevalence of the disease and in addressing its impacts. Ultimately, however, an effective

response requires the scaling up of such successes as part of a massive global action plan to tackle this pandemic. The HIV/AIDS pandemic and its impacts epitomises the continuing inequality, fragmentation and denial of basic human rights which exists in our world. This paper sets out Dóchas's recommendations on how the EU can place HIV/AIDS at the heart of its policy agenda and its policy practice. While these recommendations were prepared for the Irish Presidency of the EU their relevance extends across a much longer horizon. Given the multidimensional nature of the HIV/AIDS crisis the paper can only concentrate on a limited number of areas, which Dóchas has identified as critical to strengthening the role of the EU in tackling the HIV/AIDS pandemic. And clearly the EU is one of many players. National governments, civil society organisations, international agencies and the private sector all have roles to play.

The paper contains six sections. After a brief introduction, section two sets the scene, outlining how Dóchas and its members approach HIV/AIDS issues, including the challenges Irish NGO's and our partners are facing across many parts of the developing world. Section three highlights the extent and intensity of the HIV/AIDS pandemic and its impact on especially vulnerable groups such as children. It emphasises that HIV/AIDS is much more than a public health emergency. Rather it is the single biggest threat to development. Section four outlines EU policy on HIV/AIDS and how this has evolved in recent years. Section five focuses on five key policy areas identified by Dóchas as priorities for EU policy action that it would like to see progressed under Ireland's EU presidency.

These five areas are:

- Providing Additional Resources for Tackling HIV/AIDS
- Building effective EU leadership and leverage on Communicable Diseases
- Mainstreaming HIV/AIDS across the Union's policies and programmes

1 United Nations Department of Public Information – DPI/2173 – November 2000.

2 Kofi Annan's opening address to the International Partnership against AIDS in Africa, New York, December 1999

- Harnessing EU trade policy in support of tackling HIV/AIDS
- Helping to build a Global Framework for Supporting Public Research and Development on Health

Business as usual is not an option. Effective action by the EU, the world's largest aid and trade bloc, across the five policy areas highlighted in this paper would do much to address the HIV/AIDS crisis. Millions are counting on us. Our common humanity demands effective action. And our human security depends on it.

Introduction

Dóchas established its HIV/AIDS Working Group, in the first instance to respond to the Draft Declaration of Commitment prior to the UN General Assembly Special Session on HIV/AIDS, which took place in June 2001. In the intervening period Dóchas has intensified its efforts to build a coherent and effective response by Irish development organisations to the global HIV/AIDS crisis and has engaged in strategic dialogue with the Irish Government and multilateral agencies on HIV/AIDS policy issues. Many organisations within the group have received financial support under Development Cooperation Ireland's (DCI) HIV/AIDS Programme. Overall, about €16 million was spent by Working Group member organisations on HIV/AIDS activities in 2002/03. The bulk of these funds were spent in Africa, primarily Eastern and Southern Africa, with small amounts of funding going to programmes in Central and South America, the Caribbean, Asia and Eastern Europe. The interventions supported by Dóchas members focus on awareness raising, prevention and care, and are carried out in partnership with a range of stakeholders, including local NGOs, government ministries and church based organisations. Over the past year, member organisations have advanced their efforts on mainstreaming HIV/AIDS. This has involved developing HIV/AIDS policies, strategies, training modules and utilising opportunities to undertake advocacy work.

In light of the Irish Presidency of the European Union, Dóchas is seeking to influence the Irish government, and through it the wider EU, in order to help build a more effective, proactive and holistic EU response to the HIV/AIDS pandemic. Dóchas strongly believes that HIV/AIDS must be a central part of the international development agenda and that fighting poverty will be impossible without significantly strengthening efforts to fight HIV/AIDS. Moreover, it is increasingly recognised that HIV/AIDS approaches in isolation will fail to achieve their desired results. The social and political realities underpinning poverty also drive HIV/AIDS. Thus the spread of HIV/AIDS is both a contributing factor to, and a

consequence of, social exclusion, discrimination, the denial of human rights and the erosion of human security³.

1 Setting the Scene

Such is the scale of the HIV/AIDS crisis that it has been discussed on three occasions at the UN Security Council in the period since 2000. The concept of security underpinning Dóchas's approach to HIV/AIDS, and indeed its entire advocacy around the Irish EU Presidency, is that of 'human security'. Human security is a multi-faceted concept. It focuses as much on protecting people from risks and pervasive threats as it does on promoting growth with equity. It is centred on individuals and their communities, not just on states, and it is built upon globally accepted human rights standards. A human security approach is not intended as an alternative to security for the State. Rather it complements it. Nor is it concentrated on addressing short-term problems stemming from terrorist attacks. It provides a holistic perspective on the role of the state, the international community, the private sector and civil society in promoting human rights and sustainable development⁴.

While much of the focus in this paper is on HIV/AIDS, it is important to recall that HIV/AIDS is one of a range of infectious and communicable diseases, which greatly impact both on poor countries, and on the poorest and most vulnerable people within these countries. For instance, on current trends by 2020 nearly one billion people will have become infected with Tuberculosis; 200 million will have developed the disease, of whom 35 million will die⁵. Tuberculosis remains the leading cause of death among those infected with the HIV virus. As one HIV/AIDS expert recently commented "HIV/AIDS is a magnifying glass of health problems in developing countries and we should avoid a narrow AIDS-only focus when there is a much bigger set of infectious diseases at hand"⁶.

Given the scale of the HIV/AIDS challenge, this paper concentrates on a limited number of areas, which Dóchas has identified as critical to enhancing the role of the European Union in tackling the HIV/AIDS epidemic. There is a certain overlap between these areas and the other policy areas upon which Dóchas is focusing as part of its wider EU presidency work, such as trade policy and strengthening the EU's commitment to multilateralism. The issues raised herein are also those where Dóchas believes Ireland can play a strategic role in its presidency and beyond with other like-minded countries such as the Netherlands whose presidency follows the Irish presidency. Ireland's EU presidency coincides with a number of key moments including the accession of ten new member states in May 2004 as well as the sixth elections to the European Parliament in

³ See *Don't Forget Poverty*, ActionAid Alliance submission to the International Conference on HIV/AIDS, Barcelona, 2002.

⁴ For a discussion of human security see *Human Security – Placing Development at the Heart of the European Union's External Relations*, Dóchas Briefing Document, prepared by Dr Swen Grimm of the Overseas Development Institute (ODI) for the Dóchas Irish EU Presidency Project 2004, December 2003, www.dochas.ie

⁵ Communication from the Commission to the Council and the European Parliament: *Update on the EC Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction*, February 2003, page 4.

⁶ Seco Gerard, *Medicins sans Frontières*, Brussels, discussion with author, 6 November 2003.

June. In relation to the latter Dóchas will be working to ensure that prospective candidates are cognisant of the issues addressed in this paper. The next two sections of this paper set out the scale of the HIV/AIDS challenge facing the international community and the current EU policy framework for dealing with HIV/AIDS.

2 People are dying - Abantu Abaafa⁷

HIV/AIDS is over two decades old. This disease has infected nearly 70 million people and has been responsible for the deaths of 25 million people. Forty million people, including 2.5 million children under 15 years are currently living with the virus, of whom five to six million urgently need anti-retroviral treatment. However, only 300,000 people in developing countries receive such treatment, of whom a mere 50,000 are in sub-Saharan Africa, home to the majority (70 percent) of those people infected with HIV (about 26.6 million people). In 2003 HIV/AIDS killed 3 million people. This is equivalent to 8,000 human deaths each day or one death every ten seconds. Moreover, when combined with malaria and tuberculosis, the annual death toll rises to 5.5 million people per year. At the same time about five million new cases of HIV/AIDS were reported in 2003. Eastern Europe and Central Asia are home to the fastest growing HIV epidemic. Some 230,000 people were infected with HIV in this region in 2003, bringing the total number of people in this region living with the virus to 1.5 million. AIDS claimed an estimated 30,000 lives in the region over the past year. Hence, while HIV/AIDS represents a global epidemic and requires an unprecedented global response, it is also increasingly within Europe's borders⁸.

On present trends, the world will not achieve the millennium development goal (MDG) of halting and beginning to reverse the spread of HIV/AIDS by 2015. Worse still the number of people infected may well double in less than a decade⁹. The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently highlighted the need for comprehensive action to prevent an additional 29 million new HIV/AIDS infections by 2010, and to reverse the prevalence of the disease by 25% by the year 2010. It will take massive, comprehensive and sustained interventions by a variety of actors to turn the tide. At current expenditure levels, it is estimated that it will take 150 years rather than 12 years to reduce child mortality in sub-Saharan Africa by two thirds. HIV/AIDS, Malaria and Tuberculosis especially impact on poor women and children in developing countries. In sub-

Saharan Africa, among young people aged between 15 and 24 years, females are two and a half times more likely to be infected with HIV than their male counterparts. To date, HIV/AIDS has left 13 million orphans in its wake. The latter figure is expected to rise to 25 million by 2010.

The disease has a massive and disproportionate impact on adolescents. In Ethiopia and Zambia, both priority countries for Development Co-operation Ireland (DCI), four and six out of ten adolescents respectively are infected with HIV. Moreover, HIV/AIDS is undermining the achievement of other MDGs. This is especially the case in relation to education. Three main areas of impact are lower enrolment rates, increased teacher morbidity and mortality, and growing numbers of orphans and other children directly affected by the epidemic¹⁰. In 1999 alone an estimated 860,000 children lost their teachers to AIDS in sub-Saharan Africa and some countries have lost one quarter of their health personnel to the epidemic¹¹. And the rate of school attendance among orphans compared to that of non-orphaned children ranges from a low of 47 percent in Mozambique to 95 percent in the case of Uganda. The shares for the other four DCI programme countries in Africa are 87 percent in Lesotho and Zambia, 74 percent in Tanzania and 60 percent in Ethiopia¹².

Thus HIV/AIDS is much more than a public health emergency. It is the single biggest threat to development. The Irish Government in its programme for the Irish Presidency of the European Union notes that "*Poverty and diseases in the developing world remain the greatest of all the challenges facing humankind today*"¹³. HIV/AIDS and other epidemics are destabilising nation states, and undermining the fabric of state and societal structures expected to deal with these diseases. Teachers, nurses and civil servants are dying. In many cases it is rolling back decades of development efforts. Thus Dóchas especially welcomes DCI support for the hosting, during the Irish Presidency, of a European Parliamentarians for Africa (AWEPA) conference on the role of good governance for effective responses to HIV/AIDS. This conference will help strengthen co-operation and learning across national AIDS control programmes. The conference theme draws together two core issues underpinning DCI's programmes – HIV/AIDS and governance¹⁴. In much of Southern and Eastern Africa, where DCI's support is concentrated UNAIDS has reported that government

7 This is the title of a PhD thesis cited at the start of the first chapter of Tony Barnett and Alan Whiteside's *AIDS in the Twenty-First Century: Disease and Globalisation*, 2002, Palgrave Macmillan, Hampshire and New York.

8 Data from www.unaids.org and www.undp.org/fs, see AIDS Epidemic Update, UNAIDS/WHO, UNAIDS/03.39E, December 2003.

9 Work is ongoing by both the UNAIDS and the WHO to strengthen their data collection and statistical projections processes.

10 The Global Campaign for Education (2003), 'A Fair Chance: Attending Gender Equality in Basic Education by 2005', The Global Campaign for Education.

11 ActionAid Alliance, *ibid*.

12 Human Development Report 2003, UNDP/Oxford University Press, page 215.

13 *Europeans – Working Together*, Programme of the Irish Presidency of the European Union, January-June 2004, PRN1487, www.eu2004.ie

14 This also links into the work of the recently established Commission on HIV/AIDS and governance in Africa whose strategic aims are to assess the complex and long-term implications of the HIV/AIDS epidemic on government capacity and economic development in Africa, and to make African governments, their citizens, and their international partners fully aware of the scale, gravity and nature of this threat; and to mobilise political will amongst African governments, regional and international organisations, civil society, business and other stakeholders in support of adopting the necessary policy and programme measures in the fields of human resource capacity planning and scaling up treatment.

and societal institutional capacities are at risk of or are being overwhelmed by the impacts of the disease. The Executive Secretary of the Economic Commission for Africa (ECA), has also noted *"Not only is AIDS a survival issue for millions of Africans, it is also pivotal to our aspirations of sustainable development and good governance"*¹⁵.

HIV/AIDS is further undermining economic performance in already fragile economies. It is cutting labour productivity. At an international conference on HIV/AIDS held in Barcelona in July 2002, the Director of the WHO HIV/AIDS Department predicted that 25 percent of the workforce in severely affected countries would die of AIDS related diseases by 2020. Estimates of the reduction in economic growth rates in African nations due to HIV range from 0.5 percent to as much as four percent in certain cases. The disease is contributing to famine as millions of farmworkers die. Effective strategies and partnerships must stretch far beyond health interventions to tackle the poverty, which facilitates the spread of the disease, and renders even the lowest cost medical care unaffordable. These strategies include capacity building (in some cases rebuilding) of public sector structures, trade policy reform, investment in local generic drugs manufacturing, and scaled-up investments in human and social development, including education.

Some progress is evident in efforts to address the HIV/AIDS epidemic. However, much more urgently needs to be done. There has been an increase in global expenditures on HIV/AIDS. This has included the establishment of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM). There has been a rise in the numbers of people, albeit still very limited, with access to anti-retroviral treatment. Many countries have formulated or are in the process of formulating multisectoral HIV/AIDS strategies, which entail improved collaboration across a range of stakeholders. Ireland has been to the fore in seeking to put HIV/AIDS at the centre of its development policy and in highlighting policy concerns at various fora. The EU is increasingly engaged in this area though its ability to speak with one voice at international fora remains very limited. The next section discusses the current EU policy framework on HIV/AIDS in some detail.

3 European Union (EU) Policy on HIV/AIDS

At the end of 2000 the EU Council of Development Ministers adopted the first ever overall policy framework for the Union's development co-operation policies, the overarching objective of which is poverty reduction. Rather surprisingly it did not specifically mention HIV/AIDS as a crosscutting issue. In many respects the Union's policy response to HIV/AIDS is still

situated within its programme for action on communicable diseases rather than forming part of, or being mainstreamed within, a more broad-based development strategy. The overall objective of the European Commission's (EC) Health and Poverty Policy is to improve health, AIDS and population outcomes at country level, especially among the poorest groups. This includes promoting equitable and fair health financing systems and investing in the development of global public goods, for example, vaccines. The Commission recognises that one of its main challenges is to achieve a more effective division of labour between itself and the member states as well as increased co-operation with member states to act with one voice at various international development fora and in various global partnerships. In terms of integrating HIV/AIDS issues within its development co-operation policies, the Union is currently examining how HIV/AIDS issues are integrated in the country strategy papers under the EU-African, Caribbean and Pacific countries (ACP) Cotonou Agreement. Under Cotonou, a new holistic and comprehensive approach to health, AIDS and population programmes is proposed. The mid-term review of the Cotonou Agreement will take place during Ireland's EU presidency. The European Commission also recognises its potential added value in promoting regional initiatives for instance in relation to drug regulation, procurement policies and building capacity to implement the Trade Related Intellectual Property Rights Agreement (TRIPS) decision on public health.

In September 2000 the Commission adopted a new policy framework for HIV/AIDS which was presented in the Communication *'Accelerated Action targeted at major communicable diseases within the context of poverty reduction'*. In May 2001 it launched its Programme for Action: *Accelerated action on HIV/AIDS, malaria and tuberculosis (TB)*¹⁶. This policy framework identified three objectives for targeted action and called for a coherent response to the three diseases. These three areas of concern are the impact of existing interventions, the affordability of key pharmaceuticals, and research into, and the development of, specific global public goods¹⁷.

In its *Update on the Programme for Action*, published in February 2003, the Commission, while recognising certain areas of progress, noted that *"where progress has been less visible, it is mainly the result of the lack of appropriate resources within the Commission and/or within the member states to take forward large scale action in areas such as local production capacity, technology transfer, incentives for innovative research and development by the private sector, and working through true partnerships, in particular with the*

¹⁵ *Poverty Reduction and the MDGs: What does the HIV/AIDS epidemic imply?*, Address by Mr K Y Amoako, Executive Secretary, ECA, at the Joint African Development Bank/ECA symposium, Addis Ababa, Ethiopia, 2 June 2003, www.uneca.org/chga/doc/keyspeech.htm

¹⁶ Communication from the Commission to the Council and the European Parliament: *Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction*, Brussels 21.2.2001, COM (2001) 96 final.

¹⁷ International or Global Public Goods are those public goods whose provision or associated benefits spill over national boundaries. These goods are concentrated in five key areas: environment, health, governance, security and knowledge. In contrast, national public goods only benefit residents of a country.

developing countries concerned"¹⁸. In relation to the last area, Dóchas welcomes the setting up by the Commission of a stakeholder forum on communicable diseases in the context of poverty reduction, which will provide for regular and structured consultation with developing countries. The Commission has also recognised the need to improve co-ordination among members. This is challenging as problems in relation to co-ordination in international fora must be looked at in the context of EU's fragmented voice in bodies such as the UN and the international financial institutions, and relate to the bigger issue of reforming global governance structures.

All this, in turn, links with the Union's policy coherence agenda which seeks to ensure that different policies and agreements do not contradict or undermine each other in terms of their impact on international development objectives. The July 2003 Regulation (EC No. 1568/2003) on Aid to Fight Poverty Diseases (HIV/AIDS, tuberculosis and malaria), states that "in the interests of coherence, all Community policies should take account of the objective of improving health and reducing poverty"(preamble, paragraph 13). Moreover, chapter one, article three, of this Regulation highlights the need to "improve understanding of effects of the poverty diseases on social and economic development, as well as the impact of strategies aimed at mitigating the negative socio-economic effects connected with the diseases".

The Regulation on Aid to Fight Poverty Diseases (HIV/AIDS, Tuberculosis and Malaria) provides the overall framework for the Commission's expenditure allocations and initiatives on HIV/AIDS, though expenditure on HIV/AIDS related issues goes beyond what is contained in this regulation¹⁹. For instance, EU financing of budget support and regional initiatives also includes support to HIV/AIDS. The amount allocated for the next four years under this Regulation is €351 million, part of which goes to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM). The EU has made a commitment towards financing the Global Fund on a long-term sustainable, equitable and predictable basis. The European Commission is the second largest donor to the Global Fund. However, considerably more remains to be done²⁰. The EU needs to harness its energies to ensure that all member states make an adequate and sustained contribution to the Global Fund.

Priorities for the coming year under the 2003 Regulation on Aid to Fight Poverty Diseases include technology transfer and local production of key pharmaceuticals and commodities for the prevention, treatment and care of HIV/AIDS, malaria and tuberculosis, as well as initiatives aimed at increasing access to prevention and care services and the coverage of these essential services, particularly for the poorest and most vulnerable. Commissioner Poul Nielson has noted that

this regulation is "foreseen as an additional financing instrument in the fight against the three diseases, with the added value of supporting innovative initiatives, which can show improved effectiveness and efficiency in prevention and care areas, and which can later be scaled up through other instruments."²¹.

In June 2003, the European Council and European Parliament adopted the decision on Community participation in the Europe/Developing Countries Clinical Trials Partnership (EDCTP) programme, and member states have created a non-profit organisation to undertake this programme in co-operation with developing countries. The Commission in the summer of 2003 allocated €200 million through the EU's research budget to the EDCTP over a five-year period. Another €200 million is to be funded through member states' activities while a further €200 million is to be contributed from industry, charities and private bodies.

A new Council regulation (EC 953/2003) has also been put in place to prevent trade diversion into the EU market of pharmaceuticals sold at tiered pricing in developing countries. Differential pricing is one of the strategies needed for obtaining affordable medical products. However, there are certain limitations with this regulation. For instance, maximum prices set by the regulation are still quite high and the list of eligible countries is too narrow. Thus it will be important to evaluate its outcomes with respect to implementing further improvements. Moreover, it remains important that this pricing issue is embedded in development principles and with this in mind it would be appropriate for the Commission's Directorate General (DG) Development to chair the group charged with implementing this area of policy.

This section has illustrated how EU policy on HIV/AIDS is evolving over time. Some progress is being made but much more remains to be done for the EU to fulfil its leadership and partnership roles in relation to addressing the HIV/AIDS crisis and the human security crises that lie at its core.

4 The EU, HIV/AIDS and Human Security: Priorities for Policy Action

Having highlighted the extent of the development and humanitarian challenge presented by HIV/AIDS, the remainder of this paper focuses on five key priorities for policy actions. It contains specific recommendations to the Irish Government and the European Union.

These policy areas are:

- Providing Additional Resources for Tackling HIV/AIDS
- Building effective EU leadership and leverage on Communicable Diseases
- Mainstreaming HIV/AIDS across the Union's policies and programmes

18 Update on programme of action, pgs 5-6.

19 The budget foreseen by the Regulation for 2003-2004 is Euro 163 million, which includes a Euro 84 million to the Global Fund, Letter from Commissioner Poul Nielson to Dóchas, 12 December 2003.

20 It is worth recalling that half of the Commission's contribution to this Fund comes from European Development Fund resources.

21 Correspondence from Commissioner Nielson to Dóchas, 12 December 2003.

- Harnessing EU trade policy in support of tackling HIV/AIDS
- Helping to build a Global Framework for Supporting Public Research and Development on Health

4.1 Providing Additional Resources for Tackling HIV/AIDS

Last year the world spent \$800 billion on defence compared with about US \$57 billion in development assistance. A major lack of financial resources to implement and to scale up HIV/AIDS interventions remains an indictment of the international community. At a minimum, \$10.5 billion per year is needed for a range of HIV/AIDS interventions. Reaching this level of expenditure requires a doubling of HIV/AIDS expenditures by 2005 and a trebling by 2007. The Irish government has been to the fore in raising its expenditure on HIV/AIDS programmes. By 2002 Irish government spending on HIV/AIDS exceeded €40 million, representing a ten-fold increase over the previous three years²². Dóchas welcomes this expansion and the Irish government's efforts to mainstream HIV/AIDS best practice within its overall development co-operation programme²³. At a multilateral level Ireland has given over six million dollars to the core budget of UNAIDS since 1998 – rising steadily from an annual contribution of \$105,465 in 1998 to \$2,874,133 in 2003²⁴.

Turning to the EU, the European Commission and the member states provide more than fifty per cent of global development assistance and 65 percent of total assistance for health, AIDS and population in developing countries. EU commitments to health, AIDS and population totalled €4.2 billion in the period 1990-1999 of which 700 million was provided in 1998. Of the total, €2.6 billion went to Africa. However, in 2001, the EU only allocated four percent of its aid resources to basic education and only two percent to basic health, both key areas in the fight against poverty and HIV/AIDS²⁵.

In adopting the UNGASS Declaration of Commitment on HIV/AIDS in 2001, world leaders committed to help affected countries to address this crisis by reaching an

overall target of annual expenditure on the epidemic of between \$ US 7 and 10 billion by 2005. This led to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Current estimates of the cost to address all three diseases covered by the Fund come closer to \$14.2 billion for 2004. However, the resources thus far pledged to the fund are insufficient to meet projected needs in 2004 and beyond. Thus a long-term sustainable system for financing the GFATM is needed to ensure that it can adequately assist affected countries to cope with HIV/AIDS, as called for under the Declaration of Commitment²⁶.

The EU and its 15 member states account for about 55 percent of contributions to the Global Fund. Total pledges made to the Fund amounting to almost \$5 billion²⁷ and \$2.1 billion in grants have been approved under the Fund. This money is being distributed across 121 countries and 3 territories, sixty percent of them in Africa. About half the Global Fund's expenditure goes towards the purchase of medicines and other commodities while the other half goes towards infrastructure and training. Sixty percent of total Fund expenditure goes towards HIV/AIDS programmes. In late 2003, the European Commission announced that it would accelerate the full €170 million European Development Fund portion of its pledge to the GFATM. It was originally intended that this allocation would be spread out over the period 2003-6. Yet, as half the European Commission's Global Fund allocation comes from the EDF, this money is not, strictly speaking, additional resources²⁸. The EC's total pledge to the Fund over the period 2003-2006 amounts to over 370 million dollars, making it the second largest donor²⁹. Ireland, which is a member of the 0.7 constituency in the Global Fund by virtue of its growing development cooperation programme and its commitment to reach the 0.7 aid to GNP target by 2007, provided €20 million (\$20,996,430) to the Fund for the period 2001 – 2003. The amount pledged for 2004 is \$12,484,395. Five of the 14 EU member states, which have pledged contributions to the Fund, have made pledges running to 2005. Germany has pledged its support up to 2007.

22 A similar amount was spent in 2003 and a similar figure for 2004 is included in the book of estimates.

23 In June 2003 the Irish Government's official aid programme was renamed. Formerly known as Ireland Aid it is now known as Development Cooperation Ireland (DCI).

24 See www.unaids.org. Ireland ranks twelfth in the list of donors to UNAIDS in terms of absolute size. UNAIDS total budget for 2003 is \$118,541,801. The Netherlands is the largest donor at \$41,725,267 followed by the US at \$17,890,000. Ireland's contribution exceeds that of many of the larger EU member states including Germany and France.

25 Gold, L, *From Promises to Action: Seven Steps towards the Millennium Development Goals – A Development Agenda for the EU Presidency in 2004*, Trócaire Briefing Paper, July 2003, page 6. In contrast to the overall EU performance, DCI allocated over 20 percent of Ireland's bilateral aid towards education in developing countries.

26 Total pledges by governments for 2003 amounted to US \$982,748,164 and their pledges for 2004 and 2005 amount to \$ 1,175,447,624 and \$806,798,959 respectively. Total government pledges to the Fund, as of January 2004, amount to \$4,880,717,555. Total pledges, including foundations, not for profit organisations, corporations, individuals, groups and events amount to \$4,984,238,935, www.unaids.org

27 Total pledges by the European Commission and member states to the Global Fund for the year 2003 amounted to \$415,721,990 and pledges for 2004 (including an accelerated EU contribution out of the EDF) amount to \$821,201,610. Finland is the only EU Member State, which has neither pledged nor made a contribution to the Fund. Of the accession countries the only country currently making a contribution to the Fund is Poland, which allocated \$20,000 to the Fund in 2003.

28 Moreover, an estimated 89 percent of EDF resources goes to low income countries so the opportunity cost of using EDF money for the Global Fund is that other potential aid expenditure for the poorest countries is cut back.

29 A contribution of Euro 120 million was made for the period 2001-2 bringing the EC's total contribution between 2001 and 2006 to €460 million (\$536,123,418 dollars). Figures taken on 11th November from latest data on pledges to the Global Fund, www.unaids.org

A core task for the Global Fund is to pursue an integrated response to the three diseases and to strengthen country co-ordination mechanisms to facilitate the development of improved proposals for Fund support. Dóchas welcomes the Irish government's active engagement with the Fund and its instigation, with other bilateral donors, such as the UK Department for International Development (DfID), of a tracking study to look at the workings of the Fund to date in four African countries; Mozambique, Uganda, Tanzania and Zambia. It is only through such active engagement that multilateral initiatives such as the Fund will achieve their desired results. The EC and the member states should harness their combined influence to ensure that the Global Fund puts in place feasible and effective access requirements for governments, NGOs and organisations of people living with HIV, and that it enhances the capacity of national governments to effectively utilise the financial resources which are being made available³⁰.

At an international meeting in July 2003, civil society groups challenged world leaders to ensure that the GFATM receives long-term and sustainable funding through implementing an 'Equitable Contributions Framework' based on donor countries' national incomes³¹. Under such a dues based "appropriate minimum contribution" framework all countries categorised as High Human Development Countries would share the cost of helping countries to address the burden of these three diseases. Such burden sharing is appropriate as the Global Fund's allocations are especially targeted on the poorest countries and on those with the greatest need of support. For instance, fifty percent of its resources go towards the least developed countries compared to such countries receiving only 29 percent of total OECD Development Assistance Committee (DAC) aid flows in 2000³². Already the UN and the international financial institutions have equitable funding mechanisms to address peacekeeping and other initiatives. It is time that the world took the war on HIV/AIDS, TB and Malaria seriously by implementing a similar mechanism to ensure sustainable and adequate financing for the GFATM. Such secure funding arrangements would also enable recipients to better plan their long-term strategies.

Dóchas calls on the Irish Government, as President of the European Council, to:

- **Press the EU and its member states, in particular those who have made very low or**

no contributions to date, to make long term commitments to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, in line with the 'equitable contributions framework'.

- **Support the resolution of the Development and Co-operation Committee of the European Parliament for an increase in the European Union's overall financial contribution to the Global Fund to at least one billion Euro a year on a sustained basis³³.**
- **Set out a specific plan for incrementally raising ODA each year to reach the UN 0.7 percent aid to GNP target by 2007, and linked to this, set out multi-annual minimum commitments to the HIV/AIDS budget line, including multi-annual pledges to the Global Fund.**

4.2 Building effective EU leadership and leverage on Communicable Diseases

In its submission to the September 2003 General Assembly High Level Meeting on HIV/AIDS, Dóchas expressed concern over the continuing lack of leadership in many countries in addressing the escalating HIV/AIDS crisis. In particular, it cited concerns over the lack of leadership in Eastern Europe and Central Asia. Thus Dóchas welcomes the decision of the Irish Government to host a major conference during its EU Presidency on the theme "*Breaking the Barriers – Partnership to fight HIV/AIDS in Europe and Central Asia*". The Minister of State with responsibility for Overseas Development and Human Rights, Tom Kitt TD, has pledged that Ireland will take a lead in Europe in facing up to new development threats, noting that "*In parts of Eastern Europe and Central Asia, there are countries that are as poor as any in Africa. And in some of these countries, the HIV/AIDS virus is beginning to gain a foothold. It is tightening its grip and spreading at a fast rate among young people. Some of these countries are on the edge of a precipice. If they do not fight against the disease now they face economic and social catastrophe. These countries are on our doorstep. We in Europe cannot ignore their plight. If they descend further into poverty, if their social systems are undermined, we will not be immune from the consequences*"³⁴. In progressing this agenda, it will be important to learn from the experience of developing countries in general, and Africa in particular as the region has been at the epicentre of the pandemic for the longest period. Several African

30 See *Position Paper on the EU-Africa Summit*, CIDSE/Caritas Internationalis 2003, www.cidse.org

31 See Rivers, B, (2003), *How Much Money Does the Global Fund Need? How Much Does it Have?* Global Fund Observer, www.aidspace.org, 24 March 2003. In this paper Rivers estimates projected Fund costs over the coming years against pledges. He argues that while currently donors must be persuaded to make large and ad hoc voluntary contributions, over time, as the Fund matures, countries will need to agree on a formula that determines their respective payments. The Equitable Contributions Framework proposes that those 47 countries with a high human development index would provide 90 percent of Fund resources, (in proportion to their respective Gross Domestic Products - GDPs), with the balance coming from foundations, corporations and individuals. Some countries have pledged in excess of their equitable contributions e.g. Netherlands and Sweden while Japan has pledged a much lower contribution than would be required under such a framework for the period 2003-2004.

32 See *Reality of Aid Report 2002*, Development Initiatives, England, page 151.

33 See Draft Resolution of the European Parliament Development and Co-operation Committee, September 2003.

34 Minister of State Kitt announces major conference on HIV/AIDS in Dublin in February, Department of Foreign Affairs, January 2004, www.dci.gov.ie

nations have truly confronted this disease, despite severe resource limitations, and have especially valuable experiences to share. Thus the conference and the programme of action arising from it should seek to maximise opportunities for exchange and shared learning. Effective leadership depends on such partnerships.

An Ireland Aid/Ireland Aid Advisory Committee (IAAC) joint report published in December 2002 highlighted that a truly global response to the HIV/AIDS epidemic is needed. For this to materialise a key requirement is effective leadership at a variety of levels, including at an international level³⁵. Dóchas is keen that the EU would take on a greater leadership role in this area, especially as the EU and its 15 members account for about half all global development and humanitarian aid³⁶. One mechanism for greatly increasing the leadership and visibility of the EU on this issue and for mobilising further resources for HIV/AIDS and other communicable diseases would be the creation of the post of an EU Special Envoy or Ambassador on Communicable Diseases. Such a proposal is being put forward by the European Parliament's Committee on Development and Co-operation and merits serious consideration³⁷, especially as the EU will face additional challenges within its enlarged borders in terms of tackling HIV/AIDS. This Ambassador could work to promote greater policy coherence across the EU's external policies as these impact on HIV/AIDS. In addition to this the Irish Government could, like its Swedish counterpart, appoint a special ambassador on communicable diseases³⁸.

Dóchas recognises the important role, which Ireland as a member of the Union has taken on EU-Africa dialogue on HIV/AIDS and its commitment to placing Africa high on its presidency agenda. It appreciates the high level political commitment by the Irish Government, including that of the Taoiseach to addressing HIV/AIDS issues, and the increased resources which have been allocated in recent years towards this area. At the same time, at a

global level, greater political attention must continue to focus on the impact of HIV/AIDS in the world's poorest nations, especially in Africa, and the major financing gaps these countries face in tackling poverty and achieving the MDGs, goal six of which calls for halting, and beginning to reverse the spread of HIV/AIDS by 2015³⁹.

2004 also marks the mid-point in the 20-year Programme of Action arising from the 1994 International Conference on Population and Development (ICPD), within which HIV/AIDS has been effectively mainstreamed⁴⁰. The tenth anniversary of ICPD will be commemorated through constructive country by country dialogue and analyses of achievements, constraints and lessons learned. The Irish government, as a member of the UN Commission for Population and Development can also display leadership by ensuring that over the next decade, the Programme of Action is adhered to.

Dóchas calls on the Irish Government, as President of the European Council, to:

- **Press for the EU and its member states to reaffirm and strengthen their commitments to the Programme of Action of the International Conference on Population and Development**
- **Press at EU level for the creation of an EU Special Envoy or Ambassador on Communicable Diseases**
- **Appoint a special Irish Ambassador on Communicable Diseases**

4.3 Mainstreaming HIV across the Union's policies and programmes

The 2001 UNGASS on HIV/AIDS called on governments to examine their programmes using a HIV/AIDS lens in order to ensure that there is policy coherence across a range of sectors. Terms such as mainstreaming HIV or adopting a HIV/AIDS lens are open to varying

35 Ireland Aid/IAAC, *Experiences and Lessons of Best Practice in Addressing HIV/AIDS*, December 2002

36 Certain member states are also lagging behind in this regard. For instance only nine of the fifteen EU member states had submitted country progress reports to UNAIDS on their implementation of the Declaration of Commitment on HIV/AIDS as of 15 July 2003 – Ireland was one of those which had done so.

37 See amendments to the Draft Report on the Commission Communication on the update of the EC Programme for Action: accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction; outstanding policy issues and future challenges COM (2003) 93 – 2003/2146 (INI), Committee on Development and Co-operation, Rapporteur: Ulla Margrethe Sandbaek.

38 The Dutch and French governments may also be exploring such a measure so there seems to be some support within the Council on which to build.

39 EU aid per person in the year 2000 amounted to \$78.03 in Eastern Europe and Central Asia compared to \$3.62 per person in sub-Saharan Africa, Department of International Development, www.dfid.gov.uk

40 In 1994 the UN General Assembly endorsed the Programme of Action adopted at the Cairo ICPD. This programme established an agreed international framework for tackling such key issues as maternal health, infant mortality and reproductive health care and services. Having reviewed the Programme in 1999, the UN General Assembly adopted a set of actions for its further implementation. Its implementation is monitored and assessed at national, regional and international levels by the Commission on Population and Development, a subsidiary body of the United Nations Economic and Social Council. Ireland is a member of the Commission for the years 2002 to 2005. See Programme of Action adopted at the International Conference on Population and Development (ICPD), Cairo, 5 – 13 September 1994, UN/ICPD, and www.unfpa.org/icpd/10/index.htm. The ICPD set goals and actions, which were signed up to by 179 governments. At ICPD + 5, held in 1999, it was agreed that governments, with assistance from UNAIDS and donors, should by 2005 ensure that at least 90 percent of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. It was also agreed that Governments should use, as a benchmark indicator, HIV infection rates in persons aged 15 to 24, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent.

interpretations⁴¹. Whatever terminology one uses, it is clear that efforts to mainstream HIV/AIDS must be accompanied by the development of specific monitoring and evaluation tools as well as initiatives to build institutional capacity at the level of Commission headquarters, national delegations and in partner developing countries, in order to make mainstreaming 'real' in practical terms. Some progress has been made with the setting up of a Commission HIV and Health experts group. Under the accelerated programme for action, the Commission is seeking to mainstream HIV/AIDS within its programmes. It is reviewing the annual country reports of delegations in this regard and is in the process of updating its guidelines for mainstreaming HIV/AIDS as well as developing relevant HIV indicators of progress.

The Dóchas HIV/AIDS Working Group strongly supports measures to mainstream HIV/AIDS across all policies and programmes and welcomes DCI's ongoing efforts in this regard. The Irish Presidency of the EU presents some opportunities for moving this agenda forward during the presidency itself, and beyond the presidency with like-minded countries. In the Mid-Term Review of the Cotonou Agreement, Ireland and other member states can seek to advance the agenda on mainstreaming HIV/AIDS. New opportunities should also be sought for HIV/AIDS mainstreaming in co-operation with the New Economic Partnership for African Development (NEPAD). It is also essential to work to ensure that HIV/AIDS policies and programmes are fully integrated within poverty reduction strategy papers (PRSPs). Attention must be directed towards evaluating best practice and to drawing on the experience of member states, as appropriate, in HIV/AIDS mainstreaming. In this way the Union can support innovative initiatives – for instance Swedish SIDA has been to the fore in integrating a HIV dimension within its transport strategy. At the same time the Global Fund has country co-ordination mechanisms which can further strengthen efforts in this regard.

HIV/AIDS thrives in situations of insecurity, typical examples being wars or internal conflicts, famines or other emergency situations. At present up to twenty percent of Africa's population lives in countries affected by conflict. The prevalence of HIV/AIDS in conflict situations presents a double emergency. Chronic deprivation hastens its spread as an average of only 30 percent of the population surveyed in 12 African countries affected by conflicts had access to clean water. Only 20 percent had access to sanitation⁴². In some African armies over half the soldiers are HIV positive. Although the most vulnerable groups to HIV/AIDS are displaced populations and those living in conflict-ridden

areas, surveillance and data collection on the situation of these groups is often weak. Infectious diseases, especially in zones where surveillance and control mechanisms have broken down, should be a higher priority for the international community. UNAIDS has also argued that new approaches are required to integrate HIV/AIDS as a cross-cutting issue within humanitarian responses. It is no coincidence that in recent years those countries in the southern African region experiencing the worst food shortages in a decade also have especially high HIV prevalence levels. In light of this, the EU and its members, who together comprise the world's largest humanitarian donor, have a specific responsibility for integrating HIV/AIDS within emergency and humanitarian policies and operations. Some efforts are underway to do this on the part of the European Commission Humanitarian Office (ECHO). These efforts must be further strengthened⁴³.

Dóchas calls on the Irish Government, as president of the European Council, to:

- **Support the European Commission in developing best practice guidelines on mainstreaming; in developing its monitoring and evaluation capacity, and linked to this in putting into place adequate institutional capacity for HIV mainstreaming at Commission level as well as in national delegations and partner countries.**
- **Utilise a HIV/AIDS lens in the mid-term review of the Cotonou Agreement which takes place during Ireland's presidency.**

4.4 Harnessing EU Trade Policy in support of tackling HIV/AIDS

Addressing the UN General Assembly follow up Special Session on HIV/AIDS in September 2003, Dr Lee Jong Wook, Director General of the WHO, pointed out that the failure to deliver anti-retroviral treatment to the millions of people who need it constitutes a global health emergency. To reiterate earlier figures, some six million people in developing countries have HIV infections that require anti-retrovirals (ARVs) but less than 300,000 are being treated, 50,000 of whom are in Africa. Access to treatment is effected by a variety of factors, one of which is the cost of ARVs. At the same time it is important to take account of the fact that the necessary supportive infrastructure, in countries where health facilities battle for the most basic generic drugs, is sometimes lacking.

On average €1,470 per person is spent each year in Ireland on public health care in contrast to about €6 in

41 For Dóchas, mainstreaming is a process of analysis and response to the HIV/AIDS crisis throughout an organisation. Mainstreaming addresses HIV/AIDS at all levels of policy and programming, and in the workplace.

42 Guha-Sapir D, and van Panhuis W G, *Armed Conflict and Public Health, A report on knowledge and knowledge gaps*, WHO Collaborating Centre for Research on the Epidemiology of Disasters, Catholic University, Louvain, Belgium, 2002.

43 ECHO intends to review best practice in relation to HIV/AIDS in emergencies among member states and support shared learning and capacity building in this regard via the development of training tools, best practice approaches, shared evaluations and through exchanging expertise in relation to HIV/AIDS and emergencies, especially in chronic situations. The Humanitarian Aid Division of the Dutch Ministry of Foreign Affairs is also in the early stages of developing a policy and guidelines on HIV/AIDS in Humanitarian Crises.

the poorest African countries. African Heads of State in a 2001 resolution (the OAU Abuja Declaration) committed to spending at least 15 percent of annual budgets on fighting HIV/AIDS and improving health care systems. UNAIDS in its latest report on the AIDS epidemic has highlighted how spending on HIV/AIDS on low and middle income countries, especially in sub-Saharan Africa, has increased in 2003. National AIDS co-ordinating bodies have been established and governments are trying to increase access to anti-retroviral drugs⁴⁴. However, falling commodity prices and limited debt relief mean that resources to allocate to these areas remain scarce and contested. For example, achieving the desired increase in health spending alone in developing countries to at least \$30 to \$40 dollars per person a year by 2007, would require US\$27 billion per annum in donor grants and an additional budgetary outlay from developing countries of US\$23 billion. Thus the provision of affordable medications must go hand in hand with efforts to strengthen health systems to enable these to effectively and equitably provide ARVs, as agreed in national strategic responses⁴⁵.

Ensuring access to medicines is a matter of life or death for millions of people. In 2001, at the Fourth WTO Ministerial Conference in Doha, the EU supported the WTO adoption of the 'Declaration on the TRIPS Agreement and Public Health'. This states that the TRIPS agreement *"can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all"*. For the 570,000 people in Western Europe infected by HIV/AIDS, this is a treatable disease. They can lead active and productive lives. This is not the case for most HIV positive people in the developing world where HIV/AIDS is a death sentence, albeit of varying lengths. A decision reached by WTO members on 30th August 2003 allows for the production and export of generic medicines to countries with insufficient pharmaceuticals manufacturing capacities. The agreement or decision reached contains provisions to prevent the subsequent resale or re-export of the drugs by the importing country. While this August 2003 agreement is intended to facilitate an increased supply of affordable generic drugs for developing countries, it has also given rise to some new legal economic and political obstacles to the production and export of generic medicines. It is important that this agreement is made operational without fear of sanctions.

Under current trade procedures this August 30th decision is likely to be formally approved during the first six months of 2004. However, this in no way prevents the EU from operationalising the decision nor does it

prevent various EU member states taking a lead and passing national patent legislation which allows for compulsory licenses for the export of generic drugs from European manufacturers. At the Barcelona European Summit, EU leaders pledged to work to provide access to affordable essential drugs in developing countries in co-operation with the pharmaceuticals sector⁴⁶. Any weakness in the EU position in this regard will have detrimental consequences for the achievement of the World Health Organisation (WHO) targets to have three million people on anti-retroviral treatment by 2005⁴⁷.

Moreover, the August 30th agreement should serve as a ceiling for all bilateral and regional trade agreements, which are addressing intellectual property rights. At the same time the European Commission and the member states should support a broader discussion, under the auspices of the WHO, on how the TRIPS agreement affects the availability of affordable generic medicines⁴⁸. It is not sufficient to cut prices in isolation. A host of complementary policy actions are also required. Countries must also be supported in areas such as negotiating access to quality drugs, in being able to absorb and distribute these drugs within national health systems, and in avoiding new strains of resistance. At a more fundamental level, even if access to medicines is provided, unless patients can meet their dietary needs, these medicines will not fully take effect. Thus, more broadly, in terms of its overall trade policy the EU needs to ensure that its policy stance serves to promote rather than to undermine food security, especially in those countries heavily affected by HIV/AIDS.

The TRIPS agreement was always intended to support the transfer of technology to developing countries. The EC is undertaking initiatives to support the transfer of pharmaceuticals technology in order to support local production. Initiatives are already underway in countries such as South Africa and Ethiopia. This is a complex area as not only does one have to look at capacity to produce drugs and medical products/equipment, one also has to look at the affordability of what is produced. A recent EC regulation in this has led to a joint call for proposals in support of local production and the voluntary transfer of technology by companies. In terms of subsequently scaling up innovative approaches to technology transfer it is envisaged that support would be forthcoming through the European Investment Bank. Given the Irish Government's recent initiatives to increase the involvement of the private sector in international development initiatives, and the importance of the pharmaceuticals sector to the Irish economy, an opportunity arises for the Irish Government to initiate a national level dialogue with the pharmaceuticals sector

44 *AIDS Epidemic Update*, UNAIDS/WHO, UNAIDS/03.39E, December 2003

45 Gordon Brown recently noted (29 September 2003) that investment in global public health systems rather than reliance on private medicine represents the only hope for dealing with the HIV crisis in Africa (www.guardian.co.uk).

46 See Gold, L, *From Promises to Action: Seven Steps towards the Millennium Development Goals – A Development Agenda for the EU Presidency in 2004*, Trócaire Briefing Paper, July 2003.

47 With all existing programmes, the WHO has noted that less than one million people who need anti-retroviral treatment will receive it by the end of the target year of 2005. If three million people were to receive such treatment it would represent between 30-40% of those in need of such treatment being in receipt of same.

48 MSF paper on the Report of the Programme for Action Update, Seco Gerard, 16 September 2003, www.msf.org.

in relation local production and the voluntary transfer of technology in the field of HIV/AIDS.

Overall there is no global platform to discuss access to HIV/AIDS treatment. Small-scale treatment initiatives at country level do exist but mechanisms need to be developed to scale these up. The EU should play a role in advancing such a process. Indeed, in relation to enhancing co-ordination in this area, Ireland's Minister for Foreign Affairs, Brian Cowen TD, addressing the General Assembly Special Session on HIV/AIDS in September 2003, stated *"I believe we need a new international forum, under the auspices of UNAIDS and its co-sponsors, where donors, developing countries, NGOs and the Pharmaceutical industry can share views and practical experience. It is only through such international co-operation that treatment regimes can be provided in a way that strengthens rather than overwhelms health systems"*.

More broadly linking trade and development is one of six priority areas of EU development co-operation policy. As part of this, and to foster policy coherence, the European Commission needs to work at WTO level, to honour the commitment made to undertake Trade Policy Impact Assessments in certain areas. To date this has not been done and needs to be acted on in such a way as to take countries' HIV/AIDS situations into account. Furthermore, since 2001 the EC has earmarked over €80 million for trade related technical assistance (TRTA), of which €50 million is dedicated to an action programme on trade from the intra-ACP allocation under the ninth European Development Fund. Under this approach the Commission will make systematic and integrated efforts to assist countries and regions in enhancing their trade policy capacity and trade performance⁴⁹. Part of this entails designing action plans, which set out responses to the main bottlenecks to trade. As part of this initiative the Commission should explore opportunities to strengthen its response to, and understanding of, the impact of HIV/AIDS on trade capacity and trade performance.

In light of the above analysis Dóchas calls on the Irish Government, as president of the European Council, to:

- **Press for the introduction of EU-wide legislation obliging all member states to enact the August 30th WTO decision.**
- **Take a lead and adapt Ireland's patent legislation, as necessary, in order to fully implement the 30th August WTO decision⁵⁰**
- **Encourage the EU to support a broader discussion, under the auspices of the WHO, on how the TRIPS agreement affects the availability of affordable generic medicines**

- **Encourage the European Commission under its trade related technical assistance to strengthen its response to, and understanding of, the impact of HIV/AIDS on trade capacity and trade performance, and linked to this, encourage the European Commission to press for WTO Trade Policy Impact Assessments to take account of HIV/AIDS**
- **Initiate a national level dialogue with the private sector in relation local production and the voluntary transfer of technology in the field of HIV/AIDS.**

4.5 Building Global Framework for Supporting Public Research and Development (R & D) on Health

Raising investment into research and development on neglected diseases is increasingly recognised as one of the major challenges facing the international community today. Among the large number of new chemical entities developed between 1970 and 1999 only 16 were for the treatment of tropical diseases and tuberculosis. Currently, global expenditure on health R & D has never been higher – estimated at US\$70 to \$75 billion for 2002. However, this spending does not equate with health needs⁵¹. In the year 2000 only 10 percent of all R & D expenditures concerned diseases that were responsible for 90 percent of the global disease burden.

The creation of a HIV/AIDS vaccine would truly be what Professor Jeffrey Sachs has termed a 'Weapon of Mass Salvation' as opposed to the weapons of mass destruction which dominate much international discourse at this time. Such a vaccine forms part of a range of global public goods in support of development. The French government has put global public goods (GPGs) at the heart of its international co-operation and development assistance policy. The French and Swedish Governments, working in collaboration with the UNDP, have set up an informal International Task Force on Global Public Goods in collaboration with UNDP. Dóchas understands that Ireland is open to joining such a group and would encourage it to do so in order to foster greater multilateral co-operation in this area. The European Commission intends to do further work on incentives to increase R & D investments in the private sector on vaccines and treatments for infectious diseases, and an interservice working group has been established for this purpose. The Commission is also moving forward with public-private partnerships for health research, for instance on microbicides and vaccines. Dóchas welcomes the hosting of a conference on vaccines and microbicides as part of the activities undertaken during Ireland's EU presidency and the EC's support for work in this area ⁵².

49 Wilkki, T, *Monitoring the Barcelona Commitments: The European Commission Process*, Presentation to Trócaire EU Presidency Seminar on Financing for Development, 3rd October 2003.

50 Ireland can also support efforts to adapt EU legislation being put forward in the European Parliament. Dorette Corbey MEP has tabled an amendment (number 64) on the report prepared by Mrs Françoise Grossetete on the pharmaceutical legislation (Directive 2001/83/EC). This amendment would adapt EU legislation to implement the recent WTO decision to allow production and export of generic medicines from the EU to countries that lack the capacity to produce such medicines.

51 Conference Report, *International Meeting on a Global Framework for supporting Health Research and Development in Areas of Market and Public Policy Failure*, Geneva, 29 April 2003.

52 The Irish and Dutch governments will co-organise a conference on vaccines and microbicides in June 2004.

Dóchas also endorses the European Commission's work on incentives to increase R & D investments by the private sector. While incentives to the private sector remain important it is also imperative to provide support for public research and development. Thus Dóchas is of the view that a more thorough analysis needs to be done in order to guarantee that incentives, which often either directly or indirectly consist of public money/subsidies, provide for the best use of the limited public funds allocated to this area. In line with ongoing work by the European Parliament Committee on Development and Co-operation, the Irish government should encourage the European Commission to explore the concept of an international convention or treaty on R & D, which would commit all countries to contribute to R & D for health. Such a convention could outline an agreement and clear rationale for sharing the burden of the cost of R & D, and could also help define appropriate funding and incentive mechanisms for governments to fulfil their commitments to public sector involvement in R & D. In addition, it could serve to strengthen international mechanisms for exchanging and transferring research results, knowledge and technology⁵³.

Dóchas calls on the Irish government, as President of the European Council, to:

- **Encourage the European Commission to further explore the concept of an International Convention or Treaty on Research and Development for Health**

Conclusions

Reversing the HIV/AIDS epidemic will require a massive increase in financial resources⁵⁴ and an unswerving commitment to results. It will require a comprehensive approach across a range of sectors, actors and institutions. At the Barcelona European Summit held in March 2002, EU leaders made specific commitments towards contributing to the achievement of the MDGs, including goal six, which seeks to halt and reverse the spread of HIV/AIDS by 2015. It also made commitments under millennium development goal eight, which calls for a global partnership for development. If an effective global partnership to effectively address the HIV/AIDS crisis which is impacting on so much of humanity does not materialise, this failure will especially be an

⁵³ For further details see www.msf.org

⁵⁴ Some of this increase could come from further debt cancellation, including multilateral debt cancellation on the part of the World Bank and the International Monetary Fund, with the resources saved being allocated to a range of health and education programmes, including specific HIV/AIDS interventions. The Irish Government is committed to pursuing a human development approach to debt sustainability and to the burden of HIV/AIDS in a country being taken into account in decisions around debt relief/cancellation. Networks such as the Irish Debt and Development Coalition, in which many Dóchas members are also members, and with which Dóchas closely co-operates, are actively advocating for this human development approach, see www.debtireland.org.

⁵⁵ Put differently, investing in improving the health outcomes for poor people in developing countries makes economic common-sense as it has the potential to generate at the very least US\$ 168 billion per year in extra revenues, and it improves the economic growth prospects for developing countries. See Report of the Commission on Macroeconomics and Health, December 2001.

indictment of the EU, the world's leading aid and trade bloc. The EU, as region which has overcome massive divisions in moving towards its enlargement, is well placed, and indeed obliged, to play a central role in meeting this challenge. The alternative is far too costly⁵⁵. The health, stability and security of our world ultimately depends on the health and wellbeing of all its citizens.

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