



## EU STATEMENT

### UNITED NATIONS HIV/AIDS HIGH LEVEL MEETING – 8-10 JUNE 2011

Mr President, Excellencies, Ladies and Gentlemen,

I have the honour to speak on behalf of the European Union and its Member States.

The Candidate Countries Turkey, Croatia<sup>\*</sup>, the former Yugoslav Republic of Macedonia<sup>\*</sup> and Montenegro<sup>\*</sup>, the Countries of the Stabilisation and Association Process and potential candidates Albania and Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, and Georgia align themselves with this declaration.

In 2001 – and again in 2006 – we came together here to demonstrate to the world our commitment to the global fight against HIV/AIDS. During the last decade the number of people newly infected with HIV has declined by 19%, more than 6 million people are receiving antiretroviral therapy in low and middle income countries, and the number of AIDS-related deaths has declined by 19%. These are tremendous achievements, and the EU which provides over 30% of global funding against HIV in low and middle income countries, is proud to have contributed to it.

Despite these successes, there is no room for complacency. The HIV/AIDS epidemic remains a global challenge requiring continued political commitment and a sustained, long-term response. That is why we are gathered here to renew and reaffirm that commitment at the highest level.

The EU and its Member States believe that prevention is key if we want to build a world with zero new HIV infections. To reach this ambitious target the key drivers of the HIV epidemic have to be identified and addressed. We need a comprehensive approach to address for example harmful gender norms, gender-based violence and poverty. Access to comprehensive sexuality education – for both boys and girls – and access to commodities, in particular male and female condoms, including for young people, are vital. A special and continued effort is needed to empower young people with knowledge and services.

The EU and its Member States are severely concerned that inadequate attention is being paid to the prevention needs of key populations at higher risk. The world will not be able to sharply lower the rate of HIV transmission without paying special attention to the prevention needs of these groups, in particular men who have sex with men, injecting drug-users and sex workers and their clients.

The EU and its Member States want to emphasize the particular importance of supporting an effective national response to HIV/AIDS. National ownership is critical to ensure alignment and optimal synergy of international and domestic resources for HIV/AIDS and the health sector;

There is an urgent need to scale up efforts to strengthen health systems. At a time when HIV itself is becoming for many a chronic disease and when people living with HIV are increasingly affected by non-communicable diseases, we need to work towards further strengthening multi-sector approaches and policy coherence, including through integration with other health responses and diseases such as tuberculosis, hepatitis and malaria. Access

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<sup>\*</sup> *Croatia, the former Yugoslav Republic of Macedonia and Montenegro continue to be part of the Stabilisation and Association Process.*

to drug abuse treatment and rehabilitation, and risk and harm reduction - in accordance with WHO/UNAIDS/UNODC Technical Guide - are essential in order to prevent further the transmission of HIV among people who inject drugs and from injecting drug users to the general population. We also need better decentralization of prevention and treatment, reaching out to remote and vulnerable communities, as well as to better integrate the HIV response with sexual and reproductive health and rights. Access to sexual and reproductive health services should be regarded as a key entry point for prevention of HIV and to strengthen maternal, newborn and child health and actively prevent vertical transmission.

We cannot ignore the fact that we live in a resource-constrained world. Long term policies for sustainable health financing are needed to increase the number of people accessing prevention, treatment, care and support, as well as to ensure the poorest and most affected are reached. We all have to honour our previous commitments either by allocating 0.7% of the GNI to development or by strengthening our health systems, as Africans countries committed to with the Abuja target to allocate 15% of national budgets to health. Here, we want to renew our commitment to UNAIDS and its role as a convener on global policy dialogue and standard setting on HIV and recognises the results achieved thus far by global health initiatives and funds, notably the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and UNITAID as key complements to our support to countries. We have to think creatively. Innovative financing mechanisms have shown their relevance and effectiveness in the fight against HIV and AIDS; and we need to explore new mechanisms to achieve our ambitious commitments. We also support the establishment of the Medicines Patent Pool which will help reduce treatment costs.

The EU and its Member States also reiterate the importance of fundamental legal and human rights. We know that programmes to encourage safe behaviours, complemented with strong human rights protection, are far more effective in controlling HIV than the counterproductive use of criminal sanctions or other forms of coercion. We welcome the commitment of the General Assembly to end stigma and discrimination for people living with, affected by or vulnerable to HIV. We believe that social attitudes need to be transformed, and resources must be allocated to anti-stigma strategies and other initiatives to promote and protect human rights;

The EU and its Member States strongly believes that gender inequality and social inequity are among the drivers of the epidemic. Revolutionizing HIV prevention requires concrete progress towards gender equality and empowerment of women. Women represent a majority of all people living with HIV and about 60% in sub-Saharan Africa. The prevalence of harmful gender norms, worsened by stigmatisation, is a major obstacle to the response against HIV;

Similarly, the marginalization and stigmatization of key populations at higher risk prohibits these population groups to get information of how to protect themselves from HIV-infection and hampers their access to HIV related services

One of the best hopes to confront HIV and AIDS lies in the development of new strategies and tools for prevention such as microbicides, adult male circumcision and the continued research for a preventive vaccine. In addition, the recent findings on the positive impact of ARV treatment on prevention are encouraging and the implications for national programmes should be considered;

AIDS cuts across the entire social fabric by affecting all aspects and levels of society. An effective and comprehensive response to HIV/AIDS should engage civil society, in particular youth, key populations at higher risk and people living with HIV. Their engagement at country, regional and global levels, should be strengthened.

Mr President

I wish to conclude by emphasising our strong support for the UNAIDS Global Strategy for 2011-2015 and the WHO Global Health Sector Strategy on HIV/AIDS for 2011-2015 which sets out a new vision for the response towards a world with zero new HIV infections, zero discrimination and zero AIDS-related death;

And I want to reaffirm our strong political commitment towards universal access targets in line with MDGs and ensure continued support to 2015 and beyond;

Thank you.