

United Nations General Assembly

**High level meeting of the progress achieved in
realizing the targets set out in the Declaration of
Commitment on HIV/AIDS**

Statement on behalf of the European Union

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(check against delivery)

I have the honour to speak on behalf of the European Union.

The Acceding Countries Bulgaria and Romania, the Candidate Countries Turkey, Croatia, and the Former Yugoslav Republic of Macedonia, the Countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, and Serbia and Montenegro, as well as Ukraine and the Republic of Moldova align themselves with this statement.¹

Chairperson,

The consultations during the last few days have given us an overview of the milestones reached in the fight against HIV/AIDS since our commitment 5 years ago. Despite progress much still needs to be done. Allow me therefore to concentrate my oral statement on future needs.

Bearing in mind our MDG commitments, we have obligations to make efforts to mitigate the enormous social and economic impact of the pandemic. The European Union and its Member States have contributed considerably to the global fight against HIV/AIDS and repeatedly reaffirmed its political and financial commitment to tackle this pandemic. With the Dublin Declaration and the Vilnius Declaration the European Union adjusted actions to be taken in line with the newest developments of the Pandemic. The fact that HIV/AIDS constitutes also a problem within the European Union and in the neighbouring countries has subsequently been recognised in 2005 by the Commission's Communication on combating HIV/AIDS in this region. In the same year, we took further steps with the adoption of the 'European Programme for External Action to Confront HIV/AIDS, Malaria and Tuberculosis'. This Programme of Action, which reaffirms recognition of HIV/AIDS as a poverty-related disease, also recognises the significant barrier that the shortage of health workers is having on the delivery of essential health services, including services for HIV/AIDS. The EU Statement "HIV Prevention for an AIDS free generation", issued last year on World Aids Day, stressed the importance of a comprehensive evidence-based, rights-based response. This year the World Health Report, 'Working Together', published by the WHO, has highlighted the health worker crisis. The European Union has responded by confirming its commitment to act. The EU Statement on the Health Workforce Crisis, adopted by the European Union this April, sets out a set of actions that Europe will take to support countries overcome the crisis. Therefore the EU supports Member States to formulate or adjust domestic recruitment policies that are consistent with the goal of strengthening health systems in countries affected by HIV/AIDS. Training, re-training and retaining local capacity for involvement of all stakeholders and all sectors is crucial for an effective response. This will be essential if our commitments to increase access to prevention, treatment and care services are to be delivered by an effective, trained and appropriately supported health workforce. The new European Consensus on Development also reflects this commitment to action on HIV/AIDS and emphasises the need for a multi-sectoral, comprehensive approach.

¹ Croatia and the Former Yugoslav Republic of Macedonia continue to be part of the Stabilisation and Association Process.

The European Union recognises that the global commitments on HIV/AIDS agreed in 2005 to scaling up towards universal access to prevention and treatment by 2010 must be in line with the implementation of HIV/AIDS prevention as a cross-sectoral approach through all health services, as defined in the ICPD Programme of Action and the Beijing Platform for Action, including those providing maternal health and reproductive health. The necessary cross-sectoral approach also means that sectors such as education, transport, defence etc. must be part of the response. As we scale up, it is important to reinforce the Declaration of Commitment, as agreed and signed by all member states here five years ago. The indicators developed and the lessons learnt will support us in our progress towards meeting the targets set.

Over the past two years, access to antiretroviral treatment has improved markedly. Sustainable access to treatment for those in need has been reached in a considerable number of countries. However, there is no room for complacency. Despite progress in some places, the situation is different in those countries that are most in need and access to ART for Injecting Drug Users and Prevention from Mother to Child Transmission did not increase substantially. The "3 by 5" initiative played an important role for scaling up, even though further efforts are needed in order to reach the target. The aim to contain the pandemic or even to reverse trends is far from being reached despite our renewed and increased efforts.

We therefore recommend making use at the largest possible scale of the flexibilities foreseen in the TRIPS agreement, that these should not be restrained by Free Trade Agreements and that they should be combined with measures to avoid taxation of ART. Efforts to rapidly expand and sustain access to ART, including paediatric formulations of ARVs, and care will be undermined if the spiralling cycle of new HIV infections is not broken.

We strongly promote measures to scale up towards universal access to HIV/AIDS prevention, treatment, care and support. This will require global implementation of agreed procedures including scaling up the use and mutual benefits of known prevention methods and treatment by providing these facilities through all relevant services and the implementation of the recommendations of the note of the Secretary General of the UN on Scaling up HIV prevention, treatment, care and support. The EU underlines the importance of comprehensive sexuality education. Similarly, information, knowledge and services, particularly on sexual and reproductive health and rights, in accordance with the ICPD, are a key tool to raise awareness among young people. About 80% of the HIV infections are sexually transmitted, a sustainable supply of male and female condoms is therefore crucial. Transmission through intravenous drug use in addition is, in our region and also in other parts of the world, a big problem. Large scale implementation of harm reduction programmes including needle exchange programmes, which have been proven to be effective, is necessary. The EU also underlines the importance of research for new preventive technologies, notably vaccines and microbicides.

The European Union recognises that the poor have limited access to education, health services, stable livelihood and food and therefore are often forced into situations which make them more vulnerable to HIV/AIDS exposure and infection. Such vulnerability is often aggravated in humanitarian contexts. Therefore the

European Union regards HIV/AIDS as a cross-cutting challenge, concerning all aspects of development and in need for urgent response. To be able to combat HIV/AIDS efficiently, we must address the structural determinants that underpin the HIV epidemic. This demands action to reduce poverty and placing the protection, promotion and respect of human rights including gender equality, the elimination of gender based violence, stigma and discrimination at the foundation of all AIDS policy and programme planning and implementation. In doing so, we have to take into account all key populations among them particularly young women, girl children and adolescents. Especially orphans and vulnerable children, including children infected and affected by HIV/AIDS, require increased attention, protection and care. In order to realise their rights, greater support is needed for the social security systems, family and community-based care givers, older people and households that protect the most vulnerable, to prevent vulnerability to and to mitigate the impacts of HIV/AIDS.

An efficient response to HIV/AIDS should also ensure that appropriate responses are designed to protect vulnerable groups: injecting drug users and their sexual partners, men who have sex with men, commercial sex workers and their clients, women and children exposed to trafficking, prisoners, transgender people, migrant and refugee populations and people with disabilities.

In formulating this response stakeholders, including persons living with or affected by HIV/AIDS, have to be central players in shaping policies and developing services that meet their needs and holding governments and the international community accountable for progress as agreed to at the 1994 Paris Summit by the GIPA (Greater Involvement of People living with HIV/AIDS) principle.

The European Union firmly believes that HIV prevention, in order to be successful, should be comprehensive and evidence-informed. Ultimately it has to utilise all possible approaches known to be effective and not only implement one or a few selective actions. We are profoundly concerned about the resurgence of partial or incomplete messages on HIV prevention which are not grounded in evidence and have limited effectiveness. It needs to be recognised that sexual and reproductive ill-health and HIV/AIDS share the same root causes, including poverty, gender inequality and exclusion of the most vulnerable groups. Therefore it is vital to link sexual and reproductive health with HIV/AIDS and Sexual Transmittable Infections services, as well as to strongly involve SRH organisations in the prevention and treatment process if the Millennium Development Goals are to be met in full and in time.

The European Union welcomes the HIV prevention strategy in the policy position paper adopted by consensus by the UNAIDS Programme Coordinating Board in June 2005, and strongly requests the international community to follow on the recommendations made by UNAIDS. The EU would further like to urge UNAIDS and its co-sponsoring organisations to follow-up with a concrete work programme to fulfil the goals of the prevention strategy.

The European Union notes with concern that HIV/AIDS has an increasingly young and female face. Half of all new infections occur in young people. In sub Saharan Africa, over three quarters of new infected young people are female. We fully acknowledge that the vulnerability of women and young people stems not only

from their lack of knowledge but from their disempowerment. Cultural traditions and norms about masculinity and gender put women at risk and also heighten men and boys' vulnerability to HIV. Strategies to curb HIV/AIDS cannot succeed without addressing the specific needs of women and girls who continue to bear the brunt of the pandemic. It is of immense importance to empower women and to ensure their access to prevention, treatment, care and support as well as their inclusion in the decision making process. Furthermore, women particularly need new tools for prevention that can be women-initiated, such as female condoms, vaccines and microbicides.

HIV/AIDS stigma and the resulting feared or actual discrimination are known to be perhaps the most difficult obstacles to effective HIV prevention. Failure to safeguard the rights of marginalised groups perpetuates stigma and undermines prevention efforts. The EU emphasises the need to put human rights at the heart of the national and international responses to HIV/AIDS. Especially in this regard involvement of people living with or affected by HIV/AIDS is crucial to devise policies which in turn minimise stigmatisation and thus create an enabling and open environment to fight the pandemic. We also underline the importance of abandoning non-effective measures that prevent free movement of people living with HIV/AIDS or hinder their employment opportunities.

Chairperson,

The European Union highly welcomes the integrated approach of this meeting, allowing governmental actors and civil society representatives to exchange views frankly. This is the only viable approach to dealing effectively with HIV/AIDS. Civil society, in particular people living with HIV and AIDS, plays a central role in the front line of the response, shaping, implementing, monitoring and evaluating policies, providing services and raising awareness. We hope that this inclusive and fruitful spirit will serve as an example for future sessions.

An effective response to HIV and AIDS requires a well coordinated approach and harmonised programmes, aligned to national priorities, plans and budgets. Following the endorsement already in September 2005 by the UN Summit, the EU strongly supports the full implementation of "the Three Ones Principle" and the recommendations presented by the Global Task team on Improving AIDS Coordination Among Multilateral Institutions and International Donors. The European Union welcomes the efforts of the United Nations and particularly the support provided by UNAIDS in providing technical assistance at local level as a key measure of success in fighting the pandemic. The division of labour, agreed upon among UN agencies, in the headquarters and on the ground, will enhance the effectiveness and efficiency of the support by the UN family. The EU fully supports the Three Ones Principle and the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors and of the OECD/DAC Paris Declaration. The EU calls for additional support to UN agencies and other international organizations engaged in the fight against the pandemic.

The European Union acknowledges the progress that has been made in recent years in generating finances for the response to the pandemic, but is concerned about the funding gap that exists for the coming years. The EU recognises the important role of the Global Fund to fight HIV/AIDS, tuberculosis and malaria as

the leading financial mechanism to confront the three communicable diseases including HIV/AIDS to which it has provided more than 50% of the total contributions. It also recognises the need for the GFATM to be adequately funded.

Chairperson,

The factors that fuel this pandemic must be addressed head on: poverty, social and gender inequalities and injustices. We need to overcome the barriers to universal access that still exist in form of stigma, discrimination, gender inequality and other human rights violations. We will need to address the human, social, health and economic consequences of HIV/AIDS, such as the orphaning of generations of children, the undermining of the cohesion of the social fabric at local level, and the stripping of human and institutional capacities.

We must redouble our efforts globally and nationally. Committed leadership at all levels of society and stronger international partnership between Governments, civil society, the business community, the private sector and the United Nations will be required to meet our common targets. The European Union is strongly committed to taking action, and urges everyone to increase coordination and strive to secure necessary funding. We call upon the international community to demonstrate the courage and to put at the centre of the HIV/AIDS response the well-being and rights of all people, in particular the young generation, to live a decent life free of HIV/AIDS. As there still is no cure for AIDS, continued cooperation in the field of research for HIV/AIDS vaccines and microbicides is essential. The European Union would like to underline the importance that we use the resources at hand as efficiently as possible. Passivity is our worst enemy.

Thank you for your attention.