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## **REPORT**

on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009  
(2006/2232(INI))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Georgs Andrejevs

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

**on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009  
(2006/2232(INI))**

*The European Parliament,*

- having regard to its resolution of 6 July 2006 on "HIV/AIDS: Time to deliver"<sup>1</sup>,
- having regard to its resolution of 30 November 2006 on AIDS<sup>2</sup>,
- having regard to the Council Conclusions of 6 June 2005 on Combating HIV/AIDS,
- having regard to the Council Conclusions of 24 November 2005 on "World AIDS Day - EU Statement on HIV Prevention for an AIDS Free Generation",
- having regard to the EU Drugs Strategy (2005-2012) adopted by the Council on 22 November 2004,
- having regard to the Commission Communication to the Council and the European Parliament on "Combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009" (COM(2005)0654),
- having regard to the Commission Communication to the Council and the European Parliament on a "Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis" (COM(2004)0726),
- having regard to the Communication from the Commission on the European Neighbourhood Policy Strategy Paper (COM(2004)0373),
- having regard to the Communication from the Commission to the Council and the European Parliament on strengthening the European Neighbourhood Policy (COM(2006)0726),
- having regard to the "Dublin Declaration" on Partnership to fight HIV/AIDS in Europe and Central Asia, adopted at the Ministerial Conference "Breaking the Barriers - Partnership to fight HIV/AIDS in Europe and Central Asia" held within the framework of the Irish EU Presidency on 24 February 2004,
- having regard to the "Vilnius Declaration" on Measures to strengthen the response to HIV/AIDS in the European Union and in the Neighbouring Countries, adopted by Ministers and representatives of Governments from the European Union and neighbouring countries at the conference "Europe and HIV/AIDS - New Challenges, New Opportunities", held in Vilnius, Lithuania, on 17 September 2004,

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<sup>1</sup> *Texts Adopted*, P6\_TA(2006)0321.

<sup>2</sup> *Texts Adopted*, P6\_TA(2006)0526.

- having regard to the United Nations Millennium Declaration adopted by the United Nations General Assembly at its 55th Session on 18 September 2000 as well as to the UN Millennium Development Goals (MDGs) and in particular the goal of reversing the spread of HIV/AIDS by 2015,
  - having regard to the Declaration of Commitments on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001,
  - having regard to the Resolution adopted by the United Nations General Assembly on the "Declaration of Commitment on HIV/AIDS" of 2 August 2001,
  - having regard to the UN General Assembly's follow-up on the implementation of the Declaration of Commitment on HIV/AIDS, "Towards universal access: Assessment by the United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support" of 24 March 2006,
  - having regard to the Report of the Secretary-General of the United Nations regarding the Declaration of Commitment on HIV/AIDS: five years later of 24 March 2006,
  - having regard to the "Political Declaration on HIV/AIDS" adopted by the UN General Assembly on 2 June 2006,
  - having regard to the WHO HIV/AIDS Programme "Towards Universal Access by 2010" of 2006,
  - having regard to the UNAIDS 2006 Report on the Global AIDS Epidemic,
  - having regard to the UNAIDS Epidemic Update of December 2006,
  - having regard to the EuroHIV Mid-year Report 2005 of August 2006,
  - having regard to the Eurobarometer on AIDS Prevention of February 2006,
  - having regard to the Council of Europe's Parliamentary Assembly Resolution 1399 (2004) as well as its Recommendation 1675 (2004) on a European Strategy for the promotion of sexual and reproductive health and rights,
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety and the opinion of the Committee on Women's Rights and Equal Opportunities (A6-0091/2007),
- A. Whereas according to the UNAIDS Epidemic Update for 2006 more than 39.5 million people worldwide are living with HIV and 4.3 million people were newly infected with HIV in 2006, whereas 95% of the people affected by HIV/AIDS live in developing countries,
- B. Whereas EuroHIV's Mid-year Report 2005 shows that 215,510 people were newly infected with HIV in 1998-2005 within the European Union and 646,142 people were

newly infected with HIV in the European Region of the World Health Organization (WHO),

- C. Whereas over half of all new HIV infections affect young people under the age of 25,
- D. Whereas recent progress in HIV/AIDS treatment, together with a decline in prevention funding, has contributed to an increase in unsafe behaviour and consequently to growing numbers of new HIV infections,
- E. Whereas the Reports from EuroHIV and UNAIDS confirm that the number of new HIV infections is still rising at an alarming rate within the European Union as well as in the neighbouring countries, and that in some countries the estimated number of people infected with HIV is almost three times higher than the official number,
- F. Whereas despite the increased number of HIV infections, the steady decrease in the number of AIDS cases diagnosed in recent years has continued in 2005, with less than half the number of cases diagnosed in 2005 in comparison to 1998,
- G. Whereas a large proportion of HIV infections remain undiagnosed; whereas many people do not know their sero-status and are likely to discover it only once afflicted by HIV/AIDS-related illnesses<sup>1</sup>,
- H. Whereas the groups exposed to the highest risk of contracting HIV include Injecting Drug Users (IDUs), men having sex with men, sex workers and their clients, migrants, prisoners and young people under the age of 25,
- I. Whereas the epidemic among IDUs is one of the reasons for the rapid spread of HIV infection in many Eastern European countries,
- J. Whereas the UNAIDS Epidemic Update 2006 found out that about three quarters of heterosexually acquired HIV infections in Western and Central Europe are among immigrants and migrants,
- K. Whereas in most countries of Central and Western Europe, the prevalence of HIV in blood donations remains low; whereas recent figures for some Eastern European countries, however, show a trend in the opposite direction,
- L. Whereas the Dublin Declaration recognises that "the promotion of equality between women and men, and girls and boys, and respecting the right to reproductive and sexual health, and access to sexuality education, information and health services as well as openness about sexuality, are fundamental factors in the fight against the pandemic",
- M. Whereas prevention programmes, including education, increased access to information and condoms, and access to treatment and drug rehabilitation and to harm-reduction services, constitute the most effective tools for combating HIV/AIDS,
- N. Whereas EuroHIV has no national data from Spain or Italy although both are considered

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<sup>1</sup> *HIV/AIDS in Europe*, Council of Europe, Social, Health and Family Affairs Committee, rapporteur: Mrs. Christine McCafferty, doc. 11033, 27 September 2006.

sites of major epidemics by EuroHIV,

- O. Whereas recent data confirm that the scope of new HIV infections as well as the number of people living with AIDS are different for each Member State and the neighbouring countries, and so are the groups which are considered most vulnerable,
- P. Whereas women now represent 50% of people living with HIV/AIDS worldwide, but their special needs with regard to reproductive health in terms of family planning, safe births and breastfeeding of babies are often overlooked; whereas, according to the UNAIDS, over the past two years, the number of women and girls infected with HIV has increased in every region of the world, with rates rising particularly rapidly in Eastern Europe, Asia, and Latin America; and whereas, according to WHO, women are probably more susceptible than men to infection from HIV in any heterosexual encounter, due to biological factors,
- Q. Whereas increasing numbers of women are being infected unwittingly with the HIV virus in their private life through unsafe heterosexual contact and becoming carriers of the virus which it is then possible for them to transmit to their offspring; whereas effective responses to AIDS must address the factors that continue to put women at risk and increase their vulnerability, such as violence against and trafficking in women, poverty and gender discrimination, sexual promiscuity or a failure to observe ethical principles,
- R. Whereas the latest Eurobarometer on AIDS prevention of February 2006 showed that 54% of the EU-25 population believe or are convinced that it may be possible to become infected with HIV from "kissing on the mouth someone with AIDS or who is HIV positive" and 42% believe or are convinced that it is possible to become infected by HIV from "drinking from the same glass which has just been used by someone with AIDS or who is HIV positive",
- S. Whereas in the "Dublin Declaration", government representatives from Europe and Central Asia promised to "promote strong and accountable leadership at the level of our Heads of State and Government to protect (our) people from this threat to their future, and promote human rights and tackle stigma and ensure access to education, information and services for all those in need" and "make the fight against HIV/AIDS in Europe and Central Asia a regular item on the agendas of our regional institutions and organisations",
- T. Whereas Ministers and Representatives of Governments from the European Union and neighbouring countries reaffirmed the commitments made in the "Dublin Declaration" with the "Vilnius Declaration"; both Declarations emphasise the need for strong and comprehensive follow-up measures for the actions outlined in them,
- U. Whereas the "Vilnius Declaration" expressly mentions the use of national financial instruments as well as Community funds, including the Structural Funds, for the implementation of policies to tackle HIV/AIDS,
- V. Whereas NGOs are often dependent on public financing; whereas tender procedures for Community-financed programmes are usually complicated and EU membership often means a sudden end of financial support for NGOs from international sources other than those of the EU,

- W. Whereas not all Member States have equal access to treatment and drugs and in many of them - particularly in the new Member States - inequalities exist as regards the availability of funding and resources,
- X. Whereas over the last years a fierce generic competition regarding the first line Antiretroviral Drugs (ARVs) has contributed to a price reduction of almost 99%, from \$10,000 to approximately \$130 per patient per year, but the prices for the second line drugs, which patients need, as resistance develops naturally, remain high, mostly due to increased patent barriers in the key countries producing generic medicines,
- Y. Whereas there is no vaccine for HIV and research into microbicides and other developments for innovative new drugs are ongoing,
- Z. Whereas five years after the Doha Declaration (pursuant to which each WTO member State 'has the right to grant compulsory licences and the freedom to determine the grounds upon which such licences are granted'), WHO has pointed out that 74% of AIDS drugs are still protected by a patent,
- AA. Whereas WHO estimates that 10% of all new HIV infections globally are related to injecting drug use, and that less than 5% of injecting drug users worldwide have access to effective HIV prevention, treatment and care services,
- AB. Whereas tuberculosis (TB) accelerates the progression of HIV into AIDS, and 90% of HIV positive people die of TB within months of developing active TB symptoms due to a lack of adequate treatment, which has resulted in an estimated one-third of AIDS deaths being caused by tuberculosis,
1. Welcomes the Commission's Communication on combating HIV/AIDS within the European Union and the neighbouring countries and supports the actions and initiatives suggested therein;
  2. Reaffirms the right of every human being to health care, to medical services and to access to pharmaceutical products;
  3. Requests that the Commission analyse the latest available data on new HIV infections to identify the countries and population groups most affected by this epidemic and communicate its findings to the respective Member States;
  4. Calls on the Commission to specify, according to national data provided by the Member States, the most vulnerable groups in each society and to establish a comprehensive list of such groups so that the Commission and Member States can address and reach them efficiently, taking into account country specificities, and provide them with information on how to protect themselves and their partners;
  5. Alarmed at the rapidly growing number of cases of multi-drug-resistant strains of HIV/AIDS, calls on Commission to maintain separate statistics on this and to identify and share best practice in preventing it;
  6. Urges the Commission to consider appropriate measures to reach migrant and immigrant

populations within the European Union, especially when they come from countries with high prevalence rates, in order to slow down the alarming trend of new HIV infections among these groups;

7. Insists that Member States fully implement Directive 2002/98/EC of the European Parliament and of the Council of 27 July 2003 setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components and amending Directive 2001/83/EC<sup>1</sup>, in particular as regards the systematic HIV screening of blood donations;
8. Underlines the importance of reporting correct data; points out that data collection should be confidential and based on anonymous and voluntary testing; invites the Member States to improve the quality of their respective testing and reporting methods;
9. Notes that the European Centre for Disease Prevention and Control (ECDC) will take full responsibility for surveillance, collecting and publishing data regarding HIV/AIDS in 2008; urges the Commission to take appropriate measures to prevent a possible gap in the reporting of new data; asks the ECDC to bear in mind the sensitivities relating to the topic when publishing reports;
10. Calls on Spain and Italy to report their national data to the ECDC;
11. Urges the Commission to use all available instruments, such as the Neighbourhood Policy and the Northern Dimension Instruments, to reach the vulnerable population groups in the neighbouring countries, with particular attention to the Kaliningrad area of Russia;
12. Calls on the Commission to develop evidence-based programmes and to promote the implementation of prevention and harm-reduction measures, including the use of condoms, drug substitution treatment, access to voluntary testing, clean needle and syringe exchanges and counselling for members of groups considered vulnerable, affected by or infected with HIV, and to stimulate and disseminate best practices in positive prevention and to provide an annual report on the implementation of such measures;<sup>13</sup>.  
Calls on the Commission and the Member States to promote communication campaigns which will provide the population with clear information concerning HIV infection, on ways of preventing infection, on unsafe practices and on practices which help to prevent infection with HIV;
14. Calls on the Member States and the Commission, in view of the fact that women infected with HIV have often been subjected to violence by a male partner and that women run a greater risk of HIV infection, to take the measures to combat violence which are set out in its resolution of 2 February 2006 on the current situation in combating violence against women and any future action<sup>2</sup>;
15. Welcomes the Commission's initiative to create a Civil Society Forum and encourages the Commission to continue and intensify its cooperation with civil society within the framework of this Forum;

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<sup>1</sup> OJ L 33, 8.2.2003, p. 30.

<sup>2</sup> *Texts Adopted*, P6\_TA(2006)0038.

16. Encourages Member States to examine the possibilities of establishing Civil Society Forums at national level in order to improve cooperation between national governments, public authorities, health care services and local NGOs working in the field of HIV/AIDS;
17. Emphasises the importance of both the "Dublin Declaration" and the "Vilnius Declaration" and urges the Commission to follow them up;
18. Stresses the need for the Commission to streamline its efforts to fight HIV/AIDS within the different responsible Directorates General and to improve the various administrative processes and mechanisms in order to provide the most effective and coordinated measures possible, to avoid dual standards and to achieve the best possible synergies;
19. Encourages the Commission to offer political support and technical assistance to neighbouring countries which wish to take advantage of the flexibilities contained in the TRIPS Agreements when faced with a public-health problem;
20. Deplores the fact that the current rules on direct financing of NGOs by the Community as well as rules on their participation in projects financed by Community programmes have not been harmonised; asks the Commission to assess current procedures with a view to improving the access of NGOs to various forms of Community financing;
21. Reiterates that EU membership often means a sudden end of financial support for NGOs from international sources other than those of the EU; therefore calls on the Commission to monitor the situation in Bulgaria and Romania as a matter of urgency and propose measures to bridge the financial gap;
22. Calls on the Commission to clearly define the rules for using the Structural Funds and the Social Funds for HIV/AIDS related projects and/or programmes;
23. Encourages the Commission to use all the possibilities available within the Seventh Framework Programme on Research and Development to continue to fund and identify further promising projects concerning HIV/AIDS research and the development of new innovative ARV drugs, vaccines and microbicides; calls on the Commission to ensure that HIV/AIDS research is gender balanced and includes aspects such as vaginal and rectal physiology and ecology and the biological and physiological nature of transmitting viruses;
24. Welcomes the Commission's aim to develop research and evaluation of behavioural preventive methods;
25. Calls on the Commission and the Member States to allocate greater public funding to pharmaceutical research by requiring the beneficiaries of public funds to devote a certain amount of their research to such diseases;
26. Urges the Commission to allocate resources to prevention measures within the framework of the Public Health Action Programme to combat HIV/AIDS;
27. Urges the Commission to explore the possibilities and practical means and to use the results of clinical research to combat HIV/AIDS in the partner countries, the Western

Balkans and Central Asia, following the procedures for external aid and respecting the directives for action as agreed in the strategy documents with the relevant countries and the indicative programmes;

28. Believes that palliative care has an important part to play in the care of people with HIV/AIDS and urges its development and expansion throughout the European Union;
29. Asks the Commission to pay particular attention to the promotion of sexual and reproductive health programmes for women, in order to counter the increasing spread of the epidemic among the female population;
30. Strongly encourages the Commission and the Member States to subsidise and provide money for research and development of microbicides and female condoms which give women the power to protect themselves and a male partner from HIV/AIDS with or without the partner's agreement, since condoms continue to be the most well known and widely available protection against HIV/AIDS and sexually transmitted diseases (STDs), but require a male partner's agreement<sup>1</sup>,
31. Calls on the Member States to develop national strategies to increase the capacity of women and young girls to protect themselves from the risk of HIV infection;
32. Emphasises the need to strengthen the synergies between HIV/AIDS prevention and programmes to promote sexual rights and health;
33. Calls on the Member States to promote the gender - balanced involvement of both women and men in AIDS response; urges them to review national AIDS coordinating bodies;
34. Calls on the Commission and the Member States to enable all persons affected, and in particular pregnant women, to have access to anti-HIV drugs in order to reduce the incidence of transmission of the disease to unborn children;
35. Requests that the Commission continue the financial assistance and overall support of the valuable efforts of the Global Fund to fight AIDS, tuberculosis and malaria; invites the Member States to do the same;
36. Points out that HIV/TB co-infection is the cause of death for one third of HIV positive people; therefore strongly recommends that the Commission and the Member States acknowledge this fact by establishing and promoting programmes to fight both infections at the same time; further notes the frequent dual diagnosis of HIV and hepatitis and depression, and urges action to treat and care for such patients;
37. Stresses the importance of the accountability of national, regional and local governments, health service providers, the pharmaceutical industry, NGOs and civil society in order to ensure that the targets regarding universal coverage of prevention, treatment and care are being met;
38. Is concerned about the high costs of new and second-line drugs to treat AIDS; calls for a

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<sup>1</sup> "Women and HIV/AIDS: Confronting the Crisis" A joint Report by UNAIDS/UNFPA/UNIFEM 2004:45.

fundamental debate on patent law; considers that small adjustments to a product or to an active ingredient should be allowed to result only in a proportional extension to the period of patent protection;

39. Calls on the Member States to promote greater use of the media and the most appropriate distribution channels to step up information for the population, especially adolescents and young people, on HIV infection, the ways it is transmitted, HIV testing and the kind of behaviour that fosters prevention;
40. Calls on the Commission to consider the possibility of including in the European Youth Portal a section devoted to the fight against AIDS, including data on the information, guidance and care resources concerning HIV/AIDS available in the Member States;
41. Calls on the Commission, the Member States, civil society and private sector to initiate or support programmes and develop information and awareness campaigns that combat homophobia, the stigma that attaches to all people living with HIV/AIDS and discrimination against vulnerable groups and those infected with HIV, with a view to breaking down the barriers that slow down the effective tackling of HIV/AIDS; urges Member States to prohibit discrimination against people living with HIV/AIDS, in particular in the services sector (for example with regard to insurance, bank services and health care);
42. Calls on the Commission and the Member States to establish policies and programmes for the social integration and entry into the labour market of people living with HIV/AIDS;
43. Encourages the Commission and the Member States to show leadership in promoting and funding at European, national and local level access to HIV/AIDS education, including counselling for responsible sexual behaviour and prevention and treatment of STDs, and to information, testing and related services, with due regard for the principles of confidentiality and informed consent;
44. Calls on the Member States to promote health education at schools in order to raise awareness and promote safe sexual behaviour;
45. Strongly encourages the Member States to guarantee that all citizens receive sexual education and information, which includes respect and responsibility for one's partner and equal rights for homosexual, bisexual and transgender people, and underlines the importance of giving sexual education in schools;
46. Calls on the Commission and the Member States to gauge how competent and knowledgeable primary health workers are on the subject of HIV/AIDS and to provide training courses for health workers in order to enable them to provide suitable public guidance and to raise public awareness appropriately;
47. Calls on the Member States to give full support to women and men who are responsible for the daily care of people living with AIDS, and/or take care for their children and orphans; points out that they should be provided with home-based care training and awareness-raising on the prevention of HIV/AIDS and on the benefits of good treatment and care for the people living with AIDS;

48. Urges the Commission to assess the possibilities of establishing Public Private Partnerships within the neighbouring countries in order to promote additional ways of combating HIV/AIDS;
49. Welcomes the initiative of the German Presidency to organise the Conference "Responsibility and Partnership - Together against HIV/AIDS" from 12 to 13 March 2007 in Bremen as well as the fact that Madrid will host the XIth European Conference on AIDS from 24 to 27 October 2007;
50. Underlines the pivotal role of communities, community-based organisations, NGOs and people living with HIV/AIDS (PLWHA) in the fight against HIV/AIDS;
51. Suggests the establishment of a "clearinghouse" at the EU level with the objective of collecting and analysing best practices from all institutions and organisations active in the fight against HIV/AIDS; believes that such a mechanism would help to identify shortcomings in the existing actions and to formulate new strategies;
52. Instructs its President to forward this resolution to the Council, the Commission, the European Centre for Disease Prevention and Control, WHO (Europe) and the governments of the Member States.

## EXPLANATORY STATEMENT

### Introduction

Recent trends clearly show that the number of people infected with HIV (Human Immunodeficiency Virus), including people living with AIDS (Acquired Immune Deficiency Syndrome) and people dying of AIDS related diseases, continue to grow. Every year more women and young people are infected with HIV within the European Union as well as in the neighbouring countries. Risky behaviour, like unprotected sex and injecting drug use, remain the main routes for HIV infection. The latest studies alarmingly show how immigrant and migrant populations have become one of the population groups most at risk. Other particularly vulnerable populations include sex workers and men having sex with men.

The first cases of HIV infections were witnessed in 1981 in the United States. Doctors observed an accumulation of unusual cases of death caused by rare forms of cancer usually only occurring in older people, as cause of death of young gay men. Having closely monitored the development of the new disease, which was then believed to affect only gay men, scientists quickly realized that they were dealing with a new kind of virus infection, which could affect all people. Until today the development of a treatment for the new set of symptoms has proved to be very challenging because of its retroviral nature.

The introduction of Antiretroviral Drugs (ARVs) in the late 1980s together with various awareness campaigns were essential in slowing down the growth of the epidemic in Western Europe and in the United States. In the recent years, however, the number of new HIV infections has been rising again. The new wave of infections predominantly affects women, injecting drug users and young people. Because AIDS is no longer considered as the death sentence it once was, many people engage in risky behaviour and neglect the risk of an infection.

Due to the development of the new ARV drugs, a growing number of people are living with HIV/AIDS. This is put a strain on the existing health care infrastructure and introduces a whole new set of logistic concerns in terms of resources. The access to Antiretroviral Treatment is reasonably good in Western Europe (EU-15). In the new Member States, however, the situation is completely different. Since their accession to the EU, these Member States have to pay the standard western European prices for ARV drugs. They face great difficulties in financing the general access to ARVs for all the people who need them.

This year is the 25th anniversary of the syndrome later named AIDS. During these years, many important developments have been achieved and many breakthroughs accomplished. But still the basic facts remain the same: there is no vaccine against HIV and no cure for AIDS related diseases. In order to change this situation we need to step up our common endeavours towards finding a cure for this epidemic. Also another fact remains true since the very first cases were witnessed: people living with HIV/AIDS are still subject to a variety of prejudices and discrimination. This seems to be due to the fact that the most vulnerable

groups already belong to the marginalized populations in the society.

### **Rapporteur's Opinion**

The Rapporteur expresses his satisfaction with the "Dublin Declaration" and the "Vilnius Declaration" as well as underlines their importance. Furthermore, he invites the Commission and the Member States to keep their promises of a thorough follow up on the commitments made therein. He also welcomes the Commission Communication on combating HIV/AIDS within the EU and the neighbouring countries. Considering the fact that the Eastern European countries have to deal with high new HIV infection rates, he is especially glad that the Commission has suggested such a broad approach and included neighbouring countries in the scope of the communication, thus acknowledging the fact that HIV/AIDS knows no borders and can only be tackled with an integrated and comprehensive approach addressing various political, social, institutional and economic issues. The Rapporteur firmly believes that this disease can only be dealt with and tackled, if all actors and institutions responsible including civil society as well as private companies work together towards this common goal, streamlining all the various efforts, permitting synergies and allowing for a stronger, coordinated and integrated effort in combating HIV/AIDS.

### **Suggestions and recommendations**

The Rapporteur points out that there is a need for a comprehensive awareness campaign for the European Union. The Commission introduced a campaign: "AIDS . . . Remember me?" last year. Your rapporteur is convinced that Member States should follow the campaign by launching national awareness campaigns targeted at groups that are considered the most vulnerable in the various countries. Additionally, he suggests taking additional comprehensive and coordinated action in order to fight stigma and discrimination.

As far as the neighbouring countries are concerned, the Rapporteur recommends taking full advantage of the existing structures to facilitate a coordinated approach in the fight against HIV/AIDS, including the funds available for cross-border cooperation. To further support the neighbouring countries in addressing and fighting this epidemic, your Rapporteur suggests exploring the possibilities which lie within Public Private Partnerships to aid and raise awareness within the most vulnerable population groups.

In addition, the Rapporteur would like to stress the important work that various NGOs within the EU are doing. He is concerned about the serious lack of funding for NGOs in some of the Member States, which joined the European Union in 2004. He strongly recommends the re-evaluation of the mechanisms regarding project and programme funding by the European Commission. Local and national NGOs in the European Union and in the neighbouring countries do very important groundwork in fighting the epidemic. It is therefore of utmost importance to ensure that those organisations receive continuous funding also in the future. Your rapporteur would also like to point out that Romania and Bulgaria are likely to face similar problems once they become Members of the European Union in 2007.

Regarding the various national health care systems, the Rapporteur would like to invite the Commission and the Member States to evaluate measures on how to provide assistance for

those health care systems affected by the difficult situation of providing universal access to expensive ARV treatment. In order to ease the strain on health care systems, especially in the neighbouring countries, it would be important to develop new ways of working together with, for example the pharmaceutical industry and other private companies in the form of Private Public Partnerships.

The "Vilnius Declaration" explicitly suggests the use of Structural Funds and other community funds in order to fight this epidemic. It would be important to take full advantage of the Structural Funds and to immediately start exploring all possibilities that this instrument as well as the other EU instruments can provide.

28.2.2007

## **OPINION OF THE COMMITTEE ON CIVIL LIBERTIES, JUSTICE AND HOME AFFAIRS**

for the Committee on the Environment, Public Health and Food Safety

on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009  
(2006/2232(INI))

Draftsman: Michael Cashman

### **SUGGESTIONS**

The Committee on Civil Liberties, Justice and Home Affairs calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas recent progress in HIV/AIDS treatment, together with a decline in prevention funding, has contributed to an increase in unsafe behaviour and consequently to growing numbers of new HIV infections; according to EuroHIV, 23.620 newly diagnosed cases of HIV infection were reported in the European Union in 2005 and the rate of newly diagnosed cases of HIV infection reported has nearly doubled since 1998,
- B. whereas despite the increased number of HIV infections, the steady decrease in the number of AIDS cases diagnosed in recent years has continued in 2005, with less than half the number of cases diagnosed in 2005 in comparison to 1998,
- C. whereas, according to UNAIDS, more than 39.5 million people live with HIV and 4.3 million people were infected with HIV in 2006 alone; whereas 95% of the affected population live in developing countries and whereas 28 million of them live in Sub-Saharan Africa; whereas only 1% of the infected population in developing countries who need treatment (antiretroviral drugs) receive it,
- D. whereas a large proportion of HIV infections remain undiagnosed - in the United Kingdom for example, an estimated one third of people with HIV do not know their serostatus and are likely to discover it only once afflicted by HIV/AIDS-related illnesses<sup>1</sup>,

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<sup>1</sup> *HIV/AIDS in Europe*, Council of Europe, Social, Health and Family Affairs Committee, rapporteur: Mrs. Christine McCafferty, doc. 11033, 27 September 2006.

- E. whereas it is widely known that not all Member States have equal access to treatment and drugs and that in many of them - particularly in the new Member States - inequalities exist in as regards the availability of funding and resources,
- F. whereas people living with HIV/AIDS are subject to a variety of prejudices and discrimination, in their private or professional lives,
- G. whereas according to the 2006 Eurobarometer on AIDS prevention, 54% of the EU-25 population believe or are convinced that AIDS can be caught by kissing on the mouth someone who has AIDS or who is HIV positive, and 42% believe or are convinced that it is possible to become infected by drinking from a glass which has just been used by someone who has AIDS or who is HIV positive,
1. Urges those Member States which do not collect national data on HIV/AIDS to develop an effective HIV/AIDS case reporting system;
  2. Encourages Member States to provide free and widespread access to HIV testing and to disseminate information, including web-based information, especially to high-risk groups and young people, on voluntary testing and counselling;
  3. Strongly encourages the Member States to guarantee that all citizens receive sexual education and information, which includes respect and responsibility for one's partner and equal rights for homosexual, bisexual and transsexual people, and underlines the importance of giving sexual education in schools;
  4. Encourages Member States to facilitate access to primary prevention means at the lowest possible cost, for example access to male and female condoms and safe injection equipment;
  5. Stresses the universal right of all human beings to have equal access to medical care and treatment and access to medicines and drugs;
  6. Strongly encourages the Commission and the Member States to subsidise and provide money for research and development of microbicides and female condoms which give women the power to protect themselves and a male partner from HIV/AIDS with or without the partner's agreement, since condoms continue to be the most well known and available protection against HIV/AIDS and sexually transmitted diseases (STDs), but require a male partner's agreement<sup>1</sup>,
  7. Welcomes the Commission's determination to address the special needs and requirements of migrant populations for non-discriminatory access to information and prevention, treatment, care and support;
  8. Calls on the Commission and Member States to take action and to promote awareness of trafficking in women who often suffer from poverty and discrimination and can become subject to sexual abuse, increasing their exposure to HIV/AIDS;

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<sup>1</sup> "Women and HIV/AIDS: Confronting the Crisis" A joint Report by UNAIDS/UNFPA/UNIFEM 2004:45.

9. Encourages Member States to further develop information and awareness campaigns to address the public image of HIV/AIDS and prevent discrimination against people living with HIV/AIDS; urges Member States to prohibit discrimination against people living with HIV/AIDS, in particular in the services sector (for example with regard to insurance, bank services and health care);
10. Calls on the Commission and the Member States to allocate increased public funding for HIV research in order to develop new medicines/vaccines;
11. Calls on the Commission and the Member States to establish policies and programmes for the social integration and entry into the labour market of people living with HIV/AIDS;
12. Urges Member States to include people living with HIV/AIDS from the moment of diagnosis in their definition of disability so that they are covered by Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation<sup>1</sup> and therefore protected against discrimination at work on the grounds of their HIV/AIDS status and provided with reasonable accommodation in their workplace;
13. Urges Member States to promote at the international level the abolition of travel and residency restrictions for people living with HIV/AIDS, as they constitute discrimination;
14. Urges Member States to fully implement Directive 2002/98/EC of the European Parliament and of the Council of 27 January 2003 setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components and amending Directive 2001/83/EC, in particular as regards the systematic HIV-screening of blood donations; urges Member States and neighbouring countries not to discriminate against gay, lesbian and bisexual people in banning them from giving blood.

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<sup>1</sup> Article 5 of Council Directive 2000/78/EC.

## PROCEDURE

<b>Title</b>	Combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009
<b>Procedure number</b>	2006/2232(INI)
<b>Committee responsible</b>	ENVI
<b>Opinion by</b> Date announced in plenary	LIBE 28.9.2006
<b>Enhanced cooperation – date announced in plenary</b>	
<b>Drafts(wo)man</b> Date appointed	Michael Cashman 19.12.2006
<b>Previous drafts(wo)man</b>	
<b>Discussed in committee</b>	1.2.2007
<b>Date adopted</b>	28.2.2007
<b>Result of final vote</b>	+: 46 -: 0 a: 0
<b>Members present for the final vote</b>	Alexander Alvaro, Edit Bauer, Philip Bradbourn, Mihael Brejc, Giuseppe Castiglione, Giusto Catania, Mladen Petrov Chervenjakov, Carlos Coelho, Fausto Correia, Panayiotis Demetriou, Agustín Díaz de Mera García Consuegra, Bárbara Dührkop Dührkop, Kinga Gál, Patrick Gaubert, Roland Gewalt, Lilli Gruber, Jeanine Hennis-Plasschaert, Lívia Járóka, Magda Kósáné Kovács, Barbara Kudrycka, Henrik Lax, Sarah Ludford, Edith Mastenbroek, Claude Moraes, Javier Moreno Sánchez, Martine Roure, Luciana Sbarbati, Inger Segelström, Søren Bo Søndergaard, Manfred Weber, Tatjana Ždanoka
<b>Substitute(s) present for the final vote</b>	Simon Busuttil, Marco Cappato, Charlotte Cederschiöld, Gérard Deprez, Giorgos Dimitrakopoulos, Genowefa Grabowska, Sophia in 't Veld, Ona Juknevičienė, Sylvia-Yvonne Kaufmann, Tchetin Kazak, Marian-Jean Marinescu, Hubert Pirker, Marie-Line Reynaud, Luca Romagnoli, Eva-Britt Svensson
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	
<b>Comments (available in one language only)</b>	

29.11.2006

## **OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY**

for the Committee on the Environment, Public Health and Food Safety

on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009  
(2006/2232(INI))

Draftswoman: Zita Gurmai

### **SUGGESTIONS**

The Committee on Women's Rights and Gender Equality calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. Whereas almost half the adults living with HIV and AIDS today are women; whereas, according to the UNAIDS, over the past two years, the number of women and girls infected with HIV has increased in every region of the world, with rates rising particularly rapidly in Eastern Europe, Asia, and Latin America, whereas, according to the WHO, women are probably more susceptible than men to infection from HIV in any heterosexual encounter, due to biological factors,
- B. Whereas the patterns of epidemics are changing in several countries with sexually transmitted HIV cases comprising a growing share of new diagnoses; whereas increasing numbers of women are being infected unwittingly with the HIV virus in their private life through unsafe heterosexual contact and becoming carriers of the virus which it is then possible to transmit to their offspring,
- C. Whereas effective responses to AIDS must address the factors that continue to put women at risk and increase their vulnerability, such as violence against and trafficking in women, poverty and gender discrimination, sexual promiscuity or a failure to observe ethical principles,
  1. In view of the fact that there were nearly five million new cases of HIV infection worldwide in 2005 and in the same year three million people died of illnesses linked to AIDS, more than half a million (570 000) of whom were children<sup>1</sup>, calls on institutions,

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<sup>1</sup> amfAR (The Foundation for AIDS Research) "Gender-Based Violence and HIV among Women: Assessing the

governments and other bodies to make a concerted effort to ensure not only that children, adolescents and young people are included in the strategies to combat HIV/AIDS, but that they are the most important element in these strategies;

2. Welcomes the Commission's intention actively to involve civil society in policy development, implementation and monitoring; considers that an important factor in relation to the practical work to combat HIV/AIDS and the credibility of that work, at national and European level, is the specific involvement of those who are HIV-positive and their organisations;
3. Notes that the use of condoms reduces the risk of spreading HIV infection through sexual relations but that several studies show that clients in the sex trade prefer to buy sex without condoms; stresses, therefore, that all prostitution entails a higher risk of infection; considers that the legalisation of prostitution results in a general increase in both the legal and illegal sex trade, from which a greater risk of infection ensues; considers that the legalisation of prostitution does not result in safer sex either since it has proved very difficult in practice to control the use of condoms even in legal brothels; points out, moreover, that regulated health checks cover only those who sell sex, not the clients;
4. Calls on the Member States and the Commission, in view of the fact that women infected with HIV have often been subjected to violence by a male partner and that women run a greater risk of HIV infection, to take the measures to combat violence which are set out in its resolution of 2 February 2006 on the current situation in combating violence against women and any future action<sup>1</sup>;
5. Calls on the Commission and Member States to ensure that appropriate and timely gender- and age-segregated surveillance data are gathered to support and develop more innovative and better targeted anti-drugs campaigns and health promotion campaigns for the prevention and control of the HIV epidemic in the EU and the neighbouring countries;
6. Calls on the Commission, the Member States and all parties involved, including non-governmental organisations and civil society, to help combat the stigmatisation of and discrimination against HIV/AIDS sufferers in Europe;
7. Urges the Commission to explore the possibilities and practical means and to use the results of clinical research to combat HIV/AIDS in the partner countries, the Western Balkans and Central Asia, following the procedures for external aid and respecting the directives for action as agreed in the strategy documents with the relevant countries and the indicative programmes;
8. Calls on the Commission to continue to regard research into HIV/AIDS as a priority in the seventh framework programme;
9. Calls on the Commission, in cooperation with the national health services and the

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Evidence," Issue Brief No.3 June 2005

"Women and HIV/AIDS: Confronting the Crisis" A Joint Report by UNAIDS/UNFPA/UNIFEM 2004: 45

<sup>1</sup> *Texts Adopted*, P6\_TA(2006)0038.

European Centre for Disease Prevention and Control, to strengthen and develop systems for monitoring, early warning and heightening public awareness in relation to the disease of HIV/AIDS in Europe and the partner countries;

10. Draws Member States' attention to the need to step up information campaigns and allocate more resources to combating the HIV/Aids virus among 15 to 25 year-olds in the European Union, given that the statistics published by UNAIDS in 2004 point to an alarming increase in the incidence of the disease in this age group;
11. Calls on the Member States to provide and strengthen targeted campaigns aimed at women and universal access to sexual and reproductive health information and services, HIV drugs to prevent the risk of mother-to-child transmission and antiretroviral therapy; stresses also that sexual and reproductive health and rights must be guaranteed as a strategic priority for achieving gender equality and the empowerment of women;
12. Calls on the Member States, with the participation of the private sector, to invest in the development of affordable, user-friendly therapeutic and diagnostic facilities in order to broaden access to treatment;
13. Calls on the Member States and the health services to take measures relating to hygiene and information of healthcare personnel, the majority of whom are women, in order to prevent the transmission of the HIV/AIDS virus during blood transfusions in the course of surgery and while nursing patients;
14. Emphasises the need to strengthen the synergies between HIV/AIDS prevention and programmes to promote sexual rights and health;
15. Calls on the Commission, within the framework of the new external financing instruments, to provide adequate funding to implement its policy on sexual and reproductive rights in general and on combating HIV/AIDS in particular;
16. Calls on the Member States and the Commission to adapt prevention and treatment programmes to the needs of all people faced with HIV/AIDS, particularly those whose language, culture and residency status might make it more difficult for them to obtain access to health services;
17. Calls on the Member States to promote greater use of the media and the most appropriate distribution channels to step up information for the population, especially adolescents and young people, on HIV infection, the ways it is transmitted, HIV testing and the kind of behaviour that fosters prevention;
18. Calls on the Commission to consider the possibility of including in the European Youth Portal a section devoted to the fight against AIDS, including data on the information, guidance and care resources concerning HIV/AIDS available in the Member States;
19. Calls on the European Union and the Member States, in view of the feminisation of HIV/AIDS, to continue investing in the development of microbicides to enable women to protect themselves against HIV/AIDS;

20. Urges the Member States to ensure universal access to education and the provision of instruction in the preconditions for personal growth, including an ability to live together in society and ethical principles, the provision of life-skills and sex education, including responsibility and respect for one's partner and action to promote increased safety in schools for all children, to increase protection against violence, abuse, rape, the dangers of sexual promiscuity, unintended pregnancy and sexually transmitted infections including HIV, in the closest possible association with schools, other educational resources, the social services and services that combat juvenile delinquency;
21. Calls on the Member States to encourage, by way of policies and programmes, the promotion of the social integration and entry into the labour market of HIV/AIDS sufferers;
22. Calls on the Commission to hold firm to its commitment to increase funding for HIV/AIDS research and to ensure that HIV/AIDS research is gender balanced and includes aspects such as vaginal and rectal physiology and ecology and the biological and physiological nature of transmitting viruses;
23. Calls on the Member States to promote the gender - balanced involvement of both women and men in AIDS response; urges them to review national AIDS coordinating bodies and to ensure the meaningful representation of gender expertise, both women and men;
24. Welcomes the fact that Madrid will host the XI European Conference on AIDS from 24 to 27 October 2007, and hopes that during the event young researchers in particular will be called upon to submit research projects on this illness;
25. Calls on the Member States to give full support to women and men who are responsible for the daily care of people living with AIDS, and/or take care for their children and orphans; they should be provided with home based-care training and awareness raising on the prevention of getting HIV/AIDS and on the benefits of good treatment and care for the people living with AIDS;
26. Calls on the Commission and the Member States to enable all persons affected, and in particular pregnant women, to have access, under development aid programmes, to HIV drugs in order to reduce the incidence of transmission of the disease to unborn children;
27. Calls on the Member States to establish VCT sites, possibly at antenatal care centres as the starting point of all efforts to reduce the impact of HIV/AIDS and STIs on pregnancy, both in terms of primary prevention of infection and care of the pregnant women and her child; access to safe abortion and counselling to ensure informed decision making and consent by the woman, should be part of the services;
28. Calls on the Member States and leadership from the private sector to develop, implement and strongly enforce policies prohibiting discrimination against HIV employees in the workforce or those who have HIV family members and to provide HIV/AIDS awareness campaigns for their employees.

## PROCEDURE

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<b>Procedure number</b>	2006/2232(INI)
<b>Committee responsible</b>	ENVI
<b>Opinion by</b> Date announced in plenary	FEMM 28.9.2006
<b>Enhanced cooperation – date announced in plenary</b>	
<b>Drafts(wo)man</b> Date appointed	Zita Gurmai 24.1.2006
<b>Previous drafts(wo)man</b>	
<b>Discussed in committee</b>	4.10.2006      23.11.2006
<b>Date adopted</b>	23.11.2006
<b>Result of final vote</b>	+:            19 –:            0 0:            0
<b>Members present for the final vote</b>	Edit Bauer, Hiltrud Breyer, Věra Flasarová, Lissy Gröner, Zita Gurmai, Esther Herranz García, Livia Járóka, Pia Elda Locatelli, Angelika Niebler, Marie Panayotopoulos-Cassiotou, Christa Prets, Eva-Britt Svensson, Britta Thomsen
<b>Substitute(s) present for the final vote</b>	Anna Hedh, Mary Honeyball, Sophia in 't Veld, Zita Pleštinšská, Heide Rühle, Bernadette Vergnaud
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	
<b>Comments (available in one language only)</b>	...

## PROCEDURE

<b>Title</b>	Combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009			
<b>Procedure number</b>	2006/2232(INI)			
<b>Committee responsible</b> Date authorisation announced in plenary	ENVI 28.9.2006			
<b>Committee(s) asked for opinion(s)</b> Date announced in plenary	FEMM 28.9.2006	LIBE 28.9.2006	ITRE 28.9.2006	AFET 28.9.2006
<b>Not delivering opinion(s)</b> Date of decision	ITRE 20.2.2006	AFET 13.9.2006		
<b>Enhanced cooperation</b> Date announced in plenary				
<b>Rapporteur(s)</b> Date appointed	Georgs Andrejevs 11.5.2006			
<b>Previous rapporteur(s)</b>				
<b>Discussed in committee</b>	30.1.2007    21.3.2007			
<b>Date adopted</b>	21.3.2007			
<b>Result of final vote</b>	+ 44 - 2 0 0			
<b>Members present for the final vote</b>	Adamos Adamou, Georgs Andrejevs, Liam Aylward, Pilar Ayuso, Johannes Blokland, John Bowis, Frieda Brepoels, Dorette Corbey, Chris Davies, Avril Doyle, Mojca Drčar Murko, Edite Estrela, Matthias Groote, Françoise Grossetête, Satu Hassi, Gyula Hegyi, Caroline Jackson, Dan Jørgensen, Eija-Riitta Korhola, Holger Kraemer, Aldis Kušķis, Peter Liese, Jules Maaten, Linda McAvan, Marios Matsakis, Alexandru-Ioan Morțun, Riitta Myller, Miroslav Ouzký, Antonia Parvanova, Frédérique Ries, Guido Sacconi, Richard Seeber, Kathy Sinnott, Bogusław Sonik, María Sornosa Martínez, Antonios Trakatellis, Evangelia Tzampazi, Thomas Ulmer, Marcello Vernola, Anja Weisgerber, Glenis Willmott			
<b>Substitute(s) present for the final vote</b>	Alfonso Andria, Giovanni Berlinguer, Iles Braghetto, Radu Țirle			
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	Radu Podgorean			
<b>Date tabled</b>	29.3.2007			
<b>Comments</b> (available in one language only)				