



COUNCIL OF
THE EUROPEAN UNION



Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)

*2974th EXTERNAL RELATIONS Council meeting
Brussels, 17 November 2009*

The Council adopted the following conclusions:

"Introduction

1. The Council welcomes the Commission's Progress Report on the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011) ¹ as well as the progress made in some of the areas that the programme is committed to address.
2. The Council notes with concern that, in spite of the progress made, these three diseases continue to kill millions of people every year and are undermining social growth and development and seriously hampering efforts to achieve all the Millennium Development Goals (MDGs). Furthermore, the global economic and financial crisis has a negative impact on the health sector including reduced investments in areas essential to combating HIV/AIDS, Malaria and Tuberculosis. The Council therefore recognises that the three diseases will continue to pose exceptional global challenges for decades to come and calls for stronger, more effective and more concerted efforts of the Commission and Member States to accelerate progress in confronting them. This must be underpinned by continued and intensified support to strengthen health systems.

¹ Doc. 10776/09 - SEC(2009)748 final.

P R E S S

3. The Council stresses that combating the three diseases will be one of the most effective ways to alleviate poverty and promote equitable and sustainable economic progress, taking into account that the burden of the three diseases is severely affecting the poorest countries.
4. The Council supports the recommendations made in the Report for a stronger policy engagement and collaboration with partner countries and an EU global leadership based on common values of human rights and fundamental freedoms, respect for democratic principles, country ownership and gender equality, as well as the joint commitments laid down in the European Consensus on Development, the Paris Declaration on aid effectiveness and the Accra Agenda for Action.
5. The Council stresses the need for a broader participation of all stakeholders in partner countries' efforts to confront the three diseases, including non-governmental organizations (NGOs) and other non-state actors. The full involvement of people living with the three diseases as well as key populations at risk should also be ensured.
6. The Council underlines the importance of promoting participatory approaches in partner countries, including involvement in health financing and expenditure monitoring, in order to enable stronger country ownership and increased effectiveness, as well as to address better the capacity constraints through capacity building at all levels.

The way forward

7. As a basis for support to respond to the three diseases, the Council recalls the overall objective of strengthening health systems, including local, public, private and community-based health services, integrating services for HIV/AIDS, malaria and tuberculosis on the basis of primary health care principles, and investing in the health work force, including capacity building for prevention, treatment, care and local health networks.
8. The Council takes note of the recommendations for priority actions which have been defined through broad stakeholder consultations. It urges the Commission and Member States to further deepen policy dialogue and collaboration with partner countries and other development partners including private sector actors with a view to developing a long-term effective response to the three diseases and achieving universal access to HIV prevention, treatment, care and support by 2010 and the MDG targets related to HIV/AIDS, malaria and tuberculosis by 2015. In this context, the Council calls for particular attention to the following priority actions:
 - Further developing EU collective action and approaches to promote full adherence to human rights and rights-based approaches to addressing HIV/AIDS, malaria and tuberculosis, including information campaigns against stigmatisation and discrimination of people living with HIV/AIDS.
 - Ensuring and facilitating greater involvement in the planning of strategies and programmes of people and communities affected, especially people living with the three diseases, civil society, private sector and key populations at risk such as trafficking victims, people with disabilities, injecting drug users, sex workers, prison populations, migrants, refugees, lesbian, gay, bisexual and transgender (LGBT) persons, in particular men who have sex with men, and others, bearing in mind that such an involvement often requires support for capacity building of local civil society organizations.

- Accelerating the scaling up of access to evidence-based, comprehensive HIV prevention, while addressing the local drivers of the epidemic and the specific needs of women, young people and key populations at risk.
- Aiming to ensure access to the full range of services and commodities, including comprehensive life skills and sex education for adolescents, access to male and female condoms and access to harm reduction programmes in relation to HIV². Where appropriate, the need for flexible and targeted funding mechanisms should be explored.
- Based on previous commitments and agreements, continuing EU efforts to strengthen global attention and action to address gender inequality and the feminisation of the HIV/AIDS epidemic, in particular to strengthen women's and girls' rights and develop effective HIV/AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health and rights (SRHRs)³.
- Exploring measures to change gender norms that contribute to the spread of HIV, including addressing the traditional role of women and men and the relationship between them and the special needs of boys and men and their vulnerability to HIV/AIDS, often as a result of traditional gender roles. Such measures should include promoting and supporting the enactment and enforcement of legislation to uphold and fully protect women's rights and reduce their vulnerability to HIV/AIDS; promoting the collection, analysis and use of age and sex-disaggregated data and their inclusion in reporting; confronting all forms of gender-based violence, including female genital mutilation and other harmful practices through political dialogue at all levels; and supporting an increased participation of women in policy making in these areas.
- Further integrating HIV prevention and services into other health interventions and services including SRHRs activities, family planning, maternity and tuberculosis services, including prevention of mother to child transmission for HIV infected pregnant women, as well as further promoting the recognition of SRHRs as an essential component of HIV/AIDS programmes and HIV prevention efforts and vice-versa.
- Paying equivalent attention to the two other major diseases and increasing efforts to contribute to the specific targets in this regard, including those of the Global Malaria Action Plan, the Global plan to Stop TB and the EU Agenda for Action on MDGs⁴.
- Continuing support for prevention, diagnostics and treatment, in particular the provision of safe, accessible and affordable medicines.

² As enumerated in the UNAIDS/UNODC/WHO's "Technical Guide for countries to set targets for Universal Access to prevention, treatment and care for injecting drug users".

³ The European Consensus on Development (OJ C 46 of 24.2.2006), Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Recently emerging issues regarding HIV/AIDS (doc. 7227/07, including the statement in the Annex), Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Gender Equality and Women's Empowerment in Development Cooperation (doc. 9561/07) and a European Programme for action to confront HIV/AIDS, Malaria and Tuberculosis through external action (doc. 9278/05).

⁴ Doc. 11096/08.

- Promoting comprehensive care and support for men, women and children affected by the three diseases with a special focus on families that bear a lot of the care burden, orphans and other vulnerable children, and promoting the equal responsibility of men and women in care-giving. The role of social protection systems, including social insurance systems, must be emphasized.
- Enabling effective and sustainable country responses through long term and predictable investments in research and development of new tools and interventions.

Doing more

9. Recognizing the significance of MDG 6 in attaining all the MDGs and the close links and mutual interdependence of MDG 4, 5 and 6, the Council reaffirms the EU commitment to assist partner countries in achieving the MDGs in a context of sustainable development, and recalls that this is a joint responsibility of all partners.
10. As the world's largest donor⁵ both in general and in the health sector in particular, the EU will continue to lead the global efforts to sustain financial commitments in the response to the three diseases and will work through a wide array of existing financing instruments at global and country levels, including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), through the UN system and through other relevant organizations and mechanisms, including NGOs.

Doing better

11. The Council emphasizes the urgency to address in particular prevention and other crucial areas lagging behind, and underlines the critical importance of an effective, balanced, integrated and comprehensive response to the three diseases in terms of access to prevention, treatment and care, and recognises the need for major improvements in national health system performance.
12. The Council points out that while general budget support has the potential to be an important instrument for improving health services, its effectiveness in addressing the needs of the poorer sections of the population should be further increased. The Council therefore underlines that budget support should be closely linked to a broad debate on increased spending and better performance of the health sector in partner countries and that the accompanying policy dialogue should be properly used to address these matters. While bearing in mind the principles of division of labour, the Council underlines the need to strengthen the relevant expertise and competences in Commission delegations in order to improve the impact of this policy dialogue. Sector budget support may also be considered.

⁵ The EU provides 60 % of total international ODA.

Working together

13. Recognizing the need for a more coherent and effective international approach in the response to the three diseases in line with the Paris/Accra commitments, the Council calls on the Commission and Member States in cooperation with other development partners to better harmonize with and align to national priorities, plans, budgets and systems. The Council supports the principles of the International Health Partnership (IHP+) initiative, as well as alignment and harmonization efforts by the UN system, the GFATM and other multilateral organizations, as important guiding tools for achieving the commitments and goals concerning the health sector.
 14. The Council underlines the urgent need to strengthen political and policy dialogue with partner countries at all levels, i.a. through an effective division of labour amongst donors, an enhanced sharing of tools, joint competence building for staff and better involvement of people affected by the three diseases, non-state actors, as well as closer cooperation with public/private partnerships such as the GFATM and the Global Alliance for Vaccines and Immunisation (GAVI) and international organisations, in particular UNAIDS and its ten co-sponsoring UN agencies, WHO and the World Bank.
 15. The Council urges the Commission and the Member States to jointly lay out specific actions for areas where progress is slow and/or special constraints exist. In this regard, the Council welcomes and supports the establishment of EU Action Teams, noting that their *modi operandi* are yet to be defined as a vehicle for Commission/Member States joint action in the priority areas, articulating a division of labour and cooperation at EU and international levels, also involving collaboration with research institutions and NGOs.
 16. In this context, the Council invites the Commission to initiate a broad consultative process with Member States and other stakeholders for the preparation of a geographically comprehensive European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action for 2012 and beyond based on an assessment of lessons learnt from EU action.
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