



**PROSPECTS FOR AFRICA –  
EUROPE'S POLICIES**

The EU Presidency Project of VENRO

## **Communique**

**International VENRO-HIV&AIDS Conference, 23<sup>rd</sup>/24<sup>th</sup>, May, 2007**

**“Responsibilities of Governments and Civil Society in the Fight Against HIV & AIDS in Africa - The Way Forward to 2015” in Bonn, 23-24 May 2007**

125 participants from more than 60 civil society organisations from Europe and Africa who came together for the International Conference held within the VENRO EU Presidency Project, are deeply concerned about the ongoing expansion of HIV & AIDS in Africa, the unnecessary death of millions of children and adults, and the avoidable HIV-infections of millions of people.

We acknowledge the progress that has been made over the past years in increased funding and political commitment by the EU and G8 countries.

We are however deeply concerned that the resources available and political commitment demonstrated do not match the scope of the pandemic and the human suffering that it causes.

At the Gleneagles Summit, the G8 promised to come as close as possible to Universal Access by 2010. The Millennium Development Goals for the improvement of basic living conditions are programmed up to 2015.

The shortfall in funding for a comprehensive response to HIV & AIDS has reached 8 billion US\$ in 2007 and is expected to reach at least 10 billion US\$ per annum between 2008 and 2010. The Global Fund to Fight AIDS, Tuberculosis and Malaria which was launched by the G8 countries and endorsed by the UN at the 2001 UNGASS, has estimated its resource needs to be 6-8 billion USD\$ per year, aiming at 10 billion US\$ by the year 2010.

Funding of the global AIDS response and political commitment of governments will have to be dramatically increased if the goals of Universal Access by 2010 and the achievement of the MDGs by 2015 are to be reached.

We welcome the German government's commitment to make Africa and HIV & AIDS a focus of their EU Presidency in the first half of 2007 and to bring it onto the agenda of the G8 Summit in Heiligendamm in June 2007.

At the EU Health Ministers Conference on HIV & AIDS in Bremen in March 2007, the German Chancellor Angela Merkel said that political leaders of Europe have to take on political responsibility and that HIV & AIDS should be on the G8 agenda and the European Council agenda. She said that “we as Europeans have the responsibility to do everything possible with our wealth, our advanced economy, and a functioning civil society to address HIV & AIDS”.

The German Development Cooperation Minister Ms. Wiczeorek-Zeul said on 10<sup>th</sup> May 2007 in her speech at the German Parliament that “we will keep the promises that we made, not

least in Gleneagles. The G8 Summit in Heiligendamm has to send the signal that Germany and the other G8 countries are and will remain reliable partners for Africa.”

The participants of this conference call on the governments of the G8 and the EU to keep the promises they have already made and to go beyond by increasing their political commitment and demonstrating greater global solidarity against AIDS.

Health is a prerequisite for development, an investment rather than costs. Health and human rights are common public goods under the responsibility and obligation of governments to make health accessible for all, especially the vulnerable and poor groups of the populations. Without a comprehensive response to HIV & AIDS there will be no healthy societies.

In particular, at their G8 Summit in June 2007 in Heiligendamm and at the European Council Meeting in June 2007 the G8 and the EU should provide comprehensive predictable, sustainable and long-term funding based on a finance plan to achieve universal access to prevention, treatment, care and support by 2010 and to reach the MDGs by 2015, based on fair-share contributions.

Transparency and accountability about what each country committed and is implementing and an annual review are necessary to make efforts measurable.

## **RECOMMENDATIONS:**

### **1. Prevention**

Give prevention the same significance as other aspects of Universal Access and provide long-term measures to promote the aspect of prevention in the context of Universal Access with comparable commitment as the aspects of treatment, care and support and the adequate allocation of financial resources.

- Women’s vulnerability at all levels, one reason being poverty, remains a priority issue in addressing both the transmission and prevention of HIV
- Attention should also be given to the special needs of other vulnerable groups such as children, old people, migrants, men who have sex with men, intravenous drug users, sex workers and others.

### **2. Access to Medicines**

To improve the self-help capacities of the developing countries:

- Support international public institutions for drug research providing open access to research data
- Promote best use of TRIPS flexibilities to provide affordable access to life-saving drugs
- Prolong special TRIPS flexibilities and restrict patents on AIDS drugs.

### **3. Health Worker Crisis**

Accept investment in health structures, including staff.

- Adopt concepts of sustained support of health service structures while a transition of public health services in developing countries into self-reliant structures is not realistic at the moment.
- Strengthen health systems through creating better working conditions for health workers in Africa and counteracting brain drain to developed countries

#### **4. Mitigating Social Impact on Children and Communities**

We demand to the EU by 2010 on the basis of the UN-Convention of the Rights of the Child to:

- strengthen local coping mechanisms including psychosocial support of children, families and communities affected by HIV & AIDS
- involve children at all levels and empower them to demand their rights
- give special focus on orphaned and vulnerable children (OVC) and child headed households.

#### **5. Sustainable Financing- Existing and Alternative Ways**

In order to achieve the Millennium Development Goals – and specifically MDG6 to halt and reverse the spread of HIV & AIDS through Universal Access – predictable and long-term funding streams are indispensable. To ensure this the EU should

- set for its members annual targets to reach the already existing ODA growth commitment
- call for the Non-European G7 members to make a similar commitment to ODA growth at the upcoming G8-Summit
- remind to reach the UN-target of 0,7% ODA/GNI by 2015
- implement innovative funding mechanisms.

#### **GENERAL RECOMMENDATIONS:**

- Provide support to end violence against women, strengthen women and girls and to achieve gender equity, particularly access to sexual and reproductive health services and eliminate the disproportionate burden of HIV&AIDS on women's lives
- To include civil society and non-governmental organisations in a meaningful way and acknowledge their critical role in achieving universal access and the MDGs
- Create a mechanism that regularly and systematically reviews progress on political commitments and set global targets for universal access on which we will all be held accountable by 2010.
- Ensure that sustainable livelihoods are part of the response to HIV and AIDS, because we recognize that without food and income security prevention, treatment, care and support interventions, including ART, will not be fully effective.

#### **1. Prevention – How can we make it work?**

1. We call upon the Heads of all EU member states to give prevention the same significance as other aspects of Universal Access and provide long-term measures to promote the aspect of prevention in the context of Universal Access with comparable commitment as the aspects of treatment, care and support and the allocation of political will and financial resources. Women's vulnerability at all levels, one reason being poverty, remains an important issue in addressing both the transmission and prevention of HIV and therefore requires priority attention. In addition, attention should be given to the special needs of other vulnerable groups such as children, migrants, men who have sex with men, intravenous drug users, sex workers and others.
2. Greater political commitment is required in all aspects of prevention (including commitment of financial resources), and greater emphasis should be given to evidence based prevention interventions and the scale up of best practices (including but not limited to needle exchange programmes, programmes which provided tailor made testing, care, treatment and support for the needs of specific target groups, and programmes which reduce stigma and discrimination). Prevention should be

mainstreamed into other poverty reduction, care and treatment programmes (including access to finance and credit, food security, and education). The overall effect should be strengthening of health systems at all levels.

3. Greater investments should be made to increase the range of prevention options, particularly female controlled methods (such as microbicides and vaccines). Access to existing methods should be expanded.
4. The concept of prevention – and therefore prevention programmes - should take into account more than only primary prevention. In addition it should include protection against re-infection, offer PMTCT and support the prevention and treatment of opportunistic infections in people living with HIV/AIDS, in particular focusing on implementation of the Global Plan to STOP TB in order to scale up the prevention, diagnosis, treatment and research in response to the emergence of multi-resistant TB.

## **2. Patent Regulation – Access to drugs**

1. Support International public institutions for research providing open access to research data and promote local production and best use of TRIPS flexibilities to improve the self-help capacities of the developing countries. Prolong special TRIPS flexibilities and restrict patents on AIDS drugs.
2. Make TRIPS flexibilities known to different actors in developing countries and support their adaptation in the national legislation. Call for collective initiatives for issuing compulsory licences to ensure their human right to health. Bilateral and regional trade agreements should not include provisions that go beyond TRIPS.
3. Put pressure on the pharmaceutical industry to reduce prices and provide access on AIDS drugs. Address the fundamental problem of high drug prices due to patent laws in the WHO Intergovernmental Working Group on Public Health, Innovation and Intellectual Property Rights.
4. Give support to a functioning distribution chain.

## **3. Health worker crisis**

1. Accept investments in health structures including human resources. Adopt concepts of sustained support of health service structures according to evident needs versus unrealistic expectations of a transition into sustainable structural development of public services in developing countries.
2. Ensure long term funding to strengthen health systems to meet the needs of scaled up access to treatment care and support. Enable them to cover curative, preventive and managerial primary health care (PHC) functions. This needs a focus on capacity building and the preparedness to invest in human resources and posts according to need. Acknowledge the crucial support of non-professional groups like community health workers and community based organizations.
3. There is are shared responsibility of the respective governments, public service commissions, local government structures and the donors to Invest in improved working conditions by introducing better salary options and career opportunities in the public sector. Economize health services and integrate the private service providers but safeguarding public interest to make quality health care accessible for all groups of the society, especially the most vulnerable.
4. In reference to the South – North brain drain it is a major concern to ensure that strategies are aiming to create better working conditions in the respective countries in

order to motivate qualified staff to stay rather than to limit their rights to take international job opportunities. The up-coming EU code of conduct should reflect this concern.

#### **4. Mitigating Social Impact on Children and Communities**

1. We demand to the EU by 2010 on the basis of the UN-Convention of the Rights of the Child to:
  - strengthen local coping mechanisms including psychosocial support of children, families and communities affected by HIV & AIDS
  - involve children at all levels and empower them to demand their rights
  - give special focus on orphaned and vulnerable children (OVC) and child headed households
2. That the European Union commits itself to earmark at least 15 percent of HIV program expenditures for the treatment, care, and support of children affected by HIV.
3. That the European Union endorse the goals and targets of the “Unite for Children, Unite Against AIDS” campaign spearheaded by UNICEF, specifically:
  - Research on paediatric formulations including PMTCT and access.
  - By 2010, increase access to antiretroviral treatment and cotrimoxazole to 80 per cent of children in need.
  - For prevention of HIV infection among adolescents and young people: By 2010, reduce the percentage of young people living with HIV by 25 per cent globally.

#### **5. Sustainable Finances – Existing and Alternative Ways**

In order to achieve the MDGs – and specifically MDG6 to halt and reverse the spread of HIV & AIDS through Universal Access – predictable and long-term funding streams are necessary. Existing funding is insufficient, ad-hoc and unreliable. Therefore we make the following demands:

1. That the European Union sets annual targets for the already existing EU commitment to ODA growth so that all member states will reach the agreed minimum-levels by 2010 (0,51% of annual GNI) and 2015 (0,7%) and the adequate proportions go to least-developed countries and to strengthening health systems.
2. That the EU member countries at the up-coming G8-Summit, namely Italy, UK, France and Germany, call for the other G7 Members to make a similar commitment to reach the UN-target of 0,7% ODA/GNI by 2015.
3. That the EU Member states commit adequate resources to support an internationally agreed funding plan to achieve Universal Access by 2010. This should include specific resource commitments based on fair share contributions and ensure predictable and sustainable AIDS-funding to multilateral and bilateral donor mechanisms such as The Global Fund to fight AIDS, Tuberculosis and Malaria.
4. That the EU recommends in an official document the establishment of taxes on common goods or international transactions as a just and effective way of increasing funding for development in general and HIV & AIDS specifically and that the European Union actively lobbies its member-states to explore and implement alternative ways of adequately resourcing HIV & AIDS activities, such as UNITAID and the Debt2Health Initiative of The Global Fund.

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