



DEVELOPMENT



**The EU confronts
HIV/AIDS,
malaria and tuberculosis**

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Like everyone of us, I am deeply concerned about HIV/AIDS and its devastating impact on the life of million of people worldwide. Despite the financial commitment of the international community, the epidemic is far from being under control and continues to pose a great challenge to economic and social development. The epidemic is increasingly affecting women and girls thus creating a secondary major impact of HIV/AIDS – orphaning of children. Women and children must be the focus of renewed efforts by the international community to respond to HIV/AIDS.

Where are we in our global efforts to confront HIV/AIDS?

For the first time, there is a decline in the number of new infections among urban populations in the developing world. The number of patients treated with lifesaving anti-retroviral therapies has increased 8 times in the last three years. And yet still only one out of six Africans in need of this therapy actually receives it.

The fight against HIV/AIDS is a real cause for Europe. The correct policy framework has been put in place by the European Community and its Member States in the last few years. They have worked together to develop a Programme for Action to confront HIV/AIDS, malaria and tuberculosis through external assistance, mobilize funding and develop effective ways to provide assistance to our partners to raise awareness and deliver prevention, treatment, care and support to the populations affected by the pandemics.

In order to fulfil its commitments, the European Community has allocated, over the years, an increasing amount of financial resources to confront HIV/AIDS. In the last 4 years (2003 – 2006) an overall amount of over €1.1 billion has been allocated to partner countries through a wide array of financial instruments (with an average of €280 million per year), which represents an almost four-fold increase from the annual average in the period 1994-2002.

The European Union is strongly committed to scale up its efforts and to provide the necessary support to reverse the spread of HIV/AIDS and to achieve

the other Millennium Development Goals. To this end, the European Community is taking further steps to strengthen the European response in the attempt to raise the level of funding for HIV/AIDS, achieve a higher degree of coordination with its Member States and further improve the effectiveness of its development assistance.

In recognition of the strong needs of Sub-Saharan countries in dealing with HIV/AIDS and other communicable diseases, Europe has committed itself in 2005, through the adoption of the European Strategy for Africa, to increase its efforts to deliver decent health care through confronting the health providers' crisis, building capacity at country level and health-related research.

In the years ahead, the European Community will continue to work through country and regional programmes. It will also continue to work at global level through innovative and effective partnerships where Europe is playing a pivotal role such as the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the International AIDS Vaccine Initiative (IAVI), the International Partnership on Microbicides (IPM) and others.

We attach great importance to our stakeholders and will keep working in strong co-operation with all of them, from both the public and private sector. The efforts of the public sector alone are not sufficient to provide an appropriate response to HIV/AIDS. To achieve good results in this endeavour the strong support of private business is also particularly needed.

Putting HIV/AIDS and the other communicable diseases under control is a challenging undertaking. The European Community is fully committed to making a major contribution to the success of this undertaking in order to save million of people's lives.

The state of the epidemics

HIV/AIDS

AIDS, which has killed 25 million people over the last 25 years, continues to be one of the most destructive epidemics. Despite the recently documented decrease in the rate of infection in some countries, the overall number of people living with HIV/AIDS continues to grow worldwide with the exception of the Caribbean. By the end of 2005, 40.3 million people were estimated to be living with the disease, with almost 5 million people infected in that year alone. In the same year, 3.1 million people died of HIV/AIDS, half a million of which were children ⁽¹⁾.

Sub-Saharan Africa continues to face the fastest spread of the infection, most rapid growth in the number of people living with the infection and the highest HIV/AIDS mortality rate. In 2005 alone, 3.2 million Africans became infected with HIV, bringing the total number of people living with HIV in Sub-Saharan to staggering 25.8 million. An estimated 2.4 million Africans died of HIV-related illnesses such as tuberculosis and opportunistic infections during the same year.

The spread of HIV/AIDS continues to grow also in other regions. Recent developments in Eastern Europe and Central Asia are of great concern. Since 2003 the number of people living with HIV in this part of the world grew by one quarter and reached the level of 1.6 million while the number of AIDS related deaths almost doubled. In East Asia the number of people living with HIV increased by one fifth over the same period.

(1) AIDS epidemic update: Special Report on HIV Prevention. Geneva UNAIDS/WHO, 2005.

The HIV/AIDS epidemic is increasingly affecting young women. Whereas in 1985 women formed 38 per cent of all adults living with HIV/AIDS, today the overall number of men and women living with the infection is almost equal. The disproportionate spread of the infection among women is most striking in Sub-Saharan Africa where 3 out of 5 people living with the infection are women. This makes Africa home to 77 percent of all women with HIV. The proportions are similar in the Caribbean, the second most affected region of the world. Elsewhere, HIV prevalence among female population is lower but follows a rising trend (2).

Prevention, treatment and care efforts of the international community to confront HIV/AIDS have showed some positive results. Prevention efforts and care have contributed to a decrease in HIV incidence among men having sex with men in several Western countries, among young people in Uganda, sex workers in Thailand and Cambodia and among injecting drug users in Brazil. There is also evidence that some prevention programmes are producing positive results by reducing the incidence rate in some countries such as Kenya, Zimbabwe and the urban section of Haiti.

Similarly, reduction in prices of the most expensive pharmaceutical products and the provision of treatment to those in need has resulted in substantial increase in access to anti-retroviral treatment (ART) around the world. This increase has been most dramatic in Sub-Saharan Africa where 1 out of 6 people in need have access to anti-retroviral therapy. Yet, this progress is visible only in a handful of countries such as Botswana and Uganda, with coverage reaching 50 per cent or higher, or in South Africa which accounts for one quarter of all people receiving antiretroviral therapy in Africa. Elsewhere on the continent, access to treatment continues to be severely limited. Outside of Africa, most progress has been made in South America with remarkable 80 per cent coverage rates in Argentina, Brazil, Chile and Cuba and in South East Asia where Thailand has been the main driving force behind such progress (3).

(2) Women and HIV/AIDS: Confronting the Crisis. Geneva UNAIDS/UNFPA/UNIFEM, 2004.

(3) Progress on Global Access to HIV Antiretroviral Therapy: A Report on “3 by 5” and Beyond. Geneva UNAIDS/WHO, 2006.

Malaria

Despite the fact that malaria is both a curable and a preventable disease, it continues to cause annually the death of more than 1 million people, mostly in Sub-Saharan Africa. Over 3 billion people around the world, particularly those living in the poorest countries are at risk of contracting the infection. Rural communities – in particular children under five years old and pregnant women – are worst affected as they have reduced access to effective treatment and prevention services and commodities.

Malaria is a contributing factor to low birth weight, chronic anaemia, epilepsy, learning difficulties and weakened immunity which itself causes another 2 million premature deaths among vulnerable groups⁽⁴⁾.

Besides premature deaths, malaria causes more than 300 million acute illnesses and is one of the leading causes of school and work absences, undermining education and development. Annual economic growth in countries with high malaria transmission has historically been lower than in countries without malaria.

Tuberculosis

One-third of the world's population is infected with tuberculosis, although only 5 – 10 per cent of those who are infected but have otherwise a healthy immune system become sick or infectious during the course of their life. People whose immune system has been undermined by HIV are much more likely to develop tuberculosis, as HIV increases the likelihood of a new tuberculosis infection or promotes progression of latent tuberculosis infection to an active disease. It is estimated that one third of all people living with HIV/AIDS are co-infected with tuberculosis and that tuberculosis is the leading cause of death among HIV-infected people today. In 2004, the disease caused 1.7 million deaths around

(4) 2005 World Malaria Report. Geneva WHO/UNICEF, 2006.

the world with most of them in developing countries of Africa, South East Asia and Western Pacific ⁽⁵⁾).

Tuberculosis primarily affects the poorest groups of population. Crowding, poor hygiene and malnutrition are important risk factors, all closely linked to poverty. Access to prompt case detection, diagnostics and treatment is the main tool for controlling transmission and reducing the spread of the disease. The most vulnerable groups continue to face a reduced access to health services as well as effective diagnosis and treatment.

The internationally recommended approach to tuberculosis control is DOTS-Directly Observed Treatment Short Course, an inexpensive strategy developed by the World Health Organization (WHO) that could prevent millions of tuberculosis cases and deaths over the coming decade. The DOTS strategy for tuberculosis control consists of five key elements: political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of highly efficacious regimes with direct observation of treatment ⁽⁶⁾. In 2003, 182 countries were implementing DOTS strategy, covering thus almost 80 per cent of world's population. More than 17 million tuberculosis patients and almost 9 million smear positive patients have received treatment under the DOTS programmes between 1995 and 2003.

⁽⁵⁾ WHO Tuberculosis Fact Sheet, No. 104, 2006.

⁽⁶⁾ 2005 Global Tuberculosis Control: Surveillance, Planning, Financing, Geneva, WHO, 2006.

The EU response to the three diseases

The European Union has been at the forefront of confronting HIV/AIDS, malaria and tuberculosis in developing countries. The European Community and its member States have worked together to design a comprehensive policy framework, mobilize funding and develop effective ways to provide assistance to developing countries in their effort to deliver prevention, treatment and care services for their populations affected by the three pandemics. These efforts have been complemented by contributions from international donors, private foundations, civil society organizations and non-governmental organizations. As a result, the response to the three diseases has been significantly accelerated in the last several years, although further major steps have to be taken to put the three diseases under control.

In general, political will has increased over the last several years and so have advocacy efforts of civil society groups worldwide. International funding available to confront HIV/AIDS, malaria and tuberculosis has also increased and efforts to reach universal access to prevention, treatment and care have been intensified. Despite that, the challenges that the three diseases pose are still enormous. HIV/AIDS, malaria and tuberculosis can be prevented and treated, but developing countries need to adopt appropriate strategies with a comprehensive policy mix of prevention, treatment and care. Many health systems are showing signs of weak infrastructures and with limited human resources. Provision of treatment requires substantive and predictable funding. More research efforts to develop new prevention, care and treatment methods are needed. Moreover, there is still a strong need for financial resources to fulfil developing countries needs and halt the spread of the three diseases.

Three of the eight Millennium Development Goals (MDGs) relate specifically to health with one focused exclusively on HIV/AIDS, malaria and other diseases.

Progress towards these MDGs has been particularly slow in Africa. With deteriorating life expectancy in a number of sub-Saharan African countries, and unacceptable levels of maternal and childhood mortality, the health MDGs represent a particular challenge in this part of the world.

The European Community is contributing to achieving the health MDGs both through country programmes and through support of global initiatives. The overall commitment of the European Union to the Millennium Development Goals remains high, with the Union collectively financing approximately 50 per cent of global external aid in the area of HIV/AIDS, health and population through its vast presence in developing countries.

In 2005 the European Union has agreed to increase Official Development Assistance (ODA) resources, with member States expected to allocate 0.51 per cent of their GNI to development assistance by 2010 and at least 0.7 per cent of GNI by 2015. The increase in the level of development assistance has been underpinned by important steps towards more coordination of the EU development policies. In December 2005, the European Union adopted a new European development policy framework – *the European Consensus on Development* – agreeing on objectives, policies and principles for both the European Community and its Member States. In addition, a new EU strategy for Africa, where progress towards the achievement of health Millennium Development Goals (MDGs) remains very limited, was adopted at the end of 2005. Relevant measures were taken by the European Community and its Member States aimed at the increasing aid effectiveness and achieving better results for each Euro spent.

Implementing a comprehensive policy framework

The European Commission's strategy in the field of the three diseases was outlined in the *The EC Programme for Action (2001 – 2006) to confront HIV/AIDS, malaria and tuberculosis in the context of poverty reduction*. The policy framework adopted in 2000 was designed to pursue a coherent and comprehensive approach to the three diseases. The Programme for Action argued that success in confronting the three diseases could not be achieved without addressing simultaneously prevention, treatment and care both at the country and global level. The policy framework emphasized the link between the three pandemics and poverty, and stressed the need for genuine country ownership of strategies dealing with HIV/AIDS, malaria and tuberculosis within the framework of poverty reduction. The main objective of the Programme for Action was to provide guidance in a way that would lead to higher impact of EC interventions, wider access to treatment in developing countries and more research and development of tools for prevention and treatment.

Although the European Commission began to shape its policy as early as in 1987, the adoption of the EC Programme for Action (2001 – 2006) led to a significantly increased cooperation across different policy areas. For the first time, policies in areas such as trade, research and development were being “pulled together” in an effort to confront the three diseases. This had a major impact on the magnitude and visibility of the European Community response to the pandemics. Particular success was achieved in the following areas:

- Four-fold overall increase in EC assistance to confront the three diseases;
- Reduction in prices of key pharmaceuticals, most notably anti-retrovirals (ARVs) by up to 98 per cent;
- Strong European voice and leadership in international forums including WHO, WTO, G8 and the creation of the Global Fund to fight AIDS, Tuberculosis and Malaria.

The success in key areas outlined by the Programme for Action confirmed that the European Union had set itself correct policy priorities. Yet, the ongoing challenge of putting the three diseases under control has led to the need to widen the scope of the existing policy further.

Widening the scope of policy framework

Towards the end of 2004, based on the results of a wide stakeholder consultation with partner countries, EU Member States, civil society, private sector, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, UN agencies and other institutions, the European Community adopted a *Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis* ⁽⁷⁾. Member States welcomed this new policy framework and requested the European Community to present a Programme for Action by April 2005. Due to the re-emerging epidemic in Europe and its neighbouring countries, the EC also highlighted the need for immediate action through a separate strategy ⁽⁸⁾ proposing a set of concrete actions in those regions.

The new policy framework has outlined the need to respond to the following challenges:

- Increasing and rapid spreading of the diseases (especially HIV/AIDS and tuberculosis) in all regions despite remarkable efforts and increased resources;
- Large burden of HIV/AIDS and malaria on Sub-Saharan African countries;
- Need to maintain a comprehensive policy mix of prevention, treatment and care given the growing focus on HIV/AIDS treatment;
- Considerable financial gap in terms of resources available for the three diseases;
- Reaching the most affected countries and the most vulnerable groups of the population such as women, children/orphans and people living with HIV/AIDS and tuberculosis who have to face stigma and discrimination;

⁽⁷⁾ “A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis (tuberculosis)” (COM(2004 726).

⁽⁸⁾ Staff Working Paper adopted by the Commission on 8 September 2004.

- Strong political leadership and commitment in partner countries to develop and support effective policies and mobilize resources;
- Deeper involvement of the private sector in supplying financial resources and appropriate skills;

In order to respond to these challenges, the European Community adopted in 2005 “*A European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)*” which suggests for the first time collective EU (EC and EU Member States) action to support country-level programmes confronting the three diseases as well as action at global level in areas where the EU can add value. In geographic terms, the Programme for Action covers both developing and middle-income countries.

At country level, the Programme for Action proposes to improve political and policy dialogue on several topics, including human rights-related issues, needs of vulnerable groups of the population and issues around stigma and discrimination. It also puts emphasis on monitoring and data collection; capacity building in the areas of human resources, clinical research, pharmaceutical and procurement policy; the need to create synergies with programmes promoting sexual and reproductive health and rights; human security issues. The Programme for Action also argues for increased financial resources to confront the three diseases and a series of highly cost-effective interventions likely to yield rapid results.

At global level, the Programme for Action proposes action to strengthen regional networks and cooperation, to promote affordable and safe pharmaceutical products, to strengthen regulatory capacity of partner countries in collaboration with WHO and the European Medicines Agency (EMA), to address the human resource crisis for health providers, and to support research and development of new tools and interventions. In addition, it calls for a strong partnership with key organisations and initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and for a close consultation with key players through the EC Stakeholder Forum.

Areas of intervention through the Programme for Action

Increasing access to medicines

At the 11th International AIDS Conference in Vancouver in 1996, researchers reported a groundbreaking discovery leading to promising results in treating people with HIV/AIDS. Those results were, however overshadowed by the cost of the medicines newly patented. By 1999, treatment for people with HIV/AIDS in Europe and the US became standard but because of the high cost (€10,000 - €20,000/person/year) the same medicines would not be affordable for a long time for the most affected populations in the developing world where health spending per capita is very low.

In September 2000, the Commission organised a Round Table with the President of the European Commission, 7 Commissioners, 7 CEO's from pharmaceutical industry, MSF and ACTUP in the presence of the Executive Directors of UNAIDS and WHO. The Round Table agreed on a concept to respect intellectual property rights for medicines, while agreeing on competition from generic producers, lowering tariffs and taxes where needed and agreeing on tiered pricing of medicines to provide affordable prices for the developing world. At the Round Table, the Indian manufacturer Cipla announced, they would make ARV available at €350/person/year – a fraction of the original price of €10,000/person/year.

The European Commission agreed to protect against re-importation of tiered priced products to European countries through a regulation. The EC also untied procurement of aid for medicine and agreed to review the TRIPs agreements to allow countries not producing medicines to import products from other countries under compulsory licensing agreements.

Even though tiered pricing schemes have been put in place by several research based pharma manufacturers a lot remains to be done on the part of the industry to meet needs for lowest possible prices with respect to both existing and new products.

In addition, developing countries need capacities to produce and purchase cheap medicines regardless of whether they are under patents or not. Under the 2001 WTO Doha Declaration on the relationship between public health and the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs), developing countries gain substantial freedom in determining their national health policies while protecting intellectual property rights. In addition, least developed countries (LDCs) are exempted from putting national patent legislation in effect until 2016, which means they are free to produce any medicine regardless of its patent status until then.

Improving national regulatory frameworks in developing countries

The EC is assisting developing countries to improve their regulatory frameworks to facilitate marketing approvals of pharmaceuticals. A key achievement in this field has been the recent amendment of the EU pharmaceutical regulation, which allows for the European Medicines Agency (EMA), in cooperation with the WHO, to provide scientific opinions on medical products for human use exclusively outside of the EU. This could facilitate the procedure for developing countries and encourage exporters to reach out for new markets.

Strengthening of pharmaceutical policies

Optimal use of key pharmaceutical products in confronting HIV/AIDS, malaria and tuberculosis is essential to maximize the impact of interventions. The EC has allocated €25 million for support through the WHO to implement a programme enhancing capacity of developing countries to develop, implement and monitor national drug policies, and negotiate and monitor international trade agreements on pharmaceutical products. Part of the funding has been used for the WHO prequalification programme that assesses the quality, safety and efficacy of drugs submitted by drug manufactures. The overall objective of the programme is to improve the potential of essential drugs in response to the fact that that for millions of people – particularly poor and disadvantaged – drugs are still unavailable, unaffordable, unsafe or improperly used.

Support to the development of national manufacturing capacities

The EC supports initiatives promoting local production of pharmaceutical products for the prevention and treatment of HIV/AIDS, malaria and tuberculosis. As demonstrated by an EC supported feasibility study, there is a clear potential for local production of condoms in many developing countries. Similar opportunities exist for other products such as long-lasting insecticide treated nets, antiretroviral drugs, anti-malarial combination protocols and anti-tuberculosis pharmaceuticals.

Responding to the shortage of health workers to deliver essential services

The lack of doctors and nurses in many developing countries and especially in Africa has become a significant barrier to progress towards the Millennium Development Goals, slowing efforts to reduce maternal, infant and child mortality and tackle diseases like HIV/AIDS, tuberculosis and malaria. The European Commission is committed to help improve human resources planning and management in the countries most affected by the outflow of health service providers while helping to decrease brain drain of health staff towards industrialized countries. As a first step, the Council adopted in December 2005 a strategy to combat the shortage of health workers in developing countries and the EC is convening a special working group to consider an European Code of Conduct for Ethical recruitment and identify coordinated actions to support countries build their human resource capacity and strengthen regional cooperation in this area. The priority will be to strengthen national capacity to train, support and retain an expanded and more effective health workforce.

Mobilizing funding

The European Community's commitment to develop and implement effective policies has been underpinned by its effort to mobilize sufficient funding that would help partner countries to confront the three diseases. Since its early response, the European Community has been steadily increasing its financial support in these areas and has worked as an important catalyst in pooling resources of the EU Member States and other donor partners.

As in the past, between 2003 and 2006, the bulk of the European Community's assistance to partner countries in the area of health and communicable diseases was channelled through country and regional indicative programmes, usually covering a period of four to five years. These programmes are developed as part of the country and regional strategy papers jointly agreed by national authorities, the European Community and EU Member States. In addition to country and regional funding, the European Community provided substantial support in the same areas through thematic funding, mainly thematic budget lines, NGO co-financing budget line and Research funding.

In the four-year period (2003-2006), the amount of resources specifically allocated to confront the HIV/AIDS, malaria and tuberculosis has drastically increased compared to the past. The EC has programmed an annual average of €259 million to confront the three diseases, which represents a four-fold increase from the annual average of €59.3 million allocated between 1994 and 2002. Additional funding has been targeted at the support of health and social services through general or sector budget support.

Most of the thematic funding to confront the three epidemics was channelled through the budget line for poverty-related diseases (€351 million for the period 2003-2006) which represent an appropriate financial instrument to implement innovative initiatives and targeted actions included in the European Programme for Action. The added value of thematic funding was to allow for

flexibility and additional impact beyond geographic resources. While geographic programmes were able to address health interventions at national and regional level, the poverty-related budget line was able to ensure impact and visibility of EU action at global level, including through the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and several other partnerships.

In addition to the support to the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, thematic funding has been allocated to NGOs, research institutions and other organizations in partner countries, international organizations including the United Nations agencies in the area of operational research, advocacy and capacity building. Moreover, the European Community has provided financial support to major global events such as the bi-annual International AIDS Conference (Bangkok 2004, Toronto 2006), the Conference on Microbicides (Cape Town 2006), and the Eastern European and Central Asian AIDS Conference (Moscow 2006).

EC financial commitments / programmed support to confront HIV/AIDS, tuberculosis and malaria
(annual average in € million)⁽⁹⁾

Type of support	Annual average 1994 – 2002	Annual average 2003 – 2006
Regional Budgets	11.92	56.76
Thematic Budgets	10.10	88.25
Humanitarian Aid	1.60	1.50
NGO co-financing	12.60	12.51
Research	23.10	100.00
TOTAL	59.32	259.02

(9) Second progress report on the EC Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction; Brussels 2004.

VI Research framework programme and European and Developing Countries Clinical Trial Partnership (EDCTP)

The EC spends increasingly more on research programs targeting HIV/AIDS, tuberculosis and malaria. In 2002 – 2006 the funding for these three diseases increased four times reaching a total of €400 million. Half of this amount is administered by the EC itself and is targeted at the support of highly innovative discovery studies and pre-clinical and early clinical testing of new clinical interventions to confront HIV/AIDS, malaria and tuberculosis. The other half together with additional €400 million from EU member states is channelled through the European and Developing Countries Clinical Trial Partnership (EDCTP). EDCTP is an independent legal entity, based in The Hague (NL) and with an African Office in Cape Town (South Africa).

EDCTP activities aim at integrating research activities on the three diseases conducted by the member States national programmes and accelerating clinical investigation and hence the development and availability of new interventions to fight the three diseases. EDCTP provides primarily grants for advanced clinical trial testing in order to accelerate the development of new or improved drugs, vaccines and microbicides and to improve the quality of research on the three diseases in developing countries through capacity building programs, networking grants and training awards.

Effective ways to provide assistance to partner countries

The European Commission has taken important steps to make delivery of aid more effective. The Communication on financing for development and aid effectiveness adopted by the European Commission in March 2006 outlines the strategy to improve the effectiveness of aid, which requires action both at the level of donors and recipients.

As part of the strategy, the way of providing assistance to confront the three diseases has undergone an important evolution. While in the early years the EC has focused primarily on supporting projects designed to confront the three diseases, currently the main part of the assistance in the area of health and communicable diseases is allocated through budget support towards country indicative programmes.

This approach forms the cornerstone of EC assistance and underlines the importance the EC assigns to country ownership of integrated development strategies as the best tools for dealing with HIV/AIDS, malaria and tuberculosis. Confronting the three diseases requires a multi-sectoral approach and partner countries are best positioned to decide how to best allocate resources to individual initiatives. Effective, equitable and transparent allocation of donor resources at country level requires the participation of relevant government and civil society stakeholders, such as parliament, professional associations and leading NGOs in the planning and decision-making process over budget formulation and execution.

In addition to country and regional efforts, the European Commission has made a significant effort to develop global partnerships that allow for better cooperation with other donors in an attempt to pool resources. The EC has been an early supporter of the Global Fund to Fight AIDS, Tuberculosis and Malaria

established in 2001. Similarly, the EC has developed long-term partnerships with key organizations operating in the area of HIV/AIDS, malaria and tuberculosis.

The EU and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)⁽¹⁰⁾ is a financing mechanism and global partnership established in 2001 as part of the international response to the global emergency caused by the three communicable diseases. The GFATM was created to increase resources to fight the three diseases and to direct them to areas of greatest need. The GFATM finances programmes developed by different stakeholders at country level, through a specific coordinating mechanism, to scale up national health and poverty strategies with the objective to reduce infections, illness and death caused by HIV/AIDS, malaria and tuberculosis. The Global Fund aims at ensuring openness and transparency in its governance and operations. Its 20 voting members Board, with 4 non voting members, makes a quite unique example of governance in a development-related institution. Actively involved in the creation of the GFATM in 2001/2002, the European Commission has been strongly involved in the governance of the GFATM through the participation in Board meetings and committee activities. Currently, the EC is holding the vice-chairmanship of the Board.

Between 2002 and 2006, the European Commission has provided an overall contribution to the GFATM of €522 million, thus representing one of its major donors. The increasingly active role of the EC in the GFATM has also had a positive impact on the wider role of the European Union in the Fund. While between 2002 and 2005 Europe has provided in the average 50% of the overall contributions received by the Fund, in 2006 and 2007 the EU will reach a share of 66% of total resources.

(10) www.theglobalfund.org

Working in partnership with IAVI and the IPM to develop HIV/AIDS vaccine and microbicides

The International AIDS Vaccine Initiative (IAVI) and the International Partnership for Microbicides (IPM) are global partnerships working to speed up the development and promotion of new preventative technologies, mainly vaccines and microbicides. They both focus on mobilising support through advocacy and education, accelerating scientific progress, encouraging industrial participation in AIDS vaccine and microbicides development, and assuring access to these tools in developing countries. IAVI and IPM are key partners of the EC, which is a member of the policy advisory Board of both organisations.

In 2006, the EC has programmed support in the amount of €3 million to IAVI for vaccine preparedness programmes (ethical criteria, regulatory aspects and preparedness of communities) and the introduction of phase III trials of an effective and safe HIV/AIDS vaccine in Eastern Africa. In South Africa, the European Community is supporting the South African Aids Vaccine Initiative (SAAVI), in partnership with IAVI with a contribution of €1.3 million to intensify vaccine preparedness.

In 2006, the European Community has programmed financial support to IPM in the amount of €4.2 million in order to accelerate the development and introduction of microbicides. Funding will be used to support a wide number of activities aimed at developing and delivering safe and effective microbicides. The intent of the European Community is to increase awareness of and interest in microbicides among developing country policy makers, representatives of bilateral, multilateral and technical agencies in developing countries, activist and media organisations and development agencies in Europe.

The support to microbicides and vaccines of the European Community has been further strengthened by contributions from its Member States, targeted at research and development as well as policy and advocacy. Since 2002, five Member States – the Netherlands, Denmark, Ireland, Sweden and the United Kingdom have committed almost €20 million to IPM. At the end of 2005, Denmark, Sweden, Ireland and the United Kingdom made additional commitments to provide more than €25 million to IPM through 2007. A great number of European Member States provides contributions to programmes managed by the EDCTP.

The way forward to confront HIV/AIDS, malaria and tuberculosis

At the end of 2005, the European Community, the European Parliament and the Council have adopted a new development policy framework, the European Consensus on Development, based on common objectives, policies and principles.

The new policy framework spells out the commitment to further strengthen work at country and global level in order to improve peoples' lives in line with the Millennium Development Goals. In order to confront the devastating impact of HIV/AIDS, malaria and tuberculosis, the European Community will develop a road map for joint actions with its member States at country level. Moreover, it will focus on a number of key issues such as:

- Link between the fight against HIV/AIDS and the support to sexual and reproductive health and rights;
- Crisis of health providers in developing countries;
- Fair financing for health and strengthening health systems in order to promote better health outcomes;
- Making pharmaceutical products more accessible and affordable to the poor.

Recognizing that countries in Africa and especially in Sub-Saharan Africa are facing a particularly heavy burden in dealing with the three diseases and have made least progress in achieving the Millennium Development Goals, at the end of 2005 the European Union has adopted the EU Strategy for Africa: Towards a Euro-African Pact to Accelerate Africa' Development. By approving this strategy, Europe has made a commitment to scale up its efforts to deliver decent health care through the strengthening of national health systems, capacity building and health-related research.

In order to simplify the legislative framework governing the European Community's external cooperation activities and to achieve policy objectives that cannot be fully achieved through country and regional programmes at the beginning of 2006, seven new thematic programmes, which will form the backbone of EC's thematic activities as of 2007, were approved. One of these thematic programmes – Investing in People – focused on human and social development, proposes six areas of intervention: good health for all, knowledge and skills, employment and social cohesion, gender equality, children and youth and culture. In terms of the three diseases, the thematic programme reinforces the priorities established in the past and takes up new priorities defined in the European Consensus on Development.

In the years ahead, the European Community will keep its main focus on country and regional support. Efforts at the global level will be pursued further through the implementation of thematic activities in the area of the three diseases including the support to the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria as well as relevant partnerships with UN agencies and other key stakeholder organizations.

It is now time to sustain European efforts to confront three epidemics by making use of the experience developed so far. We have a much greater knowledge of how to confront effectively the three epidemics. The right policy framework has been set, and available tools have proved to be effective at least in some geographical areas. What we need is a strong political will of all European partners to further accelerate their efforts and make available increased resources.



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