

**Statement of the EU and its Member States
on World AIDS Day
(1 December 2011)**

1. Today, on the World AIDS Day 2011, the European Union and its Member States joins with people across the world in memory of the relatives, friends and beloved ones who have lost their lives to AIDS and reaffirms its commitment to support all those who live with HIV and all those who are affected by the epidemic.

2. This year is a special anniversary. It has been 30 years since the world learned about HIV and AIDS. In December 1981, the first AIDS cases were discovered. 30 years of struggle and personal sacrifice of millions of people, 30 years of more than 30 million lives lost and 16 million children orphaned by AIDS. HIV and AIDS have touched all countries and-countless communities and families. Today, an estimated 33.3 million people live with HIV worldwide and more than 7.000 new infections occur every day, mostly among people in low and middle income countries.

3. But it has also been 30 years of commitment and partnership at levels never seen before. Responding to HIV has taught us a lot about the importance of partnership, dialogue and the centrality of human rights and human dignity. Impressive progress has been made, globally leading to a nearly 20 per cent decline in the number of new HIV infections in the past decade and a nearly 19 per cent decline in the number of AIDS related deaths in the period 2004-2009.

4. The biggest progress has been made in the most affected countries of Sub-Saharan Africa, home to two-thirds of all people living with HIV. The European Union is proud to contribute to these extraordinary achievements made in the global response to HIV and AIDS and to be part of a collective effort of strong partners such as UNAIDS, WHO, the Global Fund, UNITAID, People Living with HIV and civil society. In 2010, the amount of the European Union's contribution to the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria amounted to 53 per cent of total contributions and represented US\$ 1.493 billion (European Commission and EU Member States combined). However, over eight million people in low and middle income countries are still in need of access to effective treatment and new infections continue to outpace the number of people starting on treatment. This means that HIV and AIDS continue to be a major obstacle to development in these countries.
5. In seven countries, five of them in Eastern Europe and Central Asia, HIV incidence increased by more than 25 per cent between 2001 and 2009. The EU will through its partnership with countries intensify its efforts to address this unacceptable situation, calling for the urgent scale up of prevention programmes and services at the regional and national level that can lead towards the elimination of HIV and AIDS.
6. The EU will play a decisive role by strengthening its leadership in the response to HIV and AIDS and by better aligning the EU institutional response to the changing context of HIV at the global and European level. The challenge now is to keep AIDS high on our agenda and to accelerate actions at global, regional, national and local levels to move towards the end of the epidemic.

7. The EU welcomes the comprehensive review of progress made towards the commitment to the achievement of all the Millennium Development Goals 2000 and the ambitious 2015 targets enshrined in the Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS adopted by the United Nations General Assembly's High Level Meeting on AIDS in June 2011. These targets will take us closer to a world with zero new HIV infections, zero AIDS related deaths and zero discrimination. The EU joins with the AIDS community and beyond in support of the UNAIDS “Getting to Zero” strategy and takes the opportunity of World AIDS Day to reaffirm its commitment to play its part in our shared responsibility to put an end to HIV.
8. We reiterate the EU commitment to work towards the 2015 targets of having 15 million people living with HIV on antiretroviral treatment, halving sexual transmission, halving transmission of HIV among people who inject drugs, eliminating mother-to-child transmission of HIV and substantially reducing AIDS related maternal deaths.
9. The EU emphasizes that prevention is the most efficient way to stop the HIV epidemic. We need to ensure that the prevention strategies are evidence and rights-based and comprehensive, build on understanding of local context, and always in full respect of human rights, with scaling up the use of existing prevention methods and promoting the use of new prevention methods and technologies.

10. The EU remains concerned about the vulnerability of women and girls to HIV infection related to physiological, economic and social factors, gender inequalities and gender-based violence. Women and girls constitute more than 50 per cent of all people living with HIV globally, and HIV and AIDS remain the leading cause of morbidity and mortality among women of child-bearing age. Therefore, the EU will strengthen actions to promote gender sensitive approaches, gender equality and the empowerment of women as well as rights of women, in particular to be protected against unsafe sex, especially in relation to combating human trafficking and all forms of sexual exploitation. At the same time a special attention should be given to the promotion of responsible behaviour, in particular among men.
11. The EU underlines the importance of paying special attention towards key populations at higher risk including men who have sex with men, people who inject drugs, migrants, prisoners, ethnic minorities, sexworkers and their clients. Often, these populations are marginalized and hard-to-reach, which increases their vulnerability to HIV. In this regard, we also note with concern that most young people still have limited access to sexual and reproductive health programmes that provide information, skills, services and social support. It is vital to ensure a wide access to carefully tailored programmes, services and commodities for prevention, including confidential HIV testing and counseling, affordable and high quality male and female condoms, comprehensive sex education and information, harm reduction programmes and all other available preventive measures.
12. Planning efficient HIV care and prevention, we cannot forget STIs, Hepatitis B and C and Tuberculosis prevention and treatment. We call for increased collaboration, integration of HIV and AIDS programmes into primary healthcare and services, including sexual and reproductive health and the reinforcement of prevention and treatment programmes and services in order to face all these diseases.

13. The EU recognizes the need of a greater involvement of people living with HIV **or** AIDS in all aspects of the process of planning, implementing and monitoring of prevention and support policies, strategies and programmes. We are aware of the crucial role that non-governmental organizations play, including those run by people and communities affected by HIV, in sustaining national and local HIV and AIDS responses.
14. The EU welcomes the considerable progress made in the accessibility of antiretroviral treatment (ARV), but notes with concern the uneven treatment coverage between regions. Today, more than 6.5 million people receive anti-retroviral treatment in low and middle income countries, while more than 8 million people are eligible and not yet on treatment. Recent scientific evidence on the effectiveness of antiretroviral drugs in HIV prevention broadens the options for prevention and has the potential to enhance the response against AIDS. We want to stress our commitment towards a universal access to ARV treatment, care and support for people living with HIV or AIDS and the importance of national ownership and investments in this respect, keeping in mind the respect for dignity, rights and freedoms of affected persons.
15. The EU appreciates a notable decline of new HIV infections through mother-to-child transmission. We reaffirm our commitment to work towards full coverage of prevention of mother-to-child transmission of HIV, with the goal of eliminating HIV infections among children and keeping their mothers alive.

16. The EU reaffirms that all people living with HIV or AIDS, especially children and young people, should benefit from the best available standards of care, treatment and support. We reiterate a need to integrate HIV/AIDS and sexual and reproductive health and rights (SRHR) into policies and programs at local, national, regional and international levels. The Member States should protect people living with HIV or AIDS from discrimination, stigmatization and deprivation of their rights and freedoms. The EU also reaffirms its involvement and support to the removal of restrictions on entry, stay and residence for people living with HIV as well as decriminalisation of homosexuality and the removal of punitive laws, which are neither the adequate response to the epidemic nor the right support to vulnerable groups.
 17. The EU recognizes that in times of financial crisis it is crucial to make optimal allocation of available resources, including in relation to health promotion and prevention activities. Therefore, we are strongly committed to enhancing the effectiveness and efficiency of ongoing programs and services as well as to strengthen national health systems and human resources necessary to deliver health, education and social services of vital importance to effective HIV prevention, treatment, care and support.
 18. Only by continuing our work, reinforcing effective high-quality interventions and closing the existing gaps in all fields, the European Union as a whole and each of its Member States will be able to significantly help to reduce new infections, stigma, discrimination and AIDS related deaths.
-