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12. Expresses concern at reports of arrests of some human rights defenders in Kyrgyzstan and calls for their immediate release; calls on the Kyrgyz authorities to take all the measures needed to ensure that human rights defenders can carry on their work to promote and protect human rights without hindrance;
13. Stresses the common interest of and the common responsibility borne by Kyrgyzstan, its neighbours, Russia, China, the EU, the US, the OSCE and the rest of the international community in preventing destabilisation, and calls on all the actors involved to identify synergies;
14. Expresses concern at the difficulties besetting the democratisation process in Kyrgyzstan, which seem to stem from the weak position of Kyrgyzstan's interim government and the strength of criminal networks in the country, including drug-smugglers in southern Kyrgyzstan;
15. Believes that establishing a pluralist political system which allows for representation of a range of interests and arbitration is fundamental to reducing tensions and preventing new eruptions of violence and that the EU and its Member States must actively support democratisation and strive to reduce the differences in the attitudes of international actors, so as to improve the prospects for the reform process in Kyrgyzstan;
16. Instructs its President to forward this resolution to the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy, the Council, the Commission, the parliaments and governments of the Member States, the interim government of Kyrgyzstan, the Secretary-General of the United Nations, the Secretary-General of the OSCE and the Secretary-General of the Council of Europe.

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### **AIDS/HIV in view of the XVIII International AIDS Conference (Vienna July 18-23, 2010)**

P7\_TA(2010)0284

#### **European Parliament resolution of 8 July 2010 on a rights-based approach to the EU's response to HIV/AIDS**

(2011/C 351 E/15)

*The European Parliament,*

- having regard to the upcoming XVIII International AIDS Conference: 'Right Here, Right Now', to be held in Vienna on 18-23 July 2010,
- having regard to the UN Declaration of Commitment on HIV/AIDS, 'Global Crisis – Global Action', adopted by the United Nations General Assembly on 27 June 2001 during its 26th Special Session,
- having regard to the United Nations General Assembly Special Session (UNGASS) High-Level Meeting on HIV/AIDS of 2 June 2006 and the political declaration adopted at that meeting,
- having regard to UNAIDS International Guidelines on HIV/AIDS and Human Rights, of 2006, based on the Second International Consultation on HIV/AIDS and Human Rights, held in Geneva on 23-25 September 1996 and the Third International Consultation on HIV/AIDS and Human Rights, held in Geneva on 25-26 July 2002,
- having regard to the WHO report, 'Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector',

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- having regard to the Abuja Declaration of 27 April 2001 on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, to Africa's Common Position to the UNGASS 2006 High-Level Meeting and to the Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, signed in Abuja on 4 May 2006 by the African Union,
  - having regard to its resolutions of 6 July 2006 on HIV/AIDS: Time to Deliver; of 24 April 2007 on combating HIV/AIDS within the EU and in the neighbouring countries, 2006-2009; and of 20 November 2008 on HIV/AIDS: early diagnosis and early care,
  - having regard to the Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011), November 2009,
  - having regard to the Commission communication on 'Combating HIV/AIDS in the European Union and neighbouring countries' and the strategy for combating HIV/AIDS in the EU and neighbouring countries 2009-2013,
  - having regard to the 2009 UNAIDS Report on the Global AIDS Epidemic,
  - having regard to the UNAIDS Outcome Framework 2009-2011,
  - having regard to the United Nations 2010 Millennium Development Goals Report,
  - having regard to its resolution of 15 June 2010 on progress towards the achievement of the Millennium Development Goals: mid-term review in preparation of the UN high-level meeting in September 2010,
  - having regard to Rule 110(4) of its Rules of Procedure,
- A. whereas the number of people living with HIV/AIDS continues to grow, with an estimated 33,4 million people living with HIV/AIDS globally and, particularly worrying, 2,7 million newly infected in 2008, which means that HIV/AIDS constitutes a global emergency requiring an exceptional and comprehensive global response,
- B. whereas HIV/AIDS is still one of the leading causes of death globally, accounting for 2 million deaths in 2008, and is projected to remain a significant global cause of premature mortality in the coming decades,
- C. whereas, by the end of 2009, an estimated 5 million people in low-income and middle-income countries were receiving antiretroviral therapy – a tenfold increase over five years and an unprecedented scale-up in the history of public health,
- D. whereas the number of new infections continues to outstrip the expansion of treatment, and two-thirds of the people in need of treatment in 2009 were still not receiving it, which means that 10 million people in need did not have access to the necessary effective treatment,
- E. whereas Sub-Saharan Africa, with 22,4 million people living with HIV/AIDS, remains the most heavily affected region, accounting for 71 % of all new HIV/AIDS infections in 2008,
- F. whereas there is strong evidence that HIV/AIDS prevention measures are an effective means of reducing new infections,
- G. whereas there is a major gap in programming with regard to involving people living with HIV/AIDS in prevention efforts – particularly those targeting people living with HIV/AIDS – and in efforts to reduce stigmatisation and discrimination,

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- H. whereas women and girls continue to be affected disproportionately by HIV/AIDS, with women accounting for approximately 60 % of HIV/AIDS infections in sub-Saharan Africa and HIV/AIDS still the leading cause of death and illness in women of reproductive age,
- I. whereas current HIV prevention options are not sufficiently effective in protecting women, and prevention methods such as condoms and abstinence are not realistic options for many women, especially those who are married, who want to have children or who are at risk of sexual violence, and whereas a safe and effective vaccine or microbicide could provide women with powerful new tools to protect themselves from HIV without limiting reproductive choice,
- J. whereas there is increased evidence of higher levels of infection and risk among key populations, including sex workers, men who have sex with men, transgender people, prisoners, injecting drug users, migrant populations, refugees and mobile workers in nearly all regions, and also in countries with generalised epidemics, and HIV/AIDS prevention programmes for those populations are commonly under-prioritised and under-financed,
- K. whereas, due to stigma associated with HIV/AIDS, about 30 % of the people in the EU who are infected are unaware of their HIV/AIDS-positive status, and studies suggest that undiagnosed infection facilitates ongoing HIV/AIDS transmission and increases susceptibility to early mortality among people living with HIV/AIDS,
- L. whereas, according to the 2009 WHO report, 'Towards Universal Access-Progress: Scaling up priority HIV/AIDS Interventions in the Health Sector', it is estimated that the level of antiretroviral-treatment coverage is only 23 % in Europe and Central Asia, which is considered poor, given the situation in Russia and Ukraine,
- M. whereas same-sex behaviour is still heavily stigmatised, most notably in sub-Saharan Africa, where 31 countries criminalise same-sex activity between consenting adults, four punish it with the death penalty, and others provide for criminal penalties in excess of 10 years' imprisonment, such stigmatisation impeding HIV/AIDS prevention work,
- N. whereas criminalisation of illicit drug users in many countries prevents their access to HIV/AIDS prevention, treatment, care and support, and has the effect of increasing the transmission of HIV/AIDS related to injected drug use,
- O. whereas 106 countries report that they still have laws and policies which present significant obstacles to effective HIV/AIDS responses,
- P. whereas an estimated 17,5 million children lost one or both parents to HIV/AIDS in 2008 – the vast majority of these children living in sub-Saharan Africa – and such children frequently suffer stigmatisation and discrimination and may be denied access to basic services such as education and shelter, while at the same time having an increased level of vulnerability to HIV/AIDS infection,
- Q. whereas the relationship between HIV/AIDS and disability has not received due attention, although persons with disabilities are found among all key populations at higher risk of exposure to HIV/AIDS, and face disadvantages in accessing prevention, treatment and care services,
- R. whereas a rights-based approach in response to HIV/AIDS is crucial in efforts to end the epidemic,
1. Reaffirms that access to health care is part of the Universal Declaration of Human Rights and that governments have a duty to fulfil their obligation by providing a public health service to all;

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2. Considers, at the same time, that the EU must give high priority to the protection and promotion of human-rights defenders, inside and outside the EU, including those who focus their action mainly on educating communities on HIV/AIDS; calls, in this respect, on the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy to ensure that all practical actions and measures provided for in the EU Guidelines on Human Rights Defenders be duly implemented in respect of civil-society representatives active in the field of HIV/AIDS;
3. Requests the Commission and the Council to meet their commitments and step up efforts to address HIV/AIDS as a global public health priority, with human rights as a central aspect of HIV/AIDS prevention, treatment, care and support, including in EU development cooperation;
4. Calls on the Commission and the Council to promote efforts towards the decriminalisation of unintentional HIV/AIDS transmission and exposure <sup>(1)</sup>, including by encouraging the recognition of HIV/AIDS as a disability for the purposes of existing and future non-discrimination legislation;
5. Calls on the Baltic States, Russia and Ukraine to put in place policies for vigorously combating HIV/AIDS in their respective countries;
6. Calls on the Commission and the Council, in political dialogue at both global and country level, to promote best policies and practices regarding rights-based responses to HIV/AIDS:
  - in ensuring the promotion, protection and observance of the human rights – including the sexual and reproductive health rights <sup>(2)</sup> – of people living with HIV/AIDS and other key populations,
  - in addressing the major economic, legal, social and technical barriers, as well as punitive laws and practices, which impede effective responses to HIV, in particular for key populations,
  - in supporting the review and amendment of laws that constitute a barrier to effective, evidence-based HIV/AIDS programmes and services, especially for key populations,
  - in fighting any legislation or decisions that criminalise unintentional HIV transmission, or fuel discrimination against people living with HIV/AIDS, and in condemning and taking action against legal barriers which hinder effective HIV measures for women and girls, such as restrictive sexual and reproductive health laws and policies, inheritance and property laws, child marriage laws, etc.,
  - in placing human rights at the centre of decisions on the allocation of funding for responses to HIV/AIDS within and outside the EU,
  - in HIV/AIDS programming targeted at people living with HIV/AIDS and other key populations and aimed at empowering individuals and communities to respond to HIV/AIDS, at reducing risk and vulnerability to HIV/AIDS infection and at mitigating the impact of HIV/AIDS,
  - in facilitating and promoting meaningful participation by key populations in the design, implementation, monitoring and evaluation of HIV/AIDS prevention, treatment, care and support programming, and in reducing stigmatisation and discrimination,

<sup>(1)</sup> According to the UNAIDS Policy Brief on Criminalisation of HIV Transmission, governments should limit criminalisation to cases of intentional transmission, i.e. where a person knows his or her HIV positive status, acts with the intention to transmit HIV, and does in fact transmit it.

<sup>(2)</sup> Promoting and addressing the sexual and reproductive health and rights of people living with HIV/AIDS is a key element in a human-rights based approach to HIV. Such an approach should reflect the right of people living with HIV/AIDS to have a full and satisfying sexual life, and respect the fertility choices and wishes of HIV-positive people.

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- in facilitating universal access to health care, whether with respect to HIV/AIDS-related prevention, treatment, care and support, or to other non-HIV/AIDS-related medical provision,
  - in facilitating access by people living with HIV/AIDS, and other key populations, to education and employment,
  - in ensuring that future monitoring of progress in the fight against HIV/AIDS incorporates indicators that directly address and assess human-rights issues in relation to HIV/AIDS,
  - in respecting the '3C' (informed consent, confidentiality and counselling) principles in HIV/AIDS testing and other HIV/AIDS-related services,
  - in fighting the stigmatisation of, and discrimination against, people living with HIV/AIDS and other key populations, and in protecting their rights to safety and protection from abuse and violence,
  - in promoting and facilitating greater participation by people living with HIV/AIDS and other key populations in responses to HIV/AIDS,
  - in providing objective and non-judgmental information on the disease,
  - in providing people with the power, skills, knowledge and resources to protect them from contracting HIV/AIDS;
7. Calls on the Commission and the Member States to address women's needs for HIV/AIDS prevention, treatment and care as an essential measure for curbing the epidemic, notably by expanding access to sexual and reproductive health-care programmes – with HIV/AIDS testing, counselling and prevention services fully integrated into such programmes – and by reversing the underlying socioeconomic factors contributing to women's HIV/AIDS risk, such as gender inequality, poverty, lack of economic and educational opportunity, and lack of legal and human-rights protection;
8. Calls on the EU and the Member States to provide fair and flexible funding for research into new preventive technologies including vaccines and microbicides;
9. Expresses grave concern at the fact that half of all new HIV infections occur among children and young people; calls, therefore, on the Commission and the Member States to address children's and young people's needs for HIV/AIDS prevention, treatment, care and support and to ensure that they have access to HIV/AIDS services, particularly early-infancy diagnosis, appropriate and affordable antiretroviral formulations, psycho-social support, social protection and legal protection;
10. Asks the Commission and the Member States to support participation by people with disabilities in the HIV/AIDS response, to incorporate observance of their human rights into national HIV/AIDS strategic plans and policies, and to ensure they have access to HIV/AIDS services which are both tailored to their needs and equal to the services available to other communities;
11. Calls on the Commission and the Member States to support harm-reduction programmes for prisoners and injecting drug users;

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12. Calls on the Commission and the Council to urge countries most affected by HIV and AIDS to establish coordinated, transparent and accountable national HIV policy frameworks guaranteeing the accessibility and effectiveness of HIV-related measures for prevention and care; in this context, asks the Commission to support national governments, and engage civil society, in improving the poor level of coverage of programmes to reduce stigmatisation and discrimination and in increasing access to justice in national HIV/AIDS responses;
13. Calls on the Commission and the Council to work with UNAIDS and other partners to improve indicators for measuring progress and sharing knowledge at global, national and programme level in order to reduce HIV/AIDS-related stigmatisation and discrimination, including indicators specific to key populations and HIV-related human-rights issues and protection mechanisms at international level;
14. Asks the Commission and the Council to support the work of the recently established Global Commission on HIV and the Law to ensure that legislation works for an effective response to HIV/AIDS;
15. Calls on the Commission and the Council to engage the European Union Agency for Fundamental Rights to gather further evidence on the human-rights situation of people living with HIV/AIDS and other key populations in Europe, taking particular account of their vulnerability to multiple and inter-sectional discrimination;
16. Calls on all the Member States and the Commission to allocate at least 20 % of all development spending to basic health and education, to increase their contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to increase their funding for other programmes designed to strengthen health systems and community systems; calls, too, on developing countries to prioritise health spending in general and combating HIV/AIDS in particular; and calls on the Commission to provide incentives to partner countries in order to encourage the prioritisation of health as a key sector in Country Strategy Papers;
17. Calls on all the Member States and the Commission to reverse the worrying decline in funding for the promotion of sexual and reproductive health and rights in developing countries and to support policies for the treatment of sexually transmitted infections and the provision of reproductive-health supplies consisting of life-saving drugs and contraceptives, including condoms;
18. Calls on the EU to continue to work through a mix of financial instruments at global and country level, in addition to budget support, and through relevant organisations and mechanisms which have proved successful in addressing the human-rights dimension of HIV/AIDS, in particular civil-society organisations and community-based organisations;
19. Calls on the Commission, the Member States and the international community to enact legislation to provide for affordable HIV-effective medications, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for the preventive, curative and palliative care of HIV and related opportunistic infections and conditions;
20. Criticises bilateral and regional trade agreements that include provisions which go beyond the WTO's TRIPS Agreement ('TRIPS-plus'), thus effectively hindering, if not actually limiting, the safeguards established by the 2001 Doha Declaration on TRIPS which asserts the primacy of health over commercial interests; points out the responsibility borne by those countries that put pressure on developing countries to sign such free-trade agreements;
21. Emphasises that compulsory licensing and differential prices have not fully solved the problem, and calls on the Commission to propose new solutions to ensure genuine access to HIV/AIDS treatments at affordable prices;

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22. Commends the adoption by the Council's Working Party on Human Rights of the Toolkit to Promote and Protect the Enjoyment of all Human Rights by Lesbian, Gay, Bisexual and Transgender People, and calls on the Council and Commission to implement its recommendations;
23. Calls on those EU institutions which, under their terms of reference, prepare annual reports on the human-rights situation, to incorporate into such reports a focus on HIV-related human rights, in such a way as to give a voice to people living with HIV and those vulnerable to infection;
24. Calls on the Commission and the Member States to reiterate their support for Paragraph 16 of the Council's Conclusions on the Programme for Action of November 2009: to initiate a broad consultative process with Member States and other stakeholders for the preparation of a European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action for 2012 and beyond; and to put their weight behind the establishment of EU Action Teams as a vehicle for joint action by the Commission and Member States in established priority areas;
25. Instructs its President to forward this resolution to the Council, the Commission, the parliaments of the Member States, the United Nations Secretary-General, the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the organisers of the XVIII International AIDS Conference.

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### **Entry into force on 1 August 2010 of the Convention on Cluster Munitions (CCM) and the role of the EU**

P7\_TA(2010)0285

#### **European Parliament resolution of 8 July 2010 on the entry into force of the Convention on Cluster Munitions (CCM) and the role of the EU**

(2011/C 351 E/16)

*The European Parliament,*

- having regard to the Convention on Cluster Munitions (CCM) adopted by 107 countries at the diplomatic conference held in Dublin from 19 to 30 May 2008,
  - having regard to the message of 30 May 2008 from the United Nations Secretary-General encouraging 'States to sign and ratify this important agreement without delay' and stating that he looked forward 'to its rapid entry into force',
  - having regard to its resolution of 20 November 2008 on the Convention on cluster munitions <sup>(1)</sup>,
  - having regard to its resolution of 10 March 2010 on the Implementation of the European Security Strategy and the Common Security and Defence Policy <sup>(2)</sup>,
  - having regard to Rule 110(4) of its Rules of Procedure,
- A. whereas the CCM has been open for signature since 3 December 2008, first in Oslo and subsequently at the United Nations in New York, and will enter into force on the first day of the sixth month after the thirtieth ratification, namely 1 August 2010,
- B. whereas the CCM defines cluster munitions as munitions designed to disperse or release explosive submunitions, each weighing less than 20 kilograms, and includes those explosive submunitions,

<sup>(1)</sup> OJ C 16 E, 22.1.2010, p. 61.

<sup>(2)</sup> Texts adopted, P7\_TA(2010)0061.