



DEVELOPMENT

**The European Union
confronts
HIV/AIDS, malaria
and tuberculosis**

**A comprehensive strategy
for the new millennium**

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A global challenge

Every minute, 11 people die of HIV/AIDS, malaria and tuberculosis – 17,000 each day. The spread of these diseases continues to pose a threat to societies around the globe, particularly in the developing world. The link between disease and poverty is well established – the poor are the worst hit.

The state of the epidemics

HIV/AIDS

About 40 million people are infected with HIV, which represents 50% more than was predicted a decade ago. More than 24 million people have died, including almost five million children. In 2002 three million people died of HIV/AIDS and another five million were newly infected.

Malaria

Malaria causes at least 3,000 deaths per day, over 90% of which are in sub-Saharan Africa. Most of these victims are children. The disease has hindered economic growth in Africa by as much as 1.3% per year. As a result, the GDP of African countries is 32% lower than it might have been, had malaria been controlled two decades ago.

Tuberculosis

One-third of the world's population is infected with tuberculosis. Of the eight million people that developed the disease, two million die each year. These figures rise by about 2% a year. Between 2000 and 2020, nearly one billion people will be newly infected, 200 million will become sick and 35 million will die. 99% of all tuberculosis sufferers live in developing countries, where the majority of people are poor and between 15 and 54 years of age.

HIV and tuberculosis speed up each other's progress. Tuberculosis accounts for about 15% of all AIDS-related deaths worldwide. In sub-Saharan Africa, that number is twice as high. The number of people infected with both diseases has soared to more than 10 million.

▼ Adults and children estimated to be living with HIV/AIDS (end of 2002)





A renewed commitment

The international response to date has been characterised by:

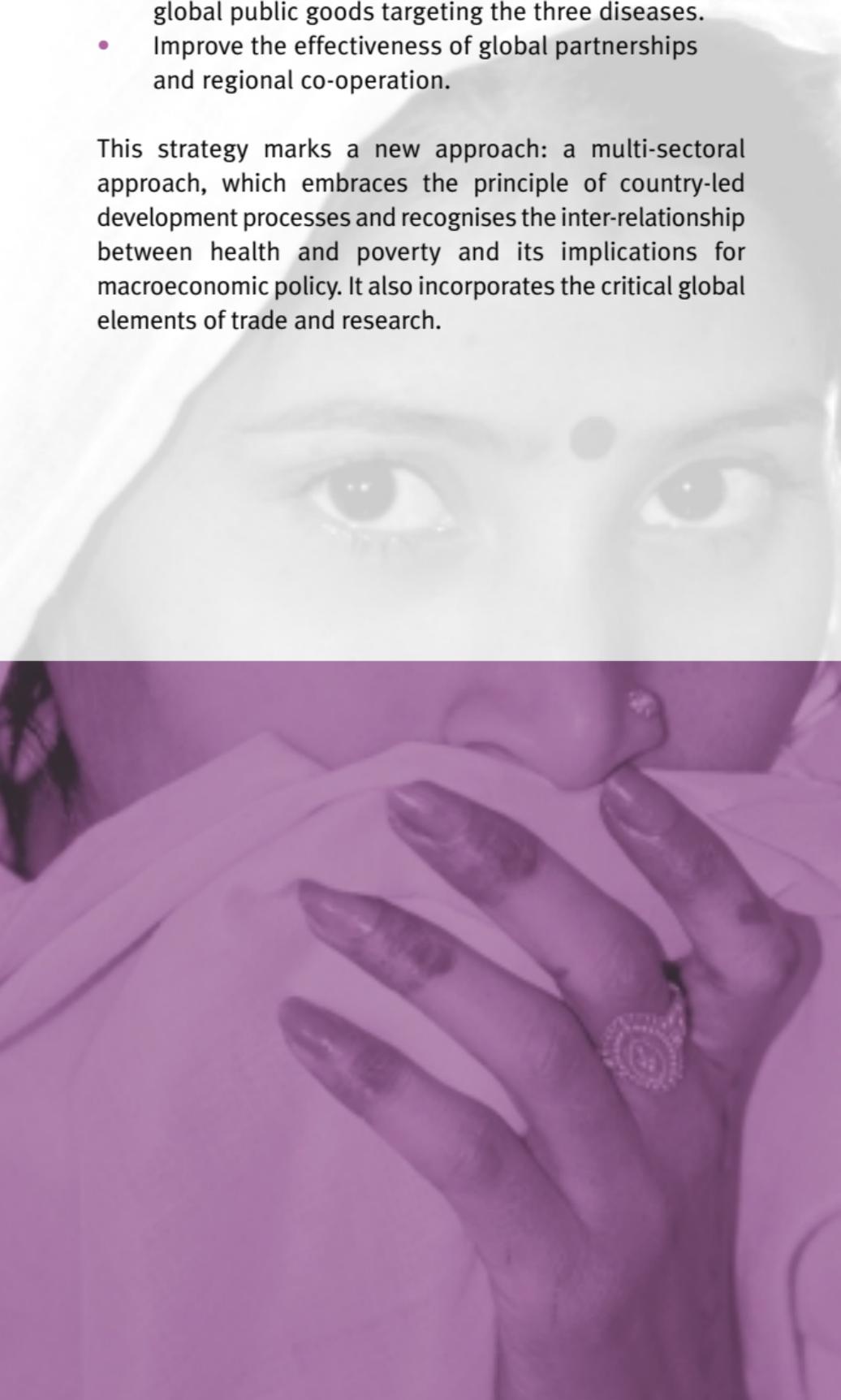
- Inadequate efforts, which have prevented scaling up of successful interventions.
- Collapsing health and education systems.
- Failure to develop new but affordable products for prevention and treatment.

We have the knowledge, the technology and the resources to address the challenges posed by HIV/AIDS, malaria and tuberculosis. The international community has made a fresh commitment to tackle these diseases within the framework of the Millennium Declaration.

The message from the European Commission and the Member States is clear: they have decided to increase the European Union's financial and technical commitment to improve the health of people living in poverty. The European Commission has adopted a comprehensive strategy for confronting the diseases. The Programme for Action (2001-2006) is a strategy that intends to:

- Increase the impact of existing interventions.
- Increase the affordability of key pharmaceuticals.
- Encourage research and development of specific global public goods targeting the three diseases.
- Improve the effectiveness of global partnerships and regional co-operation.

This strategy marks a new approach: a multi-sectoral approach, which embraces the principle of country-led development processes and recognises the inter-relationship between health and poverty and its implications for macroeconomic policy. It also incorporates the critical global elements of trade and research.



The EU has tripled its support

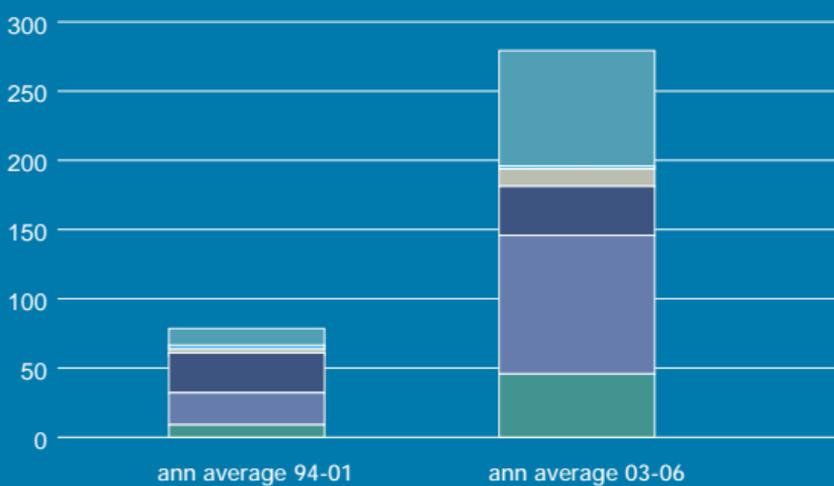
The total estimated allocation to European Commission programmes specifically targeting HIV/AIDS, malaria and tuberculosis has been €660 million over the last nine years (1994-2002). This annual average of €73 million per year represents 13% of the annual support provided to health in developing countries. The distribution of this specific support to poverty-related diseases by type of disease is: 71% for HIV/AIDS, 17% for malaria and 12% for tuberculosis.

In addition to the support to health and specific programmes on HIV/AIDS, malaria and tuberculosis through country and regional strategies, further financial tools support specific actions including:

- The budget line supporting innovative initiatives to control the three diseases.
- The co-financing budget line for NGOs selects some projects in regions or situations where other instruments are not feasible.
- Various humanitarian aid programmes financing specifically target actions on poverty-related diseases.
- Support for research activities allocating resources to the fight against these diseases, focusing on their development approach and in partnership with developing countries.

Altogether, the European Commission's various development, humanitarian and research financial instruments to confront HIV/AIDS, malaria and tuberculosis, will total €1,117 million (an annual average of €280 million) during the period 2003-2006. This represents an almost four-fold increase compared to the annual average of €73 million allocated in the previous period 1994-2001.

▼ Trend in European Commission annual average financial support to control HIV/AIDS, TB and malaria in developing countries



Source:
European Commission.
July 2003

Access to medicines

Optimal use of key pharmaceutical products in confronting HIV/AIDS, malaria and tuberculosis is essential to maximise the impact of intervention. The European Commission is supporting the World Health Organisation to improve its essential drug policy and regulatory schemes pertaining to the three diseases.

The European Commission was the leading force in achieving the historic agreement that World Trade Organisation members reached in August 2003 to resolve the issue of access to medicines for countries without manufacturing capacity.

Tiered pricing schemes have lowered costs

The Commission's proposal to examine how tiered pricing can be used as a way to make patent medicines more affordable, while taking into consideration the concerns of pharmaceutical companies, has encouraged global dialogue. Visibility around the issue of price for key pharmaceuticals still under patent and competition of generic pharmaceuticals have lowered prices of some products.

Developing local manufacturing capacity

The European Commission is supporting initiatives promoting local production of condoms, long-lasting insecticide treated nets, antiretrovirals, artemisine combinations and anti-tuberculosis medicines.

Taxes, tariffs and TRIPS

The European Commission is working with the developing countries to reduce or abolish taxes and tariffs on imported key pharmaceutical products and commodities.

The EU's position on the TRIPS Agreement (Trade-Related Aspects of Intellectual Property Rights) led to the adoption of the Doha Declaration, which among other things, gives Least Developed Countries the right to postpone the implementation of patent protection until 2016.



Public and private research priorities

To achieve the international targets for each disease and the related Millennium Development Goals, the world needs diagnostics, microbicides, vaccines and pharmaceuticals that are more effective for malaria, of shorter duration for people with tuberculosis, and more user friendly for those suffering from HIV/AIDS. This can be achieved through better-targeted research in public institutions and private industry.

The 6th Research Framework Programme and EDCTP

In July 2002, the European Commission adopted the 6th Research Framework Programme (2002-2006). Some €400 million target HIV/AIDS, malaria and tuberculosis research projects (2.5% out of a total €17.5 billion). Of the €400 million allocated, €200 million will support the European and Developing Countries Clinical Trials Partnership (EDCTP).

The EDCTP includes strong elements of capacity building in developing countries, particularly in the areas of networking and co-operation, technology transfer, strengthening clinical research capacities, and initiating and developing clinical testing facilities.

Direct or indirect incentives for private sector investments in the development of products to counter the three diseases are also being pursued. In particular, incentives need to be strengthened for private sector investments in new 'economically orphan' medicines to treat communicable diseases, with special emphasis on developing countries.



The EU works in partnership

The EU plays a key role in the international response to confront the three diseases. It does so by developing and strengthening partnerships with key stakeholders at global level and works for increased harmonisation of donor support. It also supports the eight development goals of the 2000 UN Millennium Declaration with a view to address poverty through the Global Fund to fight HIV/AIDS, tuberculosis and malaria.

Goal 6: combating HIV/AIDS, malaria and other diseases

TARGETS

To have halted by 2015 and begun to reverse the spread of HIV/AIDS

INDICATORS

- HIV prevalence among 15 to 24 year-old pregnant women.
- Contraceptive prevalence rate.
- Number of children orphaned by HIV/AIDS.

To have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

- Prevalence and death rates associated with malaria.
- Proportion of population in malaria-risk areas using effective malaria.
- Prevention and treatment measures.
- Prevalence and death rates associated with tuberculosis.
- Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment, Short-course).

Support to the Global Fund

In April 2001 at the African Summit on HIV/AIDS, TB and Other Related Infectious Diseases, UN Secretary General Kofi Annan called for the creation of a global war chest. The Secretary General asked for US\$7-10 billion annually in new funding for this purpose and issued a call to action for the creation of a Global Fund to fight HIV/AIDS, Malaria and Tuberculosis (GFATM).

The European Commission has been active in establishing and launching the GFATM, and is now a member of the board. The EU also chairs a sub-committee on governance. Total pledges to the Fund had reached \$3.93 billion by July 2003, \$2.20 billion (55% of total pledges) of which comes from the 15 EU Member States together with the European Commission.



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