Bremen Declaration on Responsibility and Partnership - Together Against HIV/AIDS

13. 3.2007

We, the Ministers and representatives of Governments from the European Union and neighbouring countries responsible for health, together with international partners in the field of HIV/AIDS and the European Commission, the Minister for Economic Cooperation and Development and the Minister for Education and Research convened in Bremen, Germany, 12-13 March 2007 for the conference of the German Presidency of the Council of the European Union "Responsibility and Partnership - Together Against HIV/AIDS" and made the following declaration:

Recognising the global dimensions of this pandemic and our commitment to address the crisis at the global level, particularly in Africa, we reaffirm the commitment to fully implement the Declaration of Commitment on HIV/AIDS "Global Crisis - Global Action" adopted by the UN General Assembly - Special Session on HIV/AIDS - at its twenty-sixth special session on 25-27 June 2001 and the ‘Political Declaration on HIV/AIDS’ from the UN General Assembly on 2 June 2006.

We also reaffirm the commitment to implement the Programme of Action adopted at the International Conference on Population and Development 1994 and its 5 year review in 1999 and to achieve the internationally agreed development goals and objectives, in particular Goal 6 of the Millennium Development Goals, to have halted and begun to reverse the spread of HIV/AIDS, malaria, tuberculosis and other major diseases by 2015,

Recognising also the serious situation in Europe, we reaffirm the commitment we made in the Dublin Declaration on 24 February 2004 at the conference "Breaking the Barriers - Partnership to fight HIV/AIDS in Europe and Central Asia" and in the Vilnius Declaration on "Measures to Strengthen Responses to HIV/AIDS within the European Union and the Neighbouring Countries" of 17 September 2004,

Reaffirm the United Nations General Assembly Resolution of 23 December 2005 requesting UNAIDS and its cosponsors to assist in facilitating inclusive country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to prevention, treatment, care and support by 2010 for all those who need it.

Taking note of the steps taken on voluntary innovating financing mechanisms and other funding mechanisms, such as UNITAID.
I. We acknowledge

1. that HIV/AIDS, more than a quarter of a century into the epidemic, and in spite of manifold efforts at the national, international and global level is still outpacing our efforts and shows a high incidence rate among men and an increase in women in many regions of the world;

2. that HIV/AIDS is a matter for serious concern across Europe as a whole, that particular attention must be paid to Eastern Europe and Central Asia, and those groups most severely affected: people who inject drugs and their partners, men who have sex with men, young people, women, migrants, children, people in prisons, men and women involved in prostitution;

3. that even within Europe and the European Union, where prevention and treatment are widely available, there is a resurgence of new HIV cases particularly among the most vulnerable populations;

4. that major differences exist in the ways HIV/AIDS affects different regions and vulnerable groups and that while men are the group most affected in Europe, the proportion of women among newly detected HIV-infections is increasing in Eastern Europe and Central Asia;

5. that the insecurity of distribution channels contributes to high prices of antiretroviral drugs and thus poses an obstacle to universal access to treatment even in some parts of Europe;

6. that since 2001 we have made great efforts and developed strategies for fighting the pandemic and that it is now time to widely and effectively implement these strategies, as a matter of fundamental human rights in order to alleviate both human suffering and the socio-economic burden in countries and populations affected by the pandemic;

7. that we have the know-how to halt and reverse the spread of the epidemic, and that this involves an integrated and coordinated focus on HIV/AIDS prevention, treatment, care and support, based on the promotion of the human rights both of people living with HIV and affected communities;

8. that at the same time the search for better tools for health promotion, prevention, access to testing, diagnosis and treatment (in particular concerning paediatric drugs, treatment for co-infections such as hepatitis C and multidrug resistant tuberculosis) must be sustained. More research is also critical on microbicides, vaccines and pre-exposure prophylaxis, as well as on the most effective ways to achieve behavioural change;

9. that a strong linkage should be established between HIV/AIDS prevention and sexual and reproductive health and rights in policies, programmes and strategies;

10. that the European Union has made an important contribution both internally and internationally to the response to the HIV/AIDS pandemic. We share the strategy and
the action plan laid down in the European Commission’s “Communication on Combating HIV/AIDS in Europe and the Neighbouring Countries 2006 - 2009” and value the meaningful involvement of civil society, including people living with HIV/AIDS, who have to play a central role in shaping policies and developing services that meet their needs.

II. We commit

11. to provide the political leadership on a national, European and international level to fight this pandemic, and to hold ourselves accountable to our commitments in a transparent and responsible manner;

12. to respect, act and when necessary, legislate to promote and guarantee the human rights, including fighting discrimination and stigmatization, especially of people living with HIV/AIDS and those affected most by the epidemic in Europe and the neighbouring countries: people who inject drugs and their partners, men who have sex with men, young people, women, migrants, children, people in prisons, men and women involved in prostitution;

13. to promote universal access to evidence-based prevention, including comprehensive harm reduction, as the central part of a successful HIV/AIDS response to alleviate the impact of HIV/AIDS;

14. to exchange and implement best practices on the prevention of HIV/AIDS and of other sexually transmitted infections;

15. to further reduce mother-to-child transmission of HIV;

16. to promote comprehensive sexuality education, counselling and services on safer sex and condom use in particular for young people;

17. to meaningfully involve our partners in the entire process, in particular organizations of people living with HIV, other civil society organizations, vulnerable groups, the World Health Organization’s Regional Office for Europe, The Joint United Nations Programme on HIV/AIDS (UNAIDS) and other organizations of the United Nations system, the Global Fund to Fight Aids, Tuberculosis and Malaria (GATM), the European Centre for Disease Prevention and Control (ECDC), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as well as the private sector;

18. to the objectives of the Dublin Declaration of 2004 in the area of research and development, i.a. to increase commitment to research and development for new technologies that better meet the prevention needs of people living with HIV/AIDS or most vulnerable to HIV transmission including increasing public sector investment in vaccines and microbicides to prevent HIV infection;

19. to co-operate to ensure access to affordable medication.
III. We ask the European Commission

20. to implement its action plan as laid down in its “Communication on Combating HIV/AIDS in Europe and the Neighbouring Countries 2006-2009”;

21. to stress HIV/AIDS prevention, treatment, care and support in the Community action programmes in all fields including health aspects;

22. to include public health issues regarding HIV/AIDS prevention, treatment, care and support in the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013);

23. to promote the exchange of best prevention practices by setting up a clearing house for models of good practice;

24. to involve representatives of civil society in twinning projects in order to transfer experience and enhance cooperation;

25. to initiate the extension of Council regulation 953/2003 to countries in need of price reduced drugs for people living with HIV/AIDS.

IV. We invite

26. the representatives of civil society, including organizations of people living with HIV/AIDS and vulnerable groups, to engage in trusting co-operation with the governments on the basis of their specific know-how;

27. the private sector to contribute to raising the awareness of the risks of HIV/AIDS and to show solidarity with people living with HIV/AIDS in particular
   - the media to include information and education about effective HIV/AIDS responses into their mission;
   - the employers and trade unions to ensure non-discriminatory policies for people living with HIV/AIDS and vulnerable groups in the workplace and to reduce fears of infection, stigma and discrimination among staff by providing objective evidence based information, and access to prevention, testing, treatment and care according to the ILO code of Practice on HIV/AIDS in the world of work
   - the pharmaceutical industry,
      - to facilitate access to affordable treatment
      - to enter into partnerships with the public and the private sector to support R&D and technology transfer,
      - and to co-operate in securing distribution channels for drugs against HIV/AIDS in cooperation with governmental institutions and NGOs.