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EU Neighbourhood Strategy on HIV/AIDS:
Good Intentions, Poor Performance

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Introduction

The HIV/AIDS epidemic continues to grow rapidly in Eastern Europe. The Russian Federation and Ukraine are particularly affected by HIV/AIDS. New HIV infections in those two countries have nearly doubled since 2001 and developed into the biggest HIV/AIDS epidemics in the whole of Europe.¹ What are the implications of this worrying development for the European Union, and how can the EU contribute to an effective response to the rise of HIV/AIDS on its Eastern boundaries?

This paper aims to investigate the European Union's strategy to combat HIV/AIDS within the EU and its neighbouring countries. The structure of the paper is the following: First, I will give an overview of the epidemiological situation of HIV/AIDS in the European region and outline the basic characteristics of the unfolding epidemic. Second, I will illustrate how increasing HIV rates in the bordering countries affects the EU, and explain why the epidemic in Eastern Europe is a growing concern for all countries in Europe. Next, the European strategy on HIV/AIDS in the EU and its neighbouring countries will be examined. I will explore, what agreement on HIV/AIDS exist on the European level, how the European policy on HIV/AIDS is discussed, and what programmes are carried out by the EU to strengthen the response to the epidemic in Eastern Europe. The European Union's strategy to combat HIV/AIDS within its neighbouring countries as well as its financial contributions to international donor organizations as the *Global Fund to Fight Aids, Tuberculosis and Malaria* (GFATM) will be discussed. The following questions are addressed: What is the EU currently doing to improve policy-making in the field of HIV/AIDS and to foster European cooperation and coordination, and how can the actual impact of its commitment to combat the epidemic in the whole of Europe be assessed?

HIV/AIDS in the EU and its Neighbouring Countries

The HIV/AIDS epidemic is an issue of concern in both the EU and its neighbouring countries. The total number of people living with HIV/AIDS continuous to increase in the

¹ UNAIDS (2008). *Eastern Europe and Central Asia: Aids Epidemic Update 2007. Regional Summary*. Geneva: UNAIDS, WHO <<http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>>. p. 2.

whole WHO European region, which includes all countries in Western and Eastern Europe as well as in Central Asia. However, the growth of the epidemic is much higher in Eastern Europe and Central Asia than in the member states of the European Union. In 2006, an estimated 270 000 were newly infected with HIV in this region, bringing the total number of people living with HIV/AIDS in Eastern Europe and Central Asia to 1,7 millions.² This means a twenty-fold increase in less than a decade.³

Within the region, Russia and Ukraine are most severely affected. Together they account for 90 % of HIV infection in Eastern Europe and Central Asia.⁴ In total, Russia had an estimated number of HIV infections 940.000 and a HIV prevalence rate of 1.1 % among all 15 to 49 years old at the end of 2005.⁵ In the same year, Ukraine had an estimated number of 377.000 HIV infections 377.000 and a prevalence rate of 1,5 % of all 15 to 49 year old.⁶ The exponential rise in HIV infection in Russia and Ukraine is for the most part caused by using non-sterile drug equipment among injecting drug users (IDUs). According to official data, between 1996 and 2001, 94 percent of the HIV-infected persons in Russia were IDUs who had contracted the infection by sharing injection equipment.⁷ Transmission via shared needles or syringes is a very effective way to transmit blood-borne viruses such as HIV. As a result, HIV can spread very fast within a community of drug users. At present, HIV infections in Russia and Ukraine are no longer restricted to the most-at-risk group of IDUs, but are beginning to spill over to the general populations. An increasing proportion of HIV infections are caused by unprotected sexual intercourse. In 2005, those infections accounted for 37 % of the reported cases in Eastern Europe.⁸ Consequently, women bear a growing part of the HIV burden. Ukraine can serve as an example of how swiftly an HIV epidemic can move beyond risk population and into the general population. Here the proportion of heterosexual transmission has increased from 14% of the new cases to 35% of the new cases in only three years.⁹ Due to stigmatization of homosexuality, information about HIV prevalence within the high risk group of men having sex with men (MSM) is rare. But

² UNAIDS (2007). *2006 AIDS Epidemic Update. Eastern Europe and Central Asia*. Geneva: UNAIDS, WHO, pp. 37-43. <http://data.unaids.org/pub/EpiReport/2006/06-Eastern_Europe_and_Central_Asia_2006_EpiUpdate_eng.pdf>, p. 37.

³ Ibid, p. 37.

⁴ UNAIDS, *Eastern Europe and Central Asia: Aids Epidemic Update 2007*, p. 2.

⁵ Ibid., p. 3.

⁶ Ibid., p. 5.

⁷ Kramer, J. (2003). Drug Abuse in Russia. Emerging Pandemic or Overhyped Diversion? *Problems of Post-Communism* 50 (6): 12-27, p. 12.

⁸ UNAIDS, *AIDS Epidemic Update: December 2006*, p. 37.

⁹ Ibid, p. 37.

it is feared that there is a hidden HIV epidemic among MSM in Russia and Ukraine.¹⁰ In both countries, young people bear the brunt of the epidemic: about 80% of HIV infected persons in Russia and Ukraine are between 15 and 30 years old.¹¹

In comparison with Eastern Europe, HIV prevalence is much lower in the member states of the European Union. In 2006, France had a HIV prevalence rate of 0.4 % among all 15 to 49 years old, Germany of 0.1 %, and Great Britain of 0.2 %.¹² HIV incidence is stable in the many but not in all countries in Western and Central Europe, which means that the number of people that get newly infected each year is not significantly increasing. This can be regarded as a success of HIV surveillance, prevention in Europe, and the introduction of antiretroviral therapy (ART/HART) in 1997. Thanks to antiretroviral therapy, which is nowadays available for all HIV patients in the EU, the epidemic has moved “from a death sentence to chronic disease management”.¹³ People living with HIV/AIDS do no longer suffer from a deadly disease, but can lead a nearly normal life. Thanks to the life-prolonging effects of antiretroviral therapy, life expectancy for HIV positive persons will in the future not differ from average. However, also in the European Union HIV/AIDS is not a problem of the past. Prevention efforts have to be carried on to avoid an anew increase of the epidemic in Europe. Although prevention and treatment are widely available in the EU, there has recently observed a resurgence of new HIV cases, particularly among the most vulnerable populations. In the whole region of Western and Central Europe, some 740 000 people were living with HIV/AIDS in 2006.¹⁴ Men who have sex with men as well as migrants are the most vulnerable groups within the EU. More than one third of HIV infections (35 %) diagnosed in 2005 were transmitted through sex between men, while more than a half occurred through heterosexual intercourse.¹⁵ About three quarters of heterosexually acquired HIV infections are among immigrants and migrants.

A special case within the European Union are the Baltic states, which are facing serious HIV/AIDS epidemics. Estonia, for instance, has a HIV prevalence rate of 1.3 % among adults aged 15 to 49 years, and thus is one of the most severely affected

¹⁰ Ibid, p. 41.

¹¹ Ibid, p. 39

¹² UNAIDS (2009). ‘Countries’, < <http://www.unaids.org/en/CountryResponses/Countries/default.asp>> (accessed on 15 October 2009).

¹³ Matic, S., J. V. Lazarus and M. C. Donoghoe (ed.) (2006). HIV/AIDS in Europe: Moving From Death Sentence to Chronic Disease Management. Geneva: World Health Organization.

¹⁴ UNAIDS (2007). *2006 AIDS Epidemic Update. North America, Western and Central Europe*. Geneva: UNAIDS, WHO, pp. 53-58. <http://data.unaids.org/pub/EpiReport/2006/09North_America_Western_Central_Europe_2006_EpiUpdate_eng.pdf>, p. 56.

¹⁵ Ibid, p. 56.

countries in the whole of Europe.¹⁶ Like in Russia and Ukraine, most HIV infections in Estonia occurred through injecting drug use. After an increase of HIV infections diagnosed around the year 2000, the growth of the HIV epidemic – according to UNAIDS – now appears to be slowing down in the Baltic states.¹⁷

As we have seen, the HIV/AIDS epidemic is spreading rapidly in Eastern Europe, particularly in Russia and Ukraine. What are the implications of this trend for the European Union and its member states? First of all, existing higher HIV prevalence rates in the neighbouring countries are a public health threat for the EU. Legal and illegal migration, human trafficking and illegal drug trade are major risk factors in the unfolding of the HIV/AIDS epidemic within the whole regions. Already today, a high percentage of HIV infections in the EU occur within the group of immigrants and migrants from other parts of the world, particularly from HIV high-prevalence countries in Africa. There is a risk that HIV infections in Europe will in the future increase due to legal and illegal immigration from Eastern European countries. There is a lively interchange with those neighbouring countries to the since the breakdown of the Iron curtain. One can expect that the movement of people will aggravate the risk for an increased spread of HIV in Western and Central Europe. Human trafficking, particularly in field of prostitution, is likely to contribute to this development. It is not clear today, to what extent the spread of HIV in Eastern Europe will possibly spill over to countries of the EU, but according public health specialists it is “a situation about which the EU should be worried”.¹⁸ But HIV itself is not the only public health issue at stake. In Eastern Europe one can observe a dangerous combination of HIV and drug-resistant tuberculosis.¹⁹ Drug-resistant or multi-drug resistant tuberculosis is a form of tuberculosis that is resistant to two or more of the primary drugs used for the treatment of the disease. The drug-resistant forms of tuberculosis are more difficult and more costly to treat and can be fatal. Worldwide, HIV infection has contributed to a significant increase in the incidence of tuberculosis.²⁰ Due to the suppression of the immune system, HIV greatly increases the risk of developing tuberculosis in co-infected individuals. Tuberculosis can, thus, spread more easily within a HIV affected population. In countries of the former Soviet Union the incidence of

¹⁶ UNAIDS (2009). *Countries: Estonia*, <<http://www.unaids.org/en/CountryResponses/Countries/estonia.asp>> (accessed 15 October 2009).

¹⁷ UNAIDS, *AIDS Epidemic Update: December 2006*, p. 58.

¹⁸ EurActiv, ‘EU has no real HIV/AIDS strategy for neighbouring countries,’ <<http://www.euractiv.com/en/health/eu-real-hiv-aids-strategy-neighbouring-countries/article-165316>>, (6 July 2007).

¹⁹ Ibid.

²⁰ Goozé, L. and C. L. Daley (2003). *Tuberculosis and HIV. HIV InSite Knowledge Base*. San Francisco: University of California <<http://hivinsite.ucsf.edu/InSite?page=kb-05-01-06#S1X>>

tuberculosis has steeply increased over the past decade. Moreover, most cases of tuberculosis in this region have been drug resistant. As tuberculosis can spread much easier than, for instance, HIV, the rise of tuberculosis, and particular drug-resistant tuberculosis on the boundaries of the European Union forms a serious epidemiological threat, that has an impact on international relations. Already today, many EU countries require a TB test for visa application from Eastern European nationals.

The Role of the European Union

HIV/AIDS has been an important focus of concern and action of the EU's public health activities since the 1980's. What is the motivation of EU to develop a joint strategy on HIV/AIDS? First of all, HIV/AIDS is and will remain a major public health issue. Member states need coordination to combat HIV/AIDS effectively. Coordination is needed in the areas of HIV/AIDS surveillance as well as in prevention and research. It is a joint concern of all member states of the EU that the epidemic is addressed effectively. A common strategy within the EU is thus in the interest of all its members. Moreover, HIV/AIDS can be considered as a supranational problem. Therefore, it makes sense that the EU as a supranational actor takes up the coordination role among its member states.

Within the European Commission the Directorate-General "Health and Consumer Protection" (DG SANCO) is dealing with public health issues.²¹ Among others, it has a department for public health and risk assessment. The EU Commission has created coordination structures to help in the formulation and implementation of policy activities on HIV/AIDS in Europe. These structures include a HIV/AIDS Think Tank, which serves as a forum to exchange information between the Commission, the member states as well as candidate states and EEA countries (Lichtenstein, Iceland and Norway).²² Moreover, the EU Commission has set up an inter-service group on HIV/AIDS, which is a forum for coordination and cooperation between all relevant Directorate Generals.²³ Next to this, a Task Force HIV/AIDS has been established in 2004.²⁴ The public health activities of the European Commission in the field of HIV/AIDS mainly focus on prevention among

²¹ European Commission, Health and Consumer Protection Directorate General, <http://ec.europa.eu/dgs/health_consumer/index_en.htm> (accessed on 10 October 2009).

²² European Commission / DG Health and Consumer Protection, 'HIV/AIDS', <http://ec.europa.eu/health/ph_threats/com/aids/aids_en.htm> (accessed on 27 October 2009).

²³ Ibid.

²⁴ Ibid.

vulnerable groups like migrant populations, sex workers, and young people. One programme, for instance, aims at the identification of best practice in HIV/AIDS prevention and sex education.²⁵

But the European Union does not restrict its role to HIV/AIDS prevention within the EU. It seeks to foster cooperation with its neighbouring countries to effectively combat the epidemic in the whole of Europe. According to DG SANCO, “the European Union and its neighbouring countries are now facing the threat of a 'new epidemic', with the fastest rate of new HIV/AIDS cases in the world.”²⁶ Moreover, the EU recognizes its responsibility for combating HIV/AIDS on the global level. The EU and its 25 members states together provide 55 percent of the funding for the GFATM.²⁷

Agreements on the European Strategy on HIV/AIDS

The member states of the European Union have agreed in a joint strategy to combat HIV/AIDS to make their efforts within the EU and its neighbouring countries more effective. The following declarations form the basic of a joint action on HIV/AIDS in Europe: (1) *Dublin Declaration* (24 February 2004), (2) *Vilnius Declaration*, (17 September 2004), and (3) *Bremen Declaration* (13 March 2007).

The first high-level meeting dedicated to HIV/AIDS action in Europe took place in February 2004, when the Irish Presidency of the EU hosted the Dublin Ministerial Conference entitled “Breaking the Barriers – Partnership to fight HIV/AIDS”. At the conference representatives of states and governments from Europe and Central Asia took part. In the *Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia* the parties reaffirmed the *Declaration of Commitment on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001*, which can be regarded as the main international agreement on HIV/AIDS. The representatives expressed “their profound concern that in the European and Central Asian region at least 2,1 million people are living with HIV/AIDS” and agreed “that we must act collectively to tackle this crisis through a deepening of coordination cooperation and

²⁵ Ibid.

²⁶ Ibid.

²⁷ European Commission (2004), Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood (Commission working paper), Brussels: European Commission, <http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd01_en.pdf>, p. 2.

partnership within and between our countries.”²⁸ Moreover, the Dublin Declaration emphasized the need to “strengthen the capacity of the European Union to fight effectively against the spread of HIV/AIDS”.²⁹

In June 2004 the European Council called for a “vigorous follow up by the Union and relevant regional bodies on the outcome of the Ministerial Conference on HIV/AIDS in Europe and Central Asia.”³⁰ In September of the same year, the European Commission adopted the working paper “Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighbourhood”³¹, which sets out a number of concrete actions for the EU Commission to take by the end of 2005. In the working paper the Commission speaks of HIV/AIDS as a “Europe-wide threat that requires a European response.”³² According to the Commission, the Dublin conference has given a clear sign that leadership and more effective cooperation is required in order to curb the epidemic in the EU and its neighbourhood. The concrete measures that are taken up by the Commission range from prevention, including tailor-made strategies for vulnerable groups, to treatment and care, access to anti-retroviral therapy as well as coordination.

In September 2004, a follow-up Ministerial Conference, themed “Europe and HIV/AIDS – New Challenges, New Opportunities”, was organised by the European Commission and the Lithuanian Government. Ministers and representatives of governments from the European Union and neighbouring countries responsible for health participated in the Vilnius conference, which explicitly dealt with the “new threat posed by the rising HIV/AIDS epidemic in the European Union and its neighbouring countries.”³³ The Vilnius declaration concretized the intentions of the earlier Dublin Declaration. The representatives declared their willingness to “ensure [...] coherent, comprehensive and multi-sectoral national HIV/AIDS coordination structures, strategies and financing plans”, to conduct reviews of the progress achieved in implementing evidence-based [...] strategies” and to promote the fight against the pandemic, in line

²⁸ *Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia* (24 February 2004), available at WHO Regional Office for Europe, <http://euro.who.int/aids/treatment/20051018_1>.

²⁹ Ibid.

³⁰ Council of the European, *Presidency Conclusions* (17. and 18 June 2004) , <http://www.esdp-course.ethz.ch/content/ref/_doc/200406Brussels_excerpt.pdf>

³¹ European Commission, *Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood*, <http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd01_en.pdf>

³² Ibid.

³³ *Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries* (17 September 2004), Brussels: European Commission, <http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd03_en.pdf>.

with the actions set out in the Dublin Declaration”.³⁴ Moreover, the representatives emphasized the need to “develop and implement relevant legislation [...] with a view to prohibiting discrimination and [...] combating social exclusion and discrimination of people living with HIV/AIDS.”³⁵ The role of civil society in the fight against the epidemic is confirmed in the Vilnius declaration. The representatives call upon civil society actors and non-governmental organizations “to join partnerships with Governments, the European Community and International organizations” and to “contribute to a coordinated effort of all stakeholders [...] in order to maximize synergies.”³⁶ NGOs are also explicitly asked to “advocate on behalf of key populations and those particularly vulnerable to HIV/AIDS so that their needs are fully respected.”³⁷ Furthermore, the declaration emphasised the role of international organizations, particularly UNAIDS, which are asked to “ensure coordination and cooperation of the response to HIV/AIDS in the European Union and in its neighbouring countries”³⁸ in partnership with the EU, its institutions and member states.

On 15 December 2005, the European Commission issued a second report on HIV/AIDS. The “Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009”³⁹ builds on the principles and priorities of the earlier working paper and sets out the main lines of the European HIV/AIDS policy.⁴⁰ The document contains an action plan for the years 2006 to 2009 and brings together the relevant EU policies and instruments, which play a role in combating the epidemic. The communication stresses comprehensive prevention measures within the EU and its “neighbourhood”, which is defined as the Russian Federation and the partners under the umbrella of the European Neighbourhood Policy (ENP).⁴¹ The ENP covers 16 existing or potential partners: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, the Palestinian Authority, Syria, Tunisia and Ukraine.⁴² In the document, the EU Commission once again emphasizes the role of civil society and for the first time also mentions the need for a partnership with the private

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ European Commission (2005). *Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009* (15.12.2005), <http://eurlex.europa.eu/LexUriServ/site/en/com/2005/com2005_0654en01.pdf>.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

sector. EU action includes measures for surveillance, prevention, including harm, voluntary counselling and testing, treatment, care and support as well as HIV/AIDS research. HIV/AIDS prevention includes the promotion of primary prevention measures, like education, the use of condoms and implementation of harm reduction measures (such as exchange of needles and syringes). Chapter 7 of the Communication deals with HIV/AIDS action in the neighbourhood of the European Union. The Commission promises “to support the development of strong and accountable political leadership to tackle the HIV/AIDS epidemic” and “to involve the neighbouring countries in the EU’s HIV/AIDS activities in order to exchange information and best practices.”⁴³ With the Russian Federation the EU will develop cooperation on HIV/AIDS under the umbrella of the Partnership and Cooperation Agreement, which mentions HIV/AIDS in the context of drug prevention policies and education of youth as well as in the context of the Northern Dimension, which identifies health as one key areas of cooperation between the Northern Dimension partners EU, Russia, Norway, and Iceland. With the partners under the ENP, cooperation on HIV/AIDS falls under the ENP Action Plans, which are elaborated between the EU and the respective countries and contain cooperation on public health.

The most recent European conference on HIV/AIDS was held in Bremen on 13 March 2007. In Bremen, the ministers and representatives of governments from the European Union and neighbouring countries responsible for health signed the *Bremen Declaration on Responsibility and Partnership – Together Against HIV/AIDS*.⁴⁴ Altogether more than 30 representatives from the EU, EU neighbouring countries, the EU Commission and international organizations took part in the conference.⁴⁵ The representatives pledged to provide political leadership in the fight against HIV/AIDS at national, European and international levels.⁴⁶ For the most parts, the Bremen Declaration is an reaffirmation of the earlier declaration on HIV/AIDS. New is the emphasis on political leadership and the role of the EU. The representatives ask the European Commission to implement its action plan “Communication on Combating HIV/AIDS in Europe and the Neighbouring Countries 2006-2009” and to stress HIV/AIDS

⁴³ *ibid.*

⁴⁴ *Bremen Declaration on Responsibility and Partnership – Together Against HIV/AIDS* (13 March 2007). Berlin: Foreign Office. <http://www.eu2007.de/en/News/download_docs/Maerz/0312-BSGV/070Bremen.pdf>.

⁴⁵ Germany 2007 Presidency of the European Union, Ministerial Conference: Partnership and Responsibility – Together Against HIV/AIDS (12.03. - 13.03.2007), <http://www.eu2007.de/en/Meetings_Calendar/Dates/March/0312-BSGV.html>.

⁴⁶ Bremen Declaration.

prevention, treatment, care and support in the Community action programmes.⁴⁷ Moreover, the representatives invite civil society and the private sector to cooperate in the fight against the epidemic.⁴⁸ In the Bremen declaration, the EU declares its recognition of the global dimensions of the HIV/AIDS pandemic and its commitment to address the crisis at the global level. The EU, thus, takes on a global responsibility for the fight against HIV/AIDS.

Outline of the EU Strategy on HIV/AIDS

The most detailed document on the EU strategy on HIV/AIDS is the “Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009”, which was published on 15 December 2005, together with an elaborated action plan for the following four years. The outlined EU strategy on HIV/AIDS comprises of four directions: (1) surveillance, (2) prevention, (3) voluntary counselling and testing, treatment, care and support, and (4) HIV/AIDS research. With regards to surveillance, the EU aims to improve and harmonise surveillance systems to track and monitor the epidemic. Surveillance is regarded as an important basis for strategies and policies to combat the epidemic. The EU thus aims to support the collection and analysis of susceptible data through the existing structures, as the European Centre for Disease Prevention and Control (ECDC).⁴⁹ As for HIV/AIDS prevention, the aim of the EU strategy is to “facilitate the implementation of population-wide and targeted HIV prevention measures” and “to ensure that all citizens have access to information, education and services to reduce their vulnerability to HIV/AIDS.”⁵⁰ According to the EU strategy, prevention includes the promotion of primary prevention measures, like education, the use of condoms and implementation of harm reduction measures (such as exchange of needles and syringes). In relation to voluntary counselling and testing, treatment, care and support, the EU aims to combat stigma and discrimination against people living with HIV/AIDS (PLWHA), support the provision of universal access to

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ European Centre for Disease Prevention and Control (ECDC), <<http://www.ecdc.europa.eu/>> (accessed 23 October 2009).

⁵⁰ European Commission, Communication on combating HIV/AIDS (15.12.2005), p. 6.

treatment and care, and support their social and labour market integration in Europe.⁵¹ In order to ensure HIV/AIDS services, the EU supports capacity-building among service providers and among non-governmental organizations active in the field of HIV/AIDS. According to the Communication, the EU Commission will “facilitate the development of a toolkit for the member states providing a set of possible European models for comprehensive HIV/AIDS services.”⁵² Furthermore, the EU aims to increase commitments to HIV/AIDS research, which is to be prioritized under the Seventh Framework Programme for research and development activities.⁵³

The Communication places special emphasis on the involvement of civil society. Concretely, the action plan calls for HIV/AIDS Civil Society Forum, that is to take place twice a year, and the development and implementation of a training programme for NGOs active in the field of HIV/AIDS. In the framework of the EU action plan, a number of NGOs will be trained annually on treatment preparedness and prevention with specific focus on harm reduction measures for IDUs.

With regard to its cooperation with neighbouring countries, including the Russian Federation, the EU action plan sets up a number of concrete activities, as for instance the participation of the European Commission in the work of the Country Coordinating Mechanism (CCM). As for Russia, the Commission will organize expert meeting on HIV/AIDS related issues. Regarding the partners of the European Neighbourhood Policy (ENP), the plans are more precise: ENP partners will be invited to EU activities, as the HIV/AIDS Think Tank meetings on specific topics and HIV/AIDS related meetings and conferences. By this, the EU aims to exchange information and best practises on HIV/AIDS with its ENP partners. Furthermore, the EU plans to hold an exploratory meeting with ENP partners, in particular those with an ENP Action Plan, and organize a series of follow-up meetings on specific topics, countries and regions.⁵⁴ In order to enhance HIV surveillance networks in Southern Mediterranean countries, the ECDC will start a collaboration project with EpiSouth.

⁵¹ Ibid, p. 8.

⁵² Ibid, p. 9.

⁵³ Ibid, p. 10.

⁵⁴ European Commission, Communication on combating HIV/AIDS (15.12.2005), p. 20.

On 26 October 2009, the Commission published a new report, outlining its strategy on combatting HIV/AIDS in the European Union and neighbouring countries for the coming four years.⁵⁵

European Programmes on HIV/AIDS

The European Union directly supports HIV/AIDS programmes in its neighbouring countries, including the Russian Federation. For a long time, the main assistance programme, focussing on the countries of Eastern Europe and Central Asia, has been the Tacis programme (“Technical Assistance CIS”), which was launched by the EC in 1991 to enhance the transition process in the countries of the former Soviet Union.⁵⁶ The Tacis programme has provided grant-financed technical assistance to 12 countries in the region, including both national programmes and regional programmes in areas such as nuclear safety, cross-border cooperation and regional cooperation.⁵⁷ Within the Tacis framework, the EU has provided considerable financial support to the fight against HIV/AIDS in the countries Eastern Europe and Central Asia. In the Russian Federation, the project “Prevention and Combating of HIV/AIDS – Phase I” for instance, has been carried out with the financial support of the Tacis programme. With the year 2007, the financial instruments of the EU have been fundamentally reformed; the Tacis and Meda programmes have been replaced by the European Neighbourhood and Partnership Instrument (ENPI), which covers 17 partner countries, including ten Mediterranean, six Eastern European countries and Russia.⁵⁸ The ENPI has a budget of approximately €12 billion for the coming seven years (2007-2013).⁵⁹

What does the EU strategy on HIV/AIDS mean in financial terms? With regard to cooperation with the Russian Federation, the EU has directly financed twelve

⁵⁵ European Commission, (2009), Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013, SEC (2009) 1403, 1404, 1405, Brussels: Commission of the European Communities, 26.10.2009. This communication follows up on the one for the discussed strategy plan for the years 2006 to 2009. As it had been published only recently, it could not be included in this paper.

⁵⁶ Frenz, Alexander. ‘The European Commission’s Tacis Programme 1991 – 2006. A Success Story’, available at <http://ec.europa.eu/europeaid/where/neighbourhood/regional-cooperation/enpieast/documents/annual_programmes/tacis_success_story_final_en.pdf> (accessed on 11 November 2009).

⁵⁷ Ibid.

⁵⁸ European Commission, ‘European Neighbourhood and Partnership Instrument’, <http://ec.europa.eu/europeaid/where/neighbourhood/overview/index_en.htm> (accessed at 12 November 2009).

⁵⁹ Ibid.

cooperation projects related to the fight against HIV/AIDS between 2001 and 2008.⁶⁰ The overall budget of those twelve projects amounts to 16.8 Million Euro. The project “HIV/AIDS Prevention and Combating in the Russian Federation, Phase II” was launched in 2005 and is mainly aimed to support the Russian Ministry of Health in developing strategies with regard to ART and blood safety.⁶¹ The project is conducted in four project regions (Irkutsk, Kaliningrad, Krasnodar, St. Petersburg/Leningrad oblast) and has a budget of 4,5 million Euro, divided between the WHO and the EU.⁶² However, apart from this one project, conducted by the WHO regional office in Moscow, the partnership between the EU and Russia on the basis of the four ‘common spaces’ of the Partnership and Cooperation Agreement does not arrange for any cooperation in the area of HIV/AIDS.⁶³

Support to public health projects, addressing the HIV/AIDS epidemic, has also been included in the EU Ukraine Action Plan. Funding through the *Global Fund to Fight AIDS, Tuberculosis and Malaria* is more significant than direct EU assistance. With a contribution of €2 billion, the European Union (EU Commission and EU member states) is the main donor to the Global Fund. The European Commission alone has provided € 522 million over the past five years and has promised to donate up to € 400 million for the period of 2007 to 2010.⁶⁴ The Global Fund has spent more than €700 million to address HIV/AIDS and tuberculosis in the 22 countries in the region of Eastern Europe and Central Asia.⁶⁵ For the future, however, it is assumed that the Global Fund will reduce its funding to Eastern Europe, as it follows the World Bank’s country-income classification when determining whether a country is eligible for support. Since more and more Eastern European countries fall into the classification of “upper-middle income” countries, fewer and fewer of them will in future be eligible to financial support from the Global Fund.⁶⁶

⁶⁰ European Commission, ‘List of EU-Russia Cooperation Projects Related to the Fight against HIV/AIDS’, <http://www.delrus.ec.europa.eu/en/images/pText_pict/534/List%20of%20projects.doc> (accessed on 29 August 2007).

⁶¹ ENPI Infocentre, ‘HIV/AIDS Prevention and Combating in the Russian Federation, Phase II’, <http://www.enpi-info.eu/files/features/russia_health_blood-safety_en.pdf> (accessed 2 November 2009).

⁶² *ibid.*

⁶³ European Commission, ‘EU-Russia Common Spaces’ <http://ec.europa.eu/external_relations/russia/common_spaces/index_en.htm> (accessed 12 November 2009).

⁶⁴ European Commission, ‘Stepping up the fight against HIV/AIDS. – President Barroso announces substantial EC contribution to the Global Fund for the period 2007 to 2010’, <<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/07/736&format=HTML&aged=0&language=EN&guiLanguage=en>> (accessed on 30 August 2009).

⁶⁵ EurActiv, ‘EU shifting AIDS funds away from neighbouring countries’, <<http://www.euractiv.com/de/gesundheit/eu-shifting-aids-funds-away-from-neighbouring-countries-urban-weber-the-global-fund-to-fight-aids-tb-and-malaria/article-165423.>> (accessed on 30 August 2007).

⁶⁶ *Ibid.*

Assessment of the EU Strategy on HIV/AIDS

How can we assess the EU strategy on HIV/AIDS? First of all, we have to note that the European Union has responded very late to the growing health threat of the HIV/AIDS in Europe. The first declaration on HIV/AIDS in the EU and its neighbouring countries – the Dublin Declaration – was signed in 2004, although it was evident since the mid-1990s that HIV/AIDS prevalence rates were increasing rapidly in Eastern Europe, and in particular in Russia and Ukraine. Had the need for a coordinated response to HIV/AIDS in Europe been recognized earlier, European action today could be more effective.

With respect to European action on HIV/AIDS, one has to differentiate between coordination and cooperation *within* the EU and *between* the EU and its neighbouring countries. Coordination *within* the EU is necessary exchange between member states has in general developed in a positive way. With the *European Centre for the Epidemiological Monitoring of AIDS* (EuroHIV) an institution exists that co-ordinates the surveillance of HIV/AIDS in European region in order to better inform disease prevention, control and care. Furthermore, the *European Centre of Disease Prevention and Control* (ECDC) has been established in 2005 to strengthen Europe's defences against infectious diseases, among which HIV/AIDS. Most member states of the EU have understand that rising HIV prevalence in the EU forms a public health threat and have scaled up their national prevention efforts. Support to and cooperation with European NGOs and NGO networks facilitate a broader involvement of civil society in HIV/AIDS action in the EU, which is in line with the global strategy on HIV/AIDS, as laid down in the *UNGASS declaration*.⁶⁷

Coordination and cooperation on HIV/AIDS *between* the EU and its neighbouring countries gives a less positive picture. The EU strategy on HIV/AIDS so far exists merely on paper. The declarations of Dublin, Vilnius and Bremen display a genuine intention to formulate a joint strategy on HIV/AIDS in Europe. What is missing is a functioning instrument to implement this strategy in collaboration with the neighbouring countries. European cooperation on HIV/AIDS is today embedded in the *European Neighbourhood and Partnership Instrument* (ENPI), which comprises all areas of cooperation between

⁶⁷ *UNGASS Declaration of Commitment on HIV/AIDS* (7 June 2001), New York: United Nations <<http://www.un.org/ga/aids/coverage/index.html>>

the EU and its partners. Within the ENPI, HIV/AIDS is mentioned only on a subordinate position. There is a risk that HIV/AIDS action will get lost in the discussion of other more prioritized policy fields. One example that shows that the EU strategy at this very moment mostly remains a policy-on-paper is the uncompleted introduction of harm reduction programmes in Eastern Europe. Although harm reduction programmes, as for instance needle exchange, have proved to be an effective tool of HIV/AIDS prevention for injecting drug users and, thus, from an integral part of the EU strategy on HIV/AIDS, many countries in Eastern Europe remain reluctant to introduce those programmes. Government officials in Russia for instance oppose harm reduction programmes with the argument that those programmes promote drug use, which clearly is a misconception. Although there exist some isolated NGO-run needle exchange programmes in Russia, the reluctance towards harm reduction on the side of the Russian government has impeded the elaboration of a comprehensive, Russian-wide prevention strategy for injecting drug users, who are mainly affected by the epidemic. Without a paradigmatic policy change, however, Russia will not be able to tackle the HIV/AIDS crisis. Although the EU and Russia have agreed upon a joint strategy in the fight against HIV/AIDS in the declarations of Dublin, Vilnius and Bremen, this joint strategy will remain ineffective unless results in concrete agreements and policy steps. As for today, the EU fails to use its opportunities for advocating a better HIV/AIDS policy in Russia.

Since the conference in Bremen, EU policy on HIV/AIDS has been discussed controversially among public health experts. Alvaro Bermejo, the executive director of the *International HIV/AIDS Alliance*, an European NGO working in the field of HIV/AIDS, criticizes that “the EU has no real HIV/AIDS strategy for its neighbouring countries.”⁶⁸ He argues, that the EU underestimates the problem of a rising HIV/AIDS epidemic on its Eastern borders and provides too little direct funding for prevention programs in Eastern Europe.⁶⁹ According to Bermejo, the EU should use its experience to influence government responses to HIV/AIDS in Russia, Ukraine and other Eastern European countries and at the same time increase the levels of financial support.⁷⁰

The NGO representative argues, that the EU should not refuse to spend more funds on HIV/AIDS prevention in Eastern Europe with the argument that all its funding on HIV/AIDS is going to the Global Fund. Bermejo calls the argumentation of the EU “an

⁶⁸ EurActiv, ‘EU has no real HIV/AIDS strategy for neighbouring countries’, <<http://www.euractiv.com/en/health/eu-real-hiv-aids-strategy-neighbouring-countries/article-165316>> (6 July 2007).

⁶⁹ Ibid.

⁷⁰ Ibid.

incredible stance”. On the contrary, he believes, that complementary funding mechanisms apart from the Global Fund are needed for the response to HIV/AIDS in Eastern Europe. In a reply to Bermejo, Urban Weber of the Global Fund agrees that by replacing direct assistance with donations to the Global Fund, the EU is likely going to shift away funding from neighbouring countries to other regions in the world.⁷¹ There is indeed a risk that the financial means to combat HIV/AIDS in Eastern Europe will decrease in the future, as more and more countries will fall out of the Global Fund classification for recipient countries. On the other hand, needs for HIV/AIDS action in Eastern Europe will further increase.

In another reply to the article, Gudjon Magnusson of WHO Europe points out that the HIV/AIDS situation in the Eastern border countries of the EU is “a matter of serious concern.”⁷² According to him, the EU should improve its response to the epidemic in its neighbouring countries. Magnusson calls for a strengthening of the HIV/AIDS Task Force, which brings together representatives of governments and civil society both from EU member states and the neighbouring countries.⁷³ Furthermore, he argues that the issue of HIV/AIDS should be more systematically included in the policy dialogue between the EU and its neighbours, and that both partners should agree upon certain minimum standards in the response to HIV/AIDS. Those minimum standards should – according to Magnusson – include the involvement of civil society, the promotion of individual and civil rights, universal access to HIV prevention, treatment and care, evidence-based interventions such as harm reduction for injecting drug users as well as the reduction of stigma and discrimination of populations most vulnerable to HIV/AIDS.⁷⁴ With respect to the financing of HIV/AIDS programmes in Eastern Europe, Magnusson argues that EU funding should be increased and diversified to make sure that HIV/AIDS funds are not shifted away, but guaranteed. According to Magnusson, the EU should consider a specific neighbourhood action plan on HIV/AIDS. It also needs to put health and HIV/AIDS higher in existing action plans and national programmes.

⁷¹ EurActiv, 'EU shifting AIDS funds away from neighbouring countries', <<http://www.euractiv.com/de/gesundheit/eu-shifting-aids-funds-away-from-neighbouring-countries-urban-weber-the-global-fund-to-fight-aids-tb-and-malaria/article-165423>> (11 July 2007).

⁷² EurActiv, 'AIDS situation critical in eastern Europe', <www.euractiv.com/fr/sante/aids-situation-critical-in-eastern-europe-dr-gudjon-magnusson-division-of-health-programmes-director-who-europe/article-165632> (17 July 2007).

⁷³ *ibid*
⁷⁴ *ibid*.

Conclusions

In this paper, I discussed the EU strategy on HIV/AIDS in the European Union and its neighbouring countries. For the last years, a growing concern about the enfolding HIV/AIDS epidemic in Europe can be observed. The region of Eastern Europe, and in particular countries as Ukraine and Russia, currently have the fastest-growing HIV/AIDS epidemics in the world. Also within the European Union HIV/AIDS is not a problem of the past. Cooperation between member states is needed to optimize HIV/AIDS prevention efforts. But while the epidemic is almost under control within the EU, the situation in the bordering countries in Eastern Europe is a matter of serious concern. Rapidly increasing HIV prevalence there demonstrate the need for a common European HIV/AIDS strategy that includes EU neighbouring countries.

Since 2004, three major European conferences in Dublin, Vilnius and Bremen were organized with the objective to put HIV/AIDS on the political agenda. In the declarations on HIV/AIDS, the representatives of European countries have agreed upon joint action to roll back the epidemic in Europe. Furthermore, the European Commission has elaborated a strategy to combat HIV/AIDS within the EU and in the neighbouring countries that includes a detailed action plan for the period 2006 to 2009. Although we can clearly observe an increasing political awareness of the problem of HIV/AIDS, the EU strategy is so far limited to good intentions. As for today, the EU is lacking a functioning mechanism to discuss and develop effective measures on HIV/AIDS with its neighbouring countries. While there is a consent that joint action is needed, the EU and its partners do not have the same ideas on the best HIV/AIDS policy. Prevention strategies as for instance harm reduction programmes for injecting drug users are widely accepted within the EU, but do not receive the necessary political support in many of the Eastern European countries, particularly in Russia. This clearly hampers the implementation of a joint European approach on HIV/AIDS. It makes clear that the EU can not limit itself to issuing strategy papers, but has to develop clear political programmes in collaboration with its partner countries.

In order to tackle the epidemic, the countries of the EU and its neighbourhood need to discuss political measures and find common problem solving strategies. In order to formulate a truly effective EU strategy on HIV/AIDS, not only the intentions and general objectives have to be agreed upon, but also the political steps that are necessary to achieve the objectives. At present, the EU does not fully use its

opportunities to foster a constructive policy-dialogue with governments in Eastern Europe. On the same time it is apparent, that a joint strategy on HIV/AIDS also requires financial commitment from the side of the EU. The EU should ensure financial support to national programmes on HIV/AIDS in Eastern Europe to emphasize its concern about the epidemic. With a constructive debate on HIV/AIDS policy between the EU and its neighbours and a lasting consolidation of funding for the region, a joint European strategy on HIV/AIDS is possible. It is also necessary, if we bear in mind how high the human costs of the HIV/AIDS epidemic are.

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