

ACP-EU JOINT PARLIAMENTARY ASSEMBLY

ACP-EU 3640/04/fin.

RESOLUTION¹

on poverty-related diseases and reproductive health in ACP States, in the context of the 9th EDF

The ACP-EU Joint Parliamentary Assembly,

- meeting in Addis Ababa (Ethiopia) from 16 to 19 February 2004,
- having regard to Articles 152(3) and 177 to 181 of the EC Treaty,
- having regard to Articles 25(1)(c) and (d) and 31(b)(iii) of the ACP-EU Partnership Agreement, signed in Cotonou in June 2000²,
- having regard to the European Parliament resolution of 1 March 2001 on the European Community's Development Policy³,
- having regard to the European Parliament resolution of 20 September 2001 on female genital mutilation⁴,
- having regard to its resolution of 1 November 2001 on HIV/AIDS⁵,
- having regard to its resolution of 21 March 2002 on the impact of communicable diseases on health, young people, the elderly and people living with disabilities⁶,
- having regard to its resolution of 21 March 2002 on health issues, young people, the elderly and people living with disabilities⁷,
- having regard to its resolution of 3 April 2003 on WTO negotiations on health issues⁸,
- having regard to the European Parliament resolution of 4 September 2003 on the Commission communication on Health and Poverty Reduction in Developing Countries⁹,
- having regard to Regulation (EC) No 1567/2003 on aid for policies and actions on reproductive health and rights in developing countries¹⁰,

¹ Adopted by the ACP-EU Joint Parliamentary Assembly on 19 February 2004 in Addis Ababa (Ethiopia)

² OJ L 317, 15.12.2000, p. 16.

³ OJ C 277, 1.10.2001, p. 130.

⁴ OJ C 78, 2.4.2002, p. 66.

⁵ OJ C 77E, 28.3.2003, p. 22.

⁶ OJ C 231, 27.9.2002, p. 57.

⁷ OJ C 231, 27.9.2002, p. 55.

⁸ OJ C 231, 26.9.2003, p. 31.

⁹ Not yet published in OJ (COM(2002) 129).

¹⁰ OJ L 224, 6.9.2003, p. 1.

- having regard to Regulation (EC) No 1568/2003 on aid for poverty diseases (HIV/AIDS, malaria and tuberculosis) in developing countries¹,
- having regard to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979 by the UN General Assembly,
- having regard to the United Nations Convention on the Rights of the Child, adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989,
- having regard to the Programme of Action adopted by 179 countries at the International Conference on Population and Development (ICPD) in Cairo, 5-13 September 1994,
- having regard to the strategic health objectives approved at the 1995 UN Beijing Conference on Women and for Beijing +5,
- having regard to the Key Actions for the Further Implementation of the Programme of Action of the ICPD, adopted by the twenty-first special session of the UN General Assembly in New York, 30 June-2 July 1999 (ICPD +5),
- having regard to the Millennium Development Goals (MDGs) adopted at the Millennium Summit of the United Nations, 6-8 September 2000,
- having regard to the report of the WHO Commission on Macroeconomics and Health of 20 December 2001,
- having regard to the Monterrey Consensus of the UN Financing for Development Conference, 22 March 2002,
- having regard to the Johannesburg Declaration on Sustainable Development adopted by the United Nations World Summit on Sustainable Development, 4 September 2002,
- having regard to the worldwide initiative to eliminate avoidable blindness by the year of 2020, known as Vision 2020, and the World Health Organisation's Global Initiative for the Elimination of Avoidable Blindness,
- having regard to the Doha 2001 Declaration on relations between the TRIPs Agreement and Public Health,
- having regard to the 2002 report of the UNPFA on the state of world population,
- having regard to the debate on the current status of HIV/AIDS, tuberculosis, malaria and other related infectious diseases (ORID) in Africa at the Assembly of Heads of State and Government held in Maputo, Mozambique, 10-12 July 2003,

¹ OJ L 224, 6.9.2003, p. 7.

- having regard to the report by the Council of Europe on the impact of the Mexico City Policy¹,
- having regard to the report of the Committee on Social Affairs and the Environment (ACP-EU 3640/03),
- A. whereas health is a basic human right recognised in Article 25(1) of the Universal Declaration of Human Rights,
- B. whereas poverty diseases and reproductive health must continue to be tackled through joint efforts from the international community,
- C. whereas millions of people continue to die of infectious diseases in the developing countries every year although medical science is able to prevent and cure most of these diseases,

Poverty and Health

- D. whereas besides HIV/AIDS, malaria and tuberculosis, there are many other poverty related diseases that merit attention, such as vesico-vaginal fistula, diarrhoea, debilitating and water-borne diseases, skin diseases, mental and physical disorders, and other environment-related diseases,
- E. whereas the report of the UNFPA on the state of the world population 2002 highlights that to reduce poverty in developing countries, urgent action is needed to combat poor reproductive health, help women avoid unwanted pregnancies, and eliminate illiteracy and general discrimination,
- F. whereas the 2001 report of the WHO Commission on Macroeconomics and Health notes that the population health of developing countries in recent decades contains some good news, but mostly bad and disastrous news,
- G. whereas poor health diminishes personal capacity, lowers productivity and reduces earnings, hence contributing to increase poverty,
- H. whereas the assessment of poverty should take account not only of per capita income, life expectancy, literacy and school attendance, but also of other indicators such as access to social services,
- I. whereas investment in basic health services in developing countries is only a fraction of what is needed,

Poverty-related diseases and their combat

- J. whereas poverty-related diseases (PRDs) are the major cause as well as the consequence of considerable poverty in developing countries such as ACP States, in particular in Sub-Saharan Africa,

¹ CoE document 9901, 11.9.2003

- K. whereas the burden of PRDs, especially HIV/AIDS, malaria, tuberculosis, vesico-vaginal fistula, and infectious, diarrhoea and skin diseases, and more specifically diseases that can be prevented by vaccination, is mostly borne by the Least Developed Countries (LDCs),
- L. whereas life expectancy has fallen significantly in some African countries as a result of HIV/AIDS,
- M. whereas the fight against these diseases is one of the key strategies to eradicate poverty and promote economic growth in developing countries, particularly through the achievement of the millennium development objectives,
- N. whereas information, prevention and treatment in relation to malaria, tuberculosis and HIV/AIDS call for different approaches for which appropriate strategies should be developed,
- O. whereas HIV/AIDS is also contributing to the slowing of economic growth and activity and the decline in agricultural production in the worst affected countries, as productive human resources are falling prey to the infection,
- P. whereas the strategies needed to combat the epidemic effectively involve a combination of treatment, education and prevention, and must be implemented in such a way as to reach local communities through committed political and religious leadership,
- Q. whereas infant mortality resulting from infectious diseases which are entirely preventable by vaccination places an unnecessary psychological, economic and physical burden on a population which already has many problems to face,
- R. whereas the African Union Heads of State and Government meeting in July 2003 in Maputo, Mozambique, recognised all the above by noting that these diseases are the major causes of morbidity and mortality and constrain the socio-economic development of the Africa region, accentuating poverty, disrupting family and social fabric and driving millions of African people to despair,
- S. whereas young girls in particular break off their schooling to take care of their sick parents; and whereas there are now millions of orphans worldwide living without the support of parents,
- T. whereas initiatives to combat PRDs in ACP States need therefore to be well integrated into the countries' National Indicative Programmes (NIPs) and Regional Indicative Programmes (RIPs) and into the social sector of intra-ACP Cooperation under the 9th EDF,
- U. whereas these initiatives should be designed in such a way that they target disadvantaged and vulnerable groups such as women, young people and children,

- V. whereas recent developments at UN and international levels have revealed new ways of accessing treatment and care for people living with, and affected by HIV/AIDS, mainly through access to antiretroviral medicines,
- W. whereas, in this context, the development of the new EDCTP programme represents an important step forward,
- X. whereas at the Doha WTO Ministerial Conference increased affordability of pharmaceutical products and the interpretation of intellectual property rights were discussed, and a declaration on relations between TRIPs Agreement and Public Health was adopted,
- Y. whereas an agreement was adopted by the members of the WTO on 30 August 2003 providing a solution to the problem faced by those countries which do not have sufficient manufacturing capacity in the pharmaceutical sector,
- Z. whereas pharmaceuticals sold at tiered prices in developing countries should not be diverted to the EU market,
- AA. whereas 90% of the world's health R&D is devoted to conditions that affect 10% of the world's population and whereas insufficient research is currently being carried out into the most neglected diseases only affecting developing countries (e.g. sleeping sickness, Chagas' disease and leishmaniasis) and, in the case of other diseases, into products specifically adapted to conditions of use in developing countries,
- AB. whereas prevention and treatment of communicable diseases must be regarded as indispensable for the international community, and thus considered a 'global public good',

International Conference on Population and Development (ICPD)

- AC. whereas the ICPD (September 1994), for the first time, focused on individuals' reproductive needs and rights, rather than on achieving demographic targets,
- AD. whereas at the International Conference on Population and Development in Cairo, 179 States adopted the Programme of Action (PoA),
- AE. whereas the consensus reached at the Cairo Conference was reaffirmed at the five-year review of the ICPD in 1999 and also recently at the regional meetings on ICPD +10 of the Asian, Pacific and the Caribbean states,
- AF. whereas 2004, marks the 10th anniversary of the ICPD and will see the mid-term review of its PoA,
- AG. whereas reproductive health includes family planning services and information, safe motherhood services, safe abortion, the prevention, detection and treatment of reproductive tract infections and sexually transmitted infections (STIs), including HIV/AIDS,

- AH. whereas all couples and individuals should have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so,
- AI. whereas according to the ICPD, ‘reproductive health services should be safe and accessible, through the primary health care system, to all individuals of appropriate ages, as soon as possible and no later than the year 2015’,

Poverty Reduction and Millennium Development Goals (MDGs)

- AJ. whereas there are established links between poverty eradication and sexual and reproductive health,
- AK. whereas the implementation of the ICPD PoA is essential to achieving the MDGs,
- AL. whereas the three MDGs directly related to reproductive health (i.e. reducing child mortality, improving maternal health, and combating and preventing HIV/AIDS) are the ones least likely to be achieved by the target year 2015,

Main challenges (including vulnerable groups and HIV/AIDS)

- AM. whereas complications in pregnancy and childbirth are the leading causes of death and disability among women in developing countries, claiming the lives of 500,000 women each year,
- AN. whereas a particular problem concerns women, very often of a young age and without easy access to reproductive health services, who develop fistula because of unrelieved obstructed labour, the consequences of which - if not treated - lead to miserable health conditions and social stigmatisation,
- AO. whereas about one third of all pregnancies are unwanted or unplanned, which may lead women to seek abortions in unsafe conditions,
- AP. whereas one billion adolescents are about to enter their reproductive years,
- AQ. whereas diseases of the reproductive organs, and in particular vesico-vaginal fistula, are a public health problem in a great many ACP States,
- AR. whereas half of all new HIV infections are among young people, with girls being at particular risk,
- AS. whereas the WHO suggests that improved management of STIs could reduce the incidence of HIV in the general population by about 40%,
- AT. whereas prevention of, and services for STIs and HIV/AIDS are an integral component of reproductive and sexual health programmes,
- AU. whereas 80% of the world’s current refugee population are women and children; whereas, in refugee settings, maternal mortality rates are often higher due to

poor nutrition and frequent closely-spaced pregnancies, and there is often increased unsafe sexual activity and sexual violence, including rape, which results in an increase in HIV/AIDS and STIs,

AV. whereas the ACP-EU JPA is pleased that a number of countries have introduced a ban on harmful traditions and practices, including female genital mutilation (FGM),

Funding shortfall and EDF support

AW. whereas in 2000 donor countries contributed only 45% and the developing countries 76% of the shares stipulated in the ICPD,

AX. whereas in 2000 total spending for reproductive health, including loans and funding under the UN system, only represented 45,6% of the ICPD target for that year,

AY. whereas donors and NGOs have recognised that there is an international crisis in the availability of reproductive health supplies, and therefore unless action is taken individuals will not be able to exercise their right to access basic reproductive health services and supplies,

AZ. whereas there is an uneven political commitment among donor countries and a general decline in development aid,

BA. whereas on his first day in office, US President Bush reinstated the so-called Mexico City Policy or 'Global Gag Rule' which withholds US assistance from any foreign organisation, which, even with its own funding, performs, refers, counsels on, or lobbies for abortion, regardless of whether abortion is legal in that country,

BB. whereas the Mexico City Policy has now been extended to organisations running HIV/AIDS programmes and even programmes for refugees and internally displaced persons,

BC. whereas there is a massive shortfall in funding for sexual and reproductive health, although the EU has played a key role in this area through legislation and by providing ad hoc funding,

BD. whereas there is, however, a clear case for investing in sexual and reproductive health in terms of cost-efficiency in combating poverty,

BE. whereas at the 2002 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action, held in Ottawa, parliamentarians committed themselves to try to attain 5 to 10% of national development budgets for population and reproductive health programmes,

BF. whereas in general terms, reproductive health has not been identified as a priority area in the Country Strategy Papers (CSPs) of ACP States, and also

there is still a significant shortfall in the financial support that would allow all children to be given access to life-saving vaccinations,

BG. whereas out of a total of 77 CSPs, only 13 have selected health as a priority area and whereas only about 4% of the EDF is spent on health,

Role of civil society

BH. whereas the ACP-EU JPA recognises the important and complementary role that civil society can play at national, regional and international levels with regard to achieving the ICPD PoA,

Poverty and Health

1. Emphasises that besides HIV/AIDS, malaria and tuberculosis there are many other poverty related diseases, such as vesico-vaginal fistula, that must be addressed by the international community;
2. Takes the view that the lack of access to health results both from a problem of access to care (arising from a lack of health structures and personnel, and the absence of public healthcare systems) and from a problem of access to treatment;
3. Requests that when addressing poverty-related diseases in developing countries one should also recognise their link to food safety and security, education, environment and social and economic questions;
4. Stresses that poor health diminishes personal capacity and lowers productivity and income levels, hence contributing to an increase in poverty;
5. Stresses that access to safe drinking water and a balanced diet are a *sine qua non* for good public health; stresses therefore that the horizontal dimension of health and improvements in living conditions help to raise life expectancy and to combat poverty;
6. Recognises that special attention must be given to women, children and elderly people when addressing poverty related diseases, and calls attention to the fact that each day more productive human resources become affected by the diseases, thus increasing national economic problems;
7. Calls on the developing countries to restore public services and basic health-care systems, and takes the view that European aid must first and foremost serve to support internal efforts by the developing countries to strengthen their human, institutional and infrastructure capacities;
8. Recalls also that repaying and servicing debt every year absorbs almost 40% of the GDP of the least developed countries, while their education and health budgets remain derisory; takes the view also that serious debt payment problems call for a comprehensive solution based on international and national action;

Poverty-related diseases and their combat

9. Recognises that the Least Developed Countries, particularly in Sub-Saharan Africa, are the most affected by poverty-related diseases, especially HIV/AIDS, malaria, tuberculosis, diseases of the reproductive organs and infectious and skin diseases;
10. Calls on the European Commission to include the most neglected diseases, such as sleeping sickness, Chagas' disease and leishmaniasis, among its priorities and to ensure that effective, appropriate, easy-to-use medicines are developed and placed on the market in the developing countries at an affordable price;
11. Emphasises its concern at the threat of avian influenza and SARS, which are global threats and potentially devastating for low-income countries; hopes therefore that the EU and the ACP States can work closely and speedily with the WHO to enable ACP States to prevent and, if necessary, manage cases of these and similar diseases;
12. Stresses that in order to eradicate poverty and promote economic growth in developing countries it is imperative to combat poverty-related diseases;
13. Stresses that the strategies needed to combat the HIV/AIDS epidemic effectively should involve a combination of treatment, education and prevention, and must be implemented so as to reach local communities through a committed political and religious leadership;
14. Notes that at the Second Ordinary Session of the Assembly held in July 2003 in Maputo, the Heads of State and Government of the African Union recognised that these diseases are the major causes of morbidity and mortality and constrain the socio-economic development of the Africa region, accentuating poverty, disrupting family and social fabric and driving millions of African people into despair;
15. Emphasises the essential role of the public services in meeting major health challenges and calls on the European Commission and the Member States to promote a strengthening and widening of their cover by: pursuing cooperation policies with this aim and organising experience exchanges between public-service undertakings in the North and the South; exerting pressure to ensure that the IFIs' structural adjustment policies are reviewed; and refraining from calling for liberalisation of the health, education and water distribution sectors in the developing countries in the framework of bilateral and regional trade relations and of the GCAs at the WTO;
16. Emphasises that initiatives to combat PRDs in ACP States need to be well integrated into the National Indicative Programmes (NIPs), Regional Indicative Programmes (RIPs) and the social sector of intra-ACP Cooperation under the 9th EDF;
17. Stresses that those initiatives should be designed in such a way that they target disadvantaged and vulnerable groups through:

- information, education and communication programmes taking into account the social, health, economic and cultural characteristics of the population;
 - development of services that will improve access to primary care;
 - policy formulation and identification of priorities giving political patronage in combating PRDs;
 - enhancing collaboration with development partners and international organisations dedicated to fight PRDs, in order to facilitate access to affordable necessary drugs and health products as well as to good drinking water; and
 - support to research and development addressing the relevant issues of PRDs in ACP States;
18. Emphasises the recent developments at UN and international levels, in promoting new ways to access treatment and care for people living with, and affected by HIV/AIDS, mainly through the access to antiretroviral medicines and vaccines, in particular supports the WHO initiative ‘3x5’ launched on 1 December 2003;
 19. Stresses that the WTO Doha Declaration on relations between TRIPS and Public Health should form the basis of all bilateral or regional trade agreements concerning intellectual property and public health;
 20. Calls upon ACP States to implement the Doha Declaration and make use of the TRIPS flexibilities in order to facilitate the access to the most affordable medical products needed for the prevention and treatment of their population affected by poverty diseases;
 21. Calls upon the European Commission and Member States to respect, promote and support the implementation of the Doha Declaration on TRIPS and Public Health; this declaration should form the basis of all bilateral or regional trade agreements concerning intellectual property and public health;
 22. Calls upon countries in the Americas to exclude Intellectual Property provisions affecting access to medical tools necessary for the prevention and treatment of poverty-related diseases from the FTAA agreement, in order to protect public health;
 23. Stresses that appropriate mechanisms should be put in place so that pharmaceuticals sold at tiered prices in developing countries should be used in those countries and not be diverted to the EU market;
 24. Calls on the countries with manufacturing capacities to implement the agreement quickly without any further restrictions and fully respecting the Doha declaration on access to medicines, and calls for close monitoring of the results to enable an informed discussion during the foreseen review of the TRIPS Agreement;
 25. Emphasises that research and development addressing the relevant issues of poverty-related diseases in ACP States is still insufficient and that there is a

need to focus on therapeutic and preventive technology, such as microbicides and vaccines, that meets the health needs of developing countries;

26. Emphasises the need for co-operation with the WHO in the fight against poverty-related diseases. Specifically requests Member States encourage a broader discussion on the effects of the TRIPS agreement on the availability of affordable generic medicines and actively support the work ongoing presently at the WHO on analysing Intellectual Property Rights, Innovation and Public Health;
27. Calls on the countries with R&D capacities to include the most neglected diseases, such as sleeping sickness, leishmaniasis and buruli ulcer among its priorities and to ensure that effective, appropriate, easy-to-use medicines are developed and marketed in the developing countries at an affordable price;
28. Calls for the recognition by the international community of the prevention and treatment of communicable diseases as a 'global public good';
29. Calls for the definition of a needs-driven international R&D priority agenda which will gear investments towards obtaining medical products that will correspond to the needs of the developing countries, will be efficient, adapted and affordable;
30. Supports the concept of an international convention or treaty on R&D which would commit all countries to contribute to R&D for health. This convention would outline an agreement and clear rationale for sharing the burden of the cost of this R&D and define appropriate funding and incentive mechanisms for governments to fulfil their commitments to public sector involvement in R&D;

ICPD

31. Emphasises that high-quality reproductive health services must be safe, easily accessible and affordable to all women and men worldwide throughout their reproductive health life cycle;
32. In the context of ICPD +10, calls on the EU and the ACP States to honour the undertaking they entered into with regard to funding the ICPD PoA with regard to equal access to basic education, training and basic health services;
33. Calls on the European Commission and the ACP States to promote the ICPD PoA in their dealings with third countries and in all international fora;
34. Calls on the EU and ACP States to fully implement the ICPD PoA;

Poverty Reduction and MDGs

35. Calls on the EU and the ACP States to fully integrate sexual and reproductive health and the prevention of infectious diseases in children into their development policies;

36. Recognises that lack of data precludes early assessments of the progress towards the attainment of MDG 6 (to halve the number of new infections by 2015) and emphasises the need for investments in monitoring and evaluation, including monitoring of national budget allocations and health outcomes as part of the Poverty Reduction Strategy Paper process;

Main challenges (including vulnerable groups and HIV/AIDS)

37. Calls on the EU and the ACP States to recognise maternal and child mortality and morbidity as a public health priority and a reproductive right concern in their development cooperation programmes;
38. Calls on ACP States as well as the EU to pay special attention to the plight of the very large number of predominantly young women in rural areas in developing countries (an estimated 0.3 % of all pregnancies) who suffer from fistula, and to make serious efforts with regard to the prevention as well as the treatment of this grave illness;
39. Emphasises the importance for adolescents and young men and women to have access to the education, services and supplies necessary to develop the life skills required to lead a satisfying and healthy sexual life;
40. Calls on the EU and the ACP States to finance and implement prevention campaigns to fight the HIV/AIDS pandemic, which should use integrated and comprehensive sexual and reproductive health programs;
41. Calls on those countries which have not yet introduced a ban on harmful practices and traditions, such as FGM, to take action and to support information campaigns to this end, combined with measures to improve family planning and reproductive health;

Funding shortfall and EDF support

42. Calls on the EU and its Members States to attain a GDP percentage contributions level of 0.7% of development assistance, as agreed in the 1995 World Summit on Social Development in Copenhagen and reaffirmed at the Barcelona Council of 14 March 2002 as the EU's contribution to the International Conference on Financing for Development (Monterrey, March 2002);
43. Calls on the EU and the ACP States to cooperate effectively in sharing expertise and increasing funding for sexual and reproductive health programmes and for the prevention of vitamin deficiencies and infectious diseases in children in order to meet the international commitments they made at the ICPD, especially since other political forces, such as the US, are backtracking in their ICPD commitment;
44. Given the shortfall in the security of reproductive health supplies and in combating infectious disease, calls on the EU and the ACP States to increase their funding for reproductive health and to improve donor co-ordination;

45. Calls on the European Union and the ACP States, in combating vesico-vaginal fistula, to:
 - support national and local public awareness, information and education initiatives, and initiatives to establish reception facilities for women suffering from this handicap;
 - support already-existing reception facilities by providing them with the appropriate human, material and financial resources;
 - supplement programmes for the reintegration of and care for women with fistula, who are sometimes handicapped for life;
46. Calls on ACP States to devote more funding to healthcare;
47. Calls on the ACP-EU JPA to follow the example of the parliamentarians present at the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action in Ottawa;

Role of Civil Society

48. Calls on the European Commission and the governments of the ACP States to cooperate more closely with civil society when establishing and implementing its development policy, specifically regarding the Country Strategy Papers;
49. Instructs its Co-President to forward this resolution to the ACP-EU Council, the European Commission, the Council of Ministers of the European Union, the Secretary-General of the United Nations and the African Union.