1. Welcomes the work of civil society, in particular the Cluster Munitions Coalition, in seeking to bring an end to the human suffering caused by cluster munitions;

2. Calls on all States to sign, ratify and implement the CCM at the earliest opportunity;

3. Calls on all States to take steps at national level to begin implementing the CCM even before it is signed and ratified;

4. Calls on all States not to use, invest in, stockpile, produce, transfer or export cluster munitions until the CCM has entered into force;

5. Calls on all those EU Member States which have used cluster munitions to provide assistance to affected populations and on the Commission to increase financial assistance through all available instruments to communities and individuals affected by unexploded cluster munitions;

6. Calls on all those EU Member States which have used cluster munitions to provide technical and financial assistance for the clearance and destruction of cluster munition remnants and on the Commission to increase financial assistance for the same purpose through all available instruments;

7. Calls on all the EU Member States not to take any action which might circumvent or jeopardise the CCM and its provisions; in particular, calls on all the EU Member States not to adopt, endorse or subsequently ratify a possible Convention on Conventional Weapons (CCW) Protocol allowing for the use of cluster munitions which would not be compatible with the prohibition of such munitions pursuant to Articles 1 and 2 of the CCM;

8. Instructs its President to forward this resolution to the Council, the Commission, the High Representative for the Common Foreign and Security Policy, the governments and parliaments of the EU Member States, the UN Secretary-General and the Cluster Munitions Coalition.

HIV/AIDS: early diagnosis and early care

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The European Parliament,

— having regard to its resolution of 24 April 2007 on combating HIV/AIDS within the EU and in the neighbouring countries, 2006-2009 (1),

— having regard to the Bremen Declaration of 13 March 2007 on ‘Responsibility and Partnership — Together against HIV/AIDS’,

— having regard to its resolution of 6 July 2006 on HIV/AIDS: time to deliver (2),

— having regard to its resolution of 30 November 2006 on AIDS (3),

— having regard to the Council Conclusions of 6 June 2005 on combating HIV/AIDS,


— having regard to the ‘Dublin Declaration’ on partnership to fight HIV/AIDS in Europe and Central Asia, adopted at the Ministerial Conference ‘Breaking the Barriers — Partnership to fight HIV/AIDS in Europe and Central Asia’ held on 23-24 February 2004 within the framework of the Irish EU Presidency,

— having regard to the report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO Europe entitled ‘Progress on implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia’ of 2008,

— having regard to the ‘Vilnius Declaration’ on measures to strengthen the response to HIV/AIDS in the European Union and in neighbouring countries, adopted by Ministers and representatives of governments from the European Union and neighbouring countries at the conference ‘Europe and HIV/AIDS — New Challenges, New Opportunities’ conference, held in Vilnius, Lithuania, on 16-17 September 2004,

— having regard to the WHO’s 2006 HIV/AIDS programme ‘Towards universal access by 2010’,

— having regard to the Eurobarometer survey on AIDS Prevention of February 2006,

— having regard to Rule 103(4) of its Rules of Procedure,

A. whereas EuroHIV’s end-year report 2006 shows that 269 152 people were newly diagnosed as infected with HIV in 1999-2006 within the European Union and 806 258 people were newly diagnosed as infected with HIV in the European Region of the WHO,

B. whereas in the European Union 11 % of all new HIV infections affect young people under the age of 25, according to the EuroHIV end-year report 2006,

C. whereas the reports from EuroHIV and UNAIDS confirm that the number of new HIV infections is still rising at an alarming rate within the European Union as well as in neighbouring countries, and that in some countries the estimated number of people infected with HIV is almost three times higher than the official number,

D. whereas, despite the increased number of HIV infections, the steady decrease in the number of AIDS cases diagnosed in recent years has continued in 2006, with 40 % fewer cases diagnosed in 2006 in comparison to 1999 in the EU, according to the EuroHIV end-year report 2006,

E. whereas a large proportion of HIV infections remain undiagnosed; whereas many people do not know whether they are infected or not, and are likely to discover it only once afflicted by HIV/AIDS-related illnesses,

F. whereas the infectivity of HIV increases significantly in the presence of other sexually transmitted diseases (such as gonorrhea, chlamydia, herpes and syphilis),

G. whereas the epidemic among intravenous drug users is one of the reasons for the rapid spread of HIV infection in many Eastern European countries,
H. whereas HIV/AIDS is a communicable disease, and there is a risk of contagion even from infected persons whose infection has not been detected,

I. whereas the report of UNAIDS and WHO Europe, entitled ‘Progress on implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia’, found that few of the 53 countries in the European region had adopted an approach to tackling stigma, discrimination and human rights that complied with their Dublin declaration commitments,

J. whereas full protection of human rights is essential in every aspect of the response to HIV,

K. whereas there is a critical need for cross-border cooperation to address the epidemic,

L. whereas effective public health measures to facilitate the early diagnosis of HIV need to be introduced,

1. Calls on the Council and the Commission to formulate a strategy on HIV to:

— promote early diagnosis and reduction of barriers to testing;

— ensure early care and communication of the benefits of earlier care;

2. Calls on the Commission to ensure accurate monitoring and surveillance by the European Centre for Disease Prevention and Control, including more precise estimates (size, characteristics, etc.) of the undiagnosed population, respecting confidentiality and protecting personal data;

3. Calls on the Commission to commit substantial political, financial and human resources to support the implementation of such a strategy;

4. Calls on the Commission and the Member States to ensure access to testing, which must remain free and anonymous;

5. Calls on the Commission to establish an HIV/AIDS risk reduction strategy focusing on vulnerable groups and groups known to be at high risk;

6. Calls on the Council to instruct the Commission to prepare Council recommendations on the implementation of evidence-based testing and treatment guidelines in each Member State;

7. Calls on the Council to instruct the Commission to ensure that future monitoring of progress in the fight against HIV/AIDS in Europe and neighbouring countries incorporates indicators that directly address and assess human rights issues in relation to HIV/AIDS;

8. Calls on the Member States to enact provisions which effectively outlaw discrimination against people living with HIV/AIDS, including restrictions that impact on their freedom of movement within their jurisdictions;

9. Calls on the Member States to step up information and education campaigns on the prevention, testing and treatment of HIV/AIDS;

10. Instructs its President to forward this resolution to the Council, the Commission, the governments of the Member States, the UN Secretary-General, the Joint United Nations Programme on HIV/AIDS and the World Health Organization.