Basic information

2005/2047(INI) INI - Own-initiative procedure	Procedure completed
Major and neglected diseases in developing countries **Subject** 4.20.01 Medicine, diseases 6.30 Development cooperation	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
DEVE Development	BOWIS John (PPE-DE)	16/03/2005

Committee for opinion	Rapporteur for opinion	Appointed
INTA International Trade	The committee decided not to give an opinion.	
BUDG Budgets	The committee decided not to give an opinion.	
ENVI Environment, Public Health and Food Safety	The committee decided not to give an opinion.	24/05/2005
FEMM Women's Rights and Gender Equality	The committee decided not to give an opinion.	

Council of the European Union

Council configuration	Meetings	Date
Employment, Social Policy, Health and Consumer Affairs	2663	2005-06-02

Key events

Date	Event	Reference	Summary
27/04/2005	Non-legislative basic document published	COM(2005)0179	Summary
12/05/2005	Committee referral announced in Parliament		
02/06/2005	Resolution/conclusions adopted by Council		Summary

21/06/2005	Vote in committee		
22/06/2005	Committee report tabled for plenary	A6-0215/2005	
08/09/2005	Decision by Parliament	T6-0341/2005	Summary
08/09/2005	Results of vote in Parliament		
08/09/2005	Debate in Parliament		
08/09/2005	End of procedure in Parliament		

Technical information	
Procedure reference	2005/2047(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	DEVE/6/26673

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Amendments tabled in committee		PE359.943	07/06/2005	
Committee report tabled for plenary, single reading		A6-0215/2005	22/06/2005	
Text adopted by Parliament, single reading		T6-0341/2005 OJ C 193 17.08.2006, p. 0260-0350 E	08/09/2005	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2005)0179	27/04/2005	Summary
Commission response to text adopted in plenary	SP(2005)4139	20/10/2005	

Major and neglected diseases in developing countries

2005/2047(INI) - 02/06/2005

The Council adopted conclusions on combating HIV/AIDS. It notes in particular that whilst the primary responsibility for health systems resides with the Member States, there is an added-value to addressing the HIV/AIDS epidemic both at a pan-European and at a global level, including through appropriate development policies.

The Council invites the Member States to :

- promote the implementation of the Dublin "Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia" and the "Vilnius Declaration" from the Ministerial Conference "Europe and HIV/AIDS – New challenges, New Opportunities";

- take further action to ensure that national multi-sectoral HIV/AIDS coordination structures, strategies, and financing plans are implemented, maintained and further developed in cooperation with people living with HIV or affected by HIV and that best practices and experiences are exchanged at Community level;

- take further action to improve general knowledge and raise awareness of the general public on the prevention of HIV infection and other sexually transmitted infections, as well as information on sexual and reproductive health and to develop and implement evidence-based targeted activities to cover particular vulnerable populations;

- take further action to promote safer and responsible sexual behaviour and practices, including through condom use, and scale up access for injecting drug users to prevention, drug dependence treatment and harm reduction services;

- take appropriate action to counsel and support people with HIV/AIDS, their families and their friends; and to establish and maintain, through the appropriate legislative or other means, a respectful, non-discriminatory and accepting societal atmosphere and behaviour towards people with HIV /AIDS;

- continuously work on maintaining and developing a sustainable, affordable, and accessible health care system as a basis for prevention, treatment, and care activities; and in this context pay special attention to the access to affordable anti-retro viral treatment, as well as other medical treatment, for all in need;

- strengthen the co-operation of clinical trials in the continuing search for HIV-vaccines and microbicides in the context of a comprehensive global response, in collaboration with the European Commission and with due reference to the Community framework programme for Research;

- take into account the possibility of using horizontal EC financing instruments in the implementation of comprehensive national strategies;

- continue to work closely together with the European Commission and other relevant international organizations and agencies, when planning and agreeing specific bilateral actions in the context of neighbourhood and development policy.

On the other hand, the Commission is invited to :

- support Member States in their efforts to implement the Dublin and Vilnius declarations;

- contribute to efforts to improve general knowledge and to raise awareness of the general public on the prevention of HIV infection, as well as of other sexually transmitted infections;

- contribute to activities that aim at establishing a respectful, non-discriminatory and accepting societal atmosphere and behaviour towards people with HIV/AIDS;

- facilitate the use of existing EC financing instruments for the implementation of comprehensive national HIV/AIDS strategies within the Member States and in neighbouring countries;

- promote the investment in the appropriate research and development of effective behavioural and risk reducing as well as prophylactic measures, such as vaccines and microbicides, and cure;

- encourage the European Centre for Disease Prevention and Control to further reinforce and coordinate existing activities on the surveillance of communicable diseases, including HIV/AIDS, in coordination with national institutes and international specialised observatories;

- facilitate the collaboration between the Member States, accession, candidate and neighbouring countries and relevant international organisations in order to promote the exchange of good practices and joint projects;

- promote and continue the dialogue and cooperation with countries at a regional and global level, as well as with international organisations such as UN AIDS, both in health and development policy context, in order to achieve further regional and global progress in the fight against the spread of the HIV.

Major and neglected diseases in developing countries

2005/2047(INI) - 08/09/2005 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report drafted by John BOWIS (EPP-ED, UK)by 76 votes in favour to 8 against with 2 abstentions, on major and neglected diseases in developing countries. Parliament welcomed the Commission's Communications (please see COM(2005)0179, and COM(2004)0726), but called for its approach to be broadened to include other neglected diseases, and highlighted the fact that the Commission's actions can all be applied to other diseases beyond HIV/AIDS, malaria and TB. It cited diseases such as schistosomiasis, severe visceral leishmaniasis, Chagas' disease and dengue. Parliament stressed the critical importance of securing increased financial resources from Member States and in the funding of the EU's External Actions and development aid, given that the resource gap for HIV/AIDS, malaria and TB alone is projected to reach EUR 11 500 million by 2007. It called on the Commission to address HIV/AIDS, TB, malaria and other diseases as cross-cutting issues in the external assistance instruments of the next financial perspectives.

Health services in the ACP countries suffered greatly in the 1990s, particularly as a result of the emphasis placed on macro-economic reforms, which led to drastic budget cuts in social sectors such as health. Parliament referred to the fact that repayment and servicing of the debt accounts for almost 40% of GDP per annum in the least developed countries, while education and health budgets are still derisory. It urged ACP countries to meet Parliament's target of allocating 20% to health. Poverty Reduction Strategy Papers must ensure that the poverty analysis that informs them influence the focus of work in the health sector and provide the opportunity to reorientate health plans and strategies to those health actions most likely to impact on poverty.

The policy document on human resources provided for in the Commission's Programme for Action should also include proposals for urgent action to reverse the loss of health workers from developing countries, such as better training, career opportunities, remuneration, retention incentives, safe working conditions, cooperation with disease-specific initiatives, twinning arrangements, voluntary support and the spread of best practice and technical support.

Parliament went on to state that only one pharmaceutical company has registered medicines available at reduced prices under Council Regulation 953 /2003/EC to avoid trade diversion into the EU of certain key medicines. New medicines necessary today, but available only at high prices, are not included in this list. Parliament called on the Commission to assess the real impact of the measures implemented under Regulation 953/2003/EC and on the pharmaceutical industry to make products available to the people of developing countries at tiered prices for improving access to essential medicines, and to propose complementary measures to enable access specifically to essential medicines if shortages exist.

Parliament welcomed the Commission's support in its Programme for Action for comprehensive and evidence-based prevention programmes, and urged the Commission to support HIV/AIDS prevention programmes which include political leadership, education to support behavioural change, harm reduction programmes, commodity distribution, voluntary counselling and testing, secure blood supply, vulnerability reduction measures for groups at higher risk of infection as well as social and behavioural research.

Parliament also stressed the need for increased investment in R&D into new technologies for HIV prevention such as vaccines and microbicides. It called for the development of adapted and affordable paediatric formulations of ARV for the 2.2 million children living with HIV, alongside diagnostic and monitoring tools suited to their needs and to developing country settings. It was very concerned at reports that some African governments are charging a sales or import tax on ARV and other drugs, which then make the drugs unaffordable to poor communities. The Commission is urged to investigate this and to encourage governments to abolish such taxes. Parliament regretted the lack of R&D into diseases which almost exclusively affect poor people in developing countries due to a lack of viable markets. It stressed that this must be corrected by international efforts, and also called for the Seventh Framework Programme to include specific reference to and funding for research on illnesses that affect citizens of developing countries.

Major and neglected diseases in developing countries

2005/2047(INI) - 27/04/2005 - Non-legislative basic document

PURPOSE: To present a Communication regarding a European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)

CONTENT: In October 2004, the European Commission (EC) adopted a Communication entitled “A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis (TB)” – COM(2004) 726. This was prepared based on a second progress report on the “EC Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction” that highlighted key results and areas where the EC needs to reinforce or take further action.

The Council welcomed the policy framework, urged the EC and the EU Member States (EU MSs) to enhance their cooperation and coordination to confront the three diseases and requested the Commission to present a Programme for Action (PfA).

This PfA responds to the Council Conclusions on harmonisation,by proposing collective EU (EC and EU MSs) action to support country-led programmes to confront the three diseasesand action at global level in selected areas where the EU can add value.

The PfA will cover developing and middle-income countries. It is based on the general principle of benefiting from best practices and experience in the external actions and from the relevant Community policies. Later this year, the Commission will adopt a Communication on how to confront HIV/AIDS within the EU and in neighbouring countries. Country strategy programmes (CSPs) and European Neighbourhood Policy Action Plans will define an appropriate strategy and set of actions.

A major objective of this PfA is to increase efforts to scale up interventions that have shown results. The EU should aim for a contribution that helps to fill the financing gap for the three diseases and meet the Millennium Development Goal (MDG) and that reflects Europe’s weight and importance as an international partner in development.

The Commission proposes a series of concrete and cheap but effective activities such as the distribution of free bed-nets and contraceptives, as well as free access to voluntary counselling and testing for HIV/AIDS.

Together with global partners such as the World Health Organization (WHO), the action programme intends to strengthen regional networks to promote affordable and safe pharmaceutical products, to strengthen the regulatory capacity in partner countries and to support further research.

At country-level, the Programme for Action proposes to launch a political dialogue on issues of stigmata, discrimination and human rights and addresses the particular concerns of vulnerable groups, such as orphans and children. It furthermore emphasises capacity building in human resources and promotes clinical research and strengthening pharmaceutical and procurement policy. The Communication equally suggests synergies with related programmes on e.g. sexual and reproductive health and on human security issues such as safe schools.

The response to HIV/AIDS, malaria and TB is still under-funded. Additional funds will mainly have to come from external sources – both public and private. The projected annual external resource gap will continue to grow and is estimated to reach US$14.9 billion by 2007 – US$11.5 billion for HIV/AIDS, US$2.6 billion for malaria, and US$0.8 billion for TB.These figures only partly include resources for strengthening of the health system in partner countries, which is a prerequisite for progress, and the need for further investment in the research and development of new tools and interventions.