

English version of the “Aids-notitie”, submitted to Parliament June 2004

I. Introduction

The AIDS epidemic continues to spread rapidly and is now regarded as one of the biggest threats to development. AIDS is also increasingly being associated with political destabilisation and conflict. An extra effort is required to contain the spread of the epidemic and limit its negative effects. HIV/AIDS is therefore one of the priority items in the Dutch government's policy memorandum 'Mutual Interests, Mutual Responsibilities'. The priority given to HIV/AIDS is also evident from the proposed increase in financial assistance for the closely related issues of HIV/AIDS and sexual and reproductive health.

With this AIDS memorandum, the Ministers of Foreign Affairs and Development Cooperation indicate how Dutch international AIDS policy is to be stepped up in terms of focus and funding. Traditionally, the fight against AIDS comes under the aegis of development cooperation. It is becoming increasingly apparent, however, that the raging AIDS epidemic has taken on a global dimension that goes beyond the sphere of development cooperation, and poses a threat to international political and economic stability.

II. Urgency

The epidemic

Since the epidemic began sixty million people have become infected with HIV; twenty million of these have since died. This means that about forty million people are living with the virus, including ten million young people between the ages of 15 and 24, and almost three million children. HIV/AIDS has left no country in the world untouched, but has hit developing countries disproportionately hard. Worldwide the epidemic still seems to be in its early stages of development, and the prognosis is sombre. According to UNAIDS a further 45 million people will become infected between 2002 and 2010 if currently available prevention campaigns are not drastically scaled up.

Unprotected sexual contact is the major factor contributing to the spread of the virus. However, in Eastern Europe and the former Soviet Union, and in large parts of South and South-East Asia, most HIV cases are caused by intravenous drug users sharing infected needles.

Poverty, political instability and conflicts all drive the spread of HIV/AIDS. Increased mobility, due to labour migration or flows of refugees as well as along the major transport routes is another factor contributing to a rapid spread of HIV infections. These are often cross-border phenomena.

Women are not only biologically more susceptible to HIV infection, but are also often in a subordinate position which gives them little say over their own sexuality and renders them vulnerable to sexual abuse. In a great many countries the number of new infections is rising sharply among women, in particular girls. Children and young people are often denied proper access to information, services and resources and are also vulnerable to sexual abuse.

The spread of AIDS is also closely linked with cultural factors in society, such as gender relations, religion, the role of sexuality and the openness with which these issues can be discussed.

Regional differences

Seventy per cent of people with HIV live in Africa; in the Southern African Development Community (SADC) region as many as one in five adults are HIV-positive. In Southern Africa, in particular, the AIDS epidemic has actually triggered a permanent state of emergency, which has undone years of development work and is leading to economic decline, political destabilisation and increasing insecurity.

The epidemic is currently spreading most rapidly in Eastern Europe and Central Asia. Intravenous drug users are still an important risk group in this region, but transmission via sexual contact is increasing rapidly. In several countries the proportion of the general population infected with the HIV virus has almost reached 1%, at which point the epidemic is considered 'generalised'. The political, social, economic and financial consequences will be enormous and could have a destabilising effect on the whole region. Drug-resistant tuberculosis is now making a comeback in the wake of the HIV/AIDS epidemic, posing a direct threat to other European countries.

Although average prevalence in Asia is still low, in absolute terms the region already has 7.4 million HIV-positives, chiefly in India and China. If the present trend continues, by 2020 Asia will have the largest number of people infected with the HIV virus.

Latin America and the Caribbean have more than two million HIV-positives. In twelve countries, all in the Caribbean, prevalence has now risen above the 1% limit.

The impact of HIV/AIDS in Southern Africa: can a doomsday scenario be averted?

One in five adults in Southern Africa is HIV-positive. Since it is often young people in the prime of their lives who are struck down, the consequences are felt at all levels and in all sections of society. In the most seriously affected countries life expectancy has plummeted; without drastic measures, life expectancy in many African countries will have fallen to late nineteenth century levels by 2010. Tuberculosis is now starting to make a comeback in the wake of the HIV/AIDS epidemic and is threatening to become an uncontrollable public health problem in many countries due to the very rapid rise in the number of active infections.

Public services and productivity are straining under the pressure: schools are losing teachers, clinics their medical staff, the government its administrators, and the productive sector its manpower. The recent food crisis in Southern Africa has even been described as an AIDS-induced famine. In the longer term AIDS will also have a serious effect on economic and macroeconomic indicators. This effect is already becoming apparent in several African countries, some of the underlying reasons for this being a decline in productivity and economic growth, falling tax incomes and decreasing levels of investment.

Capacity and social structures are deteriorating and are insufficient to meet care and support needs. Worldwide more than fourteen million children have now lost one or both parents to AIDS; traditional structures for looking after these children are woefully inadequate. Social cohesion is being eroded and political stability is coming under pressure.

III. What have we learned about effective AIDS prevention?

Since the start of the AIDS epidemic some twenty years ago a lot has happened and a great deal has been learnt.

- More and more governments are recognising the seriousness of the AIDS epidemic. Nearly all African countries have formulated a national AIDS policy and formalised the coordination of response activities within a National AIDS Committee. Recognition that HIV/AIDS poses a major threat to development and security has sparked a surge in international interest in the disease. The funds available internationally soared from approximately USD 400 million in 1998 to USD 4.7 billion in 2003.

There has been growing interest in AIDS internationally over the past few years and it is now evident that AIDS can no longer be seen simply as a health problem. Illustrative is the fact that the UN Security Council devoted a special session to HIV/AIDS in 2000. One of the Millennium Development Goals adopted during the Millennium Summit in 2000 was to contain HIV/AIDS (sixth MDG¹). The Declaration of Commitment on HIV/AIDS was subsequently adopted during the UN General Assembly Special Session on HIV/AIDS in June 2001.

- There is consensus that good AIDS policy comprises a wide range of integrated and multisectoral interventions encompassing prevention, care, treatment and support. Closer collaboration between reproductive health and AIDS programmes is essential for effective prevention.
- With currently available prevention programmes it is possible to change behaviour and reduce the number of new infections. Most success has been achieved within specific groups – the number of new infections among young people has fallen in several African towns and cities, and needle-exchange programmes have helped limit HIV transmission among injecting drug users. A few countries have managed to contain the AIDS epidemic in the general population. In Uganda prevalence plummeted from 15% in 1991 to 5% in 2001. In Senegal early intervention has kept prevalence at a low level. The factors underlying these successes were strong and outspoken political leadership, broad political and public support, an open discussion about AIDS and sexuality, combined with decisive and dynamic action in the early stages of the epidemic, including education, information, provision of condoms, and sexual and reproductive health services.

The UN estimates that 45 million new infections will occur by 2010. If existing effective preventive measures were to be scaled up, 27 million of these could be prevented. These measures include:

1. Voluntary counseling and HIV testing
2. AIDS programmes in schools, supplemented with activities for out-of-school youth
3. Prevention of transmission from mother to child, including family planning advice
4. Promotion and distribution of condoms via public services and social marketing
5. Mass-media campaigns focusing on, for instance, young people
6. Blood screening
7. Treatment of sexually transmitted diseases
8. Targeted peer counselling and education for vulnerable groups such as sex workers, sexual minorities (including homosexuals) and intravenous drug users
9. Workplace AIDS programmes
10. Needle-exchange programmes for intravenous drug users

¹ To halt and begin to reverse the spread of HIV/AIDS by 2015.

- Treatment with Antiretrovirals (ARVs) is possible in developing countries. Under tremendous international pressure and the emergence on the market of generic producers, the price of ARVs has fallen by 95% over a period of three years to about EUR 140 per year. At the same time more funds for treatment have become available, and several countries have demonstrated that sensible treatment is possible without over-complicated infrastructure. Especially in the most severely affected countries treatment is increasingly a prerequisite to preventing further loss of capacity.
- Civil society organisations and the business community have taken the lead in many countries in the fight against AIDS. NGOs, community-based organisations and religious organisations are an important – sometimes the only – source of care and support for patients and their families, particularly at grassroots level, including support for orphans and other vulnerable children (OVC). The business community is active in several ways – with AIDS programmes for employees and their dependants, and by making expertise available, for example in the areas of logistics and distribution.

IV. What are the obstacles?

The implementation of effective AIDS programmes is hindered by a number of obstacles. Although these can pose serious hurdles, we know that they can be overcome.

- In many cases real political involvement only materialises at a late stage once the full scale of the epidemic has become apparent, and even then it is often confined to verbal statements and not translated into effective action. Only a few heads of government are willing to embark on an open discussion about thorny issues like AIDS, sexual behaviour and drug abuse. The implementation of a multisectoral approach founders all too often on a lack of interest and knowledge in sectors outside the health sector. In many countries the response of the government is woefully inadequate and civil society has been forced to take the lead.
- Sexual and reproductive health and rights are essential for AIDS prevention, but are increasingly coming under pressure. Conservative political and religious leaders are urging a unilateral focus on abstinence and fidelity at the expense of a broad approach covering also sex education, condoms and good sexual and reproductive health services, particularly for young people.
- Stigma and discrimination are widespread. AIDS is an emotionally charged subject due to its link with sexuality and death, and is therefore associated with concepts such as punishment, shame and sin. People sometimes prefer to take their secret to the grave rather than get tested and treated. Vulnerable groups such as sex workers, sexual

minorities and intravenous drug users are often marginalised and discriminated against, which makes it difficult to reach them. Generally speaking, the human rights aspects of HIV/AIDS are still not receiving enough attention.

- At country level there are a great many actors involved in the fight against AIDS. It is not always easy to separate the wheat from the chaff in this crowded arena. Some countries are teetering on the brink of chaos, particularly when there is a lack of outspoken political leadership and no consistent national AIDS strategy. The widely varying demands of the different initiatives also put disproportionate pressure on the already eroded capacity of governments.
- AIDS is further eroding already inadequate capacity in many developing countries. This inadequate capacity – especially the shortage of human resources – hinders ability to effectively use the increasing amount of funds available, particularly in Africa. Capacity problems affect all sections of society, but are particularly acute in the health sector, which is overstretched as a result of the loss of health-care personnel through brain drain, illness or death while having to cope with massive numbers of patients with AIDS-related disorders. The education sector is facing a decline in the number of teachers available, which taxes the sector's ability to achieve its goals. Productivity in the agricultural sector is decreasing because of a loss of workers.
- HIV/AIDS is in fact causing a permanent state of emergency, particularly in those countries that are hardest hit. In such situations, current development cooperation policy and instruments fall short of the mark. The need for sensible fiscal policy and budgetary discipline cannot be reconciled with a real need for additional financial resources. The international community does not have an adequate response to long-term famine, as currently witnessed in Southern Africa. Operational capacity is so eroded in several countries that unorthodox measures, such as paying incentives and providing technical assistance for 'gap-filling' seem almost inevitable. This approach conflicts with long-term development processes such as civil service reforms, however. An effective approach to HIV/AIDS requires creativity and courage, and an ability and willingness to think and act 'out of the box'.

V. Stepping up Dutch AIDS policy

Objective

To step up Dutch AIDS policy in order to make a more effective and consistent contribution to containing the HIV/AIDS epidemic and mitigating its effects, and in this way help to achieve the sixth Millennium Development Goal.

To achieve this objective, the Netherlands will double its financial contribution and focus its efforts more effectively.

More financial resources

At country level, and particularly in Africa, there has been a substantial increase in the financial resources available over the past few years, especially for treatment with ARVs. However, effective use of these anti-retroviral drugs relies on well-functioning health systems. To improve the effectiveness and sustainability of these systems, it is vital to increase operational capacity, sustain attention to other aspects of a broad AIDS response, in particular the prevention of new infections, and ensure that the various efforts are well coordinated. These factors play an important part both in the choice of the different channels available – bilateral, multilateral, private and public-private – and in the way funds are divided up between these different channels (an indication is given below for each channel).

Bilateral (about 15%)

Bilateral funds are growing in absolute and relative terms. Funding will be mainly directed at areas that create an enabling environment (such as efforts to increase capacity and improve coordination) or in which the Netherlands has a clear added value (such as sexual and reproductive health and rights, particularly for young people; marginalised groups; empowerment). The education and health sectors play a crucial part in the fight against AIDS. The increasing expenditure devoted to sexual and reproductive health and combating HIV/AIDS is therefore additional to the existing bilateral contributions made to these sectors. Limited financial resources are also available for AIDS programmes in non-partner countries.

Multilateral (about 35%)

Multilateral organisations are important partners at both international and country level. Through these organisations support can be given to regions where the Netherlands does not have a strong bilateral presence. The Dutch contribution to UNAIDS doubled in 2003 (in implementation of the Fierens/Terpstra motion). A structural increase in the contribution to UNAIDS is desirable; over the next few years the contribution will therefore rise until it reaches EUR 36 million per annum by 2007 (double compared with 2002). WHO is the UNAIDS co-

sponsor with the mandate to provide the 'care and treatment' component of the broad AIDS response. The contribution to WHO will increase and include support for its technical and normative role in relation to implementing the 'three by five'² initiative and increasing access to drugs. The contribution to the UN Population Fund (UNFPA) will be maintained at its current high level.

Civil society organisations (about 20%)

Civil society organisations have an important part to play, both in increasing support and raising awareness, and in implementing programmes. Specific attention is devoted to organisations that operate in areas where international funding is not easily available. Important partners include the International Planned Parenthood Federation (IPPF: sexual and reproductive health with the emphasis on young people), the Global Network of People living with HIV/AIDS (GNP+, which is an interest group for people with HIV/AIDS), PSI (social marketing of condoms for men and women) and the Asian Harm Reduction Network (programmes for intravenous drug users). Funds are also provided for socio-scientific research focusing on critical gaps in knowledge.

Public-private partnerships (about 30%)

Public-private initiatives are increasingly an important channel for partnership and funding. Combining expertise and financial resources yields an added value that is greater than the sum of the individual efforts. The Netherlands is currently actively involved in a number of these partnerships. Existing funding will continue and, where necessary, be increased. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is an important source of additional funding for country-level programmes. The Netherlands is actively involved in the GFATM and is working to achieve better coordination and harmonisation. By supporting international public-private partnerships such as the International AIDS Vaccine Initiative (IAVI) and the International Partnership on Microbicides (IPM) the Netherlands is helping to fund research into new technologies for HIV prevention. Pro-active efforts are being made to develop collaborative ventures with the **business community** and funds are being made available for this in the context of PPP. There is already close collaboration between Pharm Access International and the business community to ensure effective interventions, particularly in Africa. This involves facilities for employees and their dependants working in international and local companies, as well as the role that these companies could take on in the wider community in the fight against HIV/AIDS.

² The target is to provide anti-retroviral treatment to three million people living with AIDS by the end of 2005.

More focused efforts

At international and country level a wide variety of actors are involved in combating AIDS. Efforts to step up Dutch AIDS policy will be most effective if we concentrate on and succeed in complementing what others do. This means that the Netherlands will not be equally active in all areas of the fight against AIDS, but will focus on a limited number of crucial pillars of AIDS management.

1. COMMITMENT

Achieve stronger and broader political and social support.

- Raise political awareness and increase political involvement;
- Provide targeted support of civil society organisations;
- Enter into partnerships with the business community.

2. COORDINATION

Improve coordination of the AIDS response, both in developing countries and at international level.

- Encourage active involvement in national AIDS coordination mechanisms;
- Support coordination of AIDS efforts in the context of 'the three ones';
- Support UNAIDS and ensure consistent guidance of its co-sponsors³, and improve the synergy between HIV/AIDS and sexual and reproductive health.

3. CAPACITY

Increase capacity to implement good and integrated AIDS programmes⁴.

- Strengthen crucial sectors (health sector and education sector) and mainstream HIV/AIDS into other sectors;
- Improve access to essential commodities, ranging from condoms to drugs;
- Invest more in the development of new preventive technologies, such as an AIDS vaccine and microbicides⁵, and in behavioural research into their use;
- Provide better support for OVC⁶.

These three pillars – commitment, coordination and capacity – are elaborated in appendix 1 and form the policy framework that defines Dutch efforts in the fight against AIDS. This framework will be differentiated according to region.

³ WHO, UNFPA, UNICEF, World Bank, UNDP, UNDCP, UNESCO, ILO and WFP.

⁴ According to the international consensus, an integrated package of prevention, care, treatment and support interventions.

⁵ Substances that women can apply vaginally to help prevent HIV transmission.

Basic principles

- The Netherlands is planning to double its financial commitment to HIV/AIDS and reproductive health initiatives by 2007.
- The fight against HIV/AIDS will be a long struggle. The Netherlands is committing itself to a long-term agenda to combat the disease and, where necessary, is urging other countries to do the same.
- HIV/AIDS goes beyond the field of development cooperation and has an impact on other policy areas of the Ministry of Foreign Affairs, including security and conflict prevention, human rights, humanitarian aid and good governance. An integrated approach is vital.
- Sexual and reproductive health and rights are of fundamental importance for prevention of HIV infection. Proper information and access to reproductive health facilities are important, especially for young people. The Netherlands will continue to lobby vigorously for the implementation of the ICPD/Cairo agenda, both at country level and internationally.
- In the field of human rights, states have undertaken international obligations that are closely related to the fight against HIV/AIDS, such as access to health care and non-discrimination. They can be called to account on this front at various times and by various actors, including the respective committees⁷ to which they have to report, in political dialogue with third countries such as the Netherlands or in an EU context, or by human rights NGOs.
- Cooperation is essential for success. At country level the Netherlands will actively encourage partnerships between the public and private sectors and monitor the various partners' commitment to cooperation. The Netherlands is also actively seeking cooperative relationships with others, both within the traditional group of like-minded donors and elsewhere. Agreements have already been signed in this area with the United States⁸.
- Specific emphasis on the position of the poor, women and young people, and on raising the awareness of these groups is an important prerequisite for success. Special attention is needed to ensure that disadvantaged groups have access to AIDS programmes.
- The Netherlands has good national policies and specific expertise on various topics and groups that are internationally often regarded as taboo, e.g. sexual and reproductive health for young people, sexual minorities, sex workers and harm reduction programmes for intravenous drug users. This specific Dutch expertise must be put to the best possible use.
- Better knowledge and insight of the many dimensions of the AIDS problem is required to ensure more effective interventions. Besides research into new preventive technologies, in particular an AIDS vaccine and microbicides, there is a need for more knowledge about the

⁶ Orphans and other Vulnerable Children.

⁷ CEDAW, CESC, HRC, CRC.

⁸ See attachment: 'U.S.-Netherlands AIDS Cooperation Plan'.

socio-scientific aspects of HIV/AIDS and the impact of HIV/AIDS on issues such as good governance, economic development, conflict and stability.

Dutch efforts to combat HIV/AIDS during the EU presidency

HIV/AIDS is one of the priority themes for the Dutch EU presidency. In the second half of 2004 various activities will be organised on several aspects relating to the fight against AIDS, including:

- A joint meeting with Ireland about an AIDS vaccine and microbicides;
- Various workshops on HIV/AIDS during a seminar on corporate social responsibility;
- An analysis of the relationship between HIV/AIDS and security and stability in Africa, and presentation of the results;
- Attention for AIDS as part of the political dialogue in regions where this problem has hitherto been somewhat ignored, such as Asia;
- An expert meeting (for EU 25 officials) about the importance of the ICPD/Cairo agenda for development cooperation and poverty reduction;
- Reproductive health and rights are on the agenda of the informal Development Cooperation Council in connection with the tenth anniversary of the ICPD and the Cairo agenda and ongoing efforts to achieve the MDGs.

VI. What exactly is the Netherlands going to do?

The policy framework and the aforementioned basic principles form the basis for a differentiated approach per region. The Dutch efforts and focus per region are outlined below, based on what stage the epidemic has reached and the added value for the Netherlands. Besides the traditional development cooperation regions (Africa, Asia and Latin America), Eastern Europe and Central Asia will receive attention.

The reality of the HIV/AIDS epidemic may be very different from one country to the next within a region and even within a country. The scale and the consequences vary, as do the underlying factors, the political and social response and the existing programmes, not to mention the opportunities and added value for the Netherlands. A tailored solution is essential and will be formulated by the embassies concerned.

The Netherlands will also continue to influence policy at international level through funding and active participation in and contribution to the governing bodies of UNAIDS and its co-sponsors, as well as other international organisations and partnerships. These also have their own part to play at country level.

Africa: CAPACITY AND COORDINATION

In Africa the huge impact of the epidemic means that current efforts have to be drastically stepped up. The available resources for treating AIDS have increased substantially, but there is a shortage of capacity to absorb the increased funds and put them to good use, and to reach people at local level. There is also a risk that too little attention will be paid to other elements of a broad AIDS response, such as prevention, marginalised groups and human rights aspects. The large number of actors involved has also made the 'AIDS arena' very crowded.

- Dutch efforts concentrate on coordination and capacity. Embassies in the partner countries focus on this within the existing programme. Strengthening crucial sectors – i.e. education and health – is a prerequisite for mounting an effective AIDS campaign. Within the other programmes, covering development cooperation and broader foreign policy, HIV/AIDS activities are being mainstreamed. Ensuring that HIV/AIDS is included in the national poverty reduction strategies (PRS) and the medium term expenditure frameworks (MTEF) is a crucial issue. Political and social leaders are being urged to heed their responsibility in this area. International human rights legislation forms a good starting point. It is of course possible to fund specific AIDS programmes, with the potential added value for the Netherlands and the basic principles serving as a guideline.
- The existing regional AIDS programme in Southern Africa is to be continued. The regional approach makes it possible to tackle cross-border issues and exchange information and knowledge.
- AIDS creates a new reality and existing development cooperation paradigms are not always applicable anymore in every situation, particularly in Southern Africa. To remedy protracted problems of food security and lost capacity, long-term emergency aid is actually needed. The embassies are being urged to work with others to come up with creative and innovative solutions.
- The bilateral options in non-partner countries are more limited. The embassies there will mainstream HIV/AIDS into the existing programme and will actively contribute to the national debate and coordination efforts concerning AIDS. Dedicated funding for AIDS programmes will mainly be provided through multilateral channels.
- The political dialogue will focus on issues such as peace and security, stability, and economic development.

AIDS scans

Dutch embassies in Africa began stepping up AIDS policy in 2003. On the basis of an AIDS scan - describing the present situation, trends and prognoses, and the current response - each embassy took a critical look at its own programme and indicated how a more effective contribution could be made to the fight against AIDS. This exercise had the effect of raising awareness, focusing more attention on mainstreaming HIV/AIDS into crucial sectors, placing greater emphasis on coordination and ensuring that HIV/AIDS is more explicitly acknowledged as an issue that touches on different areas of foreign policy.

Asia: COMMITMENT

The AIDS epidemic in Asia is a relatively recent occurrence. Average prevalence is still low, but averages mask the large variations between and within countries, and the high prevalence among specific risk groups such as intravenous drug users and sex workers. Asia currently has roughly 7.4 million people who have tested HIV-positive, mainly in China and India. The epidemic is taking on serious proportions in Asia and a growing number of countries are facing the threat of a generalised epidemic. The tide can be turned, however, if massive prevention campaigns are launched in the near future. Decisive leadership from political and social leaders is a prerequisite for this to happen.

- Dutch efforts in both the partner countries and the non-partner countries concentrate on commitment, i.e. increasing political and social support. HIV/AIDS activities are being mainstreamed into existing programmes.
- Embassies in the partner countries are also devoting specific attention to AIDS, particularly in relation to sexual and reproductive health and rights. This is happening both within existing sectors, especially the health and education sectors, and in cross-sectoral dialogues on such subjects as human rights. There is limited funding available for specific activities in this field.
- Funding of regional NGO activities, in particular those aimed at intravenous drug users and mobility, is to be continued. In consultation with the embassies in the region, the extent to which regional activities should be expanded is being considered.

Latin America: COMMITMENT

The AIDS epidemic has been rife in this region for a comparatively long time. The Caribbean, in particular, has been relatively hard hit, and prevalence is above 1% in 12 countries. The distribution patterns are very diverse. Transmission of HIV through among intravenous drug

users and homosexuals is especially significant in South and Central America, while in the Caribbean transmission through unprotected heterosexual contact is the main cause of infection. Treatment is increasingly available in this region. Prevention is hindered by stigmatisation and marginalisation of groups at risk, particularly homosexuals and intravenous drug users.

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- Embassies in the partner countries are also devoting specific attention to AIDS, particularly in relation to sexual and reproductive health and rights. This is happening both within existing sectors, especially the health and education sectors, and in cross-sectoral dialogues on such subjects as human rights.
- The Netherlands has a limited presence in the Caribbean and its involvement there will tend to be more indirect, through multilateral organisations like UNAIDS and UNFPA and international initiatives such as the GFATM and IPPF.

Eastern Europe and Central Asia: COMMITMENT

Since 2001 the HIV/AIDS epidemic has grown fastest in Eastern Europe and Central Asia. Whereas the epidemic initially was concentrated in specific groups of the population – particularly intravenous drug users – the number of infections as a result of heterosexual contact is rising and several countries are reaching a prevalence of 1%. Combined with the poor standard of health care, a strongly centralised form of government and a general state of hopelessness and poverty, this means that there is an imminent threat of an explosion that can have serious repercussions for the region. With the enlargement of the European Union, HIV/AIDS is threatening to become a European problem. Recent reports on the import of drug-resistant tuberculosis are just one illustration of this phenomenon.

- In Eastern Europe and Central Asia the main emphasis will be on building broader and stronger public support, which is essential for effective prevention. The Netherlands is seeking to ensure that HIV/AIDS is given proper attention in the political dialogue with the relevant countries, both on a bilateral level and through the EU, and is also urging the EU to use TACIS funds in this area.

- The Netherlands has a limited number of partner countries in this region, and only a few of these are on the OECD's DAC-I list. This limits the opportunities for funding specific AIDS programmes. In some of these countries funding is available under the Matra Social Transformation Programme. This programme supports the transition to a pluralist and democratic society, securely embedded in the rule of law, in Central and Eastern European countries and also seeks to strengthen bilateral relations between the Netherlands and the Matra countries. Relevant activities can also be supported under the Foreign Policy Support Programme (POBB). In view of the surge in the epidemic in this region, the Netherlands is considering to what extent non-ODA funds can be made available for activities in non-DAC countries.
- Furthermore, the Netherlands has more indirect involvement through multilateral organisations such as UNAIDS and UNFPA, and international initiatives such as GFATM and IPPF.

V. Institutional entrenchment

The Ministry of Foreign Affairs

Building institutional capacity

The existing institutional capacity is insufficient and is to be increased. Within the various relevant sections of the Ministry, employees are being freed up, on either a part-time or full-time basis, for AIDS-related activities in their particular field of work. The quality of the capacity available also needs to be improved. An HIV/AIDS training module has now been developed as part of the Ministry's standard training programme.

AIDS and Reproductive Health Task Force

The present informal AIDS and Reproductive Health focus group is to be expanded and given formal status as a 'task force'. The Task Force is institutionally 'entrenched' under both DGIS⁹ and DGRC¹⁰ since HIV/AIDS is not just a priority for development cooperation, but also closely linked with other aspects of foreign policy. The members of the Task Force come from various sections within the Ministry and are responsible for structuring and implementing the AIDS Action Plan. A coordinator, who has been specifically released from his or her ordinary duties, is heading the Task Force.

⁹ Directorate-General for International Cooperation

¹⁰ Directorate-General for Regional Policy and Consular Affairs

The intention is for the Task Group to have a multidisciplinary team of three or four people who will focus full-time on the AIDS issue. In addition, there is a broad group of about eight people who will spend part (ranging from 10 to 50%) of their time on AIDS-related activities.

The question of whether additional capacity is required in the various regions – both at embassies and in regional functions – will be considered at a later stage.

AIDS ambassador

An HIV/AIDS ambassador was appointed at the beginning of 2004 with the task of ensuring that Dutch AIDS policy has a clearer, higher profile as an integral part of foreign policy. Dutch policy will be actively disseminated in relevant national and international fora.

AIDS personnel policy

The Ministry began putting its HIV/AIDS personnel policy into effect in 2003, initially in 19 countries in Sub-Saharan Africa. The policy will be evaluated in 2005 and modified if necessary.

Cooperation with other ministries in the Netherlands

Several aspects of AIDS policy that have been included in the AIDS Action Plan overlap with the activities of other ministries in the Netherlands. These overlaps cover a wide range and include the relationship between AIDS and conflict, and the role of the peace missions in this area; the advancing AIDS epidemic in Eastern Europe and the possible consequences of the enlargement of the European Union for European public health; the effects of active recruitment of health workers in countries affected by AIDS; and collaboration with the business community. Interministerial consultation is taking place on specific topics or regions, involving the Ministry of Health, Welfare and Sport, the Ministry of Education, Culture and Science, the Ministry of Economic Affairs, the Ministry of Defence and the Ministry of Justice, among others.

COMMITMENT

Achieve stronger and broader political and social support

- Increase political awareness and involvement

Political awareness and involvement can be increased through various channels. At country level HIV/AIDS is clearly part of a wider political dialogue, including the dialogue on good governance and human rights. HIV/AIDS should not be overlooked in discussions on development goals, Poverty Reduction Strategy Papers (PRSP) and policy instruments. Political leaders can also be reminded of their responsibilities through the various regional political fora. The Netherlands must engage in the dialogue in these fora; the EU Presidency in the second half of 2004 offers an excellent opportunity.

- Targeted support for civil society organisations

Civil society organisations play an important part in combating the epidemic, both in raising awareness and removing the stigma attached to AIDS, and in the field of care and support. They also serve as a crucial intermediary in reaching people at local level. In addition, they have an important function in raising issues related to poverty, distribution and empowerment that also have repercussions on the spread of the HIV/AIDS epidemic. A significant proportion of Dutch development funds is therefore channelled through civil society organisations. Besides financial assistance, attention is devoted to coordination and harmonisation. Another key area involves efforts to mainstream HIV/AIDS into interventions by local and foreign civil society organisations that do not specifically focus on combating the epidemic.

- Enter into partnerships with the business community

The business community is an important and active partner in the fight against AIDS. Various multinationals now have an active HIV/AIDS personnel policy. Business is seeking to collaborate with the public sector, for example for the provision of services to groups in the wider community, other than just their employees and their families. Companies usually have good distribution systems, and these need to be examined in order to determine the extent to which they can also be used to distribute resources needed to combat AIDS. Collaboration with the business community is also possible in other ways, such as the transfer of knowledge and technology, and initiatives to influence the government, for example concerning import restrictions and tariffs. At country level the active involvement of the business community in the dialogue on and implementation of national AIDS policy is being encouraged, both by direct collaboration and by supporting international initiatives in this area.

COORDINATION

Improve coordination of the AIDS response, both in developing countries and at international level

- Active involvement in national AIDS coordination mechanisms

Growing recognition of the urgency of the HIV/AIDS problem means that more and more organisations and initiatives are focusing on the fight against AIDS. Coordination and harmonisation are needed more than ever before. The Netherlands already plays a prominent part in coordination mechanisms in countries like Burkina Faso and Tanzania. In Tanzania initiatives with other partners financed by the Netherlands (including cofinancing organisations and NGOs that receive theme-based cofinancing) are also closely coordinated. The Netherlands wishes to improve coordination and harmonisation in more countries. To reduce transaction costs further and to avoid burdening weak governments unnecessarily, better cooperation between donors is also required. The Netherlands works closely with a group of like-minded countries, but is also actively seeking better cooperation with other donors. Agreements have already been signed with the US.

- Support coordination of AIDS efforts in the context of the 'Three Ones'

Key donors and international organisations (UNAIDS, World Bank and GFATM) recently agreed on a framework to coordinate AIDS efforts at country level, known as 'the three ones'. The three ones refer to **one** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; **one** National AIDS Coordinating Authority with a broad multisectoral mandate; and **one** agreed country-level Monitoring and Evaluation System. Implementation of this agreement is vitally important to avoid duplication, prevent disproportionately heavy demands being placed on government capacity and ensure more effective use of resources. The Netherlands is actively involved in implementing this concept in a variety of ways, for example by supporting UNAIDS, by working closely with other donors and international organisations and by being an active partner at country level.

- Support UNAIDS and ensure consistent guidance of its co-sponsors¹¹

UNAIDS – the UN co-sponsoring organisation that brings together ten multilateral organisations – is a crucial partner within multilateral channels. An otherwise positive recent evaluation was critical about the position of UNAIDS at country level, and the coordination with and between the co-sponsors. Inconsistent and conflicting guidance by donors is one of the problems standing in the way of better harmonisation. As one of the major donors, the Netherlands provides UNAIDS with active guidance in order to strengthen its position at

¹¹ WHO, UNFPA, UNICEF, World Bank, UNDP, UNDCP, UNESCO, ILO, UNHCR and WFP.

country level. The development of a clear strategy in relation to UNAIDS helps ensure that Dutch efforts are consistent; other donors will be urged to do likewise.

CAPACITY

Increase capacity to implement good, integrated AIDS programmes¹²

- Strengthen crucial sectors (health and education) and mainstream HIV/AIDS into other sectors

Both the education and the health sectors are crucial for mounting an effective campaign against AIDS. The Netherlands will continue to support and strengthen these sectors at country level. It also gives specific support to both sectors for activities that help to remedy the urgent human resources constraints— at country level by providing substantive and financial assistance and at international level by developing policy on migration and measures to counter the brain drain. In other sectors HIV/AIDS activities are being mainstreamed, with attention given not only to the effects of HIV/AIDS on each sector and the sector objectives, but also to the most effective contribution that the sector in question can make to the fight against AIDS.

- Improve access to resources required, ranging from condoms to drugs

Of the six million people worldwide who currently ought to be candidates for treatment, only a fraction have access to ARVs. WHO wants to see a drastic increase in numbers over the next few years and has accordingly launched the 'three by five'¹³ objective. The Netherlands is seeking to make a substantive and financial contribution in this area. Despite a sharp drop in price in recent years, many drugs are still too expensive for developing countries. The Netherlands wants to give out positive signals by implementing the WTO TRIPS Agreement of August 2003 on cheap drugs for developing countries quickly and faithfully. The policy rules in the Patents Act (*Rijksoctrooiwet*) seek to give generic manufacturers in the Netherlands entitlement to a compulsory licence for export if they satisfy the conditions of the WTO agreement. The Netherlands is working with the Dutch International Dispensary Association (IDA) to accumulate and manage a buffer stock of AIDS inhibitors for Southern Africa. It is also joining forces with international organisations and donors to set up a Global Commodity Facility, which can provide the much-needed supplies crucial for reproductive health and HIV prevention, such as condoms for men and women.

¹² According to the international consensus, an integrated package of prevention, care, treatment and support interventions.

¹³ The target is to provide anti-retroviral treatment to three million people living with AIDS by the end of 2005.

- Invest more in the development of new technologies for HIV prevention, such as an AIDS vaccine and microbicides

To increase the ultimate effectiveness of HIV prevention measures, it is important to invest in the development of new preventive drugs. There is particular need for an effective, safe and affordable AIDS vaccine and methods that give women a say in safe sex, including microbicides. The Netherlands supports public-private initiatives aimed at the development of new preventive technologies that are suitable and accessible for people in developing countries. Dutch support for the European and Developing Countries Clinical Trials Partnership also helps build capacity in developing countries. Research into new technologies takes time, so it is important that it should be supported in the long term by ensuring a broad donor base. To reinforce this commitment, the Netherlands and Ireland are jointly organising a meeting on new technologies for HIV prevention as part of their EU Presidency activities.

- Provide better support for orphans and other vulnerable children (OVC)

The number of orphans, particularly in Southern Africa and particularly as a result of AIDS, has increased to such a level that the traditional support structures cannot cope. First and foremost this traditional support must be sustained, not only in terms of the primary necessities of life, by providing support for local care-givers, but also by devoting attention to the specific needs of OVC in sectors such as education and health. In the cooperation plan with the US this is one of the aspects that are being worked out in greater detail in the countries concerned. OVC also feature in the policy dialogue with Dutch civil society and international organisations.