Report of Stakeholder Consultations

Progress Review of the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis Through External Action (2007-2011)

Brussels, 25-26 November 2008
Dakar, 6 December 2008

Introduction

As foreseen in the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action 2007-2011, the EC will prepare a progress report for the Parliament and the Council on the implementation, outputs and impact of the Programme for Action.

The first report was initially scheduled for 2008, but as the Programme for Action only commenced in 2007, experts attending the Member States Meeting on HIV/AIDS, Malaria and Tuberculosis in Brussels, 30-31 October 2007, agreed to delay the preparation of the report for the beginning of 2009 to allow an appropriate and inclusive review process.

As the Programme for Action involves cooperation across several policy areas, and, for the first time, suggests collective action of the EC and EU Member States, a similar scope of the monitoring and review process will be required.

The Council Conclusions of the European Union regarding the Programme for Action called for enhanced cooperation and invited the Commission and the Member States to establish a roadmap for joint actions[1]. It should be noted, however, that discussions regarding proposed EC/EU joint actions at the Member States meeting in Brussels, September 2005, and proposed EC/EU collective actions on gender and HIV/AIDS at the Member States meeting by end October 2007, did not lead to agreement on such actions.

In follow up of the recommendations of the Member States meeting, the following aim, objectives and process of the progress review was defined and agreed by Member States:

Aiming to sustain a concerted and strong EU response and action to confront HIV/AIDS, malaria and tuberculosis in all partner countries as well as at global level, the specific objectives of the progress review are:

- to review progress and constraints in key policy areas of the Programme for Action

[1] Council Conclusions on A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action, 24.05.2005

- to update policy areas and identify new areas requiring attention in view of recent developments
- to better profile and stimulate joint EU action and division of labour in relation to the three diseases in partner countries and globally
- to develop recommendations on priority joint EU actions

It was decided that the review and the progress report should focus at the policy level and be a light process mainly based on already available data. The Commission would lead preparation of analytical reviews with inputs from Member States in relation to a set of existing key commitments and indicators in the Programme for Action. Interested Member States would lead the preparation of the analysis and draft recommendations for new policy areas or areas requiring stronger reflection in the Programme for Action.

It was further agreed that preliminary analytical reviews would be presented for discussion at two stakeholder meetings in Brussels, 25-26 November 2008, and in Dakar, Senegal, 6 December 2008 (in connection with the International Conference on AIDS and STIs in Africa Conference). The feedback and recommendations of participants at these two meetings would then be incorporated in the progress report, which following wide consultation will be presented for adoption in the format of a staff working paper in Spring 2009.

The stakeholder consultation in Brussels brought together some 70 participants from Member States, civil society organizations, UN and other international organizations. Setting the stage for the discussions, representatives of UNAIDS, STOP TB/WHO and the Roll Back Malaria Partnership provided updates to participants on the current situation, progress, constraints, challenges and opportunities for country responses and global action related to the three diseases. The Head of the EC Delegation in Lesotho described the situation and impact of the hyperendemic HIV/AIDS situation in Southern Africa, the work of the EC Delegations to foster an expanded EC response, and encouraged EU Member States to engage in intensified and concerted efforts to address the AIDS crisis in the region. A representative of the International Community of Women Living With HIV stressed the gravity of the AIDS crisis, in particular for women of childbearing age, and urged EU Member States and the Commission to take immediate action to step up concerted efforts.

The special two-hour stakeholder consultation in Dakar, 6 December, brought together some 100-120 participants, mainly from Africa, including policy makers, experts and, in particular civil society representatives. At the meeting presentations were made on the wider policy context of EU development cooperation, the Programme for Action, and conclusions and recommendations of the above-mentioned meeting in Brussels. Subsequent discussions focused on the role of budget support/MDG contracts in support of country responses to the three diseases, strengthened partnerships and engagement of civil society organizations, and how to ensure financing for civil society organizations and work with vulnerable groups.

In preparation of the meetings a series of analytical briefs were developed by the European Commission, the EU Member States, civil society organizations and international organizations, and disseminated in advance. On the basis of these documents, participants reviewed progress, gaps and constraints, provided

recommendations for an update of policy areas and actions and identified options and priorities for collective EU action to confront the three diseases. It should be noted that it was not possible during the stakeholder consultations to discuss all key commitments and analytical briefs prepared.

The following report seeks to capture and summarize the main conclusions and recommendations of the participants at the two stakeholder consultations.

The progress report on the Programme for Action itself will build on, consider and reflect the report of the stakeholder consultations as well as the content of all the analytical briefs, which have been prepared, including those which were not discussed at the meetings due to time constraints.

The progress report will then be presented by the European Commission to the Council of the European Union and the European Parliament in the form of a staff working paper, with the report of the stakeholder consultations attached as an annex..

The conclusions and recommendations of the stakeholder consultations will also form the basis for the work of suggested follow up mechanisms in terms of working groups, which led by Member States or the European Commission will bring Member States, civil society organizations and international organizations together in efforts to foster collective EU action in key areas identified through the review process.

Current situation, progress and constraints in the response to HIV/AIDS, malaria and tuberculosis.

HIV/AIDS

Less people are dying from AIDS, and, in several regions and countries, fewer people become infected by HIV as a result of improved tools, know-how and the significant investments made in HIV prevention efforts and treatment services. The global AIDS epidemic is, however, far from over, but will remain a daunting and devastating challenge for decades to come.

With almost 75% of the estimated 2.7 million new HIV infections in 2007, Sub-Saharan Africa remains the continent most affected by the epidemic, with South Asia next in rank, while the most rapid expansion of the epidemic occurs in Eastern Europe and Central Asia.

There are a number of encouraging results reflected in indicators such as declining HIV prevalence in young women attending antenatal services; behaviour changes with regard to delayed sexual debut; reduced numbers of sexual partners; and increased use of condoms. There are a growing proportion of HIV positive pregnant women receiving anti-retroviral prophylaxis, which is leading to a reduced number of new HIV infections among children. There is an impressive increase in the numbers of people gaining access to antiretroviral treatment, now coming close to 4 million, and mortality related to HIV/AIDS is declining slightly.

However, the majority of people in need still lack access to treatment, and AIDS remains the top cause of death in Africa. There is an urgent need to accelerate, scale

up and target prevention efforts, as for every two persons gaining access to HIV treatment, five more get infected. Such efforts should consider and reflect the great diversity in dominant HIV transmission patterns and key populations, which exists even among countries, which would be expected to host similar epidemics. Equally important, the evolution of the HIV epidemics should be closely monitored within countries, as changes in HIV transmission patterns may be considerable over time. Country knowledge of the epidemic and the state of the response is critical to successful efforts.

Scaling up towards and maintaining universal access will require predictable and sustainable financing, and especially low income countries will be in need of substantial international support. Substantial efficiency gains can be made by ensuring that financing for prevention is targeting key populations at most risk, and bringing national strategies better in accordance with evidence based approaches. Stigma, discrimination, gender inequality and infringements of human rights remain key barriers for effective scaling up. There is an urgent need to address constraints such as human resource shortages and weak health systems by encouraging country ownership, introducing health service reforms, enhancing synergies and addressing common constraints.

Tuberculosis

While tuberculosis (TB) is preventable and curable, an estimated 9.2 million cases of tuberculosis occurred globally in 2006, resulting in 1.65 million deaths. The greatest numbers of TB cases occurred in Asia, while the highest prevalence rate is in Africa, reaching 363 per 100,000 population. Globally, case rates were rising during the nineties, but are now stable or falling slowly. In Africa, case rates doubled during the nineties, but are now stabilizing. Cases of multidrug-resistant TB (MDR-TB) have reached almost half a million worldwide, and cases of extensively drug resistant TB (XDR-TB) are now estimated to reach around 50,000 cases worldwide. By October 2008 fifty countries reported confirmed cases of XDR-TB. The estimated number of HIV/TB co-infections was more than 700,000 in 2006, and TB is the leading cause of death among people living with HIV.

Globally, significant progress has been made in reducing mortality, but Europe and especially Africa are not on track to reach the targets of the Global Plan to STOP TB 2006-2015 of halving TB deaths by 2015 in relation to the 1990 baseline. A substantial increase has occurred in the number of TB cases detected and treated under DOTS-based programmes, but progress is now stagnating.

Current tools for TB control are old, but major efforts in research and development have resulted in a steady growth in the pipeline for new diagnostics, drugs and vaccines, and is expected to result in the roll-out of new diagnostics, for instance for rapid detection of MDR-TB, within the next two years.

Key challenges involved in reaching the targets of the Global Plan are to ensure that all the cases detected will have access to DOTS-based programmes, considering that 38% of the 9.2 million cases detected in 2006 did not have access. Furthermore, reaching the more than two-thirds of the missing cases, which are located in Africa and South-East Asia, will require scaling up of innovative interventions, notably

through laboratory strengthening, engagement of all providers beyond the public sector, community involvement, advocacy and social mobilization. There is an urgent need to control the spread of drug resistant TB through effective TB control, to promote nationwide scaling up of integrated TB and HIV services, and to strengthen health systems, e.g. the workforce, laboratories and infection control. Many countries lack, however, the capacity to initiate and undergo this scale up, and are in need of access to well coordinated quality technical support from local and international experts.

Malaria

109 countries were endemic for malaria in 2008, including 45 in Africa. There was an estimated total of 247 million malaria cases among 3.3 billion people at risk in 2006, causing nearly one million deaths. 90% of these preventable deaths occurred in Africa and mostly among children under 5 years. Malaria is putting health systems under strain - in sub-Saharan Africa an estimated 50% of the hospital bed occupancy is related to malaria.

Malaria control has gained momentum in recent years, where the currently available tools and commodities such as long-lasting insecticidal mosquito nets, effective artesimin-based treatment and indoor residual spraying of homes with insecticide have demonstrated their effectiveness. International financing for malaria control has increased substantially from US$ 249 million in 2004 to around US$ 1.1 billion in 2008, currently representing 47% of malaria spending from all sources.

As a result, some countries are now reporting significant progress. Rwanda has reported a 66% reduction in malaria cases and deaths in 2006 in one year through expanded coverage of bed nets and effective treatment. Similarly, Eritrea, Ethiopia, Sao Tome and Principe, and Zanzibar have experienced a 50% decrease in the malaria burden from 2000 to 2006/7.

Significant financial gaps remain, however, and large countries remain a challenge. The increasing success rate of malaria proposals to the Global Fund, notably in round 7 and 8, demonstrates the importance of ensuring quality technical support for resource mobilization and overcoming implementation bottlenecks.

There is a need to further accelerate progress in procurement of long-lasting insecticide bednets and artesimin-based treatment to achieve the 2010 targets of the Global Malaria Action Plan. Significant progress has been made in implementation of indoor residual spraying, in 2003 only done in 12 countries (29%) in Africa, in 2008 covering 28 African countries (60%). Implementation, however, remains hampered by logistical and implementation difficulties, limited financing and concerns about insecticide resistance. Data collection remains a significant challenge, underscoring the need to strengthen information systems. It is critical to strengthen the local response through behaviour change communication or other means, which can ensure that coverage of bednets is effectively translated into effective usage.

Access to drugs

Participants stressed the continued importance of ensuring access to affordable quality drugs and other pharmaceutical products, and the need to closely monitor and address new developments and challenges,. They gave the following recommendations for consideration of EC and EU Member States in the context of the Programme for Action:

- to closely monitor and address positive and negative implications for effective drug procurement of the move from earmarked financing towards budget support modalities, aiming to ensure continued access to quality technical support and an effective division of labour in this area

- With the rapid scale up of access to treatment, to address the urgent need for drug quality assurance and monitoring of drug resistance, and facilitate access to affordable second and third line drugs

- to support effective and rational utilization of essential medicines (including drugs for HIV/AIDS, malaria and tuberculosis) through health system strengthening (forecasting, procurement and distribution systems) and by supporting the role of civil society in providing adherence training and addressing treatment illiteracy

- to review the effectiveness of the price reduction mechanisms currently proposed in the Programme for Action, in particular tiered pricing and the use of the Doha TRIPS flexibilities

- to consider new approaches to address price and intellectual property rights issues, especially for new and recent drugs such as second line antiretroviral drugs and drugs for treatment of multidrug-resistant TB, including :
  - global initiatives such as UNITAID, the Green Light Committee, Affordable Medicines for Africa (AMFA) and the "Minimum volume guarantee" of the Reproductive Health Coalition
  - initiatives to ensure access to free drugs and services at point of delivery, pre-payment schemes, community-based initiatives, health insurance schemes etc.

- EC and EU Member States should invest in research and development of better and new diagnostics and drugs, e.g. in the areas of paediatric diagnostics and treatment, and for multidrug-resistant TB

Promoting integrated and comprehensive care and support for people living with the three diseases.

Participants called for more attention to ensure integrated and comprehensive care and support for people living with the three diseases. They noted that the strong (and important) focus on scaling up access to medicines, also reflected in the Programme for Action, may have led to a neglect of the growing need for comprehensive care and

support for the increasing number of people who are living with the three diseases, as well as for their families.

Comprehensive care and support should be based on a family and community-based approach, and include the domains of psychosocial support, clinical care, social and economic support, human rights and legal support, support for families and communities affected by the three diseases.

The participants emphasized the need for integrated approaches to address co-infections such as HIV and TB and to ensure a continuum of care and support through better collaboration and clear systems of referral between the public and private health sector, community home-based care programmes and care providers in the home.

They made the following specific recommendations for consideration of EC and EU Member States in the context of the Programme for Action:

- to reinforce policy dialogue with countries to promote an increased focus on care and support through the preparation of toolkits/guidelines for policy dialogue and sharing of expertise with partner countries to ensure the inclusion of comprehensive care and support in relevant national plans and policies;

- to ensure implementation of workplace policies on HIV, TB and malaria for health promotion and disease prevention among staff and to ensure that staff living with HIV, TB and malaria and their families are fully protected and enjoy the benefits of social security programmes and occupational schemes;

- aiming to strengthen government and donor technical and financial support for community care, EC and EU Member States should support development of research capacity in partner countries to document and disseminate evidence-based good practices;

- to ensure technical support, capacity building and financing for development and implementation of policies on comprehensive care and support, including 'care for carers' (financial compensation schemes for community carers), cash transfers and social protection programmes for the most vulnerable populations; and capacity building for community–based organizations and networks of people living with the three diseases;

- to engage in sector and policy dialogue on ways to improve school attendance of children affected by HIV/AIDS; support initiatives to increase treatment literacy for people on treatment and within communities; and provide technical support and guidance to increase access to legal support and advice services for people affected by the three diseases .

Accelerating comprehensive prevention

Participants stressed the importance of accelerating prevention programmes to ensure the achievement of MDG6, supersede the progress made in access to treatment to

achieve universal access and make effective use of the great increase in HIV/AIDS financing.

They emphasized the urgent need to overcome the 'air of depression' surrounding prevention, which has led to the abandonment of important and effective programmes on sexuality education and youth services and a preoccupation with what may be perceived as more effective biomedical approaches such as male circumcision. They noted that the pervasive impact of barriers of stigma and discrimination has largely been ignored, and that people living with HIV remain inadequately involved in planning of prevention programmes.

Referring to the EU as a 'sleeping giant', the participants called upon the EU to lead by example, unleash its full potential and comparative advantages, overcome consensus seeking architectural constraints and take the major opportunity to demonstrate a proactive global leadership through:

- A strong and bold EU stand in international fora to support evidence-, rights- and gender-based prevention approaches such as harm reduction for injecting drug users, joint programming on HIV prevention and sexual and reproductive health and rights, male and female condom programming, and more financing for prevention among most at risk populations;

- EU action to actively oppose and confront groups and countries which promote ideological approaches that are not based on evidence such as criminalization of sexual transmission and approaches violating human rights of drug users;

- EU flagship programmes and initiatives on prevention and reduction of stigma and discrimination including (through high level political commitments) support for comprehensive and appropriately-funded, evidence-based prevention interventions;.

- Greater engagement in policy dialogue and collaboration with ACP countries to strengthen leadership and commitment to prevention, and to ensure that national AIDS strategies and programmes:
  - become based on evidence and 'Know Your Epidemic';
  - tackle stigma and discrimination
  - support prevention with men who have sex with men, sex workers, injecting drug users and prisoners;

- EC convening a concerted EU effort where Member States take lead roles in specific areas, with strong and better leadership of key agencies such as UNAIDS, especially on stigma and discrimination, and support for organizations for people living with such as the Global Network of People Living with HIV and the International Community of Women Living with HIV;

- Linking HIV, malaria and TB programmes, as well as prevention, treatment care and support, including 'positive prevention' and services on sexual and reproductive health and rights for people living with the three diseases;

- Support for research on how to maximize impact of behavioral change and communication programmes, coupled with sustainable and longer term commitment to support research and development in new prevention technologies

Human rights and HIV/AIDS, malaria and tuberculosis

Participants reiterated the recognition of human rights as an essential element in the global response to HIV/AIDS, malaria and tuberculosis. They emphasized the strong and inextricable links between human rights and HIV, as human rights infringements are fuelling HIV transmission in women and among vulnerable and marginalized groups such as men who have sex with men, injecting drug users and sexworkers. They noted that many national programmes fail to address the prevention needs of such groups, and do not address the stigma experienced by people affected by HIV, malaria and tuberculosis. They observed with alarm the current trend of introducing specific legislation to penalize sexual transmission of HIV.

In this context, participants called upon the EU to assume a global leadership role in promoting full respect of human rights, considering its strong track record on human rights, and requested the European Commission to act as a protector, catalyst and driver of change for concerted efforts within the EU and globally in advancing the human rights agenda for HIV/AIDS, malaria and tuberculosis.

They made the following specific recommendations for the development of a more systematic and coherent EU strategy to advance human rights and rights based approaches in the context of the Programme for Action:

- to develop a mechanism for sharing of best practices among EU Member States in advancing human rights and promoting rights based approaches to HIV/AIDS, malaria and tuberculosis;

- to break the silence and engage in a strong, concerted and inclusive policy dialogue on human rights with partner countries and international partners, with particular attention to right to health (universal access), violence against women, country level indicators/bench marks for the reduction of HIV related stigma, HIV/AIDS workplace policies and uplifting of travel restrictions;

- to develop joint EC/EU guidelines and an effective division of labour among EU Member States to address human rights in the policy dialogue;

- to ensure targeted funding of HIV prevention measures and anti-stigma and discrimination interventions for most at risk populations;

- to support capacity building and fora to facilitate civil society involvement and greater involvement of people living with HIV/AIDS, malaria and tuberculosis in national planning processes;

- to ensure that human rights issues related to the three diseases and the creation of a supportive legal and policy environment are reflected and addressed in Country Strategy Papers and national health and AIDS plans;

- to review and strengthen the effectiveness of budget support and other financing instruments in relation to the needs of groups most at risk and the response to HIV/AIDS, malaria and TB in general;

- To ensure attention to the needs and human rights of people living with malaria and tuberculosis; displaced people, refugees (including in relation to their mandatory testing for HIV), people with disabilities, orphans and vulnerable children.

New tools and interventions

Participants stressed the importance of continued investment in research and development for new tools and intervention related to HIV/AIDS, malaria and tuberculosis, including through the EC Framework Programmes for Research and Development (FP6, 2002-2006 and FP7 (2007-2013)), and the European and Developing Countries Clinical Trials Partnership.

They took note of the following conclusions and recommendations of the conference "Challenges for the Future: Research on HIV/AIDS, Malaria and Tuberculosis", which provide guidance for the future directions and priorities of the EC Framework Programme for the three diseases in the context of the European Programme for Action:

In the area of basic and clinical research, there is a need to move current leads forward, but also for renewed attention to basic research in terms of identifying/developing:
- new drug candidates and targets; new vaccine antigens and adjuvants; alternative diagnostics and biomarkers
- better understanding of the links between biology, immunology and latency
- more intelligent design of protective vaccines, curative drugs and 100% reliable diagnostics and markers of disease, protection and latency.

There is a strong need to strengthen intervention and operational research, and improve the evidence base through clinical, epidemiological and analytical studies, especially related to vector biology and control for malaria and other endemic infectious diseases, treatment impact on HIV transmission, and sustainable scaling up of strategic health interventions.

Within the European research area for poverty-related diseases, there is a need to intensify coordination and collaboration between EC, EU Member States, other donor countries and development cooperation.

In the area of financing, there is a need for more flexible co-funding of joint programmes, more transparency and better rationality of calls for research proposals,

an appropriate balance between support for large networks and support focused on innovation.

Efforts should be made to ensure integration of new EU Member States in research programmes and to link EU with global networks.

It is of critical importance to ensure that both capacity building and research are strengthened in developing countries

The EU should jointly develop a coherent and comprehensive health and development research agenda aiming:
- to intensify research on prevention, treatment, transmission and public health research with adequate balance between basic research, translational research and epidemiology
- to fully integrate the role of EU with other global efforts
- to recognize and reflect the importance of the European and Developing Countries Clinical Trials Partnership and product development partnerships

Financing

Participants took note of the significant increase in financing for HIV/AIDS, malaria and tuberculosis, which has occurred in recent years in the context of increased total financing for health. They noted that there does not appear to be any indication of a 'crowding out' effect for health in general and other basic health services, albeit the area of sexual and reproductive health and rights has experienced a decline in financing.

As stated in the Programme for Action, the EU collectively has provided contributions to help fill the financing gaps and meet the MDG6, which reflects Europe's weight and importance as an international partner in development. The EU is providing the majority of funds for the Global Fund, and the majority of earmarked financing HIV/AIDS as reported to the OECD/DAC.

The participants recognized, however, the challenges of maintaining and verifying the EU's position as the dominant donor for the three diseases in the future, in view of the plans of the US and other emerging donors plans to scale up earmarked support, the impact of the financial crisis, and the partial transition of EC and other EU donors from earmarked project financing to budget support modalities based on results management. However, the commitment reiterated in the EU Agenda for Action on the MDGs to significantly scale up ODA, and to ensure resources for health, including the three diseases, signals the potential for a continued strong leadership role of the EU in financing.

In spite of the increased resources, participants noted that, according to UNAIDS, Roll Back Malaria and the STOP TB Partnership/WHO, significant global financing gaps remain in the efforts of scaling up towards universal access for HIV prevention, treatment, care and support and achieving the targets of the MDG6, and those of the Global Malaria Action Plan and the Global Plan to STOP TB.

They also noted, however, that only with the Global Fund round 8 have countries with successful proposals hit the ceiling of available funding for the first time and have been requested to make a 10% cut in their budgets. This may only signal a lack of ambitious proposals in the past, and does not in itself indicate that sufficient financing is available for effective country responses. However, in this situation there is a clear need for more attention to country level financing gaps and resourcing strategies.

They stressed that in the context of the financial crisis it is imperative to ensure effective use of financial resources through synergy and integrated approaches, which may lower transaction costs; efforts to ensure that national strategies address 'the right people and the right approaches', and other financing strategies such as price reductions and innovative financing mechanisms.

Reviewing the EC's financing instruments, they noted that specific EC financing in support of country strategies to confront HIV/AIDS, malaria and tuberculosis is channelled through the Global Fund. They observed that only 3.5% of the 10th European Development Fund will be allocated to Country Strategy Papers as health focal sector support. In addition, limited contributions may be available from the non-state actor budget line and through HIV/AIDS mainstreaming in focal sectors.

The participants recognized the potentially important contributions of general budget support and the MDG contract to the development of country led and sustainable responses to the three diseases. Such financing modalities provide longer term and predictable financing, strengthen country ownership and allows countries to cover recurrent costs such as salaries of health workers and teachers, buildings and infrastructures.

Participants, however, recommended EC and EU Member States to closely monitor and address potential gaps, challenges and shortcomings in budget support approaches, in particular:

- to consider responses to the three diseases and health systems strengthening as priorities in definition of indicators and in political and policy dialogue related to budget support, especially in countries with high prevalence/burden or rapidly emerging epidemics;
- to strengthen the capacity of EC/EU Member States for policy dialogue through competence building and implementation of an effective division of labour;
- to strengthen the capacity of partner countries to develop, manage and implement robust and evidence based national plans for health and HIV/AIDS, e.g. in the context of the International Health Partnership;
- to ensure the full involvement of people living with the three diseases and civil society in the development, implementation, monitoring and evaluation of Country Strategy Papers, proposals for the Global Fund and national plans for health and HIV/AIDS, and to ensure oversight of civil society and national parliaments;
- to consider additional and more flexible financing mechanisms, and, where needed, targeted funding for work with populations most at risk or to address stigma and discrimination.

Discussing the role of the Global Fund as a financing entity, the participants recommended to EC/EU Delegations that they should:

- take an active role and responsibility in strengthening country level coordination among donors,
- ensure technical assistance through country led need assessment and technical support planning
- be actively engaged in the Country Coordinating Mechanisms
- promote synergy between Global Fund projects and budget support modalities

Integration of programming and service delivery in the context of health system strengthening

Participants emphasized the need for better integration of disease specific programming and service delivery in the context of health system strengthening. Such integrated services would for example include services for HIV/AIDS, malaria, tuberculosis, sexual and reproductive health and rights; and integrated management of childhood illnesses (IMCI).

The participants stressed, however, that integration should never be implemented blindly, but should be context specific, oriented towards concrete results in response to the needs of affected people and communities, and closely monitored to identify and address adverse consequences.

The participants noted the significant increase in international health financing which has been mobilized for HIV/AIDS, malaria and tuberculosis. Embracing the primary health care principles of equity in access and for diseases, they underlined the need for substantial additional resources in support of health system strengthening and basic health services, especially at district level.

They also called for strengthening of systems beyond the health sector, such as education, social protection and community systems, and noted that effective responses to HIV/AIDS have to be broad-based and multisectoral.

They stressed, consequently, that effective integration of HIV/AIDS services in the context of health system strengthening does not imply a re-medicalization of the AIDS response. On the contrary, participants saw the AIDS response as an agent for change and called for health system reforms, which would fully recognize, support and draw in resources of the informal sector/civil society, communities, volunteers and the private sector.

In this context, participants suggested that the EU should develop mechanisms to ensure the ongoing participation of civil society, including vulnerable and marginalised groups, in the governance, coordination, prioritization of funding allocations and in monitoring and evaluating the implementation of national health plans.

EU collective action

There was a strong consensus among participants about Europe's significant role and contributions to the global response to the three diseases, but also the recognition that the full potential of the European Union, the Member States and the Commission, are far from realized. In this respect the European Union was referred to as a "sleeping giant" in comparison with other global players.

In the global context the European Union – the Member States and the Commission – may have a specific role and comparative advantages in the areas of:

- promoting principles of social protection and equity in health
- strengthening of legal frameworks, gender equality and human rights
- policy dialogue to better link and address the three diseases and social drivers in the wider context of socio-economic development
- choice of financing instruments, which allow long term predictable financing and alignment to partner country priorities and processes.

Participants recognized that the full realization of the potential of the European Union in confronting HIV/AIDS, malaria and tuberculosis will require a move towards more coordinated and concerted EU action at country and global level, including through:

- A common European voice and enhanced capacity for policy dialogue at global and country level;
- More focus on capacity building within the EU Member States and the Commission as well as with partner countries and civil society, including through networks such as the European ESTHER Alliance and the European and Developing Countries Clinical Trials Partnership;
- Support for meaningful engagement of civil society at all levels and in all stages of the responses to the three diseases;
- Development, implementation and monitoring of an effective division of labour among EU Member States and the Commission;
- Development of more flexible financing instruments in support of bottom up initiatives, civil society engagement and work with vulnerable groups.

In this context participants agreed to explore the possibility of creating specific taskforces or 'EU action teams' in priority areas such as access to drugs, comprehensive care and support, prevention, and human rights. The role of these 'EU action teams' would be to consider and plan how to take forward, implement and develop further the recommended actions and approaches. Such 'EU action teams' would be led by Member States or the Commission, and include other interested Member States, civil society organizations, public-private partnerships, UN and other international organizations.