

# COMMISSION OF THE EUROPEAN COMMUNITIES

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**PROPOSAL FOR A DECISION OF THE COUNCIL  
AND THE MINISTERS FOR HEALTH OF THE  
MEMBER STATES MEETING WITHIN THE COUNCIL  
ADOPTING A PLAN OF ACTION  
IN THE FRAMEWORK OF THE 1991-1993  
"EUROPE AGAINST AIDS" PROGRAMME**

(presented by the Commission)

## EXPLANATORY MEMORANDUM

The disease AIDS (Acquired immunodeficiency syndrome) is caused by a retrovirus (HIV) for which there is no vaccine nor effective treatment available at present. Thus adequate preventive measures remain the only means of combatting the disease.

The rapid and continued increase of AIDS cases and HIV-seropositive persons has caused and is continuing to cause concern throughout the European Community because of their effects on individuals, as well as on society as a whole. Of particular concern is the increase in heterosexual cases, and in drug users. The statistics on the number of AIDS cases are collected by the Paris-based European Centre. It is expected that there will be a total of 150.000 AIDS cases in the European Community by end 1992. Uncertainty remains however on the number of HIV-seropositive people, due to technical difficulties for recording persons who have no symptomatic disease, and because of ethical problems of confidentiality and anonymity. Current estimates for HIV seropositive people give a range of half a million to two million in the European Community.

Programmes have been developed by Member States in order to combat the spread of the disease and to deal with its consequences. The contents of these programmes and the approaches used differ between the Member States. Actions at Community level can help to enhance the effectiveness of these programmes by developing exchanges of information and activities in the following fields:

- Information and Health Education
- Treatment, social care and counselling
- Monitoring of the epidemiological situation;
- Manpower training and development;

The Council and the Ministers for health meeting within the Council have agreed on a number of principles concerning AIDS and HIV infection, which are contained in Resolutions and Conclusions adopted between 1986 and 1989 (Annex A). The most recent Resolution of 22 December 1989 on the fight against AIDS emphasizes the need to step up the coordination of national and Community projects and promote activities of common interest.

For its part, the Commission of the European Communities has been carrying out specific actions aimed, in particular, at preventing AIDS, ever since it transmitted its Communication to the Council in 1987 (COM/87/63). These actions have concentrated on information, health education and coordination of preventive actions.

Also in 1987 the AIDS Control Programme of the Commission, for developing countries started with a three-years budget for the benefit of all African, Caribbean and Pacific (ACP) States, signatories of the Lomé conventions. Activities have also been undertaken in non-ACP countries, mostly in Latin America and South-East Asia.

Moreover, within the framework of the Research and Development Programme of the Commission, the Medical and Health Research Programme includes a wide range of activities concerning AIDS, in particular for the European Vaccine against AIDS (EVA) or Viro-immunological Research.

Under the current 2nd Research and Development Programme in the field of "Science and Technology for Development, 1987-1991, subprogramme Medicine, Health and Nutrition in tropical and subtropical areas", 12 contracts have been signed concerning research in HIV 1 and HIV 2 biology and transmission, with special emphasis on vertical transmission and the impact of human immunodeficiency virus on the rapid spread of tuberculosis on the African continent.

This programme "Europe against AIDS" sets out the actions to be undertaken in line with texts adopted by the Council and which the Commission considers necessary to contain the AIDS epidemic. It builds on, develops, and supplements actions which the Commission has undertaken already, taking into account the extensive work already carried out in Member States.

In order to achieve success, each of the actions will need to be developed in close collaboration with those involved in the Member States. In addition, there is the need to enhance cooperation with international organizations, in particular with the World Health Organization (Headquarters and Regional Office for Europe), in the framework of the global programme on AIDS, and the Council of Europe in the context of human rights and other activities relating to AIDS. By basing each of the actions on the work already carried out, the Commission will be able to ensure that the results of such work can be used for the common good.

In achieving success, this programme will contribute to a containment of the disease with its implications not only for individual citizens, but also for society as a whole.

The Commission considers that an amount of 3 million ecus per year for an initial period of three years is necessary to carry out the programme.

The Commission of the European Communities is transmitting the proposal for this decision to the European Parliament and to the Economic and Social Committee for opinion, and to the Council and the Ministers for Health of the Member States meeting within the Council for approval.

Annex A

- Resolution of the representatives of the Governments of the Member States, meeting within the Council of 29 May 1986 on AIDS (OJ C 184, 23 July 1986, p. 21)
- Conclusions of the Council and of the representatives of the Governments of the Member States, meeting within the Council of 15 May 1987 concerning AIDS (OJ C 178, 7 July 1987, p. 1)
- Conclusions of the Council and the representatives of the Governments of the Member States, meeting with the Council of 31 May 1988 concerning AIDS (OJ C 197, 27 July 1988, p. 8)
- Resolution of the Council and of the Ministers of Education meeting within the Council of 23 November 1988 concerning health education in schools (OJ C 3, 5 January 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting with the Council on 15 December 1988 concerning AIDS (OJ C 28, 3 February 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting with the Council on 15 December 1988 concerning AIDS and the place of work (OJ C 28, 3 February 1989, p. 2)
- Resolution of the European Parliament of 30 March 1989 on the fight against AIDS (OJ C 158 of 26.06.89, p. 477)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989 regarding the prevention of AIDS in intravenous drug users (OJ C 185, 22 July 1989, p. 3)
- Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 on awareness measures for health care personnel (OJ C 185, 22 July 1989, p. 6)
- Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 on the improvement of the general system for collecting epidemiological data, including the application of the new definition of AIDS cases (OJ C 185, 22 July 1989, p. 7)
- Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 regarding future activities on AIDS prevention and control at Community level (OJ C 185, 22 July 1989, p. 8)
- Resolution of the Council and the Ministers for Health of the Member States, meeting within the Council of 22 December 1989 on the fight against AIDS (OJ C 10, 16 January 1990, p. 3).

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THE COUNCIL AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES,  
MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic  
Community,

Having regard to the proposed Decision submitted by the  
Commission,

Having regard to the opinion of the European Parliament,

Having regard to the opinion of the Economic and social  
Committee,

Whereas, the increase in the AIDS epidemic is of major concern  
to Member States and the Community,

Whereas the Resolution of the European Parliament of 30 March  
1989 on the fight against AIDS called on the Commission for  
action in particular in the fields of information and training  
of health professionals,

Whereas the Resolution of the representatives of the  
governments of the Member States, meeting within the Council,  
of 29 May 1986, on AIDS, requested the Commission to organize  
an exchange of information and experience,

Whereas the Resolution of the Council and of the Ministers of  
Education meeting within the Council of 23 November 1988,  
concerning health education in schools, expressed concern  
about the high incidence of AIDS, and invited the Commission  
to undertake a series of actions at Community level,

Whereas the Conclusions of the Council and Ministers for  
Health of the Member States, meeting within the Council of  
16 May 1989, regarding the prevention of AIDS in intravenous  
drug users, requested the Commission to prepare and submit to  
the Council a programme in this area,

Whereas the Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989, on the improvement of the general system for collecting epidemiological data, including the application of the new definition of AIDS cases, asked the Commission to compare the system for recording notifications of AIDS cases at national and Community level in order to pinpoint where the improvement of coverage can take place, as well as the reliability and the comparability of the data used,

Whereas the Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989, regarding future activities on AIDS prevention and control at Community level called upon the Commission to examine the possibilities for harmonization with regard to condoms and HIV self-testing kits,

Whereas the Resolution of the Council and Ministers for Health of the Member States, meeting within the Council, of 22 December 1989 on the fight against AIDS, requested the Commission to develop exchanges of information and experience defining in priority the details and contents of an action plan integrating appropriate measures to prevent and control AIDS,

Whereas the Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council, of 17 May 1990, on medical and psycho-social care services in relation to the AIDS epidemic, requested the Commission to examine the feasibility of developing a consistent approach to costing the management of care for HIV-seropositive persons,

Whereas the present plan of action for the programme "Europe against AIDS" contains the aforementioned requests; whereas it also contains other measures intended to contain the AIDS epidemic.

**HAVE DECIDED AS FOLLOWS:**

#### ARTICLE 1

1. The Commission shall implement the 1991-1993 action plan set out in the Annex 1 in close co-ordination with the competent authorities of Member States.
2. The Commission will co-operate with International Organizations active in this field such as the WHO and the Council of Europe.
3. The Commission will regularly publish technical information on the progress of the action plan.

ARTICLE 2

1. The Community funds required for the work to be undertaken under this Decision shall be determined by the budget authority within the context of the appropriations available for each year.

ARTICLE 3

1. The Commission will continuously assess the action undertaken and the priorities taking into account emerging urgencies.
2. The Council and the Ministers for Health of the Member States meeting within the Council will carry out an evaluation of the effectiveness of the actions undertaken. To this end the Commission will submit a report on the subject during the second half of 1992.

ANNEX 1CHAPTER 1      INFORMATION AND HEALTH EDUCATION IN THE PREVENTION OF HIV INFECTION

The importance of prevention cannot be stressed enough as there is no vaccine nor effective treatment available. The Member States have been active for several years in promoting information and health education for the general public in this field. It is of fundamental importance to continue this work in order to ensure the success of prevention efforts.

Different approaches are used in the Member States in preventive strategies and prevention intervention methods are under development and evaluation. This diversity of approach can be used to maximum benefit if there is an interactive knowledge of what is being done. Therefore, exchanges of information are necessary and need to be promoted.

A key role at Community level is to facilitate exchanges of experience, to evaluate results and to promote new approaches, so that the most effective approaches can be promoted taking into account local needs and characteristics.

Health education in schools is an essential part of health promotion, and within the limits of specific national educational policies and structures, appropriate arrangements should be made for coordinating health-promotion measures, so that health education can be seen by children as a practical part of their lives.

Repeated efforts are necessary for prevention messages to be retained by the public and relevant target groups. This will help them develop a real understanding of AIDS problems and their consequences, in order to contribute to a change in their attitudes.

Simple messages can increase the general public's awareness, and can improve the efficiency of an AIDS prevention information campaign, in particular by the use of a European Code against AIDS which will take into account the work already carried out in the Council of Europe (1).

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- (1) In particular recommendation n° R(87)25 of the Committee of Ministers concerning a common European public health policy to fight the Acquired immunodeficiency Syndrome AIDS adopted on the 26 November 1987 and recommendation n° R(89)14 of the Committee of Ministers on the ethical issues of HIV infection in the health care and social settings adopted by the Committee of Ministers on the 24 October 1989.



**Objectives:**

- to prevent the spread of the epidemic by providing information on HIV risk factors, and therefore to avoid discrimination and stigmatisation of HIV seropositive persons,
- to monitor attitudes towards AIDS in the general population of the Community,

**Action 1:            Informing the public about AIDS prevention campaigns**

Member States have already gained valuable experience in the use of publicity campaigns to inform the public about AIDS. A survey of current AIDS prevention campaigns will be carried out with a view to improving the existing campaigns and to designing more effective ones in the future.

At Community level, a publicity campaign will need to take into account the experience of the Member States in order to ensure maximum impact on the general public, resulting in increased awareness. This campaign will also aim at providing information to prevent discrimination against HIV seropositive persons and AIDS sufferers.

The public and private organizations involved in the fight against AIDS will be closely associated with the preparation and implementation of this action. Broad coverage will be given to the results of the actions.

With the help of appropriate experts, the Commission will establish a European Code Against AIDS and ensure its transformation into layman's language. Dissemination of the Code will be made in all appropriate fora, including schools and the workplace.

**Action 2:            Prevention of HIV infection and health education in schools**

Exchanges of information will be encouraged and supported within the framework of health education in schools. Specific seminars for teachers from the Member States will provide not only an opportunity for exchanging experiences and knowledge but also lay down the foundations for broader cooperation.

Where appropriate, exchanges of teaching materials produced in Member States on health education related to AIDS and HIV infection will be promoted and supported.

**Action 3:            Eurobarometer surveys on AIDS and its prevention**

Repeated monitoring of public opinion and attitudes is necessary in order to assess the effectiveness of prevention efforts.

Regular updating of Eurobarometer surveys will be carried out in close cooperation with European specialists in this field so as to determine to what extent Europeans are informed about AIDS issues and prevention.

## **CHAPTER 2            PREVENTION AND TREATMENT, SOCIAL CARE AND COUNSELLING**

Clinical trials have shown that the available treatments do not cure the disease although they do appear to delay its onset. New approaches are under development and evaluation. Persons with AIDS need specific care, in particular the rapid treatment of multiple infections due to immuno-deficiency. Counselling is an important element in both care and preventive strategies. Intravenous drug users are a high-risk group for which treatment and social care are of particular importance.

### **Objectives:**

- to improve medical and psycho-social support to HIV-positive and AIDS symptomatic drug users
- to make counselling more accessible to all HIV-positive people
- to prevent the spread of HIV-infection among drug users, their sexual partners and offspring
- to reduce HIV transmission in blood and blood based products

### **Action 4:            Exchanges of experience on counselling and treatment services**

Accessibility to counselling services, as well as telephone directories and other telephone information systems, are necessary to assist both HIV seropositive persons and AIDS sufferers.

Crisis intervention helplines are increasingly available in Member States. The first European Conference on AIDS hotlines, which took place in Amsterdam (April 1989), has demonstrated their effectiveness not only in providing support in cases of crisis but also to serve as an anonymous personalized information system.

This could lead to the establishment of a Community-wide directory of helplines. This should be done in close coordination with drug helplines, since HIV-seropositive and AIDS symptomatic drug users may have recourse to both systems.

With the growing mobility of people in the European Community, there is a need to promote exchanges of experience between health care professionals on treatment services and medical care, so that they can cope better with an increasing number of patients coming from different cultural backgrounds.

Appropriate means will be established for exchanges of experience, and to develop effective treatment methodologies. That could lead to a European guide of medical care and treatment facilities, which can be used further by Member States and the Commission to promote exchange visits.

Action 5:           Development of models for the costing of  
the management of AIDS.

It is foreseen that there could be 150.000 persons with AIDS in the European Community in 1992. The average yearly cost for an AIDS patient has been estimated as being of the order of 20.000 ecus for medication, hospitalisation, home care and psycho-social support. Thus 3 billion ecus will be required in 1992 to cover these costs, and this amount could be expected to increase yearly as the number of AIDS victims rises.

The Commission will examine the feasibility of developing models for the costing of the management of AIDS, taking account of the available findings of the WHO report on costs, and the conclusions of the European Health Committee with regard to the impact of AIDS on the organisation of health care.

**Action 6:           Reduction of HIV transmission in blood and blood based products.**

In the past, a cause of AIDS was the transmission of HIV in blood and blood derived products. Several measures have now significantly reduced the risk of transmission.

Selection of blood and plasma donors and screening of their donation for HIV antibodies is now systematically carried out, in accordance with the recommendations of the Council of Europe. Also, Directive 89/381/EEC relating to medicinal products derived from human blood and plasma lays down requirements for manufacturing and purification processes to ensure, insofar as technology permits, the absence of specific viral contamination.

However, the risk of transmission can be reduced still further. The attainment of European self-sufficiency in blood and blood derived products has become a Community objective, through the promotion of voluntary unpaid blood donations. The Commission will examine carefully the current situation and evaluate how best these objectives can be achieved, bearing in mind its current cooperation with the Council of Europe in this field.

**CHAPTER 3:                   EPIDEMIOLOGICAL ASSESSMENTS**

Although statistics are available on the numbers of AIDS cases, there are no reliable statistics for HIV seroprevalence.

Prevention, treatment and risk reduction strategies and the corresponding allocation of resources require knowledge of the patterns and trends of the AIDS epidemic.

**Objectives:**

- to ensure and improve the availability and comparability of data on AIDS, and HIV seroprevalence,
- to provide through epidemiological studies on AIDS/HIV, appropriate information for preventive policies.

**Action 7:       Improvements to the system for gathering the data on AIDS.**

The European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaborative Centre in Paris) is playing a major role in gathering and analysing epidemiological data on AIDS.

In order to improve the quality of the data, support will be given to national monitoring systems; to the accessibility of the Paris Center's data base; and to improving epidemiological information on the disease.

Proposals will be made on the establishment of a Community-wide system, with a view to facilitating exchanges of information.

**Action 8:       Common methodological approaches to ensure the availability and comparability of epidemiological data on HIV seroprevalence.**

HIV seroprevalence is becoming a central issue in developing strategies for prevention and care. The present lack of knowledge is not a sufficient basis on which to establish sound health policies.

As a first step, a methodology should be agreed at Community level.

A survey will be made on current approaches determining HIV seroprevalence in the European Community, in order to provide information on the epidemiological situation regarding HIV transmission.

**CHAPTER 4       MANPOWER TRAINING AND DEVELOPMENT**

The development of the actions contained in this programme in terms of prevention, treatment, risk reduction, socio-economic integration, as well as epidemiological data collection and evaluation, requires the presence of adequately trained personnel.

Adaptation and improvement of training for health and social care professionals can be ensured through exchanges of experience.

**Objectives:**

- to provide health and social care professionals with an adequate knowledge of AIDS prevention and primary care of AIDS patients and HIV seropositive persons,
- to develop an adequate core of specialists in AIDS prevention, treatment and psycho-social care of people with HIV or AIDS.

**Action 9:        Systems of university training for health care workers; mobility of medical and nursing students**

Universities and bodies involved with professional training courses for health and social care should become more involved in the fight against AIDS with adequate information and training on AIDS issues being provided.

To accelerate the education and continuous training of professionals, the development of appropriate teaching materials and supports is necessary.

A survey will be made on the training and instruction given in university education and training, and exchanges of experience will be organized.

A survey on existing teaching materials will be carried out, and if appropriate, the promotion of exchanges of materials, as well as the development of additional training material.

## ANNEX 2

## FINANCIAL RECORD SHEET

1. **Budget item concerned: B. 3-4301 : Measures to combat AIDS and other transmissible diseases**
2. **Legal bases:**
  - Resolution of the representatives of the Governments of the Member States, meeting within the Council of 29 May 1986 on AIDS (OJ C 184, 23 July 1986, p. 21)
  - Conclusions of the Council and of the representatives of the Governments of the Member States, meeting within the Council of 15 May 1987 concerning AIDS (OJ C 178, 7 July 1987, p. 1)
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3. **Proposed classification into compulsory/non-compulsory expenditure:**

Non-compulsory

4. **Description and justification of the action**

4.1 Description: see annex 1 to the proposal for a Decision adopting a plan of action 1991-1993 "Europe against AIDS".

4.2 Justification:

The programme "Europe against AIDS" implies the mobilization of all efforts. The present proposal for decision takes into account actions undertaken in 1988 and 1989, and aims at strenghtening European actions in the fields of information, prevention, health education, manpower training and all relevant measures to combat AIDS.

5. **Nature of the expenditure**

- The Commission estimates that the amount of money available for these activities on conclusion of the 1991 budget procedure might be ECU 2 million. The amount needed to carry out the full programme as proposed would be ECU 3 million in 1992 and ECU 4 million in 1993. These monies would be shared out as follows :

Chapter 1 (35%), Chapter 2 (25%), Chapter 3 (20%), Chapter 4 (20%).

- With the current financial outlook for 1992 and with no decision yet on subsequent years, there can be no certainty that these amounts, which would have to be laid down in the annual budget procedures, will actually be available.

6. **Financial impact of the action on intervention appropriations:**

For the work provided for in the Proposal for the Decision, the Commission will provide 100 % funding.



7. **Financial impact on staff appropriations:**

7.1 Personnel needed solely for the action itself

As from 1991, two A officials, one B official and one C official. The allocation of these resources will depend on the posts and appropriations authorized in the budget, in the framework of the Commission decision on the programming of resources, and on the scope for redeployment of posts and staff mobility.

7.2 Appropriations needed for the staff

The estimated appropriations needed as from 1991 are 400.000 ecus per year.

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