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REPORT FROM THE COMMISSION TO THE COUNCIL  
AND THE EUROPEAN PARLIAMENT

ON

**THE IMPLEMENTATION OF THE**

**"EUROPE AGAINST AIDS"**

**ACTION PLAN 1994-1995**

## **I. INTRODUCTION**

In a Decision of 4 June 1991 the Council and the Ministers for Health of the Member States, meeting within the Council, adopted a 1991-1993 plan of action within the framework of the "Europe against AIDS" programme<sup>1</sup>. As required by this Decision, the Commission presented to the Council on 10 March 1993 a report on activities undertaken in 1991 and 1992<sup>2</sup>, and another report on 25 November 1994 for 1993<sup>3</sup>, so that the Council and the Ministers for Health could evaluate their effectiveness.

The entry into force on 1 November 1993 of the Treaty on European Union, and in particular Article 129 EC, provided new Community prerogatives in the field of public health. Pending the adoption of the Community programme on the prevention of AIDS and certain communicable diseases (1996-2000) proposed by the Commission on 9 November 1994<sup>4</sup>, the European Parliament and the Council adopted a Decision on 19 June 1995 intended to extend the "Europe against AIDS" programme<sup>5</sup> for a period of two years until 31 December 1995.

In accordance with Article 3 (2) of European Parliament and Council Decision No 1729/95/EC, the aim of this report, which takes up again and complements certain points of the 1994 implementation report<sup>6</sup>, is to give an account of the implementation of the "Europe against AIDS" action plan 1994-1995.

## **II. IMPLEMENTATION OF THE "EUROPE AGAINST AIDS" ACTION PLAN 1994-1995**

### **1. Selection criteria for projects submitted to the Commission**

**The first criterion** concerns whether a project falls clearly within the general framework of the programme, relates to one or more of the programme's areas of activity and involves the participation of Member States. Projects relating to non-Community countries or largely comprising research with no immediate practical application in the field of public health are thus excluded.

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<sup>1</sup> Decision 91/317/EEC, OJ L 175, 4.07.1991, p. 26.

<sup>2</sup> COM (93) 42 final.

<sup>3</sup> COM (94) 525 final.

<sup>4</sup> COM (94) 413 final of 9 November 1994.

<sup>5</sup> Decision No 1729/95/EC, OJ L 168, 18.07.1995, p. 1.

<sup>6</sup> COM (95) 521 final of 7 November 1995.

**The second criterion** is whether the project offers a "**Community added value**", in contrast to a purely national or local value. There are various ways in which a project may offer a Community added value, for example:

- if a project is to take place in more than one Member State;
- if it involves a number of organisations from various Member States;
- if the subject is of interest to the entire Community, for example international travel or migration;
- if it adopts an innovatory approach to a specific problem and does not duplicate work already being done elsewhere. In this context, a purely national project could be supported if it could act as a model for application in other Member States or if the results might be of direct relevance to other Member States.

**The third criterion** relates to whether the projects involve specific **technical/scientific and preventive activities** which can be prepared and implemented within a fixed period. The aim is to support **scientifically and technically valid projects, or pilot projects**, and not to subsidise ongoing basic services.

Lastly, **the final criterion** relates to financial matters. The Commission provides some financial support for projects in accordance with the principle of shared costs, but cannot finance them fully as a general rule.

## **2. The Advisory Committee**

As required by Decision No 1729/95/EC, the Commission was assisted in the implementation of the programme by an Advisory Committee comprising representatives of the Member States. This Committee met twice in 1994 (in February and September) and three times in 1995 (in February, April and September). Each project application preselected by the Commission was passed on to the Advisory Committee for an opinion. In order to simplify the work of the Advisory Committee, an evaluation chart was drawn up (see Annex I) with its approval, to be completed by each member for each project. The total number of points obtained was then compared with the maximum possible score for each project.

After consulting the members of the Advisory Committee, the Commission decided whether to fund or to reject each project.

### **3. Calls for proposals published in the Official Journal of the European Communities**

European Parliament and Council Decision No 1729/95/EC on the extension until the end of 1995 of the 1991-1993 action plan adopted as part of the "Europe against AIDS"<sup>7</sup> programme was only adopted on 19 June 1995. Being authorised only to fund ad hoc measures in 1994, the Commission published a call for proposals containing the Annex to the proposal for a Decision<sup>8</sup>.

Similarly, the Commission published a call for proposals in April 1995<sup>9</sup> concerning projects relating to the prevention of HIV/AIDS.

In addition, the Commission issued a restricted invitation to tender based on a call in 1992<sup>10</sup> for the expression of interest in the evaluation and dissemination of information resulting from the implementation of the programme. The Advisory Committee on Procurements and Contracts, however, deemed the number of bidders to be insufficient and therefore issued an unfavourable opinion on this restricted invitation to tender.

### **4. Overview of projects supported under the 1994-1995 action plan**

These projects were selected on the basis of applications to the Commission by organisations engaged in work on the prevention of HIV/AIDS.

During the implementation of the 1994-1995 action plan, a total of 134 projects (59 in 1994 and 75 in 1995) received financial support from the Commission. These various projects are distributed among the different areas of activity as follows:

- |   |   |             |
|---|---|-------------|
| - | Knowledge, attitudes and behaviour of the general public and certain target groups; information and awareness-raising campaigns for the public and these groups | 33 projects |
| - | Measures for children and young people  | 19 projects |
| - | Prevention of HIV transmission among particular groups and in particular settings   | 29 projects |
| - | Social and psychological support  | 19 projects |

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<sup>7</sup> COM (93) 453 final.

<sup>8</sup> No 94/C 108/08, OJ C 108, 16 April 1994, p. 19.

<sup>9</sup> No 95/C 82/09, OJ C 82, 4 April 1995, p. 9.

<sup>10</sup> No 92/C 181/08, OJ C 181, 17 July 1992, p. 15.

- Gathering data on HIV/AIDS 19 projects
- Combating discrimination against people with HIV and AIDS and those close to them 5 projects

Altogether, these projects represented a total Community contribution of ECU 17.7 million (ECU 9.0 million in 1994 and ECU 8.7 million in 1995). The average Community contribution per project funded was ECU 132 000, with a rate of funding generally between 50 and 70%. By way of comparison, the "Europe against AIDS" action plan 1991-1993 supported 150 projects with total funding of ECU 12.36 million, giving an average Community contribution of ECU 82 400 per project.

### **III. WORK CARRIED OUT UNDER EACH AREA OF ACTIVITY OF THE ACTION PLAN**

The various actions are classed in accordance with the areas of activity set out in the Annex to European Parliament and Council Decision No 1729/95/EC. As these areas are interdependent, some projects have aspects which relate to a number of areas. A project is therefore classified by taking the predominant aspect into account (Annex II contains a summary table).

#### **AREA OF ACTIVITY 1: Knowledge, attitudes and behaviour of the general public and certain target groups; information and awareness-raising campaigns for the public and these groups**

Providing information and raising awareness about the problem of AIDS are key elements in any prevention strategy. Also, precise information is a prerequisite in order to be able to affect behaviour and thus combat discrimination.

The Commission funded 33 projects in this area:

- A Franco-Belgian information and awareness-raising campaign was carried out, aimed at populations of non-European extraction through the dissemination of information material translated into ten non-European languages: video cassettes, information brochures, posters and discussions.
- A pilot information project on the transmission and prevention of HIV/AIDS aimed at the Turkish and Kurdish populations of the Lower Rhine border region was organised with Commission support. This initiative took into account the cultural practices of these target groups and tried to overcome the difficulties of inter-cultural communication by establishing contact with key persons such as the Imam, teachers and sports coaches in order to obtain their support and cooperation and to establish, in cooperation with health professionals and social workers, what teaching materials to use.

- An action aimed at those on the fringes of society in the Mediterranean area was carried out. This action encouraged both the raising of awareness among this target group with regard to the prevention of HIV/AIDS and training for those dealing with young people, psychological and social support for HIV-positive persons and access by them to financial and social assistance.
- Members of the European and various national Parliaments were invited to a European conference organised for them, the aim of which was to encourage exchanges of information and to raise the awareness of the entire European political stratum with regard to the transmission of infection by HIV/AIDS.
- An exhibition in public areas and meeting-places of posters by artists on the subject of AIDS was organised in Spain following a similar experiment in France, with the aim of making information accessible to all levels of the population. More than 1 000 exhibition kits and information brochures were distributed in towns, youth organisations, local authorities and educational and health organisations. The advantage of the exhibition is that it can be interpreted by the public without requiring any specialist knowledge on their part.
- In order to provide a basis for planning preventive measures against AIDS and to measure their effectiveness, precise information is required on the knowledge, attitudes and behaviour of the general population of the European Community or of target groups within that population, using suitable indicators. This is a fundamental exercise which is worthwhile supporting financially in order to assess shortcomings and priorities for the future on the one hand and, on the other, to avoid any duplication of effort within the European Community. The Commission accordingly subsidised three analytical projects at Community level. The first was aimed at the general public, the second at target groups such as women, homosexuals, young people and ethnic minorities and the third at travellers and tourists. Three universities therefore concentrated on collecting and examining studies already carried out in the various Member States relating to operations and strategies with regard to information, awareness-raising and prevention in relation to AIDS on the one hand and, on the other, on a critical analysis and summary of the methods followed in these studies and the results obtained. The aim was to carry out a comparison between Member States in order to evaluate the strategies and methods chosen and identify any differences between Member States and aspects specific to them, so that the possibility of carrying out coordinated measures at Community level could be determined.
- The Commission supported a project involving four Member States intended to verify the impact of information on changes in the knowledge, attitudes and behaviour of the groups involved and to propose a teaching model aimed in particular at primary prevention. The role of social and cultural values and standards, and of socio-cognitive factors associated with information processing, in mediating between the information given to individuals and any changes in attitudes and behaviour was analysed in this context.

- The Commission supported a project which utilised extensive statistical and interview data derived from a major multi-country study on "Managing AIDS" supported by the WHO European Centre. The findings of this study have practical implications for better ways of managing and preventing AIDS, but their diffusion will not produce sufficient motivation to change policy and behaviour. This project therefore proposed a motivational change method in each of four Member States (Belgium, Italy, Netherlands and Portugal) to work through the major findings. It will permit the enhancement of interactive learning between the organisations and the initiation of an accurate evaluation of past successes and failures, leading to new action-oriented policies.
- Knowledge of the measures and of the bodies involved in combating HIV/AIDS infection is essential. To this end, the Commission supported a project aimed at drawing up an education guide for the general public, identifying and describing key organisations and persons in the field of AIDS and collecting campaign material on specific subjects relating to AIDS. The results of this work were published internationally.
- A pilot project studying the feasibility of an electronic system providing information on HIV/AIDS to general practitioners and pharmacists in order to assist them in their work was carried out in three Member States.
- In dealing with AIDS, doctors and health care systems are faced with social, ethical and political problems. Similarly, governments must organise and bring about international solidarity. In order to analyse the correlations between the epidemiology of AIDS, social phenomena and population movements, an international interdisciplinary conference was held under the auspices of the Commission. This took place in Paris on 17 and 18 October 1995 and provided non-specialists, political decision-makers and journalists with information on the impact of AIDS on society and on demographics.
- A conference on the subject "Nurses and AIDS" was organised under Commission auspices in Barcelona from 24 to 27 November 1995. The aim of this conference was to meet the need felt by nurses to exchange information and experience and to reduce their feeling of vulnerability in relation to HIV/AIDS.
- The Commission provided financial support for a project to translate the brochure "AIDS: the facts, the hopes" into all the languages of the Community, adapting these translations to the specific realities of each Member State.
- A programme for exchanging experience based on the one hand on training trade union delegates and raising their awareness of the problem of AIDS in the workplace and, on the other, on trade union actions to defend against and combat discrimination at work against people with HIV/AIDS involved Spanish and Italian trade unions. An analysis and comparison of labour and social protection legislation in these two countries with regard to workers with HIV/AIDS was carried out. Recommendations were formulated for the European Trade Union Confederation.

- The sexual behaviour of and knowledge of AIDS among a representative sample of female university students in Greece were analysed in cooperation with various European partners. Their perception of the obstacles to and advantages of using condoms were examined.
- The "Europe Against AIDS" summer campaign, which the Commission supported in 1994 and 1995, was aimed at improving AIDS prevention among young holidaymakers and tourists through use of the media (posters in stations and airports, press advertisements, particularly in youth magazines, television and radio advertising and distribution of T-shirts and stickers) and in conjunction with national AIDS agencies and youth networks in the majority of Member States and some non-member countries (use of "Europe Against AIDS" images in the communications media of tourist bodies such as youth hostels and camp sites and in magazines for members of, for example, the Youth Card and Interrail schemes). The messages and logos used were identical in all participating countries.
- An information campaign aimed at young people was organised in 1994 and 1995 through the cooperation of 300 radio stations in various Member States. This provided an opportunity to reach young people through advertisements, news bulletins, personal testimonies, discussions and interviews. Provision was also made for link-ups between the stations and off-the-air measures such as the free distribution of condoms, information packs specially designed for young tourists, tape compilations of the above-mentioned radio programmes and lists of telephone helpline numbers.
- Better than any other medium, local radio often reaches excluded or marginalised groups in urban and rural areas throughout Europe. The Commission therefore supported the establishment of a monthly European-scale radio broadcast aimed at these groups. Seven Member States were involved in this measure, the main objective of which was to provide information on high-risk behaviour, methods of transmitting the disease, associations and institutions, the most effective preventive measures, etc. This was done by means of examples from each Member State of the European Community, through the European network of the World Association of Local Radio Stations (AMARC-Europe).
- In order to make ethnic minorities in four Member States more aware of the problem of HIV/AIDS, the Commission assisted with a project using radio programmes and helplines for transmitting information in the various languages of the groups concerned.
- The Commission supported a three-day event (TRANSMISSION '96) aimed at developing strategies for using new information technologies in AIDS prevention. The main aim was to encourage people working in the prevention and/or treatment of HIV/AIDS to understand and use these technologies.
- In order to promote cinema and video as means of providing information on the HIV/AIDS epidemic, the Commission supported the second International Film Festival on HIV and AIDS, held in Paris from 4 to 9 April 1995.



- There is a need to collect more information than currently exists about how Community citizens regard their own health status and the health systems of their Member States, as well as their perception of priorities in health. Such information can play a valuable role in supporting health programmes at Community level and in enabling Member States to plan and evaluate their policies and priorities and make comparisons with those of other Member States. The problem of HIV/AIDS infection has been a regular subject of Eurobarometer surveys since 1989. These have examined three main parameters: the attitudes of Europeans to HIV/AIDS infection; their attitudes to the measures to be taken; knowledge and proximity of the phenomenon. A Eurobarometer survey on blood safety, blood transfusion and HIV/AIDS was carried out at the request of the Council of Health Ministers in April-May 1994. In 1995, the Commission carried out a Eurobarometer survey on "Europeans and public health" containing a chapter on HIV/AIDS. This survey provided an up-to-date picture of the opinions of European citizens, while also analysing trends over a six-year period. It was also the first Eurobarometer survey on this subject in the new Member States.

## **AREA OF ACTIVITY 2: Measures for children and young people**

Obviously, young people are a primary target group for the information, education and prevention measures implemented in the context of the "Europe against AIDS" programme.

In this area of activity, the Commission contributed to nineteen projects:

- It supported an initiative by the French Ministry of National Education aimed at harmonising sex education in schools. The intention was to devise a methodology to assist education establishments in introducing sex education measures by establishing a network of teachers and by exchanging know-how with the other Member States. In addition, the Commission took part in the implementation of two projects relating to methodological aspects. One concerned the exchange of information on health education in schools and training centres within the country and also the promoting of exchanges of personnel and of material intended for staff training (teachers, monitors, etc.). The second project related to the organisation of a European conference in Rome on health education and HIV/AIDS prevention in schools, to which those invited included representatives and AIDS and health education specialists from all the Member States. The conference led to the drawing up of a European consensus document with regard to HIV/AIDS prevention in schools.
- A joint prevention programme was set up in Spain and Portugal aimed primarily at schoolchildren aged 13-14 (approximately 100 000). The interesting feature of this project is that it involved cooperation by teachers and parents. One of the fundamental aspects was to combat discrimination against infected people, and particularly HIV-positive children in schools. Under the project, educational material was widely distributed in the two countries concerned.

- The Commission funded a week of HIV/AIDS prevention measures in a region of France between 27 November and 1 December 1995. This campaign was organised with a view to informing and making young people aware of the problem of AIDS (means of transmission, protection, etc) and overcoming the taboos surrounding the disease in order to be able to talk about the problem of AIDS in a spirit of frank discussion based on the principle of tolerance. Two similar measures were also carried out in the United Kingdom and in Germany. The United Kingdom project was aimed at young people in schools and involved the use by the pupils themselves of audio-visual technologies. The German project was intended specifically for young people (in or out of school) in the region bordering on Belgium, and took into account the specific cultural characteristics of that region.
- The Commission helped to carry out a training project for an HIV/AIDS prevention network in two Member States (Spain and Portugal) aimed at young people and involving conscientious objectors. The aim was to contribute to the dissemination of knowledge on HIV/AIDS, to increase the awareness of the group vulnerable to infection and to change attitudes and sexual behaviour.
- The Commission supported a Spanish project aimed at developing and testing a model for intervention and formulating specific recommendations for introducing measures aimed at young people not in schools.
- A conference was held in Denmark in the spring of 1994 to establish a European network relating to young people and education in HIV/AIDS prevention and epidemiology, travel and sexual behaviour, problems associated with migrants and drug consumption. The network involves both non-governmental organisations and public health authorities in the Member States. A second conference subsequently took place in order to assess progress in this field and to develop common indicators with regard to prevention.
- In the context of information, awareness-raising and AIDS prevention among young people, a major European assembly, which took into account the cultural and social differences between young people, took place in the Netherlands under the auspices of the Commission, bringing together a large number of Scout and Guide organisations from the European Community. This project had an enormous and widespread impact in all Member States, as approximately 6 million young Scouts and Guides were directly or indirectly involved. This event was supported by the "Europe against AIDS" programme in 1994 and 1995.
- Pilot prevention projects aimed at groups of disadvantaged young people made it possible to evaluate, with Commission support, the attitudes and behaviour of this target group in the Netherlands and Germany. These projects were adapted for a similar target group in County Cork in Ireland, taking into account specific aspects of Irish culture. The results and experience acquired in implementing these projects will be transferred to other regions of those Member States facing similar problems.

- The Commission supported an action and analysis project carried out in three Member States (France, Belgium and Luxembourg) relating to images of AIDS among young people in difficulties, based on a series of photographs. This in-depth survey into images of the HIV-positive state and of the disease is likely to provide better working tools and to develop preventive strategies better suited to this target group.
- Finally, two projects aimed specifically at young people and using theatrical techniques were supported by the Commission. The establishment in Spain and the United Kingdom of a street theatre group gave young people an opportunity to take part in plays dealing with AIDS. In addition, a workshop on sexuality aimed at young people between the ages of 13 and 21 was established in education centres in Belgium, the United Kingdom and Spain. To this end, the countries concerned provided common training for monitors, and a manual setting out the results of the experiment was drawn up for distribution in other Member States to serve as a basis for similar projects. The Commission ensured that all activities in this area were carried out in cooperation with the European "AIDS and Youth" Information Centre established under the 1991-1993 action plan.

**AREA OF ACTIVITY 3: Prevention of HIV transmission among particular groups and in particular settings**

Under this area of activity, the Commission supported twenty-nine projects:

*Travel and tourism*

- A programme was established to prevent HIV/AIDS transmission, aimed at young European tourists visiting Greece. The project was implemented with Commission support and in partnership with two other Member States. Following consultation with key people in the tourism sector on how to achieve the objectives, a campaign was carried out involving the dissemination in all European languages of radio messages, brochures and posters in tourist areas and places of entertainment. Methodological results, and those relating to the campaign itself, were collected and distributed to the five largest travel organisations, the municipal authorities of European cities receiving large numbers of tourists, various religious institutions and all interested organisations.
- The importance of HIV/AIDS prevention measures targeted at migrant groups and support services for migrants infected with the virus has been recognised on many occasions. The "AIDS and Mobility" network, with the support of the Commission, continued to act as coordinator between the various European organisations working in the field of HIV/AIDS prevention among migrant groups, ethnic minorities and travellers. In particular, these activities include the provision of documentation services such as databases, educational material and information on the various projects carried out in this area, as well as organising seminars dealing with the interaction between AIDS and migratory movements.

- In cooperation with this network, a major meeting was organised bringing together the coordinators of national programmes to combat AIDS on the one hand and, on the other, representatives of ethnic minority organisations which are also fighting this scourge. The aim of this meeting was to gain an understanding of the problems and specific requirements of ethnic minorities with regard to health and HIV/AIDS and to permit an exchange of ideas which might lead to the development of national strategies more suited to the specific needs of the groups involved.
- The Commission also considered it worthwhile subsidising a project aimed in particular at monitoring and evaluating services provided to Irish migrants travelling between Ireland and the United Kingdom. This project was also incorporated into the "AIDS and Mobility" network.
- A German institute undertook an analysis of the typical problems relating to HIV/AIDS/STDs in the external border regions of the European Community. Given the high degree of movement of people, these regions present a particular problem with regard to HIV/AIDS/STD prevention. The main aims of this measure were to develop specific preventive methods adapted to the situation in these regions and to identify the measures to be taken. This work will help in establishing a European network devoted to the problem.
- In Galicia (Spain) and in northern Portugal approximately 9% of people with AIDS are seamen. Studies show a high prevalence of HIV infection in this group and, especially, a lack of preventive measures. For this reason, the Commission considered it worthwhile supporting a pilot project in Spain and Portugal in order to determine the attitudes and behaviour of the groups of seamen concerned in relation to HIV/AIDS and to sexually transmitted diseases and to reduce the risks of HIV/AIDS transmission.

#### *Prisons*

- Having identified a higher rate of HIV infection among reoffenders in a French prison, it was assumed that infection had occurred during previous periods of imprisonment. In the absence of data for Europe, it was necessary to evaluate the risks of infection in prison in order to draw up specific prevention policies. The Commission supported a pilot study project carried out by a French institution, which enabled it to:
  - estimate the prevalence of high-risk practices and of certain socio-demographic and psychosocial determining factors among prisoners before and during imprisonment;
  - document the rate of infection during imprisonment and compare high-risk practices among prisoners in the light of the concept of reoffending.

The results of this experiment will provide a basis for similar studies in other Member States and for drawing up preventive policies.

- In this context, and thanks to the efforts of the Commission, France and Germany cooperated on a feasibility study into the establishment of a European network for the prevention of HIV infection in prisons. Six Member States are currently involved in this network, with the aim of developing common tools for epidemiological surveillance, observation of high-risk behaviour in prisons and the development of joint primary prevention strategies in the European Union.

#### *Intravenous drug users*

- In order to measure the effectiveness of their policies on public health and the prevention of AIDS and drug abuse, a number of European cities felt the need to establish a register of drug users taken into care, particularly those following a methadone treatment programme. This trend towards the quantitative and qualitative growth of registers, however, runs the risk of infringing individuals' privacy by exceeding established legal standards. For this reason, the Commission supported a programme aimed on the one hand at promoting the development and adaptation of local HIV/AIDS prevention policies among drug users and, on the other, at identifying new common guidelines to enable registers to continue to be drawn up while respecting individual rights.
- A university in the United Kingdom carried out a project in that country and in Germany analysing risk factors in HIV infection among female intravenous drug users. As part of this measure, HIV prevalence and high-risk behaviour among these women were examined, as were their knowledge and attitudes with regard to health. Their experiences in relation to preventive measures were then analysed. This project should make it possible to introduce appropriate HIV/AIDS prevention programmes and define general social policies with regard to women drug users. Finally, the various results and conclusions of this measure were compared with data gathered through similar measures in Spain, France and Italy under the 1991-1993 plan.

#### *Women exposed to particular risk of HIV contamination*

- Within this area of activity, the Commission also stressed support for preventive measures aimed at women, particularly those in certain target groups such as prostitutes. To this end, a French pilot measure funded in 1993 by the Commission, intended to help prostitutes to become their own health workers in order to take part in developing new HIV/AIDS prevention strategies, was continued in 1994. The aim of this new measure was to systematise the experience acquired during the 1993 project by developing a joint practical measure in the field in France, Belgium, Spain, Italy and Germany. Women involved in prostitution in these five countries were recruited and trained in order to help establish bilateral relations between these countries and the body concerned and to serve as a link between prostitutes and HIV/AIDS specialists in the social and health network of the participating countries. A prevention and

psychological/social support project, aimed at women prostitutes - particularly those with major social problems - and modelled on the experiment carried out in France, was launched in Spain with Commission support.

- After evaluating the results obtained in the first phase, funded in 1993, the Commission considered it necessary to renew support for the EUROPAP (European network for the prevention of AIDS among prostitutes) project. This second phase was used to:
  - develop and extend preventive measures among prostitutes in eleven Member States, taking account of the conclusions and results of the first phase;
  - develop models of good practice for the prevention of HIV and sexually transmitted diseases, as well as access to support services for prostitutes;
  - strengthen the international network of those involved in the prevention field and help with the training of social workers;
  - exchange material on health education through the establishment of a library centralising all existing material on HIV prevention and prostitution.
  
- In order to obtain maximum benefit from HIV and STD prevention measures intended for migrant prostitutes, as well as from contacts established with the medical services of the countries concerned, the Commission also considered it necessary to repeat the TAMPEP project, first funded in 1993. One of the main aims is to encourage the use and dissemination of the TAMPEP method of prevention among health services and to enable those persons interested to obtain information and training within the organisations involved in carrying out the project.
  
- The Commission provided financial support for the development of a pilot project on the prevention and detection of HIV/AIDS among female prostitutes in the city of Valencia, with the aim of reducing the incidence of sexually transmitted diseases and HIV/AIDS infection among prostitutes, in particular by organising optional screening tests and by providing assistance to women infected with the HIV virus by providing counselling adapted to their situation. Exchanges of information arising from this pilot experiment with other organisations in the European Community working in the same area have taken place, particularly with organisations involved in the working party established by the European Commission.
  
- Two primary prevention projects aimed at women were implemented with Commission support, one in the border region of Germany, France and Luxembourg (Saar-Lor-Lux), and the other in the United Kingdom and the Netherlands. With regard to the first project, several categories of women were approached (women with an HIV-positive, bisexual, intravenous drug-using partner or women drug users, prostitutes, women who change partners frequently, etc). The second project was aimed more specifically at lesbian or bisexual women.

### *Vertical HIV transmission from mother to child*

- The Commission supported a comparative analysis of antenatal HIV screening carried out in various European centres. This required, in particular, a survey relating to the psychological barriers and difficulties encountered among health professionals and pregnant women in relation to screening, and an analysis of existing training programmes in the field of obstetrics dealing with the subject of HIV/AIDS.

### *Other populations*

- A Danish prevention project aimed at homosexuals visiting Spanish tourist sites was carried out with Commission support. To this end, volunteers were specially trained in cooperation with the authorities and local organisations combating aids. The activities, which included the distribution of material relating to prevention and information, as well as discussions, also involved the managers and staff of leisure facilities in the areas concerned.
- A primary prevention project aimed at young male prostitutes was implemented with Commission support in the border region of Germany, France and Luxembourg (Saar-Lor-Lux).

### *Safety of blood and blood products*

- The continuation of efforts aimed at promoting European Community self-sufficiency in blood is specifically mentioned in the Decision extending the "Europe against AIDS" programme. Accordingly, two analyses carried out in the Netherlands received Commission support in 1994.
- The Commission also supported a project in 1995 to examine issues relevant to the inspection and accreditation of blood transfusion establishments; this was carried out under the coordination of a Greek university.

## **AREA OF ACTIVITY 4: Social and psychological support**

The Commission supported nineteen measures under this heading:

- Encouraging the exchange of experience, with models for assisting and supporting those with HIV and AIDS, is an integral part of the Commission's action programme. Thus, meetings bringing together the seven most important telephone helplines in the European Community were organised with Commission support in order to promote exchanges of experience and to develop ideas and methods aimed at improving and extending the services provided. Other subjects such as staff training, evaluation of activities, exploiting information gathered, technical problems and the possibility of establishing new services were discussed. Furthermore, the Commission encouraged a project to examine and assess the impact of existing telephone helplines. Questions relating to access, confidentiality and promoting these lines among the public were discussed, and recommendations for improving them were then made.

- The drafting and dissemination of manuals, information bulletins and directories providing up-to-date information on the prevention of HIV transmission is a subject of particular interest to the Commission, as is the development within the European Community of computerised methods for responding to requests for information from the public and the groups involved. In this context, a project for an electronic system was launched for dissemination and exchanges between information and documentation centres.
- The programme also supported a conference held in Copenhagen from 15 to 19 August 1995 on the subject of AIDS and social work, bringing together social workers, non-governmental organisations, representatives of European authorities and the press. The conference provided an opportunity to discuss and develop methods, strategies, models and recommendations relating to social work in the context of HIV/AIDS. It also provided an opportunity to examine the possibility of establishing a network of social workers and other interested parties.
- The Commission supported a project by a United Kingdom university seeking to define the psychological and emotional consequences of HIV infection for people infected for five years or more, their requirements and the impact of the infection on the provision of support services. An analysis of the constraints and adjustments facing those with HIV or AIDS was carried out in Greece. Questions dealt with related to the basic needs of HIV-positive people, the way in which they react to their condition, changes in their everyday lifestyle and the obstacles or constraints affecting their quality of life. The conclusions were the subject of exchanges of information and comparisons with other Member States.
- A similar analysis to the two preceding ones, but relating specifically to women with HIV/AIDS, was also carried out in the United Kingdom with Commission support. One objective of this was to strengthen the links between organisations to assist women with the virus or the disease and between these bodies and existing European networks. This project involved all Member States directly or indirectly. In addition, a support measure aimed specifically at women with HIV was carried out in Germany, Belgium and the Netherlands.
- The Commission ensured the continuation of activities under a social action programme intended to provide psychological and social support to 20 households in major difficulties, in which at least one member is HIV-positive. This programme, carried out in partnership, made it possible on the one hand to encourage exchanges of experience and transfers of know-how from one Member State to another and, on the other, to promote the introduction of similar systems in other Member States. In addition, a measure aimed at the social reintegration of drug addicts and/or HIV-positive persons was carried out in Belgium. In order to make this project transferable to other Member States, the conditions governing access to the project for drug addicts and/or HIV-positive persons were analysed in three other Member States.



- The Commission also encouraged a pilot project in the Valence region for the reintegration of young HIV-positive people or AIDS patients into social and working life, enabling them to confront social, emotional, economic and educational prejudices. To this end, courses and workshops were organised to provide them with psychological support and encourage their personal expression, creativity and autonomy.
- A pilot project to assist and support those with HIV or AIDS was set up with Commission support. This measure, established in the Athens region, was aimed particularly at, on the one hand, people who were unemployed or had few resources as a result of their HIV infection and, on the other, at families financially dependent on the income of an infected person. As a result of this project, cooperation between various organisations working on AIDS in different fields was reinforced through exchanges of information and experience.
- The Commission contributed to a project aimed at collecting information and describing the medical and social services available to families affected and children infected with HIV/AIDS. This measure was carried out in ten Member States. In order to carry out this work, the extent of the problem of families affected by HIV/AIDS was estimated and the socio-demographic origins thereof was studied. Subsequently, the medical services provided for these families and their interaction with the services offered by non-governmental organisations were described. The aim of this measure was to provide comprehensive information on those services best suited to the needs of families.
- Along the same lines, an Italian institution collected information on the activities and functions of non-hospital services and structures for HIV carriers, in order to disseminate this information at European level. This information may be useful for various categories of people, particularly those affected by HIV/AIDS and their families or health professionals.
- The programme funded a project relating to the quality of assistance and support services in Europe. A comparison was made of the organisation of these services in the various Member States. A survey was carried out with the aim of identifying more closely and understanding the needs of people with AIDS. Finally, recommendations for good practice were drawn up.
- Lastly, the Commission supported a project with the main aim of:
  - improving the quality of assistance given to children with HIV and to their families, by the practical adaptation of current health and social assistance schemes to the needs of the children and their families;
  - integrating the activities of governmental and non-governmental organisations helping infected children.

The Commission made efforts to coordinate measures by the bodies responsible for the four projects referred to above, particularly with the activities of the European Forum for HIV-positive children, established under the 1991-1993 action plan.

#### **AREA OF ACTIVITY 5: Gathering data on HIV/AIDS**

It is essential to have exact and relevant epidemiological information available in order to define effective strategies for combating the disease. Furthermore, collection and analysis of these data at Community level offers two important advantages: firstly, Member States thus have the opportunity of placing their national figures in a wider context and assessing the development of the epidemic in their country in relation to the situation in other Member States. Secondly, all the data collected at Community level make it easier to determine the main trends within the general population and significant developments in certain defined groups, thus permitting better targeting of prevention activities.

Under this area of activity, the Commission supported 19 projects:

- It continued to assist the European Centre for the Epidemiological Monitoring of AIDS in 1994 and 1995. The main aim of this project is to maintain and develop the European surveillance system for AIDS and HIV infection. The system enables national surveillance data to be collected, analysed, interpreted and disseminated at Union level and for each Member State. The secondary objectives developed on the basis of the programme include an evaluation of surveillance methods, determination of the incubation period and of life expectancy with AIDS, analysis of epidemiological trends and forecasting, together with an analysis of diseases whose epidemiological characteristics are associated with the HIV epidemic (tuberculosis, hepatitis, sexually transmitted diseases). During the period covered by the programme, the Centre developed:
  - an analysis of the incidence of AIDS by year of birth;
  - surveillance of perinatal HIV infection (children infected by their mothers);
  - analysis of factors associated with various pathologies indicative of AIDS;
  - an analysis of the association between the incidence of AIDS and HIV in the various countries on the one hand and, on the other, factors such as sexual behaviour, behaviour in relation to drug abuse, prevention programmes, the demographic structure of the population, the socio-economic level of the countries, etc.;
  - an estimate of the incidence of HIV on the basis of repeated data for seroprevalence among pregnant women, obtained through non-correlated anonymous surveys, and data on fertility broken down by the women's age;
  - an analysis of survival among AIDS patients;

- an evaluation of the impact of the dissemination of methods of preventing pneumocystis carinii;
  - a geographical data system which would enable an improvement in graphic representation and spatio-temporal analysis of data.
- The European Centre also received financial support from the Commission for a feasibility study aimed at drawing up a development plan for the publication of a bilingual (French-English) European bulletin on surveillance of communicable diseases, including AIDS.
  - The Institute for Hygiene and Epidemiology in Brussels carried out an analysis of the collection of data relating to the demand for HIV tests and other consultations of general practitioners relating to HIV/AIDS in cooperation with five countries involved in a sentinel network. This institute also carried out a survey of HIV/AIDS counselling by general practitioners.
  - The Public Health Laboratory Service Board of London conducted an enquiry in order to advise the Commission on the feasibility of setting up an epidemiological network for the surveillance of communicable diseases in the European Community and to provide expert advice on the surveillance priorities and functions, such as the development of electronic exchange of information. This enquiry also led to the elaboration of a Communicable Diseases Charter (including AIDS) at Community level.
  - The Commission supported a Greek project studying the possibility of using epidemiological data on sexually transmitted diseases as markers in the development of AIDS, with the aim of establishing a system to predict such developments and enable a more effective distribution of resources for AIDS prevention.
  - Another Greek project involving Italy, the United Kingdom, Spain and Germany was carried out with Commission support, identifying the prevalence of HIV and hepatitis (B and C) among intravenous drug users in Greece in order to provide information on the risk factors associated with these infections. A comparison with the results of studies carried out in other European countries and non-member countries is to follow, thus enabling the formulation of joint preventive measures in this field.
  - The Commission contributed to the realisation of a project aimed at setting up guidelines for control and management of hepatitis C. This project is broadly based on epidemiology and on focusing on host factors as predictors of disease outcome.

- Three universities (in Greece, Belgium and the United Kingdom) analysed the costs engendered by HIV/AIDS for the health and social services in Member States, and analysed ways of controlling them using methods common to all these countries; the aim was to make it possible to distribute effectively the financial and human resources assigned to combat HIV/AIDS.
- The Commission also took an interest in activities aimed at increasing and improving epidemiological training in HIV/AIDS and associated fields within the European Community. To this end, it assisted in drawing up a manual for the training of nursing auxiliaries dealing with the risk of HIV infection among drug users. This is now being published internationally. In addition, the Commission helped to finance the production of a bilingual supplement to the magazine "SIDALERTE", which has the primary aims of informing European health professionals about the prevention of HIV/AIDS infection, health education and respect for the rights of and protection of patients. This supplement deals specifically with HIV infection and its interaction with tuberculosis, making it possible to cover shortcomings in information about and prevention of these associated diseases. This multidisciplinary approach, overcoming barriers between countries and disciplines, met with a favourable response both from the international bodies involved in combating these two epidemics and from doctors in the countries concerned. For this reason, the Commission considered it worthwhile continuing this measure in 1995.
- The Commission also continued to provide support for a Belgian project on the training of health professionals in 1994 and 1995. The aim was to improve communication between doctors and patients affected by HIV/AIDS and reduce discrimination against those with HIV or AIDS. To this end, health professionals underwent training to enable them to improve their communication techniques. In the light of the results obtained, this training was evaluated, adapted and disseminated in nine Member States.
- The Commission funded a project carried out by a group of United Kingdom universities to evaluate the training given to people working in the field of AIDS. Two similar measures were carried out by Spanish institutes, relating to the training of people working for non-governmental organisations active in the field of AIDS (in cooperation with the United Kingdom group referred to above) on the one hand and in the field of drug prevention on the other.
- An international seminar was held under the auspices of the Commission, dealing with methodological aspects and scientific priorities in relation to the study of asymptomatic patients (long-term HIV-positive patients showing no apparent clinical or immunological progression). The results of this activity led to the publication of recommendations for rationalising research strategies on the non-progression of HIV infection.

## **AREA OF ACTIVITY 6: Combating discrimination against people with HIV and AIDS and those close to them**

The Commission supported five projects under this area of activity:

- An analysis of the status of implementation of the Council Resolution of 22 December 1989<sup>11</sup>. In addition, legal measures and administrative practices in Member States which give rise to discrimination against persons contaminated with HIV/AIDS or other fatal contagious diseases, or which aim to combat discrimination against such persons, were analysed and compared. This made it possible to identify proposals for changes in order to improve respect for the rights of those concerned. A European conference for national experts and members of organisations active in the field was organised to this end, to enable evaluation and discussion of the results of this analysis.
- The Commission supported a project by a group of United Kingdom universities with the aim of measuring whether Community action to improve awareness among the population of the European Community with regard to the problem of HIV/AIDS was desirable and feasible. In addition, the possibilities of drawing up a European Code relating to discrimination against those afflicted by HIV/AIDS were analysed. Another project attempting to identify existing barriers in all the Member States to the adoption of anti-discrimination measures was supported, with particular reference to employment, insurance, housing, education and the health system. The second objective was to encourage the application of these measures in the Member States.
- The Commission assisted with the carrying out of a project analysing the consequences of discrimination against people with HIV/AIDS in relation to access to public health services, and examining access to legal services in the field of discrimination. This analysis was carried out in six Member States. The particular aim of this project was to develop models of good practice and to identify strategies and policies in a European context.

## **AREA OF ACTIVITY 7: Coordination with other programmes dealing with HIV/AIDS**

In order to ensure coordination of the different Community programmes and policies relating directly or indirectly to the prevention of HIV transmission and the combating of AIDS, the Commission established an Interservice Group on AIDS, bringing together on a regular basis the various Directorates-General involved. This group met 4 times in 1994 and 1995. These meetings make it possible to exchange information at regular intervals on the implementation of the programmes concerned, on measures in progress and on initiatives being prepared in the main areas: public health, prevention and education, research, the pharmaceuticals industry, cooperation with the developing countries, etc.

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<sup>11</sup> OJ C 10, 16.1.1990, p. 3.

The Commission took an active part in the International Conference on AIDS held in August 1994 in Yokohama. A preparatory conference was organised in order to present the different Community programmes and certain other projects. The Commission was also represented by a stand in the exhibition hall. It ensured that many of the contractors who had obtained funding under the "Europe against AIDS" programme were present. Commission representatives also chaired working parties at the conference.

At the end of 1995, arrangements were also made for the Commission to play a very active part in the International Conference on AIDS to be held in Vancouver in July 1996:

- direct participation by Commission representatives in the organisation of the conference and in the sessions;
- a stand setting out the activities and achievements of the European Community in combating HIV/AIDS;
- a preparatory conference on "Public health - AIDS" in the European Community.

#### **IV. THE FIGHT AGAINST AIDS IN THE CONTEXT OF OTHER COMMUNITY POLICIES**

##### **1. Research**

Medical research at EU level aims at:

- pooling of data;
- avoiding duplication of efforts;
- standardisation of methods and reagents;
- better selection of cohorts for clinical trials;
- bringing together complementary skills in multi-faceted projects;
- improving training possibilities for young researchers in specialised fields;
- improved exploitation of the results in the public health industry;
- creating better access to research results for all parts of Europe;
- establishment of European shared facilities for animal experimentation in order to reduce the overall number of animals used in experimentation;
- increased cost-effectiveness.

Ever since 1983, only two years after the first case of AIDS was diagnosed, the European Commission has taken an active role in the fight against the AIDS epidemic. Funding of research on AIDS began in 1987 under the Fourth Medical and Health Research Programme. The ambitions of the programme as well as the budget available have been significantly increased over the years. A total of 38 projects including several hundred research teams were funded under the BIOMED 1 programme (1990-1994). Within the framework of the BIOMED 2 programme (1994-1998), 13 AIDS-related projects were initiated in response to the First Call in 1995-1996. The current Second Call will add to this number.

The projects are all closely related to the three main priorities of the programme:

- development of safe and effective vaccines against HIV infection;
- development of therapeutic agents suppressing progression of the disease in infected individuals;
- research on the epidemiology of the virus in Europe.

Under the INCO international cooperation programme, and its section concerned with research into health in the developing countries, the Commission is supporting a number of important projects involving cooperation between European and African research teams.

One of these multilateral projects, also supported by DG VIII, has become widely known as the Mwanza study; here, in Tanzania, it was shown that HIV transmission could effectively be halved in a population receiving screening and treatment for STDs, the key role of which in the transmission of HIV had been highlighted in earlier projects supported in Zaïre and, subsequently, in Kenya.

A project aimed at defining criteria for qualifying for STD services, in order to establish the maximum level of efficiency, is under way in the Mwanza region, following up the first study.

The first call for proposals also made it possible to select joint research projects into the dissemination of HIV sub-types in Africa and their significance, particularly with a view to developing vaccines.

The Commission is also supporting a large-scale project in cooperation with, in particular, UNAIDS on the differential distribution of HIV in Africa.

## **2. The policy of the Community with regard to AIDS in developing countries**

In 1994 and 1995 the Commission continued its activities in connection with HIV/AIDS in developing countries.

In a communication to the Council and the European Parliament<sup>12</sup>, the Commission set out its priorities in terms of policy principles, strategies and actions with regard to HIV/AIDS in developing countries. On this basis, the Council adopted a Resolution in May 1994 approving the guidelines proposed by the Commission. The Commission has also prepared a legal basis for the use of the AIDS budget line. This basis is under discussion in Parliament and the Council.

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<sup>12</sup> COM (93) 479 final of 7 January 1994.

The measures supported by the Commission, with resources from the European Development Fund and the budget, concentrated on the following main strategies:

- promoting an effective policy and actions to minimise sexual and perinatal transmission of HIV/AIDS and to prevent discrimination;
- breaking the "poverty-instability-HIV/AIDS" cycle by paying particular attention to population groups in risk environments (refugees, migrants, etc.);
- strengthening the healthcare and social sectors to enable them to bear the increasing burdens associated with the spread of the epidemic and its prevention;
- supporting governments in assessing and planning for the impact of the epidemic on the various economic sectors and social groups ;
- developing scientific knowledge of the epidemic, its impact and the possible interventions and responses, with the aim of improving the quality thereof.

In general, the Commission is meeting regularly with experts from the Member States and a study on operational coordination on HIV/AIDS at headquarters and country level was launched.

The Commission published an information brochure on the HIV/AIDS programme for developing countries as well as two books on safe blood in developing countries: "Safe blood in developing countries: Principles and organisation" - ISBN 92-827-5279-8; and "Safe blood in developing countries: The lessons from Uganda" - ISBN 92-827-5281-X.

### **3. Activities in the pharmaceutical sector relating to AIDS prevention and treatment**

Two aspects of the fight against AIDS are currently being tackled in the pharmaceutical sector. The first relates to the rapid and simultaneous dissemination throughout the Community of medicinal products for AIDS patients. The second relates to measures taken to ensure, as far as possible, that medicinal products derived from human blood or plasma are free of the virus.

#### **1. Medicinal products for AIDS patients**

Until recently, the pharmaceutical approach for patients with AIDS and associated conditions was to use viral reverse transcriptase products which prevent replication of the virus. Three medicinal products of this type were authorised: zidovudine, ralcitabine and didanosine.

The advent of protease inhibitors, which inhibit the enzyme which breaks down protein, represented a different approach, and the clinical benefit to patients looks promising. A number of companies have submitted applications for this type of medicinal product to the European Agency for the Evaluation of Medicinal Products (EMEA).



These applications will benefit from the newly introduced centralised procedure, providing access to the entire Community market. Following the scientific opinion of the EMEA, the Commission takes a decision which is valid for the whole Community.

Medicinal products for AIDS are considered a priority for the EMEA and the Committee for Proprietary Medicinal Products, which is the scientific committee that evaluates the application and prepares the opinion.

## 2. Safety of blood products

Council Directive 89/381/EEC extended the scope of Community legislation on pharmaceutical products to cover stable blood derivatives of industrial origin, namely albumin, coagulants and immunoglobulins. As a result, these products are subject to the general provisions of the legislation relating to authorisation for manufacture and marketing. In addition, this Directive set out a number of measures relating more specifically to blood products, in particular compulsory measures for the selection and monitoring of blood donors recommended by the Council of Europe and the World Health Organisation.

Improving the safety of blood products is a continuous process, developing with the state of knowledge and of techniques. In 1994, the Committee for Proprietary Medicinal Products (CPMP), on which the competent authorities of the Member States are represented, adopted a supplementary measure aimed at reinforcing the safety of blood products. This measure involves the compulsory introduction of plasma pool checks and the selection of the different donations. From 1 November 1994, it has been recommended that manufacturers of blood products test plasma pools for a series of viral markers, including the HIV-1 and HIV-2 antibodies.

## V. EVALUATION

### *Ex-ante evaluation of proposals:*

Ex-ante evaluation of proposals submitted for funding under the programme was carried out in consultation with the programme committee. In this context, care was taken to select projects likely to contribute to achieving the objectives and activities set out in the 1994-1995 action plan. The objectives of the programme as set out in the Decision of 4 June 1991 are as follows:

- to develop exchanges of information and experience;
- to promote cooperation and coordination of national activities;
- to encourage Community activities.

One of the three main criteria for ex-ante evaluation is the Community or transnational dimension of the project. Applying this criterion made it possible to select proposals likely to contribute to the overall objectives of the programme.

With regard to the implementation of the activities set out in the programme (detailed in the Annex to the Decision of 19 June 1995), the first criterion for ex-ante evaluation of proposals was aimed specifically at selecting projects which contributed directly to the carrying out of the activities set out in the Decision.

In general, the result of ex-ante evaluation was that only between one quarter and one third of the proposals submitted to the Commission were adopted.

In addition, it should be noted that, between the 1991-1993 action plan and its 1994-1995 extension phase, the average financial significance of projects increased in parallel with the strengthening of their transnational dimension.

#### *Monitoring of projects:*

The contract terms relating to projects funded under the programme stipulate one or more interim reports and a final report on the execution of the project. Examination of these reports by the Commission makes it possible to verify that the work set out in the contract has been properly carried out; if necessary, the Commission can request adjustments. Verification of the work is a precondition for payment of the Community contribution.

#### *Ex-post evaluation of measures undertaken:*

Projects funded under the 1995 budget will, technically speaking, not be completed either administratively or financially until the end of 1996 or, in some cases, until some time during the first half of 1997.

At the time this report was drawn up, it was therefore not possible to have an ex-post evaluation of the effectiveness of measures undertaken under the 1994-1995 action plan. To this end, the Commission intends to carry out an independent overall evaluation of the effectiveness of the measures undertaken once all activities have been completed.

## **VI. CONCLUSION**

During the implementation of the "Europe against AIDS" action plan 1994-1995, three areas of activity under the programme (Nos 1, 3 and 5) accounted between them for over 70% of the appropriations allocated and nearly two thirds of all projects.

The area of activity relating to "attitudes and behaviour; information and awareness-raising for the public" accounted for 25% of projects (20% of appropriations). This allocation of resources is justified if the vital importance of informing the public and the need to be aware of and bring about improvements in attitudes and behaviour as part of a global prevention strategy are taken into account.

Activities relating to the "prevention of HIV transmission among particular groups and in particular settings" represented 22% of all projects (26% of the budget). The importance attached to preventive measures aimed specifically at these groups and settings should be seen in connection with epidemiological data and their development during 1993-1995, as well as the analysis of methods of transmission (drug injection, also in relation to certain settings such as prostitution, prison, male homosexual relations, etc.).

In the area of "epidemiological surveillance of HIV/AIDS and related fields", the programme also provided significant support: 22% of all projects (26% of the budget), reflecting the over-riding need for reliable epidemiological data at European level. This trend was emphasised in 1996 with the implementation of the new programme for the prevention of AIDS and certain communicable diseases (1996-2000). In this connection, there will be a case for measuring the effect of the development of surveillance measures for other communicable diseases at European level with regard to resources still available for HIV-AIDS prevention measures in the context of a total annual budget which remains relatively constant.

The relative importance accorded to these areas of activity under the 1994-1995 action plan will of course be extended into the new programme on the prevention of AIDS and certain other communicable diseases (1996 to 2000) adopted on 29 March 1996 by the European Parliament and the Council<sup>13</sup>, the four aims of which are:

- surveillance and monitoring of HIV/AIDS and other communicable diseases;
- combating transmission of HIV and other sexually transmitted diseases, with particular regard to high-risk environments and behaviour;
- information, education and training;
- support for persons with HIV/AIDS and combating discrimination.

At the end of the 1994-1995 "Europe Against AIDS" programme, it is possible to determine some of the main characteristics relating to the aims of the programme.

Firstly, the 1994-1995 action plan aroused great interest among the various people involved in AIDS prevention in Europe, judging by the number of requests for information and the number of projects submitted to the Commission.

The "Europe against AIDS" action plan thus made it possible to identify and mobilise those most involved in AIDS prevention who were likely to cooperate at Community level, for example universities, research institutes, non-governmental organisations (NGOs), national prevention or health education agencies, etc.

As far as possible, the Commission encouraged full participation by all Member States in the activities of the programme. For some of them, particularly the new Member States, no national bodies received a grant in 1995. However, it should be noted that, in each of these Member States, organisations or institutions took part in projects or activities under the programme as associated partners (see diagrams in Annex III C).

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<sup>13</sup> Decision 647/96/EC, OJ L 95, 16 April 1996, p. 16.

Finally, one aspect which deserves particular mention is the progressive affirmation of the Community or transnational dimension, and the fact that European cooperation networks have been established around specific topics relating to prevention. The new Community action programme (1996-2000) can thus count on the support of cooperation networks in areas such as:

- AIDS prevention in relation to prostitution;
- AIDS prevention in prisons;
- migrants and AIDS;
- AIDS prevention and cross-border problems, etc.

The rapid developments currently under way in terms of therapies and antiviral medicinal products, given broad coverage at the International Conference on AIDS held in Vancouver in July 1996, have pushed back the boundaries of knowledge of this disease and opened up the possibility of remission in the longer term. It would certainly be wrong, however, to relax the efforts so far made with regard to prevention at both national and Community level.

The first and only real bulwark against the scourge of HIV/AIDS is still, more than ever, prevention through information, education, the use of condoms and solidarity with the people affected.

**ANNEX I**

**PROJECT EVALUATION CHART**

1. List number				
2. Selection criteria	CATEGORY			
	A	B	C	D
Clarity of stated aims				
Compatibility between work description and stated aims				
Quality of the method proposed				
Method of monitoring and evaluation				
Method of compiling the results				
Knowledge of the subject				
Transferability of the action				
Innovativeness				
Overlap with existing projects				
3. General assessment				
4. Financing proposed (expressed as a percentage of the total budget)				
5. Other remarks				

**ANNEX II A**

**DISTRIBUTION OF NUMBER OF PROJECTS AND TOTAL AMOUNTS COMMITTED PER AREA OF ACTIVITY IN 1994**

**"EUROPE AGAINST AIDS" ACTION PLAN 1994-1995**

<b>AREA OF ACTIVITY</b>	<b>TOTAL AMOUNT COMMITTED PER AREA OF ACTIVITY IN ECU</b>	<b>PERCENTAGE OF BUDGET COMMITTED PER AREA OF ACTIVITY</b>	<b>NUMBER OF PROJECTS PER AREA OF ACTIVITY</b>
INFORMATION, ATTITUDES AND BEHAVIOUR	1 633 810	18,16%	12
MEASURES FOR CHILDREN AND YOUNG PEOPLE	1 454 214	16,16%	9
PREVENTION OF HIV TRANSMISSION	810 414	9,01%	7
SOCIAL AND PSYCHOLOGICAL SUPPORT	662 447	7,36%	9
GATHERING DATA ON HIV/AIDS	3 716 175	41,29%	14
COMBATING DISCRIMINATION	301 422	3,35%	2
COORDINATION WITH OTHER PROGRAMMES	420 654	4,67%	6
<b>TOTAL</b>	<b>8 999 136</b>	<b>100,00%</b>	<b>59</b>

8

## ANNEX II B

## DISTRIBUTION OF NUMBER OF PROJECTS AND TOTAL AMOUNTS COMMITTED PER AREA OF ACTIVITY IN 1995

## "EUROPE AGAINST AIDS" ACTION PLAN 1994-1995

AREA OF ACTIVITY	TOTAL AMOUNT COMMITTED PER AREA OF ACTIVITY IN ECU	PERCENTAGE OF BUDGET COMMITTED PER AREA OF ACTIVITY	NUMBER OF PROJECTS PER AREA OF ACTIVITY
INFORMATION, ATTITUDES AND BEHAVIOUR	1 906 027	22,02%	21
MEASURES FOR CHILDREN AND YOUNG PEOPLE	432 649	5,00%	10
PREVENTION OF HIV TRANSMISSION	3 695 192	42,69%	22
SOCIAL AND PSYCHOLOGICAL SUPPORT	771 056	8,91%	10
GATHERING DATA ON HIV/AIDS	985 326	11,38%	5
COMBATING DISCRIMINATION	714 446	8,25%	3
COORDINATION WITH OTHER PROGRAMMES	151 768	1,75%	4
<b>TOTAL</b>	<b>8 656 464</b>	<b>100,00%</b>	<b>75</b>

## ANNEX III A

## DISTRIBUTION PER COUNTRY OF APPROPRIATIONS COMMITTED IN 1994 UNDER THE 1994-1995 ACTION PLAN

COUNTRY	NUMBER OF SUBSIDIES PER COUNTRY	AMOUNT GRANTED IN ECU	PERCENTAGE OF BUDGET GRANTED PER COUNTRY
B	8	3 396 928	37,70%
D	1	6 024	0,10%
DK	1	93 663	1,00%
E	3	217 879	2,40%
F	13	1 592 269	17,70%
GR	6	501 203	5,60%
I	1	214 000	2,50%
IRL	3	228 243	2,40%
L	1	292 232	3,20%
NL	4	564 011	6,30%
P	0	0	0,00%
UK	17	1 887 472	21,00%
<b>TOTAL</b>	<b>58</b>	<b>8 993 924</b>	<b>99,90%</b>
SUPPLEMENTARY COMMITMENT FOR THE INTERNATIONAL CONFERENCE IN YOKOHAMA	1	5 212	0,10%
<b>GRAND TOTAL</b>	<b>59</b>	<b>8 999 136</b>	<b>100,00%</b>



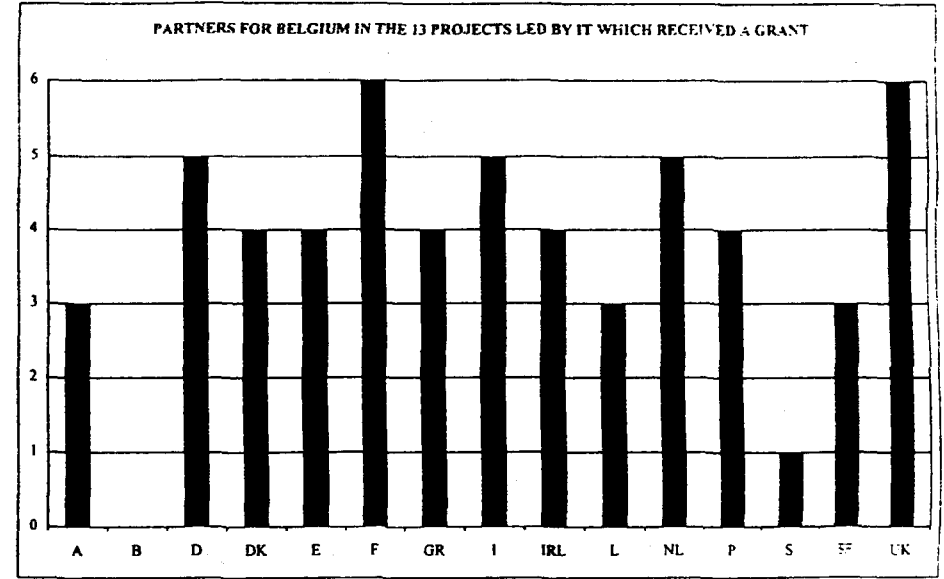
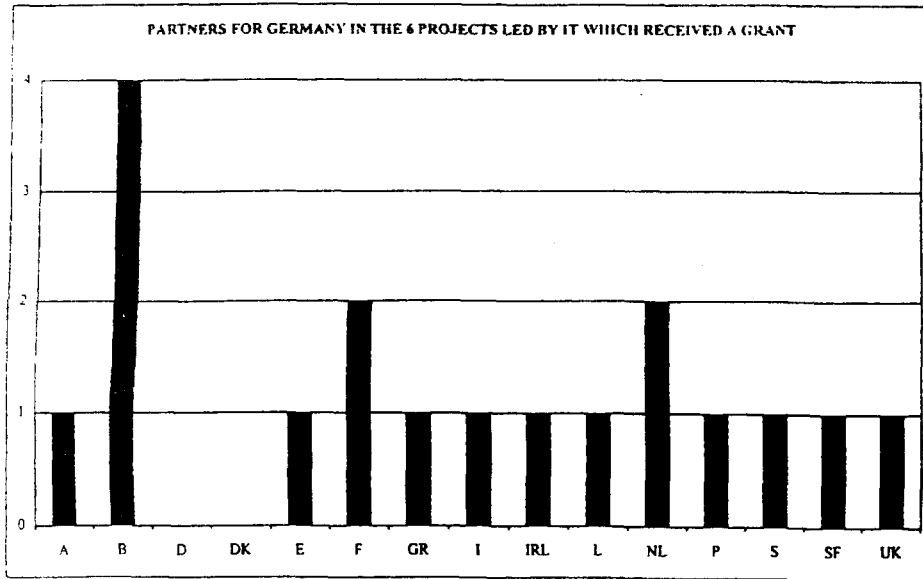
## ANNEX III B

## DISTRIBUTION PER COUNTRY OF APPROPRIATIONS COMMITTED IN 1995 UNDER THE 1994-1995 ACTION PLAN

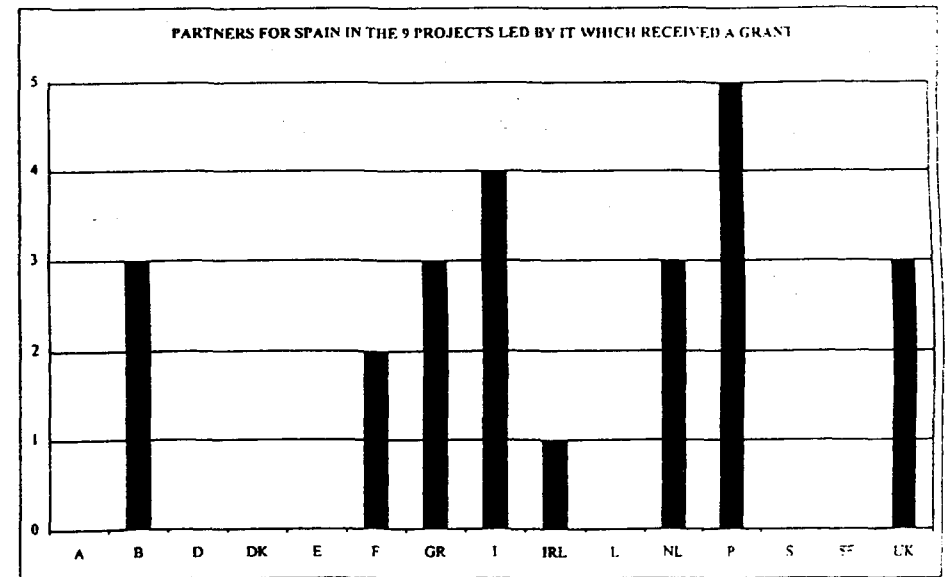
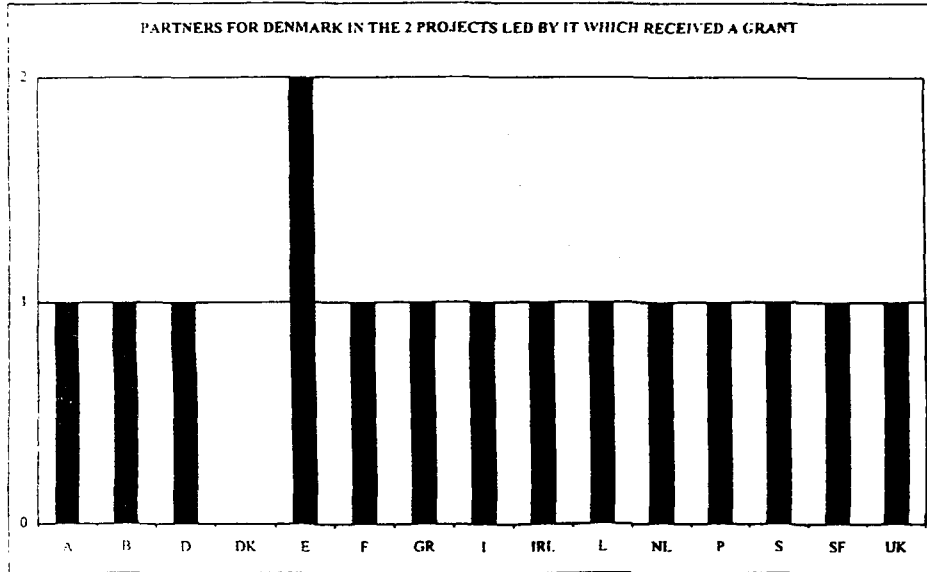
COUNTRY	NUMBER OF SUBSIDIES PER COUNTRY	AMOUNT GRANTED IN ECU	PERCENTAGE OF BUDGET GRANTED PER COUNTRY
A	0	0	0,00%
B	16	1 765 158	20,00%
D	6	757 976	8,80%
DK	2	148 163	1,70%
E	9	838 522	9,70%
F	13	2 004 868	23,20%
GR	3	324 297	3,70%
I	2	257 980	3,00%
IRL	0	0	0,00%
L	0	0	0,00%
NL	5	616 998	7,10%
P	1	77 809	0,90%
S	0	0	0,00%
SF	0	0	0,00%
UK	17	1 794 953	20,70%
<b>TOTAL</b>	<b>74</b>	<b>8 586 724</b>	<b>98,80%</b>
SUPPLEMENTARY COMMITMENT FOR THE INTERNATIONAL CONFERENCE IN VANCOUVER	1	99 740	1,20%
<b>GRAND TOTAL</b>	<b>75</b>	<b>8 686 464</b>	<b>100,00%</b>

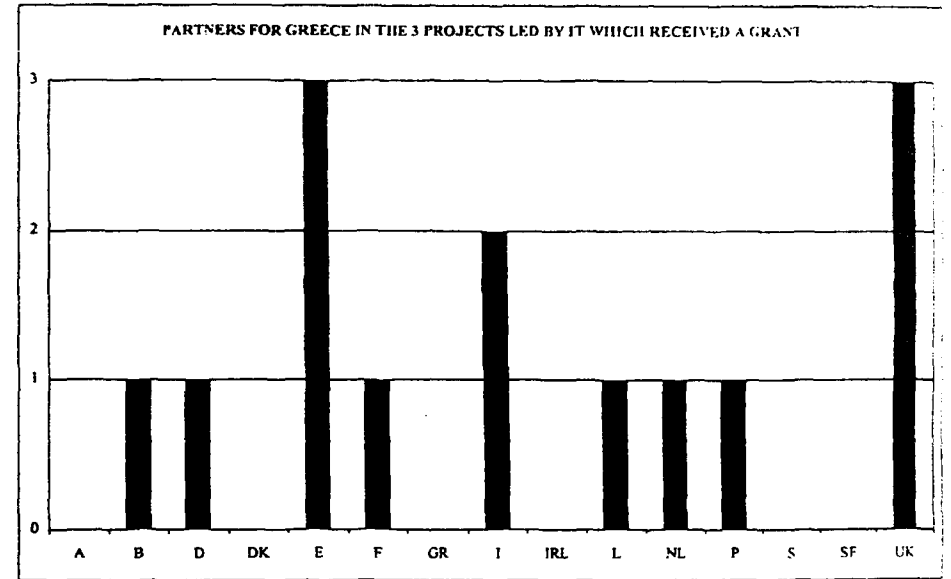
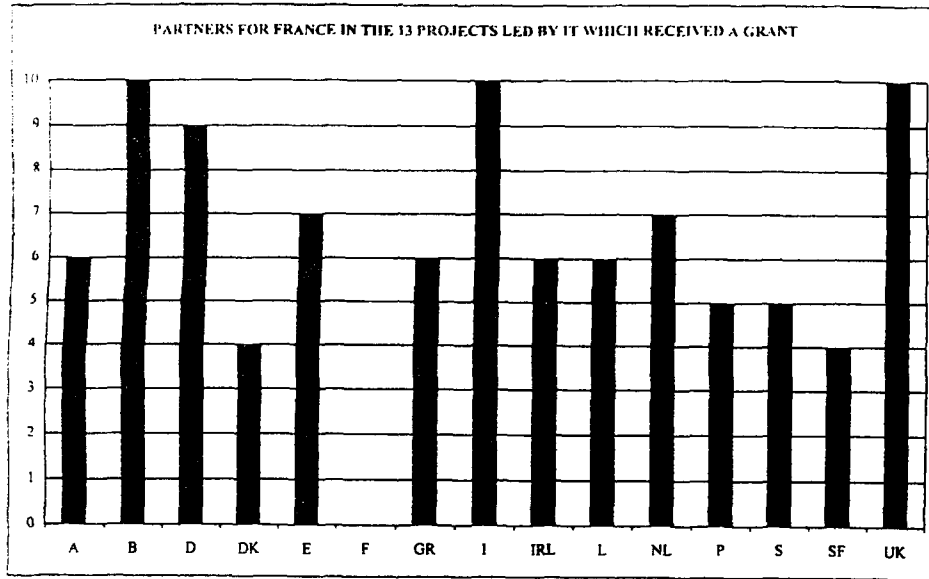
**ANNEX III C**

**TRANSNATIONAL PARTNERSHIPS  
ESTABLISHED UNDER  
THE ACTION PLAN IN 1995**

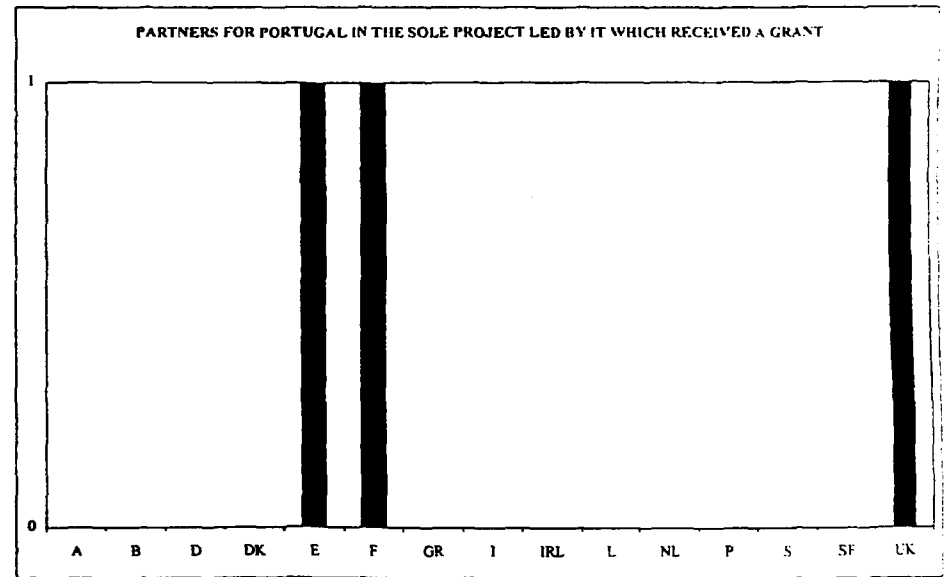
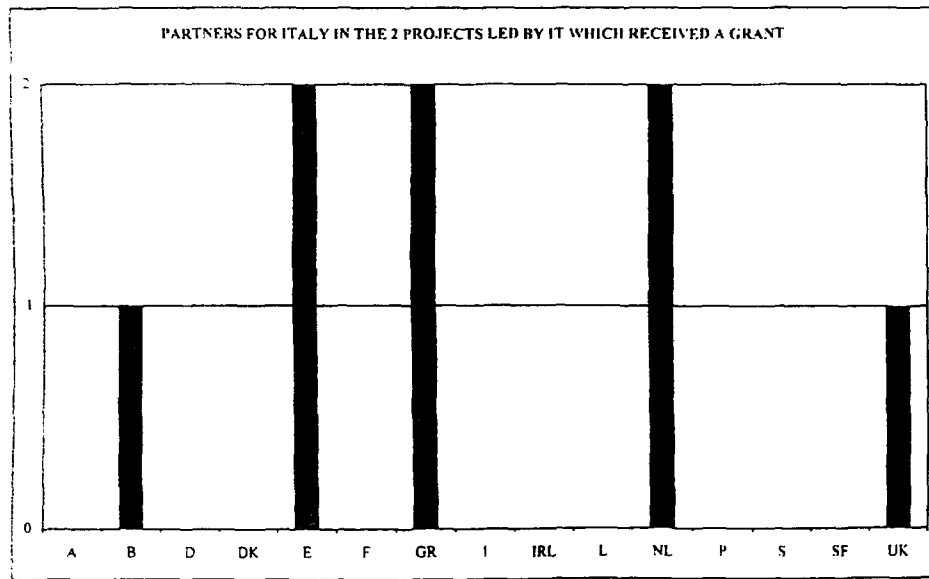


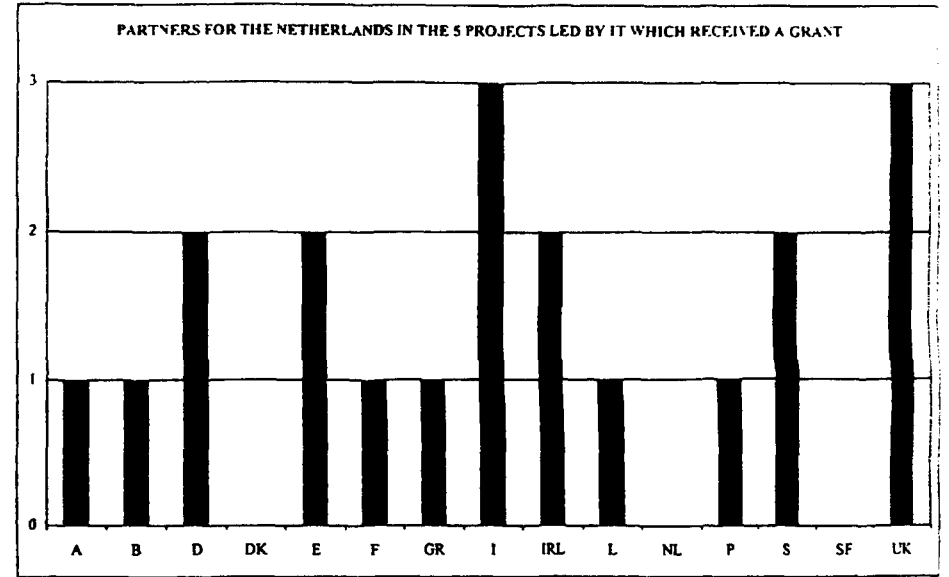
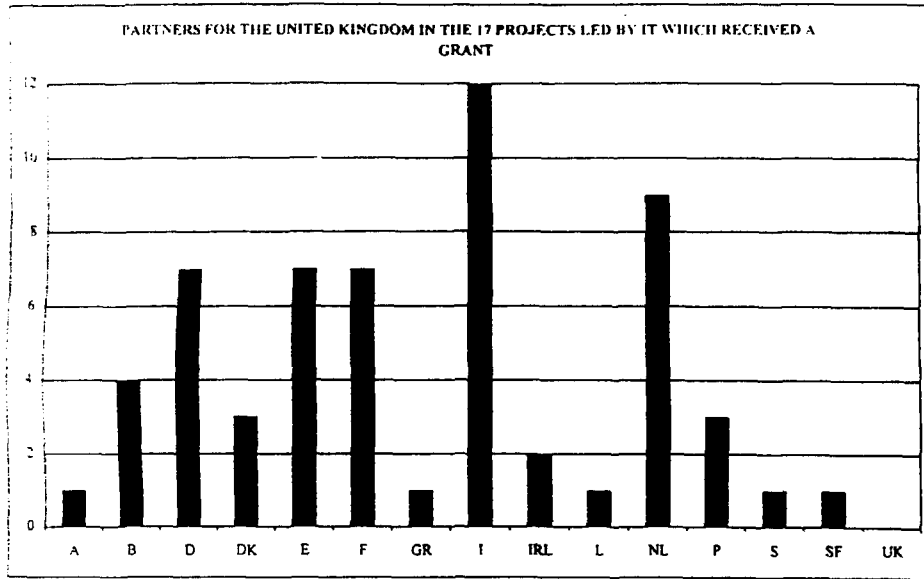
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## ANNEX IV

## EPIDEMIOLOGICAL DATA 1993-1995

AIDS cases and rate of incidence\* per country and per year of diagnosis declared as at 31 December 1995, corrected for declaration deadlines

Country	CASES DECLARED						CASES CORRECTED FOR DECLARATION DEADLINES						Cumulative total <sup>#</sup>
	YEAR OF DIAGNOSIS						YEAR OF DIAGNOSIS						
	1993		1994		1995		1993		1994		1995		
Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate		
Germany	1 766	21,8	1 620	19,9	945	11,6	1 816	22,5	1 829	22,5	1 701	20,8	15 093
Austria	228	29,04	161	20,3	161	20,2	232	29,5	171	21,6	202	25,4	1 551
Belgium	245	24,4	242	24,0	154	15,2	248	24,7	255	25,3	237	23,4	2 124
Denmark	239	46,3	234	45,2	201	38,8	240	46,5	239	46,2	233	45,0	1 872
Spain	5 172	103,9	6 558	165,7	4 327	109,2	5 313	134,5	7 220	182,5	6 879	173,6	39 170
Finland	25	4,9	44	8,7	36	7	25	4,9	44	8,7	39	7,6	230
France <sup>o</sup>	5 383	91,1	5 415	91,3	3 637	61	5 477	92,7	5 786	97,5	5 365	90,0	41 948
Greece	158	15,2	192	18,4	156	14,9	165	15,9	228	21,9	239	22,9	1 422
Ireland	69	19,6	61	17,2	19	5,3	71	20,1	67	18,9	27	7,6	514
Italy	4 765	83,4	5 405	94,6	4 505	78,8	4 828	84,5	5 650	98,9	6 079	106,3	33 701
Luxembourg	20	50,6	13	32,4	15	36,9	20	50,6	13	32,4	15	36,9	105
Netherlands	459	30,0	450	29,2	347	22,4	461	30,2	460	29,9	474	30,6	3 979
Portugal	498	50,6	567	57,7	395	40,2	519	52,8	661	67,2	702	71,5	3 341
Sweden	180	20,7	180	20,6	163	18,6	181	20,8	183	20,9	191	21,8	1 356
United Kingdom	1 645	28,4	1 565	26,9	1 024	17,6	1 677	29,0	1 693	29,1	1 429	24,5	12 437

\* Per million inhabitants

<sup>#</sup> Includes 324 cases with no known date of diagnosis

<sup>o</sup> Includes the Overseas Departments: Guadeloupe, French Guyana, Martinique and Réunion

Source: European Centre for the Epidemiological Monitoring of AIDS - Quarterly Report No 33-1995/4