

# COMMISSION OF THE EUROPEAN COMMUNITIES

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## 'EUROPE AGAINST AIDS' PROGRAMME 1991-1993

### COMMISSION REPORT

### ON THE IMPLEMENTATION OF THE ACTION PLAN IN 1993



## **I. PREAMBLE**

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 (OJ L 175 of 4 July 1991).

As required by this Decision, the Commission presented to the Council on 10 March 1993 a report on the implementation of the plan of action in 1991 and 1992, so that the Council and the Ministers for Health could evaluate the effectiveness of the activities undertaken.

This present Communication supplements the abovementioned report, detailing the activities undertaken by the Commission in each of the plan's ten areas of action in 1993 and presenting conclusions on the impact and effectiveness of the programme so far.

## **II. INTRODUCTION**

On 4 June 1991 the Council and the Ministers for Health of the Member States, meeting within the Council, adopted a Decision establishing the "Europe against AIDS" programme (OJ L 175 of 4.6.1991, p. 26).

This public health programme, scheduled to run from 1991 to 1993, focused principally on preventive actions such as information and education. As required by the Decision, the Commission sent to the Council on 10 March 1993 a report on the implementation of the plan of action in 1991 and 1992. The Commission reported on the means deployed to achieve the objectives laid down in the Decision and commented on the early results obtained as well as on the relative weight and pertinence of the activities undertaken or requiring to be undertaken to give full effect to the aims of the Decision, set against the backdrop of the spread of the epidemic. The Commission also stated its view that there would be value in further actions on the public health aspects of HIV and AIDS being undertaken by the Community after the plan of action expired.

Following consideration of the Commission's report, the Council and the Ministers for Health, at their meeting of 27 May 1993, agreed to invite the Commission to take the initiatives necessary for continuation of the actions of the "Europe against AIDS" programme in 1994, in anticipation of the entry into force of the Treaty on European Union, which provides in its Article 129 for Community action in the field of public health. The subsequent evaluation in the Council of the effectiveness of the work undertaken concluded that the broad structure of the areas of action contained in the Council Decision could be maintained, but with a number of modifications in the objectives pursued, the introduction of new areas, and the deletion of others in order to reflect the changing needs of the Member States, increased knowledge of the problems posed by the disease, as well as its evolution and trends.

[REDACTED]

In order to avoid any break in the actions carried out under the programme, and in order to respond to the wishes of the Council, the Commission submitted to the Council on 29 September 1993 a proposal for a Decision concerning the extension to the end of 1994 of the 1991-1993 plan of action in the framework of the "Europe against AIDS" programme.

### **III. IMPLEMENTATION OF THE PROGRAMME**

#### **1. Criteria governing selection of projects submitted to the Commission**

The first criterion is whether the project sits within the general framework of the programme and relates to one (or more) of the programme's areas of action. Projects relating to non-Community countries or largely comprising research with no immediate practical application in the field of public health thus find themselves excluded.

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

- if it is to take place in more than one Member State;
- if it involves organisations from various Member States;
- if it involves a subject of interest to the entire Community, such as international travel or migrations;
- if it adopts an innovatory approach to a specific problem and does not duplicate work already undertaken elsewhere. In this context, a purely national project could be supported if it were deemed to constitute a model which other Member States could apply, or if the results might be of direct relevance to other Member States.

The third criterion is whether the project involves precise activities which can be prepared and implemented within a fixed period. The aim is to support pilot studies and projects rather than subsidise ongoing basic services.

#### **2. The Advisory Committee**

As required by Article 1 of the Decision, the Commission was assisted in the implementation of the programme's Actions by an Advisory Committee composed of representatives of the Member States. The Committee met three times in 1993, namely in February, June and September. Each project application received by the Commission was passed on to the Committee for evaluation, using an evaluation chart approved by the Committee (see Annex 1). Each committee member completes a chart for each project, using the ratings: A = Excellent; B = (Very)

good; C = Average; D = Poor. Once the charts have been returned the points are then totalled up for each project using the following scoring system: A = 3 points; B = 2 points; C = 1 point; D = 0 points. The total obtained is then compared with the maximum score possible for the project, based on the number of responses received from the Advisory Committee.

The Commission also published an invitation to tender in order to ensure that all areas of the programme were covered, since certain areas had either attracted no project applications or only applications which were deemed unsatisfactory. In selecting successful bids the Commission's internal tender-selection procedures were followed. These involve seeking the opinion of the Advisory Committee on Procurements and Contracts. The Advisory Committee for the AIDS programme was kept closely informed at every stage of the selection procedure.

### **3. Project support by the Commission**

#### *- Projects submitted to the Commission*

The bulk of the programme centres around providing financial support for projects undertaken in the Member States. These are projects selected from applications submitted to the Commission by organisations engaged in or wishing to engage in AIDS-related work.

The Commission received 160 such applications in 1993 and passed them on to the Advisory Committee. All were examined by the Committee, and 72 were selected for funding after receiving the Advisory Committee's approval.

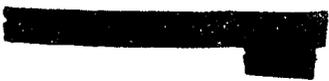
By way of comparison, only 78 projects were selected in 1991-1992 combined.

This sharp rise in the number of projects funded in 1993 was due primarily to the increase in the budget (MECU 1.43 in 1991 and MECU 2.63 in 1992, compared with MECU 8.3 in 1993). In 1993, priority was given to funding a relatively small number of large-scale projects.

In implementing the programme the Commission has tried to ensure a certain balance in the distribution of projects supported per Member State. However, the quality and price criteria applied during the selection process have sometimes made it impossible to keep that balance. All the same, projects have been supported in all Member States except Luxembourg.

#### *- Projects initiated by the Commission*

Experience with the implementation of the programme in 1991 and 1992 showed that certain areas of the programme had not been sufficiently developed (cf. Doc. COM(93) 42 final). These included:

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- Examination of the results of surveys carried out in the Member States and at Community level on knowledge, attitudes and behaviour in respect of AIDS, and evaluation and dissemination of the results (Action 1).
  - Feasibility studies (Action 2):
    - for coordinated Community action to foster the awareness of the general public and certain target groups, as a complement to the campaigns carried out in the Member States and, where appropriate, for the drafting of proposals for action;
    - for the drawing up of a European code, written in layman's language, and placing particular emphasis on non-discrimination against persons infected by the human immunodeficiency virus (HIV).
  - Development of exchanges of information on health education measures in schools and various training and apprenticeship structures; encouragement of exchanges of professionals and teaching materials, and fostering of cooperation through the organisation of specific seminars, intended particularly for teacher-training staff and geared towards the dissemination of new methods (Action 3).
  - Exchange of experience, evaluation and, where appropriate, promotion of "helplines" which respect the confidentiality of calls, and encouragement of appropriate ways of informing the public that such helplines exist (Action V).
  - Examination of the parameters used in the Member States for identifying the health and social costs of managing HIV infection; feasibility study for developing common approaches in this area (Action 6).
  - Appraisal of existing HIV cost-projection models with a view to planning social and health services and access to early treatment; feasibility study for a common approach (Action 6).
  - Survey on pre- and post-qualification training for public health workers and other health care, social support and counselling personnel working with HIV- positive persons and persons close to them, followed by an exchange of experience in this area (Action 8).

A general invitation to tender was therefore published in the Official Journal of the European Communities on 18.6.1993 (OJ No C 167 of 18.6.1993, p.19) in order to rectify these shortcomings. Ten projects were financed by the Commission on the basis of the responses to to this invitation to tender.



#### **IV. WORK CARRIED OUT UNDER EACH ACTION OF THE PLAN OF ACTION**

This chapter describes the work carried out under each Action, including projects funded and other types of activity. Since the Actions are all interlinked, however, many of the activities undertaken relate to several Actions. Thus, their attribution to a particular Action is, of necessity, somewhat arbitrary. (An analysis of expenditure on the programme is presented in Annex II).

##### **ACTION 1: Assessment of the knowledge, attitudes and behaviour of the general public and target groups**

As in 1991-1992, the Commission supported a number of projects aiming to evaluate the knowledge, attitudes and behaviour of certain risk groups, such as injecting drug users.

To obtain an overview of the various surveys and activities already completed or currently being carried out in Member States concerning knowledge, attitudes and behaviour with regard to the HIV/AIDS risk, the Commission financed two studies in this area, one relating to the general public and the other to specific target groups. The purpose was to gather all the information currently available, to make comparisons between Member States, and to reach conclusions regarding the general situation in the Community.

As regards methodologies, the Commission supported two projects, namely:

- a project designed to improve methods for measuring and monitoring changes in knowledge, behaviour and attitudes through the use of trend charts containing a series of standardised indicators;
- the organisation of a seminar on the methods used in Member States for assessing the impact of preventive measures and strategies on the knowledge, attitudes and behaviour of the general public and target groups. This initiative envisages the setting up of a European network of university researchers and administrators involved in the assessment of preventive measures and strategies.

The Commission also continued to support initiatives concerning the psychosocial and behavioural aspects of AIDS, through the organisation of a conference in Berlin and the updating of a guide cataloguing the activities carried out in this area within the European Community.

##### **ACTION 2: Informing and increasing the awareness of the public and certain target groups**

The Commission expanded its support for projects designed to strengthen information and prevention activities, cooperation between Member States and network schemes.

- [REDACTED]
1. As regards the general public, the Commission financed a feasibility study to examine possibilities for developing a coordinated, Community-wide public awareness campaign as a supplement to Member States' own campaigns.

The Commission also financed a feasibility study for the creation of a computerised information system on HIV/AIDS to help general practitioners and pharmacists in their preventive work, as well as a feasibility study for a European code on AIDS prevention.

2. As regards migrants, activities included:

- Support for the establishment of an information centre for certain immigrant communities to provide more in the way of information, guidance and support for these types of communities in Europe.
- Support for transnational activities designed to educate immigrants living in the European Community about HIV prevention and to influence their behaviour in this regard. These activities take account of the cultural practices of these social groups and seek to overcome the problems of intercultural communication. They involve establishing appropriate methods for educating these groups and increasing their awareness.

3. Support was provided for the following two projects covering both the general public and specific target groups.

1. The collation and analysis by a specialist university institution of all information and prevention campaigns conducted in the twelve Member States, with a view to identifying the main themes, comparing campaigns and evaluating Member States' information strategies.
2. The organisation of a seminar for administrators and communicators in the field of HIV prevention in the twelve Member States, to provide a platform for an exchange of experience in this area.

### **ACTION 3: Health education for young people**

The Commission continued to finance the activities of the "AIDS and Youth" European Information Centre, which promotes exchanges and collaboration on AIDS prevention for the young people of the Community (whether at school or not).

This Centre organises meetings and workshops on particular themes and publishes reports of its activities, with practical results and conclusions.

The Commission also encouraged exchanges of information on health education initiatives in schools and in training and apprenticeship structures, and promoted exchanges between

professionals, especially teacher trainers, through the organisation of seminars. In the same context, it financed a European conference on health education and HIV/AIDS prevention in schools.

In addition, the Commission supported two peer education projects (projects in which peer group members act as informal teachers):

- A training programme for young workers, using theatre, art and music to communicate health and sex education messages to the young. Video cassettes of this training programme have been distributed in most Member States.
- A project for the establishment of peer education programmes in schools and community settings, involving young people from different Member States (abroad on language courses during their summer holidays) and young people with HIV or AIDS.

**ACTION 4: Prevention of HIV transmission among certain groups and in particular contexts**

a) Travel and tourism:

The Commission financed a feasibility study concerning the establishment of coordinated, Community-wide information and prevention campaigns for international tourists travelling within the European Community. The study is designed to reveal whether or not joint campaigns are practicable and to identify those categories of international tourists most likely to engage in high-risk behaviour.

The Commission also focused on supporting the organisation of European campaigns to persuade young people travelling around the European Community to use condoms.

b) Injecting drug users:

As regards HIV prevention among drug users, funding was provided for a pilot prevention programme involving former drug users in a health education campaign, and for a project to give drug users travelling around in the Community more information about and more access to Member States' information and treatment facilities.

c) Women particularly exposed to the risk of HIV contamination:

The Commission financed the activities of a European network on AIDS Prevention for Prostitutes (EUROPAP). The network's aims are to support and extend Member States' existing initiatives in this area, to develop a common methodology for evaluating such initiatives, and to develop a standardised intervention protocol which could be used at Community level. Also supported was a study of the problem of cross-border mobility and HIV prevention, particularly as regards the Community's borders with the former countries of Eastern Europe, with a view to identifying the most appropriate preventive methods.

d) Other populations with high-risk habits:

Support was provided for prevention programmes promoting the use of condoms among risk groups such as homosexuals and male bisexuals.

On the basis of earlier pilot experiments in transnational cooperation in this area, a working party was set up in order to coordinate initiatives, optimise the use of the media vectors identified, and identify the most effective ways of promoting condoms.

**ACTION 5: Social support, counselling and medical treatment**

The Commission supported the following projects in the area of social support, counselling and medical treatment for people with the HIV virus:

1. The preparation of a European self-care manual for persons with HIV and AIDS. Tailored to the particular social and medical context of each Member State, the handbook endeavours to meet each individual's specific requirements and is based on the pooled experiences of professionals involved in social support, counselling and medical care for people with HIV and AIDS.
2. The establishment of a European support network for families and children infected with the virus, designed to identify their needs, promote contacts and cooperation between the agencies helping these people, and develop appropriate programmes and policies.
3. Identification of the social support and counselling needs of specific categories of people infected with the virus, such as migrants.

As regards the promotion of telephone helplines, two projects were supported:

1. A general study of existing helplines, the ways in which they operate, and their respective advantages and drawbacks.
2. A seminar for the seven existing telephone helplines in the Member States, with a view to setting up an exchange of experience and examining ideas for cooperation between them.

Also in this area, the Commission continued to support non-governmental organisations in developing exchanges of experience and setting up networks, particularly with organisations in the southern regions of the Community which are not yet so fully mobilised.

The Commission thus contributed towards improving the dialogue between homosexuals, health professionals and government agencies.

#### **ACTION 6: Estimating the cost of managing HIV infection**

Financial support was provided for an International Conference on the Econometrics of AIDS, attended by experts from all Member States. The discussion ranged over the most recent quantitative analyses of the epidemic and its socio-economic impact.

Funding was also provided for two feasibility studies concerning the establishment of a common methodology for evaluating the costs of HIV:

1. The first looks at the feasibility of developing common approaches concerning the parameters used by Member States for determining the health and social costs of HIV infection, the type of data collection, the national networks concerned and the parties involved.
2. The second begins with an appraisal of Member States' existing HIV cost-projection models, followed by an assessment of the potential for common approaches, their advantages and disadvantages, and their precise objectives.

#### **ACTION 7: Gathering data on HIV/AIDS**

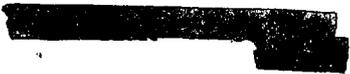
The Paris Centre continued to receive funding for the operation and development of the European system for the epidemiological monitoring of HIV and AIDS. The most recent epidemiological data concerning the progression of AIDS within the European Community are presented in Annex III.

In the course of the year four quarterly reports were produced on AIDS monitoring in the European Community, and a study was made of ways of improving the usefulness of the data and making sure they reached the widest audience.

Additionally, the Centre is required to produce reports for the Commission on the following themes:

- Evaluation of the methods used to measure HIV prevalence in Europe.
- Analysis of the epidemiological data on HIV/AIDS using repeated prevalence studies.
- Collection of data concerning the observation of specific diseases linked to HIV, such as tuberculosis and certain sexually transmissible diseases.

Support was provided for a number of actions relating to the collection at European level of HIV/AIDS data, so that health professionals and researchers wishing to conduct documentary research can have easier access to such data. These actions include the production of thesauri and the establishment of computerised bibliographical databases.



## **ACTION 8: Enhancement of human resources**

The Commission supported a questionnaire survey on the training given in each Member State to public health workers and other professionals involved in the care and support of people with HIV. This survey will identify the strong points, weak points and shortcomings of the various training systems and will produce recommendations.

Support was given for projects relating to the promotion of training (including course materials) for personnel involved in the health care, social support and counselling of HIV-positive persons. Examples include the production of an AIDS prevention training handbook for dentists (distributed in all Member States) and the incorporation of AIDS prevention modules into training courses for social workers, nurses and doctors.

The Commission also assisted in the organisation of exchanges of experience for these professionals, via the organisation of summer schools and conferences (for example a symposium in Edinburgh open to all professionals involved in AIDS prevention among prostitutes).

## **ACTION 9: Measures to combat discrimination against HIV-infected persons and persons close to them**

The Commission funded a comparative analysis of Member States' AIDS laws from the ethical and legal points of view. The project will provide an overview of the current situation in the twelve States in areas such as screening, confidentiality and reporting of the disease, patients' rights to treatment, AIDS and imprisonment, and restrictions on freedom of movement and immigration.

The Commission also expects this project to provide guidelines for any future Community initiative on AIDS.

Funding was provided for a conference on the social and ethical problems raised by screening for genetic diseases and AIDS, and on the role of politicians and the media in this area.

The Commission also supported cultural events and audiovisual productions to help combat discrimination against people with HIV. The cultural events took place in several Member States, in order to reach as wide a public as possible, while the audiovisual productions were broadcast on television.

## **ACTION 10: Research and international cooperation**

Close liaison has been established with specific programmes included in the Framework Programme for Research and Technological Development and with the support programme for developing countries, including regular meetings and exchanges of information. An important result of this cooperation has been the financing of activities which originally began as research projects but which have since developed into public health actions. One example is the setting up of the European network on AIDS

Prevention for prostitutes. This network today benefits from the expertise and information acquired in the course of a "concerted action" carried out under the BIOMED research programme.

In the field of international cooperation, the main emphasis has been on working with the Council of Europe and the World Health Organisation.

Cooperation with the World Health Organisation has taken a number of forms: the Commission and WHO have been jointly involved in a number of projects and activities, such as the work of the Paris Centre, the funding of the Eurocaso network and the work of the Berlin Sociopedagogical Centre on the links between cross-border mobility and the prevention of HIV transmission. The Commission and WHO have also supported various international conferences and symposia.

The Commission participated in the meetings of the Management Committee of the WHO Global Programme on AIDS.

Finally, the Commission subsidised and participated actively in the International Conference on AIDS held in Berlin in June 1993.

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

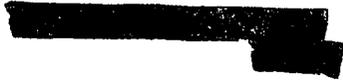
### **1. Research**

The establishment of the Biomedicine and Health Research Programme (BIOMED 1) under the third Framework Programme has enabled more than 6 000 research teams to collaborate with each other within 400 networks set up to encourage cooperation between research teams throughout the European Union and the European Economic Area and between complementary disciplines, with a view to tackling health problems which would be difficult to resolve in a more limited context.

Significant progress has been achieved in the fight against AIDS thanks to AIDS research supported and coordinated by the Community. However, the immunosuppression caused by HIV can lead to the resurgence of old diseases, some of which may already be resistant to drugs, and the emergence of opportunistic cancers.

The specific programme of research and technological development in the field of biomedicine and health focused on the following areas:

- viro-immunological research, genetics, and the molecular and structural biology of HIV and its variability;
- research towards the development of a safe and effective vaccine against AIDS, and of markers to evaluate its effectiveness and to monitor the evolution of the disease;

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- the identification, synthesis and evaluation of anti-viral components and of drugs designed to combat AIDS;
  - clinical research centred on clinical trials, the treatment of AIDS and its opportunistic diseases, including research of the prognosis and progression of these diseases and the impact of treatment;
  - studies of host response, pathogenesis, experimental models and new pathologies, and of resistance to conventional forms of therapy, taking into account the problem of hospital infections.

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

The policy of the Community and the Member States with regard to AIDS in developing countries has been directed towards:

- the introduction of comprehensive and efficacious measures designed to reduce the spread of HIV and other sexually transmissible diseases through sex or mother-to-child transmission, or through blood;
- the taking into account of the HIV/AIDS problem when formulating health policies and other social policies, and in particular the inclusion of measures for the prevention and treatment of HIV/AIDS and STDs at the various levels of the health pyramid;
- the creation of instruments for evaluating the potential impact of development projects on HIV/AIDS transmission;
- support to help governments evaluate the potential socio-economic impact of AIDS and to ensure that the planners take due account of this factor, notably by allocating adequate budgets for the various sectors concerned.

Increased efforts to coordinate activities planned under the EC/ACP AIDS programme with those developed by the United Nations and those under bilateral aid arrangements have included regular exchanges and a concerted action (participation in meetings of the Management Committee of the WHO's Global Programme on AIDS and in the work of that programme's Task Force for the improvement of coordination).

The Commission also organised regular consultations with Member States' experts. On the basis of the work performed by the experts, the Commission drafted and adopted a Communication to the Council setting out the basic principles and priority strategies of the AIDS policy to be adopted by the Community and Member States in the developing world. This Communication was the subject of a Resolution by the Development Council in May 1994.

In the area of scientific research, the EC/ACP AIDS programme has contributed towards improving the balance between biomedical research and socio-economic research, reinforcing the research capacities of national and regional research institutes in developing countries, and making more use of research results in order to ensure that the findings are rapidly put into practice.

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

Two aspects of AIDS problem have been tackled in the pharmaceutical sector.

The first concerns provisions to guarantee as far as possible the safety from viral contamination of medicinal products derived from blood or plasma. Since 1989 these products have had to comply with the provisions governing the production and placing on the market of medicinal products. Moreover, the measures recommended by the Council of Europe and WHO for the selection and monitoring of blood donors have become compulsory, as has the application of validated manufacturing and purification processes in order to guarantee as far as possible the absence of viral contamination. The Committee for Proprietary Medicinal Products, on which the competent authorities of the different Member States are represented, has adopted recommendations to producers to help them ensure the safety of their products from viral contamination. A group of experts meets regularly in order to assess the situation concerning the safety of blood-derived products and, where necessary, to suggest additional measures to the competent authorities.

The second aspect tackled concerns measures to give patients speedy access to anti-HIV and anti-AIDS drugs as and when they become available. In 1993, on a proposal from the Commission, the Council adopted provisions for the introduction of a new, centralised procedure for the free movement of medicinal products. Because they fall into the category of high-technology medicinal products, anti-HIV and anti-AIDS drugs are covered by this centralised procedure and can thus be made speedily available in all Member States.

## **VI. CONCLUSIONS**

It should be stressed that when this report was being drafted the vast majority of the projects initiated in 1993 were still under way. It is thus not yet possible to make a detailed evaluation of the effectiveness of the Actions undertaken, either individually or collectively. All that can be provided at the moment is a description of how the Actions have been implemented, together with a broad assessment of the programme's impact and value.

Activities have been carried out under all ten Actions of the Plan of Action. Comparison of the 1993 expenditure breakdown (Annex II) with the 1991-1992 breakdown (Annex II of document COM (93) 42 final) reveals:

- I. the same disparities in terms of the number of projects financed under each Action and the corresponding expenditure per Action:
  - a) Actions concerning prevention and actions concerning social support and counselling took the largest percentages of the total budget in 1993, as they did in 1991-1992. Actions concerning social support and counselling took a fifth of the total budget in 1993, and actions concerning prevention a quarter, while in 1991-1992 they each took 20%.

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- b) Actions to estimate the cost of HIV/AIDS continue to take the smallest share of the total budget (2% in 1993, compared with 3% in 1991-1992).

2. differences as regards the implementation of certain Actions:

- a) It was established that actions to inform and increase the awareness of the public and certain target groups were one of the most important elements in the fights against HIV/AIDS, and their share of the total budget has therefore more than doubled, rising from 6% in 1991-92 to 14% in 1993.
- b) Actions to gather data on HIV/AIDS, while still being under-represented, increased from 3% to 6% of the total budget. This was the result of the net being widened to include not only epidemiological data but also objective indicators of the effectiveness of prevention campaigns (Member States are now beginning to find a consensus on the content of such campaigns).
- c) Actions concerning the enhancement of human resources saw their share of the total budget halved, from 19% in 1991-1992 to 9% in 1993, even though the number of projects remained similar (12 in 1991-1992, 10 in 1993). This is mainly because the projects supported were less ambitious and thus less expensive, priority having been given to activities on the ground.

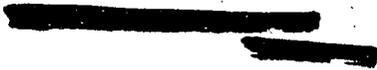
3. changes in the categories of activities financed:

- a) Fewer conferences and congresses than the Advisory Committee had hoped for: 15 in 1991-1992 (17% of the total budget), but only 7 in 1993 (7% of the total budget).
- b) More surveys and more comparative analyses: only 5 in 1991-1992 (12% of the total budget), compared with 11 in 1993 (21% of the total budget).
- c) A doubling in the number of education and prevention campaigns: 6 in 1991-1992 (10% of the total budget), compared with 12 in 1993 (18% of the total budget).

Experience in implementing the programme in 1991 and 1992 revealed a number of areas in which the programme's effectiveness could be further improved.

In 1993 the Commission took steps to:

- open the programme up more:
  - \* by having all projects submitted to the Commission assessed by the Advisory Committee, in accordance with the procedure described in section III;
  - \* by providing the Advisory Committee with full details of all projects financed;
- assess the impact of the work undertaken and broadcast the results of this assessment more effectively;

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- focus efforts in particular areas:
    - \* by improving the implementation of Actions which had remained relatively undeveloped in 1991-1992;
    - \* by financing only a limited number of small-scale projects and concentrating instead on large-scale projects involving as many Member States as possible.

On the basis of the work carried out under the programme so far, the Commission is certain that the "Europe against AIDS" programme has made a valuable contribution to the fight against AIDS. Since AIDS continues to represent a major, and growing, threat in Europe, the Commission took the necessary measures in 1993 to ensure that the programme's activities would be continued in 1994, taking account of the experience acquired during implementation of the programme to date.

The entry into force of the Treaty on European Union, and particularly Article 129 thereof, has given the Community the instruments it needs to pursue the fight against AIDS within the general framework of the Community's activities in the field of public health. The fight needs to be pursued within the framework of a pluriannual programme which can be adjusted in the light of regular impact assessments.

**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  
ANALYSIS OF PROGRAMME EXPENDITURE

PROJECTS BY CATEGORY: This table categorises the projects supported according to the kind of activity involved

CATEGORY	NUMBER OF PROJECTS	PERCENTAGE OF TOTAL BUDGET (1)
I. CONFERENCES and CONGRESSES	7	7%
II. SEMINARS WORKSHOPS MEETINGS	5	4%
III. SURVEYS	11	21%
IV. EVALUATIONS	6	7%
V. NETWORKS	4	5%
VI. SERVICES A. TRAINING B. PSYCHO-SOCIAL C. CARE	2 4 -	1% 11% -
VII. DATA COLLECTION	4	8%
VIII. PREVENTION AND EDUCATION CAMPAIGNS	12	18%
IX. INFORMATION	12	14%
X. OTHERS	5	4%

PROJECTS BY ACTION: This table categorises the projects supported under each Action of the Plan of Action. Many projects relate to more than one Action and have therefore been categorised according to the primary Action concerned.

ACTION	NUMBER OF PROJECTS	PERCENTAGE OF TOTAL BUDGET (1)
1	6	9%
2	11	14%
3	6	10%
4	10	24%
5	14	19%
6	3	2%
7	4	6%
8	10	9%
9	6	4%
10	2	3%
TOTAL	72	100%

(1) Percentage rounded to the nearest whole number

## ANNEX III

Cumulative total of AIDS cases reported among adults/adolescents\* in the European Community by 30 June 1994, broken down by country and transmission group\*\*

Country	Homosexual/ bisexual males		Drug addicts		Homosexual/ bisexual drug addicts		Haemophiliae/ Coagulation disorders		Transfusion recipients***		Heterosexual contact		Nosocomial infection		Other/ Indeterminate		TOTAL
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
European Community																	
Belgium	670	42.4	104	6.6	16	1.0	5	0.3	86	5.4	681	43.1	0	0.0	18	1.1	1580
Denmark	1054	72.3	97	6.7	14	1.0	33	2.3	24	1.6	195	13.4	0	0.0	41	2.8	1458
France	14935	48.4	7317	23.7	462	1.5	379	1.2	1393	4.5	4691	15.2	0	0.0	1653	5.4	30.830
Germany	7859	69.0	1510	13.3	99	0.9	415	3.6	225	2.0	689	6.0	0	0.0	599	5.3	11396
Greece	498	52.6	40	4.2	9	1.0	63	6.7	45	4.8	100	10.6	0	0.0	191	20.2	946
Ireland	136	34.2	177	44.5	8	2.0	27	6.8	0	0.0	45	11.3	0	0.0	5	1.3	398
Italy	3314	14.6	14929	65.7	508	2.2	217	1.0	263	1.2	2415	10.6	0	0.0	1074	4.7	22720
Luxembourg	44	54.3	14	17.3	0	0.0	3	3.7	2	2.5	10	12.3	0	0.0	8	9.9	81
Netherlands	2370	76.0	296	9.5	30	1.0	48	1.5	33	1.1	294	9.4	0	0.0	47	1.5	3118
Portugal	665	34.6	519	27.0	0	0.0	40	2.1	64	3.3	520	27.0	0	0.0	116	6.0	1924
Spain	3899	15.5	16537	65.8	536	2.1	477	1.9	229	0.9	2016	8.0	0	0.0	1444	5.7	25138
United Kingdom	6917	74.5	518	5.6	149	1.6	405	4.4	91	1.0	1098	11.8	0	0.0	105	1.1	9283
EC Total	42361	38.9	42058	38.6	1831	1.7	2112	1.9	2455	2.3	12754	11.7	0	0.0	5301	4.9	108872

\* Cases aged 15 years or over (46 cases of unknown age could not be classed either as adults/adolescents or as infants)

\*\* Following case reclassification, the figures per transmission group have been modified in certain countries

\*\*\* Includes patients having received transplants or blood products

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