

COMMISSION OF THE EUROPEAN COMMUNITIES

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PROGRAMME 1991 TO 1993 "EUROPE AGAINST AIDS"

REPORT FROM THE COMMISSION

on the implementation of the plan of action in 1991-1992

I. PREAMBLE

On 4 June 1991, the Council and the Ministers for Health of the Member States, meeting within the Council, adopted a Decision on a plan of action for a 'Europe against AIDS' programme to run from 1991 to 1993 (OJ No L 175 of 4 July 1991).

The Decision provides that the Commission shall submit to the Council in the second half of 1992 a report on the action undertaken, so that the Council and the Ministers for Health can carry out an evaluation of its effectiveness.

The present Communication replies to this demand. It sets out the activities that have been undertaken by the Commission to implement the ten Actions of the plan of action, indicates a number of activities planned for 1993, and contains conclusions on the impact and effectiveness of the programme so far.

II. INTRODUCTION

1. The Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 29 May, 1986 requested the Commission to organize an exchange of information and experience on AIDS (OJ No C 184 of 23 July 1986). Following this, on 11 February 1987, the Commission made a Communication to Council (COM(87)63) identifying a number of areas for action in relation to AIDS prevention, information and education.
2. In the subsequent years, the Council and the Ministers of Health of the Member States, meeting within the Council, adopted a number of texts on public health aspects of AIDS culminating in the Decision of 4 June 1991 to establish the 'Europe against AIDS' programme. This was designed to complement both the actions being undertaken in the Member States themselves in this field and the two other Community AIDS programmes: the AIDS component of the biomedicine and health research programme and the AIDS assistance programme for developing countries under implementation since July 1987.
3. A consensus emerged that a Community programme of actions on the public health aspects of AIDS, particularly on prevention, could play a valuable role. Before the "Europe against AIDS" programme was adopted in 1991, the Commission had been able to carry out a number of specific activities in this area, such as supporting several conferences on, for example, AIDS telephone helplines, AIDS in the workplace, and AIDS and schools. However the adoption of the programme meant that it became possible to undertake a much wider range of actions, to place them in a coherent framework and to ensure that they were coordinated with other relevant Community activities, notably the actions concerning the reduction, of demand for drugs, and the two other AIDS programmes.

4. This growing Community concern about AIDS, expressed equally in resolutions of the European Parliament, reflected the growing number of cases of AIDS. Although the European Community was not as badly affected as other regions of the world, during the 1980s there was nonetheless a rapid increase in the number of people with AIDS within Member States. In 1982 86 people were reported as being diagnosed with AIDS, but in 1987 this number had risen to 6,576 and in 1990 to 13,997. The numbers are still continuing to increase overall. In 1991 14,619 cases were reported. In all, by the end of June 1992 over 69,000 AIDS cases had been reported in the Community. This compares to an estimated cumulative global total of 2 million AIDS cases in 1991 (WHO Global Programme on AIDS).
5. It is not possible to indicate the total number of people in the European Community infected with HIV, the virus that leads to AIDS. However the number is certainly much greater than the number of AIDS cases. One estimate puts it at about 500,000.

III. IMPLEMENTATION OF THE PROGRAMME

The Advisory Committee

6. As required in Article 1 of the Decision, the Commission has been assisted in implementing the various actions contained in the programme by an advisory committee of representatives of the Member States. This Committee has so far met four times: in July and November 1991, and May and October 1992, and further meetings are planned for 1993. In addition an ad hoc working party of the Committee on issues concerning epidemiological surveillance met in January 1992. The Advisory Committee has considered a wide range of issues and has given the Commission its advice on the relative priorities to be accorded to each Action. It considered, for example, that Action 6 was of lower priority than other Actions, whereas Actions 7 and 8 were of particular importance. They also doubted the feasibility of developing Community wide general information campaigns.

Support of Projects by the Commission

7. The principal method of implementing the programme has been the support of projects in the Member States. These have been selected on the basis of applications for funding made to the Commission by organisations engaged in AIDS-related activities or wishing to carry out activities in this area. Moreover, several projects have been initiated by the Commission in order to ensure a proper balance between the various actions of the programme.
8. Projects submitted to the Commission, falling within the framework of the programme, have been sent to the members of the Advisory Committee for their opinion and have been evaluated on the basis of criteria which apply equally to projects supported in other areas of public health. The criteria are set out in ANNEX I.
9. The Commission has also itself initiated a number of projects with organisations with expertise in certain areas in order to set up some larger-scale activities involving organisations in all or nearly all Member States. However, in accordance with the views of the Advisory Committee, the global sum allocated to such centrally-initiated projects has so far been much smaller compared to that for projects proposed to the Commission. However in 1993 it is the Commission's intention to propose more activities itself and invite organisations to apply to undertake the work so as to ensure that the ten Actions of the programme are appropriately taken forward.
10. In all, nearly 80 projects had been supported under the programme by the end of 1992.

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

11. Work carried out under each Action, including both the projects supported and the other types of activity carried out are presented in this chapter. Since the Actions are all interlinked, however, many of the activities undertaken relate to several Actions. Their attribution to a particular Action, therefore, has to be of necessity rather arbitrary. (An analysis of the programme's expenditure is at ANNEX II).

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

12. To provide both a basis for designing preventive actions on AIDS and a measure of their effectiveness, reliable information on people's knowledge, attitudes and behaviour is essential. The Commission has supported a number of major projects in this area. These include projects intended to provide new information about the behaviour of the general population such as trends in sexual behaviour, and also of particular groups, such as injecting drug users and prostitutes. Other projects sponsored have the aim of bringing together workers in the field to assess the latest data, develop new studies and provide updated information to the media and general public. Within this category, the projects supported range from expert symposia on subjects like AIDS and homosexuality to major conferences such as the annual International AIDS Conference.
13. With regard to the examination of Eurobarometer surveys, specifically mentioned in Action 1, no particular survey has been carried out on AIDS during the programme's existence. However, two Eurobarometer surveys in autumn 1989 and autumn 1990 contained a section on AIDS. They found a high level of concern about the disease, with many people considering it the most serious health problem in the Community, which needed to be addressed as a major priority.
14. A secondary analysis of the data collected has recently been transmitted to the Commission. The main points of this analysis are set out in ANNEX III.

15. In addition, for the European Drug Prevention Week in November 1992, a Eurobarometer survey was made of the attitudes of young people (under 25) towards and knowledge of drugs. This provides some data relevant to AIDS prevention, such as that nearly all the young people questioned (95%) appreciated the risks of transmission of HIV infection, and that 45% of them favoured the distribution of free needles.

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

16. Raising awareness about AIDS is an essential part of any effective prevention strategy; accurate information is a precondition for achieving changes in behaviour. Of those projects so far financed in this area, some are aimed at increasing the knowledge of the general public or particular target groups, such as students and young people on holiday, about the ways by which HIV is transmitted by the use of education and information materials. Other projects that have been supported have a complementary objective: they are directed at increasing people's appreciation of the impact that HIV/AIDS has on society as a whole and on the individuals and families directly affected. By humanising the issue, for example by mounting exhibitions and cultural events involving people with HIV and AIDS, solidarity can be fostered and fear and prejudice concomitantly reduced.
17. The work carried out under Action 2 also has another important aspect: the evaluation of the existing information campaigns and other related measures taken in the Member States. Several such evaluative studies are underway, of which two are designed to test an analytic tool developed by the World Health Organization. It is intended to support further such studies in the future.
18. A specific activity under this Action was the holding of a meeting in January 1992 of organizations that had been set up in the Member States to collect and distribute HIV/AIDS information. The purpose of this meeting was to increase co-operation between these organisations, reduce unnecessary duplication of activities and develop ideas for pan-Community activities.

19. Following the meeting a series of expert seminars was arranged by the organisations, with Commission support, to increase their liaison in particular fields, such as the use of information technology and the development of documentation centres. Work in this field will be further developed in 1993.
20. Finally, Action 2 foresees feasibility studies looking at the scope for action at Community level aimed at increasing awareness about AIDS, and at the preparation of a European Code. Given the great differences in the cultures and traditions of Member States, and the sensitivity of the topics to be tackled, it is very difficult to develop Community-wide campaigns or similar measures that would be appropriate for all Member States.
21. Community actions focused at specific target-groups, particularly those crossing national borders, such as tourists and migrants, can be more easily implemented and can have clear value useful. Projects have already been financed in these areas which will be developed further. It is also the intention to look more closely at the possibilities for co-ordinated Community information activities in 1993.

ACTION 3: Health education for young people

22. Young people are clearly a key target group for HIV/AIDS preventive work. Action 3 divides the measures to be taken into those relating to young people in a school or training setting and those relating to young people outside such settings.
23. With regard to children at school, several projects have been supported in the areas of developing effective educational materials and in school exchange visits. In addition, a presentation of the programme was made to the Working Party of Representatives of the Member States on Health Education in Schools at their meeting in July 1992. This led to a proposal to hold an international symposium on AIDS education in schools to bring together those from both the health and education fields to take stock of the current position and to explore future possibilities. Consideration is being given to the possibility of holding such a symposium in 1993.

24. Work has also been put in hand directed at young people out of school. There are particular difficulties in designing effective activities in this area, not least because of the wide range of possible settings for intervention. In view of this the Commission convened a meeting to exchange experience of activities undertaken in the Member States and discuss possible Community projects. Among the possibilities considered were pilot projects for young people on holiday and the holding of expert seminars on particular topics, such as strategies aimed at 'street kids' and minority and migrant populations. The Commission is now taking forward work in this area with the organisations involved.
25. In addition, some projects in this area have already been supported, including work on the development of new models for educating young people about sexual health and AIDS; using members of peer groups as informal 'teachers', a peer education project for young 'drop-outs' and a project using young people to create prevention materials on which to base group discussions organised in or out of school.

ACTION 4: Prevention of HIV transmission

26. The wide range of preventive measures included in Action 4 is indicative of the many facets of the fight against the spread of AIDS and the need to take action on a variety of fronts simultaneously.
27. One action to be implemented is fostering blood self-sufficiency in the Community and continuing the efforts made to ensure transfusion safety. Implementation of this action has been taken forward in the framework of the actions on blood already begun. In particular a study on blood self-sufficiency in the Community through voluntary unpaid donations has been undertaken for the Commission and the Council of Europe.

28. The main findings of this study were included in the "Draft Report on the Collection and Use of Human Blood and Plasma", prepared by Professor W. G. Van Aken, which was transmitted to Member States for comments. In addition a Commission Staff Working Paper, "Towards Increased Co-operation and Co-ordination in the European Community To ensure Adequate Blood Availability" was prepared and sent to the Council. At its meeting in May 1992 the Council considered the major issues in the paper and reiterated the importance of the principle of blood self-sufficiency through voluntary unpaid donation.
29. A second field of activity under Action 4 concerns measures on the quality of condoms and their promotion. As regards the promotion of condoms, the Commission has supported several projects aimed at analysing people's reluctance to use them and attempting to overcome it. These have concentrated particularly on young people. With regard to the quality of condoms, considerable work has been undertaken towards the preparation and introduction of a Community norm for male condoms. A technical working group of the European Committee for Standardization (CEN) has drawn up a proposal for a draft European Standard. This was circulated to all Members of CEN in December 1991 for their comments. The process of consultation is continuing, with the aim of reaching agreement on a final draft during 1993.
30. A third area of work under this Action concerns the key relationship between AIDS and drug abuse. Throughout the Community, injecting drug use is an important method of HIV transmission, and in several Member States it is the principal route of transmission. One project financed is a study on current developments with regard to syringes and needles, such as single-use syringes and new distribution systems.
31. More widely in this field, projects being supported include studies on migrant drug users, assessing the use of methadone substitution therapy and a retrospective study on the relationship between the policies pursued in relation to drug abuse and the spread of HIV. In addition a Community-wide project is underway intended to provide detailed information on the knowledge, attitudes and behaviour of injecting-drug users in order to develop more effective preventive strategies tailored to their needs.

32. Lastly within Action 4 the Commission has sought to stimulate and develop new approaches to the prevention of HIV/AIDS by means of preventive projects directed at specific groups, who are often hard to reach. The projects being supported vary both in their methods and in their targets. They include expert symposia and workshops, for example on issues concerning homosexuality, education and information for migrants and ethnic and linguistic minorities, campaigns aimed at tourists, and outreach work with prostitutes. A number of these activities cover several Member States; the rest represent pilot schemes which, if successful, could be replicated elsewhere.

ACTION 5: Social support, counselling and medical treatment

33. With the rising numbers of infected people the demand for help and support for them is growing all the time whereas available resources and expertise are inevitably limited. It is thus essential that effort is not wastefully duplicated and that those organizations providing services are armed with information that is up to date and accurate. This requires the efficient gathering and dissemination of the latest information about for example local service provision.
34. The Commission has therefore supported a significant amount of work in this area. In addition to the work with information centres, mentioned earlier, several projects have been financed which have the objectives both of improving the existing information and making it available to those who need it. The means employed involve, for example, the production of directories, inventories, resource books, manuals and newsletters, and the areas covered include developments in therapy, psycho-social research studies and details of existing AIDS service organisations.
35. An important mechanism for the provision of information and support is the telephone 'helpline'. Following the two European AIDS Hotline conferences in 1989 and 1990 which the Commission supported, a third conference on drugs helplines took place in Lisbon in June 1992. This involved a number of organisations working in the fields of AIDS and drugs and drew on the lessons of the two earlier ones. The Commission intends to undertake further activities in the area of helplines in 1993.

36. Another activity under this Action has been the funding of the work of non-governmental organisations, including those run by people with HIV and AIDS themselves. Finance has been provided to help them to develop the services they provide and maximise their effectiveness. In particular support has been provided to foster the established and nascent networks of these organisations. Projects have been financed to promote co-ordination among Community AIDS service organisations, and to bring together organisations in different Member States to exchange experiences and plan joint activities. Similarly personnel exchange schemes have been supported to enable field workers to broaden their knowledge and acquire new skills.
37. Finally under this Action a number of projects have been financed promoting the exchange of information among health professionals in relation to groups that have specific needs, such as families with infected children, drug-addicted infected mothers and seropositive haemophiliacs.

ACTION 6: Estimating the cost of managing HIV infection

38. The differences between health care and social service provision and funding arrangements in the Member States make it difficult to undertake cross-Community economic comparisons in the field of HIV and AIDS. This difficulty is compounded by the uncertainties that exist about future epidemiological trends. These problems were reflected in the fact that only one project has been received in this area. This was for a survey of the costs of HIV in several Member States, on the basis of which the identification of similarities and differences between States both in the costs themselves and in methods of calculation could be attempted.
39. Notwithstanding the difficulties, however, the Commission intends to take forward some further work in this field in 1993. One proposal that is being developed is for an international symposium on the socio-economic aspects of HIV/AIDS.

ACTION 7: Gathering data on HIV/AIDS

40. Action 7 is of critical importance since the availability of accurate and adequate epidemiological data is a fundamental requirement for the establishment of effective strategies to combat the disease. Moreover the collation and analysis of such data on a Community scale has two major benefits: first it enables Member States to set their own figures in a wider context and so gain an appreciation of how the development of the epidemic in their country compares to that in other states; second, the greater aggregate data at Community level enables both major trends in the general population and significant developments concerning particular groups to be more easily discerned.

41. In order to establish the best way to implement the Action, discussions have been held with the representatives of the European Centre For The Epidemiological Monitoring of AIDS in Paris, and the Community research programme on the issues involved. These include how the existing Community epidemiological information could be improved, how relevant public health actions should best be carried out and how they should relate to the parallel research work being undertaken.

42. To take the work forward an ad hoc working party of the Advisory Committee was set up to bring together policy-makers and epidemiologists from the Member States. This met in the Paris Centre in January 1992 to consider national needs, and the best way of ensuring a close relationship between the research and public health aspects of the Paris Centre's work.

43. In the light of these discussions measures designed to improve surveillance of the disease in the Community, notably through support and development of the work of the Centre, are now being developed for implementation in 1993. Moreover projects have been supported to strengthen the network for the collection and analysis of data, so enabling an improvement in the transmission of data to the Centre; and to look at HIV tests carried out by general practitioners using 'sentinel networks' of GPs.

ACTION 8: Enhancement of human resources

44. With the limitations on resources, already mentioned, it is especially important to maximise the effectiveness of the work of the professionals involved in the care and support of people with HIV and AIDS. Such professionals can be greatly assisted, for instance, by exchanges of experience, information and personnel, and by the promotion of training and teaching materials. This area of Community activity can be regarded as of particular importance, first because having highly skilled personnel is an essential requirement for effective interventions ; second, because taking action at a Community level enables professionals in Member States to learn from each other. In particular it enables those with the most experience and most developed skills in a particular field to impart their knowledge to professionals in other Member States so helping to ensure wide dissemination of the best practice.
45. With regard to the exchange of experience and information, the Commission has funded a number of conferences and workshops bringing together people from health care and related professions to discuss the latest information on specific issues, such as HIV-infected children, and the links between work on AIDS, immunology and cancer. It has also supported schemes to arrange visits to look at particular AIDS facilities in the Community. Projects to set up or improve AIDS-related training have also been supported, including projects for hospital social workers and for doctors and nurses. In addition a multi-country project is being financed which is focused on improving communications between health professionals and AIDS patients. Further work in all these areas is being developed for implementation in 1993.

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

46. The need to combat discrimination relating to HIV and AIDS is a theme that has been repeatedly emphasized by the Community Institutions. This is because such discrimination, apart from being seen as morally reprehensible in itself, can also undermine public health efforts to prevent the spread of HIV. Efforts to combat it are thus frequently an aspect of general prevention, information and education measures. In the context of the Plan of Action, therefore, a number of activities mentioned under previous Actions may be seen as also contributing to the fight against discrimination.
47. In addition to such activities, the Commission has supported projects specifically focused on discrimination, including a seminar on the issue of detention and AIDS and a conference for people with HIV/AIDS on HIV and Human Rights, aimed at enabling those people with the disease to exchange experiences in combatting breaches of human rights.
48. In the areas of discriminatory situations and the measures taken by Member States to avoid discrimination, the Commission intends to take forward work in 1993. This will build upon the existing information about the actions of Member States and the studies already undertaken by the World Health Organization and the Council of Europe. A particular project, already being explored, is a study on how national measures are translated into action on the ground.

ACTION 10: Research and international co-operation

49. 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 co-operation has been the financing of activities which originally began as research projects but which have developed into public health actions. One example is the Community-wide study of the behaviour, knowledge and attitudes of drug users. Others are projects in the areas of preventive activities aimed at female prostitution and the study of trends in sexual behaviour, which both use the expertise and information gained in 'concerted actions' of the BIOMED research programme. Under that programme about 600 research teams are at present collaborating within 30 concerted action networks that are underpinned by centralised facilities providing services free of charge to European researchers. Research projects have been invited under the BIOMED 1 programme in the areas of AIDS disease prevention, basic research on AIDS, clinical research on AIDS, the development of vaccines against AIDS and trials of antiviral drugs in AIDS management. The SDT (Life Science and Technologies for Developing Countries) programme also includes research on AIDS and opportunistic infections in HIV-infected people.
50. In the field of international co-operation much emphasis has been placed on working with the Council of Europe and the World Health Organization. With the Council of Europe the Commission has been engaged in the study of blood self-sufficiency, mentioned above. With the Member States a workshop and a report have been finalised concerning safe blood in developing countries. In addition the Commission has been closely involved in the work of the Council of Europe's "Working Party on Early Intervention in HIV Infection".

51. Co-operation with the World Health Organization 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 and the support of the EuroCASO network of non-governmental organisations, and they have also jointly supported various international conferences and symposia; the Commission has in addition participated in several consultations organised by WHO, such as the Pan-European Consultation on HIV/AIDS in the context of public health and human rights in November 1991 and the workshop on AIDS Hotlines for Countries of Central and Eastern Europe in December 1991; and the Commission has also taken part in the meetings of the Management Committee of the WHO Global Programme on AIDS, and in the Ad Hoc Working Group of the Global Programme to improve co-ordination. Finally, the Commission's programme for developing countries is liaising with WHO/GPA for the provision of condoms, drugs for sexually transmitted diseases and operational research protocols and funding.
52. The possibilities for further co-operation, for example the involvement of WHO in implementing particular Actions of the programme, are also under consideration.

V. CONCLUSIONS

53. Since the programme began only in June 1991, most of the activities implemented are still underway. Similarly, for only a minority of the projects supported has the work been fully completed and a final report on it been produced. It is thus not yet possible to make a detailed evaluation of the effectiveness of the activities undertaken either individually or collectively. All that can be provided at the moment is a description of how the Actions have been implemented, and a broad assessment of the programme's impact and value, drawing, for example, on the feedback so far received and on the views of the Advisory Committee.
54. Nevertheless it already seems clear that despite the limitations of the financial and personnel resources made available, a good deal has been accomplished. Activities have been carried out under all ten Actions of the Plan of Action. A large number of projects have been developed and funded and other actions have been taken, where appropriate. Although, as stated above, it is too early to make a proper assessment of the individual projects financed, overall they amount to a substantial body of work, much of it taking place in new fields and piloting new techniques. Moreover, there are a number of organisations, notably in the voluntary sector, whose innovative and valuable activities in the areas of information, prevention or support would not have been possible without the programme's support.
55. Finally, a substantial contribution has been made towards building up Community networks, formal and informal, and improving the quality and availability of information across the Community by bringing together people and organisations from the Member States to share their ideas and experience and to undertake joint activities. In all these ways the programme may already be seen to be complementing in a very successful manner the work undertaken by the Member States and to be creating conditions and structures for enhanced co-operation which could not otherwise have taken place.
56. Experience so far has however revealed a number of practical areas in which the programme could further improve its effectiveness. In the light of this the Commission intends to take steps to address the following issues in 1993:

- the need for the programme to be more transparent: more information on the projects that have been funded and the results of those projects will be made available;
- the need to increase the overall visibility of the programme: documentation on the work of the programme will be produced for general distribution;
- the possibility of focusing efforts more on particular areas: the intention would be to support fewer small-scale projects and to concentrate funding on a smaller number of important, larger-scale projects involving all or most Member States;
- the need to assess the impact of the work undertaken: as explained above, this has not so far been practicable, however, it is intended that during 1993 appropriate efforts will be stepped up.

57. On the basis of the work carried out in the first eighteen months of the programme and of the actions intended for 1993, the Commission is confident that the 1991 to 1993 'Europe against AIDS' programme will prove to have made a valuable contribution to the fight against AIDS. In view of that and of the fact that AIDS continues to represent a major, and growing, threat in the Community, the Commission also considers that there would be value in further actions on the public health aspects of HIV and AIDS being undertaken by the Community after the end of the present Plan of Action in 1993. The content of any such future actions should take full account of the evaluation of the current programme. Consideration will be given, in this context, to whether such actions should be pursued as a self-contained programme or as a part of a general framework for the Community activities in the field of public health.

ANNEX I

CRITERIA FOR THE SELECTION OF PROJECTS PROPOSED TO THE COMMISSION

The first criterion is whether a project clearly falls within the general framework of the programme and relates to one or more of its actions. For example projects which concern countries other than Member States or which are essentially research studies with no immediate practical public health implications are not supported.

The second is whether projects provide 'Community added value', as opposed to those which may be purely of benefit to a certain locality. 'Community added value' can be demonstrated in various ways, for example

where a project is to take place in a number of Member States;

where it brings together a number of organisations in different States;

where it addresses a theme of concern to the Community as a whole, such as travel and migration; or

where it represents an innovative approach to a particular problem and does not needlessly duplicate work already being undertaken elsewhere. In this context a purely national project might be supported where it could act as a model which could be transferred to other Member States, or where its outcome may be of direct relevance to other Member States.

The third criterion is whether projects represent specific activities which an organisation can prepare and implement within one year. The intention is to finance studies and pilot projects, not to fund the provision of continuing core services.

Projects which fall within these basic criteria are further examined in terms of such factors as the clarity of their aims, the appropriateness of the methodology chosen, the expertise and experience of the organisation or organisations involved, the size and construction of the budget and its relation to the objectives, the contribution to the budget being made by the organisation and by other bodies and the size of the contribution requested from the Commission and, where appropriate, the incorporation within the project of an evaluation procedure.

On top of these general criteria, two further considerations are employed in the selection procedure. Priority is given, as applicants are told, to projects which can demonstrate the support, moral, financial or both, of the relevant statutory authorities at national, regional or local level. Such support is not an absolutely essential pre-requisite for Commission funding, nor should it be, but it can be an indication of a project's value and usefulness to one or more Member States. Moreover in an area as sensitive as that of AIDS, it is also a way of assuring that the approach taken in a particular project is not in conflict with the laws or key policies of the Member States concerned.

Secondly, the Commission tries to maintain some degree of balance and equity in the support of activities between the Member States so as to permit the involvement of people from the widest possible "catchment" area.

Simply to have provided support to the best proposals received from the Member States would have been to widen rather than minimise the existing differences between States in terms of their organisational development and capabilities in the AIDS field. It would also have been to direct funds away from the States where arguably the threat is greater and the funds are most needed. For these reasons some otherwise acceptable projects from some States which have better-developed AIDS prevention structures have been given a lower priority than projects from other States.

ANNEX II

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ANALYSIS OF THE EXPENDITURE OF THE PROGRAMME

PROJECTS BY CATEGORY: This table sets out the projects supported by the kind of activity involved

CATEGORY	NUMBER OF PROJECTS	PERCENTAGE OF TOTAL BUDGET ¹
I. CONFERENCES and CONGRESSES	15	17%
II. SEMINARS WORKSHOPS MEETINGS	5	3%
III. SURVEYS	5	12%
IV. EVALUATIONS	7	10%
V. NETWORKS	5	5%
VI. SERVICES		
A. TRAINING	5	5%
B. PSYCHO-SOCIAL	5	13%
C. CARE	3	5%
VII. DATA COLLECTION	4	4%
VIII. PREVENTION EDUCATION CAMPAIGNS	6	10%
IX. INFORMATION	13	14%
X. OTHERS	5	2%

PROJECTS BY ACTION: This table sets out the projects supported by each Action of the Plan of Action. Many projects relate to more than one Action. They have therefore been categorised according to the Primary Action concerned. Action 10 on research and international cooperation does not involve the financing of projects and is therefore omitted.

ACTION	NUMBER OF PROJECTS	PERCENTAGE OF TOTAL BUDGET ¹
1	10	12%
2	8	6%
3	7	11%
4	14	21%
5	18	20%
6	1	3%
7	3	3%
8	12	19%
9	5	5%

¹ Percentage rounded to the nearest whole number

A N N E X III

FINDINGS OF THE EUROBAROMETER SURVEYS OF 1989 AND 1990

Methods Of Transmission

Between 93% and 97% of those questioned knew the main methods of transmission. However there was nevertheless some misinformation on this, with for example 12% believing that infection could be transmitted by sharing the same glass as someone with HIV and 14% believing it could be transmitted through sitting on toilet seats.

Measures To Be Taken

Far more people consider research and information campaigns as priorities (31% to 38%) than do the identification and isolation of infected people (8%).

Community Collaboration

The great majority favour Community collaboration on for example research, information campaigns and health care and in 10 Member States this majority is 90% or greater.

Individual Behaviour

80% of young people (aged 15 - 24) interviewed have been led to taking precautions in their sexual relations. Most are aware of the effectiveness of condoms, but 15% - 20% believe that spermicides and/or the contraceptive pill are effective safeguards against HIV.