



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 30.05.1995

COM(95)209 final

95/0222 (COD)

Amended proposal for a

EUROPEAN PARLIAMENT AND COUNCIL DECISION

**adopting a programme of Community action on the  
prevention of AIDS and certain other communicable diseases  
within the framework for action in the field of public health**

(presented by the Commission pursuant to Article 189 a (2)  
of the EC-Treaty)

## EXPLANATORY MEMORANDUM

- 1 The initial proposal for a European Parliament and Council decision adopting a programme of Community action on the prevention of AIDS and certain other communicable diseases, presented by the Commission, was adopted by the Commission on 9 November 1994.
- 2 The Economic and Social Committee<sup>1</sup> and the Committee of the Regions<sup>2</sup> delivered favourable opinions concerning the Commission's initial proposal.
- 3 Following the opinion delivered by the European Parliament at the first reading on 27 April 1995, the Commission now presents, pursuant to Article 189a of the Treaty, an amended proposal for a decision. The text basically contains two types of amendments:
  - some which usefully clarify or add further detail to the initial proposal;
  - others which reinforce the proposal, in the sense of providing for more marked Community action in certain areas of prevention identified as priority areas by the European Parliament.
- 4 The European Parliament adopted 61 amendments at its vote on 27 April 1995; 33 of which are totally or partially acceptable to the Commission (2, 64, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 18, 19, 23, 24, 25, 28, 31, 32, 35, 37, 38, 39, 40, 65, 42, 50, 56, 58, 60, 61).

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<sup>1</sup> Plenary session of 29 and 30 March 1995

<sup>2</sup> Plenary session of 20 and 21 April 1995

5. However, three categories of amendments are not acceptable to the Commission:

- a) amendments raising problems which should be dealt with either "horizontally" in all the programmes proposed or implemented by the Commission, or "vertically" in other health-related programmes (1, 17, 21, 29, 30, 52, 55, 63);
- b) amendments whose content lies outside the legislative framework or outside the scope of the programme for the prevention of AIDS and certain other communicable diseases, which are inconsistent with the content of the Commission communication accompanying the programme, or which introduce elements which may make the programme more difficult to implement (22, 34, 36, 49, 51, 62, 66);
- c) amendments proposing a form of words which is less flexible and more narrow than that proposed by the Commission, or introducing elements which already feature in the proposed decision either implicitly or at a more appropriate point (5, 12, 20, 26, 33, 43, 46, 47, 48, 53, 54, 57, 59).

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**EUROPEAN PARLIAMENT AND COUNCIL DECISION**

**adopting a programme of Community action on the  
prevention of AIDS and certain other communicable diseases  
within the framework for action in the field of public health**

THE EUROPEAN PARLIAMENT AND  
THE COUNCIL OF THE EUROPEAN  
UNION,

Having regard to the Treaty establishing  
the European Community, and in  
particular Article 129 thereof,

Having regard to the proposal from the  
Commission<sup>(1)</sup>,

Having regard to the opinion of the  
Economic and Social Committee<sup>(2)</sup>,

Having regard to the opinion of the  
Committee of the Regions<sup>(3)</sup>,

1. Whereas the prevention of diseases,  
in particular the major health scourges,  
including drug dependence, is a priority  
for Community action, requiring a global  
and coordinated approach between  
Member States;

2. Whereas AIDS is at present an  
incurable disease which, given its modes  
of transmission, can only be effectively  
combated by preventive measures;

1. Whereas the prevention of diseases,  
in particular the major health scourges,  
including drug dependence, is a priority  
for Community action, requiring an  
integrated and coordinated approach  
between Member States;

2. Whereas AIDS is at present an  
incurable disease regarded as a major  
scourge, to combat which coordinated  
action is required in the areas both of  
therapeutical research and prevention;

2b (new)

Whereas AIDS is a phenomenon that  
poses a dilemma not only for those parts  
of human relationships of most intimate  
concern to individuals, but also for modes  
of collective behaviour; whereas its  
implications extend to the law and the  
economy, to politics, public health,  
education and culture, as well as to  
medicine, sociology and research;

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<sup>(1)</sup> OJ n° .....

<sup>(2)</sup> OJ n° .....

<sup>(3)</sup> OJ n° .....

3. Whereas the plan of action adopted by Decision 91/317/EEC of the Council and the Ministers for health of the Member States, meeting within the Council<sup>(4)</sup>, in the framework of the "Europe against AIDS" programme expired at the end of 1993;

4. Whereas, in their conclusions of 27 May 1993<sup>(5)</sup>, the Council and the Ministers for Health, meeting within the Council, emphasised the need to continue the activities of the "Europe against AIDS" programme;

5. Whereas, in consequence, 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 adopted in the framework of the "Europe against AIDS" programme<sup>(6)</sup>, to ensure continuation of the Community actions to combat AIDS pending the adoption of a multiannual action programme; whereas the Council adopted on 2 June 1994 a common position concerning that proposal<sup>(7)</sup>, with a view to extending the "Europe against AIDS" programme to the period 1994-1995;

4. Whereas the "Europe against AIDS" programme has been prolonged up to 1995 by decision of the European Parliament and the Council of 22.12.1994;

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<sup>(4)</sup> OJ N° L175, 4.07.1991, p. 26

<sup>(5)</sup> Doc. 6946/93 SAN 36

<sup>(6)</sup> COM(93) 453 final of 29.09.1993

<sup>(7)</sup> OJ N° C213, 3.08.1994, p. 220

6. Whereas, in its conclusions of 13 December 1993<sup>(8)</sup>, the Council agreed that it was necessary for the Community as a whole to acquire a better knowledge of diseases on the basis of their causes and their epidemiological context;

7. Whereas, in the same conclusions, the Council emphasized that the smooth running of a network for gathering epidemiological data requires that theoretical training in epidemiology and practical preparation in epidemiology in the field be developed for the teams participating in the network;

6. Whereas the Council, in its conclusions of 13 December 1993<sup>(9)</sup> and Parliament, in its resolutions of 26 May 1989<sup>(10)</sup>, 15 May 1991<sup>(11)</sup> and 19 November 1993<sup>(12)</sup> took the view that it was essential to acquire a better knowledge of diseases on the basis of their causes and their epidemiological context; and whereas, accordingly, the two institutions have called on the Commission to submit proposals for the setting up of an epidemiological network in the European Community:

7. Whereas the Council and Parliament emphasized that the smooth running of a network for gathering epidemiological data requires that the comparability and compatibility of data be ensured and that theoretical training in epidemiology and practical preparation in epidemiology in the field be developed for the teams participating in the network;

7b (new)

Whereas the European Community can make a major contribution towards the organization of exchanges of experience and the dissemination of information with regard to the specific training of health professionals and the information of all the social players involved, such as teachers, families, authorities and heads of undertakings;

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<sup>(8)</sup> OJ N° C15, 18.01.1994, p. 6

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<sup>(9)</sup> OJ N° C15, 18.01.1994, p. 6

<sup>(10)</sup> OJ N° C158, 26.06.1989, p. 477

<sup>(11)</sup> OJ N° C158, 17.06.1991, p. 45

<sup>(12)</sup> OJ N° C329, 6.12.1993, p. 375

8. Whereas in their resolution of 13 November 1992<sup>(13)</sup>, the Council and the Ministers for Health meeting within the Council invited the Commission to consider the existing arrangements which provide for cooperation between member States in the field of monitoring and control of communicable diseases;

9. Whereas the actions undertaken at Community level in the field of AIDS need to be continued and extended to cover certain other communicable diseases, and also to be consolidated within the framework of the action in the field of public health set out by the Commission<sup>(14)</sup>;

10. Whereas the actions must take into account, as the Council requested in its Resolution of 27 May 1993<sup>(15)</sup>, other actions undertaken by the Community in the field of public health or having an impact on public health;

11. Whereas in its Resolution of 2 June 1994 concerning the framework for Community action in the field of public health<sup>(16)</sup>, the Council agreed that priority should be given, at present to AIDS and other communicable diseases;

9. Whereas the actions undertaken at Community level in the field of AIDS need to be continued and extended to cover certain other communicable diseases, in particular sexually transmissible diseases (STDs), and also to be consolidated within the framework of the action in the field of public health set out by the Commission<sup>(17)</sup> and in Chapter VII of the White Paper on social policy<sup>(18)</sup>;

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<sup>(13)</sup> OJ N° C 326, 11.12.1992, p. 1

<sup>(14)</sup> COM(93) 559 final of 24.11.1993

<sup>(15)</sup> OJ N° C 174, 25.06.1993, p. 1

<sup>(16)</sup> OJ N° C 165, 17.06.1994, p. 1

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<sup>(17)</sup> COM(93) 559 final of 24.11.1993

<sup>(18)</sup> COM(94) 333 final of 27.07.1994



12. Whereas, in accordance with the principle of subsidiarity, actions on matters not within the exclusive competence of the Community, such as action on HIV/AIDS and communicable diseases, should be undertaken by the Community only when, by reason of its scale or effects, its objectives can be better achieved at Community level;

13. Whereas cooperation with the competent international organisations and with non-member countries should be strengthened;

14. Whereas a multiannual programme is required, defining the objectives of Community action, the priority actions for the prevention of AIDS and other communicable diseases, and the appropriate evaluation mechanisms;

12b (new)

Whereas it is necessary to promote studies in the Member States to identify the most effective methods of prevention and to publish the most significant results of this work;

13. Whereas cooperation with non-member countries is essential for combating these scourges and consequently cooperation with the competent international organisations should be strengthened;

14. Whereas a multiannual programme is required, defining the objectives of Community action and the priority actions for the prevention of AIDS and other communicable diseases, in particular STDs, ensuring the coherence and continuity of the actions already undertaken, and receiving appropriate funding and benefiting from transparent evaluation mechanisms;

15. Whereas the objectives of this programme must be to contribute towards improving knowledge concerning the prevalence and patterns of HIV/AIDS and other communicable diseases, improving recognition of risk situations and improving early detection and social and medical support, with a view to preventing the transmission of communicable diseases and thus reducing the associated mortality and morbidity;

16. Whereas, from an operational point of view, past actions to establish European networks of non-governmental organisations and to mobilize resources should be maintained and developed;

15. Whereas the objectives of this programme must be to contribute towards stemming the spread of AIDS and other communicable diseases in the Community by improving knowledge concerning their prevalence and patterns, improving recognition of risk situations and practices and improving early detection and social, health and medical support, with a view to preventing the transmission of AIDS and other communicable diseases and thus reducing the associated mortality and morbidity as well as combating all forms of discrimination against people suffering from AIDS or infected with the HIV virus;

16b (new)

Whereas it is essential to support actions aimed at combating all forms of discrimination affecting people living with HIV and AIDS, as well as initiatives aimed at improving their living conditions;

17. Whereas possible duplication of effort should be avoided by the promotion of exchanges of experience and by the development of information material for the public, health educators and those who train the health professions;

18. Whereas this programme should be of five-year duration in order to allow sufficient time for the various actions to be implemented and to achieve the objectives set;

17. Whereas possible duplication of effort should be avoided by the promotion of exchanges of experience and by the development of information material for the public, health educators and those who train the health professions, and for non-governmental organizations other than patients' associations;

18b (new)

Whereas access to this programme should be facilitated, with especial stress on reaching organizations which lack means of easy access to information on Community programmes;

18c (new)

Whereas the procedures for granting financial aid should be simple and accessible, and there should be guarantees of the total transparency of these procedures and the relevant controls;

18d (new)

Whereas this decision establishes, for the total duration of the programme, a total appropriation which constitutes the key reference, within the meaning of point 1 of the statement of the European Parliament, the Council and the Commission of 6 March 1995, for the budgetary authority within the framework of the annual budget procedure;

HAVE DECIDED AS FOLLOWS:

Article 1: A Community action programme on AIDS and certain other communicable diseases is adopted for a five-year period.

Article 2: The Commission shall ensure implementation of the actions set out in the Annex in accordance with Article 5 and in close cooperation and partnership with the Member States. The institutions and organizations active in the field of the prevention of AIDS and other communicable diseases shall take part in them as well.

Article 3: The budgetary authority shall determine the appropriations available for each financial year.

Article 4: The Commission shall ensure that there is a consistency and complementarity between the Community actions to be implemented under this programme and those implemented under other relevant Community programmes and initiatives.

Article 3

1. The total appropriation for the implementation of this programme for the period referred to in Article 1 shall be MECU 49.6;

2. The annual appropriations shall be authorized by the budgetary authority within the limit of the financial perspective;

Article 4

The Commission shall ensure that there is consistency and complementarity between the actions to be implemented under this programme and those implemented under other relevant Community programmes and initiatives, including the programme of research in the field of biomedicine and health under the Community's framework research programme, and Community action in developing countries;

#### Article 5

For the implementation of the programme the Commission shall be assisted by an Advisory Committee, hereinafter referred to as "the Committee", comprising two representatives from each Member State and chaired by a Commission representative.

The representative of the Commission shall submit to the Committee a draft of the measures to be taken. The Committee shall deliver its opinion on the draft, within a time limit which the chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each member State shall have the right to ask to have its position recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee on the manner in which its opinion has been taken into account.

#### Article 6

1. The Community will encourage cooperation with third countries and with international public health organizations, in particular the World Health Organizations.

#### Article 6

2. The EFTA countries, in the framework of the EEA Agreement, and the countries from Central and Eastern Europe with whom the Community has concluded association agreements, may be associated with the activities described in the Annex, according to the provisions of those agreements.

#### Article 7

1. The Commission will regularly publish information on the actions undertaken and opportunities for Community support in the various fields of action.

2. The Commission will submit to the European Parliament, the Council, the Economic and Social Committee, and the Committee of the Regions a mid-term report on the actions undertaken, as well as an overall report at the end of the programme.

2. This plan shall be open to participation by the associated countries of Central and Eastern Europe in accordance with the conditions laid down in the additional protocols to the association agreements to be concluded with these countries relating to participation in Community programmes. The plan shall also be open to participation by Cyprus and Malta on the basis of additional appropriations under the same rules as those applied to the EFTA countries, in accordance with the procedures to be agreed with these countries;

#### Article 7

1. The Commission will regularly publish a report on the progress of the programme and on the Community funding in the various fields of action. The report will be communicated to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions;

## Annex

### Community action programme concerning the prevention of AIDS and other communicable diseases

#### I. Actions on HIV/AIDS and sexually transmitted diseases

##### A. Data collection

1. Exploration with Member States of ways to increase and improve AIDS and HIV data at the Community level, and provide support to strengthen the work of the national epidemiological surveillance systems and the European Centre for the Epidemiological Monitoring of AIDS.

1. Exploration with Member States of ways to increase the quantity and improve the quality, comparability and availability of data, and to provide support to strengthen the national surveillance systems and the European Centre for the Epidemiological Monitoring of AIDS, with regard to infection by HIV and connected diseases;

1 a (new)

Contribution towards improving the quality and coordination of national epidemiological monitoring systems, and participation in the development of surveillance networks, on the basis of jointly-defined methodologies and conditions for data transmission, prior consultation and coordination of replies;

2. Gathering, analysis and dissemination of information concerning preventive measures and the knowledge, attitudes and behaviour of the general public and target groups; promotion of the development and use of measures for assessing effectiveness and new surveys where existing information is inadequate, including Eurobarometer surveys.

1b (new)

Setting up of a Community network of public health epidemiologists for the purpose of defining common surveillance methods and tools and enhancing the ability to respond in a coordinated way to the development of communicable diseases, especially in the case of epidemic outbreaks;

2. Promotion of initiatives to verify and disseminate existing information on the knowledge, attitudes and behaviour of the general public and of certain target groups with regard to HIV/AIDS and STDs, and on the preventive measures taken in the European Community; devising of new Eurobarometer surveys on changes in behaviour patterns in response to AIDS;

2 a (new)

Collection, analysis and promotion of the dissemination of information concerning preventive measures; promotion of the development and use of evaluation methods for determining the effectiveness of preventive measures and information campaigns aimed at the general public and target groups;



## **B. Measures for children and young people**

3. Encouragement of initiatives to ascertain and disseminate information about children's and young people's knowledge, attitudes and behaviour in relation to HIV/AIDS and STDs, to examine current practice in providing them with information both within and outside formal settings such as schools and training institutions and to promote the exchange of educational and training material, and the setting up of pilot projects and networks.

## **C. Prevention of HIV and STD transmission**

4. Examination and exchanges of information on problems and situations related to groups at risk (drug users, sex workers, homosexuals and bisexuals), risk situations (mobile populations and border areas, penal institutions); and modes of transmission; exchange of experience on harm-reduction measures and preventive actions; and promotion of appropriate preventive measures and of pilot projects.

3. Examination and evaluation of present practices as regards the dissemination of information within and outside official structures such as schools, sports clubs and training centres; promotion of exchanges of materials and of teaching and training methods, and support for pilot projects aimed in particular at groups of young people lacking a formal structure; to this end, development of exchanges of educational and training materials suited to every stage of the individual's development, and support for pilot projects aimed in particular at groups of young people lacking a formal educational structure.

4. Examination and exchange of information concerning the problems and situations especially of persons at greatest risk of contamination (recipients of multiple blood transfusions), persons engaging in high-risk behaviour (injection of drugs, prostitution, unsafe sexual practices, etc.), or persons in particular circumstances (prisoners, the military, tourists, migrants and frontier dwellers, and concerning modes of transmission; exchange of experience on prevention campaigns and measures aimed at reducing risks; promotion of appropriate preventive measures and pilot projects;

4 a (new)

Exchanges of information concerning messages and the promotion of appropriate measures to disseminate effective messages aimed at the general public, notably through campaigns to inform, educate and raise the awareness of the general public on means of protecting themselves against the risk of transmission via sex, the problems which these means pose, and the use of such means;

5. Promotion of information, advice and counselling to pregnant women who may be at risk of transmitting HIV to their babies; exchange of views and experience on screening pregnant women; and co-ordination of research on minimizing mother-child transmission.

**D. Social and psychological support and combating discrimination**

6. Exchanges of experience and information concerning models of assistance and support, including the particular difficulties facing families with infected members, and concerning policies and practices on screening and discriminatory situations, promotion of analyses and pilot projects on the psycho-social aspects of the disease, and the setting up of networks of organizations providing information and assistance.

6. Exchanges of experience and information concerning models of assistance and support for those with HIV, those with AIDS and their families and friends. Promotion of studies, pilot projects and actions on the psycho-social aspects of HIV/AIDS. Preparation and distribution of bulletins and directories containing up-to-date information on the organizations providing information and assistance; encouragement of networks of associations dispensing information and psycho-social assistance. Analysis of existing or potential discriminatory situations. Establishment of a record of the measures taken by the Member States to combat all forms of discrimination, especially in housing, insurance, lending, housing, education and health care. Exchange of information and experience in this field, particularly as regards policy and practice concerning HIV tests;

## **II. Specific Community measures for certain communicable diseases**

### **A. Actions related to vaccination**

7. Support for initiatives designed to produce information on levels of vaccination cover in the Community, especially among children, at-risk groups and persons living in certain risk situations, against communicable diseases preventable by vaccination; promotion of initiatives designed to improve the vaccination cover of the general public, and especially of at-risk groups and persons living in certain risk situations; encouragement of measures designed to match vaccination schedules to the epidemiological context.

### **B. Creation and development of networks**

#### **1° Surveillance**

8. Contribute to improving the quality of Member States' surveillance systems, taking into account the views of servers and users, and assist in the development of networks, based on agreed methodologies and conditions of transmission of information, prior consultation and coordination of responses.

9. Promote knowledge and exchanges of experience on the ways in which surveillance results of nosocomial infections are analysed, processed and used by the actors in the field, and encourage actions to increase awareness of the problems and inclusion of comparable and reliable data on nosocomial infections in routine surveys concerning hospital conditions, and support the creation of new surveillance networks for such infections.

2°. Dissemination of epidemiological information

10. Contribute, in particular by the provision of the logistical support necessary, to the production and dissemination of a regular information notice and of a European Community bulletin on communicable diseases surveillance, comprising both routine surveillance data and reports on specific investigations.

C. Information, education and training

11. Encouragement of exchanges between Member States on information campaigns at all levels, development of ways of linking and reinforcing campaigns, such as provision of specific materials; utilisation of telephone and other response mechanisms, and development and promotion of activities to complement national efforts, including the setting up of networks and the exchange of experience and expertise.

11. Evaluation of the impact of information campaigns on sexually transmissible diseases and their prevention, taking account of assessment findings; encouragement of exchanges between member States on information campaigns at all levels, development of ways of linking and reinforcing campaigns in the Community, such as provision of specific materials; utilisation of telephone and other response mechanisms, and development and promotion of activities to complement national efforts, including the setting up or strengthening of networks and the exchange of experience and expertise.

12. Examination of current training programmes for health and other professionals, and for those whose work brings them into contact with certain communicable diseases; identification of weaknesses and gaps, and devising and promotion of new further training opportunities and programmes.

13. Improvement of public health practices with regard to the routine surveillance of infectious diseases and epidemic outbreaks whenever and wherever these occur in the Community; development of a Community network of public health epidemiologists with a view to defining common methods and tools and enhancing the capacity for coordinated response.

12. Studies and exchanges of experience concerning the training given to health professionals and persons who, by virtue of their work, are in contact with certain communicable diseases or who can act to prevent such diseases, including persons employed to provide social and psychological counselling to HIV-positive persons and their families and friends with a view to identifying, the weaknesses and gaps and helping to develop and promote new further training programmes especially in the field of epidemiology; promotion of exchanges among the health professionals involved and of experiences in this area.

**D. Early detection and systematic screening**

14. Promotion of investigations on the effectiveness and feasibility of screening for certain types of communicable diseases (tuberculosis, hepatitis, etc.).

15. Support for the training of health personnel, in particular in the context of early detection and systematic screening of communicable diseases; cost-benefit analysis of screening for different types of communicable disease, in particular among pregnant women.

**D. Early detection and screening**

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