

A world with HIV/AIDS: The European Community response

1994

Preliminary version

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The information contained in this publication does not necessarily reflect either the position or views of the European Commission.

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Contents

I — Foreword	5
II — Executive summary	7
III — Introduction	9
IV — Public health in Europe	13
A — Europe against AIDS programme	
1. The political context	
2. The selection of projects, assessment of results	
3. Areas of activity	
B — Other activities in Europe	
1. Blood, blood products and medicinal products	
2. Occupational health and exposure to biohazards	
C — Collaboration with Central and East European countries	
V — Research	27
A — Biomedical research within Member States	
1. The political context	
2. The selection of projects	
3. The research programmes	
B — Research collaboration with developing countries	
1. The political context	
2. The selection of projects	
3. The programmes	
VI — Aid activities outside Europe	35
A — The political context	
B — The health context	
C — Aims	
D — Policy guidelines	
VII— Conclusions — Strategies for the future	43

I — Foreword

The threat of HIV/AIDS has elicited a major response from the European Community.

The Council of Ministers for Health, Development and Research of the Community, as well as many Members of the European Parliament, have repeatedly devoted their attention to this issue.

In response the European Commission has presented HIV/AIDS programmes in the fields of public health, research and aid to development which were rapidly endorsed and adopted by the European Community institutions and the countries involved.

These programmes aim at supplementing and complementing the considerable efforts already made by the European Community Member States as well as the efforts made by the developing countries and the multilateral and bilateral donor agencies.

The efforts within Europe in the framework of the 'Europe against AIDS' programme have two key priorities:

- (i) the collection of data (epidemiology and impact of preventive measures);
- (ii) the implementation of public health measures (prevention, information, health education, social support including combating discrimination).

The strategic priorities for HIV/AIDS action in developing countries are:

- (i) minimizing the spread of the epidemic while preventing discrimination and exclusion of those at risk, infected or ill;
- (ii) enabling the health sector to cope with the additional burden caused by the HIV/AIDS epidemic, the possible interventions, and their use in the implementation, monitoring and evaluation of progress;
- (iii) managing and reducing the consequences of the epidemic on social and economic development;
- (iv) increasing scientific understanding of, and learning on, the HIV/AIDS epidemic, the possible interventions, and their use in the implementation, monitoring and evaluation of progress.

Major importance is given to research in Europe and in developing countries through two complementary programmes (detailed in the document).

Up to now the European Community has already devoted more than ECU 250 million to programmes and operational projects and it is foreseen that its effort will continue.

This document aims at providing the reader with an overview of the European Community activities, placing them both in their political context and that of the broader efforts in public health, research and development.

Examples of specific actions are given together with a number of practical indications.

II — Executive summary

The European Commission has a wide range of activities that have an impact on the various issues associated with the HIV/AIDS epidemic. In particular, the European Community has several programmes, proposed and managed by the Commission and adopted by the Council of Ministers of the Community in cooperation with the European Parliament, to respond to the HIV/AIDS epidemic. These programmes address issues better dealt with collectively than by single countries.

The European Community's public health, research and development work aims to prevent the spread of the epidemic. Work towards this aim involves, among other activities, making information available, for example about HIV/AIDS, safe behaviour and risk. Second, the European Community tries to mobilize all the groups and structures that may be able to contribute to reducing the effects of the epidemic. This includes coordinating and stimulating administrative and other organizations such that their activities may help work in the HIV/AIDS field and that different groups in different places are not working at cross purposes. Furthermore, HIV/AIDS issues should be integrated into a wide variety of different activities. Third, the European Community is promoting research and studies which may lead to the treatment and alleviation of suffering of people infected by HIV and with AIDS, and to improved protection of communities.

The European Community has some general principles that apply to all its HIV/AIDS work. They include the protection of the rights of the individual, particularly of individuals with HIV/AIDS. Furthermore, the European Community tries to adapt its action so as to bring most effort to the communities, groups or regions where the need is greatest. Finally, all European Community actions involve collaboration, between Member States, Member States and governments outside Europe and national or international non-governmental organizations.

The European Community HIV/AIDS activities can be classified into three areas: public health for Europe, research, and collaboration with the developing world. The key component of the European Community action within Europe is the Europe against AIDS programme. This programme funds the establishment of networks and collaborative projects and studies by groups within Europe. In particular, it supports pilot projects which may identify new actions and activities that could be of value throughout the Community. The European Community has also contributed to actions across its frontiers, and to the harmonization and improvement of regulations concerning medical devices and products that are implicated in the HIV/AIDS problem.

HIV/AIDS research is one of the most important components in the European Community biomedical research programme. Consistent with its general role, the European Community supports collaborative research between Member States, and funds international centres of excellence, or facilities which serve the international scientific community.

Finally, the European Community has developed a programme of active collaboration with countries in the developing world, to help them address the pro-

blems they face and to minimize the spread of HIV/AIDS and deal with the consequences of the epidemic. This programme has gained much experience through seven years of successful intervention which has led to the establishment of a detailed framework of policy and goals for HIV/AIDS work in developing countries. One particularity of this programme is its overall view: it addresses a wide variety of HIV/AIDS-related issues, which include health problems and also social, political and economic causes and consequences. Thus, the HIV/AIDS problem is integrated both into aid for development and also the wider context of health in the developing world.

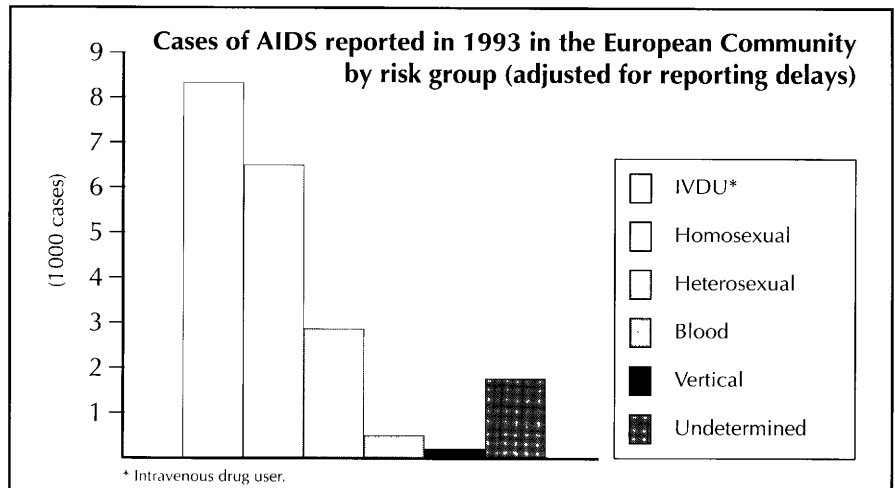
These different activities will continue because HIV/AIDS is causing problems that society will have to learn to live with for the foreseeable future.

III — Introduction

The HIV/AIDS epidemic is affecting millions of people throughout the world and the situation will continue to deteriorate. In addition, HIV/AIDS causes extensive human suffering and economic and social disruption. From being unimagined, it became, in many countries, a significant cause of death and of economic and social upheaval within 10 years. HIV/AIDS presents a major challenge to the medical and scientific community: after more than 10 years of extensive effort, there is no immediate prospect of a vaccine or effective therapy. Thus, the only measures available are preventive. However, prevention of the transmission of the virus is proving extraordinarily difficult.

The modes of transmission of HIV can be grouped for convenience into four categories with very different characteristics: hetero and homosexual intercourse; mother to child (vertical); exposure to contaminated blood products; and use of contaminated needles for drug injection. To date, the only mode of transmission that has been effectively blocked is the use of contaminated blood and blood products. However, even in this area, further efforts are still needed, particularly in the developing world.

The incidence of HIV/AIDS is increasing worldwide. The incidence varies enormously between countries and between particular populations within countries. For example, the incidence of HIV/AIDS is much higher in North America and Africa and lower in the Middle East than in Europe. Up to the end of 1993 there have been more than 100,000 cumulated cases of AIDS in the European Community with a very uneven distribution: more than 500 AIDS cases per million inhabitants in France and Spain and fewer than 100 per million in Greece. One must also stress that about half of the AIDS cases recorded in the Community have already resulted in death. Furthermore, the distribution of cases among the various risk groups and the rates of increase and of transmission by the different modes also vary considerably between countries. As a consequence, the problems faced by the different countries of the Community are not the same and



this has to be taken into account in developing Community-wide approaches; in addition the cultural and individual behaviours are not homogeneous, and the infrastructures have different attributes.

Worldwide, it has been the countries least equipped to cope that have been hardest hit. Africa has the highest incidence of HIV/AIDS, and other developing countries are expected to suffer the worst increases in the years to come. Thus, in addition to the existing serious health problems, many developing countries are facing the extra massive burden of the HIV/AIDS epidemic. People live a long time after being infected with HIV, but, because of the nature of the viral infection, may transmit the virus under certain circumstances and are susceptible to opportunistic infections. This leads to great individual suffering and in many cases to serious economic and social problems for both the individual affected and his or her immediate family and social group. Solidarity between individuals, groups and nations to address these problems is a moral and practical necessity. The efforts of the European Community and its Member States in this field and the close collaboration between the European Community and more than 100 countries in the world, mainly developing countries, as well as the cooperation between the European Commission and international organizations active in the field of AIDS, are striking examples of this solidarity. Collaboration between countries can avoid duplication of effort, and lessons can be learned from the experience of others.

The epidemic is causing an increased burden on the health-care system of many countries. To compound the problems, a large proportion of the people affected are young adults who would otherwise be economically active. It is important to minimize the economic effects. The economic argument is unambiguous: prevention pays. Indeed, there are areas of the world where, if the spread of HIV/AIDS is not contained, there is likely to be social and economic chaos.

‘Investing in health’, The world development report (1993) by the World Bank, states:

‘... spending on health can also be justified on purely economic grounds. Improved health contributes to economic growth in four ways: it reduces production losses caused by worker illness; it permits the use of natural resources that had been totally or nearly inaccessible because of disease; it increases the enrolment of children in school and makes them better able to learn; and it frees for alternative uses resources that would otherwise have to be spent on treating illness.’

Since the recognition of the epidemic in North America, it has been a politically charged subject with a high profile in the public eye. Modes of transmission have enormous implications for both individual behaviour (notably sexual behaviour) and government policy. Indeed, the spread of the epidemic depends in part on the sum of the decisions made by individuals concerning their behaviour, and government policy and actions. Many of the issues of individual behaviour are for various reasons

(social, cultural, political and especially because the area of sexual behaviour is involved) difficult for governments to address. For these same reasons, the scale of the HIV/AIDS epidemic and the associated problems take time to be recognized and accepted. Nevertheless, it was quickly apparent that simple denial and repression (of intravenous drug use or prostitution for example) would in no way be able to stem the progression of the epidemic. For best effectiveness, appropriate preventive measures should be implemented as quickly as possible. This involves the mobilization of numerous sectors. HIV/AIDS is both a public health and health-care problem, and therefore the public health and health-care sectors must respond. But the characteristics of the HIV/AIDS epidemic are such that numerous different sectors of activity are involved (human rights, education, free movement of individuals, aid policy, access to condoms, employment policy, pharmaceutical legislation, attitudes to illegal drug use and the availability of clean needles, prostitution, etc.). Thus a very wide range of bodies, branches of government and international organizations have had to address the issues.

This document describes the ways in which the European Community has responded to the HIV/AIDS epidemic. The European Community is a political and administrative organization currently encompassing 12 Member States. Decisions for joint actions or programmes and for Community-wide legislation are made by the Council of Ministers of the European Community and the European Parliament on proposals of the European Commission, which implements and manages the decisions. However, the role of the European Community must be seen in the framework of the concept of subsidiarity. Subsidiarity states that the European Community should only address issues that are better dealt with collectively at the Community level than at the level of individual Member States. Thus, for example, the European Community does not treat patients directly. The European Commission finances and manages projects which are relevant to more than one Member State or are international in nature. The European Community's involvement with different HIV/AIDS issues is therefore variable, and depends in large part on whether responsibility falls to the European Community or its Member States. The outcome of this position is that many of the activities of the European Commission involve coordination and cooperation between governmental agencies, non-governmental organizations and research institutions in Member States as well as support to governments and other organizations in developing countries. In order to maximize the use of its relatively limited available resources (around ECU 250 million has been committed up to now by the European Community to fight this epidemic), the European Commission has established, where appropriate, relations, and even coordinates activities with third countries and international organizations active in this field. The structure of the European Commission is such that no one department could deal with all the numerous ramifications of the problem. The European Commission has largely responded by integrating HIV/AIDS-related issues as appropriate into its existing structures, each of which has its own particular methods of functioning and general aims; however an interdepartmental coordination exchange mechanism has been established.

IV — Public health in Europe

A — Europe against AIDS programme

1. *The political context*

The Council resolution of 15 December 1988 states:

'People with HIV or AIDS do not pose a risk to their colleagues at work ... A person who has HIV but does not show pathological symptoms of AIDS must be treated as a normal worker fit for work.'

The Council resolution of 22 December 1989 states:

'(1) All discrimination against people with AIDS or HIV is a violation of human rights and prevents an effective policy of prevention.

(2) Free circulation of people, goods and services in the Community and equality of treatment, as laid down in the EC Treaties, are guaranteed, and must continue to be so.

(3) Therefore, the utmost vigilance must be exercised in the fight against all forms of discrimination, in particular in hiring, at the workplace, at school, in housing and in health insurance.'

In 1991, the Council of Ministers for Health of the Member States, acting on a proposal of the Commission, launched a major and coherent public health plan for the problem of HIV/AIDS. This plan was entitled 'Europe against AIDS' and was to run from 1991 to 1993. It focused on actions to prevent the spread of the epidemic. Evaluations early in the life of the Europe against AIDS programme showed that it was worth continuing and indeed generated Community added-value. Thus further funding was supplied for the years 1994 and 1995, with only minor changes to the organization of the programme so as to correct certain imbalances in the funding and to reinforce various actions. Nevertheless, this programme is not expected to be permanent. With the new competency of the European Community in the public health field, established by the Treaty on European Union, the Commission has already identified areas where action is appropriate and the Council has concurred with the following:

cancer;
drug demand reduction;
AIDS and other communicable diseases;
health promotion, education and training;
disease surveillance and data collection.

Public health and the Treaty on European Union

Article 3(o) of the Treaty on European Union states that the activities of the European Community shall include 'a contribution to the attainment of a high level of health protection'.

The way in which this high level of health protection is to be reached is spelled out in detail in Article 129.

The Article contains four paragraphs.

Paragraph 1 has three key ideas:

Cooperation between Member States and support to their action

The Community shall contribute towards ensuring a high level of human health protection by encouraging cooperation between the Member States and, if necessary, lending support to their action.

Prevention of diseases

Community action shall be directed towards the prevention of diseases, in particular the major health scourges, including drug dependence, by promoting research into their causes and transmission, as well as into health information and education.

Health promotion in other Community policies

Health protection requirements shall form a constituent part of the Community's other policies.

Paragraph 2 stresses two points:

Coordination of certain policies and programmes in the health field between Member States
Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1.

The right of the Commission to take initiatives to promote this coordination

The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination.

Paragraph 3 goes two steps further:

Cooperation with third countries

The Community and the Member States shall foster cooperation with third countries.

Cooperation with international organizations

The Community and the Member States shall cooperate with international organizations in the sphere of public health.

Finally paragraph 4 sets out the two legal means for achieving the objectives of this Article specifically excluding the harmonization of laws and regulations:

Incentive measures

In order to contribute to the achievement of the objectives referred to in this Article, the Council:
— acting in accordance with the procedure referred to in Article 189b, after consulting the Economic and Social Committee and the Committee of the Regions, shall adopt incentive measures, excluding any harmonization of the laws and regulations of the Member States.

Recommendations

In order to contribute to the achievement of the objectives referred to in this Article, the Council:
— acting by qualified majority on a proposal from the Commission, shall adopt recommendations.

Thus, it is probable that the current Europe against AIDS programme will be incorporated into a larger programme aimed at communicable diseases in general, which is planned for the years 1995 to 2000. The programme currently includes seven areas of activity: (1) assessment of awareness and behaviour, (2) children and the young, (3) prevention of HIV transmission, (4) social support and counselling, (5) data collection, (6) combating discrimination, and (7) research and international cooperation.

2. The selection of projects, assessment of results

The Europe against AIDS programme supports projects that fall within one of the areas of activity and are consistent with its general framework. Like other Community activities, this programme funds projects that are of value to the Community as a whole and thus builds networks of organizations that can benefit from collaboration. Similarly, the programme supports innovative projects which could serve as models for other Member States, rather than duplication of work being carried out elsewhere. Thus, pilot projects are funded, whereas support for established services is not an objective. Various other criteria are used for funding decisions. Firstly, the clarity of aims, suitability of the methodology and expertise of the organizations involved are assessed. The inclusion of an evaluation procedure is also a positive factor. Secondly, to ensure that projects are entirely consistent with the laws or policies of the Member State in which they are to be carried out, projects that have the moral and financial support of the relevant (national, regional or local) statutory bodies are given priority. Thirdly, the programme tries to maintain a balance between the work in different Member States: projects from countries or areas where the existing organization and capabilities are weakest are favoured. Thus, proposals from Member States where the need is greatest and HIV/AIDS work least developed are given a higher priority so as to help minimize the gaps in Europe-wide coverage.

The Europe against AIDS programme has learned that it must adopt a proactive approach to funding projects and in a number of instances have activities of Community-wide interest carried out under contract. For a variety of reasons, many excellent projects may not themselves apply for European Commission support. The programme therefore tries to search for organizations or groups who have good ideas or the ability to run valuable projects and does not simply wait for them to apply.

3. Areas of activity

The Eurobarometer survey, carried out in each of the Member States of the European Community, between April and May 1994, has shown that:

75% of Europeans are concerned about AIDS;

80% of Europeans would like more information about AIDS;

81% of Europeans do not want to reduce the amount of money spent on AIDS research;

90% of Europeans think it is important that the Community aims to meet its own needs for blood and blood products from blood donations from its own citizens.

Attitudes, awareness and behaviour

This area covers the assessment of knowledge, attitudes and behaviour of the general public and particular groups within the population. These target groups include marginalized groups and populations with high-risk lifestyles, or who are exposed to high-risk environments. The findings of this type of analysis are then used to improve information and awareness-raising campaigns. The need and desirability of studies to increase the information available at the Community level are assessed. Information campaigns aimed at the general public and target groups (such as homosexuals, minorities and migrants) are studied so that the results and lessons learned can be applied across the Community and to ensure that different organizations in different Member States are not working at cross purposes. By distributing know-how and lessons learned, the European Community contributes to the success of projects in the field of awareness of HIV/AIDS. Similarly, developments in methodology for monitoring changes in the knowledge, attitudes and behaviour and the impact of prevention programmes in Member States are made available throughout the European Community. Coordination and links are established between campaigns in Member States. An awareness of the problems that the epidemic causes, both to individuals and society, is promoted. Experience is exchanged between those involved in different response mechanisms such as telephone helplines and information centres: the European Commission helps ensure that such services are the best possible, give accurate information and preserve confidentiality.

The Europe against AIDS programme has supported a project aimed at improving methods for monitoring understanding, behaviour and attitudes by developing standardized indicators (factors that can be measured), and integrating them into a coherent system. Furthermore, the programme has organized a seminar to discuss the various different methods used in Member States to assess the impact of prevention strategies on the understanding, attitudes and behaviour of the public and target groups. This may lead to the establishment of a European network of research workers and government officials involved in the assessment of preventive strategies.

Children and young people

Children and young people are a key target group for preventive measures. However, education and information must be appropriate for their maturity and cultural background. This area of activity therefore addresses HIV/AIDS education in schools and the integration of this topic into more general sex and health education. Thus, programmes in different Member States designed for the young, whether in schools or other formal or informal educational settings (such as social clubs), are exchanged and compared. Pilot educational projects addressing HIV/AIDS, including those specifically for minority groups, are encouraged and appropriate educational materials are developed.

The programme has funded two model projects for the education of young people by their peers. The first involves training young workers using theatre, visual arts and music to communicate messages about sexual health and education. The project takes the form of video-cassettes, available throughout most of the Community, aimed at people involved in training and education. The second is the establishment of diverse programmes of sexual health education in schools, colleges and other structures involving the young from more than one Member State (language schools for example).

The 'AIDS and Youth' European information centre for collaboration on HIV/AIDS prevention among the youth of the Community has been funded.

Prevention of HIV transmission in particular situations

Certain groups within the population and activities are associated with a high risk of HIV/AIDS transmission, or particular problems. The Europe against AIDS programme therefore places special emphasis on actions targeted at these groups and activities. They include, for example, travel, prisons, intravenous drug users IVDUs and the particular problems faced by women.

The efforts to ensure the use of condoms as barriers to the transmission of HIV would be largely wasted if the condoms used were not effective as such. Furthermore, these efforts would also be heavily undermined if consumers believed that condoms did not provide adequate protection. The European Community therefore decided that it was important to establish stringent quality standards for condoms on the market to ensure safety and maintain public confidence, and also to make high-quality condoms available throughout the Community. In June 1993, the Council of Ministers of the European Community adopted a Directive on the quality of medical devices, including condoms. To obtain the CE label, which allows unrestricted marketing throughout the European Community, condoms will be subject to strict testing and quality control procedures. The details of the testing procedures are currently being finalized by the European Standards Committee.

The movement of people is associated with the risk of a rapid geographical spread of HIV/AIDS. However, trying to reduce this problem by restricting the right to travel is unacceptable and also ineffective. The programme therefore supports studies and exchanges of information and experience on problems associated with tourism and travel in the Community and to and from other countries outside the Community.

Youth and tourism

In Europe, summer knows no borders, or almost. Every year, millions of young Europeans travel around the continent far-removed from everyday constraints, open to meeting new people. In this context, a common AIDS prevention campaign is increasingly being seen as a necessity. In the summer of 1994, 20 countries are participating in such a campaign with a common poster and a multilingual AIDS prevention 'passport'; several million such passports will be distributed by a variety of non-governmental organizations NGOs.

The countries of Central and Eastern Europe are experiencing a rapid increase in prostitution, particularly near the borders with the Community. Many of the clients are citizens of European Community States travelling across the frontier. The Europe against AIDS programme therefore supports a project aimed at developing preventive actions in the areas of Eastern Europe bordering the Community, which present a major risk of spreading the epidemic on both sides of the borders.

The European Commission has supported the establishment of an information centre for immigrant groups, in particular for those originating from Asia, or who are Muslims. The differing cultural backgrounds, and in some cases integration problems, raise particular problems for HIV/AIDS prevention in these groups. The centre supplies information, support and awareness activities for these groups in Europe in a culturally sensitive way. Similarly, the European Commission contributes to international activities designed to reach migrants living in Europe. All these activities take careful account of cultural sensitivities and barriers to optimize communication between cultures.

Prisons present particular problems of transmission of the HIV virus; the recognition of this problem and the measures taken have been widely disparate. Current procedures for dealing with HIV/AIDS in prisons are examined and compared, and the European Commission facilitates the exchange of practical experiences on issues such as the availability of needles or cleaning material for prisoners who are IVUDs and condoms in prison.

Intravenous drug users are a key group and in some Member States make up the largest number of HIV/AIDS cases. It is therefore important to evaluate the

knowledge, attitudes and behaviour of IVDUs as concerns HIV/AIDS, and then consequently adapt prevention strategies. The projects supported therefore involve sharing experience on methods of supplying safe injecting equipment and assessing the potential of methadone-replacement programmes and other measures to combat drug abuse for reducing the transmission of HIV/AIDS.

A pilot project was run to prevent HIV infection among IVDUs. The project involved using ex-IVDUs to contact and educate IVDUs in safer practices. Similarly, a second project was run to inform IVDUs who move within the Community about the various different information and care services in different Member States, and to make these services more accessible.

The HIV/AIDS epidemic does not have the same profile in the two sexes. Women form a small but increasing proportion of the cases. Projects addressing the situation of women at risk of HIV infection, particularly commercial sex workers are supported, as this is an area that needs further work. Pilot projects for prevention and support are promoted. Similarly, the Europe against AIDS programme supports analysis and exchange of information about the transmission of HIV from mothers to their children.

In contrast to women, homosexual and bisexual men have made up a disproportionately large number of HIV/AIDS cases. Although the number of cases in this group is still rising, it is a falling proportion of the total. The European Community is involved in continuing efforts to prevent new cases, particularly among men who may not have been reached by previous preventive actions. Thus, the exchange of information between Member States about methods of prevention for this group is encouraged.

Social support and counselling

The Community is neither mandated nor appropriate to replace Member States and NGOs in supplying the social and psychological support individuals with HIV/AIDS require. Nevertheless, the European Commission can greatly contribute by the preparation and dissemination of manuals, information bulletins providing up-to-date information on prevention, care and therapy, and directories of support and information organizations. Furthermore, the European Commission encourages such organizations, particularly the NGOs, and Community actions. The programme gives priority to the Member States where support and counselling organizations are the least developed.

The situation of children with HIV/AIDS and the access of these children and their families to education, and social and psychological care is an important issue.

A European support network has been established for families and children affected by HIV/AIDS. This network supplies information and allows cooperation and exchanges between organizations working with affected families so as better to identify their needs and develop appropriate policies.

European Community Directory of AIDS service organizations

The Directory has been produced in recognition of the crucial role that NGOs play in combating the epidemic; they share the same goals of stopping the spread of HIV, supporting those affected by HIV and AIDS, and fighting the injustice and social harm created by AIDS. The Directory aims to be a resource for all concerned in the European Community, and to promote the development of better links between all the NGOs involved. The Directory, which has sections for each Member State and for the pan-European organizations, is available in the nine official languages of the European Community.

A European manual has been produced entitled *The individual's health-care manual* as a support and guide for people with HIV/AIDS. It is the result of extensive collaboration between experts in the fields of social and psychological support and health care for people with HIV/AIDS. It contains information relevant to the different cultural, social and medical environment of each Member State.

Collection of data and epidemiology

Accurate and extensive epidemiological data are vital for planning strategies adapted to the problem. The European Commission plays an important role in this area. The Europe against AIDS programme supports epidemiological studies and data collection in Member States, in part through the European Centre for the Epidemiological Monitoring of AIDS (Paris). The work of this Centre is described below, as it is also heavily implicated in research work. Other actions include the encouragement of epidemiological training for HIV/AIDS and related fields, and building upon links between the institutions responsible in the Member States. There are also projects to analyse the circumstances of HIV-infected persons who remain asymptomatic for long periods, and the role of other diseases associated with AIDS. To allow improved planning and policy-making, the Commission facilitates exchanges of information concerning the epidemic and related issues particularly as concerns economics and funding.

The costs of the HIV/AIDS epidemic are both social and economic. The characteristics of the epidemic are such that these costs are difficult to estimate and quantify. The European Commission therefore sponsored investigations of the methods for assessing the cost of the epidemic. Various issues were examined: the predictive and planning models used in the Member States, the possibility of developing a common approach for measuring the costs of the epidemic, and also exactly what approaches and methods are appropriate for assessing the impact of the epidemic on health expenditure and other social costs.

Combating discrimination

Discrimination of any kind against HIV/AIDS patients is vigorously opposed by the European Community. It is both morally indefensible and counterproductive for public health. There is, therefore, an active campaign to combat discrimination, in particular by monitoring the implementation of anti-discrimination policy as laid out in the resolution of the Council of Ministers for Health of 22 December 1989. Discrimination and the potential for discrimination, particularly in the areas of employment, insurance, housing, education and health care, are analysed in different Member States, so that ways to overcome the problems can be developed.

The European Commission has commissioned a comparative analysis of the various legislation in the Member States of the European Community to assess the legal and ethical impact on HIV/AIDS considerations. It is to provide an accurate description of the current situation as concerns various issues, such as testing, confidentiality, patients' rights to health care and discrimination or restrictions on people with HIV/AIDS. The results and conclusions of this analysis may lead in the future to the establishment of protective measures at Community level.

Coordination between programmes

A large number of different groups within the European Community are involved directly or indirectly in the HIV/AIDS issue. The Europe against AIDS programme ensures coordination between the various programmes related to HIV/AIDS, especially those concerning research and associated with aid to developing countries. In the field of public health, the Europe against AIDS programme ensures coordination with the other vertical programmes (drugs) and horizontal programmes (health promotion, information, education and training). For example, various projects may first be funded as a research project and subsequently receive support from the Europe against AIDS programme as the fruits of the research become applicable. Thus, the Europe against AIDS programme works

in close collaboration with other structures within the Community to ensure complementarity and maximum Community added-value, and avoid duplication.

The European Community also works closely with international organizations. For example, the Europe against AIDS programme has co-financed various projects with the World Health Organization (WHO).

B — Other activities in Europe

1. Blood, blood products and medicinal products

The HIV/AIDS epidemic has obviously had consequences for the use of a variety of products in the medical sector. Two groups can be identified. The first is products that could potentially be contaminated by HIV, and therefore lead to patients being infected. This group includes blood and components of blood used for transfusion, and other medicinal products derived from human blood. The second is medicinal products which may be of benefit to people with HIV/AIDS.

Human blood and products derived from human blood for medical purposes

The issue of the safety of human blood and its components and derivatives for medical use is not specific to HIV/AIDS, but also involves other viruses (for example hepatitis and herpes viruses). Nevertheless, the problems associated with HIV/AIDS have given a stimulus to considerations of this problem. From the late 1980s the European Commission has examined the problems associated with the safety of these products. One of the main policies in this area is to achieve European Community self-sufficiency from voluntary unpaid donors. This minimizes the risk to patients, and is the most ethically satisfactory position. The European Commission is keeping continuously under review the issues associated with self-sufficiency within the European Community. Member States are progressing towards self-sufficiency, and indeed this goal has been attained in several countries. Nevertheless, the European Commission considers that the situation can be further improved: better use of blood and blood products so as to reduce the demand; increasing Community-wide awareness of the value of donating blood; and information exchange between Member States.

The European Commission is currently examining the safety of the transfusion chain, from pre-donation through processing and distribution to post-transfusion. Various issues are being highlighted. They include the further harmonization of selection of donors and accreditation of blood centres. In particular, the European Commission is addressing problems associated with differences in the practices in the transfusion systems between the Member States.

Medicinal products derived from blood are also potential sources of HIV infection. The European Community has laid down detailed requirements for good manufacturing practice and marketing authorization, including suitable testing and control to ensure the quality, safety (including the absence of contamination by HIV and other viruses) and efficacy of these products. In addition, the methods of selection and screening of blood donors recommended by the Council of Europe and the WHO are compulsory for blood and plasma used for the production of medicinal products.

Medicinal products for AIDS patients

Medicinal products for the treatment of AIDS are given the status of high technology products at the Community level, and are therefore examined by a European Community procedure as opposed to national authorization procedures which apply for most medicinal products. From the beginning of 1995, the European Medicines Evaluation Agency will examine these products and give an opinion leading to a binding Community decision. This will mean that new products which may be of benefit to people with HIV/AIDS will be rapidly and simultaneously available to all patients in the Community, and with the same conditions for use. To accelerate worldwide availability of new products, the European Community has begun a harmonization process with the USA and Japan. Thus the repetition of testing in different parts of the world can be avoided with a corresponding saving in time and effort.

Testing and testing kits

A European Community Directive on medical devices was adopted in June 1993. It covers the design, manufacture and marketing of various categories of medical device, including condoms. It also deals with diagnostic kits for testing whether an individual is HIV-seropositive. The reliability and efficacy of these kits is obviously important: better design and quality control in manufacture results in fewer false results. The Directive addresses the issue and will ensure that only high-quality testing kits will be available on the market in the European Community.

2. Occupational health and exposure to biohazards

The Single European Act has led to the adoption by the European Community of a number of Directives for the protection of workers at the workplace. These include a Directive for the protection of workers from risks associated with exposure to biological agents, including HIV. Biological agents are classified on a scale of 1 to 4, according to the intrinsic risk associated with exposure, and HIV is classified as a category 3 agent. Thus, specific protection measures and health monitoring are required for all workers who may be exposed to HIV in the course of their work.

C — Collaboration with Central and East European countries

The PHARE programme is the European Community programme of assistance to countries of Central and Eastern Europe. The activities are based on priorities established by the recipient countries. The programme includes two particular projects that have an impact on the HIV/AIDS epidemic. The PHARE programme has massively funded the restructuring of the blood transfusion system in Romania, the country in this region with the highest incidence of AIDS cases, largely due to contamination of the blood transfusion chain. The programme supplied technical expertise and financed the re-equipping of transfusion centres. The second project concerns the planning and implementation of a family-planning programme in Bulgaria. This programme is currently starting and, due to the supply and encouragement to use condoms, should lead to reduced transmission of sexually transmitted diseases including HIV/AIDS.

Personnel policy

The Occupational Health Service of the European Commission is responsible for a workforce of about 20 000 in Brussels (Belgium), Luxembourg, Ispra (Italy) and more than 100 duty stations worldwide. The policy of the Occupational Health Service concerning HIV/AIDS in the workforce of the European Commission is the result of extensive collaboration with staff representatives and senior management.

A concerted drive to inform the workforce started in 1987. During consultations, doctors give advice adapted to the individual's situation, particularly those travelling or posted to regions where the incidence of HIV/AIDS is high and answer any questions he or she may have. There have been major information drives about every three years involving the distribution of written explanations of the disease, methods of prevention and precautions to be taken.

Testing is available to everyone after discussion with his or her doctor during medical consultations. In pre-recruitment medical examinations and during annual check-ups, an HIV antibody screening test may be proposed. No reason is required for refusal to be tested. It is explained that asymptomatic HIV infection is not grounds for changes to the work of the individual or refusal of an application. The results are subject to strict medical confidentiality. More than 9 out of 10 people choose to be tested. HIV-positive individuals have been employed by the Commission.

There are two main elements to the support offered to staff members who test positive. The first is immediate counselling from the doctor. This includes information about the health consequences and probable progression of the disease, and advice about general measures and precautions to be taken. Second, the patient is referred to an HIV/AIDS specialist and multidisciplinary counselling facilities including psychologists and, if needed, psychiatrists to ensure that appropriate emotional support is made available. The policy of non-discrimination is strictly applied. The Occupational Health Service treats people infected with HIV and individuals suffering from AIDS in the same way that it treats patients suffering from any other serious disease. Similarly, the European Community medical insurance and retirement schemes deal with such persons exactly as they deal with those suffering from other major diseases.

V — Research

A — Biomedical research within Member States

1. The political context

The European Community involvement in research has several aims. First, the data and analyses must be made available to policy-makers in all areas of Community activity. Second, research should contribute to the health and quality of life of citizens in the Member States. The value of research concerning the HIV/AIDS epidemic to health policy is self-evident. The Medical Research Division of the European Commission was quick to recognize the potential problem of the epidemic. It organized a first collaborative meeting on HIV between research virologists and the Research Division in September 1983, and the European Parliament's first discussions on the issue were similarly very early (1984). The Member States reacted later and did not give specific approval for action on HIV/AIDS in the European Community until 1987.

The fourth medical research programme (1987 to 1991), run by the Medical Research Division of the Directorate-General for Science, Research and Development, proposed three objectives in the field of HIV/AIDS: to produce a vaccine, to develop a drug (or other therapy) to cure AIDS, and to supply the epidemiological data and tools necessary for governments and European Community policy-makers to design a suitable health policy.

These aims remain and the resulting activities have been continued and increased as part of the Biomed 1 programme (1991 to 1994). HIV/AIDS is a major component of this programme but not the biggest. There are 39 networks involving 458 different research groups across Europe studying HIV/AIDS as part of the Biomed 1 programme. Furthermore, a large number of these networks extend beyond the frontiers of the European Community. In particular, the COST (Cooperation on Science and Technical Research) countries (Austria, Switzerland, Norway, Sweden, Finland, Poland, Hungary, Czech Republic, Slovakia and Turkey) participate in many of the projects. Here the role of the European Community is not to conduct research itself, but to facilitate and coordinate.

2. The selection of projects

Proposals from research workers or groups are screened for those projects which best merit funding. Research proposals are examined according to several criteria to select the most promising and those which fulfil the aims of the European Commission. The first element in the selection procedure is anonymous peer review. Every project proposal is referred anonymously to four different specialists chosen for their standing in that particular field of research. They each indicate the potential value of the proposal, according to its scientific content. Over 800 different reviewers from all parts of the world have been used. The second step is to assess the Community added-value. The European Commission will only

support work that involves collaboration between groups in different European countries and where this collaboration will generate added-value. The collaboration must bring benefits which would not be possible from work in a single country. Thirdly, the European Commission will only pay for this collaboration and the added-value it generates and not for the elements of the project which are national. In relative terms, the European Commission pays 5% and participating groups find the remaining 95% from within their own countries. Fourthly, the project must contribute to the aims of the biomedical research programme and the framework programme, which are to improve the quality of life and health of the citizens of the Member States.

3. The research programmes

There are four subprogrammes being conducted in the field of HIV/AIDS research as part of Biomed 1. They are disease control and prevention, viro-immunology, clinical research, and vaccine development.

Each of the activities backed by the European Community biomedical research programme is one of two types. The first type is called concerted action (CA). These are collaborations between groups in different countries. The second type of activity is the establishment of centres of excellence or centralized facilities (CFs).

Disease control and prevention

It is clear that surveillance of the HIV/AIDS epidemic in Europe could be most efficiently managed from a single centralized facility. The European Centre for the Epidemiological Monitoring of AIDS was therefore established in Paris.

Epidemiological data from all over Europe (87% of all AIDS cases in 31 different countries) are collated by the European Centre for the Epidemiological Monitoring of AIDS and made available in a standardized format. A quarterly report is sent to each of 600 correspondents mostly in Europe but also elsewhere in the world. The Centre has developed methods of trend analysis and prediction as part of its epidemiological expertise. The Centre also supplies logistic support and a scientific secretariat for projects involved in the disease prevention and control programme. In addition, the Centre is a leading research group in the field of epidemiological AIDS research and is heavily implicated in numerous research projects. It has contributed to a much improved understanding of the scale and progression of the epidemic both in the general population and, in particular, in high-risk groups.

Other projects in the disease prevention and control programme include concerted actions on perinatal transmission (see box below), mathematical modelling, heterosexual transmission, preventive strategies, prevalence and risk factors among intravenous drug users (IVDUs), accidental exposure, infection in female prostitutes, HIV prevalence in sexually-transmitted-disease patients and sexual behaviour and risks of infection. Generally these projects are valuable to medical services and to administrative and financial planners.

The concerted action (CA) on perinatal transmission of HIV was among the first projects in the world to investigate transmission of HIV from mother to child, the so-called 'vertical transmission'. The project continues to monitor transmission from mother to foetus and new-born child. By the end of 1992, 1 130 HIV-infected mothers and their children in 19 European centres were included in the study. The numbers of vertically acquired cases of HIV infection in any one centre are too low to allow a significant statistical analysis. Thus collaboration between numerous centres has allowed a much better characterization of the risk factors for infection of children. In particular, premature birth (before 34 weeks) has been shown to be a risk factor and an additional risk of infection via breast-feeding was identified. This led to the WHO reviewing its guidelines on breast-feeding by HIV-infected mothers. The large group of HIV-infected children followed in these studies will be monitored to investigate the long-term prognosis for such cases. These studies may have consequences for obstetric and paediatric medicine.

Viro-immunology

The programme for viro-immunological research encourages cooperation between investigators in the European Community who work on fundamental biological aspects of HIV and its effects on human biology, in particular on the immune systems and the mechanism by which HIV infection develops into AIDS. There are numerous different projects in this programme. However, one of the main achievements has been the establishment of centralized facilities for testing in animals. Standardized animal models are necessary for investigating potential anti-HIV drugs and vaccines, and also for the study of the pathogenicity of the virus.

Various animal models have been examined during work supported by the European Commission (including cats, chimpanzees and macaques). Macaques may represent the best suited animal. They can be infected with their own version of HIV: simian immunodeficiency virus (SIV). Infection of macaques with SIV leads to the onset of some typical AIDS symptoms. This CA was initiated in 1987 and now involves 10 primate research institutes in six European countries.

The European Commission has thus established a system for rigorous and standardized testing, and scientific research. Having identified suitable strains of HIV and SIV, various possible vaccines were tested. These studies showed that it was possible to produce vaccines (inactivated or split macaque-specific SIV preparations) which protected macaques against some SIV isolates. However, the protection was variable and the mechanism remains unclear.

Obviously, one of the thrusts of research is to develop an antiviral agent which can cure HIV infection or, failing that, slow the development of AIDS in HIV-infected people. On 1 July 1988, the European Commission therefore launched a CA for the design, synthesis and evaluation of new antiviral compounds against AIDS. This CA included a centralized facility for the screening of compounds. The project has been expanded and incorporated into the Biomed 1 programme.

The European Commission screening facility now screens more than 10 000 new compounds a year from all over the world for their anti-HIV activity, and actively collaborates with more than 100 centres in 27 countries. Particularly promising leads are actively pursued: the mechanisms of action of compounds which display antiviral activity are investigated and further compounds which may express similar and stronger activities are then produced or isolated and tested.

A good understanding of the genetics of HIV would be valuable. There are two families of HIV and each contains different subtypes. Even within these subtypes, there is substantial variability. Genetic analysis can thus make a contribution, particularly in understanding the relationships between genetic determinants and pathology, epidemiology, vaccine studies and mutant analysis. A CF for HIV genome analysis was therefore established in 1992. Methodology has been developed for the rapid sequence determination of any HIV-1 isolate, and the facility is herein a centre of expertise. It is now actively involved in numerous collaborative projects which require HIV sequence determination. Nevertheless, the demand is massively in excess of the capacity of the CF.

In addition to these projects, the European Commission supports work on the immuno-pathophysiology of HIV, immunogenetics, HIV variability, interactions between HIV and the cell membrane, the cell-mediated immune response and the neuropathology of AIDS.

Clinical research

The European network for the treatment of AIDS (ENTA) was set up in 1989 as part of the clinical research programme to coordinate investigations in Member States and to implement actions that required supranational organization. In par-

ticular, the aims were to facilitate the completion of clinical trials, avoid duplication of effort, facilitate the collation of data, and promote exchange between groups. This has resulted in benefits in terms of know-how and experience being rapidly gained and diffused. For example, the analysis of the larger numbers of patients than would be available in a single country allows quicker and better substantiated conclusions to be drawn about different forms of treatment and therapy. The projects included in this programme include analyses of anti-pneumococcal vaccine and particular treatments for toxoplasmosis, tuberculosis, and Kaposi's sarcoma in AIDS patients.

The programme includes a network for the treatment of HIV and AIDS in children. There are several aspects to this project. However, all the elements are aimed at evaluating the benefits and any disadvantages of the various different therapies for HIV/AIDS in children. In particular, the drugs zidovudine and dideoxyinosine (ddI), and various combination therapies are being analysed.

Vaccine development

The European vaccine against AIDS (EVA) programme was launched on 1 July 1989. It provides high-quality and sophisticated laboratory reagents to research teams across Europe and encourages collaboration in the field of vaccine development. In particular, this programme has made large quantities of immunogens available and provides a standardized model (macaques) for testing potential vaccine.

The CF for the EVA programme is located at the NIBSC (National Institute for Biological Standards Control — Potters Bar, UK) which provides laboratory and administrative support and houses a repository for the reagents. These reagents include experimental vaccine immunogens and fragments of HIV proteins. The reagents are available to laboratories participating in the EVA programme and other scientists. Because the development of vaccines needs experimentation in well-characterized animal models, the EVA programme therefore collaborates closely with the European Community concerted action on SIV in macaques. This collaboration has made advances in the experimental model (SIV in macaques) which allow some optimism for the future. However, the programme remains at the preclinical stage of analysing potential vaccine antigens.

B — Research collaboration with developing countries

1. The political context

The European Community also contributes to research projects involving countries outside Europe. HIV/AIDS work falls to the 'Life sciences and technologies for developing countries' programme. The characteristic of this programme is strong partnership with research institutions in developing countries. HIV/AIDS is one of numerous health issues which pose serious problems in developing countries and a budget has been made available for projects concerning HIV/AIDS. It is a condition which cannot be cured and biomedical research designed to develop therapy and vaccines is covered extensively by research in the Member States. The programme therefore supports projects which promise more immediate applications. The epidemic has been considered from the start as sexually transmitted, and was included in the research programme as such. The EC-STD programme is not restricted to fundamental research, but aims to develop biomedical tools which are potentially valuable for the control of the STD (sexually transmitted disease) including the HIV/AIDS epidemic. Thus, epidemiology and investigations of modes of transmission are major elements in the programme.

The European Community has consistently collaborated with the WHO Global programme on AIDS (GPA). Its actions have thus involved concertation of the research agendas and responding to the demands of Member States, many of which are significant contributors to the WHO's programme of HIV/AIDS activities, have well-structured research orientations.

2. The selection of projects

To be eligible, project proposals must involve groups in at least two Member States and one developing country. The European Commission only funds the collaboration but can fund all the costs associated with the interactions between the participating groups. HIV/AIDS projects are judged according to their potential value in comparison with projects addressing other health issues such as malaria and diarrhoeal diseases. The basis of the procedure for selection of projects is peer review. The process involves two panels of experts, one from European countries to assess the scientific merit and one from developing countries to assess feasibility. A European Commission advisory committee then makes final recommendations.

3. The programmes

The programme of research collaboration with developing countries concentrates on projects that may be of value to public health or medical practice in the

short term. The European Commission funds investigations of the interaction between tuberculosis and HIV/AIDS, an association which is frequent and a major burden on the health services in the developing world. The programme supports a variety of projects which assess the epidemiology of tuberculosis, the effects of tuberculosis on the immune system of people with HIV/AIDS, and the value of tuberculosis prophylaxis for people with HIV/AIDS.

The European Commission is funding a series of projects which analyse the characteristics and relatedness of strains of mycobacterium tuberculosis (the causative organism of tuberculosis) isolated from people also infected by HIV. Modern molecular genetic techniques are used to identify and compare strains isolated from individuals in various geographical regions and at different stages of disease (reinfection, relapse and reactivation). These studies will lead to a better understanding of the biology and epidemiology of tuberculosis infection, and this knowledge may help the design of preventive strategies and improve clinical management of patients.

The infrastructure and facilities in developing countries are often poor and the methods and techniques used in industrialized countries are often inappropriate. The programme has identified methodological work designed to improve the methods and the use of biomedical tools available in the developing world as an important area of research. Similarly, the European Commission supports work on the methods required to integrate appropriate HIV/AIDS interventions into general health services.

Finally, HIV/AIDS is a sexually transmitted disease and the European Commission supports numerous research projects on this subject. Projects investigating what are the best and most relevant methods to control STDs are funded. The European Commission promotes analyses of the value and methods to measure and assess the impact of projects, such that approaches can be compared and planned rationally, rather than in a spontaneous and haphazard way. As no cure is available, traditional methods of assessing the outcome of interventions on purely medical criteria are inadequate. The European Commission encourages work to develop novel methods, particularly in the field of social sciences, for assessing the overall impact of interventions and actions.

VI — Aid activities outside Europe

A — The political context

The scale and consequences of the HIV/AIDS epidemic are currently greatest in Africa and all predictions suggest that other developing regions will suffer similarly. These regions are among the worst equipped to address the problems resulting from the epidemic. In contrast, Europe contains a large part of the world's medical, technological and logistical expertise. The European Commission adopted the attitude as early as 1986 that Europe should contribute to action in the field of HIV/AIDS as a public health problem on a worldwide scale, and not just in Europe. In mid-1987, the Commission contacted all ACP (African, Caribbean and Pacific) States who were signatory to the second Lomé Convention on European aid to developing countries and invited them to take part in an EC-ACP HIV/AIDS programme. Almost all the ACP countries responded and participated in this unique initiative. The result of this initiative was the launch, in 1987, of a programme entitled 'HIV/AIDS programme for developing countries' to be managed by DG VIII (Directorate-General for Development). This programme was extended to non-ACP countries in 1988. The programme rapidly became operational and it has already participated in more than 120 projects in over 85 countries across the world. This programme was not intended as a permanent structure, but as a first, rapid response. However, its good performance and the realization that the problems posed by the HIV/AIDS epidemic are both large-scale, and long-term have resulted in the continuation of this collaborative programme. The projects are planned and implemented in partnership with governments, NGOs, and scientific institutes for example. Indeed, it is these partners which execute the projects, and the input of the European Community is financial, planning and know-how.

B — The health context

In developing countries, the most common mode of transmission of HIV/AIDS is sexual transmission. Furthermore, in the 1980s, various studies (including projects supported by the European Community) showed that people suffering from sexually transmitted diseases (STDs) other than HIV/AIDS are more likely to be infected by or transmit HIV. Thus, the control of STDs would contribute to the control of HIV/AIDS, as well as being a desirable aim in its own right. Monitoring the incidence of STDs in a population also gives an indication of the likely future course of the HIV/AIDS epidemic, as many of the risk factors are common to both HIV/AIDS and other STDs. Similarly, many preventive actions are effective against both HIV/AIDS and other STDs. These various observations have led to the European Community programme of health aid to the developing world addressing reproductive tract infections (or RTI, a term covering STDs including HIV/AIDS and other infections of the reproductive tract which are not sexually transmitted) as a single coherent field of activity. Thus the European Community has initiated and sponsored numerous activities in the developing world in which HIV/AIDS prevention is only one of the goals.

C — Aims

The European Community programme of collaboration with developing countries in the area of HIV/AIDS work has now been running for seven years and has accumulated substantial experience. During this time, lessons have been learned from past activities and a coherent approach has been developed to the complicated issues involved. Indeed the complexity of the ramifications of the HIV/AIDS problem have led to a precise theoretical framework of strategies and policy principles being established. The four strategies which have been identified as priorities are: to minimize the spread of HIV/AIDS; to help the health sector to cope; to minimize the effects of the epidemic; and to develop know-how and the learning process.

(1) Minimizing the spread of the epidemic while preventing discrimination

The first objective is to prevent new infections. In much of the developing world, the major route of infection is sexual transmission. Thus, the aim is to promote measures which help to protect against HIV infection (e.g. use and availability of condoms, safer sexual behaviour) and sexual and reproductive education. This area also includes the management of STDs in general. Certain groups such as adolescents, refugees and the poor are given special attention. Methodologies are being developed to screen certain development projects for potentially negative effects on the HIV/AIDS epidemic. Specific HIV/AIDS regulations, legislation and charters are drafted to prevent discrimination against people with HIV/AIDS. This is reinforced by non-coercive education and encouraging governments to protect marginalized groups.

The European Community planned and organized a project in Kinshasa (Zaire) to make condoms and other STD services available to 1 200 commercial sex workers. After two years, the use of condoms by this group rose from 0 to 60%. The consequences of this project included a drop in the annual incidence of HIV infection in the group from 18 to 3%, and a decline in the incidence of other STDs.

(2) Helping the health sector to cope

The growing number of people with HIV-related symptoms is a heavy burden on health services, particularly in poorer countries. The European Community therefore supports these health services in dealing with the problems they face, both for the management of HIV-infected people, and in their efforts to prevent the spread of the epidemic as well as the efforts in the field of STD in general. This involves, for example, the development of low-cost care, appropriate therapy, and inclusion of condoms, relevant drugs and diagnostics in public health packages. In particular, there is a major programme for safe blood provision. In the long term, the problems posed by HIV/AIDS must be addressed in all health policy discussions and health sector reviews and reforms.

The Mozambique project is a model of horizontal integration of STD, including HIV/AIDS, activities into health services. The country presents numerous characteristics which favour the spread of HIV/AIDS and other STDs: poverty, civil war and large numbers of refugees leading to high-risk sexual behaviour. STD control had received little attention before the HIV/AIDS epidemic. A pilot project was initiated in 1988 in the capital city Maputo to support and improve the treatment and diagnosis of reproductive tract infections, both at local primary care level and also at the level of the reference hospitals. Similarly, counselling was made available to STD patients and their partners. This strategy allowed patients to be treated in primary health-care centres, and so there was a corresponding reduction in referrals. The result was a better use of health-care resources. The other achievements of this project include the establishment of guidelines for the diagnosis and treatment of STDs and counselling by the health-care provider, the creation of a panel of STD experts, an analysis of costs and financing the service. These lessons have since been applied and the project extended to other provinces in Mozambique.

(3) Minimizing the consequences of HIV/AIDS on social and economic development

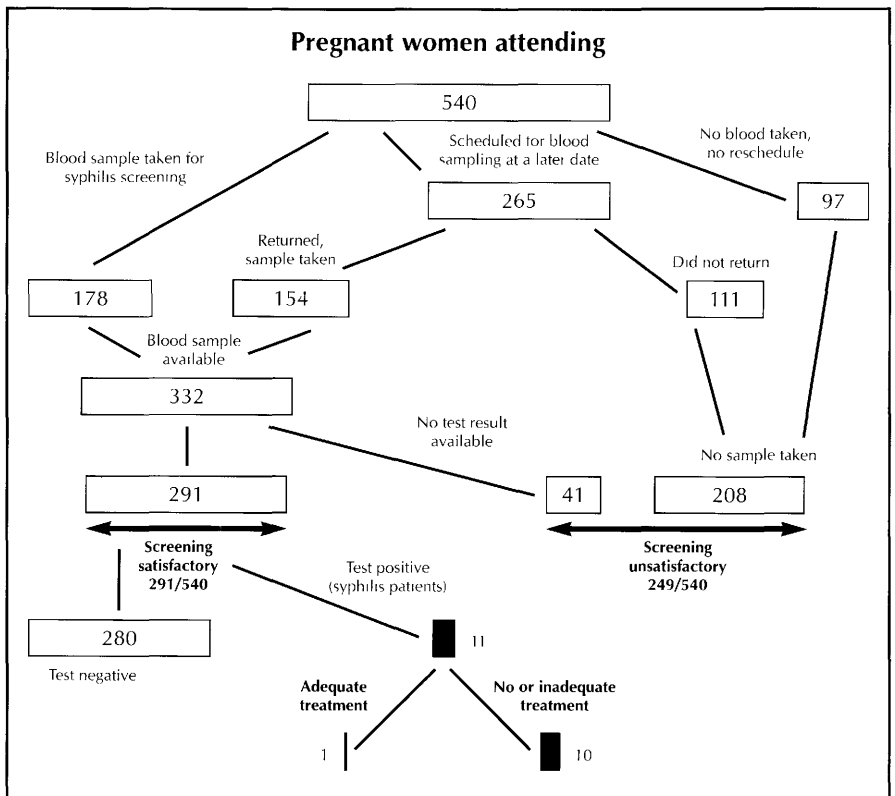
The epidemic has large economic and social consequences. It is therefore important to understand what the effects are, and are likely to be, on social structure and on economies. Furthermore, various cooperation and development projects may have a negative impact on the HIV/AIDS epidemic, or necessitate consideration of the impact of HIV/AIDS on the project. The European Community therefore backs appropriate analyses and promotes an awareness of issues related to HIV/AIDS among decision-makers. This encourages the adaption of programmes and projects to address the various problems and minimize the potential negative effects. For example, special support is made available to orphans or to communities in which many young adults have HIV/AIDS, and thus there may be a relatively low proportion of productive individuals, and a large proportion of dependants.

(4) The development of know-how and objective analysis of problems and interventions

The European Community encourages a learning process so that lessons can be learned and consequences better understood and corrected as necessary. This involves improving the balance between biomedical and socio-economic research. The capacities of national and regional research bodies in developing countries should be strengthened. New findings should be rapidly applied as appropriate. Subsequent interventions can thereby be further improved and know-how increased.

The project in perinatal clinics in Nairobi (Kenya) is a good example of the way in which the programme analyses an existing situation and learns the lessons such that the performance of a health-care system can be improved. Thirteen clinics handling syphilis testing and the treatment of pregnant women were monitored for six months (see figure below). A total of 540 women attended but, for various reasons, blood samples were only collected from three out of five, and test results were available for just over half.

Thus the system failed to screen almost half the women. Of the 11 women who were found to be suffering from syphilis, only one was adequately treated. It is clear that although health-care structures existed they were inefficiently used. The European Commission helped reorganize the procedures and management of these health-care services. The result was that most women attending are now tested and most of those who are suffering from syphilis are adequately treated. Furthermore, the use of resources was enormously improved and the cost of preventing one case of congenital syphilis fell from USD 730 to USD 57.



D — Policy guidelines

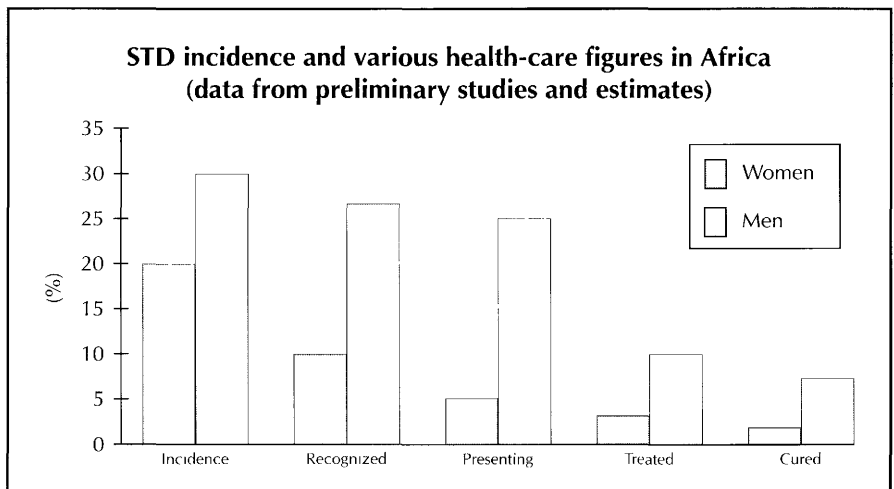
The European Community considers it extremely important that all interventions in the programme of cooperation with developing countries in pursuit of these aims must respect six basic policy principles. In brief, these are adaptation to risk, gender sensitivity, learning, empowerment, integration and timing.

(1) *Adaptation to risk environment*

The environment in which individuals find themselves (socially, politically and culturally) has enormous consequences for the risk to which they are exposed. Furthermore, these factors can have large effects on the value of interventions aimed at reducing the spread of the epidemic. Thus, demographic, socio-economic and cultural considerations must be taken into account when planning action. The action should be adapted and appropriately targeted to the particular risk groups present (for example commercial sex workers and their clients, truck drivers, military personnel, migrant labour, disadvantaged women or the young) and to their situation.

(2) *Gender sensitivity and specificity*

The characteristics of the epidemic are not the same among men and women. Interventions and analyses therefore have to be designed according to gender. Furthermore, for cultural, economic or social reasons, many women are not always in a position to make informed choices about protection and safe behaviour. Thus, the legal protection of women and their economic, political and social empowerment can make a valuable contribution to minimizing the spread of the HIV/AIDS epidemic.



The graph on page 39 shows some of the differences between the characteristics of STDs and STD treatment in male and female populations. For example, the incidence of STDs among women is lower, but four times more men receive adequate treatment and are cured. It is clear that the interventions that would have the most effect are different for the two populations. For example, education allowing individuals to recognize their symptoms and measures encouraging them to present themselves for health care will have a much greater impact among women (only half the women with an STD recognize that they have symptoms and only one in four present) than among men (nine out of ten men with an STD recognize the symptoms and five out of six present). In contrast, the proportion of individuals presenting themselves who are adequately treated and cured is slightly higher among women than men. This illustrates the importance of gender specificity in interventions.

(3) Social learning and respect for human dignity

Interventions based on strategies involving the coercion of individuals and communities are counterproductive. This approach drives epidemics underground, where they are more difficult to control. The European Community therefore encourages interventions focused on both individuals and societies themselves learning to minimize risks of infection in an atmosphere of tolerance, respect of the rights of the individual and personal dignity. This involves government-led attitudes and legislation protecting and supporting particular communities or groups from coercion and discrimination associated with STDs and HIV/AIDS.

(4) Empowerment and responsibility

Many types of interventions in the field of HIV/AIDS cannot be satisfactorily imposed and administered from above because they require individuals taking responsibility for their actions and making appropriate choices about their behaviour. The mobilization and motivation of communities and individuals is therefore crucial. Nevertheless, organizations and governments can greatly contribute to these types of project by removing barriers, and giving sufficient power and responsibility to the groups or individuals concerned to allow them to make their own choices to minimize risk and adapt their behaviour. The European Community therefore has a policy of supporting changes that promote the rights of the individual (particularly in the field of property laws, women's status, etc.), and strengthen local communities and the representation of minority groups.

(5) Integration into wider frameworks

The integration of HIV/AIDS-related issues and actions into a variety of sectors contributes to action against the HIV/AIDS epidemic. Allocating different tasks to appropriate people or organizations leads to improved overall cost-effectiveness. Numerous different sectors can contribute to minimizing HIV/AIDS-related problems. Thus, national HIV/AIDS policies are valuable because they can lead to the incorporation of HIV/AIDS issues into, for example, education, health, aid and development policies and programmes, and facilitate collective action by diverse groups. Similarly, NGOs, community groups and the private sector can all contribute, and for best effect, the actions taken by these diverse groups should be complementary.

(6) Adaptation to the stage of the epidemic and rapidity of response

The HIV/AIDS epidemic is at different stages in different parts of the world. Similarly, the local response depends on the characteristics of the local political, economic and cultural conditions and is thus very variable. Furthermore, there are often delays in establishing appropriate interventions due to, for example, political denial or administrative inertia. The European Community therefore helps adapt responses to the stage and characteristics of the epidemic locally and encourages governments and administrations to work efficiently and objectively. In particular, the European Community helps the implementation of interventions and actions appropriate to the stage of the epidemic.

VII — Conclusions — Strategies for the future

The HIV/AIDS epidemic continues to spread. Societies are going to have to accept that the epidemic will be a growing health problem for the foreseeable future. However, public opinion demands action and populations and individuals want protection.

No vaccine or cure can be expected in the short term, which means that strategies other than classical biomedical approaches to controlling the epidemic have to be used. These observations underlie the policies and actions of the European Community. Obviously, research work towards the goals of a vaccine and therapy must continue to be encouraged. Modern scientific techniques are powerful and it seems unlikely that the wealth of data being generated will not eventually lead to medical applications. The epidemic has, however, shown the need for new types of research in the area where health and social sciences meet. Improved understanding of the behaviour of populations and individuals, and better assessment of the effects of interventions would help planners and policy-makers optimize subsequent activities. Indeed, the European Community has largely based its action on activities in this area, and will continue to do so. Various types of actions have already proved to be of value, and such actions should be expanded and implemented more widely. All interventions should be rigorously assessed, and the consequences analysed, such that they can be continuously improved and adapted.

Its experience in this field has led the European Community to place HIV/AIDS policies in a broader context: they make up part of a larger picture of the drive to the improved health and well-being of individuals and communities. Governments, and other bodies with power, have a responsibility to create and maintain the conditions in which the spread can be minimized. However, individuals also have responsibilities. Transmission is dependent on the behaviour of the individual, so individual behaviour is the best target for preventing the spread of the epidemic. It appears obvious to conclude that individuals should simply change their behaviour. A more profound analysis suggests that one of the important roles of government and similar organizations is to make this possible. People who are not informed, do not have free choice about their lifestyle, or do not have access to appropriate material or emotional supports are unlikely to change. It is these problems that the European Community will continue to try to tackle.

European Commission

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