

COMMISSION OF THE EUROPEAN COMMUNITIES

COM(93) 453 final

Brussels, 29 September 1993

**Proposal for a Decision of the Council and the Ministers for Health
of the Member States, meeting within the Council,
concerning the extension to the end of 1994 of the 1991-1993 plan of action
in the framework of the 'Europe against AIDS' programme**

(presented by the Commission)

EXPLANATORY MEMORANDUM

1. INTRODUCTION

AIDS (Acquired immunodeficiency syndrome) is a disease caused by a virus (HIV) for which there is currently no vaccine or cure. Prevention of transmission of the virus is therefore of the utmost importance.

During the 1980s there was a rapid increase in the number of people with AIDS in the European Community. In 1982, 86 people were reported as being diagnosed with AIDS but by 1990 this number had risen to just under 14,000. The numbers are still continuing to increase overall. By 31 March 1993 83,973 AIDS cases had been reported. It is not possible to indicate precisely the number of people infected with HIV in the Community, but it is estimated that there are about 500,000.

The changing pattern of the epidemic in the Community which emerges from the records and surveys made since the early 1980s reflects the modification of behaviour and Member States' response to the disease as well as scientific advances. Generally speaking, the growth rate among intravenous drug users (IVDUs) has recently been slowing down, whereas among heterosexuals and those classified as of "unknown" sexual preference it is going up. There are however significant, geographical variations in the trends observed for the three dominant categories (IVDUs, heterosexuals, and homosexuals), such as the increased rates of transmission among IVDUs in southern Member States; there have also been some impressive reductions in transmission frequency observed among people with certain risk behaviours in some Member States, notably homosexual men.

The present picture is of a disease which, while not increasing at the very rapid rate of earlier years, is nonetheless continuing to spread and may well become endemic in certain groups in the absence of any early medical breakthrough. Worrying trends of relatively high transmission rates in particular settings, such as prisons, and among particular disadvantaged groups such as migrants, and the continued rise of cases through heterosexual transmission, and among women, serve as pointers of further problems to come and of areas where additional efforts need to be expended. In addition, the rising number of those adults and children living with HIV and AIDS will place new burdens on service provision and could provoke further social problems of discrimination and stigma.

Against this background, Member States have developed programmes to combat the spread of the disease and to deal with its consequences. In addition, to support and complement these programmes a number of initiatives have been taken at Community level. The Council and the Ministers for Health of the Member States meeting within the Council have adopted a number of texts on public health aspects of AIDS (see attached list). The Community has also established an AIDS assistance programme for developing countries and included an AIDS research component in the framework Programme for Research and Technological Development.

In addition, on 4 June 1991, the Council and the Ministers for Health, meeting within the Council, adopted a Decision on a plan of action for a 'Europe against AIDS' programme. This programme in the field of public health was to run from 1991 to 1993 and was focused principally on preventive actions, such as information and education. As provided for in the Decision, the Commission sent to the Council on 10 March 1993 a report on the implementation of the plan of action in 1991-1992. In this the Commission reported on the means deployed to achieve the objectives laid down in the Council Decision and commented on the early results obtained as well as on the relative weight and pertinence of the activities undertaken, or requiring to be undertaken, to give full effect to the aims of the Decision, set against the backcloth of the trends described above. The Commission also stated its view that there would be value in further actions on the public health aspects of HIV and AIDS being undertaken by the Community after the plan of action expired at the end of 1993.

Following consideration of the Commission's report, the Council and the Ministers for Health at their meeting of 27 May 1993 agreed to invite the Commission to take the initiatives necessary for the pursuit of the actions of the 'Europe against AIDS' programme in 1994 in anticipation of the coming into force of the Treaty on European Union which provides in its Article 129, for Community action in the field of public health. The subsequent evaluation in the Council of the effectiveness of the work undertaken concluded that the broad structure of the areas of action contained in the Council Decision could be maintained, but with a number of modifications in the objectives pursued, the introduction of new areas, and the deletion of others in order to reflect the changing needs of the Member States, increased knowledge of the problems posed by the disease, as well as its evolution and trends. In particular, it was felt that the old actions Nos 1 and 2 would have to be amalgamated, action 6 discontinued as it was conceived at a time where great fears had arisen about the possible economic impact of the disease, and action 8 pursued as part of other actions of the programme. Old action 7 was singled out as the most important, and it was deemed necessary to initiate new actions of information and awareness for specific target groups, taking account in particular of migrant and other disadvantaged populations, rather than for the population at large. It was agreed that, in accordance with the principle of subsidiarity Community action should be so designed as to assist the Member States in fully achieving their objectives in the fight against AIDS, and carried out in a way that maximises the added value accruing from Community's involvement, for example by downgrading support for conferences and increasing support for pilot projects and assistance structures, and continuing activities which had already demonstrated their worth.

The present proposal for a Council Decision takes account of the views expressed by Member States and reflects the experience accumulated by the Commission in implementing the first plan of action. As such it constitutes both an extension and a modification of the first plan, retaining the latter's general structure, changing or introducing actions as appropriate, and attempting to describe as tangibly as possible the results to be achieved by the action of the Community. Finally this proposal reflects more explicitly than the previous plan of action compliance with the principle of subsidiarity, recognizes the existence of diverse situations which exist in the Member States, and provides for appropriate consultation and assessment mechanisms concerning the actions to be undertaken.

2. COMMENTS ON THE PROPOSAL FOR A COUNCIL DECISION

Preamble

This proposal for a Decision is intended to implement the conclusions of the Council and the Ministers for Health meeting within the Council of 27 May 1993 on the implementation and continuation of the "Europe against AIDS" programme. It consists of an operative part with three articles, and an annex listing the objectives of the actions proposed.

The proposal responds directly to the wish of the Council that the programme "Europe against AIDS" should continue in 1994, following the expiry of the current plan of action. It also stresses, however, the need not just to continue with all the existing activities, but to tailor the actions for 1994 to reflect the results of the evaluation of the implementation of the programme and current trends in the development of the epidemic.

Article 1

This gives effect to the Council's wish to extend the plan of action for one year.

Article 2

This provides that the appropriations allocated for the activities provided for under the 1994 plan of action shall be adopted under the budgetary procedure. As a guide, an amount of Ecu 9 million has been included in the preliminary draft budget for 1994 which has been approved by the Commission.

Article 3

This gives effect to the Council's wish to have a report on the implementation of the plan of action. However, it specifies that this shall be prepared after the actions have been completed.

Area of Activity 1

This brings together two important areas: measures to establish what people know about AIDS and what their attitudes and behaviour are; and measures designed to increase people's knowledge and improve their appreciation of the disease and its implications.

A key role at Community level is to gather information on what has been done in Member States and to assess how successful their efforts have been. Member States can thus be helped to put their own experience into a broader perspective and improve the impact of their programmes by drawing on the experience gained elsewhere.

The Community, while not running its own campaigns, can also help Member States to co-ordinate certain information and education activities. Taking action on a Community-wide basis can increase the visibility and impact of campaigns, and helps to ensure that contradictory messages are not put out in different States.

Telephone helplines, and more recently, computer data networks, play a valuable role in complementing public campaigns by giving individuals the information they need on their particular problems. However, such response mechanisms are not available everywhere, and it is important that those being set up provide a satisfactory level of service, for example, that their information is factually accurate and that individual confidentiality is preserved. The Community can therefore play a role in promoting the expansion of these services and in making available the knowledge and experience of those that are established to those just getting underway.

Area of Activity 2

Children and young people are a key target for prevention, and it is important that as many as possible are provided with information about the disease in a way that is appropriate to their level of maturity and their cultural background. Such information can be imparted both within a formal educational setting and outside it (in social clubs and on holiday, for example). But whatever the setting, information about AIDS should where possible be provided in connection with general health and sex education rather than in a totally separate manner. The Community can help the exchange of information in this area and the promotion of appropriate educational materials, etc., and so assist Member States in the development of their Programmes.

Area of Activity 3

Increasing tourism and travel within the Community and to and from the Community and other States bring with them greater possibilities for the spread of the disease. Attempting to combat this by controlling movement across borders has unacceptable consequences and is ineffective. However, providing information and running specific campaigns can have a significant impact. Such activities can often most easily and effectively be carried out at Community level since of necessity a number of States are involved.

Prisons also represent an important setting for the potential spread of HIV by means of drug users sharing needles or prisoners having unprotected sex. The actions taken in response to the threat of AIDS vary enormously between prisons, as does the approach taken and the help given to prisoners with HIV and AIDS. Exchange of ideas and information and the encouragement of new approaches can help to reduce the problem in this setting.

Injecting drug users are also a key group, and indeed in some Community Member States they are the principal group with the disease. Efforts to exchange ideas about how to reduce the risk of infection and to spread good practice can help reduce the transmission within this group and from drug users to the general population.

Preventive measures can also usefully be promoted at Community level aimed at women, particularly those in certain target groups, such as prostitutes. Women form a rising proportion of those with HIV and AIDS, and prevention work for them needs to be further developed.

In addition to such preventive measures the Community can play a role with regard to those children who are themselves infected with HIV. As the epidemic spreads, so there are increasing numbers of babies and children with HIV, and they and their families need considerable support. Exchange of information about the position in the Member States can help identify problems and maximise the efficacy of the measures taken.

Homosexual and bisexual men constitute a large, though falling, proportion of those infected. It is important to continue efforts at preventing new infections within this group, particularly those targeted at young men who may not have been exposed to preventive action previously. The Community can promote such action and help Member States to exchange views and information about how it can most effectively be undertaken.

The adoption of various safety measures, such as the heat treatment of blood and the screening of blood donors, means that nowadays the risk of transmission of HIV through this route in the nowadays Community is minimal. However it is important that any small remaining risks be reduced as far as possible. Work towards self-sufficiency in the Community represents an important way of pursuing this objective.

Area of Activity 4

Community action cannot replace the work of Member States in providing social and psychological support for those with the disease. However the Community can help to promote the collection and dissemination of information about the disease and support services so that, for example, those who need specialised support know where it is available; and it can also promote the exchange of experience about how such support can be effectively provided.

Area of Activity 5

The availability of accurate epidemiological data is a pre-requisite for the establishment of effective strategies to combat the disease. In this context the Community can play an important role in supporting the collection and analysis of data, particularly at the Community level. This can include helping to build up the links between the responsible centres in the Community and encouraging the development of specialised training in this field.

In addition, the Community can also promote the exchange of information on the measures taken in Member States in response to the epidemic. Such exchanges can help Member States to gain a broader perspective on the situation and to maximise the impact of their own actions.

Area of Activity 6

Discrimination against those with HIV and AIDS has been vigorously opposed by the Community from the outset as being both morally indefensible and counterproductive in public health terms. At Community level experience in the different Member States can be reviewed and compared.

Area of Activity 7

The actions on the public health aspects of HIV/AIDS must be undertaken taking full account of the work being done on other aspects of AIDS in the Community, notably on research and assistance to developing countries. Liaison with the other programmes can help achieve synergy and avoid duplication and overlaps.

3. LIST OF EUROPEAN COMMUNITY TEXTS ON AIDS

- Resolution of the representatives of the Governments of the Member States, meeting within the Council of 29 May 1986 on AIDS (OJ C 184, 23 July 1986, p. 21)
- Conclusions of the Council and of the representatives of the Governments of the Member States, meeting within the Council of 15 May 1987 concerning AIDS (OJ C 178, 7 July 1987, p. 1)
- Conclusions of the Council and of the representatives of the Governments of the Member States, meeting within the Council of 31 May 1988 concerning AIDS (OJ C 197, 27 July 1988, p. 8)
- Resolution of the Council and of the Ministers of Education meeting within the Council of 23 November 1988 concerning health education in schools (OJ C 3, 5 January 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 15 December 1988 concerning AIDS (OJ C 28, 3 February 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 15 December 1988 concerning AIDS and the place of work (OJ C 28, 3 February 1989, p. 2)
- Resolution of the European Parliament of 30 March 1989 on the fight against AIDS (OJ C 158 of 26.06.89, p. 477)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 16 May 1989 regarding the prevention of AIDS in intravenous drug users (OJ C 185, 22 July 1989, p. 3)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 16 May 1989 on awareness measures for health care personnel (OJ C 185, 22 July 1989, p. 6)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 16 May 1989 on the improvement of the general system for collecting epidemiological data, including the application of the new definition of AIDS cases (OJ C 185, 22 July 1989, p. 7)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 16 May 1989 regarding future activities on AIDS prevention and control at Community level (OJ C 185, 22 July 1989, p. 8)
- Resolution of the Council and the Ministers for Health of the Member States meeting within the Council on 22 December 1989 on the fight against AIDS (OJ C 10, 16 January 1990, p. 3)
- Decision of the Council and the Ministers for Health of the Member States, meeting within the Council on 4 June 1991 adopting a plan of action in the framework of the 1991 to 1991 "Europe against AIDS" programme (OJ L 175, 4 July 1991, p. 26)
- Report from the Commission on the implementation of the plan of action in 1991-1992 of the "Europe against AIDS" programme ((COM193) 42 final, 10 March 1993)
- Conclusions of the meeting of the Council and the Ministers for Health meeting within the Council of 27 May 1993

**Proposal for a Decision of the Council and the Ministers for Health of the
Member States, meeting within the Council, concerning the extension
to the end of 1994 of the 1991-1993 plan of action in the framework
of the "Europe against AIDS" programme**

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE MINISTERS FOR
HEALTH OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Having regard to the proposal from the Commission,⁽¹⁾

Having regard to the opinion of the European Parliament,⁽²⁾

Having regard to the opinion of the Economic and Social Committee,⁽³⁾

Whereas the Conclusions of the Council and the Ministers for Health, meeting within the
Council, of 27.5.1993 stress that it is absolutely essential to continue the activities of the
"Europe against AIDS" programme;

⁽¹⁾ OJ No

⁽²⁾ OJ No

⁽³⁾ OJ NO

Whereas the plan of action adopted by Decision 91/317 of the Council and the Ministers for Health of the Member States, meeting within the Council⁽⁴⁾, of 4 June 1991 in the framework of the "Europe against AIDS" programme, expires at the end of 1993;

Whereas in future specific measures to combat AIDS in the framework of Article 129 of the Treaty on European Union, signed at Maastricht on 7.2.1992, should be undertaken with priority given to encouraging cooperation between the Member States and support to their activities being provided where necessary;

Whereas transitional measures are needed in the intervening period while waiting the entry into force of the Treaty on European Union so that activities already started can continue in 1994;

Whereas extending the 1991-1993 plan of action until the end of 1994 will enable such activities to continue;

Whereas, in extending the plan of action, account is taken of the content of the Communication from the Commission to the Council and the European Parliament on the implementation of the plan of action in 1991-1992 in the framework of the "Europe against AIDS" programme⁽⁵⁾ and of its evaluation as provided for by the Decision of the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 adopting a 1991-1993 plan of action in the framework of the "Europe against AIDS" programme, and of new factors which have emerged in the fight against AIDS;

⁽⁴⁾ OJ L 175 of 4.7.1991, p. 26.

⁽⁵⁾ COM (93) 42 final

HAVE DECIDED AS FOLLOWS:

Article 1

1. The 1991-1993 plan of action in the framework of the "Europe against AIDS" programme shall be extended until 31 December 1994.
2. The Commission shall implement the 1994 plan of action set out in the Annex in close cooperation with the competent authorities of the Member States in accordance with the provisions of Article 1 of Decision 91/317/EEC.

Article 2

The appropriations allocated for the activities provided for under the programme shall be adopted under the budgetary procedure.

Article 3

1. The Commission, in collaboration with the advisory committee referred to in Article 1(1) of Decision 91/317/EEC shall continuously assess the action undertaken and the priorities set.
2. The Council and the Minister for Health of the Member States, meeting within the Council, shall carry out an evaluation of the effectiveness of the action undertaken.

To this end the Commission shall submit to the Council a report after the termination of the action plan. That report shall also be sent to the European Parliament.

Done at

ANNEX

1994 PLAN OF ACTION

AREA OF ACTIVITY 1.

Assessment of the knowledge, attitudes and behaviour of the general public and certain target groups (populations with high-risk lifestyles or in high-risk environments, marginalised communities), information and awareness-raising campaigns for the public and these groups

Promotion and assessment of the results of surveys on knowledge, attitudes and behaviour carried out in the Member States and at Community level.

Assessment of the need for and desirability of undertaking studies to augment existing information in particular areas at Community level.

Studies of the information campaigns for the general public and target sections of the population, such as homosexuals and bisexuals, minorities and migrants; dissemination of the results; encouragement of exchanges allowing experience in the Member States to be compared.

Promotion of developments in methodology for measuring changes in knowledge, attitudes and behaviour, and for assessing the impact on the latter of prevention measures undertaken in Member States.

Development of ways to increase co-ordination and links between campaigns in the Member States, and of possible Community measures which could complement or contribute to such campaigns, including the use of the media and production of specific materials, such as those designed to make information easily accessible to opinion formers and community leaders.

Promotion of measures to increase public understanding and awareness of the problems caused by the epidemic for society as a whole and for the individuals and families directly affected.

Encouragement of the development of telephone and computerised response mechanisms in the Community, and of centres providing information to the public or specific groups, and promotion of the exchange of experience between them.

Dissemination of the data on knowledge, attitudes and behaviour and on preventive measures.

AREA OF ACTIVITY 2.

Measures for children and young people

Examination and exchange of information about HIV/AIDS education in schools, and other educational and training establishments for young people in the Member States and about how such education fits into the provision of sex education and general health education in schools and other educational institutions.

Exchange of information on HIV/AIDS education programmes designed for children and young people outside the formal educational setting, and their interaction with general health education programmes within and outside of the education system.

Promotion of pilot educational projects on HIV/AIDS which fit into general health education and promotion for children and young people inside and outside the formal education setting, including tailored programmes for minority groups.

AREA OF ACTIVITY 3.

Prevention of HIV transmission among particular groups and in particular settings

Travel and tourism

Studies and exchanges of information and experience on problems related to tourism, people travelling within the Community and to and from other countries, and to border areas with non-Community states; promotion of pilot projects and networks aimed at taking preventive action in tourist resorts, frontier areas and other relevant locations.

Prisons

Examination and exchange of information on the current regimes in the Community for people with HIV and AIDS in prisons and detention centres, including procedures on admittance, during incarceration and after release, education of prisoners, training of staff and the possibility of specific prevention and harm-reduction measures.

Promotion of pilot projects in co-operation with the Member States, which take account of regulations and local circumstances aimed at developing new methods of providing care and support for those with HIV and AIDS, reducing the risks of transmission of HIV and improving the training provided to the staff concerned with health services in prisons .

Injecting drug users

Evaluation of the knowledge, attitudes and behaviour of injecting drug users with regard to HIV/AIDS and consideration of HIV prevention strategies; exchange of information and sharing of experience on methods concerning the supply of safe injecting equipment; assessment of the possible role of methadone programmes in the prevention of HIV transmission and examination of the interaction of the measures taken in Member States to combat drug abuse with those on HIV/AIDS, and the consequences for the epidemic.

Women exposed to specific risks of infection by HIV

Overview and exchange of information on the situation of women at particular risk of HIV in the Member States, including prostitutes and women drug users, and of the preventive activities being undertaken for such women; promotion of pilot projects on prevention and support aimed at particular groups and settings.

Vertical transmission of HIV from mothers to children

Examination and exchange of information on the transmission of HIV from mothers to children in Member States and on the situation of children and young people with HIV and their families, including access to educational institutions and social and psychological care and support; and promotion of pilot projects.

Other groups with high-risk lifestyles

Exchange of information among Member States on prevention measures for groups such as young homosexual men and bisexuals; and promotion of pilot projects.

Safety of blood and blood products

Continuation of efforts to promote Community self-sufficiency from voluntary non-remunerated blood donations. Exchange of information among Member States on progress made towards this and in people's knowledge, attitudes and behaviour with regard to transfusions.

AREA OF ACTIVITY 4.

Social and psychological support

Elaboration and dissemination of manuals, information bulletins and directories providing the latest information on prevention of transmission of HIV, care and therapy and on organisations providing information and support; encouragement of networks of organisations, particularly in the non-governmental sector.

Exchange of experience about models of assistance and support for people with HIV and AIDS and promotion of pilot projects and of studies on the psycho-social aspects of HIV/AIDS.

AREA OF ACTIVITY 5.

Gathering data on HIV/AIDS

Appropriate support for epidemiological monitoring systems in the Member States to improve the quality and accessibility of data at Community level, and for the work of the European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaborative Centre in Paris) in order to ensure the further development of its work in providing accurate surveillance data at the Community level and carrying out analyses.

Encouragement of efforts to increase and improve epidemiological training in HIV/AIDS and related fields in the Community and to build upon links between the responsible institutions in the Member States.

Examination of the specific circumstances and exchange of information concerning infected persons who remain asymptomatic for long time periods, as well as issues concerning the role of other diseases implicated in AIDS.

Exchange of information on significant developments in each Member State and at Community level in the development of the epidemic and related problems, including economic issues, such as the costs for statutory services and on the measures being taken in response.

AREA OF ACTIVITY 6.

Combatting discrimination against people with HIV and AIDS and those close to them

Study of the situation concerning the implementation in the Member States of the provisions on the fight against discrimination contained in the Resolution of the Council and the Ministers of Health of the Member States of 22 December 1989⁽⁶⁾; examination and exchange of information, in co-operation with the Member States, of the measures taken in the Member States to avoid or alleviate discrimination, notably in the above areas.

Analysis at Community level, in co-operation with the Member States of actual and potential discriminatory situations in the Member States, notably in the fields of employment, insurance, housing, education and the health care system.

⁽⁶⁾ OJ No C 10 of 16.1.1990, p. 3

AREA OF ACTIVITY 7.

Co-ordination with other programmes related to HIV/AIDS

Promotion of closer links with other Community programmes related to HIV/AIDS, including research and international assistance in order to ensure complementarity with these programmes and enhancement of Community added value.

FINANCIAL RECORD SHEET

1. **Title of the action**

Proposal for a Decision of the Council and the Ministers for Health of the Member States, meeting within the Council, concerning the extension to the end of 1994 of the 1991-1993 plan of action in the framework of the "Europe against AIDS" programme.

2. **Budget heading concerned**

Item B3-4301.

3. **Legal bases**

- Resolution of the representatives of the Governments of the Member States, meeting within the Council of 29 May 1986 on AIDS (OJ C 184, 23 July 1986, p. 21)
- Conclusions of the Council and of the representatives of the Governments of the Member States, meeting within the Council of 15 May 1987 concerning AIDS (OJ C 178, 7 July 1987, p. 1)
- Conclusions of the Council and the representatives of the Governments of the Member States, meeting within the Council of 31 May 1988 concerning AIDS (OJ C 197, 27 July 1988, p. 8)
- Resolution of the Council and of the Ministers of Education meeting within the Council of 23 November 1988 concerning health education in schools (OJ C 3, 5 January 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 15 December 1988 concerning AIDS (OJ C 28, 3 February 1989, p. 1)
- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council on 15 December 1988 concerning AIDS and the place of work (OJ C 28, 3 February 1989, p. 2)
- Resolution of the European Parliament of 30 March 1989 on the fight against AIDS (OJ C 158 of 26.06.89, p. 477)
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- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989 on awareness measures for health care personnel (OJ C 185, 22 July 1989, p. 6)

- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989 on the improvement of the general system for collecting epidemiological data, including the application of the new definition of AIDS cases (OJ C 185, 22 July 1989, p. 7)

- Conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989 regarding future activities on AIDS prevention and control at Community level (OJ C 185, 22 July 1989, p.8)

- Resolution of the Council and the Ministers for Health of the Member States, meeting within the Council of 22 December 1989 on the fight against AIDS (OJ C 10, 16 January 1990, p. 3)

- Decision of the Council and the Ministers for Health of the Member States, meeting within the Council of 4 June 1991 adopting a plan of action in the framework of the 1991 to 1991 "Europe against AIDS" programme (OJ L 175, 4 July 1991, p. 26)

- Report from the Commission on the plan of action in 1991-1992 of the "Europe against AIDS" programme ((COM 93) 42 final, 10 March 1993)

- Conclusions of the Meeting of the Council and the Ministers for Health meeting within the Council of 27 May 1993

4. **Description of the action**

4.1 **General objective of the action:** see Annex I to the proposal for a Decision of the Council and the Ministers for Health of the Member States meeting within the Council, concerning the extension to the end of 1994 of the 1991-1993 plan of action in the framework of the "Europe against AIDS" programme.

4.2 **Period covered by the action:** from 1 January 1994 to 31 December 1994. Arrangements for renewal and extension of the action have not yet been fixed.

5. **Classification of the expenditure:** non-compulsory.

6. **Type of expenditure:** Subsidy for co-financing of projects with other sources from the public and/or private sector (subsidy not exceeding a certain percentage of the total amount of the projects proposed).

7. **Financial impact**

7.1 Calculation of the total cost of the action: a total of ECU 9 million appeared to be needed for these activities, based on the amount which was scheduled for implementation of the "Europe against AIDS" programme in 1993 plus the amount required to reinforce certain actions. This sum was included in the preliminary draft budget for 1994, but the Council has adopted a budget of only ECU 8.3 million.

7.2 **Breakdown of the cost of the action:**

BREAKDOWN	BUDGET 93	PDB 94
1. Assessment of knowledge and behaviour	996.000	996.000
2. Informing and increasing the awareness of the public	498.000	498.000
3. Health education for young people	913.000	1.263.000
4. Prevention of HIV transmission	1.743.000	2.093.000
5. Social support, counselling, treatment	1.660.000	1.660.000
6. Estimating the cost of managing HIV infection	249.000	249.000
7. Data collection	249.000	249.000
8. Enhancement of human resources	1.577.000	1.577.000
9. Measures to combat discrimination against HIV-infected persons	415.000	415.000
TOTAL	8.300.000	9.000.000

BREAKDOWN	BUDGET 94
1. Assessment of knowledge and behaviour	996.000
2. Measures aimed at children and young people	2.526.000
3. Prevention of HIV transmission	2.204.000
4. Social support and counselling	1.660.000
5. Data collection	249.000
6. Measures to combat discrimination	415.000
7. Coordination with other programmes	250.000
TOTAL	8.300.000

8. Anti-fraud measures planned (and results of such measures)

Spot checks on contractors to verify what appropriations have been used, and in precisely what manner. Checks were carried out during the 1993 budgetary year and proved to be effective.

9. Cost-effectiveness analysis

9.1 Specific, quantifiable objectives, and target population:

- Synergy with actions undertaken by the international organisations active in this field; enhancement of drug abuse control measures as a result of AIDS prevention initiatives among drug users; highlighting of the necessary complementarity of actions to be undertaken under the social, health and economic policies.
- Boost to Member States in the development of their own AIDS prevention measures, in their Intra-Community cooperation and in access to information, through the creation of transnational networks.
- Maintenance of the balance between the economic factors and the public health and social welfare imperatives.

9.2 Justification for the action:

Rational use of the budget appropriation based on:

- 1) practical application of the principle of subsidiarity as regards identifying the actions to be undertaken and co-financed;
- 2) identification of target groups and appropriate information media.

The Commission will be assisted in implementing the programme by an advisory committee composed of representatives of the Member States. This committee will conduct regular examinations of a broad range of problems and advise the Commission on the levels of priority to be given to the actions proposed.

The programme will mainly involve supporting projects undertaken in the Member States.

Projects submitted will be selected on the basis of the following criteria:

- conformity with at least one of the defined objectives,
- examination of the project's "Community added value" (transnational participation, development of a model applicable in other Member States, information useable in other Member States, etc.),
- clarity and justification of the stated objectives,
- appropriateness of the methodology chosen,
- the proposing organisation's competence and experience,
- commensurateness of the project's budget with the stated objectives,
- support for the project from the national authorities.

9.3 Monitoring and evaluation of projects

Selected performance indicators

- Results and conclusions of the meetings of experts.
- Analysis of proceedings of colloquia and of the lists of participants (in terms both of quality and numbers).
- Estimation of the target population affected, and media impact.
- Evaluation of certain projects by Commission officials and/or collaborators (financial and technical aspects).
- Analysis of interim reports on the actions funded, so that corrective measures can be applied if necessary.
- Entrustment of certain impact studies to outside organisations.
- Appropriateness of the methodology used by the organisers.
- Commensurateness of the project's budget with the objectives.
- Clarity of the stated objectives.
- Competence and experience of the organisations involved.
- Dissemination of the results.

Evaluation system and frequency of evaluations

- Establishment of interim and final reports on the various actions undertaken.
- Development of a standard "action evaluation form" for submission by the beneficiaries with their final reports, and checking of these forms by officials (either in the Commission or on the spot).

9.4 Compatibility with the financial programme

- Is the action covered by the DG's financial programme for the years concerned?

Only the objectives are fixed in advance. The actions themselves depend greatly on the projects submitted to the competent department in the course of the year.

Actions are selected on the basis of criteria such as:

- compatibility with the objectives,
- the "Community added-value"
- expected effectiveness and profitability,
- population targeted or reached by the action.

10. Administrative expenditure (Part A of the budget)

Personnel needed solely for the action itself

In addition to the existing personnel (One A official, one A national expert, and three extra-muros staff comprising two at B level and one at C level), there will need to be four A officials, one B official and two C officials. The additional staff could be obtained by a redistribution of staff within the Commission's departments.

Staff appropriations required

The estimated appropriations needed are 693,000 in 1994.

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