

COMMISSION OF THE EUROPEAN COMMUNITIES

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**"EUROPE AGAINST AIDS"**

**COMMISSION REPORT**

**ON IMPLEMENTATION IN 1994**

## **I INTRODUCTION**

In a Decision of 4 June 1991 the Council and the Ministers for Health of the Member States, meeting within the Council, adopted a 1991-1993 plan of action within the framework of the "Europe against AIDS" programme<sup>1</sup>. As required by this Decision, the Commission presented to the Council on 10 March 1993 a report on activities undertaken in 1991 and 1992<sup>2</sup>, and another report on 25 November 1994 for 1993<sup>3</sup>, so that the Council and the Ministers for Health could evaluate their effectiveness.

The entry into force on 1 November 1993 of the Treaty on European Union, and in particular Article 129 EC, provided new Community prerogatives in the field of public health. For this reason, on 19 June 1995 the European Parliament and the Council adopted a Decision intended to extend the "Europe against AIDS" programme<sup>4</sup> in the expectation of adopting the Community programme on the prevention of AIDS and certain communicable diseases proposed by the Commission on 9 November 1994<sup>5</sup>.

This Communication is intended to supplement the implementation reports previously drawn up under the "Europe against AIDS" programme and to provide details of activities undertaken by the Commission in order to implement the plan's seven areas of activity in 1994.

## **II IMPLEMENTATION OF THE "EUROPE AGAINST AIDS" PROGRAMME IN 1994**

### **1 Selection criteria for projects submitted to the Commission**

The first criterion concerns whether a project falls clearly within the general framework of the programme, relates to one or more of the programme's areas of activity and involves the participation of Member States. Projects relating to non-Community countries or largely comprising research with no immediate practical application in the field of public health are thus excluded.

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<sup>1</sup> Decision 91/317/EEC, OJ L 175, 4.07.1991, p. 26

<sup>2</sup> COM (93) 42 final

<sup>3</sup> COM (94) 525 final

<sup>4</sup> Decision No 1729/95/EC, OJ L 168, 18.07.1995, p.1

<sup>5</sup> COM (94) 413 final of 9 November 1994

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

- if a project is to take place in more than one Member State;
- if it involves a number of organisations from various Member States;
- if the subject is of interest to the entire Community, for example international travel or migration;
- if it adopts an innovatory approach to a specific problem and does not duplicate work already being done elsewhere. In this context, a purely national project could be supported if it could act as a model for application in other Member States or if the results might be of direct relevance to other Member States.

The third criterion relates to whether the projects involve specific **technical/scientific and preventive activities** which can be prepared and implemented within a fixed period. The aim is to support **scientifically and technically valid projects and pilot projects** and not to subsidise ongoing basic services or structures.

The final criterion relates to financial matters. The Commission provides some financial support for projects but cannot finance them completely (100%) (see also Annex I).

In addition, the Decision of the European Parliament and the Council on extending the "Europe against AIDS" programme paid particular attention to:

- groups at risk or in particular situations (for example, young people and migrants);
- women;
- social and psychological support and combating discrimination.

## **2 The Advisory Committee**

As required by the 1994 Decision, the Commission was assisted in the implementation of the programme's actions by an Advisory Committee comprising representatives of the Member States. This Committee met twice in 1994, in February and September. Each project application preselected by the Commission was passed on to the Advisory Committee for an opinion. In order to simplify the work of the Advisory Committee, an evaluation chart was drawn up (see Annex II) with its approval, to be completed by each member for each project. The total number of points obtained was then compared with the maximum possible score for each project, based on the number of responses received from the Advisory Committee for each project under consideration.

After consulting the members of the Advisory Committee, the Commission decided whether to fund or to reject each project.

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

### **a Projects submitted to the Commission**

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

In 1994, the Commission received 173 applications, of which 59 were selected for funding from a total budget of ECU 9 million following a favourable opinion by the Advisory Committee.

By way of comparison, 78 applications were selected for 1991 and 1992, with a total budget of ECU 4 060 000, and 72 in 1993 with a budget of ECU 8.3 million. The sharp rise in the number of projects funded in 1993 in relation to the preceding years was due primarily to the increase in the budget between 1991-1992 (ECU 1.43 and 2.63 million respectively) and 1993 (ECU 8.3 million). In 1993, priority was given to funding a relatively small number of large-scale projects. In contrast, the number of projects funded in 1994 with a similar budget was lower than the total for 1993 because the Commission concentrated on large-scale transnational projects, leaving established networks in place.

In implementing the programme the Commission has tried to ensure a certain balance in the distribution of projects supported per Member State. However, the quality and price criteria applied during the selection process have sometimes made it impossible to keep that balance. Nevertheless, projects have been supported in all Member States with the exception of Portugal, which, however, has taken part in a number of projects in other Member States (see Annex III).

However, bearing in mind epidemiological data on AIDS and HIV-positive cases in the Mediterranean countries (see Annex V), particular efforts must be devoted to prevention.

b Projects initiated by the Commission

- The proposal for a Decision of the Council and the Ministers for Health of the Member States, meeting within the Council, extending until the end of 1994 the 1991-1993 plan of action adopted within the framework of the "Europe against AIDS" programme<sup>6</sup>, the content of which was based on an evaluation by the Council of measures undertaken in the context of the programme, was not adopted on 1 January 1994. For this reason the Commission, with authorisation only to fund ad hoc measures in 1994, published a call for proposals using the contents of the Annex to the proposal for a Decision<sup>7</sup>.
- In addition, the Commission issued a restricted invitation to tender on the basis of a call for expressions of interest in 1992<sup>8</sup> in the evaluation and dissemination of information resulting from the implementation of the programme. The number of applicants, however, was considered insufficient by the Advisory Committee on Procurements and Contracts, which, as a result, issued an unfavourable opinion on this restricted invitation to tender.

### III WORK CARRIED OUT UNDER EACH AREA OF ACTIVITY OF THE PLAN OF ACTION

For information or clarification, the various actions are classed in accordance with the areas of activity listed in the Annex to the 1994 Commission proposal for a Decision. As these areas are all more or less interdependent, some projects have aspects which relate to a number of projects simultaneously. A project is therefore classified by taking the predominant aspect into account (Annex IV contains a summary table).

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

<sup>7</sup> No 94/C 108/08, OJ C 108, 16.04.1994, p. 19

<sup>8</sup> No 92/C 181/08, OJ C 181, 17.07.1992, p. 15

**AREA OF ACTIVITY 1: Assessment of the knowledge, attitudes and behaviour of the general public and certain target groups, information and awareness-raising campaigns for the public and these groups**

Providing information and raising awareness about the problem of AIDS is a key element in any effective prevention strategy, and precise information is a prerequisite in order to be able to affect behaviour and thus combat discrimination.

The Commission funded 12 projects in this area:

- It supported a Franco-Belgian information and awareness-raising campaign aimed at populations of non-European extraction through the dissemination of information material translated into ten non-European languages. It is well-known that this target group forms a significant proportion of the population of a number of Member States.
- A pilot information project on the transmission and prevention of HIV/AIDS aimed at the Turkish and Kurdish populations of the Lower Rhine border region was organised with Commission support. This initiative took into account the cultural practices of these target groups and tried to overcome the difficulties of inter-cultural communication by establishing contact with key persons such as the Imam, teachers and sports coaches in order to obtain their support and cooperation and to establish, in cooperation with health professionals and social workers, what teaching materials to use.
- An action aimed at those on the fringes of society in the Mediterranean area was supported by the Commission. This action encouraged both the raising of awareness among this target group with regard to the prevention of HIV/AIDS and training for those dealing with young people, psychological and social support for HIV-positive persons and access by them to financial and social assistance.
- Members of the European and national Parliaments were invited to a European conference organised for them under the auspices of the Commission in 1995, the aim of which was to encourage exchanges of information and to raise the awareness of the entire European political stratum with regard to the transmission of infection by HIV/AIDS.
- An exhibition in public areas and meeting-places of posters by artists on the subject of AIDS was organised in Spain with Commission support, with the aim of making information accessible to all levels of the population. This is a pilot project which could be transferred to all Member States and has the advantage that it can be interpreted by the public without requiring any specialist knowledge on their part.

- In order to provide a basis for planning preventive measures against AIDS and to measure their effectiveness, precise information is required on the knowledge, attitudes and behaviour of the general population of the European Community or of target groups within that population, using suitable indicators. This is a fundamental exercise which is worthwhile supporting financially in order to assess shortcomings and priorities for the future on the one hand and, on the other, to avoid any redundancy of effort within the European Community. The Commission accordingly subsidised two analytical projects at Community level, one aimed at the general public and one aimed at target groups such as women, homosexuals, young people and ethnic minorities. Two universities therefore concentrated on collecting and examining studies already carried out in various Member States relating to operations and strategies with regard to information, awareness-raising and prevention in relation to AIDS on the one hand and, on the other, on a critical analysis and summary of the methods followed in these studies and the results obtained. The aim was to carry out a comparison between Member States in order to evaluate the strategies and methods chosen and identify any differences between Member States and aspects specific to them.
  
- It is clear, however, that in order to carry out the tasks referred to above, knowledge of the measures and of the bodies involved in combating HIV/AIDS infection is essential. To this end, the Commission supported a project aimed at drawing up an education guide for the general public, identifying and describing key organisations and persons in the field of AIDS and collecting campaign material on specific subjects relating to AIDS. This project will lead ultimately to the organisation of a conference in May 1995 on public education with regard to AIDS in Europe.
  
- A pilot project studying the feasibility of an electronic system providing information on HIV/AIDS to general practitioners and pharmacists in order to assist them in their work was carried out in three Member States with Commission support.
  
- A programme for exchanging experience based on the one hand on training trade union delegates and raising their awareness of the problem of AIDS in the workplace and, on the other, on trade union actions to defend against and combat discrimination at work against people with HIV/AIDS, involved Spanish and Italian trade unions supported by the Commission. An analysis and comparison of labour and social protection legislation with regard to workers with HIV/AIDS and the drawing up of criteria in relation to the above-mentioned subjects is to follow, for dissemination internally (industrial federations, regional and provincial unions, etc.) and externally (public administrations in other Member States and non-governmental organisations with competence in this field).

- The Commission also supported an examination of sexual behaviour and knowledge of AIDS among female students in Greece, as well as observing preventive measures taken by this group. The results will be discussed and compared with those from partners in other Member States. The intention is to establish a European network with common standards and a coordinated use of questionnaires and study methods relating to attitudes and behaviour in the light of HIV/AIDS in Europe.
- Finally, the Commission carried out a Eurobarometer survey among the public in April-May 1994 on blood, blood transfusion and HIV/AIDS at the request of the Council of Health Ministers. The results of this survey show that much remains to be done with regard to information (see conclusion).

#### **AREA OF ACTIVITY 2: Measures for children and young people**

Obviously, young people are a primary target group in the context of the implementation of the "Europe Against AIDS" programme.

In this area of activity, the Commission contributed to nine projects:

- It supported an initiative by the French Ministry of National Education aimed at harmonising sex education in schools. The intention was to devise a methodology to assist education establishments in introducing sex education measures by establishing a network of teachers and by exchanging know-how with the other Member States. In addition, the Commission took part in the implementation of two projects relating to methodological aspects. One concerned the exchange of information on health education in schools and training centres within the country and also the promoting of exchanges of personnel and of material intended for staff training (teachers, monitors, etc.). The second project related to the organisation of a European conference in Rome on health education and HIV/AIDS prevention in schools, to which those invited included representatives and AIDS and health education specialists from all the Member States. The conference resulted in the drawing up of a European consensus document with regard to HIV/AIDS prevention in schools.
- In addition, a conference was held in Denmark in the spring, with Commission support, to establish a European network relating to young people and education in HIV/AIDS prevention and epidemiology, travel and sexual behaviour, problems associated with migrants and drug consumption. The network involves both non-governmental organisations and public health authorities in the Member States. A second conference subsequently took place in order to assess progress in this field and to develop common indicators with regard to prevention.



- In the context of information, awareness-raising and AIDS prevention among young people, a major European assembly, which took into account the cultural and social differences between young people, took place in the Netherlands under the auspices of the Commission, bringing together a large number of Scout and Guide organisations from the European Community. This project had an enormous impact in all Member States, as approximately 6 million young Scouts and Guides were directly or indirectly involved.
- Pilot prevention projects aimed at groups of disadvantaged young people made it possible to evaluate, with Commission support, the attitudes and behaviour of this target group in the Netherlands and Germany. These projects were adapted for a similar target group in County Cork in Ireland, taking into account specific aspects of Irish culture. The results and experience acquired in implementing these projects will be transferred to other regions of those Member States facing similar problems.
- An information campaign aimed at young people was organised with Commission support and with the cooperation of radio stations in various Member States. This action made it possible to reach young people through advertisements, information bulletins, personal testimonies, discussions and interviews. Provision was also made for relays between stations and off-the-air measures such as the free distribution of condoms, basic information packages compiled especially for young tourists, tape compilations of the above-mentioned radio programmes and lists of telephone helpline numbers.
- The second phase of the "Europe against AIDS" summer campaign, which the Commission supported, was aimed at improving AIDS prevention among young holidaymakers and tourists through use of the media (posters in stations and airports, visual advertising in the press, particularly in youth magazines, television and radio advertisements, distribution of T-shirts and stickers) and through cooperation with national agencies and youth networks in the 12 Member States (insertion of "Europe against AIDS" images in the communications media of tourist bodies such as youth hostels and camp sites, and in members' magazines for those holding certain cards (Carte Jeune and Interrail, for example)). The messages and logos used were identical in all Member States.
- Finally, two projects aimed specifically at young people were supported by the Commission. The establishment in Spain and the United Kingdom of a street theatre group gave young people an opportunity to take part in plays dealing with AIDS. In addition, a workshop on sexuality aimed at young people between the ages of 13 and 21 was established in education centres in Belgium, the United Kingdom and Spain. To this end, the countries concerned provided common training for monitors, and a manual setting out the results of the experiment was drawn up for distribution in other Member States to serve as a basis for similar projects.

### **AREA OF ACTIVITY 3: Prevention of HIV transmission among particular groups and in particular settings**

Under this area of activity, the Commission supported seven projects:

- A programme was established to prevent HIV/AIDS transmission, aimed at young European tourists visiting Greece. The project was implemented in partnership with two other Member States. Following consultation with key people in the tourism sector on how to achieve the objectives, an intensive campaign was carried out involving the dissemination in all European languages of radio messages, brochures and posters in tourist areas and places of entertainment. Methodological results, and those relating to the campaign itself, were collected and distributed to the five largest travel organisations, the municipal authorities of European cities receiving large numbers of tourists, various religious institutions and all interested organisations. The campaign reached approximately 100 000 tourists.
- Within this area of activity, the Commission also stressed support for preventive measures aimed at women, particularly those in certain target groups such as prostitutes. To this end, a French pilot measure funded in 1993 by the Commission, intended to help prostitutes to become their own health workers in order to take part in developing new HIV/AIDS prevention strategies, was continued in 1994. The aim of this new measure was to systematise the experience acquired during the 1993 project by developing a joint practical measure in the field in France, Belgium, Spain, Italy and Germany. Women involved in prostitution in these five countries were recruited and trained in order to help establish bilateral relations between these countries and the body concerned (the "Women's Bus") and to serve as a link between prostitutes and HIV/AIDS specialists in the social and health network of the participating countries.
- A prevention and psychological/social support project, aimed at women prostitutes - particularly those with major social problems - and modelled on the experiment carried out in France, was launched in Spain with Commission support.
- The continuation of efforts to promote European Community self-sufficiency in blood products is specifically mentioned in the Decision extending the "Europe against AIDS" programme. Accordingly, two examinations carried out in the Netherlands received Commission support.

#### **AREA OF ACTIVITY 4: Social and psychological support**

The Commission supported nine measures under this heading:

Encouraging the exchange of experience with models for assisting and supporting those with HIV and AIDS is an integral part of the Commission's action programme. Thus, meetings bringing together the seven most important telephone helplines in the European Community were organised with Commission support in order to promote exchanges of experience and to develop ideas and methods aimed at improving and extending the services provided. Other subjects such as staff training, evaluation of activities, exploiting information gathered, technical problems and the possibility of establishing new services were discussed.

Along the same lines, the Commission encouraged a project to examine and assess the impact of existing telephone helplines. Questions relating to access, confidentiality and promoting these lines among the public were discussed, and recommendations for improving them were then made.

The drafting and dissemination of manuals, information bulletins and directories providing up-to-date information on the prevention of HIV transmission is a subject of particular interest to the Commission, as is the development within the European Community of computerised methods for responding to requests for information. This covers the introduction of a system for a European Bulletin, an electronic dissemination system authorising communication and exchanges between cooperating information and documentation centres and also the provision of the above-mentioned information to non-specialists.

The Commission supported a project by a United Kingdom university seeking to define the psychological and emotional consequences of HIV infection for people infected for five years or more, their requirements and the impact of the infection on the provision of support services. This analysis will provide a useful model for individual support strategies to be applied in other life-threatening situations. In addition, an examination of the constraints and adjustments facing those with HIV or AIDS was carried out in Greece. Questions dealt with related to the basic needs of HIV-positive persons, the way in which they react to their condition, changes in their everyday lifestyle and the obstacles or constraints affecting their quality of life. The conclusions were the subject of exchanges and comparisons with other Member States and may also be used in the context of prevention at European level.

A similar analysis to the two preceding ones, but relating specifically to women with HIV/AIDS, was also carried out in the United Kingdom with Commission support. One objective of this was to strengthen the links between organisations to assist women with the virus or the disease and between these bodies and existing European networks. This project involved all Member States directly or indirectly.

Finally, the Commission ensured the continuation of activities under a social action programme intended to provide psychological and social support to 20 households in major difficulties, in which at least one member is HIV-positive. This programme, carried out in partnership, will make it possible on the one hand to encourage exchanges of experience and transfers of know-how from one Member State to another and, on the other, to promote the introduction of similar systems in other Member States. In addition, a measure aimed at the social reintegration of drug addicts and/or HIV-positive persons was carried out in Belgium. In order to make this project transferable to other Member States, the conditions governing access to the project for drug addicts and/or HIV-positive persons were analysed in three other Member States. This analysis will lead to the drawing up of a proposal to harmonise the relevant regulations.

#### **AREA OF ACTIVITY 5: Gathering data on HIV/AIDS**

It is essential to have exact and relevant epidemiological information available in order to define effective strategies for combating the disease. Furthermore, classification and analysis of these data at Community level offers two important advantages: firstly, Member States thus have the opportunity of placing their national figures in a wider context and assessing the development of the epidemic in their country in relation to the situation in other Member States. Secondly, all the data collected at Community level make it easier to determine the main trends within the general population and significant developments in certain defined groups, thus permitting better targeting of activities.

Under this area of activity, the Commission supported 14 projects:

- It continued to assist the European Centre for the Epidemiological Monitoring of AIDS in its programme of collecting, analysing and disseminating national data at Community level and for each Member State. In this regard, the Centre has drawn up reports relating to anonymous individual data for each new case of AIDS declared in European countries and incorporated into the corresponding data base (European Non-Aggregate AIDS Data Set (ENAADS)) (see also Annex V). In addition, the Centre has drawn up a documented situation report on the prevalence and incidence of HIV infection in Europe on the basis of the continuous updating of the European HIV data base. Finally, it has drawn up reports on the monitoring of tuberculosis and its resistance to treatment and on evaluation of the impact of dissemination of methods of preventing pneumocystis carinii in the context of HIV infection.
- The European Centre also received financial support from the Commission for a feasibility study on the drawing up of a development plan for the publication of a bilingual (French-English) European bulletin on communicable diseases, including AIDS.

- The Institute for Hygiene and Epidemiology in Brussels carried out a study in this field with Commission support on the collection of data relating to the demand for HIV tests and other consultations of general practitioners relating to HIV/AIDS. The Institute will attempt to provide an indicator for the reaction of general practitioners and the general public to information given by the media, scientific organisations and other bodies on the subject of AIDS, and on their perception of the risk of HIV infection.
- An analysis was carried out by the Public Health Laboratory Service's Communicable Disease Surveillance Centre in London on the drawing up of an agreement and on cooperation through the establishment of a network within the European Community relating to communicable diseases. The European Centre is responsible for aspects relating to AIDS.
- The Commission supported a Greek project studying the possibility of using epidemiological data on sexually transmitted diseases as markers in the development of AIDS, with the aim of establishing a system to predict such developments and enable a more effective distribution of resources for AIDS prevention.
- Another Greek project involving Italy, the United Kingdom, Spain and Germany was carried out with Commission support, identifying the prevalence of HIV and hepatitis (B and C) among intravenous drug users in Greece in order to provide information on the risk factors associated with these infections. A comparison with the results of studies carried out in other European countries and non-member countries is to follow, thus enabling the formulation of joint preventive measures in this field.
- Under the auspices of the Commission, two universities carried out an analysis of the costs engendered by HIV/AIDS, particularly for the health and social services in Member States, and an analysis of ways of controlling them using methods common to all these countries. The aim here was to make it possible to distribute effectively the financial and human resources assigned to combat HIV/AIDS.
- The Commission also took an interest in activities aimed at increasing and improving epidemiological training in HIV/AIDS and associated fields within the European Community. To this end, it assisted in drawing up a manual dealing with the risk of HIV infection among drug users, to be used in the training of nursing auxiliaries in all Member States. In addition, the Commission helped to finance the production of a bilingual supplement to the magazine "SIDALERTE", which has the primary aims of informing European health professionals about the prevention of HIV/AIDS infection, health education and respect for the rights of and protection of patients. This supplement is to deal specifically with HIV infection and its interaction with tuberculosis, making it possible to cover shortcomings in information about and prevention of these associated diseases.

- The Commission also continued to provide support for a Belgian project on the training of health professionals. The aim of this was to apply a communication training prototype aimed at doctors in order to improve contact between them and patients affected by HIV/AIDS.
- Finally, the Commission financed a project carried out by a group of United Kingdom universities to evaluate the training given to people working in the field of AIDS.

**AREA OF ACTIVITY 6: Combating discrimination against people with HIV and AIDS and those close to them**

The Commission supported two projects under this area of activity:

- An analysis of the status of implementation of the Council Resolution of 22 December 1989<sup>9</sup>. In addition, legal measures and administrative practices in Member States which give rise to discrimination against persons contaminated with HIV/AIDS or other fatal contagious diseases, or which aim to combat discrimination against such persons, were analysed and compared. This made it possible to identify proposals for changes in order to improve respect for the rights of those concerned. A European conference for national experts and members of organisations active in the field was organised to this end, to enable evaluation and discussion of the results of this analysis.
- The Commission supported a project by a group of English universities with the aim of measuring whether Community action to improve awareness among the population of the European Community with regard to the problem of HIV/AIDS was desirable and feasible. In addition, the possibilities of drawing up a European Code relating to discrimination against those afflicted by HIV/AIDS were analysed. Questions of European law relating to the principles of subsidiarity and proportionality, as well as to freedom of movement for persons, will be dealt with in the context of this project in order to assess the advantages and disadvantages of such a code and its operation.

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<sup>9</sup> OJ C 10, 16.1.1990, p. 3.

## **AREA OF ACTIVITY 7: Coordination with other programmes dealing with HIV/AIDS**

The Commission took an active part in the International Conference on AIDS and Sexually Transmitted Diseases held in August 1994 in Yokohama. A preparatory conference was organised which included a representation of the different Community programmes dealing with HIV/AIDS prevention (BIOMED, a research programme in the field of biomedicine and health, including AIDS research<sup>10</sup>, and PHARE, intended for the countries of eastern Europe) and certain other projects. The Commission was also represented by a stand in the exhibition hall with a wide choice of information material. It ensured that many of the contractors who had obtained funding under the "Europe against AIDS" programme were present. Commission representatives also chaired working parties at the conference.

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

#### **1 Research**

AIDS research in the context of the BIOMED programme has the following aims:

- \* to promote research into more effective means of combating AIDS and HIV infection, particularly by producing a vaccine, pharmaceutical products and treatments; basic research, epidemiology and research into behaviour, socio-economic factors and health services;
- \* to increase knowledge of the pathogenesis of AIDS;
- \* to study ways of meeting the new challenges rapidly;
- \* to complement and participate in international AIDS and HIV research.

In accordance with the above-mentioned four aims, HIV/AIDS research is split into four sub-programmes:

- \* control and prevention of the disease;
- \* viral-immunological research;

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<sup>10</sup> Source: Work programme for BIOMED I (1990-1994).

- \* clinical research;
- \* production of a vaccine and treatment testing of anti-viral drugs.

It is still too soon to assess the results, successes and shortcomings of BIOMED. Nevertheless, one of the aims of the European Community, namely scientific cooperation in Europe, has been achieved, since over 400 teams in 17 countries have received financial assistance in order to work on BIOMED projects. Disseminating the results of these projects will enable other scientists to exchange their knowledge and experience with teams already taking part in this European research network.

On 1 December 1994, the Council of Research Ministers signed an agreement on the last ten specific programmes under the 4th Framework Programme for Research and Technological Development (RTD). The Council thereby approved the Specific Research and Technological Development Programme in the field of Biomedicine and Health (1994-1998). This BIOMED 2 programme will continue the efforts of previous programmes to contribute to solving the AIDS problem.

In 1994, 13 new contracts for concerted measures were signed, representing a network of 160 research laboratories taking part in the fight against AIDS at European level, with a total budget of ECU 4 000 000.

The majority of projects centre on the development of new therapies, the production of new medicinal products to prevent an HIV-positive state developing into full-blown AIDS, and the discovery of a vaccine or vaccines. Emphasis is also given to studying the epidemiological, social and economic impact of the disease on society as a whole.

## **2 The policy of the Community with regard to AIDS in developing countries**

In 1994 the Commission continued its activities in connection with HIV/AIDS in developing countries.

In a communication to the Council and the European Parliament, the Commission set out its priorities in terms of policy and strategies with regard to HIV/AIDS in developing countries. On this basis, the Council adopted a Resolution in May 1994 approving the guidelines proposed by the Commission.

The measures supported by the Commission, with resources from the European Development Fund and the budget, concentrated on the following main strategies:

- promoting an effective policy of preventing the sexual, perinatal and blood-borne transmission of HIV/AIDS and of preventing discrimination;
- breaking the "poverty-instability-HIV/AIDS" cycle by paying particular attention to population groups in risk environments (refugees, migrants, etc.);



- strengthening the healthcare and social sectors to enable them to bear the increasing burdens associated with the spread of the epidemic;
- supporting governments in assessing the impact of the epidemic on the various economic sectors and social groups and in determining the implementation of care strategies;
- developing scientific knowledge of the epidemic in biomedical and sociological terms and of the impact of operations, with the aim of improving the quality thereof.

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

Two aspects of the fight against AIDS are currently being tackled in the pharmaceutical sector. The first relates to measures taken to ensure, as far as possible, that medicinal products derived from human blood or plasma are free of the virus. The second relates to the rapid and simultaneous dissemination throughout the Community of medicinal products for AIDS patients.

#### **1. Safety of blood products**

Council Directive 89/381/EEC extended the scope of Community legislation on pharmaceutical products to cover stable blood derivatives of industrial origin, namely albumin, coagulants and immunoglobulins. As a result, these products are subject to the general provisions of the legislation relating to authorisation for manufacture and marketing. In addition, this Directive set out a number of measures relating more specifically to blood products, in particular compulsory measures for the selection and monitoring of blood donors recommended by the Council of Europe and the World Health Organisation.

Improving the safety of blood products is a continuous process, developing with the state of knowledge and of techniques. In 1994, the Committee for Proprietary Medicinal Products (CPMP), on which the competent authorities of the Member States are represented, adopted a supplementary measure aimed at reinforcing the safety of blood products. This measure involves the compulsory introduction of plasma pool checks and the selection of the different donations. From 1 November 1994, it is recommended that manufacturers of blood products test plasma pools for a series of viral markers, including the HIV-1 and HIV-2 antibodies.

## 2. Medicinal products for AIDS patients

A certain number of medicinal products for the treatment of AIDS have been authorised under the Community coordination procedure (established by Directive 87/22/EEC). In some cases, these medicinal products must be used in isolation (monotherapy); in others, they must be associated with other products (combined therapy).

As the first marketing authorisations have been granted, administration of these medicinal products has been extended, on the basis of the results of clinical trials, to children, asymptomatic patients (i.e. those who are HIV-positive but do not yet show any symptoms) and, in the near future, treatment of the causes of transmission through the mother.

In addition to treating the disease itself, certain products have been authorised for the treatment of associated diseases such as Kaposi's sarcoma.

Medicinal products for AIDS and other viral diseases are a priority area for the Commission; in 1995, a special working party is to devote all its efforts to this subject.

## V EVALUATION

At the time this report was drawn up, a large proportion of the projects funded for 1994 were still under way. A detailed evaluation of the effectiveness and impact of the actions undertaken individually or collectively will be carried out during 1995.

In addition, in accordance with the conclusions of the 1993 implementation report, the Commission has taken the necessary measures to evaluate the impact of projects undertaken during the 1993 financial year. At the time this report was drawn up, almost half of the projects funded in this financial year had been completed and were being evaluated.

## VI CONCLUSION

One of the most obvious improvements in the implementation of the programme is the strengthening of the trans-European approach to projects. The majority of Member States were involved directly or indirectly (see Annex III) through active cooperation, participation in the introduction of new networks and/or the strengthening of existing networks.

Approximately 18% of the total budget was devoted to measures to evaluate the knowledge, attitudes and behaviour of the general public and of target groups. Analysis of the results of the Eurobarometer survey of the population of each Member State over 15 years of age, carried out between 4 April and 6 May 1994 in the context of the programme, highlighted the fact that significant efforts were required in this field.

In contrast to previous years, HIV prevention and social and psychological support measures attracted less expenditure. There were fewer projects, but they were larger in scale (9% and 7% respectively). As women constitute a growing proportion of those carrying the HIV virus or suffering from AIDS, the majority of measures were developed with this target group in mind. Increased tourism, travel and intravenous drug use has given rise to the need for a sustained prevention, information and assistance campaign.

Approximately 41% of the total budget was allocated to activities concerned with collecting data on HIV/AIDS and transmissible diseases. These efforts make it possible, as a result of wider-ranging collections of data, to improve the targeting and adaptation of prevention and information measures in the Member States in future years.

Combating discrimination against people with HIV and AIDS and those close to them is an area on which very few projects have concentrated. One explanation for this may be that the project to carry out a comparative analysis of European legislation on AIDS from an ethical and legal point of view, which was funded in 1993, will be completed in 1994, and the results were not yet available when this report was drawn up.

The proportion of expenditure relating to coordination with other programmes dealing with HIV/AIDS increased significantly (4.7%) in relation to previous years (average 3%). This is due to the organisation of joint participation by the various Commission departments in the International Conference on AIDS and Sexually Transmitted Diseases held in Yokohama in August 1994.

On the basis of work carried out and evaluated at this stage of the implementation of the "Europe against AIDS" programme, it is an undeniable fact that it has made an effective contribution to the fight against HIV/AIDS, particularly by avoiding any duplication of effort at Member State level and by permitting financial savings and economies of scale. The true impact and synergy of national and Community projects, however, can only be evaluated on the basis of epidemiological data collected over time. It is therefore essential to continue and step up support for the fight against this scourge, taking into account the experience acquired in the implementation and evaluation of the programme.

PRESENTATION OF PROJECTS TWICE A YEAR

EUROPEAN COMMISSION DG V  
PRESELECTION IN ACCORDANCE WITH BASIC CRITERIA

ANNEX I  
PROJECT SELECTION PROCEDURE

FUNDING

YES

YES

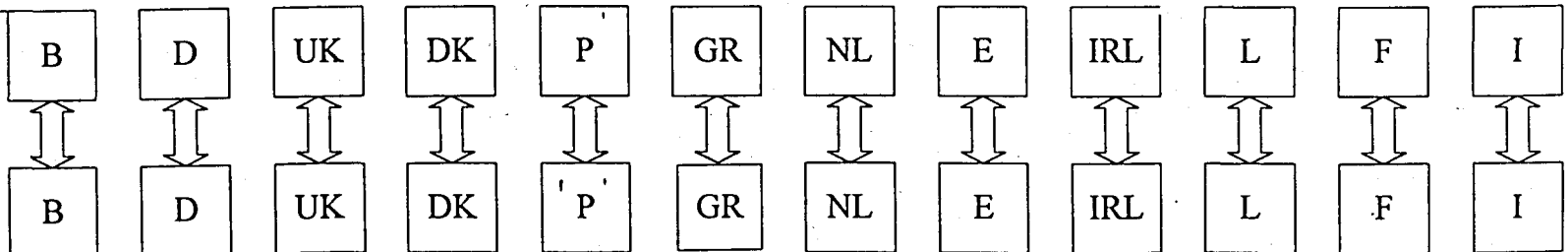
NO

NO

RIGHT OF VETO ON PROJECTS OF OWN MEMBER STATE

ADVISORY COMMITTEE

NATIONAL AIDS COMMITTEE



## ANNEX II

## PROJECT EVALUATION CHART

1. List number:				
2. Selection criteria:	CATEGORY			
	A	B	C	D
Clarity of stated aims				
Compatibility between work description and stated aims				
Quality of the method proposed				
Method of monitoring and evaluation				
Method of compiling the results				
Knowledge of the subject				
Transferability of the action				
Innovativeness				
Overlap with existing projects				
3. General assessment:				
4. Financing proposed (expressed as a percentage of the total budget)				
5. Other remarks				

ANNEX III  
ANALYSIS OF EXPENDITURE UNDER THE PROGRAMME by country and showing extent of contribution by countries

TOTAL NUMBER OF SUBSIDIES: 59  
TOTAL AMOUNT COMMITTED: ECU 8 999 136

COUNTRY	AMOUNT GRANTED PER COUNTRY IN ECU	PERCENTAGE OF BUDGET GRANTED PER COUNTRY	NUMBER OF SUBSIDIES PER COUNTRY	PERCENTAGE OF SUBSIDIES GRANTED PER COUNTRY	PERCENTAGE CONTRIBUTION TO SUBSIDIES BY MEMBER STATES
BELGIUM	3 396 928	37.75%	8	13.56%	10.63%
DENMARK	93 663	1.04%	1	1.69%	5.97%
FRANCE	1 592 269	17.69%	13	22.03%	14.92%
FEDERAL REPUBLIC OF GERMANY	6 024	0.07%	1	1.69%	10.36%
GREECE	501 203	5.57%	6	10.17%	5.53%
IRELAND	228 243	2.54%	3	5.08%	5.69%
ITALY	214 000	2.38%	1	1.69%	5.71%
GRAND DUCHY OF LUXEMBOURG	292 232	3.25%	1	1.69%	6.36%
NETHERLANDS	564 011	6.27%	4	6.78%	5.66%
PORTUGAL	0	0.00%	0	0.00%	1.51%
SPAIN	217 879	2.42%	3	5.08%	9.69%
UNITED KINGDOM	1 887 472	20.97%	17	28.81%	12.59%
<b>TOTAL</b>	<b>8 993 924</b>		<b>58</b>		
SUPPLEMENTARY COMMITMENT FOR THE INTERNATIONAL CONFERENCE IN YOKOHAMA	5 212		1		
<b>GRAND TOTAL</b>	<b>8 999 136</b>		<b>59</b>		

## ANNEX IV

## SUMMARY TABLE OF SUMS COMMITTED BY AREA OF ACTIVITY

TOTAL NUMBER OF SUBSIDIES: 59

TOTAL AMOUNT COMMITTED: ECU 8 999 136

AREA OF ACTIVITY	AMOUNT COMMITTED PER AREA OF ACTIVITY	PERCENTAGE OF BUDGET PER AREA OF ACTIVITY	NUMBER OF SUBSIDIES PER AREA OF ACTIVITY
I ATTITUDES AND BEHAVIOUR	1 633 810	18.16%	12
II CHILDREN/YOUNG PEOPLE	1 454 214	16.16%	9
III PREVENTION OF HIV TRANSMISSION	810 414	9.01%	7
IV SOCIAL AND PSYCHOLOGICAL SUPPORT	662 447	7.36%	9
V DATA COLLECTION	3 716 175	41.29%	14
VI DISCRIMINATION	301 422	3.35%	2
VII COORDINATION WITH OTHER PROGRAMMES	420 654	4.67%	6

## ANNEX V

## EPIDEMIOLOGICAL DATA

AIDS cases and rate of incidence\* per country and per year of diagnosis (1989-1994) declared as at 31 December 1994, corrected for declaration deadlines (1992-1994)  
WHO European Region

Country	CASES DECLARED						CASES CORRECTED FOR DECLARATION DEADLINES						† Cumulative total
	YEAR OF DIAGNOSIS						YEAR OF DIAGNOSIS						
	1989		1990		1991		1992		1993		1994		
No	Rate	No	Rate	No	%	No	Rate	No	Rate	No	Rate		
Albania	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Austria	141	18.4	162	21.0	195	25.2	189	24.2	227	28.9	160	20.2	1 335
*Azerbaijan	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1
*Belarus	0	0.0	0	0.0	3	0.3	5	0.5	2	0.2	2	0.2	12
Belgium	166	16.7	204	20.5	252	25.3	243	24.3	251	25.0	245	24.3	1 875
*Bulgaria	4	0.4	4	0.4	2	0.2	6	0.7	6	0.7	8	0.9	32
*Croatia	3	0.7	9	2.0	11	2.4	8	1.8	10	2.2	16	3.6	76
*Czech. Rep.	7	0.7	5	0.5	2	0.2	9	0.9	15	1.5	12	1.2	59
Denmark	7	0.7	5	0.5	2	0.2	9	0.9	15	1.5	12	1.2	59
*Estonia	0	0.0	0	0.0	0	0.0	1	0.6	1	0.6	1	0.6	3
Finland	17	3.4	15	3.0	26	5.2	27	5.4	31	6.1	95	18.7	253
France	3 782	65.4	4 282	73.6	4 576	78.2	5 100	86.8	5 586	94.6	6 062	102.2	36 890
Germany	1 586	20.1	1 484	18.7	1 636	20.5	1 726	21.5	1 843	22.8	1 865	22.9	13 452



CASES DECLARED							CASES CORRECTED FOR DECLARATION DEADLINES						
YEAR OF DIAGNOSIS							YEAR OF DIAGNOSIS						
1989		1990		1991			1992		1993		1994		† Cumulative total
Country	No	Rate	No	Rate	No	%	No	Rate	No	Rate	No	Rate	
Greece	97	9.5	137	13.4	147	14.3	171	16.5	173	16.7	126	12.1	1 031
Hungary	15	1.4	19	1.8	31	3.0	33	3.2	33	3.2	24	2.4	172
* Iceland	3	11.9	3	11.8	6	23.3	3	11.5	6	22.8	3	11.3	35
Ireland	56	15.9	64	18.3	70	20.0	68	19.4	70	19.9	47	13.3	460
Israel	33	7.3	44	9.4	37	7.7	34	6.8	58	11.0	39	7.1	337
Italy	2 454	43.1	3 106	54.5	3 732	65.4	4 193	73.4	4 780	83.7	5 479	95.9	27 232
*Kazakhstan	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1	3	0.2	5
*Latvia	0	0.0	2	0.7	1	0.4	1	0.4	3	1.1	2	0.8	9
*Lithuania	0	0.0	1	0.3	1	0.3	1	0.3	1	0.3	0	0.0	5
Luxembourg	11	29.2	9	23.6	12	31.2	12	30.8	20	50.6	13	32.4	90
*Malta	0	0.0	1	2.8	7	19.7	4	11.1	3	8.3	1	2.7	30
*Moldavia	1	0.2	0	0.0	0	0.0	2	0.5	0	0.0	0	0.0	4
*Monaco	2	66.7	2	66.7	4	133.3	9	290.3	7	225.8	3	96.8	33
Netherlands	391	26.3	416	27.8	445	29.6	508	33.5	462	30.2	427	27.7	3 474
Norway	43	10.2	58	13.7	58	13.6	51	11.9	65	15.1	86	19.9	463
Poland	24	0.6	21	0.6	46	1.2	36	0.9	67	1.7	79	2.1	278
Portugal	192	19.4	246	24.9	286	29.0	388	39.4	511	51.9	605	61.5	2 552
Rumania	278	12.0	1 059	45.6	510	22.0	433	18.7	429	18.6	451	19.7	3 185
Russia	25	0.2	38	0.3	32	0.2	28	0.2	13	0.1	26	0.2	168

CASES DECLARED							CASES CORRECTED FOR DECLARATION DEADLINES						† Cumulative total
YEAR OF DIAGNOSIS							YEAR OF DIAGNOSIS						
1989		1990		1991			1992		1993		1994		
Country	No	Rate	No	Rate	No	%	No	Rate	No	Rate	No	Rate	
*San Marino	1	43.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1
*Slovakia	0	0.0	0	0.0	0	0.0	3	0.6	1	0.2	3	0.6	10
*Slovenia	7	3.7	2	1.0	7	3.6	3	1.6	7	3.6	6	3.1	37
Spain	3 031	77.4	3 712	94.5	4 303	109.3	4 857	123.1	5 579	141.2	8 012	202.5	33 742
Sweden	131	15.4	128	15.0	139	16.2	128	14.8	183	21.0	180	20.6	1 167
Switzerland	574	84.8	573	83.8	553	80.1	677	97.0	620	87.9	591	82.9	4 670
Tadjikistan	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Turkey	13	0.2	11	0.2	22	0.4	27	0.5	30	0.5	34	0.6	158
*Ukraine	1	0.0	1	0.0	4	0.1	4	0.1	10	0.2	10	0.2	32
United Kingdom	1 056	18.5	1 206	21.0	1 347	23.4	1 525	26.4	1 680	29.0	1 729	29.8	11 005
*Uzbekistan	0	0.0	0	0.0	0	0.0	1	0.0	1	0.0	0	0.0	2
§Yugoslavia	33	3.3	54	5.3	55	5.3	86	8.2	60	5.6	50	4.6	379

Per million inhabitants

Source of demographic data:

World Population Prospects: The 1994 Revision (United Nations, New York)

† Includes 369 cases with no known date of diagnosis

\* Not corrected (insufficient number of cases)

§ Serbia and Montenegro