

Procedure file

Basic information		
SYN - Cooperation procedure (historic)	1995/0164(SYN)	Procedure completed
Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme		
Subject		
4.20.01 Medicine, diseases		
6.40.12 Relations with developing countries in general		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	DEVE Development and Cooperation		08/09/1995
		ELDR ANDRÉ-LÉONARD Anne	
	Former committee responsible		
	DEVE Development and Cooperation		08/09/1995
		ELDR ANDRÉ-LÉONARD Anne	
	Former committee for opinion		
	BUDG Budgets		07/09/1995
		PPE BÉBÉAR Jean-Pierre	
	ENVI Environment, Public Health and Consumer Protection	The committee decided not to give an opinion.	
CONT Budgetary Control		05/09/1995	
	PSE WYNN Terence		
FEMM Women's Rights		26/09/1995	
	PPE GLASE Anne-Karin		
Council of the European Union	Council configuration	Meeting	Date
	General Affairs	1996	24/03/1997
	Telecommunications	1941	27/06/1996
	Development	1928	28/05/1996

Key events			
26/06/1995	Legislative proposal published	COM(1995)0293	Summary
18/09/1995	Committee referral announced in Parliament		
15/04/1996	Vote in committee		Summary

15/04/1996	Committee report tabled for plenary, 1st reading/single reading	A4-0113/1996	
08/05/1996	Debate in Parliament		Summary
09/05/1996	Decision by Parliament	T4-0216/1996	Summary
27/06/1996	Council position published	07285/2/1996	Summary
18/07/1996	Committee referral announced in Parliament, 2nd reading		
29/10/1996	Vote in committee, 2nd reading		Summary
29/10/1996	Committee recommendation tabled for plenary, 2nd reading	A4-0341/1996	
11/11/1996	Debate in Parliament		Summary
12/11/1996	Decision by Parliament, 2nd reading	T4-0577/1996	Summary
10/01/1997	Modified legislative proposal published	COM(1997)0001	
24/03/1997	Act adopted by Council after consultation of Parliament		
24/03/1997	End of procedure in Parliament		
27/03/1997	Final act published in Official Journal		

Technical information

Procedure reference	1995/0164(SYN)
Procedure type	SYN - Cooperation procedure (historic)
Procedure subtype	Legislation
Legal basis	EC before Amsterdam E 130W
Stage reached in procedure	Procedure completed
Committee dossier	DEVE/4/08000

Documentation gateway

Legislative proposal	COM(1995)0293 OJ C 252 28.09.1995, p. 0004	26/06/1995	EC	Summary
Committee report tabled for plenary, 1st reading/single reading	A4-0113/1996 OJ C 152 27.05.1996, p. 0003	15/04/1996	EP	
Text adopted by Parliament, 1st reading/single reading	T4-0216/1996 OJ C 152 27.05.1996, p. 0013-0036	09/05/1996	EP	Summary
Council position	07285/2/1996 OJ C 264 11.09.1996, p. 0021	27/06/1996	CSL	Summary
Commission communication on Council's position	SEC(1996)1300	15/07/1996	EC	
Committee recommendation tabled for plenary, 2nd reading	A4-0341/1996 OJ C 362 02.12.1996, p. 0006	29/10/1996	EP	
Text adopted by Parliament, 2nd reading	T4-0577/1996 OJ C 362 02.12.1996, p. 0021-0043	12/11/1996	EP	Summary

Modified legislative proposal	COM(1997)0001 OJ C 095 24.03.1997, p. 0036	10/01/1997	EC
Additional information			
European Commission	EUR-Lex		
Final act			
Regulation 1997/550 OJ L 085 27.03.1997, p. 0001 Summary			

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

1) Objective To formalise ongoing structural support to developing countries in their efforts to combat HIV/AIDS. 2) Content 1. The Community shall implement a programme to assist the developing countries in their efforts to combat the spread of the HIV/AIDS epidemic and help them cope with its impact on health and economic development. 2. Priority shall be given to promoting an effective policy to prevent HIV/AIDS transmission, breaking the "poverty-instability-HIV/AIDS" cycle, reinforcing health and social services, helping government assess the epidemic's impact and developing scientific knowledge of the epidemic. 3. The proposal defines the agents of cooperation eligible for financial support in the form of non-refundable grants to cover both investment (with the exception of the purchase of buildings) and operating costs. 4. The instruments to be employed include studies, technical assistance, training or other services, supplies and works, along with audits and evaluation and monitoring missions. 5. The Commission shall take all necessary measures to coordinate operations financed by the Community and those financed by the Member States. 6. The Commission shall appraise, decide and administer the cofinancing of operations according to the budgetary and other procedures in force. Participation in invitations to tender and the award of contracts shall be open on equal terms to natural and legal persons of the Member States and of the recipient country. 7. The Commission shall be assisted by an advisory committee made up of representatives from the Member States and chaired by a representative of the Commission, i.e. for the ACP countries, the EDF Committee; for the Mediterranean countries, the MED Committee; for the Asian and Latin American countries the ALA Committee. 8. After each budget year, the Commission shall report to Parliament and the Council, summarising the operations financed in the course of the year and evaluating the implementation of the Regulation. 9. A financial statement is annexed to the proposal. Source : Commission Européenne - Info92 - 12/95?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

The rapporteur approved the proposal but tabled amendments concerning the priority strategies to be adopted and the action to be taken. The rapporteur called on the Community to support strategies to: - promote an effective policy to prevent HIV/AIDS from being transmitted sexually, perinatally or through the blood and to prevent and treat sexually transmitted diseases, mainly by funding information and training campaigns, promoting the correct use of all means of protection, particularly condoms, and planning campaigns with the involvement of the media capable of reaching the population; - break the "poverty-instability-HIV/AIDS" cycle, giving particular attention to high-risk groups (refugees, migrants, itinerant workers, soldiers etc.); - reinforce health and social services (sexual education courses for young people that respect their cultural identity); - develop regional and international medical cooperation exchanges; - include action against AIDS in the general measures against other diseases in developing countries by improving primary health care; - promote dialogue with religious communities which reject public anti-AIDS campaigns; - promote a policy aimed at ensuring respect for the fundamental human rights referred to in the decisions of the Fourth World Women's Conference in Beijing; - develop scientific knowledge on the epidemic. The rapporteur called for action to: - provide sexual and reproductive health education; - improve the availability and use of different means and methods of protection through the promotion, distribution and social marketing of condoms; - promote methods for systematic HIV/AIDS screening among the populations in developing countries; - increase the availability of drugs to treat sexually transmitted diseases; - set up a solidarity instrument to improve the treatment for those affected by HIV in the poorest countries, in conjunction with the Member States and the NGOs; - establish, with the active support of the main UNO agencies and pharmaceutical laboratories, a financial connection between treatment financed in rich countries and treatment needed in developing countries; - strengthen health services and care establishments; - involve local communities in the devising of information strategies and sex education programmes. The rapporteur called for all AIDS prevention and control programmes to respect human rights and cultural and religious characteristics, insofar as these were compatible with the fight against this disease. She also called for action to combat discrimination, stigmas and the ghettoization of those living with the virus and for priority to be given in the means deployed to strengthening national capacities, especially in the form of training programmes designed to increase the involvement and autonomy of recipient countries. Financial support for developing countries takes the form of non-refundable grants. Decision on projects costing over ECU 2 million must be approved by a committee.?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

Recalling that some 17 million people were currently infected with the HIV virus and that even the most optimistic forecasts suggested that this figure would grow to 40 million by the year 2000, the rapporteur, Mrs ANDRE-LEONARD, pointed out that the developing countries had been the hardest hit, since 80% of those infected lived in these regions. While regretting that insufficient resources had been made available for the

aid programmes being financed by Europe (which remained nevertheless the main provider of funds for development aid), Mrs André-Léonard stressed the importance of preventive measures, which should be directed primarily at the poorest classes and at the at-risk groups, and the need for remedying the absence of education, which was a prime cause of this scourge on society. Finally, she wanted to combine the fight against AIDS with measures to prevent sexually transmitted diseases. Commissioner Pinheiro gave his assurance that there would be the necessary degree of coordination between the EU and the Member States in respect of an anti-AIDS strategy. He then went on to state that the Commission was prepared to take over most of the 39 amendments tabled; however, for reasons of cost or excess bureaucracy he was unable to accept Amendments Nos 18, 28 (para. 2), 29, 30, 32, 35, 38 and 39.

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

Adopting the report by Mrs Anne ANDRE-LEONARD (ELDR, B) Parliament approved the regulation setting up an assistance programme to help the developing countries combat the spread of HIV/AIDS and deal with the impact on health and social and economic development. It asked, however, that priority be given to the following strategies and action: * Priorities: Parliament called on the Community to support strategies aimed at: - promoting an effective policy to prevent HIV/AIDS from being transmitted sexually, perinatally or through the blood and for the prevention and treatment of sexually transmitted diseases, by funding health information and prevention campaigns promoting the correct use of all means of protection, particularly condoms, and campaigns planned with the involvement of such mass media as are capable of reaching the population; - breaking the "poverty-instability-HIV/AIDS" cycle, with particular attention being accorded to groups in high-risk environments (refugees, migrants, itinerant workers, soldiers, prisoners, prostitutes, etc.); - stressing the need to reduce the co-factors that cause AIDS (poverty, malnutrition and poor hygiene); - reinforcing health and social services (sexual education courses aimed at young people that respect their cultural identity); - developing regional and international medical cooperation exchanges; - including action against AIDS in the general measures against other diseases which still exist in the developing countries by improving primary health care; - promoting a dialogue with the religious communities that continue to reject an open and wide-ranging anti-AIDS campaign; - promoting a policy aimed at ensuring respect for the fundamental human rights referred to in the decisions of the Fourth World Women's Conference in Beijing; - developing scientific knowledge on the epidemic. * Action to be taken: Parliament called for action to: - provide sexual and reproductive health education adapted to make it accessible to the target groups, with media involvement; - improve the availability and use of different means and methods of protection, in particular by means of improved information and through the promotion, distribution and social marketing of condoms; - promote methods for systematic HIV/AIDS screening among the populations in the developing countries; - increase the availability of medicinal products intended to treat sexually transmitted diseases; - study the setting up of a solidarity instrument to improve the treatment for people affected by HIV in the poorest countries, in conjunction with the Member States and the NGOs. - establish, with the active support of the major UN agencies and pharmaceutical laboratories, a financial connection between the treatments financed in the rich countries and the necessary treatments in the developing countries; - strengthen health services and care establishments; - involve local communities in the devising of local strategies for information campaigns and sexual education programmes; - promote freedom from stigma, isolation and ghettoization for those living with the virus; - improve national epidemiological surveillance notification and statistical systems; - support programmes that aim to increase women's decision-making powers in all spheres of the health sector. Parliament also asked that all AIDS prevention and control programmes should respect human rights and cultural and religious characteristics insofar as they are compatible with action against the disease. Parliament also wanted priority to be given during implementation to enhancing national capacities, particularly through training programmes designed to increase the beneficiary countries' involvement in and autonomy in relation to measures to control the spread of the virus. It also wanted a financial contribution from local partners, in particular to operating costs, in cases where a project is designed as a start-up for an ongoing activity.?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

In its common position the Council made certain changes to the text of the Commission proposal, notably: - the nature of the committee required to give an opinion on proposed measures: the Council agreed that this would be the relevant geographical committee (ALA, FED or MED) acting under the III(a) procedure (regulatory committee). It also stated that once a year there would be an exchange of views in a joint meeting of geographical committees on the general guidelines for measures to be carried out the following year; - duration of the regulation: unlike the Commission the Council thought that the regulation should apply for a limited period. It therefore limited it to three years (1997-1999) with a financial reference amount of ECU 45 m; - the Council also added a new article on assessment of measures (the assessments are to be made available to the Member States on request) and information for the committees on measures financed at various stages (before and after financing); - the Council stressed the complementarity of these measures with other development cooperation measures. Concerning Parliament's amendments, the Council retained the following: . taking account of the fact that AIDS is pandemic throughout the world and requires appropriate structural and multi-sectoral action; . details on the financial measures: addition of measures concerning improvement of the availability and use of means of protection (especially methods of transfusion and other forms of injection), better methods of protection against HIV/STD transmission (including better screening), technical support for local NGOs and local communities by means of networks to improve the effectiveness of efforts and information; encouragement of participation by local communities in sexual education; improvement of epidemiological surveillance; . definition of the agents of cooperation eligible for financial support: inclusion of local authorities, traditional social structures, local communities and the private sector; . details of the instruments to be employed in financing. All the other Parliament amendments were rejected by the Council. ?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

In adopting the report by Mrs ANDRE-LEONARD, the Committee on Development and Cooperation decided to retable at second reading the amendments that the Council had not included in its common position. It called for the programme to help developing countries minimise the spread of HIV/AIDS to develop strategies aimed at: - promoting an effective policy to prevent HIV/AIDS from being transmitted sexually,

perinatally or through the blood and to prevent and treat sexually transmitted diseases; - breaking the 'poverty-instability-HIV/AIDS' cycle, giving particular attention to high-risk groups (refugees, migrants, itinerant workers, soldiers, prisoners, prostitutes, etcetera); - reinforcing health and social services (sexual education courses for young people that respect their cultural identity); - promoting a policy aimed at ensuring respect for the fundamental human rights referred to in the decisions of the Fourth World Women's Conference in Beijing. It also called for action to be taken on: sexual and reproductive health education; the promotion of methods for systematic HIV/AIDS screening among the populations in developing countries; - the setting-up of a solidarity instrument to improve the treatment for those affected by HIV in the poorest countries, in conjunction with the Member States and the NGOs; - actions to combat discrimination, stigmas and the ghettoization of those living with the virus. ?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

Recalling that some 17 million people around the world were affected by the AIDS virus and that the predicted figure for the year 2000 was 40 million, the rapporteur, Mrs André-Léonard (ELDR, B), said that the fight against poverty was also an important one, since records showed that the disease was most prevalent among the working populations of Asia and Africa. She also called for actions to provide communication, information and training, with special attention given to groups at risk (refugees, migrants, itinerant workers, soldiers, prisoners and prostitutes) and to the socially and economically most vulnerable individuals and communities. In addition, Mrs André-Léonard wanted to see the free distribution of condoms, better health care and social services and support for information and training programmes for local health workers. Commissioner Papoutsis expressed agreement with: Amendment No 1, which sought to extend the programme to include other sexually transmitted diseases; Amendment No 11 (part 1); No 18, which called for mechanisms to provide aid to the poorest sectors of the community; Nos 6 and 25, which related to financial resources; and No 26. He also said that Amendments Nos 4, 7, 9, 11 (part II), 13, 16, 17 and 19 were unnecessary, since they had been incorporated into the text of the common position. He went on to say that Amendments Nos 5, 12, 14, 15, 20 (part II), 21 and 27 would be acceptable if they were re-worded. On the other hand, he rejected Amendments Nos 3, 8, 10, 20 (part I), 22, 23, 24, 28 (part II) and 29.

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

In adopting the recommendation for second reading by Mrs Anne ANDRE-LEONARD (ELDR, B), Parliament adopted again the amendments not incorporated by the Council in its common position. The EP deleted the financial reference amount of ECU 45 m for the period 1997-1999, while calling for clarification. The programme should inter alia: - aim at reducing the transmission of HIV/AIDS and preventing and treating other diseases capable of being transmitted sexually or perinatally; - be based on respect for the rights of the individual and provide social training for the persons concerned. The EP called for the measures to be taken to include, as regards each objective, reducing the transmission of HIV/AIDS and other diseases capable of being transmitted sexually or perinatally through: - stepping up communication, information and training activities on sexual and reproductive health that respect the cultural identity. Special attention should be given to high-risk groups (refugees, migrants, itinerant workers, soldiers, prisoners and prostitutes) and to the most socially and economically vulnerable individuals and communities, in particular women and young people and their partners; - the promotion of better methods for the screening and the treatment of sexually transmitted diseases among the populations in the developing countries; - the promotion, distribution and social marketing of condoms; - measures that aim to emancipate women in all spheres of the health sector including those relating to sexual relations and to increase male awareness and responsibility for safe sexual behaviour. It also called for measures reinforcing health and social services through: - strengthening health services and care establishments; - the setting up of a solidarity instrument to improve the treatment of people affected by HIV in the poorest countries; - support for information and training programmes for local health workers; - the encouragement of freedom from discrimination and for combating the stigma and/or ghettoisation attaching to those living with the virus. ?

Public health and development: actions in the field of the AIDS in developing countries, 1997-1999 programme

OBJECTIVE: implementation of a programme to assist the developing countries to minimize the spread of AIDS and to help them cope with its impact on health and social and economic development. COMMUNITY MEASURE: Council Regulation 550/97/EC on HIV/AIDS-related operations in developing countries. SUBSTANCE: In this programme the Community is pursuing the following aims: . reducing the transmission of HIV/AIDS and other sexually transmitted diseases (STD) (in particular: information and education on sexual health with priority being given to at-risk groups and women, improved screening for STD and safety of transfusions, increasing women's power of decision, etc.); . reinforcing the health service so that it can cope with the spread of the disease (in particular: strengthening primary health services, studying ways of improving access to treatment for people infected, blood transfusion and nosocomial safety, improved training for medical personnel and epidemiological monitoring); . helping governments to assess the epidemic's impact and to define and implement strategies to combat it (in particular: technical back-up to analyse the social and economic impact of the epidemic and implementation of suitable strategies, support to optimize NGOs contribution to prevention activities, encouragement of participation by local communities in developing strategies for information); . developing scientific understanding of the epidemic, but excluding basic research (monitoring of programmes based on relevant indicators, support for the exchange of information); . combating discrimination against, and the social and economic exclusion of, persons infected (in particular: promoting respect for the rights of the individual and combating the stigma attached to infected persons). These various measures must take into account various principles including concern for the needs of vulnerable groups, gender-specific approach (men/women), respect for the rights of the individual, the various stages of development of the epidemic, etc. - Beneficiaries: the programme is directed primarily at the poorest and least developed countries and the most disadvantaged sections of the population of developing countries. - Agents of cooperation: national, regional and local government departments and agencies, local authorities and other decentralized bodies, regional and international organizations, research institutes and universities, local communities and the private sector (NGOs, women's organizations, representative associations with experience in the AIDS field). - Eligible expenditure: in the framework of the general objectives of this programme, Community financing may cover investment expenditure (except for real estate) and recurrent expenditure (administrative

expenditure, maintenance and running costs). It also includes expenditure on studies, technical assistance, training or other services, supplies and works, as well as audits and evaluation and monitoring missions. Priority will be given to enhancing national capacity with a view to long-term viability. Co-financing with the Member States and the organizations involved in the projects is actively sought according to the nature of the operation concerned and according to the means of the partners concerned. - Form of aid: grants. - Profile of Community actions: measures will be taken to emphasize the Community nature of the planned projects. - Consistency and complementarity: coordination measures with the Commission are planned to guarantee the effectiveness of the operations between all the partners including the Member States (establishment of a system for the exchange of information and on-the-spot coordination of the implementation of operations). Coordination will also be ensured with the activities of other international organizations active in this field (Unaids). - Decision-making procedure: the Commission manages and implements the operations covered by this regulation. It is assisted by the geographically-determined committee competent for the country concerned (ALA, MED, FED) acting under the regulatory committee procedure (type IIIa). The Commission must inform the competent committee succinctly in advance of any decision concerning operations of a value of less than ECU 2 million. For decisions involving larger amounts the decisions will be taken in agreement with the committee. Participation in invitations to tender and the award of contracts is open to recipient countries and the Member States and other developing countries or possibly other third countries in exceptional cases. - Information: an annual report is forwarded by the Commission to Parliament and the Council summarizing the operations financed in the course of that year and evaluating them (any contracts concluded, independent assessments, etc.). It will also inform the Member States, one month after the decision of the operations and projects approved. Once a year there is provision for an exchange of views between the Commission and the various committees concerned on the general guidelines for the operations to be carried out in the year ahead. - Assessment: the Commission will regularly assess operations financed with a view to establishing whether the objectives of the regulation have been achieved. These assessments are forwarded to the various committees and to the Member States requesting them. - Budget: ECU 45 million from 1997 to 1999. Annual appropriations are authorized by the budgetary authority within the limits of the financial perspective. ENTRY INTO FORCE: the regulation enters into force on 30/03/1997. After three years of implementation a report should make an overall assessment of this programme with suggestions regarding future operations. ?