

Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	1994/0222(COD) Procedure completed
Public health: prevention of AIDS and other communicable diseases, Community action programme 1996-2000	
Amended by 2000/0192(COD)	
Subject 4.20.01 Medicine, diseases	

Key players			
European Parliament			
	Former committee responsible		
	ENVI Environment, Public Health and Consumer Protection	ARE MAMÈRE Noël	02/12/1994
	ENVI Environment, Public Health and Consumer Protection	ARE MAMÈRE Noël	02/12/1994
	Former committee for opinion		
	BUDG Budgets	PPE BÉBÉAR Jean-Pierre	06/12/1994
	JURI Legal Affairs, Citizens' Rights	PSE ZIMMERMANN Wilmya	02/02/1995
DEVE Development and Cooperation			
Council of the European Union			
Council configuration	Meeting		Date
Health	1890		30/11/1995
Competitiveness (Internal Market, Industry, Research and Space)	1886		23/11/1995
Health	1845		02/06/1995
Health	1823		22/12/1994

Key events			
09/11/1994	Legislative proposal published	COM(1994)0413	Summary
18/11/1994	Committee referral announced in Parliament, 1st reading		
22/12/1994	Debate in Council	1823	
10/04/1995	Vote in committee, 1st reading		Summary

10/04/1995	Committee report tabled for plenary, 1st reading	A4-0077/1995	
26/04/1995	Debate in Parliament		Summary
27/04/1995	Decision by Parliament, 1st reading	T4-0194/1995	Summary
30/05/1995	Modified legislative proposal published	COM(1995)0209	Summary
02/06/1995	Council position published	06935/1/1995	Summary
14/07/1995	Committee referral announced in Parliament, 2nd reading		
28/09/1995	Vote in committee, 2nd reading		Summary
28/09/1995	Committee recommendation tabled for plenary, 2nd reading	A4-0230/1995	
24/10/1995	Debate in Parliament		Summary
25/10/1995	Decision by Parliament, 2nd reading	T4-0500/1995	Summary
23/11/1995	Parliament's amendments rejected by Council		Summary
30/11/1995	Debate in Council	1890	Summary
19/12/1995	Formal meeting of Conciliation Committee		
30/01/1996	Joint text approved by Conciliation Committee co-chairs	3619/1995	
31/01/1996	Final decision by Conciliation Committee		Summary
09/02/1996	Report tabled for plenary, 3rd reading	A4-0030/1996	
14/02/1996	Debate in Parliament		Summary
15/02/1996	Decision by Parliament, 3rd reading	T4-0057/1996	Summary
16/02/1996	Decision by Council, 3rd reading		
29/03/1996	Final act signed		
29/03/1996	End of procedure in Parliament		
16/04/1996	Final act published in Official Journal		

Technical information

Procedure reference	1994/0222(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
	Amended by 2000/0192(COD)
Legal basis	EC before Amsterdam E 129
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/07316

Documentation gateway					
Document attached to the procedure		B4-0171/1994	05/10/1994	EP	
Legislative proposal		COM(1994)0413 OJ C 333 29.11.1994, p. 0034	09/11/1994	EC	Summary
Economic and Social Committee: opinion, report		CES0318/1995 OJ C 133 31.05.1995, p. 0023	29/03/1995	ESC	Summary
Committee report tabled for plenary, 1st reading/single reading		A4-0077/1995 OJ C 126 22.05.1995, p. 0003	10/04/1995	EP	
Committee of the Regions: opinion		CDR0144/1995 OJ C 100 02.04.1996, p. 0028	21/04/1995	CofR	Summary
Text adopted by Parliament, 1st reading/single reading		T4-0194/1995 OJ C 126 22.05.1995, p. 0058-0060	27/04/1995	EP	Summary
Modified legislative proposal		COM(1995)0209 OJ C 228 02.09.1995, p. 0006	30/05/1995	EC	Summary
Council position		06935/1/1995 OJ C 216 21.08.1995, p. 0011	02/06/1995	CSL	Summary
Commission communication on Council's position		SEC(1995)1189	10/07/1995	EC	Summary
Committee recommendation tabled for plenary, 2nd reading		A4-0230/1995 OJ C 287 30.10.1995, p. 0005	28/09/1995	EP	
Text adopted by Parliament, 2nd reading		T4-0500/1995 OJ C 308 20.11.1995, p. 0022-0042	25/10/1995	EP	Summary
Commission opinion on Parliament's position at 2nd reading		COM(1995)0632	29/11/1995	EC	Summary
Joint text approved by Conciliation Committee co-chairs		3619/1995	30/01/1996	CSL/EP	
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading		A4-0030/1996 OJ C 065 04.03.1996, p. 0058	09/02/1996	EP	
Text adopted by Parliament, 3rd reading		T4-0057/1996 OJ C 065 04.03.1996, p. 0139-0150	15/02/1996	EP	Summary
Follow-up document		COM(1999)0463	14/10/1999	EC	

Additional information	
European Commission	EUR-Lex

Final act
Decision 1996/647 OJ L 095 16.04.1996, p. 0016 Summary

Public health: prevention of AIDS and other communicable diseases, Community action programme 1996-2000

1) OBJECTIVE Implementation of a Community action programme on the prevention of AIDS and other communicable diseases. 2)

CONTENTS 1. Period covered by the action: 1995-1999. 2. Action relating to HIV/AIDS and STD: * The purpose of collecting information, in conjunction with the Member States, is to seek out ways of enhancing and improving data on AIDS and HIV within the Community and to provide support in order to strengthen the work of the national epidemiological monitoring systems and the European Centre for the Epidemiological Monitoring of AIDS. This collection of information is also designed to analyse and disseminate information on preventive measures and the knowledge, attitudes and behaviour of the general public and certain target groups; * measures targeted at children and young people: Promotion of action to ascertain and disseminate information about children's and young people's knowledge, attitudes and behaviour in relation to HIV/AIDS and STDs. Prevention of AIDS and STD transmission implies studies and exchanges of information on the problems connected with high-risk groups (drug users, prostitutes, homosexuals and bisexuals), on high-risk situations (migrant populations and frontier regions, prisons and detention centres) and modes of transmission. * Social and psychological assistance and combating discrimination involve exchanges of experience and information concerning ways and means of providing assistance and support, including the difficulties encountered by families with infected members, and concerning policies and practices on screening and situations of discrimination. 3. Specific Community measures for certain communicable diseases. These measures include actions related to vaccination, the creation and development of monitoring networks and dissemination of epidemiological data, information, education and training and drives to achieve early detection and systematic screening. 4. Financial impact: ECU 50 million for the period 1995-1999. Source : Commission Européenne - Info92 - 12/95?

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The Committee called for the required distinction to be made between action on AIDS and action in connection with other infectious diseases. In the case of AIDS, there were a number of specific features (absence of vaccines, problems of confidentiality of screening results, etc.), but the Community was now able to draw on a solid wealth of experience that would enable progress to be made. With other infectious diseases, however, European-level coordination was already in place. It would therefore be the task of the new programme to improve and develop such coordination, pinpointing centres of excellence that were able to perform functions similar to those of the European Centre for the Epidemiological Monitoring of AIDS in Paris. Responsibility for circulating information undoubtedly lay in the hands of the national authorities but certain initiatives supported by the Community had proved to be valuable, for example the drawing-up of inventories of existing actions such as the directory of activities carried out by non-governmental organisations in the European Union in the field of AIDS prevention and assistance. The ESC therefore called upon the Commission to speedily prepare and distribute an information booklet in all languages of the European Union and of principal ethnic minorities in order to facilitate access to Community schemes by all interested organisations and associations. With regard to the 'safety of blood and blood products', mentioned in points 109 and 110 of the Communication and discussed in points 3.3.3. to 3.3.10. of ESC Opinion 228/94, the ESC reiterated that self-sufficiency was not in itself synonymous with safety. It was pleased that this subject was dealt with in a separate Commission Communication [(1) Doc. COM(94)652 final]. The conclusions to be drawn from an examination of this separate Communication should be translated into specific measures and incorporated in the present programme. The ESC asked to be consulted on this in due course. At the present time Member States already operated an informal network of coordination whenever there was a health emergency, but if such emergencies were to be tackled with greater efficiency a European rapid intervention unit needed to be set up under the programme. Finally, the ESC recommended that the intermediate status report to be forwarded to it should carefully evaluate the feasibility of linking HIV/AIDS and other infectious diseases within the same programme.

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A. THE REPORT The Committee has adopted the report of Mr. Noel MAMERE (ARE, F) on the Commission proposal for a EP and Council decision adopting a programme of Community action on the prevention of aids and certain other communicable diseases within the framework for action in the field of public health. The programme of Community action has as its objectives: to undertake action against the spread of AIDS with the health and social resources which are available, in other words information and prevention; and to ensure that every effort is made to limit the effects of the epidemic, in particular by combatting all forms of discrimination against AIDS sufferers or HIV-positive persons and, where possible, improving the living conditions of those affected (including those in a terminal condition) and those close to them. Rapporteur MAMERE, followed by the Committee yesterday, welcomed the intentions and objectives of the proposal for a decision. He feels nonetheless obliged to pose a number of questions on matters which he believes to be of major importance, to express a number of anxieties and to make various comments. Firstly, he feared that there is a risk of overloading this action programme (with an allocation of 50 mecu for 4 years) by covering other communicable diseases than AIDS, and thus failing to concentrate on the fundamental point, which is to combat the spread of AIDS. It thus appears necessary to "recentre" the programme of action against AIDS. This entails reaffirming from the outset that the basic objective is to limit the spread of AIDS and that all means available must be deployed to keep this scourge in check. Secondly, it is vital to stress the principle of combating all forms of discrimination. The EU must undertake action to support all actions and initiatives aimed at combating discrimination of whatever kind affecting AIDS sufferers or persons carrying the HIV virus. Mr. MAMERE felt that "the programme does no more than invoke this ethical principle in a half-hearted fashion, despite the current attempts in Member States to impose forms of legal discrimination such as compulsory testing. The Union must commit itself unequivocally to defending human rights in the context of anti-AIDS action. Thirdly, the rapporteur wants the programme to be open to participation by NGO's, especially patients' associations. The rapporteur deplored that the possible infection by blood transfusion is not raised in the proposal. It is therefore vital to adopt strict rules on donor selection, screening and transfusion practice. He concluded that the experience of so devastating an infectious disease as AIDS should force a lesson on us, which the Commission seems not to have taken sufficient note of in its proposal. The sudden appearance and rapid spread of AIDS took everyone by surprise: this applies as much to the medical and scientific communities as to national health authorities worldwide. This painful experience holds a lesson for the future: it is essential to establish, at Community level, a warning system with provision for rapid information. This would ensure that the public authorities and the medical and scientific committees were not totally without resources vis-a-vis the appearance of a new disease. Such a warning and information system should obviously be based on a Union-wide network of epidemiologists, which should be created as a matter of urgency. This will require the development of specific training programmes in the EU's universities and schools of medicine. B. THE AMENDMENTS Rapporteur MAMERE had tabled 45 amendments. The most important he saw carried are: a. Amendment 26 : The Commission should enhance coordination between national epidemiological monitoring centres, and create a Community network of epidemiologists with a view to identifying common tools and methods and increasing the capacity of responding in a coordinated fashion to the development of communicable diseases: b. Amendment 30 : There should be a coordination of

studies and information on problems related to groups at risk (drug users, sex workers, homo- and bisexuals), risk situations, with a view to adapting preventive measures to different groups and circumstances and reducing the spread of AIDS; - promotion of exchanges of experience and support for preventive measures such as the unrestricted sale of condoms of good quality with instructions; - distribution of single-use sterile syringes; - development of methadone substitution treatment programmes. c. Amendment 31 : The Commission should take the necessary measures at EU level to ensure maximum safety of blood products; self-sufficiency in blood, tightening of rules and selection procedures for donors and screening, and the drawing up of a code of conduct for blood transfusions; d. Amendment 39 : At EU level, a warning system should be created with arrangements for the rapid exchange of information in case of epidemic outbreaks or the appearance of a new communicable disease, to be based on: - compatibility as between Member States' systems for the surveillance of communicable diseases; - interconnection of the Member States surveillance systems; - aid for the creation of such systems in Member States where they do not exist at present; - definition of a joint strategy for epidemiological intervention.?

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In its Opinion the Committee suggested that this proposal should be part of a comprehensive public health programme (in accordance with Article 129 of the Treaty on European Union) with the aim of coordinating the various specific programmes and ensuring greater consistency between them. It also called for a management committee to be set up, rather than an advisory committee, and stressed that the management committee should include representatives of regional and local authorities. To this end, it urged the Commission to give greater encouragement to the Member States to set up national coordination committees with all the interested partners (including regional ones). The Committee also put forward specific comments on the measures to be implemented: it called for the role of schools to be strengthened, better prevention of AIDS transmission among groups at risk, safer blood transfusions, and social and psychological support for people with HIV. The Committee drew particular attention to discrimination against people with AIDS and recommended that measures be put in place to combat such discrimination.

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The rapporteur, Mr MAMERE (ARE, F), feared that there was a risk of overloading the 1995-1999 programme on the prevention of AIDS (with an allocation of ECU 50 million) by extending it to other communicable diseases. He opposed any form of discrimination against persons carrying the HIV virus or suffering from AIDS. He regretted that infection through blood transfusions was not included in the Commission proposal. It was vital to adopt strict rules on the selection of donors and on transfusions. He was in favour of allowing NGOs, and particularly patients' associations, to participate in the programme. He also believed that it was essential to establish at Community level a warning and rapid information system for public authorities and medical and scientific bodies, based on a network of epidemiologists. Commissioner FLYNN stated: - that of the 66 amendments, he could take over 36 in full or in part; - that he could not take over: a) Amendments Nos 1, 17, 21, 22, 29, 30, 45, 49, 51, 52, 55 and 63, which included the amendments providing for maximum safety of blood products (Amendments Nos 45 and 63) as this should be covered by other Community programmes; b) Amendments Nos 34, 36, 44 (on voluntary screening), 62 and 66, the latter having been tabled by the Greens with a view to abolishing the Russian law on HIV testing for foreigners entering Russia for a stay longer than three months, as they were outside the scope of the programme; c) Amendments Nos 5, 12, 20, 26, 36, 46 to 48, 53, 57 and 59, notably concerning cooperation and coordination with the national authorities, as they would limit the scope of the initial proposal. In light of these statements made before the beginning of the debate, the rapporteur added that it was likely that conciliation would be required, particularly if the amendments on transparency, the utilisation of condoms and the fight against discrimination were not taken over by the Commission.

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The European Parliament approved this proposal for a decision with the following amendments: - the programme should be implemented in partnership with the competent authorities of the Member States, including regional health and education services, health professionals and, in particular, patients' organisations (Parliament stressed that cooperation with NGOs working on behalf of people with AIDS should be strengthened); - in the context of consistency with the other Community initiatives, this programme should complement, in particular, the Community research programmes (e.g. biomedicine and health programme); - with regard to the specific actions to be implemented (annex): Parliament proposed adding a series of actions including, in particular: . studies on AIDS in cooperation with the Member States, the competent NGOs, the WHO, UNESCO and the European Centre for the Epidemiological Monitoring of AIDS (Parliament called for greater financial support for this Centre). There should be coordination between the national epidemiological monitoring centres with a view to the creation of a Community network of European epidemiologists; . the collection and analysis of information concerning the target groups particularly affected and high-risk practices (drug addiction, prostitution, homosexuality, heterosexuality, the military, tourism, women, etc.) but also the general public, which had little information on the subject; . promoting information for young people and children on the modes of transmission of AIDS (schools, sports centres, disadvantaged areas) through the exchange of educational material; . promoting the use of condoms and their correct use, and voluntary screening; . ensuring the safety of blood products; . support for the publication of manuals or directories containing information on AIDS and the NGOs offering assistance and support for those with the disease; . support for the NGOs working to help children with AIDS and the fight against all forms of discrimination; . cooperation with organisations in third countries, the CEECs, etc., and development of joint actions to prevent AIDS; . creation of a warning system at Community level in case of epidemic outbreaks or the appearance of new diseases; - with regard to the budget, the EP called for transparency in the procedures for granting financial aid and called on the Commission to submit progress reports on the development of the programme and ensure that these were distributed to the NGOs involved in the programme; - with regard to comitology, Parliament pointed out that the decisions taken within the committee should comply with the interinstitutional "modus vivendi" of 20 January 1995. ?

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In its amended proposal, the Commission took over 33 of the 61 amendments tabled by Parliament at first reading: - with regard to the budget, the Commission recommended that the financial envelope for the programme be set at ECU 49.6 million and that the appropriations be authorised within the limits of the financial perspective; - with regard to coherence and complementarity, the Commission agreed with the EP that the programme should be implemented in coordination with the Community's research programmes (biomedicine and health programme as well as other initiatives with third countries); - the programme should be open to the associated CEECs and to Cyprus and Malta in accordance with the financial arrangements to be agreed; - the Commission should submit a report on the programme's progress to the EP, the Council, the ESC and the Committee of the Regions. In the annexes relating to the actions to be implemented, the Commission included the following actions proposed by the EP: . actions to improve the quality of epidemiological monitoring systems in the Member States and to develop monitoring networks, . the creation of a Community network of public health epidemiologists with a view to defining common monitoring methods in the case of epidemic outbreaks, . the collection, analysis and distribution of information concerning preventive measures and the effectiveness of the measures aimed at target groups, . the development of educational and training material suited to every stage of children's development to increase awareness of the modes of transmission of STDs and AIDS, . studies on high-risk groups, including those undergoing blood transfusions, drug users or those in high-risk situations (prisons, the military, mobile populations, border regions), . exchanges of information on the best ways of educating the general public on how to protect themselves from STDs and AIDS, . the creation of directories containing information on the bodies offering assistance and support to AIDS sufferers and listing cases of discrimination, . finally, for STDs, the Commission suggested that in the context of exchanges of experience, the Community should finance exchanges of health professionals working in this field. Moreover, as suggested by the EP, it withdrew all references to the systematic screening of communicable diseases. ?

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In its common position, the Council made various amendments to the presentation and general structure of the programme, as well as adding more specific amendments concerning, in particular: - the establishment of the programme: the general objective of the programme was clarified. It was specifically aimed at helping to reduce mortality and morbidity due to STDs together with the risk of infection by AIDS by encouraging cooperation between Member States, supporting their actions and promoting the coordination of their prevention policies and programmes. The Council also amended the entire structure of the annexes and provided for four main areas of action (rather than the two-fold structure proposed by the Commission: the first concerning AIDS and STDs, the second setting out Community actions for certain STDs): . surveillance and monitoring of communicable diseases, . combating transmission, . information, education and training, . support for persons with AIDS and combating discrimination. It also withdrew all the initiatives concerning children and young people; - implementation: the Council stipulated that the programme would be implemented from 1 January 1996 to 31 December 2000. It defined more clearly the respective roles and contributions of the various actors participating in the implementation of the programme (particularly the Member States); - comitology: it provided for more active participation of the Member States in certain important decisions concerning the programme by establishing a mixed procedure: a management committee procedure for the important decisions and an advisory committee for other decisions (in accordance with the interinstitutional "modus vivendi"); - the programme's budget and transparency: the Council set out the scope of the financial support for the programme and strengthened transparency through regular information on the financial assistance granted under the programme. It also accepted the allocations for the programme set out in the amended proposal (ECU 49.6 million); - international cooperation: the EP's amendments concerning the participation of the associated CEECs and Cyprus and Malta were incorporated in the text; - with regard to monitoring and evaluation, the Council provided for fewer regular reports than had been proposed by the Commission or the EP but did not do away with the interim and final reports to be submitted to these institutions. ?

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In its communication setting out its opinion on the Council's common position concerning this proposal, the Commission indicated that it could not support the Council text adopted on 2 June 1995. It had two reservations with regard to the Council's text: - the first related to comitology: the Council introduced a "mixed" procedure for the implementation of the programme. The Commission felt that a straightforward advisory committee would be more appropriate and could eventually take over the seven areas of activity that in the Council's view came under "management"; - the second related to the annexes: the Council did not incorporate in its common position three EP amendments concerning the fight against discrimination and the exchange of information regarding certain sections of the population. The Commission pointed out that it had included a declaration in the Council's minutes stating that it did not support the text of the common position. ?

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fThe Committee has adopted the draft recommendation for second reading by Mr. Nfroel MAMERE (F, ARE) on the common position established by the Council with a view to the adoption of a EP and Council decision adopting a programme of EU action on the prevention of AIDS and other communicable diseases within the framework for action in the field of public health 1996-2000. The Committee adopted amendments tabled by the rapporteur which, amongst others, aim to strengthen the action programme by insisting on consistent action for prevention (the use of condoms, campaign for safe sex etc), by focusing on cooperation with non-governmental organisations, especially the patients' ones. Sterile, one-shot syringes should be distributed and arrangements for them to be collected after use and destroyed safely should be introduced. The establishment of substitution treatment programmes should be introduced, as well as campaigns emphasizing the need to avoid unsafe sexual practices or unprotected sex. The Committee urged the Commission to produce a proposal in order to ensure

maximum security for blood transfusions and establish at EU level a warning and rapid information system exchange system in the event of epidemic outbreaks.

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The rapporteur, Mr MAMERE, explained that all of the amendments of the Committee of the Environment were important. In particular, Amendments Nos 1, 2, 3, 4, 6 and 7 sought to enhance the coordinating role of the European Union, and the Commission in particular. Amendments Nos 5 and 10 emphasised the essential role of non-governmental organisations and patients' associations in assisting persons carrying the HIV virus and AIDS sufferers and in providing information. Amendment No 11 related to the measures required to ensure the reliability of blood products. Amendment No 13 proposed the establishment of a code of good conduct for clinical trials. Finally, Amendment No 12 underlined the vital importance of promoting the use of condoms and single-use syringes for drug addicts in fighting the spread of the disease. According to Mr Flynn, the Commission was prepared to take over the amendments that improved the text of the common position, including Amendments Nos 1, 2, 3, 4, 5, 6, 7, 10 and 13. Amendments Nos 12, 14 and 17 on the promotion and sale of condoms could be taken over in the form of a reference to this matter in the text of the programme. However, Amendments Nos 8 and 9, which provided for a mixed committee established by the Council to assist the Commission in implementing the programme could not be taken over for budgetary reasons. Amendment No 11, which laid down measures for the safety of blood and blood products would be better dealt with in other Community instruments. Finally, Amendments Nos 15, 16 and 18 were rejected because they were not relevant to this legislative field.

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In adopting the recommendation for second reading by Mr No?! MAMERE (ARE, F) with a view to the adoption of a programme of Community action on the prevention of AIDS, the European Parliament regretted the Council's overly restrictive interpretation of Article 129 of the Treaty on European Union (actions in the field of public health) in its common position along with the emphasis placed on intergovernmental cooperation. The Council's common position was very general and incorporated only the least restrictive and least imaginative aspects of Parliament's position at first reading. As a result, Parliament once again tabled a number of amendments that had not been taken over by the Council: - as regards actions to be implemented, the EP recommended the unrestricted sale of condoms and promotion of information campaigns on the utilisation and proper use of condoms, the distribution of single-use sterile syringes, the development of substitution treatment programmes, the screening of blood products, the provision of information to young people and children about the transmission of AIDS, the adoption of good practices to combat discrimination and support for measures designed to achieve the integration of HIV-positive children; - as regards cooperation, it was important to encourage cooperation with Member States, particularly by supporting the activities of non-governmental organisations and organisations for people affected by HIV, and to encourage cooperation with third countries and international organisations competent in this field. At the same time, Parliament removed the overly intergovernmental aspects introduced by the Commission in its common position, particularly with regard to the implementation of actions. It also requested that it be regularly informed of the actions implemented under the programme. ?

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The Council noted that it was unable to accept all the amendments approved by Parliament concerning the proposals for decisions adopting three action plans or programmes of action in the health field (combating cancer; health promotion, information, education and training; prevention of AIDS and certain other communicable diseases). It therefore decided to convene the Conciliation Committee on this matter in accordance with Article 189b of the Treaty.

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In its opinion following on from Parliament's opinion at second reading, the Commission took over several of the amendments put forward by the EP, including those concerning: - the importance of promoting the utilisation and proper use of condoms as a means of preventing the transmission of AIDS and other communicable diseases (through publicity campaigns on the utilisation of condoms or the promotion of good-quality condoms with instructions for use); - the coordination of studies and information concerning those at risk and the exchange of information relating to HIV testing practices with a proposal, if necessary, for a code of good practice on the matter; - the fact that the programme should help to contain the spread of AIDS by promoting cooperation between prevention policies and programmes and supporting the activities of NGOs, including organisations for those affected by HIV; - the fact that the Commission (as opposed to the Council and the Member States) must guarantee consistency and complementarity with Community actions in this area; - the fact that as regards international cooperation, support should be provided for cooperation with the relevant NGOs. However, it did not accept the amendments relating to comitology. Indeed, having indicated reservations on this point in its assessment of the Council's common position, the Commission maintained its position on the article referring to this matter (Article 5). Similarly, it did not accept certain amendments concerning actions to be planned within the framework of the programme (for example, the safety of blood products) on the pretext that they went beyond the framework of this measure. ?

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The Council took stock of progress, in the context of the codecision procedure with Parliament, on the proposals for decisions on the adoption of action plans or programmes of action in the fields of: - combating cancer; - health promotion, information, education and training; - the prevention of AIDS and certain other communicable diseases. Specifically, the Council was briefed on the informal talks that had taken place between Parliament, the Council and the Commission with a view to the meeting of the Conciliation Committee on the matter scheduled for 19 December 1995. It will be recalled that the Council adopted its common positions on the proposals in question at its meeting on 2 June 1995. In the meantime Parliament approved a number of amendments at second reading at the end of October. Some of those amendments concern the financial package for the programmes (for the 'cancer' plan, Parliament is proposing ECU 64 million instead of the ECU 59 million envisaged in the Council's common position; for the 'health promotion' programme, Parliament is proposing ECU 35 million instead of ECU 30). Other Parliament amendments relate to the specifics of the programmes and to a number of general basic provisions.

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The rapporteur welcomed the fact that the word 'condom' would henceforth be used in the wording of the draft Decision. Not wishing to offend, the Council had at first preferred the term 'appropriate protection'. However, this description was less than satisfactory, mainly because it would permit all kinds of interpretations, especially those of the most conservative kind. A total of three of Parliament's 18 amendments to the proposal were accepted as they were; 12 others were the subject of a satisfactory compromise and a further two were covered by comitology; the amendment relating to the safety of blood products had been covered by the Commission's commitment to draw up a proposal on this subject. Mr MAMERE also pointed out that the budget allocation for this programme, while fairly large, was still relatively modest when seen against the scale of the problem. It was therefore important to make the best use of the available financial resources. Commissioner Flynn said that when implementing the programmes the Commission would do everything in its power to promote cooperation between the Member States. Finally, while he too recognised that the appropriations were modest when compared with the size of the problem, he stressed that it was important to derive the maximum level of benefits from them.

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The European Parliament approved the joint text. ?

Public health: prevention of AIDS and other communicable diseases, Community action programme 1996-2000

- OBJECTIVE: adoption of a Community action programme on the prevention of AIDS and certain other communicable diseases. - COMMUNITY MEASURE: European Parliament and Council Decision 647/96/EC adopting a Community action programme on the prevention of AIDS and certain other communicable diseases within the framework for action in the field of public health (1996-2000). - SUBSTANCE: . Duration and objectives: the programme is adopted for a five-year period (1 January 1996 - 31 December 2000) and aims to contribute to reducing the spread of AIDS and mortality and morbidity resulting from communicable diseases by encouraging cooperation between Member States, promoting coordination of prevention policies and programmes and supporting the work of the NGOs, including the associations for HIV sufferers. . International cooperation: the programme is open to the associated countries in Eastern Europe, Cyprus and Malta. In implementing it, cooperation with the WHO, the Council of Europe and NGOs active in this field is encouraged. . Coherence and complementarity: the programme is to be implemented in coherence and complementarity with other relevant Community measures and programmes (research programmes in the area of biomedicine and Community action in the developing countries). . Budget: it is provided with a budget of ECU 49.6 million for the period in question. . Implementation: the Commission is responsible for implementing the plan with the help of a committee made up of representatives of the Member States, whose role is a mixed one depending on the area in question (advisory and management). . Monitoring and assessment: the Commission will assess the measures carried out. It will submit to the EP, the Council, the ESC and the Committee of the Regions mid-term and final evaluation reports. . Measures to be implemented: measures which can be funded under the action plan are listed in an annex: - action A: surveillance and monitoring of communicable diseases: improvement of the quality of data on AIDS and related diseases and support for the European Centre for the Epidemiological Monitoring of AIDS, improving the quality of epidemiological monitoring systems in the Member States, setting up a Community network of epidemiologists with a view to defining common surveillance tools, production of information notes on the monitoring of communicable diseases on a European scale, improving awareness of the importance of nosocomial diseases and the resistance of certain diseases to antibiotics, promotion of research on the feasibility of large-scale screening for certain diseases (tuberculosis, the various forms of hepatitis); - action B: combating transmission: coordination of studies relating to persons with high-risk behaviour (drug use, prostitution, high-risk sexual relations) or in special situations (travel, prison) and, particularly, promotion of measures aimed at reducing the risks, including the effective use of condoms, exchange of experiences on the epidemiological assistance to be given to pregnant women with AIDS, dissemination to the general public of messages regarding AIDS prevention, exchanges of information between Member States about their vaccination policies and programmes; - action C: information, education and training: information campaigns on the communicable diseases and their prevention (including by telephone and

other answering devices), collection and analysis of information on prevention measures and assessment of their efficacy, promotion of initiatives aimed at testing the state of awareness, attitudes and behaviour of the general public with regard to AIDS (including children and young people) and implementation of preventive measures (particularly, dissemination of information in schools, training centres and sports clubs), promotion of information campaigns carried out in the Member States on the effective use of condoms and Eurobarometer surveys of the way in which behaviour has changed as a result of the disease, promotion of initiatives aimed at migrants, studies on the training of health professionals (including people who can act at the social level) and introduction of further training possibilities, support for training of health professionals (in the context, inter alia, of early detection of the disease); - action D: assistance for HIV/AIDS sufferers and measures to combat discrimination: exchanges of information regarding ways of supporting HIV-positive patients and their families, production of information bulletins and directories of bodies which provide assistance (networks of psycho-social associations), analysis of discriminatory situations and exchange of information on the best means of combating such discrimination. ENTRY INTO FORCE: 20 March 1996. ?