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(Acts whose publication is obligatory)

DECISION No 645/96/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 29 March 1996

adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health (1996 to 2000)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF
THE EUROPEAN UNION,

Having regard to the Treaty establishing the European
Community, and in particular Article 129 thereof,

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

Having regard to the opinion of the Economic and Social
Committee⁽²⁾,

Having regard to the opinion of the Committee of the
Regions⁽³⁾,

Acting in accordance with the procedure laid down in
Article 189b of the Treaty⁽⁴⁾ in the light of the joint text
approved on 31 January 1996 by the Conciliation
Committee,

- (1) Whereas, pursuant to Article 3 (o) of the Treaty,
Community action must include a contribution
towards the attainment of a high level of health
protection; whereas Article 129 of the Treaty
expressly provides for Community competence in
this field insofar as the Community contributes to
it by encouraging cooperation between Member
States and, if necessary, by lending support to their
action;

- (2) Whereas the actions to be carried out must be
undertaken within the framework for action in the
field of public health set out by the Commission
and take into account, as the Council requested in
its Resolution of 27 May 1993⁽⁵⁾, other actions
undertaken by the Community in the field of public
health or having an impact on public health;

- (3) Whereas the Council, in its Resolution of 2 June
1994⁽⁶⁾ in response to the Commission
communication of 24 November 1993 on the
framework for action in the field of public health,
included health promotion, education and training
among the priority areas for action for which the
Commission was invited to bring forward
proposals for action;

- (4) Whereas, in their Resolution of 23 November 1988
concerning health education in schools⁽⁷⁾, the
Council and the Ministers for Education meeting
within the Council emphasized that certain eating
habits, the uncontrolled use of some chemical
substances and medicines, drug abuse, smoking and
environmental pollution have a harmful effect on
health, also bearing in mind the problems of safety
and accident prevention;

- (5) Whereas, in their Resolution of 3 December 1990
concerning an action programme on nutrition and
health⁽⁸⁾, the Council and the Representatives of
the Governments of the Member States meeting
within the Council underlined that the promotion
of a healthy lifestyle as regards nutrition is vitally
important to enable people to make the necessary
choices for ensuring appropriate nutrition in
keeping with individual needs;

⁽¹⁾ OJ No C 252, 9. 9. 1994, p. 3, and OJ No C 135, 2. 6. 1995, p. 2.

⁽²⁾ OJ No C 102, 24. 4. 1995, p. 15.

⁽³⁾ OJ No C 210, 14. 8. 1995, p. 81.

⁽⁴⁾ Opinion of the European Parliament of 15 March 1995, (OJ No C 89, 10. 4. 1995, p. 72), Council Common Position of 2 June 1995 (OJ No C 216, 21. 8. 1995, p. 21) and Decision of the European Parliament of 25 October 1995 (OJ No C 308, 20. 11. 1995). Decision of the European Parliament of 15 February 1996 (OJ No C 65, 4. 3. 1996) and Council Decision of 16 February 1996.

⁽⁵⁾ OJ No C 174, 25. 6. 1993, p. 1.

⁽⁶⁾ OJ No C 165, 17. 6. 1994, p. 1.

⁽⁷⁾ OJ No C 3, 5. 1. 1989, p. 1.

⁽⁸⁾ OJ No C 329, 31. 12. 1990, p. 1.

- (6) Whereas, in their Conclusions of 13 November 1992⁽¹⁾, in response to the Commission communication to the Council of 11 May 1992 on health education in schools, the Council and the Ministers for Health of the Member States meeting within the Council identified school as a vital setting for systematically developing a healthy lifestyle at an early age that would enable sickness and accidents to be reduced; whereas they considered that there were a variety of other settings such as local communities, homes, workplaces and hospitals, in which health education had a central role; whereas they invited the Commission to strengthen cooperation between Member States in implementing effective health education measures in the various settings;
- (7) Whereas in its resolution of 19 November 1993 on public health policy after Maastricht⁽²⁾ the European Parliament formulated a series of proposals for Community action in the field of accident prevention and prevention of cardiovascular diseases which are not currently the subject of Community programmes;
- (8) Whereas, in its Resolution of 2 June 1994 concerning cardiovascular diseases⁽³⁾, the Council invited the Commission to examine actions to encourage their prevention and further study of the risk factors for such diseases;
- (9) Whereas the results of the integrated approach adopted in the joint World Health Organization — Council of Europe — European Community Project entitled 'The European Network of Health-Promoting Schools' are encouraging with respect to ways of implementing health promotion in particular settings;
- (10) Whereas it is recognized that socio-economic conditions such as urbanization, housing, unemployment and social exclusion have to be taken into consideration in the promotion of health, particularly for those living in deprived areas;
- (11) Whereas health education and information are expressly mentioned in the provisions of the Treaty dealing with public health, and constitute a priority for Community action in public health;
- (12) Whereas, by reason of its scale and effects, Community action in support of health promotion enables the objectives envisaged to be more effectively achieved;
- (13) Whereas cooperation with the competent international organizations and with non-member countries should be strengthened;
- (14) Whereas a multiannual programme should be launched with clear objectives for Community action, and priority measures should be selected, as well as appropriate mechanisms for the evaluation of such action, with a view to promoting the health of all the citizens of the Community;
- (15) Whereas this programme must contribute to raising awareness of health determinants and risk factors and encourage the development of an integrated approach to health promotion;
- (16) Whereas, from an operational point of view, the activities undertaken in the past in terms of both the establishment of Community networks of non-governmental organizations and of the mobilization of all those involved in health promotion and education should be safeguarded and developed;
- (17) Whereas the programme must take account of past and current measures implemented in the Member States either by the competent authorities or by other parties involved in health policy;
- (18) Whereas, however, possible duplication of effort should be avoided by the promotion of the exchange of experience and by the joint development of basic information modules for the general public, for health education and for training members of the health-care professions;
- (19) Whereas the objectives of this programme and the actions undertaken to implement it form part of the health protection requirements referred to in the third subparagraph of Article 129 (1) of the Treaty and as such form a constituent part of the Community's other policies;
- (20) Whereas it is important that the Commission ensures implementation of this programme in close cooperation with the Member States; whereas, to that end, provision should be made for a procedure to ensure that Member States are fully involved in implementing the plan;
- (21) Whereas a *modus vivendi* between the European Parliament, the Council and the Commission concerning the implementing measures for acts
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- ⁽¹⁾ OJ No C 326, 11. 12. 1992, p. 2.
⁽²⁾ OJ No C 329, 6. 12. 1993, p. 375.
⁽³⁾ OJ No C 165, 17. 6. 1994, p. 3.

adopted in accordance with the procedure laid down in Article 189b of the Treaty was concluded on 20 December 1994;

- (22) Whereas this Decision lays down, for the entire duration of this programme, a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration by the European Parliament, the Council and Commission of 6 March 1995, for the budgetary authority during the annual budgetary procedure;
- (23) Whereas this programme should run for five years in order to allow sufficient time for actions to be implemented to achieve the objectives set;
- (24) Whereas, in order to increase the value and impact of the action programme, a continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievement of objectives at both national and Community level and, where appropriate, the necessary adjustments should be made;
- (25) Whereas responsibility for measures concerning sex education in general, especially measures designed to further integrate such education within schools, lies with the Member States, with due regard to their structures, especially schools,

HAVE DECIDED AS FOLLOWS:

Article 1

Establishment of the programme

1. A programme of Community action on health promotion, information, education and training, hereinafter referred to as 'the programme', shall be adopted for the period 1 January 1996 to 31 December 2000 within the framework for action in the field of public health.
2. The objective of the programme shall be to contribute towards ensuring a high level of health protection and shall comprise actions aimed at:
 - encouraging the 'health promotion' approach in Member States' health policies by lending support to various cooperation measures (exchanges of experience, pilot projects, networks, etc.),
 - encouraging the adoption of healthy lifestyles and behaviour,
 - promoting awareness of risk factors and health-enhancing aspects,

— encouraging intersectoral and multidisciplinary approaches to health promotion, taking account of the socio-economic factors and the physical environment necessary for the health of the individual and the community, especially for disadvantaged groups.

3. The actions to be implemented under the programme and their specific objectives are set out in the Annex under the following headings:

- A. Health promotion strategies and structures
- B. Specific prevention and health promotion measures
- C. Health information
- D. Health education
- E. Vocational training in public health and health promotion.

Article 2

Implementation

1. The Commission shall ensure the implementation, in close cooperation with the Member States, of the actions set out in the Annex, in accordance with Article 5.
2. The Commission shall cooperate with the institutions and organizations which are active in the field of health promotion, information, education and training.

Article 3

Budget

1. The financial framework for implementation of the programme for the period referred to in Article 1 shall be ECU 35 million.
2. The annual appropriations shall be authorized by the budgetary authority within the limits of the financial perspective.

Article 4

Consistency and complementarity

The Commission shall ensure that there is consistency and complementarity between actions to be implemented under the programme and the other relevant Community programmes and initiatives, as part of public health action or the fields of education and vocational training

(Socrates and Leonardo da Vinci programmes), research (Biomed II) and health and safety at work.

Article 5

Committee

1. The Commission shall be assisted by a Committee consisting of two members designated by each Member State and chaired by a representative of the Commission.

2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken concerning:

- (a) the Committee's rules of procedure;
- (b) an annual work programme indicating the priorities for action;
- (c) the arrangements, criteria and procedures for selecting and financing projects under the programme, including those involving cooperation with international organizations competent in the field of public health and participation of the countries referred to in Article 6 (2);
- (d) the evaluation procedure;
- (e) the arrangements for dissemination and transfer of results;
- (f) the arrangements for cooperating with the institutions and organizations referred to in Article 2 (2).

The Committee shall deliver its opinion on the draft measures referred to above within a time limit which the Chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Article 148 (2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the Committee shall be weighted in the manner set out in that Article. The Chairman shall not vote.

The Commission shall adopt measures which shall apply immediately. However, if these measures are not in accordance with the opinion of the Committee, they shall forthwith be communicated by the Commission to the Council. In that event:

- the Commission shall defer application of the measures which it has decided upon for a period of two months from the date of such communication;
- the Council, acting by a qualified majority, may take a different decision within the time limit laid down in the first indent.

3. In addition, the Commission may consult the Committee on any other matter concerning the implementation of the programme.

The representative of the Commission shall submit to the Committee a draft of the measures to be taken. The Committee shall deliver its opinion on the draft within a time limit which the Chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its opinion recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee of the manner in which its opinion has been taken into account.

4. The representative of the Commission shall keep the Committee regularly informed of:

- financial assistance granted under the programme (amount, duration, breakdown and beneficiaries),
- Commission proposals or Community initiatives and the implementation of programmes in other areas which are of direct relevance to achievement of the objectives of the programme, with a view to ensuring the consistency and complementarity referred to in Article 4.

Article 6

International cooperation

1. In the course of implementing the programme, cooperation with non-member countries and with international organizations competent in the field of public health, in particular the World Health Organization and the Council of Europe as well as non-governmental organizations active in the areas covered by this programme, will be encouraged and implemented in accordance with the procedure laid down in Article 5.

2. The programme shall be open to participation by the associated countries of Central and Eastern Europe (Accee) in accordance with the conditions laid down in the Additional Protocols to the Association Agreements relating to participation in Community programmes, to be concluded with those countries. The programme shall be open to participation by Cyprus and Malta on the basis of additional appropriations in accordance with the same rules as those applied to the EFTA countries, in accordance with procedures to be agreed with those countries.

*Article 7***Monitoring and evaluation**

1. The Commission, taking into account the reports drawn up by the Member States and with the participation, where necessary, of independent experts, shall ensure that an evaluation is made of the actions undertaken.

2. The Commission shall submit to the European Parliament and the Council an interim report halfway

through the programme and a final report on completion thereof. The Commission shall incorporate into these reports the results of the evaluations. It shall also send the reports to the Economic and Social Committee and the Committee of the Regions.

Done at Brussels, 29 March 1996.

For the European Parliament

The President

K. HÄNSCH

For the Council

The President

T. TREU

ANNEX

COMMUNITY ACTION PROGRAMME ON HEALTH PROMOTION (1996 to 2000)

A. HEALTH PROMOTION STRATEGIES AND STRUCTURES

Objective

To encourage the evaluation of the impact of health promotion policies and instruments and the development of a health promotion approach in the Member States by promoting the devising and assessment of health promotion strategies and dissemination of the best practices.

Actions

1. Surveys and comparative analyses of the impact of Community and national health promotion policies and instruments and of health promotion structures and strategies and the assessment of the latter; activities to encourage and support cooperation between Member States on various strategic aspects of public health and health promotion.
2. Support for transnational networks of national, regional or local health promotion bodies, adopting an integrated approach (i.e. an approach covering the various determinants, contexts and population groups) and promotion of joint activities and projects.

B. SPECIFIC PREVENTION AND HEALTH PROMOTION MEASURES

Objective

To improve knowledge, particularly in conjunction with measures under the Biomed programme, of the situation and the problem of health promotion in relation to certain risk factors and health determinants and to certain disadvantaged social groups. To promote intersectoral and multidisciplinary approaches to health promotion directed at vulnerable or disadvantaged groups.

Measures

3. Support for integrated health promotion measures and projects relating more specifically to groups which are disadvantaged as a result of their vulnerability or social exclusion, of social and cultural differences or of living in unfavourable areas or environments, together with measures to combat exclusion and precarious situations.
4. Examination of the role of nutrition and other life-style factors in the etiology of diseases and information to the public to improve understanding of basic nutritional principles and of new techniques and methods of presenting and preparing foodstuffs.
5. Promotion of analysis, evaluation and exchange of experience and information and support for actions in respect of innovative measures for the prevention of cardiovascular and cerebrovascular diseases, taking account of the risk factors for such diseases.
6. Support for exchanges of experience and information concerning the rational use of medicines, in particular generic medicines and self-medication, in cooperation with general practitioners and pharmacists. Exchange of experience on providing the public with information on the use of medicines, in particular medicines available without prescription.
7. Promotion of examination, assessment and exchanges of experience and support for actions concerning measures to prevent alcohol abuse and the health and social consequences thereof.
8. Support for measures to promote regular physical activity and to reach sound physical and mental hygiene practices.
9. Support for studies on ageing populations in the European Union and promotion of exchanges of experience and information on the prevention of age-related illnesses in conjunction with the other specific programmes.

C. HEALTH INFORMATION**Objective**

To improve knowledge of mechanisms for devising health messages and assessing health information methods and encourage an exchange of information and documentation between professionals and those responsible for public health and health promotion policies.

Measures

10. Support for and coordination of work in the Member States to improve knowledge of the psychological, sociological and cultural mechanisms and the economic factors involved and of information methods to encourage the adoption of healthy lifestyles; support for the assessment of results and for dissemination of the best practices.
11. Surveys of public opinion on various aspects of health promotion (Eurobarometer survey) and support for the preparation and assessment of specific information campaigns including those coordinated at Community level or in several Member States.
12. Support for the development of a European infrastructure, for example in the form of transnational networks, reference centres containing information and documentation on public health and health promotion for use by professionals, administrators and decision-makers in the field of public health, and dissemination to interested parties of information on the Community's activities in this field.

D. HEALTH EDUCATION**Objective**

To encourage greater integration of health education in schools, including sex education; to foster the development and dissemination of the best health education experiments and methods tailored to different contexts (e.g. school, work and leisure) and different target groups (e.g. children, adolescents and young adults, and workers).

Measures

13. Exchanges of experience between Member States concerning the development and distribution of appropriate health education programmes, teaching materials and modules. Support for information campaigns, demonstration projects and innovative experiments aimed at promoting healthy lifestyles and responsible behaviour including support for the European Network of Health-Promoting Schools in cooperation with the WHO and the Council of Europe.
14. Support for, coordination and evaluation of health education projects which are aimed at young persons and adolescents who have left the school system and are devised and implemented either by official bodies or by private associations and non-governmental organizations in settings such as sport and leisure activities and socio-cultural activity centres.
15. Support for innovative means of providing continuing structured health education, involving distance teaching and information technologies, for adults and the elderly.
16. Support for health education measures in the workplace, particularly in relation to nutrition and the risks involved in tobacco and alcohol consumption, as well as mental health factors, including prevention of stress-related risks.

E. VOCATIONAL TRAINING IN PUBLIC HEALTH AND HEALTH PROMOTION**Objective**

To help to familiarize the various categories of health staff, those who decide on and administer health policy or action and those in the front line of health promotion (e.g. teachers, educators, social workers) with knowledge, ideas and methods relating to public health, prevention, health promotion, information and health education.

Measures

17. Review and assessment of existing structures and training schemes in public health and health promotion and compilation of a European directory. Support for cooperation between schools of public health, universities and bodies providing training in this area with a view to the development of common training courses and exchanges of students and teaching staff in conjunction with existing education and training schemes.
 18. Promotion of cooperation between Member States on the content of training courses and training activities in the fields of public health and health promotion for professionals, administrators and decision-makers, emphasizing interdisciplinary approaches (including social, economic, psychological and environmental aspects).
 19. Support for training activities relating to health education in schools aimed at teachers, instructors and other staff concerned including development of modules, teaching aids and educational materials.
 20. Encouragement and support for exchanges of experience relating to the training of health professionals in health promotion and the early detection and prevention of diseases, including cardiovascular diseases, and in identifying and controlling risk factors and situations, including those linked to alcohol abuse.
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DECISION No 646/96/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 29 March 1996
adopting an action plan to combat cancer within the framework for action in the field of public
health (1996 to 2000)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF
THE EUROPEAN UNION,

Having regard to the Treaty establishing the European
Community, and in particular Article 129 thereof,

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

Having regard to the opinion of the Economic and Social
Committee⁽²⁾,

Having regard to the opinion of the Committee of the
Regions⁽³⁾,

Acting in accordance with the procedure laid down in
Article 189b of the Treaty⁽⁴⁾ in the light of the joint text
approved on 31 January 1996 by the Conciliation
Committee,

account the Council Resolution of 27 May 1993 on
future action in the field of public health as well as
the objectives and improvements set out in the
Annex to that Resolution⁽⁹⁾;

- (1) Whereas, at its meetings in Milan in June 1985 and
in Luxembourg in December 1985, the European
Council underlined the advantages of launching a
European programme against cancer;
- (2) Whereas the Council and the Representatives of the
Governments of the Member States meeting within
the Council adopted on 7 July 1986 a Resolution
on a programme of action of the European
Communities against cancer⁽⁵⁾ and on 17 May
1990 Decision 90/238/Euratom, ECSC, EEC
adopting a 1990 to 1994 action plan in the context
of the 'Europe against Cancer' programme⁽⁶⁾;
- (3) Whereas in its resolution of 19 November 1993 on
public health policy after Maastricht⁽⁷⁾ the
European Parliament asked that activities against
cancer be intensified;
- (4) Whereas in its Resolution of 13 December 1993⁽⁸⁾
the Council invited the Commission to submit in
due course a draft third action plan, taking into

- (5) Whereas the Council, in its Resolution of 2 June
1994⁽¹⁰⁾, in response to the Commission
communication of 24 November 1993 on the
framework for action in the field of public health,
included cancer among the priority areas for action
for which the Commission was invited to bring
forward proposals for action;
- (6) Whereas, by reason of its scale and effects,
Community action in support of cancer prevention
enables the desired objectives to be attained more
effectively;
- (7) Whereas policies and programmes formulated and
implemented at Community level should be
compatible with the targets and objectives of
Community action on cancer prevention; whereas,
in particular, implementation of actions under the
Community's biomedical and health research
programme should be closely coordinated with the
implementation of Community actions on cancer
prevention;
- (8) Whereas cooperation with the competent
international organizations and with non-member
countries should be strengthened;
- (9) Whereas cancer is a major disease associated with
lifestyles; whereas the risk factors inherent in
them need to be reduced, especially tobacco
consumption, which will also have an effect
on combating other diseases, in particular
cardiovascular diseases;
- (10) Whereas, by ensuring wider dissemination of
knowledge of the causes of cancer and of its
prevention, by ensuring improved comparability
and dissemination of information on these subjects,
and by developing complementary actions especially
in health education, this plan will contribute to the
achievement of the Community objectives set out in
Article 129 of the Treaty;
- (11) Whereas measures must be adopted to combat
promotion in the media of habits which may lead

⁽¹⁾ OJ No C 139, 21. 5. 1994, p. 12, and OJ No C 143, 9. 6.
1995, p. 16.

⁽²⁾ OJ No C 393, 31. 12. 1994, p. 8.

⁽³⁾ OJ No C 210, 14. 8. 1995, p. 55.

⁽⁴⁾ Opinion of the European Parliament of 1 March 1995 (OJ
No C 68, 20. 3. 1995, p. 17), Council common position of
2 June 1995 (OJ No C 216, 21. 8. 1995, p. 1) and Decision
of the European Parliament of 25 October 1995 (OJ No
C 308, 20. 11. 1995). Decision of the European Parliament
of 15 February 1996 (OJ No C 65, 4. 3. 1996) and Council
Decision of 16 February 1996.

⁽⁵⁾ OJ No C 184, 23. 7. 1986, p. 19.

⁽⁶⁾ OJ No L 137, 30. 5. 1990, p. 31.

⁽⁷⁾ OJ No C 329, 6. 12. 1993, p. 375.

⁽⁸⁾ OJ No C 15, 18. 1. 1994, p. 1.

⁽⁹⁾ OJ No C 174, 25. 6. 1993, p. 1.

⁽¹⁰⁾ OJ No C 165, 17. 6. 1994, p. 1.

to cancer, such as poor dietary habits and smoking;

- (12) Whereas it is important that the Commission ensures implementation of this plan in close cooperation with the Member States; whereas, to that end, provision should be made for a procedure to ensure that Member States are fully involved in implementing the plan;
- (13) Whereas a *modus vivendi* between the European Parliament, the Council and the Commission concerning the implementing measures for acts adopted in accordance with the procedure laid down in Article 189b of the Treaty was concluded on 20 December 1994;
- (14) Whereas moreover, in order to have available to it all the necessary scientific information, the Commission cooperates with a high-level committee of scientific experts appointed by the Member States;
- (15) Whereas, from an operational point of view, the investment made under the preceding action plans in terms of both the European pilot networks and the mobilization of all those involved in combating cancer should be safeguarded and developed;
- (16) Whereas this plan must take account of past and current measures implemented in the Member States either by the competent authorities or by other parties involved in health policy;
- (17) Whereas, however, possible duplication of effort should be avoided by the promotion of exchanges of experience and by the joint development of basic information modules for the general public, for health education and for training members of the health-care professions, which may be targeted on specific groups, including children;
- (18) Whereas a Community strategy to contribute to combating cancer includes all aspects of primary, secondary and tertiary prevention, including exchange of experience on quality control in early detection of the disease and prevention of its development, and taking into account psycho-social aspects, with particular emphasis on the quality of life;
- (19) Whereas, in order to increase the value and impact of this plan, a continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievement of objectives at both national and Community level and, where appropriate, the necessary adjustments should be made;
- (20) Whereas the objectives of this plan and the actions undertaken to implement it form part of the health

protection requirements referred to in the third subparagraph of Article 129 (1) of the Treaty and as such form a constituent part of the Community's other policies, such as those on the environment, the protection of workers, consumer protection, nutrition, agriculture and the internal market;

- (21) Whereas this Decision lays down, for the entire duration of the action plan, a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration by the European Parliament, the Council and Commission of 6 March 1995, for the budgetary authority during the annual budgetary procedure;
- (22) Whereas this plan should run for five years in order to allow sufficient time for actions to be implemented to achieve the objectives set,

HAVE DECIDED AS FOLLOWS:

Article 1

Establishment of the plan

1. A Community plan of action against cancer entitled 'Europe against Cancer', hereinafter referred to as 'this plan', shall be adopted for the period 1 January 1996 to 31 December 2000 within the framework for action in the field of public health.
2. The objective of this plan shall be to contribute towards ensuring a high level of health protection and shall comprise actions aimed at:
 - preventing premature deaths due to cancer,
 - reducing mortality and morbidity due to cancer,
 - promoting the quality of life by improving the general health situation,
 - promoting the general well-being of the population, particularly by minimizing the economic and social consequences of cancer.
3. The actions to be implemented under this plan and their specific objectives are set out in the Annex under the following headings:
 - A. Data collection and research
 - B. Information and health education
 - C. Early detection and screening
 - D. Training and quality control and guarantees.
4. The actions to be undertaken shall include in particular:

- the establishment of common objectives,
- the standardization and collection of comparable and compatible data on health, including the development and strengthening of the European network of cancer registers,
- programmes for exchange of experience and of health professionals and for the dissemination of the most effective practices,
- the creation of information networks,
- European-scale studies and dissemination of the results, including support for epidemiological studies focused on prevention,
- implementation of pilot programmes and pilot projects,
- compilation of reports, especially to monitor the measures taken,
- early detection and screening,
- exchanges of experience on quality control of the early detection of the disease and the prevention of its development, including palliative methods, and contributions for selecting priorities in cancer research and transfer of results of basic research into clinical trials.

Article 2

Implementation

1. The Commission shall ensure the implementation, in close cooperation with the Member States, of the actions set out in the Annex, in accordance with the procedure laid down in Article 5.
2. The Commission shall cooperate with the institutions and organizations which are active in combating cancer.

Article 3

Budget

1. The financial framework for implementation of this plan for the period referred to in Article 1 shall be set at ECU 64 million.
2. The annual appropriations shall be authorized by the budgetary authority within the limits of the financial perspective.

Article 4

Consistency and complementarity

The Commission shall ensure that there is consistency and complementarity between actions to be implemented

under this plan and the other relevant Community programmes and initiatives, including the biomedical and health research programme under the Community's framework programme for research and the programmes introducing an integrated information network (information technology in areas of general interest).

Article 5

Committee

1. The Commission shall be assisted by a Committee consisting of two members designated by each Member State and chaired by a representative of the Commission.

2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken concerning:

- (a) the Committee's rules of procedure;
- (b) an annual work programme indicating the priorities for action;
- (c) the simplification and improvement of this plan's basic administrative procedures, which shall be duly published;
- (d) the arrangements, criteria and procedures for selecting and financing projects under this plan, including those involving cooperation with international organizations competent in the field of public health and participation of the countries referred to in Article 6 (2);
- (e) the evaluation procedure;
- (f) the arrangements for dissemination and transfer of results;
- (g) the arrangements for cooperating with the institutions and organizations referred to in Article 2 (2).

The Committee shall deliver its opinion on the draft measures referred to above within a time limit which the Chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Article 148 (2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the Committee shall be weighted in the manner set out in that Article. The Chairman shall not vote.

The Commission shall adopt measures which shall apply immediately. However, if these measures are not in accordance with the opinion of the Committee, they shall forthwith be communicated by the Commission to the Council. In that event:

- the Commission shall defer application of the measures which it has decided upon for a period of two months from the date of such communication,

— the Council, acting by a qualified majority, may take a different decision within the time limit laid down in the previous subparagraph.

3. In addition, the Commission may consult the Committee on any other matter concerning the implementation of this plan.

The representative of the Commission shall submit to the Committee a draft of the measures to be taken. The Committee shall deliver its opinion on the draft within a time limit which the Chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its opinion recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee of the manner in which its opinion has been taken into account.

4. The representative of the Commission shall keep the Committee regularly informed about:

- financial assistance granted under this plan (amounts, duration, breakdown, beneficiaries),
- Commission proposals or Community initiatives and the implementation of programmes in other areas which are of direct relevance to achievement of the objectives of this plan, with a view to ensuring the consistency and complementarity referred to in Article 4.

Article 6

International cooperation

1. In the course of implementing this plan, cooperation with non-member countries and with international organizations competent in the field of

public health, in particular the World Health Organization and the International Agency for Research on Cancer, will be encouraged and implemented in accordance with the procedure laid down in Article 5.

2. This plan shall be open to participation by the associated countries of Central and Eastern Europe (Accee), in accordance with the conditions laid down in Additional Protocols to the Association Agreements relating to participation in Community programmes, to be concluded with those countries. This plan shall be open to participation by Cyprus and Malta on the basis of additional appropriations in accordance with the same rules as those applied to the EFTA countries, in accordance with procedures to be agreed with those countries.

Article 7

Monitoring and evaluation

1. The Commission, taking into account the reports drawn up by the Member States and with the participation, where necessary, of independent experts, shall ensure that an evaluation is made of the actions undertaken.

2. The Commission shall submit to the European Parliament and the Council an interim report halfway through the programme and a final report on completion thereof. The reports shall highlight, in particular, the complementarity between this plan and the other actions mentioned in Article 4. The Commission shall incorporate into these reports the results of the evaluations. It shall also send the reports to the Economic and Social Committee and the Committee of the Regions.

Done at Brussels, 29 March 1996.

For the European Parliament

The President

K. HÄNSCH

For the Council

The President

T. TREU

ANNEX

SPECIFIC OBJECTIVES AND ACTIONS

A. DATA COLLECTION AND RESEARCH

Objective

To extend and improve knowledge of the causes, prevention and treatment of cancer and to facilitate the collection of reliable and comparable data on the incidence of cancer, including data on paediatric oncology, in particular to identify trends and to devise European-scale epidemiological studies.

Actions

1. Support for exchanges of information and experience relating to the collection and dissemination of reliable and comparable data for cancer registers (prevalence, incidence, mortality, survival rates and age groups). Development and strengthening of a European network in cooperation with the International Agency for Research on Cancer (IARC).
2. Support for the carrying out of epidemiological studies at European level and for the dissemination of their conclusions with regard to the identification of carcinogens (physical, chemical and biological), with special attention to environmental factors and related conditions at work, the risks arising from exposure to them (types of exposure and population subgroups affected), methods of prevention and the introduction of programmes for objectively assessing survival rates on the basis of specific criteria (age, sex, position of the tumour, stage of development, histological type, etc.) and for assessing sources of disparities in those rates. On the basis of these conclusions, support for the drawing up and dissemination of recommendations. Cohort studies on cancer, diet and health (EPIC network), support for epidemiological studies based on research into nutrition as a potential preventive factor (identification of protective agents, modification of specific dietary factors) and, where appropriate, preventive chemical agents.
3. Contribution to the selection of priorities for cancer research to be carried out under the Community's framework programmes for research, and specifically the biomedical and health research programme, which includes basic and clinical cancer research, and promotion of research methods aimed at early, accurate and reliable diagnosis by means of laboratory diagnosis techniques, in particular based on immunology and genetics. Support for the establishment of an inventory of European basic and clinical cancer research measures; help with the transfer to clinical trials of the results of basic research; setting up and/or development of information exchange networks for clinical trials in progress, and help with the launching of multiple-centre and multinational clinical testing in order to speed up the assessment of new methods of care.

B. INFORMATION AND HEALTH EDUCATION

Objectives

- To help to improve knowledge of cancer risks and cancer prevention among European citizens and encourage them to adopt healthy lifestyles;
- to promote and assess policies and measures related to cancer causes and risks.

Actions

4. Establishment of an annual 'Europe against Cancer' week.
5. Improving the dissemination and effectiveness of cancer prevention messages, in particular the recommendations of the European Code against Cancer, by supporting targeted measures (for teachers, general practitioners, etc.) and pilot projects, studies and analyses of health promotion techniques and assessments of action in this field.
6. Supporting and extending pilot action networks for providing information and exchanges with regard to cancer prevention, taking into account the recommendations of the European Code against Cancer, in order to contribute to the highlighting and dissemination of best practice.

7. Promoting information and awareness-raising campaigns for specific population groups on health promotion and cancer prevention, particularly in public places and at work.
8. Encouraging projects with a European dimension relating to the prevention of tobacco consumption; assessment of the implementation of recommendations on tobacco consumption in public places, particularly on public transport and in education establishments. Promotion of strategies aimed at protecting the most vulnerable groups, in particular pregnant women and children, from the risk of passive smoking. Assessment of the effect of measures taken in the Member States to reduce tobacco consumption, for example the banning or control of direct or indirect advertising, taxation measures and the exclusion of tobacco from the price index, and dissemination of knowledge acquired from the assessment process. Support and assessment of pilot measures for preventing tobacco consumption as part of the exchange networks between Member States, for example networks of no-smoking towns, no-smoking hospitals and youth clubs in cooperation with healthcare workers and teachers.
9. Selection at European level and dissemination of the best methods of overcoming addiction to smoking, and evaluation of their impact as part of pilot measures to implement these methods in liaison with opinion formers and healthcare workers in the Member States. Launching, among the pilot projects in the media, of a project to combat passive smoking. Continuing classification of dangerous substances and preparations with the aim of improving packaging and labelling.
10. Contributing to the formulation and implementation of integrated health education programmes in different life contexts, with cancer prevention given a particularly important role. Definition and implementation of supplementary cancer prevention projects for specific groups in different contexts (town planners, environmental specialists, architects, radiologists).

Evaluation, in the context of pilot Community networks, of health education initiatives, with priority being given to making individuals more aware of their responsibility for their own health, to discouraging smoking and excessive alcohol consumption, to promoting a healthy diet, especially increased consumption of fruit and vegetables, to appropriate media campaigns promoting a healthy diet and to making people aware of the risks associated with excessive exposure of the skin to ultraviolet radiation, targeted at young people.

11. Support for exchanges of experience under the integrated health education programmes with the aim of improving initial and continuing training for teachers and project supervisors in the field of cancer prevention, taking account of the experience gained in the framework of programmes such as Erasmus and the supporting actions of the Commission in the education field.
12. Support for the production and dissemination of Community teaching materials relating to cancer prevention, particularly those tested in the pilot networks, and for the evaluation of the impact of such materials.
13. Implementation of studies and dissemination of their conclusions, making it possible to improve the level of knowledge of the perceptions of young people with regard to cancer, tobacco, diet and the risks associated with excessive exposure of the skin to ultraviolet radiation. Carrying out analyses with the aim of increasing the effectiveness of preventive programmes among children and young people.

C. EARLY DETECTION AND SCREENING

Objective

To help improve and increase the possibilities of early detection, in particular through the development and dissemination of effective screening programmes and appropriate practices.

Actions

14. Support for the introduction and evaluation of European pilot project networks in the field of mass screening for breast and cervical cancer, on the basis of recommendations established at European level with regard to ensuring the quality of screening, and support for the organization of meetings to examine the feasibility of extending pilot projects to national and regional levels.
15. Support for the preparation and dissemination at European level of a common terminology and classification in order to improve the quality of anatomical and cytopathological interpretation, particularly of suspect growths in the breast and uterus, in particular for anatomists and cytopathologists in the Community.

16. Support for European feasibility studies on mass screening for other cancers (of the ovary, prostate, skin, colon/rectum and mouth), taking particular account of the medical, psychological, social and economic aspects.

D. TRAINING AND QUALITY CONTROL

Objective

To help improve cancer-related training for healthcare workers, including training in paediatric oncology, and quality control methods.

Actions

17. Further implementation of the Commission Recommendation of 8 November 1989 concerning the training of health personnel in the matter of cancer; assistance with the introduction of periodic assessment of the impact of the European pilot networks on initial and continuing training in the matter of cancer for the medical, nursing and dentistry professions, in particular for health personnel working in paediatric oncology.
18. Support for the mobility of the health professions (particularly trainers), in order to improve theoretical and practical knowledge of cancer (in particular primary prevention, early diagnosis, mass screening, particularly for cervical and breast cancer, and quality assurance), between those specialized centres in Member States offering training of a high quality, where such mobility is not ensured under existing Community programmes such as Comett II or Force.
19. Support for exchanges of experience and the drawing up and dissemination of conference recommendations for a consensus on good practice in the field of combating cancer and of recommendations by groups of experts, in order to speed up the dissemination and implementation of the results of controlled studies.
20. Preparation of teaching materials of European interest, aimed at improving training for healthcare workers in the matter of cancer, particularly through the use of interactive computer programmes; assessment of the impact of those materials in the pilot networks. In particular, support for the development, implementation and evaluation of prevention modules intended for the health professions, and of models to assist in diagnosis and in making decisions on measures to prevent the development of the disease and risks of relapse.
21. Promotion of initiatives and support for European studies and dissemination of their conclusions, particularly in the context of European-level meetings and exchanges of experience, in order to gain a better understanding of the quality control methods for measures aimed at correct early detection of the disease and prevention of its development, risks of relapse and associated syndromes and improving the effectiveness of those methods, taking into account the psychological and social aspects, in particular the quality of life of patients, including palliative methods.
22. Support for pilot projects in the area of quality assurance, including dissemination and evaluation of the results, with particular reference to practices connected with checks on radiotherapy installations and the training of health personnel.

DECISION No 647/96/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 29 March 1996

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 (1996 to 2000)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 129 thereof,

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

Having regard to the opinion of the Economic and Social Committee⁽²⁾,

Having regard to the opinion of the Committee of the Regions⁽³⁾,

Acting in accordance with the procedure laid down in Article 189b of the Treaty⁽⁴⁾ in the light of the joint text approved on 31 January 1996 by the Conciliation Committee,

- (1) Whereas the Council, in its Resolution of 2 June 1994⁽⁵⁾, in response to the Commission communication of 24 November 1993 on a framework for action in the field of public health, included AIDS and other communicable diseases among the priority areas for Community action for which the Commission was invited to bring forward proposals for action;
- (2) Whereas AIDS is at present an incurable disease regarded as a major scourge, to combat which coordinated action is required in the areas both of research and of prevention;
- (3) Whereas it is important to promote the utilization and proper use of condoms as a means of preventing transmission of the HIV virus and other sexually-transmissible diseases;
- (4) Whereas AIDS is a phenomenon that poses a dilemma not only for those parts of human relationships of most intimate concern to

individuals, but also for modes of collective behaviour; whereas its implications extend to law and the economy, to politics, public health, education and culture, as well as to medicine, sociology and research;

- (5) Whereas the plan of action adopted by Decision 91/317/EEC of the Council and the Ministers for Health of the Member States, meeting within the Council⁽⁶⁾, in the framework of the 'Europe against AIDS' programme expired at the end of 1993;
- (6) Whereas the 'Europe against AIDS' programme was extended until the end of 1995 by Decision No 1729/95/EC of the European Parliament and of the Council⁽⁷⁾;
- (7) Whereas the Council in its conclusions of 13 December 1993 on the setting up of an epidemiological network in the Community⁽⁸⁾ and the European Parliament in its resolutions of 26 May 1989⁽⁹⁾, 15 May 1991⁽¹⁰⁾ and 19 November 1993⁽¹¹⁾ took the view that it was essential to acquire a better knowledge of diseases on the basis of their causes and their epidemiological context; whereas, accordingly, the two institutions have called on the Commission to submit proposals for the setting up of an epidemiological network in the Community;
- (8) Whereas the European Parliament and the Council emphasized that the smooth running of a network for gathering epidemiological data requires that the comparability and compatibility of data be ensured and that theoretical training in epidemiology and practical preparation in epidemiology in the field be developed for the teams participating in the network;
- (9) Whereas the Community is in a position to make a major contribution towards the organization of exchanges of experience and the dissemination of information with regard to the specific training of health professionals and the information of all the social players involved, such as teachers, families, authorities and heads of undertakings;
- (10) Whereas, in their Resolution of 13 November 1992⁽¹²⁾, the Council and the Ministers for

⁽¹⁾ OJ No C 333, 29. 11. 1994, p. 34, and OJ No C 228, 2. 9. 1995, p. 6.

⁽²⁾ OJ No C 133, 31. 5. 1995, p. 23.

⁽³⁾ OJ No C 100, 2. 4. 1996, p. 28.

⁽⁴⁾ Opinion of the European Parliament of 27 April 1995 (OJ No C 126, 22. 5. 1995, p. 74), Council Common Position of 2 June 1995 (OJ No C 216, 21. 8. 1995, p. 11) and Decision of the European Parliament of 25 October 1995 (OJ No C 308, 20. 11. 1995). Decision of the European Parliament of 15 February 1996 (OJ No C 65, 4. 3. 1996) and Council Decision of 16 February 1996.

⁽⁵⁾ OJ No C 165, 17. 6. 1994, p. 1.

⁽⁶⁾ OJ No L 175, 4. 7. 1991, p. 26.

⁽⁷⁾ OJ No L 168, 18. 7. 1995, p. 1.

⁽⁸⁾ OJ No C 15, 18. 1. 1994, p. 6.

⁽⁹⁾ OJ No C 158, 26. 6. 1989, p. 477.

⁽¹⁰⁾ OJ No C 158, 17. 6. 1991, p. 45.

⁽¹¹⁾ OJ No C 329, 6. 12. 1993, p. 375.

⁽¹²⁾ OJ No C 326, 11. 12. 1992, p. 1.

Health of the Member States meeting within the Council invited the Commission to consider the existing arrangements which provide for cooperation between Member States in the field of monitoring and control of communicable diseases;

- (11) Whereas the actions undertaken at Community level in the field of AIDS need to be continued, extended to cover certain other communicable diseases, in particular sexually-transmissible diseases (STDs), and consolidated within the framework of the action in the field of public health set out by the Commission, in a manner consistent with measures against exclusion and situations of vulnerability;
- (12) Whereas these actions must take into account, as the Council and the Ministers for Health of the Member States meeting within the Council requested in their Resolution of 27 May 1993⁽¹⁾, other actions undertaken by the Community in the field of public health or having an impact on public health;
- (13) Whereas, by reason of its scale and effects, Community action in support of the prevention of AIDS and other communicable diseases enables the desired objectives to be attained more effectively;
- (14) Whereas policies and programmes formulated and implemented at Community level should be compatible with the aims and objectives of Community action on the prevention of AIDS and other communicable diseases; whereas, in particular, implementation of actions under the Community's biomedical and health research programme, in particular the development of vaccines and new forms of treatment, must be closely coordinated with the implementation of Community actions to prevent infection by the HIV virus and certain other communicable diseases;
- (15) Whereas it is necessary to promote studies in the Member States to identify the most effective methods of prevention and to publish the most significant results of this work;
- (16) Whereas cooperation with the competent international organizations and with non-member countries should be strengthened;
- (17) Whereas a multiannual programme is required, defining the objectives of Community action, the priority actions for the prevention of AIDS and other communicable diseases, and the appropriate evaluation mechanisms;
- (18) Whereas it is important that the Commission ensures implementation of the programme in close cooperation with the Member States; whereas, to that end, provision should be made for a procedure to ensure that Member States are fully involved in implementing the programme;
- (19) Whereas a *modus vivendi* between the European Parliament, the Council and the Commission concerning the implementing measures for acts adopted in accordance with the procedure laid down in Article 189b of the Treaty was concluded on 20 December 1994;
- (20) Whereas, from an operational point of view, the investment made under the preceding action plans in terms of both the European pilot networks and the mobilization of all those involved in combating AIDS and other communicable diseases should be safeguarded and developed;
- (21) Whereas this programme must take account of past and current measures implemented in the Member States either by the competent authorities or by other parties involved in health policy;
- (22) Whereas, however, possible duplication of effort should be avoided by the promotion of exchanges of experience and by the joint development of basic information modules for the general public, for health education and for training members of the health-care professions, which may be targeted on specific groups and on non-governmental organizations, including patients' associations;
- (23) Whereas the provision of information to children and young people must begin at a very early age in the general context of information on hygiene and sexuality and health education;
- (24) Whereas the objective of this programme must be to contribute towards stemming the spread of AIDS and other communicable diseases in the Community by improving knowledge concerning their prevalence and patterns, improving recognition of high-risk situations and practices and improving early detection and social, health and medical support, with a view to preventing the transmission of AIDS and other communicable diseases and thus reducing the associated mortality and morbidity as well as combating all forms of discrimination against people suffering from AIDS or infected with the HIV virus;
- (25) Whereas, in order to increase the value and impact of this programme, a continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievement of objectives at both national and Community level and, where appropriate, the necessary adjustments should be made;
- (26) Whereas the objective of this programme and of the measures undertaken to implement it form part of

⁽¹⁾ OJ No C 174, 25. 6. 1993, p. 1.

the health protection requirements referred to in the third subparagraph of Article 129 (1) of the Treaty and as such form a constituent part of the Community's other policies;

- (27) Whereas access to this programme should be facilitated, with particular stress on reaching organizations which lack means of easy access to information on Community programmes;
- (28) Whereas the procedures for granting financial aid should be simple and accessible, and there should be guarantees of total transparency of these procedures and the relevant controls;
- (29) Whereas this Decision lays down, for the entire duration of the programme, a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration by the European Parliament, the Council and Commission of 6 March 1995, for the budgetary authority during the annual budgetary procedure;
- (30) Whereas this programme should run for five years in order to allow sufficient time for actions to be implemented to achieve the objectives set,

HAVE DECIDED AS FOLLOWS:

Article 1

Establishment of the programme

1. A programme of Community action on the prevention of AIDS and certain other communicable diseases, hereinafter referred to as 'this programme', shall be adopted for the period 1 January 1996 to 31 December 2000 within the framework for action in the field of public health.
2. The objective of this programme shall be to help contain the spread of AIDS and reduce mortality and morbidity due to communicable diseases, by encouraging cooperation between Member States, promoting cooperation between prevention policies and programmes and supporting the activities of non-governmental organizations, including organizations for people affected by HIV.
3. The actions to be implemented under this programme and their specific objectives are set out in the Annex under the following headings:
 - A. Surveillance and monitoring of communicable diseases
 - B. Combating transmission
 - C. Information, education and training

- D. Support for persons with HIV/AIDS and combating discrimination.

Article 2

Implementation

1. The Commission shall ensure the implementation, in close cooperation with Member States, of the actions set out in the Annex, in accordance with Article 5.
2. The Commission shall cooperate with the institutions and organizations which are active in preventing AIDS and other communicable diseases.

Article 3

Budget

1. The financial framework for implementation of this programme for the period referred to in Article 1 shall be ECU 49,6 million.
2. The annual appropriations shall be authorized by the budgetary authority within the limits of the financial perspective.

Article 4

Consistency and complementarity

The Commission shall ensure that there is consistency and complementarity between actions to be implemented under this programme and the other relevant Community programmes and initiatives, including the biomedical and health research programme under the Community's framework programme for research and Community action in developing countries.

Article 5

Committee

1. The Commission shall be assisted by a Committee consisting of two members designated by each Member State and chaired by a representative of the Commission.
2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken concerning:
 - (a) the Committee's rules of procedure;
 - (b) an annual work programme indicating the priorities for action;
 - (c) the arrangements, criteria and procedures for selecting and financing projects under this programme, including those involving cooperation

with international organizations competent in the field of public health and participation of the countries referred to in Article 6 (2);

- (d) the evaluation procedure;
- (e) the arrangements for dissemination and transfer of results;
- (f) the arrangements for cooperating with the institutions and organizations referred to in Article 2 (2).

The Committee shall deliver its opinion on the draft measures referred to above within a time limit which the Chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Article 148 (2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the Committee shall be weighted in the manner set out in that Article. The Chairman shall not vote.

The Commission shall adopt measures which shall apply immediately. However, if these measures are not in accordance with the opinion of the Committee, they shall forthwith be communicated by the Commission to the Council. In that event:

- the Commission shall defer application of the measures which it has decided upon for a period of two months from the date of such communication,
- the Council, acting by a qualified majority, may take a different decision within the time limit laid down in the first indent.

3. In addition, the Commission may consult the Committee on any other matter concerning the implementation of this programme.

The representative of the Commission shall submit to the Committee a draft of the measures to be taken. The Committee shall deliver its opinion on the draft within a time limit which the Chairman may lay down according to the urgency of the matter, if necessary by taking a vote.

The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its opinion recorded in the minutes.

The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee of the manner in which its opinion has been taken into account.

4. The representative of the Commission shall keep the Committee regularly informed about:

- financial assistance granted under this programme (amounts, duration, breakdown and beneficiaries),

- Commission proposals or Community initiatives and the implementation of programmes in other policy areas which are directly related to the attainment of the objectives of this programme, with a view to ensuring the consistency and complementarity referred to in Article 4.

Article 6

International cooperation

1. In the course of implementing this programme, cooperation with non-member countries and with international organizations competent in the field of public health, especially the United Nations and in particular the World Health Organization, the Council of Europe and non-governmental organizations competent in the field of public health or particularly involved in the fight against AIDS and other communicable diseases and the prevention thereof, will be encouraged and implemented in accordance with the procedure laid down in Article 5.

2. This programme shall be open to participation by the associated countries of Central and Eastern Europe (Accee), in accordance with the conditions laid down in the Additional Protocols to the Association Agreements relating to participation in Community programmes, to be concluded with those countries. This programme shall be open to participation by Cyprus and Malta on the basis of additional appropriations in accordance with the same rules as those applied to the EFTA countries, in accordance with procedures to be agreed with those countries.

Article 7

Monitoring and evaluation

1. The Commission, taking into account the reports drawn up by the Member States and with the participation, where necessary, of independent experts, shall ensure that an evaluation is made of the actions undertaken.

2. The Commission shall submit to the European Parliament and the Council an interim report halfway through this programme and a final report on completion thereof. It shall incorporate into these reports the results of the evaluations. It shall also send the reports to the Economic and Social Committee and the Committee of the Regions.

Done at Brussels, 29 March 1996.

For the European Parliament

The President

K. HÄNSCH

For the Council

The President

T. TREU

ANNEX

**PROGRAMME OF COMMUNITY ACTION ON THE PREVENTION OF AIDS AND CERTAIN
OTHER COMMUNICABLE DISEASES (1996 to 2000)****A. SURVEILLANCE AND MONITORING OF COMMUNICABLE DISEASES****Objective**

To help to improve knowledge and dissemination of information and data concerning HIV/AIDS and other communicable diseases, taking into account international disease-classification provisions, and to improve the coordination of systems for monitoring these diseases and coordinating Community-level responses, particularly in the event of an epidemic outbreak.

Actions

1. Exploration with Member States of ways to increase the amount and improve the quality, comparability and availability of data and provide support for strengthening national or regional monitoring systems and implementing them as part of a network and, in the case of HIV/AIDS and connected diseases, support for the European Centre for the Epidemiological Monitoring of AIDS.
2. Contribution towards improving the quality and coordination of Member States' epidemiological monitoring systems and participation in the development of surveillance networks on the basis of the jointly-defined methodologies and conditions for data transmission, prior consultation and coordination of replies.
3. Setting up of a Community network of public health epidemiologists for the purpose of defining common surveillance methods and tools and enhancing the ability to respond in a coordinated way to the development of communicable diseases, especially in the case of epidemic outbreaks.
4. Contributing, in particular by the provision of the logistical support necessary, to the production and dissemination of a regular information notice and of a Community bulletin on communicable diseases surveillance, comprising both routine surveillance data and reports on specific epidemiological investigations.
5. Encouraging action aimed at increasing awareness of the problems and including comparable and reliable data on nosocomial infections particularly in routine surveys of hospital conditions; promoting knowledge and exchanges of experience on the ways in which surveillance results concerning infections caused by germs resistant to normal treatment (antibiotics) are analysed, processed and used by the actors in the field.
6. Promotion of investigations of the effectiveness and feasibility of screening for certain types of communicable diseases (tuberculosis, hepatitis, etc.), in particular among pregnant women. Coordination of research to minimize transmission of diseases from mother to child.

B. COMBATING TRANSMISSION**Objective**

To assist efforts to prevent the transmission of HIV and other sexually-transmitted diseases (STDs), particularly as regards high-risk environments and behaviour and ensure optimum vaccination cover in the Community for certain communicable diseases.

Actions

7. Coordination of studies and information on the problems and situations of persons whose behaviour places them at risk (parenteral drug use, prostitution and at-risk sexual relations, etc.), or placed in particular situations (travel, penal institutions, etc.) and modes of transmission; exchange of experience on preventive action including the promotion of risk-reduction measures; promotion of appropriate preventive measures and of pilot projects, including promotion of the use and availability of good-quality condoms, with instructions for use so as to avoid sexual transmission of disease, and promotion of facilitated access to such condoms.

8. Exchange of views and experience on information, advice and counselling for women who are pregnant or wanting to have children and who may be at risk of transmitting HIV to their babies.
9. Exchanges of information on messages and promotion of appropriate measures for the dissemination of effective messages aimed at the general public and at target groups, notably through campaigns to inform, educate and raise awareness concerning means of protection against the risk of sexual transmission of diseases, the problems they raise and their use.
10. Promotion of cooperation and of exchange of information between Member States on their vaccination policies and programmes as well as their arrangements for implementing them and their results among the general population and especially among children, groups exposed to risk and persons living in certain risk situations. Promotion of exchange of experience and information as regards determining vaccination cover, vigilance concerning vaccines and encouragement of measures and initiatives to ensure optimum vaccination cover.

C. INFORMATION, EDUCATION AND TRAINING

Objective

To help to increase awareness and improve public information and education and provide, including with regard to the early detection of communicable diseases, better training for health professionals and relevant personnel.

Actions

11. Evaluation of the impact of information campaigns on communicable diseases and their prevention; encouragement of exchanges between Member States on information campaigns at all levels; development of ways of linking and reinforcing campaigns in the Member States, such as provision of specific materials; utilization of telephone and other response mechanisms; definition and promotion of activities to complement national efforts, including the setting-up or strengthening of networks and the exchange of experience and expertise.
12. Gathering and analysis of information concerning preventive measures and promotion of the dissemination of the information; promotion of the development and use of assessment methods to determine the effectiveness of preventive measures and information campaigns aimed at the general public and target groups.
13. Encouragement of initiatives to ascertain and disseminate existing information about the knowledge, attitudes and behaviour of the general public and certain target groups, particularly children and young people, regarding HIV/AIDS and other STDs and about the preventive measures taken in the European Community; examination and evaluation of current practice in providing information both within and outside formal structures such as schools, training institutions and sports clubs; promotion of the exchange of educational and training material and methods, and support for pilot projects, especially those centred on groups of young people without any specific organizational framework or formal educational structure; development of training suited to every stage of the individual's development and exchange of educational material for this purpose.

Promotion of information campaigns in the Member States on the utilization and proper use of condoms as a means of preventing transmission of the HIV virus.

Carrying out new Eurobarometer surveys on trends in knowledge and behaviour with regard to HIV/AIDS, where existing information is inadequate.

14. Encouragement of initiatives relating to messages intended to inform and educate migrants in the Member States, taking particular account of cultural and linguistic differences.
15. Surveys and exchange of experience on training given to health professionals and those who, through their work, are brought into contact with certain communicable diseases or can act to prevent them, including personnel responsible for social support and counselling for HIV-infected persons and those living with them, in order to identify weaknesses and gaps in them and to help in devising and promoting new further training programmes; promotion of exchanges among the health professionals involved, where such action is not covered by existing Community programmes.

16. Support for the training of health personnel, in particular in the context of epidemiology and early detection of and screening for communicable diseases, including personal advice at the time of screening.

D. SUPPORT FOR PERSONS WITH HIV/AIDS AND COMBATING DISCRIMINATION

Objective

To assist efforts to ensure that persons suffering from HIV/AIDS receive assistance in line with their needs and are not discriminated against in any way.

Actions

17. Exchanges of experience and information concerning modes of assistance and support for those testing seropositive, those infected with AIDS and persons living with them. Promotion of studies, pilot projects and actions on the psycho-social aspects of HIV/AIDS, including the subject of HIV-positive children in the school environment.
 18. Production and dissemination of information bulletins and directories giving the latest information on organizations providing information and support; encouragement of networks of associations providing information and psycho-social support.
 19. Examination of actual or potential discriminatory situations in the Member States. Exchange of information on measures taken in the Member States to avoid or combat discrimination, particularly as regards employment, insurance, credit, housing, education and health care. Exchange of information and experience on HIV-testing policies and practices and drawing-up of a code of good practice on the matter.
-