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

of 22 December 1989

on the fight against AIDS

(90/C 10/02)

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

Having regard to the Treaties establishing the European Communities,

Having regard to their common approach to combating AIDS, worked out in 1986 and subsequently expanded (1),

Remain concerned by the increase in the AIDS epidemic in the Member States of the Community and by its social, economic, legal and ethical consequences;

Recall their conclusions of 16 May 1989 (2) affirming that contamination by drug injection is a major concern of the health authorities;

Stress the very considerable efforts made by all Member States in the fields of research, treatment and prevention as well as the major endeavour to coordinate research at Community level;

Note that, in spite of encouraging progress achieved in research, effective vaccines and treatment will not be widely available for several years;

Reiterate the importance of international cooperation, in particular with the World Health Organization (WHO) and the Council of Europe;

Consider it advisable to reaffirm and specify, for the attention of all European citizens, the principles which should guide them in preventing and combating AIDS;

Draw attention also to their conclusions of 15 May 1987 (3) in which they decided to draw up an action and coordination plan for adoption by the Member States and at Community level;

Therefore agree to step up the coordination of national and Community projects and promote activities of common interest.

A. Common principles for the fight against AIDS

I. *Prevention*

1. In the fight against AIDS, top priority should, alongside research, continue to be given to prevention by means of health information and health education.

2. The information should be clear and full and stress the fact that HIV infection and the disease of AIDS in no way justify any reaction of fear or of discrimination.

3. Health-information and health-education measures should deliver well-aimed messages: on the one hand, it remains indispensable that the general public and young people in particular be given repeated general messages on prevention; on the other hand, local or targeted measures must bring these messages home.

Special attention should be given to ways of reaching drug addicts and those living on the fringes of society.

4. Prevention must include improved access to suitable individual counselling and to the available means of protection against the virus, such as condoms and safe injection material.

5. These measures should be thoroughly reviewed on a regular basis.

II. *Use of diagnostic tests*

1. Suitable diagnostic tests must be widely available on a voluntary and confidential basis within the public health systems.

(1) OJ No C 184, 23. 7. 1986, p. 21, OJ No C 178, 7. 7. 1987, p. 1, OJ No C 197, 27. 7. 1988, p. 8, OJ No C 28, 3. 2. 1989, p. 1, and OJ No C 185, 22. 7. 1989, p. 3.

(2) OJ No C 185, 22. 7. 1986, p. 3.

(3) OJ No C 178, 7. 7. 1987, p. 1.

Where advisable, additional arrangements may be made to offer individuals the possibility of being tested anonymously, if possible free of charge.

2. These tests form part of individual preventive measures, always accompanied by information and counselling provided by qualified persons.

3. On the basis of knowledge gleaned to date, no public health reason justifies the systematic and compulsory screening of individuals, i.e. screening without prior information or consent of the persons tested. Such a practice is particularly ineffective as a means of prevention.

4. To improve epidemiological data, in the context of longitudinal or prospective studies and for public health purposes, requires the use of appropriate strategies.

5. Progress in the medical use of substances of human origin (such as blood and its derivatives, organs, tissues and semen) must be actively continued.

Voluntary donation of such substances without remuneration, maintaining screening on the occasion of each donation by means of suitable tests (testing of AIDS viruses), the development of a policy of informing donors in order to exclude risk donors and similarly stringent quality controls throughout the Community make an essential contribution to the safe use of such donations, and particularly to safe transfusion.

III. *The fight against discrimination*

1. Any discrimination against persons with AIDS or HIV-positive persons constitutes a violation of human rights and prejudices an effective prevention policy because of its effects of exclusion and ostracism.

2. The free movement of persons, goods and services in the Community and equal treatment as laid down in the Treaties are, and must continue to be, guaranteed.

3. The greatest possible vigilance must therefore be exercised in order to combat all forms of discrimination, particularly in recruitment, at the workplace, at school and as regards accommodation and sickness insurance.

4. With regard, more particularly, to accommodation and private insurance, solutions should be found which reconcile economic interests with the principle of non-discrimination.

IV. *Medical and social care for HIV-positive individuals and persons with AIDS*

1. In order to enable persons affected to take full advantage of improvements in therapy and diagnosis, the fullest and earliest possible access to care should be made available.

2. In particular, persons who do not have social security cover, as is often the case with drug addicts or former drug addicts, require specific measures, where appropriate.

3. The dissemination of information on solutions which have proved successful in certain countries should be encouraged and backed up, especially at Community level.

4. Non-governmental organizations, whether their members be affected persons or persons concerned by the epidemic, play an essential role in the provision of psychological and social care for affected persons. This role must be encouraged and more widely recognized.

B. Specific activities: action plan

I. *Basic operational research*

Community research policy has to date been based in particular on vaccines, treatment and epidemiology and on the ways of involving health services, particularly in developing countries, in combating AIDS.

This policy must be continued and backed by all the necessary means.

II. *Research into, and evaluation of, the socio-economic impact*

Better knowledge of the pathogenesis of AIDS should go hand in hand with a better understanding of the psychosocial, economic and demographic effects of the disease and of its consequences for society in Europe and the world.

The Commission is called upon to consider in particular the following topics in coordinated research projects: analysis and assessment of requirements for caring, research into behaviour and behavioural factors with particular reference to prevention, development of methods for assessing preventive measures, analysis of socio-economic consequences and preparation of forecasts and scenarios in this field.

III. *International cooperation*

The Council takes note of the measures already undertaken under the programme to combat AIDS in developing countries adopted on 21 May 1987.

Without prejudice to the priorities which have still to be determined, the Council considers it advisable to continue and strengthen these measures which must be consistent with the common approach adopted by the Council and the Ministers for Health to this matter.

The Community has a specific role to play in this field in close collaboration with the Member States, the WHO and the other international organizations concerned.

IV. *Monitoring of the epidemiological situation in the Community*

In the light of the considerable work already done to improve the general system for gathering epidemiological data, and notably the conclusions of the Council and the Ministers for Health meeting within the Council on 15 December 1988 and 16 May 1989 [1], the Member States and the Commission are requested, each as far as it is concerned, to:

— continue improving the general system for gathering epidemiological data, and particularly national monitoring systems,

— forward regularly to the European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaboration Centre in Paris) the available epidemiological data and provide suitable access to the Centre's database,

— develop coordinated epidemiological studies for assessing the present situation and the possible spread of the epidemic,

— take account of the above information when subsequently developing strategies for prevention and care,

— develop, together with experts designated by the Member States and the European Centre, methodological approaches to ensure greater comparability of epidemiological data.

The Commission will ensure that appropriate Community support is given to the European Centre to carry out all these tasks.

V. *Development of measures to combat AIDS*

In the light of the conclusions of the Council and the Ministers for Health meeting within the Council on 16 May 1989 [2] which:

— requested the Commission to prepare and submit to the Council by the end of 1989 a programme on the prevention of AIDS in intravenous drug users,

— requested the Commission to examine, within the framework of the internal market, the possibilities for harmonization of condoms and HIV self-testing kits,

— instructed the *ad hoc* Working Party on AIDS, in close cooperation with, and with the participation of, the Commission, to develop the exchange of information on the results of the assessment of the national prevention measures including information campaigns, and on awareness measures for health personnel and finally to examine the possibilities for improving at Community level the HIV-related technical safety requirements for organs, tissues, semen and blood:

  (a) the Commission is requested, on the basis of the guidelines laid down by the Council in this resolution and in close cooperation with the Member States and with the possible assistance of experts appointed by each of them, to:

    — develop exchanges of information and experience in priority areas of the fight against AIDS, in particular those indicated in the Annex hereto, and the resultant coordination,

    — draw up and submit to the Council, at the earliest opportunity, proposals defining the details and content of an action plan integrating appropriate measures to prevent and control AIDS, including the coordination of the pilot projects carried out by the Member States and contributions to preparing Community projects on research and international cooperation;

  (b) the *ad hoc* Working Party on AIDS in instructed, in accordance with the conclusions previously adopted by the Council and the Ministers for Health, to continue its work, in particular on exchanges of information and experience, to examine the communications and proposals to be submitted by the Commission and to report to the Council on the implementation of this resolution.

[1] OJ No C 28, 3. 2. 1989, p. 1, and OJ No C 185, 22. 7. 1989, p. 7.

[2] OJ No C 185, 22. 7. 1989, p. 3.

ANNEX

PRIORITY TOPICS FOR THE EXCHANGES OF INFORMATION AND EXPERIENCE

I. **Topics which have been the subject of earlier conclusions**

— assessment of national prevention measures, including assessment of information campaigns and problems which may concern women or certain specific categories of person,

— preventive measures aimed at drug addicts,

— technical ways of improving safety in the use of substances of human origin.

II. **New topics**

— care of infected persons,

— health information and education for young people,

— implementation of the conclusions of the Council and the Ministers for Health concerning AIDS and the place of work.