Article 3

Article 3 of Regulation (EEC) No 3835/90 is amended as follows:

'*Article 3*

1. Common Customs Tariff duties shall be totally suspended for products originating in Bolivia, Colombia, Ecuador, Peru and Venezuela listed in the Annex to this Regulation. Article 1 (4) and Articles 7 to 12 of Regulation (EEC) No 3833/90 shall, without prejudice to the levying of any supplementary duties that may apply, apply to those countries and to the products listed in the Annex to this Regulation. However, Venezuela shall not qualify for the preferences applicable to the products of Chapter 3 and CN codes 1604 and 1605. In respect of these products it shall continue to qualify for the preferences referred to in Annex II to Regulation (EEC) No 3833/90.

2. Bolivia, Colombia, Ecuador, Peru and Venezuela shall be withdrawn from the list of countries given in Annex III to Regulation (EEC) No 3833/90.'

Article 4

The following paragraph is added to Article 7 of Regulation (EEC) No 3833/90:

'2. For products of CN code 0603 10 originating in the countries referred to in Article 3 of Regulation (EEC) No 3835/90, the quantity referred to in paragraph 1 is the volume of exports from one of the countries in question to the Community which corresponds to the highest of the four years preceding the entry into force of this Regulation.'

Article 5

In Annnex II to Regulation (EEC) No 3833/90, the rate of duty shall be reduced to zero for products of order numbers 52.1770, 52.1840, 52.1920 and 52.1930, to 4 % for products of order number 52.0520 and to 25 % for products of order number 52.3790.

Products of order numbers 52.2350 and 52.2420 shall be removed from Annex II.

Article 6

This Regulation shall enter into force on 1 January 1995 and shall be applicable for one year.

This Regulation shall be binding in its entirety and directly applicable in all Member States.

Proposal for a European Parliament 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

(94/C 333/08)

(Text with EEA relevance)

COM(94) 413 final — 94/0222(COD)

(Submitted by the Commission on 9 November 1994)

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,

Having regard to the opinion of the Economic and Social Committee,

Having regard to the opinion of the Committee of the Regions,

Whereas the prevention of diseases, in particular the major health scourges, including drug dependence, is a priority for Community action, requiring a global and coordinated approach between Member States;

Whereas AIDS is at present an incurable disease which, given its modes of transmission, can only be effectively combated by preventive measures;

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 [1], in the framework of the 'Europe against AIDS' programme expired at the end of 1993;

Whereas, in their conclusions of 27 May 1993 [2], the Council and the Ministers for Health, meeting within the Council, emphasized the need to continue the activities of the 'Europe against AIDS' programme;

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[1] OJ No L 175, 4. 7. 1991, p. 26.

[2] Doc. 6946/93 SAN 36.

Whereas, in consequence, the Commission submitted to the Council on 29 September 1993 a proposal for a Decision concerning the extension to the end of 1994 of the 1991-93 plan of action adopted in the framework of the 'Europe against AIDS' programme (1), to ensure continuation of the Community actions to combat AIDS pending the adoption of a multiannual action programme; whereas the Council adopted on 2 June 1994 a common position concerning that proposal (2), with a view to extending the 'Europe against AIDS' programme to the period 1994-95;

Whereas, in its conclusions of 13 December 1993 (3), the Council agreed that it was necessary for the Community as a whole to acquire a better knowledge of diseases on the basis of their causes and their epidemiological context;

Whereas, in the same conclusions, the Council emphasized that the smooth running of a network for gathering epidemiological data requires that theoretical training in epidemiology and practical preparation in epidemiology in the field be developed for the teams participating in the network;

Whereas in their resolution of 13 November 1992 (4), the Council and the Ministers for Health 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;

Whereas the actions undertaken at Community level in the field of AIDS need to be continued and extended to cover certain other communicable diseases, and also to be consolidated within the framework of the action in the field of public health set out by the Commission (5);

Whereas the actions must take into account, as the Council requested in its resolution of 27 May 1993 (6), other actions undertaken by the Community in the field of public health or having an impact on public health;

Whereas in its resolution of 2 June 1994 concerning the framework for Community action in the field of public health (7), the Council agreed that priority should be given at present to AIDS and other communicable diseases;

Whereas, in accordance with the principle of subsidiarity, actions on matters not within the exclusive competence of the Community, such as action on HIV/AIDS and communicable diseases, should be undertaken by the Community only when, by reason of its scale or effects, its objectives can be better achieved at Community level;

Whereas cooperation with the competent international organizations and with non-member countries should be strenghtened;

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;

Whereas the objectives of this programme must be to contribute towards improving knowledge concerning the prevalence and patterns of HIV/AIDS and other communicable diseases, improving recognition of risk situations and improving early detection and social and medical support, with a view to preventing the transmission of communicable diseases and thus reducing the associated mortality and morbidity;

Whereas, from an operational point of view, past actions to establish European networks of non-governmental organizations and to mobilize resources should be maintained and developed;

Whereas possible duplication of effort should be avoided by the promotion of exchanges of experience and by the development of information material for the public, health educators and those who train the health professions;

Whereas this programme should be of five-year duration in order to allow sufficient time for the various actions to be implemented and to achieve the objectives set,

HAVE DECIDED AS FOLLOWS:

Article 1

A Community action programme on AIDS and certain other communicable diseases is adopted for a five-year period.

Article 2

The Commission shall ensure implementation of the actions set out in the Annex in accordance with Article 5 and in close cooperation and partnership with the Member States. The institutions and organizations active in the field of the prevention of AIDS and other communicable diseases shall take part in them as well.

Article 3

The budgetary authority shall determine the appropriations available for each financial year.

Article 4

The Commission shall ensure that there is consistency and complementarity between the Community actions to

(1) COM(93) 453 final of 29. 9. 1993.
(2) OJ No C 213, 3. 8. 1994, p. 220.
(3) OJ No C 15, 18. 1. 1994, p. 6.
(4) OJ No C 326, 11. 12. 1992, p. 1.
(5) COM(93) 559 final of 24. 11. 1993.
(6) OJ No C 174, 25. 6. 1993, p 1.
(7) OJ No C 165, 17. 6. 1994, p. 1.

be implemented under this programme and those implemented under other relevant Community programmes and initiatives.

Article 5

For the implementation of the programme the Commission shall be assisted by an Advisory Committee, hereinafter referred to as 'the Committee', comprising two representatives from each Member State and chaired by a Commission representative.

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 position recorded in the minutes.

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

Article 6

1. The Community will encourage cooperation with third countries and with international public health organizations, in particular the World Health Organization.

2. The EFTA countries, in the framework of the EEA Agreement, and the countries from central and eastern Europe with whom the Community has concluded association agreements, may be associated with the activities described in the Annex, according to the provisions of those agreements.

Article 7

1. The Commission will regularly publish information on the actions undertaken and opportunities for Community support in the various fields of action.

2. The Commission will submit to the European Parliament, the Council, the Economic and Social Committee, and the Committee of the Regions a mid-term report on the actions undertaken, as well as an overall report at the end of the programme.

ANNEX

COMMUNITY ACTION PROGRAMME CONCERNING THE PREVENTION OF AIDS AND OTHER COMMUNICABLE DISEASES

I. ACTIONS ON HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES

A. **Data collection**

1. Exploration with Member States of ways to increase and improve AIDS and HIV data at the Community level, and provide support to strengthen the work of the national epidemiological surveillance systems and the European Centre for the Epidemiological Monitoring of AIDS.

2. Gathering, analysis and dissemination of information concerning preventive measures and the knowledge, attitudes and behaviour of the general public and target groups; promotion of the development and use of measures for assessing effectiveness and new surveys where existing information is inadequate, including Eurobarometer surveys.

B. **Measures for children and young people**

3. Encouragement of initiatives to ascertain and dissemination information about children's and young people's knowledge, attitudes and behaviour in relation to HIV/AIDS and STDs, to examine current practice in providing them with information both within and outside formal settings, such as schools and training institutions; and to promote the exchange of educational and training material, and the setting up of pilot projects and networks.

C. **Prevention of HIV and STD transmission**

4. Examination and exchanges of information on problems and situations related to groups at risk (drug users, sex workers, homosexuals and bisexuals), risk situations (mobile populations and border areas, penal instiutions); and modes of transmission; exchange of experience on harm-reduction measures and preventive actions; and promotion of appropriate preventive measures and of pilot projects.

5. Promotion of information, advice and counselling to pregnant women who may be at risk of transmitting HIV to their babies; exchange of views and experience on screening pregnant women; and coordination of research on minimizing mother-child transmission.

D. Social and psychological support and combating discrimination

6. Exchanges of experience and information concerning models of assistance and support, including the particular difficulties facing families with infected members, and concerning policies and practices on screening and discriminatory situations, promotion of analyses and pilot projects on the psycho-social aspects of the disease, and the setting up of networks of organizations providing information and assistance.

II. SPECIFIC COMMUNITY MEASURES FOR CERTAIN COMMUNICABLE DISEASES

A. Actions related to vaccination

7. Support for initiatives designed to produce information on levels of vaccination cover in the Community, especially among children, at-risk groups and persons living in certain risk situations, against communicable diseases preventable by vaccination; promotion of initiatives designed to improve the vaccination cover of the general public, and especially of at-risk groups and persons living in certain risk situations; encouragement of measures designed to match vaccination schedules to the epidemiological context.

B. Creation and development of networks

1. *Surveillance*

8. Contribute to improving the quality of Member States' surveillance systems, taking into account the views of servers and users, and assist in the development of networks, based on agreed methodologies and conditions of transmission of information, prior consultation and coordination of responses.

9. Promote knowledge and exchanges of experience on the ways in which surveillance results of nosocomial infections are analysed, processed and used by the actors in the field, and encourage actions to increase awareness of the problems and inclusion of comparable and reliable data on nosocomial infections in routine surveys concerning hospital conditions, and support the creation of new surveillance networks for such infections.

2. *Dissemination of epidemiological information*

10. Contribute, in particular by the provision of the necessary, logistical support to the production and dissemenination of a regular information notice and of an European Community bulletin on communicable diseases surveillance, comprising both routine surveillance data and reports on specific investigations.

C. Information, education and training

11. Encouragement of exchanges between Member States on information campaigns at all levels, development of ways of linking and reinforcing campaigns, such as provision of specific materials; and utilization of telephone and other response mechanisms, and development and promotion of activities to complement national efforts, including the setting up of networks and the exchange of experience and expertise.

12. Examination of current training programmes for health and other professionals, and for those whose work brings them into contact with certain communicable diseases; identification of weaknesses and gaps, and devising and promotion of new further training opportunities and programmes.

13. Improvement of public health practices with regard to the routine surveillance of infectious diseases and epidemic outbreaks, whenever and wherever these occur in the Community; development of a Community network of public health epidemiologists with a view to defining common methods and tools and enhancing the capacity for coordinated response.

D. Early detection and systematic screening

14. Promotion of investigations of the effectiveness and feasibility of screening for certain types of communicable diseases (tuberculosis, hepatitis, etc).

15. Support for the training of health personnel, in particular in the context of early detection and systematic screening of communicable diseases; cost-benefit analysis of screening for different types of communicable diseases, in particular among pregnant women.