COUNCIL OF EUROPE

CONSEIL DE L'EUROPE

SUMMARIES OF THE COUNCIL OF EUROPE TREATIES

The summaries available hereunder are designed to meet a practical need, that of supplying the public at large with concise descriptions of the Council of Europe treaties. The summaries are necessarily short and can therefore only give a first introduction to the main features of each treaty.

Subject-matter: PUBLIC HEALTH

European Agreement on the Exchange of Therapeutic Substances of Human Origin (ETS No. 26), open for signature, in Paris, on 15 December 1958.

Entry into force: 1 January 1959.

The Agreement aims to ensure mutual assistance between Parties in the supply of therapeutic substances of human origin should the need arise. The expression "therapeutic substances of human origin" refers to human blood and its derivatives.

This Agreement allows those Parties which have sufficient stocks for their own needs to make therapeutic substances of human origin available to other Parties who are in urgent need of them.

The therapeutic substances of human origin are available to the other Parties subject to the express condition that no profit is made on them, they shall be used solely for medical purposes and shall be delivered only to bodies designated by the governments concerned. These substances are exempt from all import duties.

The therapeutic substances of human origin shall be accompanied by a certificate to the effect that they were prepared in accordance with the specifications in the Protocol to the Agreement.

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Agreement on the Temporary Importation, free of duty, of Medical, Surgical and Laboratory Equipment for use on free loan in Hospitals and other Medical Institutions for purposes of Diagnosis or Treatment (ETS No. 33), open to signature, in Strasbourg, on 28 April 1960.

Entry into force: 29 July 1960.

The Agreement is designed to enable countries in urgent need to obtain the necessary material free from customs duties for a renewable period of six months, especially steel lungs in the event of an epidemic or a catastrophe. Under the Agreement measures are provided for in addition to those already taken by WHO and the Red Cross.

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European Agreement on Mutual Assistance in the matter of Special Medical Treatments and Climatic Facilities (ETS No. 38), open for signature, in Strasbourg, on 14 May 1962.

Entry into force: 15 June 1962.

The object of this Agreement is to make available the special treatments and climatic facilities existing in other countries to persons who, though affiliated with a medical benefit scheme, are unable to obtain appropriate treatment in their country of residence.

The Agreement applies only to persons:

- residing in the territory of one of the Parties, and
- eligible for compulsory or optional benefits.

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European Agreement on the Exchanges of Blood-Grouping Reagents (ETS No. 39), open for signature, in Strasbourg, on 14 May 1962.

Entry into force: 14 October 1962.

The Agreement allows the Parties to make blood-grouping reagents available to other Parties who are in urgent need of them and to charge only those costs of collection, processing and carriage of such substances and the cost (if any) of their purchase.

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Convention on the Elaboration of a European Pharmacopoeia (ETS No. 50), open for signature, in Strasbourg, on 22 July 1964.

Entry into force: 8 May 1974.

The Convention aims to harmonise specifications for medicinal substances in their original state or in the form of pharmaceutical preparations. The Parties undertake progressively to elaborate a European pharmacopoeia. The European Pharmacopoeia becomes the official standard applicable within the respective Parties. It is drawn up by the European Pharmacopoeia Commission which determines the general principles applicable to the elaboration of the European Pharmacopoeia, decides upon methods of analysis, arranges for the preparation of and adoption of monographs to be included in it, and recommends the fixing of the time limits within which its decisions of a technical character are to be implemented within the territories of the Parties.

The European Pharmacopoeia Commission operates under the overall supervision of the Public Health Committee.

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European Agreement on the Instruction and Education of Nurses (ETS No. 59), open for signature, in Strasbourg, on 25 October 1967.

Entry into force: 7 August 1969.

The goal of this Agreement is to harmonise the instruction and education of nurses with a view to promoting social progress and guarantee the standards required of nurses for their establishment in the territory of other Parties without discrimination.

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European Agreement on the Restriction of the Use of certain Detergents in Washing and Cleaning Products (ETS No. 64), open for, in Strasbourg, on 16 September 1968.

Entry into force: 16 February 1971.

The Agreement aims to ensure the control of freshwater pollution not only from the standpoint of human needs but also to ensure the protection of nature in general. The Parties undertake to adopt measures, including legislative ones, to ensure that washing or cleaning products containing one or more synthetic detergents are not put on the market unless the detergents in the product considered are, as a whole, at least 80% susceptible to biological degradation.

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Agreement on the Transfer of Corpses (ETS No. 80), open for signature, in Strasbourg, on 26 October 1973.

Entry into force: 11 November 1975.

The Agreement provides for the simplification of formalities required for the international transfer of corpses, through a uniform mortuary "laissez-passer". To this end, it sets out the maximum conditions that a Party can require for the dispatch, transit and admission of corpses on its territory.

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European Agreement on the Exchange of Tissue-Typing Reagents (ETS No. 84), open for signature, in Strasbourg, on 17 September 1974.

Entry into force: 23 April 1977.

For the purpose of this Agreement, the Parties undertake to make tissue-typing reagents available to other Parties who are in need of them, by the most direct route, subject to the condition that no profit is made on them and that they shall be used solely for medical and scientific purposes and free of import duties.

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Additional Protocol to the European Agreement on the Exchange of Tissue-Typing Reagents (ETS No. 89), open for signature, in Strasbourg, on 24 June 1976.

Entry into force: 23 April 1977.

The Additional Protocol provides for the European Union to become a Contracting Party to the Agreement (ETS No. 84) by signing it.

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Additional Protocol to the European Agreement on the Exchange of Therapeutic Substances of Human Origin (ETS No. 109), open to tacit acceptance, in Strasbourg, on 1 January 1983.

Entry into force: 1 January 1985.

The Additional Protocol amends the Convention (ETS No. 26) to allow the European Union to become a Contracting Party to this Convention by signing it.

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Additional Protocol to the Agreement on the Temporary Importation, free of duty, of Medical, Surgical and Laboratory Equipment for Use on free loan in Hospitals and other Medical Institutions for Purposes of Diagnosis or Treatment (ETS No. 110), open to tacit acceptance, in Strasbourg, on 1 January 1983.

Entry into force: 1 January 1985.

The Additional Protocol amends the Convention (ETS No. 33) to allow the European Union to become a Contracting Party to this Convention by signing it.

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Additional Protocol to the European Agreement on the Exchanges of Blood-Grouping Reagents (ETS No. 111), open to tacit acceptance, in Strasbourg, on 1 January 1983.

Entry into force: 1 January 1985.

The Additional Protocol amends the Convention (ETS No. 39) to allow the European Union to become a Contracting Party to this Convention by signing it.

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Protocol amending the European Agreement on the Restriction of the Use of certain Detergents in Washing and Cleaning Products (ETS No. 115), open for signature, in Strasbourg, on 25 October 1983.

Entry into force: 1 November 1984.

The Protocol amends certain articles in the Agreement (ETS No. 64) to accommodate scientific and international developments since 1968, notably to take account of two European Commmunity Directives adopted in March 1982 (Directives 82/242/EEC and 82/243/EEC).

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Protocol to the Convention on the Elaboration of a European Pharmacopoeia (ETS No. 134), open for signature, in Strasbourg, on 16 November 1989.

Entry into force: 1 November 1992.

The Protocol provides for the accession of the European Union to the Convention (ETS No. 50) and sets out the modalities of its participation in the European Pharmacopoeia Commission.

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Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health (CETS No. 211), open for signature, in Moscow on 28 October 2011

Entry into force: 1 January 2016.

The "Medicrime Convention" is the first international criminal law instrument to oblige States Parties to criminalise:

- the manufacturing of counterfeit medical products;
- supplying, offering to supply and trafficking in counterfeit medical products;
- the falsification of documents;
- the unauthorised manufacturing or supplying of medicinal products and the placing on the market of medical devices which do not comply with conformity requirements.

The Convention provides a framework for national and international co-operation across the different sectors of the public administration, measures for coordination at national level, preventive measures for use by public and private sectors and protection of victims and witnesses. Furthermore, it foresees the establishment of a monitoring body to oversee the implementation of the Convention by the States Parties.

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Council of Europe Convention against Trafficking in Human Organs (CETS No. 216), open for signature, in St Jacques-de-Compostelle, on 25 March 2015.

Entry into force: 1 March 2018.

The Convention calls on governments to establish as a criminal offence the illegal removal of human organs from living or deceased donors:

- where the removal is performed without the free, informed and specific consent of the living or deceased donor, or, in the case of the deceased donor, without the removal being authorised under its domestic law;
- where, in exchange for the removal of organs, the living donor, or a third party, receives a financial gain or comparable advantage;
- where in exchange for the removal of organs from a deceased donor, a third party receives a financial gain or comparable advantage.

The Convention also provides protection measures and compensation for victims as well as prevention measures to ensure transparency and equitable access to transplantation services.