European Parliament
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TEXTS ADOPTED

P8_TA(2017)0301

HIV, TB and HCV epidemics in Europe on the rise

European Parliament resolution of 5 July 2017 on the EU's response to HIV/AIDS, Tuberculosis and Hepatitis C (2017/2576(RSP))

The European Parliament,

– having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC[1],

– having regard to the World Health Organisation (WHO) Action plan for the health sector response to HIV in the WHO European Region, which addresses the Global health sector strategy on HIV for the period 2016-2021,

– having regard to the 2014 annual epidemiological report of the European Centre for Disease Prevention and Control (ECDC) on Sexually transmitted infections, including HIV and blood-borne viruses,

– having regard to the ECDC's 2016 Systematic review on hepatitis B and C prevalence in the EU/EEA,

– having regard to its Written Declaration on Hepatitis C of 29 March 2007[2],

– having regard to the ECDC's 2016 Guidance document on tuberculosis control in vulnerable and hard-to-reach populations,

– having regard to the WHO's Tuberculosis action plan for the WHO European Region 2016-2020[3],

– having regard to the outcome of the informal EU Health Ministers' meeting held in

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1 OJ L 293, 5.11.2013, p. 1.
2 OJ C 27 E, 31.1.2008, p. 247.
3 http://www.euro.who.int/__data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf

Bratislava on 3-4 October 2016, which saw Member States agree on support for the development of an integrated EU policy framework on HIV, tuberculosis and viral hepatitis,

– having regard to the Commission communication of 22 November 2016, entitled 'Next steps for a sustainable European future – European action for sustainability', which encompasses the economic, social and environmental dimensions of sustainable development, as well as governance, both within the EU and globally, and in which the Commission states that it 'will contribute by monitoring, reporting and reviewing progress towards the Sustainable Development Goals in an EU context' (COM(2016)0739),

– having regard to the Joint Riga Declaration on Tuberculosis and its Multi-Drug Resistance made at the first Eastern Partnership Ministerial Conference on this topic held in Riga on 30-31 March 2015,

– having regard to the WHO's first Global Health Sector Strategy on viral hepatitis 2016-2021 adopted by the World Health Assembly in May 2016, which emphasises the crucial role of universal health coverage and the goals of which – aligned with the Sustainable Development Goals – are to reduce by 2030 the number of new cases and mortality of viral hepatitis by 90 % and 65 % respectively, and ultimately to eliminate viral hepatitis as a public health threat,

– having regard to the WHO Europe Action plan for the health sector response to viral hepatitis in the WHO European Region, the overall goal of which is the elimination of viral hepatitis as a public health threat in the European Region by 2030, by reducing morbidity and mortality due to viral hepatitis and its complications, and ensuring equitable access to recommended prevention, testing, care and treatment services for all,

– having regard to the WHO European Action Plan for HIV/AIDS 2012-2015,

– having regard to its resolution of 2 March 2017 on EU options for improving access to medicines[1], in which the Commission and the Member States are urged to adopt strategic plans to ensure access to life-saving medicines and to coordinate a plan to eradicate hepatitis C in the European Union by means of tools such as European joint procurement,

– having regard to the UN Sustainable Development Goals (SDG) framework, in particular SDG 3, which includes the targets of ending HIV and tuberculosis epidemics by 2030 and combating hepatitis,

– having regard to the Berlin Declaration on Tuberculosis – 'All Against Tuberculosis' – (EUR/07/5061622/5, WHO European Ministerial Forum, 74415) of 22 October 2007,

– having regard to the question to the Commission on the EU's response to HIV/AIDS, Tuberculosis and Hepatitis C (O-000045/2017 – B8-0321/2017),

– having regard to the motion for a resolution of the Committee on the Environment, Public Health and Food Safety,

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1 Texts adopted, P8_TA(2017)0061.

– having regard to Rules 128(5) and 123(2) of its Rules of Procedure,

A. whereas, according to the ECDC, one out of seven people living with HIV are not aware of their serostatus, with an estimated average time between HIV infection and diagnosis of four years; whereas undiagnosed sufferers are 3,5 times more likely to transmit HIV than those who are diagnosed;

B. whereas the Dublin Declaration on Partnership to Fight HIV/Aids in Europe and Central Asia made a significant contribution to the establishment of a harmonised monitoring framework in the EU and neighbouring countries, which enables progress in the fight against HIV to be monitored;

C. whereas there is strong evidence that pre-exposure prophylaxis is effective in preventing infection and that the use of antiretroviral treatment all but eliminates the risk of transmission where viral loads are reduced to undetectable levels[1];

D. whereas, although new HIV infections among people who inject drugs have continued to decline in most European Union and European Economic Area (EU/EEA) countries, in 2015 one quarter of all newly diagnosed and reported HIV cases in four countries were attributed to injection drug use;

E. whereas new HIV infections due to transmission from parents to children and through blood transfusion have been virtually eliminated in the EU/EEA;

F. whereas tuberculosis (TB) and multi-drug-resistant tuberculosis (MDR-TB), being airborne diseases, are cross-border health threats in a globalised world in which the mobility of the population is increasing;

G. whereas the epidemiology of TB differs across the EU/EEA and depends on, *inter alia*, a Member State's progress on its path towards TB elimination;

H. whereas, of the 10 million total deaths attributable to drug resistance that could reportedly occur each year by 2050, around one quarter will come from drug-resistant strains of TB, at a cost to the global economy of at least USD 16,7 billion and to Europe of at least USD 1,1 billion;

I. whereas attention should be paid to the issue of co-infection, in particular with TB and viral hepatitis B and C; whereas TB and viral hepatitis are highly prevalent, progress more rapidly and cause significant morbidity and mortality among HIV-positive people;

J. whereas there is a critical need for cross-border and cross-disciplinary cooperation to address these epidemics;

K. whereas viral hepatitis is one of the major public health threats globally, with around 240 million people affected by chronic hepatitis B[2] and around 150 million people affected by chronic hepatitis C; whereas within the WHO European Region an estimated 13,3 million people live with chronic hepatitis B and an estimated 15 million

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1 https://thinkprogress.org/massive-hiv-treatment-study-found-zero-transmissions-between-mixed-status-couples-73d4a497f77b

2 http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis/data-and-statistics

people with hepatitis C; whereas, moreover, hepatitis B causes around 36 000 deaths and hepatitis C around 86 000 deaths in the Member States in the WHO European Region every year;

L. whereas the WHO has identified injection drug use as a major driver of the hepatitis C epidemic in the European Region, with people who inject drugs (PWID) accounting for the majority of new cases;

M. whereas, owing to generally rising national income levels and changes to the eligibility criteria for external donor financing, access to international financial support available for health programmes in the European Region is rapidly declining; whereas this particularly affects Eastern European and Central Asian countries, where rates of HIV, TB and hepatitis C are the highest, putting an effective response to these diseases at serious risk; whereas many countries in the WHO European Region still rely heavily on external funding to finance their health programmes, particularly for the purposes of helping vulnerable groups and key affected populations;

N. whereas it will be difficult for the Commission to monitor progress made in achieving the SDGs as regards viral hepatitis, given the frequent absence or inadequacy of surveillance data in the Member States;

O. whereas there are still inconsistencies in approaches to fighting viral hepatitis across the EU, with some Member States lacking a national plan altogether, while others have made significant funding commitments, have put in place strategies and have developed national plans for a comprehensive response to the burden of viral hepatitis;

P. whereas there are between 130 and 150 million people in the world who are chronically infected with hepatitis C; whereas approximately 700 000 people die every year from liver diseases related to hepatitis C;

Q. whereas in 2014, 35 321 cases of hepatitis C were reported from 28 EU/EEA Member States, a crude rate of 8,8 cases per 100 000 population[1];

R. whereas between 2006 and 2014, the overall number of cases diagnosed and reported across all EU/EEA Member States increased by 28,7 %, with most of this increase observed since 2010[2];

S. whereas the interpretation of hepatitis C data across countries is hampered by differences in surveillance systems, testing practices and programmes, and difficulties in defining the cases as acute or chronic[3];

A comprehensive and integrated EU policy framework

1. Calls on the Commission and the Member States to develop a comprehensive EU Policy Framework addressing HIV/AIDS, tuberculosis and viral hepatitis, while taking into account the varying circumstances and specific challenges faced by the Member States

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1 Annual Epidemiological Report – ECDC: http://ecdc.europa.eu/en/healthtopics/hepatitis_C/Documents/aer2016/AER-hepatitis-C.pdf

2 *Ibid.*

3 *Ibid.*

and neighbouring countries where the burden of HIV and MDR-TB is the greatest;

2. Calls on the Member States and the Commission to ensure the level of spending and resource mobilisation needed to achieve the objective of SDG 3;

3. Calls on the Commission and the Member States to strengthen work with communities and vulnerable people through multi-sectoral cooperation, by ensuring the participation of NGOs and the provision of services to the affected populations;

4. Calls on the Commission and the Council to play a strong political role in dialogue with neighbouring countries in Eastern Europe and Central Asia, ensuring that plans for sustainable transitions to domestic funding are in place so that HIV, viral hepatitis and TB programmes are effective, sustained and scaled up after the withdrawal of international donors' support; calls on the Commission and the Council to continue to work closely with those countries in ensuring that they take responsibility for and ownership of HIV, viral hepatitis and TB responses;

5. Calls on the Commission to discuss with Member States and future Council Presidencies the possibility of updating the Dublin Declaration to put HIV, viral hepatitis and TB on an equal footing;

HIV/AIDS

6. Stresses that HIV remains the communicable disease that carries the greatest social stigma, which can have a severe impact on the quality of life of those affected; stresses that almost 30 000 newly diagnosed HIV infections were reported by the 31 EU/EEA countries in 2015, with no clear signs of an overall decrease;

7. Calls on the Commission and the Member States to facilitate access to innovative treatment, including for the most vulnerable groups, and to work on combating the social stigma associated with HIV infection;

8. Underlines the fact that in the EU/EEA, sexual intercourse is still the main reported HIV transmission mode, followed by drug use injection; highlights the vulnerability of women and children to infection;

9. Calls on the Commission and the Council not only to increase investment in research with a view to achieving effective cures and developing new tools and innovative and patient-centred approaches to fighting these diseases, but also to ensure that these tools are available and affordable, and to address co-infections more effectively, in particular tuberculosis and viral hepatitis B and C and their complications;

10. Stresses that prevention remains the main tool for combating HIV/AIDS, but that two out of three EU/EEA countries report that the funds available for prevention are insufficient to reduce the number of new HIV infections;

11. Calls on the Member States, the Commission and the Council to continue to support HIV/AIDS prevention and linkage to care through joint action and projects under the EU Health Programme and to promote proven public health measures to prevent HIV, including: comprehensive harm-reduction services for drug users, treatment as prevention, condom use, pre-exposure prophylaxis and effective sexual health education;

12. Invites the Member States to focus HIV testing services in order to reach key populations in areas where HIV prevalence is highest, following WHO recommendations;

13. Invites the Member States to fight effectively against the sexually transmitted infections that increase the risk of contracting HIV;

14. Encourages the Member States to make HIV tests available free of charge, especially for vulnerable groups, to ensure early detection and to improve reporting of the number of infections, which is important for the purposes of providing adequate information and warnings about the disease;

Tuberculosis

15. Stresses that in the European Union TB rates are among the lowest in the world; emphasises, however, that approximately 95 % of TB deaths occur in low- and middle-income countries; underlines, furthermore, that the WHO European Region and in particular the Eastern European and Central Asian countries are highly affected by MDR-TB, accounting for around one quarter of the global MDR-TB burden; whereas 15 out of the 27 high MDR-TB burden countries identified by the WHO are in the European Region;

16. Points out that TB is the biggest killer of people living with HIV, with around one in every three deaths among people with HIV due to TB[1]; stresses that the number of people falling ill with TB rose for the third year running in 2014, from 9 million in 2013 to 9,6 million in 2014; stresses that only one in four multi-drug resistant TB (MDR-TB) cases are diagnosed, which highlights major gaps in detection and diagnosis;

17. Points out that antimicrobial resistance (AMR) is an increasingly serious medical challenge in the treatment of infections and diseases, including tuberculosis;

18. Recalls that treatment interruption contributes to the development of drug resistance, to TB transmission, and to poor outcomes for individual patients;

19. Stresses that in order to improve TB prevention, detection and treatment adherence, the Commission and the Member States need to develop TB programmes and financial support in order to strengthen work with communities and vulnerable people through multi-sectoral cooperation which should include the participation of NGOs, especially in developing countries; highlights, moreover, that the financial involvement of all actors in subsidising treatment for TB is essential for the continuity of TB care, as treatments can be prohibitively expensive;

20. Emphasises the importance of tackling the emerging AMR crisis, including by funding the research and development of new vaccines as well as innovative and patient-centred approaches, diagnostics and treatment for tuberculosis;

21. Calls on the Commission and the Council to play a strong political role in ensuring that the link between AMR and MDR-TB is reflected in the outcome of the July 2017 G20 Summit in Germany, as well as in the new EU Action Plan on AMR that is set to be published in 2017;

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1 WHO Global Tuberculosis report 2015.

22. Calls on the Commission and the Member States to cooperate in establishing cross-border measures to prevent the spread of TB through bilateral arrangements between countries and joint actions;

23. Calls on the Commission, the Council and the Member States to strengthen and formalise regional collaboration on TB and MDR-TB at the highest political level across the different sectors and to build partnerships with upcoming EU Presidencies in order to continue this work;

Hepatitis C

24. Stresses that in the European Union the main route of viral hepatitis transmission is via injection drug use as a result of sharing contaminated needles and the use of unsterile injection drug equipment; stresses that the rate of hepatitis infection among healthcare workers due to needlestick injuries remains above average; stresses that the provision of harm reduction services, including opiate substitution treatment (OST) and needle and syringe programmes (NSPs), is a critical viral hepatitis prevention strategy, which should also include measures to overcome stigma and discrimination; stresses that anti-HCV and HBsAg tests are frequently not part of reimbursed health check-ups; highlights that the virus can, in rare cases, be transmitted sexually, or in health and cosmetic care settings owing to inadequate infection control practices, or perinatally from an infected mother to the baby;

25. Stresses that over 90 % of patients show no symptoms on contracting the disease and it is usually discovered by chance during analysis or only when symptoms begin to appear, which accounts for the fact that it causes chronic hepatitis in 55 % to 85 % of cases; whereas within 20 years those with chronic hepatitis have a 15-30 % risk of developing liver cirrhosis – the main cause of hepatocellular carcinoma;

26. Emphasises that in 75 % of cases of hepatocellular carcinoma, the patient presents positive HCV serology results;

27. Emphasises that there is no standardised protocol in the Member States for hepatitis C screening and that the data on the numbers of people affected may be underestimated;

28. Emphasises that in April 2016 the WHO updated its Guidelines for the screening, care and treatment of persons with chronic hepatitis C infection, and that these complement existing WHO guidance on preventing the transmission of blood-borne viruses, including HCV; points out that these guidelines provide key recommendations in these areas and discuss considerations for implementation;

29. Emphasises that HCV infection can be cured, especially if it is detected and treated with the appropriate combination of antiviral drugs; points out in particular that antiviral treatment can now cure over 90 % of people with HCV infection; emphasises that viral HBV can be prevented through vaccination and can be controlled, but less than 50 % of people with chronic viral hepatitis are only diagnosed decades after becoming infected;

30. Calls on the Commission and the Member States to ensure sustainable funding of national viral hepatitis elimination plans, and to make use of EU Structural Funds and other available EU funding;

31. Calls on the Commission, the Council and the Member States to put in place an EU-

wide harmonised infection surveillance programme that can detect outbreaks of viral hepatitis, TB and HIV in a timely manner, assess trends in incidence, provide disease burden estimates and effectively track in real time the diagnosis, treatment and care cascade, including for specific vulnerable groups;

32. Calls on the Commission to lead discussions with the Member States on how to best equip primary care professionals (such as the inclusion of anti-HCV and HBsAg tests in health check-ups, anamneses, follow-up tests and referral pathways), with a view to increasing the diagnosis rate and ensuring guideline-conforming care;

33. Regrets that there is no vaccine available at present for hepatitis C, rendering primary and secondary prevention crucial; emphasises, however, that the specific characteristics of hepatitis C infection and the lack of screening protocols impede testing in many cases;

34. Calls on the Commission, under the direction of the ECDC, to launch a multidisciplinary plan, in coordination with the Member States, which will standardise screening, testing and treatment protocols, and which will eradicate hepatitis C in the EU by 2030;

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35. Instructs its President to forward this resolution to the Council, the Commission, the Member States, the World Health Organisation and the governments of the Member States.