

ACP-EU JOINT PARLIAMENTARY ASSEMBLY

RESOLUTION¹

ACP-EU/100.083/07/fin.

on access to healthcare and medicines, with a particular focus on neglected diseases

The Joint Parliamentary Assembly,

- meeting in Kigali (Rwanda) from 19 to 22 November 2007,
- having regard to Article 17(1) of its Rules of Procedure,
- having regard to Articles 177-181a of the Treaty establishing the European Community,
- having regard to the European Union (EU) common objectives as defined in ‘The European Consensus on Development’²,
- having regard to the Partnership Agreement between the members of the African, Caribbean and Pacific Group of States of the one part, and the European Community and its Member States of the other part, signed in Cotonou on 23 June 2000 (the ‘Cotonou Agreement’)³, as amended in Luxembourg on 25 June 2005⁴,
- having regard to the Commission Communication entitled ‘Speeding up progress towards the Millennium Development Goals (MDGs) – The European Union’s contribution’⁵,
- having regard to the increasing role of public-private partnerships in the provision of global public goods, as defined in the Commission Communication entitled ‘Health and Poverty Reduction in Developing Countries’⁶,
- having regard to the Commission Communication entitled ‘EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries’⁷,
- having regard to the World Health Organisation (WHO) World Health Report 2006 ‘Working together for health’⁸,
- having regard to the resolution of the Fifty-Ninth World Health Assembly (WHA) on ‘Public health, innovation, essential health research and intellectual property rights: towards a global strategy and plan of action’⁹ of 27 May 2006,
- having regard to the European and Developing Countries Clinical Trials Partnership (EDCTP),

¹ Adopted by the ACP-EU Joint Parliamentary Assembly on 22 November 2007 in Kigali (Rwanda).

² *The European Consensus on Development*, Part I, Section 1, OJ C 46, 24.2.2006.

³ OJ L 317, 15.12.2000, p. 3.

⁴ OJ L 287, 28.10.2005, p. 4.

⁵ COM(2005)132.

⁶ COM(2002)129, p. 12.

⁷ COM(2005)642.

⁸ http://www.who.int/whr/2006/whr06_en.pdf

⁹ Resolution WHA 59.24 of 27 May 2006.

- having regard to the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013)¹, adopted on 18 December 2006,
 - having regard to its resolution of 19 February 2004 on poverty diseases and reproductive health in ACP States, in the context of the 9th EDF (ACP-EU 3640/04/fin.)²,
 - having regard to its resolution of 25 November 2004 on food aid and food security (ACP-EU 3692/04/fin.)³,
 - having regard to the European Parliament resolution of 8 September 2005 on major and neglected diseases in developing countries⁴,
 - having regard to the report of its Committee on Social Affairs and the Environment (ACP-EU/100.083/07/fin.),
- A. whereas health is a basic right and a prerequisite for development and economic prosperity, and thus access to health services and medicines should be at the heart of development policies,
 - B. whereas access to healthcare is a global security and human rights issue since the emergence and resurgence of communicable diseases can cause widespread poverty, disability, morbidity and instability and spread rapidly throughout of the world,
 - C. whereas there has been inadequate progress in achieving the MDGs by their target date of 2015, highlighting the need for greater commitment to achieving them,
 - D. whereas 27 000 people die every day due to a lack of access to essential medicines,
 - E. whereas 25% of the 10 million child deaths each year are caused by diseases that can be prevented with vaccines,
 - F. whereas each year more than 28 million children miss out on immunisation during their first year of life,
 - G. whereas in addition to the burden of the three major killer diseases, HIV/AIDS, malaria and tuberculosis (TB), there are a range of many other diseases which together affect an estimated 1 billion people - a sixth of the world's population,
 - H. whereas these neglected diseases include African trypanosomiasis (sleeping sickness), Buruli ulcer, Chagas' disease, dengue, gastrointestinal helminths, infantile diarrhoea, leishmaniasis (Kala Azar), leprosy, lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (snail fever), trachoma, as well as diabetes, mental illnesses and epilepsy,
 - I. whereas, because of the limitations of existing therapies, neglected diseases cause a huge burden of disability and poverty, but receive comparatively little research funding, *inter*

¹ OJ L 412, 30.12.2006.

² OJ C 120, 30.4.2004, p. 29.

³ OJ C 80, 1.4.2005, p. 23.

⁴ OJ C 192E, 17.8.2006, p. 350.

alia at EU level,

- J. whereas research for drug development is mainly for medicines that sell in the developed countries and for diseases that face the developed world,
- K. whereas there is a need for more ‘translational’ research and development which carries forward the scientific knowledge and basic research into clinical trials and registrations of new products,
- L. whereas TB/HIV co-infection is a major threat, yet only 0.5% of HIV patients are tested for TB and 7% of TB patients are tested for HIV, showing the need for greater financial support and resources and greater collaboration between disease-specific programmes and services,
- M. whereas multi-drug resistant TB (MDR-TB) is very difficult to diagnose and treat,
- N. whereas counterfeit medicines account for 6-10% of the world market and 25% of medicines consumed in Africa are believed to be counterfeit,
- O. whereas prevention is the most effective way to fight sexually transmitted diseases, and access to family planning and maternal and reproductive health information and services plays an important role in poverty reduction and the fight against HIV/AIDS, and *vice versa*,
- P. whereas there is a global shortage of an estimated 4.3 million health professionals, including a deficit of 2.4 million doctors, nurses and midwives in 57 of the world's poorest countries, a problem exacerbated in rural areas,
- Q. whereas greater access for young girls to education and a higher proportion of female health workers are two factors encouraging women to make use of health services,
- R. whereas aid has often been too short-term and unpredictable to support the long-term recurrent costs of the health sector, can be complex due to the large numbers of international organisations involved, and is not always aligned to governments' priorities and capacity-building efforts,
- S. whereas International Monetary Fund (IMF) and World Bank policies sometimes present massive obstacles for poor countries by imposing over-rigid rules on public spending incompatible with achieving the MDGs on health, water and sanitation,

Health Focus

1. Urges ACP countries to allocate 15% of annual public expenditure on health (Abuja Declaration¹) and the EU to meet the European Parliament's target of spending 20% of financial aid commitments on health and education;
2. Stresses that the Member States must keep their promise to give 0.7% of their national income as foreign aid and to ensure that such aid is coordinated, predictable and long-term;

¹ Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious Diseases, adopted on 27 April 2001.

3. Calls on the EU, the IMF and the World Bank not to impose over-rigid rules on public spending and not to promote the pursuit of inappropriate market reforms of public services through aid conditions, technical advice and trade agreements;
4. Believes that health must be much more prominent in Country Strategy Papers (for the 10th European Development Fund), Poverty Reduction Strategy Papers and Medium-Term Expenditure Frameworks, including their budgets, and that they should ensure that the analysis that informs them influences the focus of work in the health sector;
5. Stresses the importance of national political leadership and accountability and calls on the ACP governments and the Commission to ensure that civil society and affected and marginalised communities are involved in policy formulation and implementation;
6. Argues that aid commitments should reflect the overall health status and outcomes of countries, and not merely HIV/AIDS, TB and malaria;
7. Supports the recommendation of the World Health Report 2006 to devote 50% of international development assistance earmarked for health to strengthening health systems, and that the remaining 50% of this funding be dedicated to strengthening workforces;
8. Supports the need to strengthen health systems in ACP countries through approaches such as improving access to essential and generic drugs, reducing bureaucracy by streamlined management, increasing cost-effectiveness, improving efficiency through reorganised services and decentralised health systems, and allocating resources to better address the needs of the population;
9. Supports all interventions aimed at increasing access to essential medicines, particularly for the poor and vulnerable communities in ACP countries;
10. Encourages the establishment and strengthening of national health regulatory frameworks and quality insurance systems as a means of streamlining the planning and supervision of the activities of public and private providers of health service medicines;
11. Emphasises that Public-Private Partnerships, Public Development Partnerships, and North-South and South-South Partnerships can play a positive role in strengthening the health sector, especially in underdeveloped and developing countries;

Prevention

12. Stresses that prevention of illness should be at the core of government policies, through vaccination campaigns, food security (nutrition) and the provision of clean drinking water and good sanitation, tobacco and alcohol control programmes, as well as hygiene, safe sex, promotion of healthy lifestyles and other education campaigns;
13. Emphasises that information and vaccines are the most cost-effective way to prevent and control infectious diseases and that there is significant scope in developing countries for more extensive coverage with existing vaccines, for the introduction of new and under-used vaccines and for superior vaccine design appropriate for developing countries;
14. Calls for preventative measures, including extended coverage of long-lasting insecticide-treated anti-malaria nets, the removal of sources of stagnant water, training in recognising symptoms, TB testing of HIV patients and *vice versa*, and sexual/reproductive health and

HIV/AIDS programmes, with related supplies;

15. Encourages pharmaceutical companies engaged in efforts to increase access to essential and affordable medicines in ACP countries, particularly targeting neglected diseases;

Capacity and Infrastructure

16. Believes that health infrastructure and logistics chains are the key to improving healthcare outcomes, including personnel, clinics and hospitals, and supply and distribution channels of medicines and vaccines;
17. Calls for renewed efforts to restore, build and reinforce health systems, through increased annual budgets and with EU assistance, in order to improve access to quality services, diagnostics, vaccines and medicines, especially for poor and at-risk groups;
18. Welcomes the efforts of global health partnerships such as the Global Alliance for Vaccines and Immunisation (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to support the strengthening of health systems in developing countries;
19. Calls for initiatives to provide accelerated local access to appropriate diagnostics, safe, accessible and sufficient medicines, safe blood collection methods and secure blood supplies, with associated training, technical assistance and infrastructure, *inter alia* in rural areas, and stresses the importance of ensuring that all immunisation programmes prevent the re-use of medical technology;
20. Notes that the collection of reliable data and monitoring of key health parameters allow the development of evidence-based policies that can be more effective;
21. Supports the work of the WHO Prequalification Programme for assessing and procuring new essential medicines and strengthening capacity-building;
22. Welcomes the Commission's Communication on an EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries and calls for measures to be strengthened in this area; reiterates the need to develop better working conditions, training and career opportunities for medical staff, as well as retention incentives, twinning arrangements and exchange programmes;
23. Urges ACP governments to make society more equitable by pursuing gender equity in health and education as well as employment status and to strengthen women's social status and autonomy, focusing on women and girls in the development of human resources and in career opportunities in the health sector;
24. Encourages the EU to develop and implement an EU Code of Conduct for ethical recruitment of health workers and to support a global code with a view to preventing the 'brain drain' from developing countries to developed countries; believes that EU and international assistance should ensure long-term financing of human resources as a health system investment;
25. Believes that investment in water supply, sanitation and infrastructure, as well as raising awareness of the links between health, clean water, sanitation and hygiene, are critical to combating waterborne diseases and to the delivery of healthcare systems;

Research and Development

26. Welcomes the adoption of the WHA resolution on public health, innovation, essential health research and intellectual property rights, which paves the way for defining health research needs and priorities for developing countries;
27. Welcomes the inclusion of neglected diseases and the emphasis on translational research in the EU's Seventh Framework Programme for research; asks the Commission to support institutes willing to cooperate with public health initiatives aimed at these sectors and to guarantee that new medicines resulting from public-financed research will remain accessible to all;
28. Points out that this increased political commitment at the EU and international levels must now be matched by long-term financial support and greater cooperation between partner countries, academia and industry to obtain results in developing new diagnostic tools and safe, effective drugs;
29. Recognises the role of the EDCTP in organising clinical trials for new medicines and vaccines suited to the local clinical, ethical and social conditions of disease-endemic countries, and calls for the activities of the EDCTP to be broadened to include other neglected diseases and other phases of clinical development (Phases I and IV);
30. Calls for more gender-specific clinical trials of medicines; stresses the need to increase awareness among medical researchers of the different lifestyles and living conditions of women and men so that this is taken into account in the development of new medicines and vaccines;
31. Advocates strengthening local research, clinical trials and production capacities, including development of regional and national generic pharmaceutical-producing industries in affected areas and development of integrated projects, from the identification of new illnesses to the development and manufacture of new medicines, and calls for research that includes operational and health systems research aimed at more effective implementation of interventions and taking account of cultural issues of prescription, use, access, affordability and distribution of medicines;
32. Calls for the promotion of a range of measures to improve access to and affordability of medicines, including tiered prices, donations and discounts, innovation prizes, tax credits, incentives, advance purchase commitments and advance market commitments for vaccines, whereby a specific commitment is given by donors to subsidise the purchase of vaccines that meet pre-agreed standards, as well as transfer of manufacturing technology and expertise to disease-endemic countries;
33. Welcomes innovative approaches such as Advance Market Commitments to accelerate the development and scale up production of medicines and vaccines for the developing world;
34. Believes that the review and registration of drugs should be relevant to the priorities of disease-endemic countries, with specific procedures for better assessment of the risk-benefit ratio of drugs for neglected diseases;
35. Believes that Public-Private Development Partnerships (PDPs) offer a successful model for building collaboration between pharmaceutical companies and public research in order

to develop innovative therapies and strengthen capacity building;

36. Recalls the right of developing countries to use the flexibilities afforded to them by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), especially in non-profitable areas not applicable to the Organisation for Economic Cooperation and Development (OECD) market, while maintaining incentives through intellectual property protection and addressing regulatory issues relating to the registration and marketing of drugs; believes that such rights can be useful in disputes over the licensing of new medicines and intellectual property rights with the pharmaceutical industry where health issues of overriding public interest are at stake;
37. Highlights the recent example of Brazil's use of all the opportunities afforded by the TRIPS Agreement with regard to the compulsory licensing of medicines and other intellectual property right aspects;
38. Is very concerned that some ACP governments levy tariffs, import duties and taxes on active pharmaceutical ingredients, finished pharmaceutical products and vaccines, which then make drugs unaffordable to poor communities; urges the European Commission to investigate this and to encourage governments to abolish such taxes;
39. Emphasises the importance of complying with prescribed medication in order to limit resistance, and seeking wherever possible shorter drug regimes, combinations and fixed doses;
40. Calls on ACP countries and the EU to step up efforts against counterfeit medicines by supporting effective quality control of medical products and materials, strengthening customs and police cooperation and promoting an international convention aimed at criminalising the production and sale of counterfeit medicines;
41. Calls on ACP countries to commit to and accelerate the introduction of Artemisinin-based Combination Therapy (ACT), recognised as the most effective treatment for malaria; calls on donors to finance ACT drugs and to support their purchase, prequalification and manufacture;
42. Underlines the shared interest between developed and developing countries, for example in controlling antimicrobial resistance and finding better antivirals and vaccines for influenza; points out that research into neglected diseases can have positive spin-offs for the understanding of other diseases: for example, research into vaccines and immunity can enhance knowledge about allergic disorders that affect a growing number of people in Europe;
43. Urges that the Global Plan to Stop TB be implemented, and believes there is an urgent need for new, rapid diagnostic tests for TB, including MDR-TB, suitable for resource-limited settings, and urges that steps be taken to ensure that all TB drugs in development are tested in trials with MDR patients;
44. Believes that the scourge of HIV/AIDS must be tackled by providing universal access to prevention, treatment and care, including access to antivirals, voluntary counselling and testing, and through reinforced efforts to develop microbicides and vaccines;
45. Calls for the international donor community to support the WHO and its Preventative Chemotherapy Strategy in increasing access to adequate and reliable supplies of high-quality anthelmintic drugs (albendazole, ivermectin, praziquantel) to prevent and treat

parasitic worm infections, and for the establishment of a global procurement facility;

46. Calls for a commitment by ACP countries and the EU to strengthen care for those with mental illnesses and neurological disorders and injuries, by improving primary care and community-based rehabilitation whilst increasing public and professional awareness and combating stigma and discrimination;
47. Believes that services able to diagnose, manage and treat conditions such as diabetes would save many lives and reduce disability and, in particular, that access to insulin and drugs should be expanded and networks of specialists and specialist training established;
48. Calls on the ACP governments and the Commission to support programmes to prevent and cure obstetric fistula, including enforcement of laws on the legal age for marriage, promotion of universal access to obstetric care and reproductive health education and social rehabilitation of girls and women after treatment;
49. Instructs its Co-Presidents to forward this resolution to the ACP-EU Council, the WHO, the European Commission, the African Union, the World Bank and the IMF.