

ACP-EU JOINT PARLIAMENTARY ASSEMBLY

Committee on Social Affairs and the Environment

23.5.2007

DRAFT REPORT

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

Co- rapporteurs: Mr Martin Magga (Solomon Islands) and Mr John Bowis

PART A: DRAFT MOTION FOR A RESOLUTION

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PROCEDURAL PAGE

At its meeting of 19 November, the Bureau of the ACP-EU Joint Parliamentary Assembly authorised its Committee on Social Affairs and the Environment to draw up a report, pursuant to Rule 2(8) of its Rules of Procedure, on access to healthcare and medicines, with a particular focus on neglected diseases.

At its meetings of 18 November 2006, the Committee on Social Affairs and the Environment appointed Mr Martin Magga (Solomon Islands) and Mr John Bowis as co-rapporteurs.

The Committee on Social Affairs and the Environment considered the draft report at its meetings of 23 June 2007 and...

At the latter meeting, it adopted the accompanying draft motion for a resolution ...

The following were present for the vote: ...

The resolution was tabled for adoption on ...

MOTION FOR A RESOLUTION

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 Articles 177, 178, 179, 180, 181 and 181a of the Treaty establishing the European Community,
- 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')¹, and amended in Luxembourg on 25 June 2005²,
- having regard to the Commission Communication entitled "EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries" (COM(2005) 642)³,
- having regard to the World Health Organization (WHO) World Health Report 2006 "Working together for health"⁴,
- 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 action⁵ from 27 May 2006,
- having regard to the European and Developing Countries Clinical Trials Partnership (EDCTP),
- having regard to the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-13)⁶ adopted on 18 December 2006,
- having regard to its resolution the resolution of 19 February 2004 on poverty diseases and reproductive health in ACP countries in the context of the ninth EDF (ACP-EU 3640/04/fin)⁷,
- having regard to its resolution of 25 November 2004 on food aid and food security

¹ OJ L 317, 15.12.2000, p. 3.

² OJ L 287, 28.10.2005, p. 4.

³ (COM(2005) 642), 12.12.2005. "EU strategy for action on the crisis in human resources for health in developing countries"

⁴ http://www.who.int/whr/2006/whr06_en.pdf

⁵ World Health Assembly (WHA) 59.24 of 27 May 2006

⁶ OJ L 412, 30.12.2006

⁷ OJ C 120/16, 30.04.2004, pp. 29-40.

(ACP-EU 3692/04/fin)¹,

- having regard to the resolution of the European Parliament on Major and Neglected Diseases,²
- A. whereas health is 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 Millennium Development Goals by their target date of 2015,
- D. whereas 27,000 people die every day due to a lack of access to essential medicines,
- E. 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,
- F. 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,
- G. whereas, because of limitations of existing therapies, neglected diseases cause a huge burden of disability and poverty, but receive comparatively little research funding,
- H. 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,
- I. whereas TB/HIV co-infection is a major threat - yet only 0.5% of HIV patients are tested for TB and 70% of TB patients are tested for HIV, showing the need for greater collaboration between disease-specific programmes and services,
- J. whereas multi-drug resistant TB (MDR-TB) is very difficult to diagnose and treat,
- K. whereas counterfeit medicines account for 6-10% of the world market and 25% of medicines consumed in Africa are believed to be counterfeit,
- L. whereas prevention is the most effective way to fight sexually transmitted diseases and access to maternal and reproductive health information and services plays an

¹ OJ C 80/17. 01.04.2005, pp. 23-32.

² *Texts Adopted*, A6-0215/2005

important role in poverty reduction and the fight against HIV/AIDS,

- M. 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 fifty-seven of the world's poorest countries, a problem exacerbated in rural areas,
- N. 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,

HEALTH FOCUS

1. Urges ACP countries to allocate 15% of annual public expenditure on health (The Abuja Declaration¹) and the EU to meet the European Parliament's target of spending 20% of financial aid commitments on health and education;
2. 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 influence the focus of work in the health sector
3. 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;
4. Argues that aid commitments should reflect the overall health status and outcomes of countries beyond HIV/AIDS, TB and Malaria;
5. Supports the recommendation of the World Health Report 2006 to devote 50% of international assistance to health systems, with half of this funding dedicated to strengthening workforces;

PREVENTION

6. 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 control programmes, as well as hygiene, safe sex and other education campaigns;
7. Emphasises that vaccines are the most cost-effective way to prevent and control infectious diseases and that there is scope both for more extensive coverage and for superior vaccine design owing for example to scientific advances;
8. 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 visa versa, and

¹ *Abuja Declaration*, adopted 27 April 2001

sexual/reproductive health and HIV/AIDS programmes, with related supplies;

CAPACITY & INFRASTRUCTURE

9. Believes that health infrastructure is the key to improving healthcare outcomes, including personnel, clinics and hospitals, supply and distribution channels of medicines and vaccines;
10. 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;
11. Calls for initiatives to provide accelerated local access to appropriate diagnostics and safe blood collection methods and secure blood supplies, with associated training, technical assistance and infrastructure, and stresses the importance of ensuring that all immunisation programmes prevent the re-use of medical technology;
12. Notes that the collection of reliable data and monitoring of key health parameters allows the development of evidence-based policies that can be more effective;
13. Supports the work of the WHO Prequalification Programme for assessing and procuring new essential medicines and strengthening capacity-building;
14. Welcomes the Commission's Communication on an EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries; 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;
15. Encourages the EU to develop and implement an EU Code of Conduct for ethical recruitment of health workers and to support a global code; and believes that EU and international assistance should assure long-term financing of human resources as a health system investment;
16. 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 & DEVELOPMENT

17. Welcomes the adoption of the World Health Assembly 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;
18. Welcomes the inclusion of neglected diseases and the emphasis on translational research in the EU's Seventh Framework Programme for research;
19. 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;

20. 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 (Phase I and IV);
21. Advocates strengthening of local research, clinical trials and production capacities and calls for research that includes operational and health systems research which aims for more effective implementation of interventions and which takes account of cultural issues of prescription, use, access, affordability and distribution of medicines;
22. 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;
23. 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;
24. Recalls the rights 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 OECD market, while maintaining incentives through intellectual property protection and addressing regulatory issues relating to the registration and marketing of drugs;
25. 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 Commission to investigate this and to encourage governments to abolish such taxes;
26. Emphasises the importance of compliance with prescribed medication in order to limit resistance and seeks wherever possible shorter drug regimes and combination and fixed doses;
27. 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;
28. 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;
29. Urges the Global Plan to Stop TB to 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 as ensuring all TB drugs in development are tested in trials with MDR patients;

33. 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;
34. 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, pfaziquantel) to prevent and treat parasitic worm infections, and for the establishment of a global procurement facility;
35. Calls for 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;
36. Believes that services able to diagnose, manage and treat conditions such as diabetes would save many lives and reduce disability ; in particular access to insulin and drugs should be expanded and networks of specialists and specialist training established;
37. 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;
38. Instructs its President to forward this resolution to the ACP-EU Council, the WHO, the European Commission and the African Union.