European Parliament
2014-2019

Committee on the Environment, Public Health and Food Safety

2017/2576(RSP)

24.3.2017

DRAFT MOTION FOR A RESOLUTION

further to Question for Oral Answer B8-0000/2017

pursuant to Rule 128(5) of the Rules of Procedure

on the EU's response to HIV/AIDs, Tuberculosis and Hepatitis C (2017/2576(RSP))

Françoise Grossetête
on behalf of the PPE Group
Claudiu Ciprian Tănăsescu
on behalf of the S&D Group
Urszula Krupa
on behalf of the ECR Group
Frédérique Ries
on behalf of the ALDE Group
Kateřina Konečná
on behalf of the GUE/NGL Group
Martin Häusling
on behalf of the Verts/ALE Group
Piernicola Pedicini
on behalf of the EFDD Group
Mireille D'Ornano
on behalf of the ENF Group

B8-0000/2017

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

The European Parliament,

– having regard to the question to the Commission on HIV/AIDs, Tuberculosis and Hepatitis C (O-000000/2017 – B8-0000/2017),

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

– having regard to the 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 HIV annual epidemiological report of the European Centre for Disease Prevention and Control (ECDC),

– having regard to the 2016 systematic review on hepatitis B and C prevalence in the EU/EEA of ECDC,

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

– having regard to the Tuberculosis action plan for the WHO European Region 2016–2020[2],

– having regard to the outcome of the informal EU Health Ministers' meeting held in Bratislava on 3-4 October 2016 where member States agreed on the support for the development of an integrated EU policy framework on HIV, tuberculosis and Hepatitis C,

– having regard to the Commission Communication of 22 November 2016, entitled "Next steps for a sustainable European future, encompassing the economic, social, environmental dimensions of sustainable development, as well as governance, within the EU and globally"[3],

[1] http://ec.europa.eu/health/preparedness_response/docs/decision_serious_crossborder_threats_22102013_es.pdf
[2] http://www.euro.who.int/en/about-us/governance/regional-committee-foreurope/past-sessions/65th-session/documentation/working-documents/eurrc6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020
[3] http://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122_en.pdf

– having regard to the declaration of the First Eastern Partnership Ministerial Conference on Tuberculosis and its Multi-Drug Resistance, held on 30–31 March in Riga,

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

– having regard to the United Nations Sustainable Development Goals (SDG) framework, in particular SDG 3 which includes the goal of ending HIV and tuberculosis epidemics by 2030, and combat 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 motion for a resolution of the Committee on the Environment, Public Health and Food Safety,

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

A. whereas according to the ECDC, 1 out of 7 people living with HIV are not aware of their serostatus, with an estimated 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 there is strong evidence that pre-exposure prophylaxis is effective in preventing infection;

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

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

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

F. whereas the epidemiology of TB differs across the EU/EEA and depends, among other things, on where a Member State is in the path towards TB elimination;

G. whereas Viral Hepatitis is one of the major public health threats globally affecting about 240 million people with chronic Hepatitis B[1] and 150 million with chronic Hepatitis C;

H. whereas, of the 10 million total deaths that might be associated with drug resistance each year by 2050, around a quarter will come from drug-resistant strains of TB, at a cost to the global economy of at least $16.7 billion and to Europe of at least $1.1 billion;

I. whereas attention should be paid to the issue of co-infection, in particular with TB and

[1] Data regarding Europe: http://www.euro.who.int/__data/assets/pdf_file/0009/283356/fact-sheet-en-hepb.pdf?ua=1

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 those epidemics;

K. Whereas, due to generally growing national income levels and changes in qualification for eligibility from external donor financing, access to international financial support available for health programmes in the European Region is rapidly declining. This is particularly affecting Eastern European and Central Asia countries, where rates of HIV, TB and HCV are the highest, putting an effective response to these diseases at serious risk. Many countries in WHO European Regions still heavily rely on external funding to finance their health programmes, especially targeting vulnerable groups and key affected populations.

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 Hepatitis C, bearing in mind the different situation and specific challenges of EU Member States and their neighbouring countries where the burden of HIV and MDR-TB is highest;

2. Calls on the Member States and the Commission to ensure the adequate level of spending and resource mobilisation necessary 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, with the inclusion of non-governmental organizations as well as the provision of services to affected populations;

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

HIV/AIDS

5. Stresses that HIV remains the communicable disease carrying greatest social stigma which can impact gravely individual's quality of life and 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;

6. Calls on the Commission and the Member States to facilitate access to innovative treatments also for the most vulnerable groups and to work on combatting the social stigma associated with HIV infection;

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

8. Calls on the Commission and Council not only to increase investment in research to achieve effective cures and to develop new tools as well as innovative and patient-centred approaches to fighting these diseases, but also to ensure availability and affordability of these tools and to more effectively address co-infections in particular tuberculosis and viral hepatitis B and C and their complications;

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

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

11. Invites Member States to focus HIV testing services to reach key populations in settings where HIV prevalence is highest, following WHO recommendations;

12. Invites Member States to fight against the sexually transmitted infections that increase the risks of contracting HIV;

13. Encourages 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 adequate information and warnings about the disease;

Tuberculosis

14. Stresses that in the European Union, TB rates are among the lowest in the world, however emphasizes that about 95% of TB deaths occur in low and middle income countries; In addition underlines that WHO European region, and in particular Eastern European and Central Asian countries, is highly affected by MDR-TB with around a quarter of the global MDR-TB burden. 15 out of the 27 high (MDR-TB) burden countries identified by WHO are in the European Region;

15. Points out that TB is the leading killer of people living with HIV, about 1 in 3 deaths among people with HIV are due to TB[1]; stresses that for the third year running, the number of people falling ill with TB globally rose from 9 million in 2013 to 9.6 million in 2014; and that only one in four multi-drug resistant TB (MDR-TB) cases are diagnosed, representing major gaps in detection and diagnosis;

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

17. Underlines that in order to improve TB prevention, detection and treatment adherence, the European Commission and Member States need to develop tuberculosis programs and financial support to strengthen work with communities and vulnerable people

[1] WHO Global Tuberculosis report 2015

through multi-sectoral cooperation, with the inclusion of non-governmental organizations especially in developing countries. Also highlights that financial involvement of all actors in subsidizing treatment for tuberculosis is essential for continuity of TB care, because treatments can be prohibitive due to high costs;

18. Emphasizes the importance of tackling the emerging antimicrobial resistance crisis, including funding research and development of new vaccines as well as innovative and patient-centred approaches, diagnostics and treatment for tuberculosis;

19. Calls on the Commission and the Council to play a strong political role in ensuring that the link between Anti-Microbial Resistance (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;

20. 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;

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

Hepatitis C

22. Stresses that in the European Union the main route of HCV transmission is via injecting drug use as a result of sharing contaminated needles, highlights that more rarely, the virus can be transmitted sexually, in health and cosmetic care settings due to inadequate infection control practices or perinatally from an infected mother to the baby;

23. Points out that around 30% of people with chronic hepatitis C suffer from liver damage and a small number of those develop cancer, and that Hepatitis C is considered to be one of the leading causes of liver cancer and liver transplants in Europe;

24. Emphasizes that the HCV infection can be cured, especially if it is detected and treated with the appropriate antiviral drug combinations, in particular points out that antiviral treatment can now cure over 90% of persons with HCV infection;

25. 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.