Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2219 (2018)[1]

Drug-resistant tuberculosis in Europe

Parliamentary Assembly

1. In 2016, tuberculosis caused 1.7 million deaths worldwide, making it the world's leading infectious killer. The World Health Organization's European Region, where the disease was thought to be a thing of the past, has the highest rates of multidrug-resistant tuberculosis in the world. These are strains that are particularly difficult and expensive to treat.

2. Tuberculosis is a "social" disease which disproportionately affects socially and economically disadvantaged groups, such as homeless people and drug users. It often has a devastating impact on the lives of patients, who face months, and sometimes years, of often difficult treatment with multiple side effects. Many end up suffering from long-term physical and psychological consequences of this disease.

3. The high rates of multidrug-resistant tuberculosis in the European region are due to a number of factors which can differ from country to country, including outdated health policies, weak and under-financed health-care infrastructures and a large number of undiagnosed patients, all of which also contribute to the transmission of the disease. The stigma associated with tuberculosis and the resulting social isolation often lead to non-adherence to treatment, one of the main drivers of drug resistance. People living with HIV, prisoners, refugees and migrants are particularly vulnerable groups in the region, with higher risks of tuberculosis morbidity and mortality.

4. There is a significant lack of investment in research and development for new tuberculosis medicines, diagnostic tools and vaccines. The current pharmaceutical innovation model does not offer enough incentive for investing in a disease like tuberculosis: it is risky and costly because ideally it requires investment in new combination therapies rather than a single new product, and unprofitable because the greatest burden of the disease falls on the poorest parts of the world.

5. The Parliamentary Assembly welcomes the fact that tuberculosis will receive unprecedented attention at a United Nations General Assembly high-level meeting to be held in September 2018. This is a historic opportunity to tackle this preventable and (most often) curable, yet still neglected, disease, to save millions of lives and avoid the significant cost to the global economy. Therefore, every effort should be made to maximise the impact of this upcoming high-level meeting.

6. In the light of these considerations, the Assembly calls on the Council of Europe member States to:

6.1. ensure that every tuberculosis patient is effectively diagnosed (including for different strains of the disease) and has access to appropriate, free, and when this is not possible, affordable, treatment and care, as well as complementary support services, in particular psycho-social support, with a view to reducing the disease's burden on the patient's life and increasing treatment adherence;

6.2. provide integrated and patient-centred health services, in particular by:

6.2.1. ensuring effective collaboration between all stakeholders involved in the response to tuberculosis, including government agencies, local authorities and civil society organisations;

6.2.2. providing tuberculosis care mainly in outpatient and community settings, together with appropriate infection-control measures;

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1. *Assembly debate* on 27 April 2018 (18th Sitting) (see Doc. 14525, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Serhii Kiral). *Text adopted by the Assembly* on 27 April 2018 (18th Sitting).

6.2.3. involving civil society organisations in patient follow-up and treatment support, also in view of decreasing the financial burdens on already socially vulnerable and disadvantaged groups of patients in need;

6.3. improve early detection mechanisms for tuberculosis by investing in active case finding for tuberculosis among socially vulnerable groups, who face a higher risk of exposure and infection, including prisoners, people with HIV, refugees and migrants, and orient preventive treatment towards these groups to prevent latent tuberculosis from activating;

6.4. invest in research and development for new drugs, diagnostics and vaccines for tuberculosis, including by offering incentives and rewards for innovation;

6.5. develop, fund and implement a tailored national tuberculosis strategy;

6.6. fight the stigma associated with tuberculosis by debunking the myths and raising awareness of the realities of the disease;

6.7. continue to highlight the impact of antimicrobial resistance on tuberculosis and support international efforts to prevent the progression of such antimicrobial resistance.

7. The Assembly strongly encourages all heads of State of the Council of Europe member States to attend the United Nations high-level meeting on the fight against tuberculosis to be held in 2018.

8. Finally, stressing that tuberculosis and poverty are inextricably linked, the Assembly calls on Council of Europe member States to step up efforts to reduce global and regional inequalities. In this context, it refers to its Resolution 1975 (2014) “Stepping up action against global inequalities: Europe’s contribution to the Millennium Development Goals (MDGs) process”.