Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2474 (2022)[1]

Securing safe medical supply chains

Parliamentary Assembly

1. Medical supply chains are one of the cornerstones of public health and contribute to the implementation of the human right to protection of health. Yet the adoption by public authorities and the pharmaceutical industry of a largely financial approach, seeking to contain costs, increases the risks of shortages. All our health systems suffer the consequences of this, at the risk of jeopardising the quality of life, the health and even the survival of people who rely on medical products. The model which has led to the production of medicines being concentrated in only a few countries has reached its limits. It has failed to provide fair access to protection of health for all, and to medical products across countries.

2. The Covid-19 pandemic has highlighted the need to address the vulnerabilities of global medical supply chains, from the production of medical products to their use by patients. During this crisis, particularly in the early stages, shortages of medical products increased dramatically. Market conditions for supplies were impacted in an unprecedented way. Stockpiling, restrictions on exports, closed borders and lockdowns led to shortages of essential medicines in many member States. Concerns were also raised as to whether the products that reached European markets in the early stages of the pandemic met the necessary standards for quality and safety.

3. The Parliamentary Assembly regrets that the relocation of much of the pharmaceutical industry to India and China has not been of benefit to everyone because technology transfers have been limited. Production of new Covid-19 vaccines was concentrated in northern countries, while vaccine coverage remained highly inadequate in the south, and this made it impossible to remedy this situation in our shared interest to contain the disease as quickly as possible. The Assembly reiterates the conclusions it came to in its Resolution 2424 (2022) "Beating Covid-19 with public health measures".

4. The Council of Europe has a role to play in preventing and combating this phenomenon, in collaboration with the World Health Organization and the European Union. It reacted rapidly to the Covid-19 pandemic, providing its member States with tools and expertise to ensure that the Organisation's core values and principles at were not undermined by the crisis. The Secretary General called on the member States to introduce co-ordinated policies taking a human rights-based approach, including through the European Convention on Human Rights (ETS No. 5), the European Social Charter (ETS No. 35), the Convention on Human Rights and Biomedicine (ETS No. 164, Oviedo Convention), the Convention on the Elaboration of a European Pharmacopoeia (ETS No. 50) and the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (CETS No. 211, Medicrime Convention).

5. The Assembly welcomes the innovative step which the Medicrime Convention represents. It is currently the only binding international legal instrument in the criminal law field on the counterfeiting of medical products and similar crimes involving threats to public health. In view of the growing risk of counterfeiting stemming from shortages of medicines and medical products, the Assembly regrets that the convention has only been ratified by 13 member States and 6 non-member States. It calls on States which have not yet done so to ratify this convention.

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1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 25 November 2022 (see Doc. 15653, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Jennifer De Temmerman).
See also Recommendation 2243 (2022).

6. The Assembly encourages parliaments to address the question of the implementation of a human rights-based approach in the health field, ensuring quality, safety and fairness in healthcare for all as proposed by the Oviedo Convention. It deplores the shortages of medical products which are at the origin of differences in treatment and of discrimination. It calls on its member States to debate the need to adopt co-ordinated approaches providing a flexible response to unpredictable health crises, requiring unprecedented solutions such as group purchasing of medicines or quick reactions to prevent bottlenecks liable to disrupt the supply chains and have an impact on health. Such responses help to make health systems more resilient.

7. In the context of the persistent shortages which affect individually the most vulnerable people, especially women and people with long-term and chronic illnesses, the Assembly deplores these discriminations and calls on national authorities and all health stakeholders to agree on a strategy to make medical supply chains safer in order to guarantee equitable access and necessary prevention against supply shortages. It encourages the authorities to establish firm legal obligations if the risks are not alleviated by concerted action in the near future. The goal of securing medical supplies deserves our full attention until it is achieved. These measures could involve:

7.1. an obligation for laboratories to stockpile sufficient quantities of all medicines of major therapeutic value to cover the needs of health-system users;

7.2. strengthening, in law and in practice, sanctions for laboratories that are negligent in their management of supplies for domestic markets;

7.3. establishing that if companies use public funding to relocate production sites to Europe, this should be permitted only for operations concerning medicines of major therapeutic value, and particularly concerning the longest established drugs with demonstrated efficacy which are repeatedly in short supply;

7.4. expanding public-sector pharmaceutical production to ensure manufacturing continuity for products that are discontinued by laboratories.

8. In anticipation of future pandemics, the Assembly calls on member States to set up comprehensive strategies to secure medical supply chains, guaranteeing quality, safety and fairness between countries. It also proposes putting in place prevention, contingency and mitigation strategies regarding shortages of medical products.

9. To cater for the adjustments needed in response to the climate crisis, the Assembly calls for the development of an environment-friendly, efficient and resilient health system based on human rights, and with a high level of integrity. It also recommends:

9.1. cutting emissions of polluting gases linked to purchases of medicines and medical devices;

9.2. cutting emissions of polluting gases linked to all the stages in the energy consumption chain;

9.3. taking action on waste;

9.4. using digital technology to support decarbonisation.

10. Lastly, referring to Resolution 2071 (2015) “Public health and the interests of the pharmaceutical industry: how to guarantee the primacy of public health interests?”, the Assembly calls on the pharmaceutical industry, companies and associations, as well as on wholesalers, to step up their efforts to increase transparency and co-operate more closely with the public authorities and to take into account the individual right to protection of health, as well as fairness between countries. Finally, it calls for professional ethical standards to be enhanced so as to restore patient trust.