



Resolution 2219 (2018)¹
Provisional version

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 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 people using drugs. It often has a devastating impact on the lives of the patients, as they face months, and sometimes years, of often difficult treatment with multiple side effects, and many end up suffering from long-term physical and psychological consequences of the 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 out-dated health policies, weak and under-financed health-care infrastructures, and a large number of undiagnosed patients, all of which also contribute to the disease's transmission. The stigma associated with tuberculosis and the resulting social isolation often lead to treatment non-adherence, 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 incentives 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, and to save millions of lives, as well as a significant cost to the global economy. Therefore, every effort should be made to maximise the impact of the 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 not possible affordable treatment and care, as well as complementary support services, and in particular psycho-social support, with a view to reducing the disease's burden on their lives and increasing treatment adherence;

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

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

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).



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

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

6.3. improve early detection mechanisms for tuberculosis by investing in active tuberculosis case finding 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 its advance.

7. The Assembly strongly encourages all Heads of States of the Council of Europe member States to attend the United Nations high-level meeting on the fight against tuberculosis 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)".