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Texts adopted

Thursday, 3 February 2011 - Brussels

Provisional edition

[Tuberculosis Vaccine Initiative \(TBVI\)](#)

[P7_TA-PROV\(2011\)0039](#)

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► European Parliament resolution of 3 February 2011 on the Tuberculosis Vaccine Initiative (TBVI) – practical implementation of the Europe 2020 strategy with a view to meeting MDG 6 and eliminating tuberculosis by 2050

The European Parliament,

- having regard to the United Nations Millennium Development Goals (MDGs), which provide for halting the increase in the incidence of tuberculosis by 2015 and reversing the trend,
 - having regard to the Tuberculosis Vaccine Initiative (TBVI), an independent, not-for-profit organisation, the only pan-European organisation of its type, set up with Commission backing, which supports the urgent development of new vaccines and facilitates and brings its experience to an integrated European network,
 - having regard to the Lisbon Strategy, which seeks to establish a European research and innovation area, the Europe of Innovation initiative and the Europe 2020 strategy flagship initiative on an Innovation Union,
 - having regard to the Stop Tuberculosis programme, under the aegis of the WHO, which has set itself the goal of a 50% reduction in the tuberculosis prevalence and mortality rates, from a 1990 baseline, by 2015 and eliminating the disease by 2050,
 - having regard to the WHO report (WHO/HTM/TB/2010.3) entitled 'Multidrug and extensively drug-resistant TB (M/XDR-TB): 2010 global report on surveillance and response', on the worrying emergence of strains of tuberculosis resistant or highly resistant to treatment,
 - having regard to the Berlin Declaration on Tuberculosis at the WHO European Ministerial Forum of 22 October 2007, entitled 'All Against Tuberculosis' (EUR/07/5061622/5, 74415),
 - having regard to the report of the European Academies' Science Advisory Council, which found that the cost of tuberculosis treatment alone in the EU was EUR 2 billion a year (EASAC Policy Report 10, March 2009, ISBN: 9789-0-85403-746-9),
 - having regard to the meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria in New York in October 2010,
 - having regard to its resolution of 7 October 2010 on health care systems in sub-Saharan Africa and global health ([2010/2070\(INI\)](#)),
 - having regard to Rules 115(5) and 110(4) of its Rules of Procedure,
- A. whereas access to health care is a right recognised in the Universal Declaration of Human Rights, and governments must meet their obligation to provide public health services to their entire population,
- B. whereas medicines cannot be treated as purely commercial products,
- C. whereas, with four years to go until the MDG deadline, the incidence of tuberculosis around the world remains a cause for concern, despite the progress made,
- D. whereas tuberculosis remains one of the main causes of death in the world, with nearly 2 million people dying as a result of

the disease every year,

E. whereas the MDGs also include reducing infant mortality and improving maternal health,

F. whereas the TBVI, applied in the interests of tuberculosis sufferers worldwide – and particularly in the least advanced countries – should become part of the practical implementation of the Europe 2020 strategy, thereby enhancing the EU's strategic independence in the fight against tuberculosis and other contagious diseases,

G. whereas the objective is still to invest 3% of GDP in research and development in spite of budgetary constraints (**COM(2010)2020** and **COM(2010)0546**),

H. whereas tropical diseases such as malaria, tuberculosis and sleeping sickness kill millions of people each year, owing in particular to growing resistance to treatments, or in some cases to an absence of treatments as the result of research being discontinued for purely commercial reasons,

I. whereas tuberculosis is a striking example of inequality between peoples – having been all but eradicated in industrialised countries,

J. whereas tuberculosis is one of the major diseases involved in cases of co-infection with HIV/Aids,

K. whereas insufficient research is currently being conducted into the most neglected diseases, which affect only people in developing countries,

L. whereas the success of 'vertical' funds to tackle specific diseases such as Aids, malaria and tuberculosis must not mean a siphoning-off of resources from so-called 'horizontal' basic health care infrastructure,

M. whereas the health services in most developing countries are far from able to meet the needs of local populations,

N. whereas lack of access to health stems from difficulties in accessing both health care (owing to shortages of health care staff and facilities as well as a lack of public health care systems) and treatment,

1. Underlines the fact that only a vaccination programme involving a large-scale vaccination campaign could have a positive impact in terms of achieving MDG 6 after 2015, and in particular the eradication of tuberculosis by 2050;

2. Considers vaccines to be an essential means of combating tuberculosis, together with better – reliable, low-cost and soundly based – testing, as well as more effective diagnosis and treatment, and that this implies a major shift in the focus of research and an increase in sustainable funding;

3. Calls on the Commission to explore innovative funding channels, such as the establishment by the Member States and/or the Union of a financial guarantee to enable funding for the TBVI to be obtained from the European Investment Bank, with a view to securing finance for research in developing countries into neglected diseases and those involving little profit potential;

4. Points out that killer diseases such as tuberculosis ought to be the focus of a much greater pharmaceutical research effort;

5. Stresses that an integrated approach, covering the various programmes targeted at specific diseases such as AIDS, malaria and tuberculosis together with a consolidation of basic health care systems, would enable the needs of people in developing countries to be addressed;

6. Calls on the Commission and the Member States to stand by their funding commitments and do everything necessary to ensure that funds allocated to health care also reach the most impoverished people in developing countries; stresses the urgent need for public health services in the most remote areas;

7. Takes the view that tuberculosis vaccination ought to be carried out as a priority in dispensaries and clinics in developing countries and calls, accordingly, for public health care services to be restored; takes the view that EU assistance should, first and foremost, support developing countries' internal efforts to build human, institutional and infrastructure capacity;

8. Stresses that access to drinking water and a balanced diet is a precondition for a healthy population; draws attention, therefore, to the fact that health is a holistic concept and that better living conditions help to increase life expectancy and to combat poverty and tuberculosis;

9. Calls on the EU and developing countries to promote free access to health care;

10. Instructs its President to forward this resolution to the Council, the Commission, the Member States, the relevant officials of the TBVI foundation and the World Health Organisation.

Last updated: 8 February 2011

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