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## Committee on Social Affairs, Health and Sustainable Development

### Minutes

#### of the hearing on “Inquiry into growing antimicrobial resistance in Europe” held in Paris on Tuesday, 19 September 2017, from 2 to 3 pm

The Committee **held** a hearing with the participation of:

- **Ms Olga Klymenko**, a former tuberculosis patient
- **Mr Matt Oliver**, Head of the Secretariat, Global TB Caucus
- **Mr Michele Cecchini**, Principal administrator, Health Division, OECD

**The Chairperson** opened the hearing and welcomed the experts.

**Mr Kiral**, rapporteur, briefly recalled the conclusions of his fact-finding visit to Azerbaijan where he had had a particular focus on the country's penitentiary system. Tuberculosis (TB) treatment in prisons and post-release follow-up were highly satisfactory in the country. Mr Kiral also referred to his participation in a meeting on TB organised by the World Health Organization, in Chisinau (Moldova). He was convinced that more could and should be done to deal with this disease. Mr Kiral encouraged members to raise their questions, thanked the experts for their presence, and particularly praised Ms Klymenko, a former TB patient, for her courage.

**Ms Klymenko** gave her testimony as a former TB patient. She particularly referred to misconceptions about the disease (i.e. that it affects mostly poor people or people with an unhealthy lifestyle), the stigma attached to it (i.e. people being afraid of or looking down on TB patients), the difficulties encountered at every stage of the disease, from diagnosis to discharge and after, as well as the social, financial and psychological impact it had on her and her daughter's lives (they were separated for half a year). She decided to share this difficult experience by writing a book called “World in me, confession of a tuberculosis patient”. This was her way of showing solidarity with those living with the disease. She called on parliamentarians to include TB in their agenda and work towards a world free from the disease.

**The Chairperson** thanked Ms Klymenko for sharing her painful story with the Committee and congratulated her for having written a book to share her difficult journey, calling it an important act of advocacy that could contribute to a policy change in the fight against TB. Her brave testimony gave a human face to this somewhat technical report.

**Mr Oliver** briefly presented the TB Caucus, an international network of over 2 000 Members of Parliament from 130 countries working collectively and individually to tackle the TB epidemic. Based on some striking figures such as the death toll from TB in Council of Europe countries - twice the number of people dying from HIV - Mr Oliver argued that the disease could not and should not be neglected. There were many factors which made it difficult to control the spread of TB: it could sometimes go undetected for years, it was naturally resistant to drugs, hard to control and diagnose, and it was airborne. A lack of new drugs to treat the disease had led to a multidrug-resistant TB epidemic, and for this reason, TB was considered a cornerstone in the fight against antimicrobial resistance (AMR). Despite this gloomy picture, Mr Oliver remained optimistic about beating the disease and saving millions of lives by scaling up diagnostic methods and finding a way to partner new drugs with the already-existing ones.

**Mr Cecchini** briefly presented the OECD's work on AMR. This mainly consisted of data analysis with a view to identifying the determinants of AMR, and ultimately, identifying best practices to address it. The OECD data indicated that AMR would keep increasing without effective action. Irrational antibiotic use and decreased research and development of new drugs were elements that had contributed – and were continuing to contribute – to the problem. The OECD had identified different policy approaches to prevent inappropriate use of antimicrobials. Should they be efficiently implemented, AMR could be prevented, lives could be saved and healthcare expenditure would decrease.

*[Mr Cecchini's full PowerPoint presentation is available on the Committee's extranet page.]*

**Ms Blondin** said that AMR was a serious threat for public health. TB was only one of many infectious diseases concerned by this phenomenon. Phage therapy was an alternative method to antibiotic treatment and consisted of using “good” bacteria that live within the human body to fight against “bad” bacteria that cause diseases. This method – which was formally used before penicillin was discovered – could be the solution to AMR. She also referred to the Phagoburn clinical trial which was taking place in Belgium, Switzerland and France, and aimed at assessing the safety and effectiveness of two therapeutic phage cocktails to treat burn wound infections. She pointed out that the report concerned all infectious diseases and not only TB. Should the rapporteur want to focus on TB, the report's title would have to be changed.

**Ms Fataliyeva** congratulated Ms Klymenko for overcoming such a hardship. She asked whether there were countries which had successfully managed TB. She noted that in addition to the medical aspects, the disease had a social component which was affecting patients' lives. She asked whether any psychological support was provided to these patients, similar to what was usually done for cancer patients. She wondered whether there were any free treatment options for TB or annual mandatory screenings at schools.

**Ms De Sutter** suggested including veterinary use of antibiotics in the report, as this was very much linked with AMR. Noting that experts' interventions focused on TB, she wondered whether the report's title should not be changed to reflect this new focus.

**Ms Kalmari** noted that the feeding of animals was an important aspect to be taken into account in the report. Indeed, food animals were receiving important amounts of antibiotics which were then transmitted to humans. The presence of antibiotics in the food chain was not without consequence on human health.

**Mr Davies** drew attention to the link between an increase in TB cases and growing inequities and poverty. He wondered whether the lack of innovation in antibiotics could be compensated by government research. He also referred to the antibiotic use in farm animals which was contaminating human food, and contributing to the overall problem of antibiotic resistance.

**Baroness Massey** requested statistics about TB cases. Who was contracting TB? How many children, women and prisoners were amongst them? She also asked about immunisation strategies. Finally, she inquired about the existence of prevention campaigns.

**Ms Mergen** thought that the report should focus on TB. She pointed out that antibiotics used on animals were different from those used to treat TB. She stressed that phage therapy was limited to local treatments. Referring to her experience as a medical doctor in Luxembourg's prisons, she said that all inmates were being tested for dormant TB, some using radiography. She had encountered two cases of multidrug-resistant TB in Luxembourg's prisons. Most of the TB patients she had met were recovering well. Though treatment was long, it didn't require constant hospitalisation. The real problem was detecting the disease.

**Mr Amraoui** noted that TB is an important health policy challenge for Morocco. He suggested that TB has not been given enough importance in the framework of AMR despite being central to the question. The social repercussions of the disease and the stigma attached to it were real. The pharmaceutical industry's aggressive promotional activities had led to an anarchic use of antibiotics, which has played an important role in increasing AMR. Mr Amraoui stressed the importance of systemic detection of TB and stated his belief in the efficacy of vaccination programmes.

**Mr Schennach** asked about the TB prevalence in prisons.

**Ms Klymenko** was a member of European TB coalition which included TB patients from 11 countries. From their perspective, most TB drugs were inexpensive and could easily be made available by governments. Patients in the coalition noted that they did not receive any support for the treatment's side-effects. Once the patient was cured, there was neither follow up nor prophylaxis. People could spend years in convalescence, but would not receive support from the government for that period, during which they were not able to work.

There was an absolute need for psychological support. In Ukraine, 800 children had been diagnosed with TB in 2016 and the multidrug-resistant type was on the rise. There was little information about the disease and almost no dissemination of the existing information. Therefore, people didn't know how to protect themselves from TB.

**Mr Oliver** said that the TB prevalence in prisons was 10 to 20 times higher compared to that of the general population. Public sector was the only funding source for drug development, but it was reluctant to take on the risks associated with such development. There was an urgent need to create a system which incentivises the development of new drugs to fight TB.

**Mr Cecchini** pointed out that 70 % of antibiotics worldwide were administered to animals. Human and animal health and the protection of environment were closely connected. In terms of drug innovation, there was a need to create a hub for incentives on a global level.

**Mr Kiral** thanked the experts and members for their input. He noted that he was indeed thinking about re-orienting the report and focusing on TB, in which case he would propose a title change, as suggested by members.

**Mr Thierry Mathieu**, Chairperson of the Committee on Democracy, Social Cohesion and Global Challenges of the Conference of INGOs to the Council of Europe, noted that the refugee crisis was an important element to be taken into account. Indeed, there were possibly a number of refugees with TB who didn't have access to any kind of treatment in their countries of origin or who had stopped their treatment for various reasons. Should they go undetected and untreated, they could transmit the disease to the rest of the population.

**The Chairperson** thanked the experts for their contribution and closed the hearing.

**Committee on Social Affairs, Health and Sustainable Development**  
**Commission des questions sociales, de la santé et du développement durable**

*List of presence / Liste de présence*  
**PARIS 19 September 2017 – PARIS 19 septembre 2017**

**Hearing on “Inquiry into growing antimicrobial resistance in Europe”**  
**Audition sur « Etude sur la propagation de la résistance aux antimicrobiens en Europe »**

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<b>Ms Stella KYRIAKIDES</b>		Cyprus / Chypre
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Mr Ionuț-Marian STROE		Romania / Roumanie

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- Ms Petra De SUTTER**
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Ms / Mme Olga Klymenko, une ancienne patiente TB / a former TB patient

Mr / M. Matt Oliver, Chef du Secrétariat, Global TB Caucus / Head of the Secretariat, Global TB Caucus

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