EURASIAN HARM REDUCTION NETWORK ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА | Альянс International HIV/AIDS Alliance in Ukraine | ECUO East Europe & Central Asia Union of PLWH | ITPCru International Treatment Preparedness Coalition Eastern Europe and Central Asia

February 12, 2013

The Secretary of the 19th Expert Committee on the Selection and Use of Essential Medicines
Medicine Access and Rational Use (MAR)
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Dear Sir or Madam:

With this letter, the Eurasian Harm Reduction Network (EHRN), ITPCru, the International HIV/AIDS Alliance in Ukraine, and the East European and Central Asian Union of PLWH (ECUO) strongly support the inclusion of pegylated interferon (PEG-INF) on the WHO Model List of Essential Medicines.

Epidemics of viral hepatitis C represent a growing public health catastrophe in most countries of Central and Eastern Europe and Central Asia (CEECA). The true extent of the epidemic is difficult to gauge because surveillance systems for HCV are not in place in many CEECA countries and treatment demand is not well documented. According to rough estimates, however, HCV prevalence in the general population is as high as 4 percent in Kyrgyzstan and 6.9 percent in Georgia[1], and, according to recent estimations, more than 3 percent in Ukraine; in comparison, in no country of the region is HIV prevalence assumed to be much higher than 1 percent. Most notably, HCV prevalence among the region's injecting drug users (IDUs) is among the highest in the world[2], up to 96 percent.[3] The significant concentration of hepatitis C among IDUs has wide-ranging public health consequences for a number of reasons, including the fact that rates of injecting drug use in most EECA countries are also among the world's highest.[4] It is also worth noting that co-infection with hepatitis C and HIV is growing public health concern. HIV accelerates the progression of hepatitis C and HCV increases mortality rates among people with HIV. HCV represents a substantial cause of morbidity and mortality for people living with HIV.

HCV prevalence rates remain high in part because treatment access is extremely limited.[5] The number of patients whose treatment in 2011 was covered either through government budgets or by donor funding in EECA countries is very small: 14 in Belarus, 110

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[1] Butsashvili, M. et al.(2001) Prevalence of hepatitis B, hepatitis C, syphilis and HIV in Georgian blood donors. European Journal of Epidemiology. 2001;17(7):693-5

[2] Hoover, J. (2009). Shining a light on a hidden epidemic: why and how civil society advocates can support the expansion of hepatitis C treatment in Eastern Europe and Central Asia. Retrieved from www.soros.org/initiatives/health/focus/access/articles_publications/publications/hepc_20090821/light_20090821.pdf. International Journal of Drug Policy, 18:352-58

[3] Aceijas, C., & Rhodes, T. (2007). Global estimates of prevalence of HCV infection among injecting drug users. International Journal of Drug Policy, 18:352-58.

[4] Ocheret, D., Bikmukhametov D., Sultangaziev A., Matuizaite E.(2013). Current situation regarding access to hepatitis C treatment in Eastern Europe and Central Asia. Eurasian Harm Reduction Network, Vilnius.

[5] Eurasian Harm Reduction Network (2011). Call for action: reduce prices for hepatitis C treatment. Available at www.harm-reduction.org/images/stories/documents/hcv_call_for_action.pdf.

in Georgia, 5,500 in Russia, 695 in Kazakhstan, 200 in Moldova, and 246 in Estonia.[6] In many countries—Ukraine, Kyrgyzstan, Uzbekistan, Azerbaijan, and Armenia—treatment is not funded at all, and patients need to pay for it themselves, though few can afford it.[7] In the beginning of July 2012, EHRN launched the "Hepatitis C treatment waiting list" campaign (www.harm-reduction.org/petitions/), which has been signed by close to 6000 people. Due to the extremely high price of PEG-INF, hepatitis C treatment is not affordable either for patients or for governments. The average cost for a 48-week course of treatment in EECA is $15,000. Meanwhile, most countries in the region have low- and middle-income economies, where average household monthly wages and salaries per capita range from 277 USD in Ukraine to 564 USD in Kazakhstan[8]. Only a handful of countries in the region have national hepatitis C strategies and allocate funding for treatment. If governments do not make high-quality treatment accessible to those in need, thousands of people with hepatitis C will die unnecessarily.

WHO's Model List of Essential Medicines is an important incentive for governments to start engaging in increasing access to hepatitis C treatment. The recent example of Egypt demonstrates that a government's commitment to providing treatment to large groups of patients results in significant price reduction. We believe that inclusion of PEG-INF on the WHO Model List of Essential Medicines will contribute to PEG-INF price reduction and will increase EECA governments' commitment to treating hepatitis C through national health funding schemes. That will help to get lifesaving hepatitis C treatment for thousands of those in need, and to manage epidemics of hepatitis C in the region.

Sincerely,

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Executive director of Eurasian Harm Reduction Network

Gregory Vergus
Regional coordinator ITPCru

Dr. George Mataradze
Executive Director of the ECUO Secretariat

Andriy Klepikov
Executive Director of International HIV/AIDS Alliance in Ukraine

[6] Eurasian Harm Reduction Network (2011).The Voice of Harm Reduction, hepatitis C edition. Available at http://harm-reduction.org/images/stories/News_PDF_2012/hrm_hep_c_en_nov_29_final.pdf
[7] Ibid
[8] Eurasian Harm Reduction Network (2011). Call for action: reduce prices for hepatitis C treatment. Available at www.harm-reduction.org/images/stories/documents/hcv_call_for_action.pdf

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