

February 11, 2013

The Secretary of the 19th Expert Committee on the Selection and Use of Essential Medicines
Medicine Access and Rational Use (MAR)
Department of Essential Medicines and Health Products
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27 SWITZERLAND
E-mail: emlsecretariat@who.int

Dear Sir or Madam:

With this letter Eurasian Harm Reduction Network (EHRN), ITPCru, International HIV/AIDS Alliance in Ukraine, and East Europe and Central Asia Union of PLWH (ECUO) strongly supports 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 epidemics 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, HCV prevalence in the general population is as high as 4 percent in Kyrgyzstan and 6.9 percent in Georgia¹, 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 world², up to 96 percent³. 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 highest⁴. It is also worth to mention that co-infection of hepatitis C and HIV is growing public health concern. HIV accelerates the progression of hepatitis C and otherwise - HCV increases mortality rates 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 limited⁵. Number of patients whose treatment in 2011 was covered either from government budget or from donors funding in EECA countries is very small: 14 in Belarus, 110 in Georgia, 5.500 in Russia, 695 in Kazakhstan, 200 in Moldova, 246 in Estonia⁶. In many countries –Ukraine, Kyrgyzstan, Uzbekistan, Azerbaijan, and Armenia- treatment is not funded at all and patients need to pay for

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., Bismukhametov D., Sultangaziev A., Matuizaitė 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.

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

themselves⁷. In the beginning of July, 2012 EHRN) has launched “The hepatitis C treatment waiting list” campaign (www.harm-reduction.org/petitions/), which has been signed by today by close to 6000 people. Due to extremely high prices of PEG-INF hepatitis C treatment is not affordable neither for patients nor 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 [6]. Only few countries in the region have national hepatitis C strategy 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.

WHO Model List of Essential Medicines is an important guiding incentive for governments to start engaging in increasing access to hepatitis C treatment. The recent example in Egypt demonstrates that government’s commitment to provide treatment to large groups of patients result 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 treat hepatitis C through national health funding schemes. That will give opportunity to get lifesaving hepatitis C treatment for thousands of those in need, and to manage epidemics of hepatitis C in the region.

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⁷ Ibid