

## Workshop

### *Access to Essential Medicines In Eastern European and Central Asian Countries*

#### RESOLUTION

*Today, various types of parenteral viral hepatitis present one of the most crucial and difficult problems for public health care globally, resulting in high morbidity and mortality due to late-stage terminal liver disease. According to the WHO, 57% of all cases of liver cirrhosis and 78% of primary cancers are caused by viral hepatitis B and C. The number of chronic hepatitis B patients worldwide exceeds 350 million, and 500-700 thousand people die of this infection every year. 130-170 million people worldwide suffer from chronic hepatitis C, of which 350 thousand die annually of the damage the hepatitis C virus does to the liver.*

*Official statistics in Kazakhstan, Kyrgyzstan and Ukraine fail to reflect the true magnitude of the viral hepatitis epidemic. According to the experts of the Institute for Epidemiology and Infectious Diseases of the Academy of Medical Sciences of Ukraine, “the number of persons chronically infected with parenteral hepatitis viruses in Ukraine may well exceed 270 thousand, of which 160-180 thousand are likely to have chronic hepatitis C...” In Georgia (according to this study) and Moldova (according to the National Research and Treatment Center for Preventive Medicine), hepatitis C is believed to have spread to 6% of the entire adult population of both countries, which translates into 200 thousand persons in each of them.*

*Despite the broad spread of these viruses, access to diagnostics and treatment is problematic, with a few exceptions. Almost all the countries in question face the following basic problems in this area:*

- *The price of pegylated interferon, the internationally accepted modern treatment for hepatitis C, is prohibitive for both private individuals and state budgets;*
- *There are no national programs for prevention and monitoring of the hepatitis C infection;*
- *There are no national diagnostic and treatment standards commensurate with best international practices;*
- *Epidemiological and statistical data available fail to reflect the true magnitude of the problem.*

We, the representatives of non-governmental and international organizations, healthcare workers and activists from Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia and Ukraine hereby request of the **governments of our countries, the World Health Organization, other international agencies, the international community of treatment activists** and pharmaceutical companies that an international meeting be held to take practical steps to promote a strategy for effecting better access to diagnostics and treatment of hepatitis C.

#### **We urge the World Health Organization:**

- In furtherance of the WHO's resolution on access to hepatitis C treatment, meet with representatives of the developing countries community in order to adopt a definitive strategy to promote access to treatment for this disease, including:

- Adopting a definitive program for hepatitis C that would contain tangible benchmarks (similar to the “3 by 5 initiative” of the UNAIDS and WHO launched to provide three million people living with HIV/AIDS with necessary treatment by the end of 2005);
- Preparing dossiers for hepatitis C medicines that may be candidates for inclusion in the List of Essential Medicines;
- Supporting programs to assess the pharmaceutical industry’s capability to produce generic hepatitis C medicines and recertifying particular manufactures as needed.

### **The Governments of the countries in the region:**

- Immediately adopt national strategies and programs for preventing hepatitis C and develop clinical protocols and treatment standards for hepatitis C;
- Take active measures to regulate drug prices and carry out an effective policy of reducing prices for hepatitis C diagnostics and treatment;
- Apply to their respective WHO’s country offices for technical assistance with developing treatment protocols and national programs and assessing their national capacity for manufacturing generic medicines;
- Promote international cooperation with a view to receiving technical assistance with manufacturing hepatitis C medicines.

### **The Global Fund to Fight AIDS, Tuberculosis and Malaria**

- Consider hepatitis C for inclusion in its funding priorities;
- Together with the GF’s purchasing agent, take steps necessary to procure wholesale quantities of pegylated interferon for countries that have included hepatitis C in their funding applications;
- Provide support to national hepatitis C programs, including advocacy action, promoting systemic healthcare development and creating effective hepatitis C treatment programs.

### **The William J. Clinton Foundation**

- Include hepatitis C medicines in its price reduction initiatives;
- Provide technical assistance to national price reduction initiatives through its country and regional offices.

### **International community of treatment access activists**

- Make a proposal to hold a joint meeting with pharmaceutical companies to demand an immediate price reduction in respect of hepatitis C medicines.

### **Civil societies of the countries in the region**

- Develop and implement advocacy actions to ensure adequate national response to the hepatitis C epidemic;
- Make access to hepatitis C treatment a priority for their actions;

- Train national and regional advocacy leaders and provide technical assistance with developing effective advocacy programs;
- Further develop their potential, to include building up their knowledge of hepatitis C treatment issues, for the purpose of responding effectively to the hepatitis C epidemic.