

## NEWS RELEASE:

Date: 7<sup>th</sup> March 2014

### **Global community-based networks unite to demand pharmaceuticals lower the price of hepatitis C treatment**

The Global Network of People Living with HIV (GNP+), the International Network of People who Use Drugs (INPUD), the Global Forum on MSM and HIV (MSMGF) and the International Treatment Preparedness Coalition (ITPC) are gravely concerned that exorbitant prices for life-saving hepatitis C treatment will continue to result in unnecessary deaths, including among key populations and people living with HIV. Despite relatively low manufacture costs, a new generation of effective treatment for HCV remains unavailable to people in low- and middle-income countries due to the greed of pharmaceutical companies refusing to lower prices.

The hepatitis C virus (HCV) is a curable infection, yet it kills over 350,000 people each year. Globally, HCV affects an estimated 150–185 million people. It is believed that between 5-20% of people living with HIV worldwide are co-infected with HCV or the hepatitis B virus. This co-infection results in the more rapid progression of liver disease and mortality.

Dr. Eliot Albers, Executive Director of INPUD, said: “HCV is particularly prevalent in communities of people who inject drugs. These communities often face barriers in gaining access to sterile injecting equipment, which can prevent contraction of HCV and are frequently denied treatment even in countries where it is available. Often labeled a ‘silent killer’ or ‘viral timebomb’, the impacts and complications of the virus can go unchecked and unnoticed for 20-30 years. More and more people who inject drugs living with HCV (many of whom are coinfecting with HIV) are unable to access treatment.”

Thirty-eight activists from 22 countries convened in Bangkok, Thailand, in February 2014 for the first ever HCV World Community Advisory Board (CAB) meeting to demand equitable access to HCV treatment from six multi-national pharmaceutical companies.

These six pharmaceutical companies – AbbVie, Bristol-Myers Squibb, Gilead, Janssen, Merck, and Roche – hold the key to a new generation of HCV drugs, called direct-acting antivirals (DAAs), which offer the potential to eradicate HCV, having cured 100% of people in clinical trials. However, by failing to make the drugs available at reduced prices in low- and middle-income countries, the companies have refused to offer equitable access to HCV treatment. Yet these countries bear the highest burden of HCV, home to over 85% of people living with HCV.

“New and more effective treatments for hepatitis C are becoming available, yet they are out of reach of the vast majority, condemning them to chronic illness or death, because pharmaceuticals yet again put profits before saving lives,” said Christine

Stegling, Executive Director of ITPC.

None of the companies has shared a pricing strategy for DAAs, but business analysts currently estimate that Gilead, the producer of the US and EU-approved drug, Sofosbuvir, could charge USD 80,000 for a single course of treatment. Shockingly, the actual cost to manufacture this drug is estimated to be only USD 68–136 per course of treatment. Even producers of the older HCV drugs, Roche and Merck, have refused to lower prices to affordable levels. Although less effective, injectable pegylated interferon is the only currently available treatment for HCV.

Dr. George Ayala, Executive Director of MSMGF added: “In many countries, there is a lack of political commitment to promoting hepatitis C education, screening and treatment programs. Men who have sex with men (MSM) who engage in unprotected anal sex, are also at greater risk for HCV. Weak political will is fueled by a general disregard for disenfranchised communities that are at higher risk for disease, like MSM, people who inject drugs and people with minimal financial means to pay for health care and medicines. ”

### **Learning from the fight for access to HIV treatment**

“There are important lessons to be learned from HIV treatment activism”, said Suzette Moses-Burton, CEO of GNP+. She added, “Community knowledge on HIV treatment and activism challenged a system where treatment was only for the rich, and enabled the tremendous scale-up of treatment in low- and middle-income countries. We must deploy every strategy available to us, from engaging with national governments to issue compulsory licenses, to taking further advantage of TRIPS flexibilities.”

The entry of generic competitors to the HIV market drove massive price reductions for anti-retroviral treatment (ARVs), lowering the price from over USD 10,000 to under USD 100 per patient per year.

The global community-based networks strongly encourage communities of people living with HIV and/or HCV, including people who inject drugs and MSM, to mobilise to demand equitable access. We can play a critical role in putting pressure on governments to explore the development of robust competition from generic drug makers, thus making treatment affordable. In addition, HIV treatment advocates have an opportunity to lead the movement on access to all essential medicines.

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