

# *HCV treatment regional advocacy in Eastern Europe*

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# HCV prevalence in EECA

In general population:

- Georgia: 6,7%
- Kazakhstan: 3,1%

Among people who inject drugs:

- Russia: up to 96%
- Latvia: up to 74%
- Lithuania: up to 95%

*\*EHRN, Call for Action: Reduce Prices for Hepatitis C Treatment, 2011*

# EHRN HCV treatment access study

- Russia, Ukraine, Georgia, Kyrgyzstan, Kazakhstan, Lithuania
- HCV national policy
- HCV treatment guidelines
- HCV treatment prices/accessibility
- Response through community systems

*The study is conducted under support of Open Society Foundations*

# Interim results: National Policy

- **General trend:** Most of the countries are making HCV higher in their national health policy agenda but it still receives not enough attention from policy-makers – resulting in *underfunding*.
- **Ukraine:** National viral hepatitis concept is being discussed
- **Kyrgyzstan:** National viral hepatitis program has been approved in 2011
- **Russia:** Decrease of HCV prevalence is among key indicators of the Federal Program for Socially Important Diseases
- **Lithuania:** HCV is even not in the list of *socially important diseases* not in any other key health policy documents

# Russian case

- Federal Program for Socially Important Diseases 2007-2012
- Sub-program VIRAL HEPATITIS
- Targets: **(a) Decrease in new HCV cases**
  - no mentioning of harm reduction measures or IDUs
- **(b) Decrease of chronic HBV and HCV prevalence**
  - No special indicator for HCV; result – most of funding allocated under this target was spent for HBV vaccination among children
  - No treatment target in the program
  - The plan mentions “introduction of treatment with domestic antiretroviral drugs” – Russia produces only non-pegylated interferon

# HCV treatment guidelines

- In most of the countries of EECA there are no national treatment guidelines
- Most often – unofficial recommendations
- EHRN developed a tool to compare treatment recommendations with European guidelines
- Main gaps:
  - No mentioning of counseling
  - No accurate information on side effects management (except Lithuania)
  - Non-pegylated interferon recommended for 2 and 3 genotypes
  - Non-evidence based treatment methods are widely spread (Japanese mushrooms and tomato seeds)

# HCV treatment prices/accessibility

	Ukraine	Georgia	Russia	Kazakhstan
Pegasys+Copegus (Roche) – 48 week	12,000-16,800	13,950	14,334	18,082
Schering Plough/Merck) – 48 wee	15,000	16,590	13,222	17,424
Average Household Monthly Wages and Salaries per capita (2010) * 12 months	3,324	3,792	7,440	6,768

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# Who pays for HCV treatment?

<b>Lithuania</b>	Basic health insurance; PLHIV and OST clients have the insurance regardless of their employment status; other drug users usually don't have it.
<b>Latvia</b>	Basic health insurance covers only 75% of treatment costs; 25% - patient; plan for 2012 – 50/50
<b>Russia</b>	Government: PI+R treatment only for PLHIV; for people without HIV sometimes: non-PI+R, very little access
<b>Ukraine</b>	Patients Previously – the World Bank program
<b>Georgia</b>	Patients Planned – the Global Fund (REPROGRAMMING?)
<b>Kazakhstan</b>	Patients HCV treatment mentioned in the national health program
<b>Kyrgyzstan</b>	Patients

# Response through community systems

- Self-organizations of people living with HCV start to appear
- HCV is in the EECA CAB plan for 2012
- Several Russian-language treatment forums and specialized web-sites; a few national-language websites
- Leaflets distributed through harm reduction sometimes contain inaccurate information: “HCV treatment is impossible if you continue to use drugs”.
- Outreach workers and peer consultants have rather limited knowledge on HCV and HCV treatment
- HCV is still on the margins of harm reduction agenda in the EECA region

# Regional advocacy

- Inclusion of HCV treatment drugs in the WHO Model List of Essential Drugs and into the WHO List of prequalification
- Technical support to develop national HCV strategies and treatment guidelines
- Framing access to HCV treatment into the human rights context; using national litigation and international human rights instruments in treatment advocacy
- Training on international trade regulations (TRIPS, generics)
- Educational materials on treatment literacy
- Introducing best practice models of HCV treatment peer counseling / strategies to increase adherence

# Funding

- Before November 22<sup>nd</sup> the main theoretically possible option was the Global Fund
- How to decrease HCV treatment prices when no one is going to pay for it?

- The report will be available in early 2012
- Training on HCV treatment advocacy – February 2012
- YOU can join it!

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