

Implementer Bloc statement on investing in Hepatitis C treatment

We strongly support the right of countries to continue to use parts of their HIV allocations to fund limited numbers of HCV treatment for HIV/HCV coinfecting patients, including through new applications—the issue the Global Fund Board will be discussing more thoroughly in March. The decision to use scarce HIV resources to respond to the needs of coinfecting patients is never an easy one, but one dictated by overriding need and vulnerability of coinfecting populations.

We have an opportunity to make an impact and deliver on human rights commitments in line with our current strategy. Widespread use of antiretroviral therapy is reducing the risk of death from HIV-associated opportunistic infections. Hepatitis C-related liver disease however has begun to overtake other AIDS-defining illnesses as a leading cause of death.

We have started debating whether or not to permit countries to spend Global Fund resources on Highly effective treatment for co-infected patients, and expand beyond limited current programs. Like other priority co-morbidities including sexually transmitted diseases and other parasitic, viral, or bacterial infections, the Global Fund already invests in country programs supporting treatment and prevention for hepatitis C in HIV positive people.

These programs have supported treatment for limited numbers of people in Georgia, Ukraine, Macedonia and Belarus. This has already had significant impact in mobilizing civil society engagement, and galvanizing price reductions such as those secured in Georgia and Ukraine.

This synergy between expanded treatment access, equity, human rights, civil society engagement, and increasing value for money is very strongly aligned with the Global Fund's current strategy. The Global Fund also has a human-rights-based strategy to focus on vulnerable and most risk populations, which explicitly includes people who inject drugs and men who have sex with men. Excluding investment in a coinfection that is particularly debilitating and life-threatening for these key populations violates both human rights and the Global Fund's stated commitments.

Backing away from treating hepatitis C—especially with the advent of new highly effective, safe, and tolerable regimens that dramatically simplify treatment and cure—would be the wrong decision, for the wrong reasons, at the wrong time.

The Global Fund would be rejecting the human rights imperative of saving lives of people on antiretroviral treatment, by leaving them to die from liver disease. Such a decision would send a regrettable signal to other donors, including UNITAID, which has already expanded their project focus to include hepatitis C diagnostics and medicines. No partner, however, realistically holds the reach and leverage of the Global Fund.

The Global Fund should learn lessons from HIV—and work as a leader with countries and partners now to expand and pool country demand and take all actions needed to drive down drug prices, in particular through promoting generic competition, to help bring down the cost of these game-changing medicines.