

8 April 2013

Dr. Mark Dybul
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Geneva Secretariat
Chemin de Blandonnet 8, 1214 Vernier
Geneva, Switzerland

Re: The Global Fund's role in providing and scaling up access to hepatitis C treatment.

Dear Dr. Dybul,

We, the undersigned organizations and advocates, held a regional consultation in March 2013 to discuss how to streamline advocacy activities around hepatitis C virus (HCV) prevention, care and treatment access for people living with HIV.

The consultation, though focused on a subset of South and Southeast Asian countries, brought out issues on accessing HCV-related services that have relevance for other resource-limited countries in our region.

As the Global Fund is aware, the alarming levels of HIV and HCV co-infection among people who inject drugs is well documented. Data have proven that HIV infection accelerates HCV-related disease progression and mortality.^{1,2} However, a majority of the countries we work in do not provide services related to HCV prevention, care and treatment as a part of national public health programs. Consequently, despite scale-up of antiretroviral therapy and improved control of HIV disease progression in our region, people living with HIV are increasingly dying of HCV-related complications.

Over the past few years, the Global Fund has been supporting limited HCV treatment under different country programs.³ Studies have demonstrated that people treated for HCV infection in resource-limited countries have treatment success rates comparable to those in developed countries,⁴ further justifying increasing efforts to improve access to HCV treatment in resource-limited countries.

1 Mohsen AH, et al. (July 2003) **Impact of human immunodeficiency virus (HIV) infection on the progression of liver fibrosis in hepatitis C virus infected patients**, GUT, International Journal of Gastroenterology and Hepatology.

2 Smit C, et al. (February 2008) **Risk of hepatitis-related mortality increased among hepatitis C virus/HIVcoinfecting drug users compared with drug users infected only with hepatitis C virus: A 20-year prospective study**, Journal of Acquired Immune Deficiency Syndromes.

3 Ford N, et al. (March 2012) **Expanding Access to Treatment for Hepatitis C in Resource-Limited Settings: Lessons from HIV/AIDS**, Clinical Infectious Diseases.

4 Ford N, et al. (March 2012) **Chronic hepatitis C treatment outcomes in low- and middle-income countries: a systematic review and meta-analysis**, Bulletin of the World Health Organization.

We also have been encouraged to see different stakeholders, including UNITAID, working more proactively to understand current challenges and opportunities with regard to HCV medicines and diagnostics in the context of HIV-HCV co-infection.

We acknowledge the essential role that your organization has played in scaling up HIV treatment, and hope that the small HCV treatment initiatives will grow. We ask that your organization continues to expand its commitment to improving HCV prevention, care, and treatment access for people living with HIV.

Sincerely,

- (i) Asia Pacific Network of People living with HIV/AIDS (APN+), Bangkok, Thailand
- (ii) Asian Network of People who Use Drugs (ANPUD), Bangkok, Thailand
- (iii) Centre for Supporting Community Development Initiatives (SCDI), Hanoi, Vietnam
- (iv) Community Network for Empowerment (CoNE), Manipur, India
- (v) Delhi Network of Positive people (DNP+), India
- (vi) Kios Informasi Kesehatan- AIDS Research Centre, Jakarta, Indonesia
- (vii) Malaysian WARDU (MANPUD), Kuala Lumpur, Malaysia
- (viii) Malaysian AIDS Council (MAC), Kuala Lumpur, Malaysia
- (ix) Médecins Sans Frontières /Access Campaign, Geneva.
- (x) National Harm Reduction Association, Kathmandu, Nepal
- (xi) Persaudaraan Korban Napza Indonesia, Jakarta, Indonesia
- (xii) Pink Triangle Foundation (PT), Kuala Lumpur, Malaysia
- (xiii) Thai AIDS Treatment Action Group (TTAG), Bangkok, Thailand
- (xiv) TREAT Asia/amfAR, Bangkok, Thailand
- (xv) Vietnam Network of People who Use Drugs (VNPUD), Hanoi, Vietnam
- (xvi) Dr. Sarah Zaidi, Bangkok, Thailand

Copy to:

- a) Osamu Kunii
Head of Division, Strategy, Impact and Investment
The Global Fund against AIDS, TB and Malaria.
- b) Mark Eddington
Head of Division, Grant Management
The Global Fund against AIDS, TB and Malaria.
- c) Michael Borowitz
Head of the Strategic Investment and Partnerships Department
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