

Dr Camilo Gomez Restrepo
Medical Coordinator, MSF OCA India
C 106 Defence Colony,
New Delhi 110024.

3 May 2013.

Dear Sir,

We, the undersigned organisations from Manipur, India, are writing to you with a plea for Médecins Sans Frontières (MSF) to initiate treatment for hepatitis C in Manipur, under your existing program.

As has been documented and reported, in many parts of India the HIV epidemic is driven by injecting drug use. The connection between HIV and hepatitis C virus (HCV) infection and co-infection of the same among people who inject drugs is well documented.

With no surveillance system in place in our country, the burden of the disease is unknown but the graveness of the situation is documented through data and information from independent studies. Recent studies conducted by WHO have reported that among people who inject drugs the national prevalence rate for HIV-HCV co-infection is 92%¹ while individual sites have also reported a prevalence range of 26% to 93%.²

In the context of Manipur, the prevalence of the co-infection has been reported as 92%³. In Churachandpur district, where currently MSF operates, the co-infection rate has been reported as 90.2%⁴. Unfortunately, in spite of having such data for more than a decade now, nothing substantial has been done as yet to provide treatment or improve services relating to HCV.

With the high cost of pegylated interferon, people who have HIV and HCV co-infection are not able to afford treatment. Consequently, people are dying from related complications of a curable disease (HCV) rather than HIV, which is currently an incurable disease. When given the opportunity to access treatment it has been documented that people with HCV infection in resource-limited countries have treatment success rates similar to those in developed countries.⁵ This study, which also reviewed 10 studies from India, called for increasing efforts to improve access to HCV treatment in resource limited settings.

We all strongly believe that an organization such as MSF has to lead the way to show that treatment is possible even in the current resource limited settings. It goes beyond doubt to say that MSF led the way when HIV treatment was a challenge and because of such leadership, we can see today how HIV treatment is possible and accessible to many of us. We do not see any reason why MSF should not and could replicate the same kind of "showing it can be done" programs for HCV treatment.

MSF in Manipur currently has an established system, infrastructure and manpower, which the people in Manipur trust and rely upon. The HIV treatment services in Churachandpur, not only caters to the people who needs the services there but also supports many who could not access timely diagnostics in a government center but urgently needing it. We all acknowledge this support through this letter and appreciate the services of MSF in Manipur.

¹ Walsh Nick, July 2009, **Scoping document: A review of viral hepatitis in Injecting Drug Users and assessment of priorities for future activities**, Prepared for WHO Geneva. P/8.

² Ibid p/16.

³ Saha, MK, et al, February 2000, **Prevalence of HCV & HBV infection amongst HIV seropositive intravenous drug users & their non-injecting wives in Manipur**, Indian J Medical Research.

⁴ Devi KhS et al, March 2009, **Coinfection by human immunodeficiency virus, hepatitis B virus and hepatitis C virus in injecting drug users**, Indian J Medical Research.

⁵ Nathan Ford et.al, **Chronic hepatitis C treatment outcomes in low- and middle-income countries: a systematic review and meta-analysis**, Bulletin of the World Health Organization, *Published online: 3 February 2012*

On our part, we have been lobbying with the Department of Health services to improve hepatitis C related care and treatment services and are happy to note that, though very slow, progress is being made.

As you will agree, relying on a government system completely without an evidence of positive treatment outcomes could be challenging. We would request MSF to further expand its services and include hepatitis C treatment for people living with HIV in the state. This will provide an opportunity for the government to take a note of the epidemic and show that treatment outcomes can be positive if people are given a chance for treatment. It will also be additional support to our advocacy movement to secure hepatitis C treatment.

We ensure you of all our cooperation and support in the process.

Thank you for your consideration and we do look forward to hearing from you.

Sincerely,

- 1) Nalinikanta Rajkumar, President, Community Network for Empowerment (CoNE), Imphal Manipur .
- 2) Leimapokpam Deepak, President, Manipur Network of Positive People (MNP+), Imphal Manipur.
- 3) Yumnam Shasikumar, Secretary , Social Awareness Service Organization (SASO), Imphal Manipur.
- 4) Thangjam Subhaschandra Singh, President , Care Foundation, Imphal, Manipur.
- 5) Hijam Dinesh, President, Kripa Society, Imphal, Manipur.
- 6) Lalruatpuii Pachuau, Director , SHALOM, Churachandpur, Manipur.
- 7) Dalmuanlal, Secretary, Humanitarian Organization for Progressive & Empowerment (HOPE), Churachandpur, Manipur.
- 8) Dengzathang, President, Consortium of Positive People Churachandpur, (CPPC) Churachandpur, Manipur.
- 9) Khaidem Phalguni, Secretary, Dedicated People Union (DPU), Kumbi, Bishnupur, Manipur.
- 10) Mayanglambam Gandhar, President, Empowering Community Organization (ECO), Kakching, Thoubal, Manipur
- 11) Apam Horam, President, DOULOS, Ukhrul, Manipur.
- 12) Jamthang, President, Network for Users Community Upliftment, Saikul, Senapati , Manipur

Copy to:

- 1) Arjan Hehenkamp
General Director
MSF, Amsterdam
- 2) Dr. Leslie Shanks
Medical Director
MSF, Amsterdam