



Call to EU Ministers of Health and CEOs of Abbvie, BMS, Gilead, Janssen and Merck/MSD regarding Universal Access to Curative Hepatitis C Treatment in the EU and Beyond

The undersigned Civil Society Organizations, Forums, Associations and Networks for and of people living with hepatitis C in Europe want to underline that:

HCV related mortality in the EU in 2010 was already 57.000 and expected to grow exponentially if nothing is done.¹

Already in 2008, according to the World Health Organization^{2,3}, 47.147 Europeans died of HCC and 84.697 Europeans (1.8% of all deaths in the EU) died of liver cirrhosis mainly related to HCV.

And

- Recognizing that we face a treatment revolution in hepatitis C that allows treatment of short duration, few adverse side effects, without using pegylated interferon or ribavirin, with cure rates approaching 100%, suitable for all genotypes and all states of liver fibrosis or liver disease; and acknowledging an estimated prevalence in the EU 28 ranging between 0.4% and 4%.
- Knowing that the elimination of HCV can be achieved within the next 15 years if universal access to prevention, diagnostics, linkage to care and treatment are made available;
- Agreeing that universal access to treatment should be provided on an equity basis: prioritizing those with advanced disease but also ensuring treatment to everybody according to the capacities – that need to be improved – of the health systems;
- Reaffirming the right to health as a fundamental human right.

Based also on the recent WHO resolution on viral hepatitis⁴ we call on governments and health ministries:



- To allocate human, technical and financial resources to prevent, diagnose and treat hepatitis C, establishing strategies and actions plans to eliminate the pandemic;
- To meaningfully involve health professionals, experts, community, patients and people injecting drugs - the most affected group by HCV.

Recognizing and applauding the investment and key innovation on the hepatitis C treatment made by the pharmaceutical companies,

We call on pharmaceutical companies:

- To engage urgently in meaningful negotiations to ensure universal access to state of the art treatment to everyone living with hepatitis C. This should be done in a way that is sustainable and affordable to different health systems in Europe according to their individual capacity and in consideration of the overall financial constraints that they face.

We call on the pharmaceutical industry, governments and regulators to show their commitment to saving lives by making dual and triple combinations of the DAAs (not yet with AIM) available at no cost to the small percentage of people living with hepatitis C that are in life-threatening condition.

We, Europeans, are facing a complete limitation, or no access at all, of state of the art treatment in our countries. The proposed prices, specifically that of Sofosbuvir, a key pan-genotypic drug used in different combinations, make it impossible to plan access to all in the short or medium time, even in countries with strong health systems and low disease burden.

Negotiations between the EU governments and the pharmaceutical industry should involve the community.

The recent pool procurement system that allows joint procurements⁵ between countries also for HCV medicines can be a way to facilitate access to affordable medicines.

We also welcome the French Initiative during the EPSCO Council 19/20 June: “Prices of Innovative Medicines: The French delegation draw the Council’s attention to the high



price of medicines for hepatitis C which are unsustainable for the member's states' health budgets.”⁶

If all *bona fides* negotiations fail, we believe that, as a last option, countries have the right to use **compulsory licences**.⁷

Kind regards,

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Members: 131 members in 41 countries from the WHO Europe region

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Members: 452 member organizations and networks in 46 countries

1. Cowie BC et al. Oral EASL 2014; J Hepatol 2014; 60 (supplement 1)
2. EASL The Burden of liver disease in Europe – A review of available epidemiological data, 2013, quoting WHO
3. http://www.who.int/healthinfo/global_burden_disease/gbd/en/
4. [WHO resolution 67.6](#) on viral hepatitis, May 22th 2014, Ninth plenary meeting
5. EXPLANATORY NOTE ON THE JOINT PROCUREMENT INITIATIVE
6.3.2 Antiretrovirals for HIV/AIDS and medicines to treat co-infections
(Luxemburg, May 2014)
6. http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/143271.pdf
7. Doha Declaration on use of compulsory licences
http://www.who.int/medicines/areas/policy/doha_declaration/en/