

TO: Bristol-Myers Squibb
Amadou Diarra,
Vice President, Global Policy & Government Affairs

With this open letter, Eastern European and Central Asian Community Advisory Board (EECA CAB) would like to respond to the access policy related to hepatitis C drugs, recently published on the website of Bristol-Myers Squibb (BMS)¹.

While acknowledging the importance of including such countries as Tajikistan, Turkmenistan, Uzbekistan, and Kyrgyzstan, we express our deep regret and concern about the fact that 7 middle-income countries of our region with approximately 2 million people living with HCV² – Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Moldova, and Ukraine – were left out of the license coverage. This is especially worrying in view of the discussions EECA CAB had with BMS during the 6th EECA CAB meeting in St. Petersburg, when the community representatives asked the company to include countries of the region in its access plans. Taking into account the conditions of the recent license agreement concluded between Gilead and 7 Indian generic companies, with exactly the same coverage in terms of EECA countries³, it becomes quite apparent that global pharmaceutical companies on the whole continue to neglect the region of Eastern Europe and Central Asia when it comes to providing access to direct-acting antiviral medicines for treating HCV to all people in need; the policy of BMS, sadly, does not seem to be an exception.

The tiered-pricing approach, which BMS is planning to use in most of the EECA countries based on the information available on the website, seldom takes into account the average income of people and the ability of the government to pay for the healthcare service, as is shown in several reports on pricing of antiretroviral drugs⁴. Given certain examples of BMS access policy in the region, such as unwillingness to reduce prices for atazanavir in Russia⁵, we fear that a similar situation may occur in the field of hepatitis C drugs.

Pharmaceutical companies often cite lack of government and/or commitment to treating patients with hepatitis C as a reason for not providing access to drugs; yet, in the region of Eastern Europe and Central Asia, governments of several middle-income countries, including Ukraine, Georgia, Moldova, Kazakhstan are already launching national hepatitis C treatment programmes. **It is the cost of drugs which remain the main barrier to scaling up treatment coverage.**

EECA CAB would like to invite BMS to continue the dialogue about providing access to HCV drugs in all the countries of the region, including middle- and high-income countries, which, despite the formal income status, require the life-saving treatment just like any country in the world. More specifically, EECA CAB would like to urge BMS:

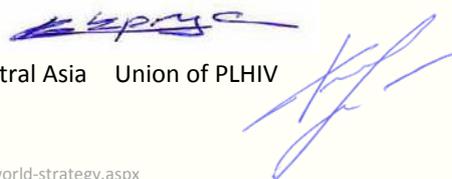
1. To provide a plan for ensuring access to the company's hepatitis C drugs in the countries of EECA, including registration, licensing, and pricing plans;
2. Take measures to ensure prompt registration of the company's drugs in EECA;
3. Inform the members of EECA CAB on the status of the negotiations between the company and the national governments regarding plans for providing access to hepatitis C drugs;
4. After registering the drugs in EECA, initiate negotiations with the governments regarding the prices for antiviral drugs to ensure universal access to hepatitis C drug in the region⁶.

Sincerely,

On behalf of EECA CAB

Grigoriy Vergus, Regional Coordinator of ITPCru

Vladimir Zhovtyak, President of East Europe & Central Asia Union of PLHIV



¹ <http://www.bms.com/responsibility/access-to-medicines/Pages/HCV-developing-world-strategy.aspx>

² Based on the estimated number of people living with hepatitis C in these countries, available at: <http://eeeca-cab.org/en/2014/09/30/statistika-po-gepatitu-s-v-veca/>

³ <http://eeeca-cab.org/ru/38/>

⁴ <http://pag.ias2013.org/Abstracts.aspx?AID=3102>; <http://hepcoalition.org/news/article/new-treatments-for-hepatitis-c>

⁵ Presentation by ITPCru at HepHiv Conference in Barcelona, available at: http://itpcru.org/wp-content/uploads/2014/10/PLE4_SGolovin.pdf

⁶ The price agreed by Gilead and the government programmes of Egypt and several other countries based on publications in the mass media, being the current minimum price according to the information available.