

**Below is the E mail sent by Regional Organisations to Dr Michel Kazatchkine, Executive Director, The Global Fund against AIDS TB and Malaria on Saturday 23rd January 2010. Below this e mail is the response from Michel.**

Dear Dr. Kazatchkine,

New Year Greetings from the Asian Region!

We would like to thank you for giving us the opportunity to share some of the issues and experiences on the Global Fund to Fight AIDS, TB and Malaria (GFATM) with you during the 9th ICAAP in Bali. Since then we have been following up on some of the specific issues affecting our lives that were deliberated in Bali with diverse groups of people who use drugs and other "key affected populations." We sincerely appreciate and thank the Global Fund and Open Society Institute (OSI) teams with whom we met for opening up the dialogue.

We are heartened to see recent actions taken by the GFATM to acknowledge and ensure that issues of concern to key affected populations are addressed as much as possible through the Global Fund grants. We appreciate the initiatives planned under the Community Systems Strengthening (CSS) component to provide stronger support to community organizations.

However, we the undersigned are very concerned that the issue of access to counseling, testing, treatment and prevention for viral hepatitis, specifically hepatitis C (HCV) for people who inject drugs continues to be sidelined by country applicants as well as donors including the Global Fund.

As you are well aware, the trajectory and concentration of the HIV epidemics in South East Asia and parts of South Asia occurs disproportionately among people who inject drugs. You are also aware that HIV and HCV co-infection among people who inject drugs is leading to unnecessary death and impaired ability to tolerate HIV treatments, when accessible. At the same time, a cure for HCV exists, though it is only available to and accessible by a small fraction of those in need. We are acutely aware that the cost of medications such as Pegylated Interferon and Ribavirin are prohibitively high under the current patents, and the financial burden puts treatment far beyond the reach of most of us. It is indeed an understatement to say that we are disheartened by the lack of concern from the global community when we are dying of a treatable disease.

It is for this reason that we are writing you today.

In Bali, you recognized the scope and problem of HCV infection among people who inject drugs and the need to make accessible and affordable diagnostics and treatment available. We ask you now to urgently follow up on our discussions during the meeting by issuing a statement from the Global Fund Secretariat, and officially provide inspiration by writing to all CCMs, clarifying that HCV testing and treatment may and should be included in proposals to the GFATM.

We are aware that Global Fund grants are already being used for HCV testing and treatment in some countries in Eastern Europe. In South and Southeast Asia you can be assured that, as community leaders, we will be doing our utmost to inform and educate our communities and CCMs about the importance of HCV interventions. However, our task is further challenged by poor data, negative attitudes towards the right to health of criminalized populations, and of course the high cost of treatment itself. We will soon be launching an education and advocacy campaign to counter this.

We hope that you too will turn talk into action and immediately inform the CCMs that they should acknowledge and make provisions to treat the HCV epidemic that is impairing the effectiveness of HIV treatment programs and killing so many of us unnecessarily.

We are confident that while the Global Fund processes are country-led, the Secretariat can make a huge impact and influence decisions that the CCMs make.

Thank you for your attention to our concerns.

We look forward to hearing from you.

With sincere regards,

Jimmy Dorabjee, Asian Network of People who Use Drugs (ANPUD)

Shiba Phurailatpam, Asia Pacific Network of People Living with HIV/AIDS (APN+)

Giten Khwairakpam, Coalition of Asia Pacific Networks on HIV/AIDS (7 Sisters)

Vince Crisostomo, Coalition of Asia Pacific Networks on HIV/AIDS (7 Sisters)

**Response from Dr. Michel Kazatchkine by e mail on Tuesday, March 16, 2010.**

Dear Friends

Thank you for your letter and please accept my apologies for not responding sooner. I understand from my colleagues at the Global Fund that there is a lot of activity and advocacy taking place in Asia on harm reduction. I know all too well that work on harm reduction is not always easy, so thank you for your efforts and commitment.

Let me re-iterate what I said in Bali at the consultation: There are countries that use funds from the Global Fund to diagnose and treat HCV. The Technical Review Panel reviews proposals from countries that are based on accepted, evidence-based interventions that are proven to be effective against the diseases. According to the WHO, UNODC, UNAIDS Technical Guide, one of the nine interventions for HIV prevention, treatment and care among people who inject drugs is “vaccination, diagnosis and treatment of viral hepatitis.” If countries prioritize testing and treatment for HCV as part of their HIV/AIDS response, then they can include it in their proposal applications to the Global Fund.

Let me also take this opportunity to update you on developments since we met in Bali. In the last six months, the Global Fund has held a number of consultations where we have heard about the barriers countries face in scaling up treatment, prevention and care services for people who inject drugs. In the coming weeks, I will be calling a meeting with global partners to share what we have learned from the consultations, and discuss how we, as a partnership, can boost efforts to mobilize demand for Round 10 proposals (and beyond). If we are to see the expansion of harm-reduction services, we will need the engagement of communities and networks like yours, as well as implementing partners, foundations and multilaterals. This will mean reaching out to CCMs and advocating for bold, ambitious proposals, and calling for evidence-based interventions for people who inject drugs. While the Global Fund makes a substantial investment in harm reduction interventions, it is not enough to meet the HIV prevention and treatment needs of people who inject drugs, including in prisons, pre-trial detention centres, and other closed settings.

It is my hope that through the Global Fund Partnership we will be able to overcome some of the obstacles currently faced and support countries in their efforts to scale up harm reduction services. Thank you again for your dedication and leadership.

Warm regards

Michel

**Professor Michel Kazatchkine**

Executive Director

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