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FIRST SHIPMENT OF AFFORDABLE MEDICINES FINALLY EN ROUTE TO AFRICA

But Canada's Access to Medicines Regime could end up being "one-hit wonder"

Toronto, September 23, 2008 — The Canadian HIV/AIDS Legal Network hailed this morning's announcement that the first batch of a lower-cost, generic AIDS drug to be exported under Canada's Access to Medicines Regime will finally be shipped to Rwanda tomorrow. But it also called on the new federal government and Parliament to move quickly after the election to fix the Regime to avoid this first shipment also being the last.

"The delivery of these medicines is way past due," said Executive Director Richard Elliott. "It's taken more than four years to get to this point. People are dying because they can't pay high prices for patented, brand-name drugs — they can't afford such delays."

Canada's Access to Medicines Regime was created in May 2004. It is meant to allow compulsory licensing of patented medicines, so that generic drug companies in Canada can legally produce and export lower-cost versions of patented, brand-name medicines to developing countries.

Earlier this year, after a competitive tendering process, the Government of Rwanda announced that it had chosen to purchase a low-cost AIDS drug from Ontario-based generic pharmaceutical manufacturer Apotex, Inc. The initial order is for enough medicine to treat more than 21,000 people for a year — and at US\$0.39 per daily dose, it means limited funds can save more lives.

But Elliott said today's good news doesn't let politicians off the hook. "The Regime risks becoming a 'one-hit wonder' if Parliament doesn't cut through the unnecessary red tape. Canadian generic drug makers and people who do drug procurement in developing countries are saying it's unlikely that they will try to use it again because it's too cumbersome."

Last year, the Legal Network submitted a brief to Parliament proposing 13 concrete amendments that could be passed immediately to make the Regime truly workable. Chief among these amendments was a simple “one-licence solution” eliminating the need for separate negotiations and separate licences for each country and each order of medicines.

“We did their homework for them,” said Elliott. “But so far the government has done nothing but table a report in Parliament saying that ‘more time’ is needed to assess whether to make changes.”

The Legal Network called on the leaders of all federal parties to make a commitment during this election to fix Canada’s unnecessarily complicated process and make it more user-friendly for both developing countries and Canadian generic manufacturers.

“Anything less would be breaking a promise to help the developing world,” concluded Elliott.

For more information on the Legal Network’s proposed amendments to the legislation, see “Getting the Regime Right”, the 2007 brief to Parliament, available at www.aidslaw.ca/treatment.

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