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## **LEADING CANADIAN PHYSICIANS AND SCIENTISTS URGE PARLIAMENT TO CHOOSE EVIDENCE AND COMPASSION AND SUPPORT BILL C-393**

**March 7, 2011** — In an open letter released today, some of this country's leading physicians and scientists are urging Members of Parliament and Senators to support important reforms to Canada's Access to Medicines and in the process save thousands of lives. The proposed legislation will streamline the cumbersome licensing process which has made it nearly impossible to fulfill the original vision of CAMR: to provide affordable generic medicines to developing countries to prevent deaths from treatable diseases such as AIDS, malaria and tuberculosis.

Bill C-393 will be voted on at third reading Wednesday evening. In light of continued misinformation circulated by those with a private interest in opposing CAMR reform, more than 90 esteemed physicians, scientists and supporters are speaking out. In their letter entitled "From knowledge to action for access to medicines", the signatories state: "*Bill C-393 can transform CAMR into sound legislation that will help relieve suffering and save lives in developing countries — as Parliament intended when it unanimously created CAMR in 2004. Political leadership and a commitment on your part to support Bill C-393 are now required.*"

Signatories include:

- Dr. Don Kilby, President and Founder of the Canada Africa Community Health Alliance;
- Dr. Julio S.G. Montaner, Director of the BC Centre for Excellence in HIV/AIDS and immediate past president of the International AIDS Society;
- Dr. James Orbinski, Chair in Global Health, (Dalla Lana School of Public Health), University of Toronto and Co-Founder of Dignitas International;
- Dr. Réjean Thomas, Président Fondateur, Clinique médicale l'Actuel and Président d'honneur, Fondateur, Médecins du Monde Canada;
- Dr. Mark Wainberg, Director of the McGill University AIDS Centre at the Jewish General Hospital and past president of the International AIDS Society; and
- Dr. Anne-Marie Zajdlik, Founder and Director of the Masai Centre and Founder of Bracelet of Hope.

The letter is also endorsed by prominent organizations such as the Canadian Association of Nurses in AIDS Care.

Along with dozens of civil society groups, faith leaders, leading Canadian artists, activists and public officials — including former Prime Minister Paul Martin whose government initially created CAMR — these physicians and scientists join the millions of Canadians who choose evidence and compassion over politics and private interest. They expect their Parliamentarians to follow suit by supporting Bill C-393.

To view the open letter online, and for more detailed information on Bill C-393, please visit [http://www.aidslaw.ca/EN/camr/documents/Health-sci\\_ltr-ENG.pdf](http://www.aidslaw.ca/EN/camr/documents/Health-sci_ltr-ENG.pdf) and [www.aidslaw.ca/camr](http://www.aidslaw.ca/camr) respectively.

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**From knowledge to action for access to medicines:**  
An open letter to Parliamentarians from  
concerned Canadian health professionals and scientists

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March 7, 2011

Dear Parliamentarians,

As concerned health professionals and scientists, we are writing to ask your help in saving lives. As part of our daily work we are dedicated to helping those in need, both in Canada and around the world. Many of us have direct experience working on the ground in developing countries and can attest to the critical importance of affordable, practical treatments.

Bill C-393 is important legislation now before Parliament that would strengthen Canada's Access to Medicines Regime (CAMR) and deliver life-saving medicines to those most in need, helping to address the persistent global inequity in access to health care. **All that is required is your support for Bill C-393.** In doing so, you will demonstrate your personal humanitarian commitment in the face of such global public health challenges as the AIDS pandemic — and you will keep Parliament's promise to help developing countries get the affordable medicines that are critical to meeting these challenges.

Indeed, the AIDS pandemic — and our collective response to it — demonstrate what can be accomplished when there is a confluence of political will and mobilization of resources. It also shows how scaling up AIDS treatment for millions in developing countries has relied heavily upon the use of generic medicines, for both fiscal and clinical reasons.

Enabling competition by lower-priced generics has led to dramatic price reductions for developing countries for many first-line AIDS treatment regimens — by more than 99% in some cases. Limited resources, from national budgets and from donor countries such as Canada, can therefore stretch much further to treat many more people. There is an additional advantage: when patent barriers can be overcome, generic manufacturers can supply rational fixed-dose combination products that combine multiple medicines in a single tablet, and in different formulations that respond to practical challenges on the ground. This simplifies the procurement of products and the management of supply chains (transportation, storage and distribution). It also simplifies the prescription of medicines and makes it easier for patients to adhere to their treatment regimens.

It is therefore not surprising that an estimated 75-80% of people with HIV now receiving treatment in low- and middle-income countries are receiving generic formulations. Yet UNAIDS and the World Health Organization highlight the great need that still exists: only 36% of people in need of AIDS treatment are currently receiving it. In the case of children with HIV, the figure is even lower: according to UNICEF, only 28% of children in need of HIV medication are receiving it — and without such medicines, half of all children with HIV will die before their second birthday.

Please understand that as health professionals and scientists who work to preserve life, it is particularly heart wrenching to watch people suffering and dying unnecessarily from treatable diseases. To date, Canada's Access to Medicines Regime has delivered next to nothing in the way of medicines to patients, and there is every reason to think it will not be used again as it currently stands.

But Bill C-393 can transform CAMR into sound legislation that will help relieve suffering and save lives in developing countries — as Parliament intended when it unanimously created CAMR in 2004. **Political leadership and a commitment on your part to support Bill C-393 are now required.**

Some have argued that it is unnecessary or pointless to fix CAMR because of additional challenges such as global poverty and limited infrastructure in some developing country settings. We know these added challenges all too well and we reject this weak excuse for inaction. It has been demonstrated time and again that AIDS treatment can be, and is being, delivered in even very resource-poor settings. We fully support efforts to strengthen health systems and other infrastructure where needed; however, the price of medicines is also a critical factor determining whether countries will be able to scale up treatment programs or continue to leave millions without access. Even with strong and well-staffed health systems, it is not possible to provide medicines to patients if they are priced out of reach. Supplying more affordable medicines is a necessary part of the response; it can and should be complemented by other initiatives as well.

Making CAMR work is a significant part of what Canada can do to support developing countries. Bill C-393's "one-licence solution" would cut the unnecessary red tape currently hindering the use of CAMR. This would mean that, under the authorization of a single licence, generic drug manufacturers can fill multiple orders of a medicine to different developing countries as their needs evolve. As is currently the case with CAMR, brand-name drug companies will still receive royalties on all such sales of generic medicines to developing countries. All medicines exported would be approved by Health Canada and existing safeguards against diversion of medicines from the intended recipient countries will be preserved. Bill C-393 changes none of these features of CAMR. But streamlining the current process with Bill C-393's "one-licence solution" is critical if CAMR is to be truly effective and efficient in addressing the practical realities facing developing countries and generic manufacturers.

Canada has a long and celebrated tradition of humanitarianism; our reputation for excellence in research and health care is also world-renowned. We must show the world that Canada is a country that can transform knowledge into life-saving action.

We humbly suggest that, from our experience, we know what is needed to save lives. In our view, Bill C-393 — with its "one-licence solution" now restored and without prohibitively short timelines or "sunset clauses" attached to the legislation — will save lives. This not a partisan issue; it is a life and death one. We strongly urge you to support Bill C-393.

Sincerely,

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