

Election 2011

Vote for action on the global AIDS crisis

Global access to life-saving medicines

www.AIDSaction.ca

Right now, millions of people are dying preventable deaths in the developing world, from treatable diseases such as AIDS, malaria and tuberculosis, because they cannot afford the medicines that can save their lives.

Many developing countries can't afford expensive brand-name medicines. Without enough capacity to make lower-cost, generic versions of those medicines, they need to import them from manufacturers elsewhere.

Seven years ago, all MPs and Senators in Parliament voted unanimously to create what is now called "**Canada's Access to Medicines Regime**" (**CAMR**) to supply these medicines. But CAMR has delivered little so far — only one licence issued to supply one order of one drug to one country — and it will not be used again unless Parliament fixes it by eliminating its unnecessary red tape.

The Need

In recent years, progress has been made in scaling up access to AIDS treatment in developing countries, slowing the global rate of AIDS deaths. It shows what can be done, even in some of the poorest and most challenging settings, with political will and resources. According to the World Health Organization (WHO), by the end of 2009, more than five million people were receiving antiretroviral drugs (ARVs).

But this is still only a fraction of what is needed: there were and still are almost 10 million in need of these life-saving medicines with no access. In the case of children with HIV, the proportion of those in need who are receiving effective treatment is even lower. Without access to medicines, half of all infants born with HIV die before reaching their second birthday.

The price of medicines is one critical factor blocking greater access. Multinational drug companies that hold patents on brand-name medicines have a monopoly over them. Prices for these are often much higher than what poor patients and health systems in developing countries can afford.

Yet over the past decade, thanks to AIDS activists and leadership by some governments and drug manufacturers, the price of treating people with AIDS has decreased dramatically, making it possible to get more people the medicines they need to stay alive, work and support their families and communities.

This has been possible because the law in some countries has limited patent monopolies on medicines, which means that competition from generic drug makers has brought prices down dramatically. In some cases, treatment costs have dropped by 99% from what brand-name drug companies used to charge. Global competition has been the most important factor in making medicines more affordable.

In theory, Canada's Access to Medicines Regime enables this kind of competition, making medicines more affordable. But in practice, it has been a disappointing "one-hit wonder".

The Situation

CAMR is supposed to let generic drug companies in Canada get *compulsory licences* to export less expensive medicines to eligible developing countries, in exchange for paying low royalties to the patent-holders. It reflects an agreement negotiated by all countries to use the "flexibilities" in the rules of the World Trade Organization (WTO) on drug patents.

But it took four years to get just one drug order through the system. As required by the current law, lengthy efforts were made to negotiate for a *voluntary* licence from the companies holding the patents — but they kept things in limbo, as the law allows, as long as no specific country and a fixed "maximum quantity" of the medicine could be identified. CAMR was finally used for the first time in 2007. Apotex, Inc. — the largest generic-medicine manufacturer in Canada — announced it had reached an agreement to supply Rwanda with a simple, 3-in-1 AIDS drug, in a quantity that would be enough to treat roughly 21,000 people with HIV for one year.

Based on this breakthrough, Apotex was then able to move forward in seeking a *compulsory* licence to supply Rwanda with the drug. The selling price was 39 U.S. cents per daily dose (2 tablets a day at 19.5 cents per tablet) — a small fraction of what it would have cost to treat patients if the brand-name drugs were bought separately. At Rwanda's request, the first half of the authorized production run was delivered in October 2008, and the second half was delivered in October 2009.

But CAMR has not been used again — and, unless it's simplified, it won't be.

Médecins Sans Frontières (Doctors Without Borders) testified before Parliament that it tried for months to make use of CAMR to get medicines for patients, but ultimately abandoned the effort because of the unnecessary hurdles in the law. Developing countries have said that CAMR is unnecessarily restrictive and inflexible, and it doesn't fit with their normal procedures for buying medicines.

So far, Apotex is the only generic drug manufacturer that has been willing to use CAMR — and it has said that it won't try the process again. But Apotex has also publicly committed that, if CAMR is simplified as has been proposed in bills brought before Parliament, its next step would be to make a version of an AIDS drug that is needed to treat children with HIV — a product that is not currently available from any other source.

The Solution

Humanitarian and health organizations agree that Canada's Access to Medicines Regime has unnecessary hurdles. It only covers certain medicines. It does not automatically include medicines that the World Health Organization has approved, including simplified versions which combine multiple AIDS drugs into a single tablet and make treatment easier for patients.

To buy medicines for the clinics they operate to treat patients, humanitarian organizations have to jump through extra hoops.

Canada's system also discriminates against developing countries if they don't belong to the World Trade Organization and sign its restrictive rules on drug patents.

Most importantly, too much red tape makes the process of getting licences to make and export lower-cost, generic medicines to developing countries inefficient and inflexible. Non-governmental organizations have called upon the federal government to adopt a simpler, more straightforward approach to licensing — specifically, a “one-licence solution.”

Despite all this, in 2007, in a report to Parliament, the federal Industry Minister concluded that “more time” is needed before deciding whether to make any amendments. Four years later, CAMR has still only been used once, with all indications that it won't be used again — and still no reforms have been made. People dying in developing countries don't have the luxury of waiting.

Your Choice

The issue of access to affordable medicines for all speaks to Canada's potential as a world leader, and it appeals to Canada's longstanding tradition of global humanitarianism.

And make no mistake: Canadians care. According to a national poll, 80% of us want to see access to affordable medicines for all become a reality. In recent months, tens of thousands of Canadians let Members of Parliament and Senators know they want to see reforms that will fix Canada's Access to Medicines Regime and make it work.

Many Parliamentarians listened. On March 9th of this year, a resounding majority in the House of Commons passed Bill C-393, which would have fixed CAMR and which enjoyed widespread support from humanitarian organizations, health professionals, and religious and community leaders. MPs from all parties supported the bill. But then it died on the Order Paper with the dissolution of Parliament two weeks later, after being fatally stalled in the Senate.

A federal election offers you a chance to cast your vote for MPs who will streamline CAMR with a “one-licence solution.” Instead of the current country-by-country, order-by-order process, a better law would require just one licence on a patented medicine. That one licence would allow exports to any of the developing countries covered by the law without restricting the quantity in advance. As a condition of the licence, the generic drug manufacturer would still pay royalties to the company with the patent on the drug based on the sales of the generic product.

One process, one licence — easier and more flexible for developing countries and for suppliers of generic medicine, and better for patients who need life-saving medicines.

TAKE ACTION

Visit www.AIDSaction.ca to:

- ✓ see how the incumbent MP in your riding voted on Bill C-393 in the last Parliament
- ✓ see which election candidates in your riding have pledged to support reforms to fix CAMR
- ✓ take action by e-mailing candidates to let them know you support fixing CAMR and want them to as well

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www.AIDSaction.ca

www.aidslaw.ca/camr