



March 2, 2010

Mr. Gilles Ducespe
Leader, Bloc Québécois
House of Commons
Ottawa ON
K1A 0A6

Dear Mr. Ducespe:

Re: Bill C-393 and Canada's Access to Medicines Regime

We write to you, on behalf of Quebec's organizations engaged in international cooperation and in the response to HIV/AIDS, regarding a matter of shared concern.

We have been pleased to see that the Bloc Québécois has demonstrated its support for reforming and strengthening Canada's Access to Medicines Regime through Bill C-393, including your support for restoring the "one licence solution" that was stripped from the bill by certain members of the Industry Committee. We look forward to your party's continued support on these fronts during next week's vote on the bill.

However, we are also profoundly troubled by the Bloc Québécois' proposed amendment to add a "sunset clause" into Bill C-393. We do not find this proposal justified or defensible; indeed, we are gravely concerned that it will undermine the very purpose of streamlining CAMR in the first place.

As you know, CAMR was created unanimously by Parliament in 2004 to facilitate the export of lower-cost, generic medicines to eligible developing countries. While the goal was commendable, it unfortunately cannot be said that CAMR has been a success, by any reasonable measure. In almost seven years, CAMR has been used only once to issue one licence authorizing the supply of only one generic drug to one country. The drug company that delivered this shipment has made it clear, publicly and in submissions to various Parliamentary committees, that it will not use CAMR in its present form again. It has, however, repeatedly stated its interest in using CAMR to produce a version of this drug for children with HIV if the one-licence solution can be put in the place through Bill C-393.

Bill C-393, with its one-licence solution intact, represents an opportunity to finally do what the original CAMR, supported unanimously by your party and all others, was intended to do — save lives. But if the reforms to CAMR are to achieve the objective, it must not be restricted yet again with more red tape. We do not find it coherent to support reforms to CAMR that rectify the fundamental problems of the current regime, while at the same time proposing to repeal those reforms automatically in just a few years.

Indeed, if the reforms to CAMR expire in a mere four years, this virtually eliminates the incentives of generic manufacturers to make use of even a streamlined CAMR, by defeating the very benefit of

the economies of scale and long-term sustainability that a “one licence” approach seeks to create. This, in turn, denies CAMR as a viable option for developing countries that need real solutions, not a mechanism that comes with a “best before” date. There is also little reason to believe that the needs of developing countries for more affordable medicines will be a phenomenon of only a few years’ duration.

It is already clear, from all those who have attempted to use CAMR in its current form, that it will not be used again — but that the proposed changes do make it much more amenable to further use. If, contrary to expectations, the changes to CAMR in Bill C-393 do not lead to further use of the regime, this would be a great disappointment, but nothing will have been lost in the attempt and there would still be no reason to return to the current, unworkable CAMR. However, if the changes *do* lead to further use of CAMR (e.g., to produce HIV medicines for children) as expected, then there would be even less reason to revert automatically to the current regime that has failed.

While your proposed “sunset clause” does, in theory, allow for Parliament to extend the reforms of Bill C-393 for a few extra years, you must surely be aware that, in practical terms, your amendment would make this practically impossible — by requiring both a resolution of the government of the day and a majority vote in both the House of Commons and the Senate. Look at the extraordinary effort required by thousands of Canadians over years just to get Bill C-393 before the House of Commons for a vote. How could it be appropriate to require such an effort again merely to continue with changes that make CAMR much more straightforward and simple for use to address the ongoing needs of developing countries?

We completely support the idea that this legislation be reviewed after a set period of time. This is fair and logical. But it does not, in our view, make sense to repeal changes to CAMR before judging its effects, particularly when access to affordable, life-saving medicines for developing countries is at stake. Mandating that the very reforms that enable CAMR to work efficiently expire prematurely will only set CAMR up to fail, again. It is not consistent to claim to be supporters of Bill C-393 and a workable CAMR on the one hand, but to then move to weaken the potential for positive effects from the bill on the other.

You know well that the desperate need for affordable medicines in the developing world will not expire — and neither should a CAMR that is streamlined and effective. We therefore strongly urge you and your entire caucus to reconsider this amendment for a sunset clause and instead propose a legislative review of the bill.

Sincerely,



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Executive Director
Association québécoise d'organismes de
coopération internationale (AQOCI)



Ken Monteith
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Cc : Members of Parliament