

# Election 2008

## Vote for action on AIDS

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### At issue: Global access to life-saving medicines

Millions of people in developing countries die every year from diseases that can be treated. Many developing countries can't afford expensive brand-name medicines. Without the capacity to make lower-cost, generic versions, they need to import them.

Canada passed a law four years ago that was supposed to help supply these medicines, but it has delivered little so far and needs to be fixed.

#### The need

The World Health Organization estimates that over the last three years more than 25 million people died because they did not have access to medicines and vaccines.

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, 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 happened thanks to AIDS activists and leadership by some governments — and because the law in some countries has limited patent monopolies on medicines,

which means that competition from generic drug makers has brought prices down.

Canada has a law that is supposed to do just this — in theory. But in practice, it could end up being a “one-hit wonder”.

#### The situation

Four years ago, all parties in Parliament voted for the law that created “Canada’s Access to Medicines Regime”. The law is supposed to let generic drug companies in Canada get licences to export less expensive medicines to developing countries, in exchange for paying low royalties to the patent-holders.

Finally, this year, the law has been used for the first time. 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, enough to treat roughly 21,000 people with HIV for one year. The selling price is 39 U.S. cents per daily dose (2 tablets a day at 19.5 cents per tablet) — about one-third of what it would cost if the brand-name drugs were bought separately. The first shipment is expected to arrive in Rwanda at the end of September 2008.

But unless it’s simplified, this could be the last time Canada’s Access to Medicines Regime gets used. So far, Canadian generic drug makers are saying it’s unlikely that they will try to use it again. Why? The

process is too cumbersome and complicated. People handling drug purchasing in developing countries have raised the same concerns.

When this system doesn't work, it's patients in developing countries that suffer and die.

### **The debate**

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

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.

The federal government has heard from developing countries that the system doesn't fit with how they need to purchase and

distribute medicines, and from non-governmental organizations about potential solutions. It took four years to get just one drug order through the system, and there's a very good chance it might be the last.

But last year, in a report to Parliament, the federal Industry Minister concluded that "more time" is needed before deciding whether to make any amendments.

### **The decision you need to make**

Cast your vote for a federal government that will:

Streamline Canada's Access to Medicines Regime into 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 therefore better for patients who need life-saving medicines.

### **For more information**

[www.aidslaw.ca/election2008](http://www.aidslaw.ca/election2008)

[www.aidslaw.ca/treatment](http://www.aidslaw.ca/treatment)