

Saskatoon:

Unit 3, 844-51st St. East
Saskatoon, SK S7K 5C7
Tel (306) 975-4725
Toll free (888) 844-8886
Fax (306) 975-4728
vellacott.mp@shawlink.ca

**Ottawa:**

Suite 610, Justice Bldg.
House of Commons
Ottawa, ON K1A 0A6
Tel (613) 992-1899
Fax (613) 992-3085
Vellacott.M@parl.gc.ca
www.mauricevellacott.ca

HOUSE OF COMMONS
CANADA

Maurice Vellacott, MP
Saskatoon-Wanuskewin

Vellacott votes across Party lines to make life-saving medicines available in the developing world

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OTTAWA – Last week, Maurice Vellacott, Member of Parliament for Saskatoon-Wanuskewin, and a few of his Conservative colleagues, voted across Party lines to support an NDP Private Member’s Bill C-393. Vellacott says, “I voted at second reading for this Private Member’s Bill to go to Committee, because it is aimed at strengthening Canada’s Access to Medicines Regime (CAMR). I want Parliament to have the opportunity to seriously consider how CAMR can be made to work for people in urgent need of life-saving medicines in the developing world.” Conservative votes caused the bill to narrowly succeed at this stage.

Bill C-393 proposes a ‘one-licence solution’ to get lower-cost generic drugs into developing countries more quickly.

Five years ago, on May 14, 2004, Canada set out to become a humanitarian leader in providing HIV/AIDS and other life-saving, affordable medicines to developing countries. The legislation to fulfill that promise created Canada’s Access to Medicines Regime (CAMR), and it passed in Parliament with unanimous support from all political parties. Canada thus became one of the first countries to implement the World Trade Organization (WTO) General Council Decision of August 30, 2003 by allowing the compulsory licensing of pharmaceutical products patented in Canada for the purpose of making lower-cost, generic versions for export to eligible developing countries.

CAMR, however, is layered with restrictions and regulatory requirements that make it difficult, time consuming and costly for both the applicants (developing countries) and Canadian manufacturers to use. The current law requires a separate negotiation and licensing process for every single drug order from every single country, with all the associated transaction costs and delays. Because of flaws in the legislation, in 5 years there has been only one shipment - sent in two parts to Rwanda in September 2008 and September 2009.

“Bill C-393’s ‘one-licence solution’ would make it simple to get a single compulsory licence to export lower-cost generic medicines to the developing countries already covered by the law. It would provide the rapid solution that was promised years ago,” said Vellacott.

Vellacott has been in developing countries in Africa and Asia and says that because he has seen firsthand the needs, he views, “Reforming CAMR as fundamentally a humanitarian issue.” Vellacott says, “Millions of people, including many children, are dying needlessly every week for want of treatment drugs. Grandmothers and families in Africa and other developing countries cannot wait. It has taken over 5 years of work since CAMR was created to get one medicine shipped to one country. It is time to deliver on Parliament’s 2004 promise to get speedy delivery of life-saving, low-cost medicines to countries where they are desperately needed,” Vellacott said.

Vellacott indicated that there are also sound economic arguments for reforming the CAMR legislation. Vellacott doesn’t believe that the proposed amendments will jeopardize the Canadian pharmaceutical industry.

Vellacott states that, “There are clear provisions within CAMR to ensure brand-name pharmaceutical companies receive royalties for the use of medicines which they have patented. Licences obtained under CAMR only authorize the export of lower-cost generic versions to developing countries. This is entirely in line with Canadian and World Trade Organization rules on intellectual property. Nothing in CAMR, or in Bill C-393 that would streamline its operation, threatens to undermine research and development, since the rich countries that account for the vast majority of their profits, and drive their decisions about investing in research and development, are excluded from the list of possible purchasers. Also CAMR already contains anti-diversion measures (such as specific labeling) that clearly distinguish generic drugs, made for export under legislation, and brand-name drugs, in order to reduce the risk that generic drugs sold to developing countries might be diverted and sold in developed countries. The new amendments to CAMR wouldn’t change this.”

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For further comment, call (613) 992-1966 or (613) 297-2249