OPINION

Beyond access to drugs is access to knowledge

CAMR has failed to live up to its promise and is essentially a nightmare of red tape, political pandering, and missed opportunities, putting lives and Canada's international reputation on the line.

By RICHARD E. GOLD, JILLIAN C. KOHLER, JAMES ORBINSKI, and JEAN-FRÉDÉRIC MORIN

In May 2004, Canada became the first country in the world to announce it would amend its patent laws to allow Canadian generic drug producers to manufacture drugs for export to poor countries facing desperate health needs. Known then as the Jean Chrétien Pledge to Africa Act, the law passed unanimously and received accolades across the entire political spectrum, from rock star Bono to the Bush Administration.

This mechanism, renamed Canada's Access to Medicines Regime (CAMR) by the Conservative government, was supposed to provide a straightforward and efficient way to bypass the patents held by pharmaceutical firms that virtually never give consent to sell inexpensive drugs. Five years later, CAMR has failed to live up to its promise and is essentially a nightmare of red tape, political pandering, and missed opportunities, putting lives and Canada's international reputation on the line.

Our research teams from the Innovation Partnership and the University of Toronto have investigated CAMR intensively and spoke with the people behind it. Our interviews with participants involved in CAMR negotiations demonstrated that most thought the regime's complexity and restrictions would ensure that it would never work. They were proven largely right.

CAMR established a complex and seemingly illogical mechanism through which a developing country could ask a Canadian company to manufacture a set quantity of drugs to be delivered over a two-year fixed period. The regime not only made it impossible for Canadian companies to make a profit, it also ensured loss of money.

Apotex, the only Canadian company to have attempted to use the regime, sunk an estimated $3-million in delivering one shipment of antiretroviral medicines to Rwanda. It has since vowed never to use CAMR again unless it undergoes a massive overhaul.

While a Senate bill introduced in March 2009 would simplify this mechanism, our investigation shows that even fixing CAMR would not be enough to improve the delivery of high quality generic drugs to the world's poor.

A better and more long-lasting solution would be to have Canadian experts and companies work with their developing world counterparts so that they can produce and deliver drugs themselves. Canada can actually make a more substantial contribution to global health by exporting its knowledge rather than its drugs. There are two reasons to follow this approach.

First, the most competitive generic companies are based in India, Brazil and China. From a price-point, Canadian generic companies are not as competitive as these companies and do not have the trade relations that would naturally lead to greater opportunities in these markets.

What the developing world really needs is not more drugs from Canada but more production hubs located in Kenya, South Africa and other developing countries with emerging industrial capacities, low manufacturing costs, and close trade relations with poorer neighboring countries.

Second, what Canada really has to offer is the scientific, technical and business expertise to select, manufacture, and distribute needed medicines to patients. Canadian pharmacists can, for example, train their counterparts in developing countries to practice pharmacy there rather than attract them to work here. There is a massive shortage of pharmacists in resource-poor countries and they generally do not have access to current information and best practices.

Canada can also provide advice on the regulatory environment necessary to ensure quality production of drugs, price control, and access to imported generics. Canada has developed a unique legal environment for pharmaceutical products that is tailored to its social values, economic priorities and industrial ambitions rather than simply duplicating the American or the European models.

Unfortunately, several poor countries lack the necessary expertise for legal and policy creativity and transplant in their domestic legal system norms developed for the most advanced economies, missing opportunities to increase their access to cheap drugs of good quality.

Together, we can help developing countries build the infrastructure necessary for them to manufacture, sell and trade drugs locally and regionally so that they have the capacity to meet their own needs. It would not take a lot from our side to make a positive difference. As one African government official we interviewed said: "Don't only give us fish because we want fish, but (you should) teach us how to do the fishing."

While it makes sense to fix the obvious deficiencies in CAMR, even in the best case scenario, it is irresponsible to rest our humanitarian intentions for medicines on one initiative. Canada should be more proactive in forging the links between Canadian and developing country experts and businesses that will not only meet critical health needs, but set the stage for long term cooperation, economic growth and sustainable pharmaceutical supply.

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