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DR. KEITH MARTIN, M.D., P.C., M.P.
ESQUIMALT - JUAN DE FUCA

February 5, 2007

Mr. Douglas Clark
Director, Patent Policy Directorate
Industry Canada
235 Queen Street
Ottawa, ON K1A 0H5

Ms. Brigitte Zirger
Director, Therapeutic Products Directorate
Health Canada
1600 Scott Street
Ottawa, ON K1A 0K9

Re: Review of Canada's Access to Medicines Regime

Dear Mr. Clark and Ms. Zirger:

I am writing in response to the request for comment concerning Canada's Access to Medicines Regime (CAMR). As you probably know, this is an issue that is close to my heart as a medical doctor who has travelled extensively in developing countries and who is currently trying to operationalize a project that would send essential drugs to 4 countries in Africa on an ongoing basis.

I was proud of the fact that Canada was the first country to take steps to provide local legislation that would implement the Doha decision to facilitate the export of certain medicines by Canadian manufacturers to developing countries.

In light of this, I suggest that we remind ourselves that our ultimate objective is not so narrow but is to ensure that people in low income countries have better access to quality medications and health care. The following are some suggestions I have to accomplish this goal:

- 1) One problem is that many of the countries that need assistance the most are not even aware that help exists. Therefore, Canada (through CIDA) needs to inform potential recipient countries of their options.
- 2) The system contemplated by the legislation has not yet been implemented. For example the call by CAMR for the establishment of an advisory committee to





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- assist on recommendations with respect to medicines that will be subject to the regime, has not been put together.
- 3) I would strongly recommend that research-based companies not be excluded from the opportunity to contribute to this initiative. CAMR is focussed exclusively on delivering Canadian generic drugs to those in need. That RX&D firms are excluded reflects an institutional prejudice that is unhelpful.
 - 4) Other forms of humanitarian aid deserve equal or greater emphasis in efforts to improve health care in developing nations. From my experience, adequately equipped clinics, trained health care personnel, supply chain management, and access to clean water are as important as access to pharmaceuticals.
 - 5) While patented drugs are important so to are non-patented and OTC medications. The latter two groups are not covered by the legislation but should be.
 - 6) The anti-diversion features of CAMR are essential and must not be diluted, since one of the main challenges in the drug delivery system is the corruption of the pharmaceutical supply chain.
 - 7) The counterfeiting of medicines concerns me greatly as it continues to be a serious international health problem. I would suggest that Health Canada be provided the oversight role to inspect products destined for export as well as requiring companies exporting from Canada to identify the parties in their distribution chain.
 - 8) I would note that respect for intellectual property (IP) rights is not only beneficial for innovators, but is also in the interest of developing nations. Without reasonable and effective IP protection, the medicines and vaccines of the future may not be developed.

In the final analysis this legislation is not the obstacle to enabling people in developing countries to access appropriate medications and care. It is a lack of focus, planning, and the misguided use of resources. We can achieve our larger goals before the end of 2007 if we really want to. I have a plan to accomplish this goal and would be happy to share it with you.





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I thank you for the opportunity to provide commentary on this review. Please do not hesitate to contact me if you need assistance in achieving the goal of improving access to quality care in developing countries.

Sincerely,

Dr. Keith Martin, M.P.
Member of Parliament for Esquimalt - Juan de Fuca

KM/rr

