Facts and Figures:
- By the end of 2005, 1.3 million people in the Global South infected with HIV were receiving antiretroviral (ARV) drug therapy. That is less than half the World Health Organization’s target and just 20% of the 6.5 million people requiring treatment.
- Every day, nearly 2000 children are born HIV positive because their mothers do not receive ARV therapy.

Antiretroviral (ARV) Treatment Saves Lives.
Antiretroviral medicines prolong life for persons with AIDS by containing HIV infection. While they are not a cure, ARVs have ensured longer lives for people who have access to them. However, many people are now resistant to the “first line” (or first generation) of ARVs and cannot remain alive without access to newer, “second line” versions.

The G8 has promised to offer ARV treatment to all who need it by 2010. The World Health Organization says this goal will only be met if pharmaceutical companies allow production of generic versions of ARVs.

ARV Treatment Is Expensive. It Doesn’t Have To Be.
In 2000, brand-name pharmaceutical companies sold ARV treatments for US$10,439 per patient a year. Competition from generic manufacturers in India selling the same drugs for US$295 caused the big manufacturers to lower their prices to US$712. Non-profit foundations are able to buy ARVs at a lower price: in 2005 the Clinton Foundation made bulk purchases of generic medicines for US$150 annually for each patient.

Profits Are Getting In The Way Of Saving Lives.
Trade agreements and corporate lobbying are making it difficult for persons with AIDS to access the second line ARVs that will ensure them longer lives. Larger developing countries, like India and Brazil, have licensed the copying of first line ARVs. But under the Trade-Related Intellectual Property Rights (TRIPS) rules of the World Trade Organization (WTO), they must now give 20 year exclusive marketing rights to new drug patents – in other words, not allow cheaper generic copies of newer, more effective medicines.

The 2001 Doha Declaration on TRIPS and Public Health asserted that TRIPS “should not prevent members from taking measures ... to promote access to medicines for all,” but when Brazil proposed to license the generic copying of an ARV produced by Abbott Laboratories it was threatened with trade sanctions.
When faced with the prospect of a government licensing a
generic firm to copy a patented medicine, transnational
pharmaceutical companies fight back, often preferring to
offer price reductions or even donate drugs rather than see
the patent system undermined.

Acting on behalf of the pharmaceutical industry, the United
States is adding “TRIPS plus” measures to bilateral free
trade agreements with Morocco, Jordan, Singapore, Chile,
Australia and six Central American countries. These will
provide even more patent protection.

Canada Isn’t Doing Enough.
Canada is one of just a half dozen countries to pass
legislation allowing the production and export of generic
medicines to countries lacking pharmaceutical production
capacity.

As of February 2006, no drugs had been produced in
Canada under these provisions. The Jean Chrétien Pledge to
Africa Act has few inducements for generic manufacturers.
It only allows them a limited mark-up to their
manufacturing costs, limits contracts to 2 years duration,
and makes it difficult for Non-Governmental Organizations
like Médecins Sans Frontières (MSF) to procure medicines.

What Can Canada Do?
Demonstrate leadership within the G8 to:
Amend Canada’s drug laws to remove the disincentive for exporting less expensive
medicines to countries without pharmaceutical production capabilities.
Broker meetings between Canadian generic manufacturers and developing countries
needing less expensive medicines.
Push for reform of intellectual property laws, including the WTO TRIPS code and national
laws, to better take into account public health needs.
Support calls for a new global agreement on medical research and development that is
truly needs-driven, rather than the profit-driven, patent-based system which skews R&D
away from the neglected diseases of the world’s poor.
Commit to hosting an international expert conference to look at alternatives to the current
patent system for both stimulating health research and promoting access to needed
medicines.

What Can We Do?
Pray that eyes may be opened and hearts moved to compassion and justice.
Learn. Contact your denomination (or its development agency) and KAIROS for
educational resources. Download a presentation, fact sheets, a bulletin insert and a Global
Justice Report at www.kairoscanada.org or contact our office at 1-877-403-8933 for a copy
of these resources on CD.
Act. Three global meetings with AIDS on the agenda are taking place from May to August
2006. Let your voice be heard. Send a letter to Prime Minister Harper calling for policies of
global justice to end the AIDS crisis. A sample letter can be found on the KAIROS website.
Link to the Médecins Sans Frontières Access to Essential Medicines Campaign by visiting
http://www.msf.ca/programs/access.htm