

Mr. David Sweet, MP
Chair – Standing Committee on Industry, Science, and Technology
Sixth Floor, 131 Queen Street
House of Commons
Ottawa, ON K1A 0A6

October 20, 2010

Dear Mr. Sweet and fellow committee members:

I am writing in support of the proposed bill, C-393, and the changes it seeks to amend in Canada's current Access to Medicines Regime (CAMR). We commend the Canadian government for considering the health of individuals in low income countries, particularly children and those affected by HIV/AIDS, tuberculosis and malaria. And we are grateful for Canada's recent leadership in maternal and child health (MNCH) at the Muskoka G8 meetings. The proposed bill provides an important mechanism for long-term and sustainable access to life-saving medicines for our most vulnerable populations, and is an opportunity for Canada to continue its courage and leadership in issues related to global health.

UNICEF has been working for more than 60 years to ensure the survival, protection and development of children around the world. Our most recent data shows that some 33.4 million people are living with HIV – 2.1 million of them are children under 15 years of age. In 2008 alone, there were 430 000 new infections in children, all of them needing immediate treatment, and 280 000 children who died as a result of HIV infection. Disease progression is much more rapid in infants and children than in adults, with 50 per cent of infected children dying by 2 years of age.

But we know that an HIV diagnosis does not have to mean a death sentence. Recent studies show that if an HIV+ newborn has access to treatment within the first 12 weeks of life, the mortality rate is reduced by 75 per cent. Numerous other studies from Africa, Asia and the West have repeatedly shown that children who have access to treatment can survive and thrive. Despite this evidence, nearly two-thirds of children in the developing world who need lifesaving treatment do not have access to sustainable and child-appropriate formulations of these medicines.

Children are not missing out on treatment only because of limited human capacity nor due to poor health system infrastructure. We have in fact seen huge efforts to increase the numbers of health care workers trained to treat children and the number of healthcare delivery sites with the capacity to treat children. What is still often missing is the actual medicine to treat the children.

With the changes proposed in Bill C-393, Canada has the opportunity to simplify its Access to Medicines Regime, making it as easy as possible for children to access the life-saving medicines they need and deserve.

With thanks,



Claire Pitt
Director, International Programs
UNICEF Canada