



Canadian Treatment Action Council

Media Release

AIDS Activists Condemn Barriers to Treatment in Canada Access to Life-Saving Drugs Depends on Where You Live

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For Immediate Release

Toronto – Leading Canadian AIDS activists today challenged the myth that Canadians have full access to the medications they need.

“Canadians expect our public health care system to provide accessible medications and health care to those who need it, when they need it,” said Louise Binder, Chair of the Canadian Treatment Action Council (CTAC). “Unfortunately, that’s a myth. For people living with HIV/AIDS, access to new medicines is too slow and drug reimbursement is too uneven.”

Canada’s patchwork of drug benefit plans results in unequal access to medications, said Jean-Pierre Bélisle, CTAC Secretary. “People living with HIV/AIDS should have the same right to treatment in Canada no matter where they live.”

Belisle explained that some Canadians have private drug insurance, some rely on provincial-territorial government drug plans, and others access federal government plans. Each plan is different: some cover more drugs than others; some will only pay for the cheapest drug in its class; some require co-payments and other payments prior to any coverage; some cover drug costs only for people on social assistance.

In addition, many HIV positive immigrants and refugees face structural and cultural barriers to accessing health care and medications said Esther Tharao, co-chair of the African and Caribbean Council on HIV/AIDS in Ontario. She explained that stigma and discrimination – within the health care system, within Canadian society, and within vulnerable communities – makes it harder for people from ethno-racial communities to access health care. “We need a Canadian strategy to support communities from countries where HIV is endemic, and we need funding to make it work,” said Tharao.

Aboriginal people in Canada have higher levels of HIV infection relative to other Canadians and face some of the most challenging barriers to health care and medications. The barriers include stigma and discrimination. Recent studies have shown that Aboriginal people with HIV/AIDS die more rapidly because they did not access drugs or health care. Randy Jackson, Director of National Research and Programs at the Canadian Aboriginal AIDS Network, said it was crucial to provide culturally sensitive health care services to Aboriginal People living with HIV/AIDS.

Gay men in Canada continue to bear the biggest burden of the HIV/AIDS epidemic. Gay men –estimated by some to be 5% of the Canadian population – constitute approximately 40% of current annual infections. Gay men continue to experience homophobia and heterosexism in accessing health services.

Women also continue to be infected with HIV – for the past decade, approximately 25% of new HIV infections in Canada have been with women. Young women are especially affected; approximately 42% of the infections were in women between the ages of 15 and 29. Women continue to experience stigma and discrimination, often exacerbated by sexism, racism, classism and homophobia.

Speakers called for a national catastrophic drug coverage plan, a national formulary based on the best available medications, a comprehensive orphan drug plan, and the dismantling of the Common Drug Review which only adds unproductive time to the drug review process.

CTAC

The Canadian Treatment Action Council (CTAC) is a national organization serving the needs of people living with HIV/AIDS. CTAC promotes informed public policy and public education, and promotes awareness on issues that impact on access to treatment and health care for people living with HIV/AIDS.

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