

Quebec extends free drug coverage to 300 000

Anti-poverty groups in Quebec are welcoming a government initiative to extend free prescription medication benefits to nearly 300 000 additional people — those on welfare and senior citizens on limited incomes.

Quebec Health Minister Philippe Couillard announced the move on Feb. 1, at the same time detailing a plan to lift the freeze on prescription drug prices in effect since 1994.

“The price freeze was no longer sustainable,” Couillard said. “We were facing a situation where some manufacturers were ready to withdraw their products from the Quebec market.”

As of Apr. 18, pharmaceutical companies will be free to increase prices to match the inflation rate, which hovered at about 2% last year.

Patent drugs will also be allowed to stay 15 years on the list of eligible prescriptions under the province’s mandatory public drug plan, even if cheaper generic versions come on the market. Couillard said the measure is meant to help secure the 20 000 jobs in Quebec’s patent pharmaceutical sector.

Quebec has been assessing its provincial drug plan for 3 years. Since it was introduced a decade ago, costs have ballooned from \$1.1 billion in 1997 to \$3 billion in 2006. That in turn sent premiums sky-rocketing. In 1997, Quebecers without private drug insurance plans were compelled to join the public plan, paying \$175 annually in premiums. By 2006, that premium was \$538.

Making drugs free to another 300 000 people at the bottom of the income ladder is a significant improvement to the drug plan, says Aaron Lakoff, a community organizer at Project Genesis, a group in Côte-des-Neiges, one of Montréal’s poorest neighbourhoods.

Until now, most welfare recipients paid premiums of \$16 per month under the mandatory prescription drug plan. But with welfare hovering around \$560 a month for a single person, even that small amount was significant.

Several community groups are calling on the government to extend the free



drug plan to the working poor — another estimated 300 000 in Montréal alone — who earn less than \$20 000 per year.

Health professionals say lifting the freeze on prescription drug prices was inevitable, as Quebec’s market is too small to dictate prices to global pharmaceutical giants. But they acknowledge that ending the moratorium will almost certainly translate into higher insurance premiums.

“Premiums will eventually go up,” agrees Lakoff. “So, the health minister is giving a small candy to the poor while giving quite a large gift to the big pharmaceutical companies who are going to benefit from the increase in the price of medication.” — Loreen Pindera, Montréal, Que.

Loreen Pindera is a journalist with CBC Radio in Montréal.

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Cochrane Library to be available to all Canadians

Free access to the vast online databases of the Cochrane Collaboration, including 4655 Cochrane systematic reviews, 5900 non-Cochrane reviews and 5 other databases of research evidence, could soon be a reality for all Canadians.

Free, nationwide access to the Cochrane Library is a priority and could happen within the year, said Canadian Cochrane Network and Centre Director Jeremy Grimshaw. Only 10%–15% of Canadians — mostly medical students and researchers — now have full access to the Cochrane Library. But a focus on consumers is critical to expanding

Cochrane’s global reach and influence, Grimshaw told the 300 attendees at the 5th Annual Canadian Cochrane Symposium, Feb. 12–13 in Ottawa. The transfer of research knowledge to the public, policymakers and professionals was the symposium’s theme.

“We are trying to strengthen, year by year, the way we’re interacting with consumers, and making them aware of Cochrane and how to use it to help their decision making,” Grimshaw told *CMAJ*. This is especially important given the number of Canadians who look to the internet for information about their health.

Named after pioneering British medical researcher Archie Cochrane, the Cochrane Collaboration is an international non-profit organization dedicated to promoting evidence-based health care.

Currently, Cochrane provides free access to their review abstracts and plain language summaries. But access to the organization’s extensive library of systematic reviews is generally available only to paid subscribers at an annual cost of about \$350. But there are exceptions.

Over the past few years, the organization has convinced governments and international aid agencies to sponsor free, nationwide access for approximately 2 billion people in 15 countries, including England, Ireland, Scotland, Australia, New Zealand, India, Finland, Norway, Poland, South Africa, and all of Latin America and the Caribbean. Progress has been somewhat slower in Canada, where full access is only available in Nova Scotia, New Brunswick, Saskatchewan, the Northwest Territories, Yukon and Nunavut. (Access in the US is limited to residents of Wyoming.)

Throwing the doors open to the general public requires a national licence that would allow anyone with a Canadian IP address instant access. Grimshaw says such a licence would cost about \$450 000 annually, an amount not covered by current funding. In 2005, the Centre received 5-year funding of \$7.8 million from the Canadian Institutes of Health Research and the Canadian Agency for Drugs and Technologies in Health.

The Canadian Network will work with stakeholders, including professional associations, to iron out a proposal for federal funding.

Cochrane also plans to rev up its Francophone Network in the hope of increasing the level of involvement among French-speaking countries. The network, which is led by a Swiss physician, includes several countries with French-speaking citizens including Canada, France, Belgium and countries in North Africa. Grimshaw said the Canadian Cochrane Centre based in Ottawa will serve as a link for these countries to the broader Cochrane Network. They also hope to begin translating their reviews into French. — Brad Mackay, Ottawa

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Long road home: 15 Calgary physicians return to Sudan

After more than 20 years, 3 countries and thousands of kilometres, Daniel Madit Thon Duop is on the verge of realizing his dream of returning to southern Sudan to practise medicine thanks to the intervention of a Canadian relief agency and Canadian doctors.

Duop is one of 15 Sudanese doctors, educated in Cuba, who took a skill upgrading program operated by the University of Calgary, Faculty of Medicine and Samaritan's Purse, an international Christian relief and evangelism organization with a long history of helping Sudan.

"I can't tell you how thankful we are to have had the opportunities in Canada," Duop said in an interview from a hospital near Nairobi, Kenya where he is completing an internship. "We always knew one day we would go back to Sudan, now we are close to completing our mission."

Duop's early life was rife with war and displacement. He fled Sudan in 1984 in the midst of one of the longest civil wars in African history, and spent 2 years working in a noncombative role at the Sudan People's Liberation Army headquarters in northern Ethiopia.

In 1986, leaders in the Sudan People's Liberation Army developed a strategic alliance with Cuba and a deal was struck to relocate several hundred young Sudanese to Cuba to be educated. Duop said that while the education they

received was first rate, there were few opportunities for the Sudanese students to practise medicine in Cuba. Beginning in the late 1990s, many applied for refugee status in Canada. However, once in Canada, they found they did not have the qualifications to practise medicine. Duop worked at a meat-packing plant.

When the Islamic government of Sudan signed a peace agreement with the Sudan People's Liberation Army in 2005, Duop said he focused on finding a way to return to Sudan and practise medicine. However, by that time he had been out of school for 8 years and didn't know how to make his dream a reality.

A chance meeting in May 2005 between Duop and John Clayton of Samaritan's Purse provided a spark of hope. Clayton was inspired, even though tracking down these Cuban-trained Sudanese doctors in Canada and then upgrading their skills seemed like an impossible task. "It was really by chance or divine providence that we got connected with all these guys in Calgary," says Clayton.

And when he approached Dr. Rod Crutcher at the University of Calgary he found they shared a similar sense of astonishment at the difficult journey the doctors had already made.

Crutcher, an associate professor in the Faculty of Medicine, realized it was going to be very difficult to find the staff and the financial resources to bring these doctors up to standards so they could practise medicine.



Samaritan's Purse

Dr. Daniel Madit Thon Duop is finally on his way to practising medicine in the Sudan.

Samaritan's Purse agreed to raise money to support 15 successful candidates, and the University of Calgary donated the facilities and the staff resources. Ultimately, more than 70 faculty would donate their time to train the Sudanese doctors.

"This is a very unique program," says Crutcher. "But this was about doing the right thing, and looking at the world as a global community."

In the end, Samaritan's Purse helped raise more than \$2 million, including support from organizations like the US Agency for International Development. It was possible to retrain the doctors and get them installed in internships in Kenya in little more than a year. The doctors are expected to graduate from the last stage of their training and return to Sudan to practise medicine in October 2007.

Clayton says the doctors have agreed to sign 2-year return-of-service contracts with a number of hospitals in Southern Sudan. With only an estimated 30 doctors now practising in the region, the addition of 15 more medical professionals will have a huge impact, he says.

Duop expects many of the new doctors will remain in Sudan for the remainder of their professional careers. "We will practise medicine anywhere in Sudan as long as we can help our people." — Dan Lett, Winnipeg

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News @ a glance

Donating days: Roughly 60 physicians and health practitioners were up to the challenge last year. Will more meet the test this April 7th? That's certainly the hope of organizers of the Canadian Physicians for Aid and Relief's second annual World Health Day Challenge, which asks physicians across the country to donate all or part of their day's income to support CPAR health and development projects in rural Africa (www.cpar.ca).

Microbicide trials scuttled: A pair of full-scale clinical trials of a topical microbicide to prevent HIV infection have