



CANADIAN PUBLIC HEALTH ASSOCIATION 2001 RESOLUTIONS & MOTIONS

Six resolutions and four motions were presented to and voted on by the members of the Canadian Public Health Association at the Annual General Meeting (AGM) in Saskatoon, Saskatchewan on Tuesday, October 23, 2001. The results of the deliberations of the AGM are presented below.

2001 CPHA RESOLUTION NO. 1

Action on Climate Change and Health

WHEREAS the Third Assessment Report of the Intergovernmental Panel on Climate Change has found that "there is new and stronger evidence that most of the warming observed over the last fifty years is attributable to human activities",

WHEREAS there are significant implications of climate change for the health of Canadians as well as for populations around the world, as noted in the recent Canadian Public Health Association (CPHA) Roundtable on Health and Climate Change,

WHEREAS Canada has made a commitment to meet its target under the Kyoto Protocol to reduce its emissions of greenhouse gases by 2008-2012 to 6 percent below 1990 levels,

WHEREAS the government of Canada has paid insufficient attention to the health impacts of climate change and the economic consequences of such impacts,

WHEREAS there are additional and significant health and economic co-benefits that result from measures that target reduction of fossil fuels which in turn reduces both greenhouse gas emissions and related criteria air contaminants such as acid and particulate emissions associated with respiratory and cardiovascular disease and premature death, and

WHEREAS Federal government action on climate change and health must be supported by similar action by Canada's provincial governments,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) call upon the Government of Canada to:

1. include the health and associated economic impacts of climate change, and the co-benefits of reduction of both greenhouse gases and criteria air contaminants in all its modeling and other analysis related to climate change;
2. conduct and support further research on the health implications of climate change;
3. conduct and support research on the health implications of the use of fossil fuels in Canada;
4. take into account the health and environmental impacts of the various forms of energy and the environmental and health benefits of energy conservation in determining energy policy in Canada;
5. bring in appropriate and enforceable regulations with respect to energy use and conservation (including fuel taxes) to ensure that Canada meets its commitments under the Kyoto Protocol; and
6. take appropriate steps to protect low income Canadians from the economic impacts of the high-

er fuel costs that might result; for example, a fuel tax credit for low income earners.

AND FURTHER BE IT RESOLVED THAT CPHA call upon the Canadian Institute for Health Research to support research into the health implications of both climate change and energy use,

AND FURTHER BE IT RESOLVED THAT CPHA call upon the Federal, Provincial and Territorial Advisory Committee on Population Health to prepare a report on the health implications of energy use in Canada,

AND FURTHER BE IT RESOLVED THAT this resolution be forwarded to Provincial and Territorial Branches and Associations, urging them to take up the issue of the health implications of climate change with their respective governments.

... *CARRIED*

2001 CPHA RESOLUTION NO. 2

Injury Prevention and Control

WHEREAS injury is the most common cause of death between the ages of 1 and 44 in Canada,

WHEREAS in a one-year period (1997), there were 12,791 injury deaths of which two thirds were due to unintentional injuries (motor vehicle collisions, falls, drowning, burns and poisonings), and suicides accounted for 3,681 of the 4,112 deaths due to intentional injuries in Canada,

WHEREAS in a one-year period (1998-1999), more than 195,000 people were hospitalized as a result of injuries, accounting for more than 1.756 million days in hospital and seven percent of hospitalizations in Canada,

WHEREAS it is estimated for every injury death, there are 21 hospital admissions and an estimated 321 visits to emergency departments,

WHEREAS many injuries result in long-term impairment or disabilities such as blindness, spinal cord injuries and intellectual deficit due to brain injury,

WHEREAS for all age groups, injuries is the fourth among the leading causes of death,

WHEREAS most injuries are preventable,

WHEREAS injury, including unintentional and intentional, is a significant public health problem whose impact is underrated, and

WHEREAS the Canadian Public Health Association has identified child health, Aboriginal issues, food safety, emerging issues in communicable disease, international development, environment, Canada's health system and tobacco as priority areas,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) identify injury prevention

and control as an additional priority for the Association,

AND FURTHER BE IT RESOLVED THAT CPHA develop a position paper on the public health approach to injury prevention and control in Canada,

AND FURTHER BE IT RESOLVED THAT CPHA urge the Government of Canada to take leadership in the development of a national injury prevention strategy and to resource it in collaboration with the Provincial and Territorial Governments.

...CARRIED AS AMENDED

2001 CPHA RESOLUTION NO. 3 Smokeless Tobacco

WHEREAS smokeless tobacco poses a significant health risk,

WHEREAS youth are most susceptible to smokeless tobacco addiction,

WHEREAS the initial age of smokeless tobacco use may be as early as 10 to 11 years of age and even 5 to 6 years of age in some populations, and

WHEREAS tobacco consumption is a preventable health problem,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association, through its membership, the media and other stakeholders, advocate to the federal government and to its various ministries and to appropriate Provincial and Territorial Governments and Ministries for:

1. surveillance of smokeless tobacco usage by Canadians, especially youth;
2. funding for smokeless tobacco research initiatives;
3. funding for smokeless tobacco prevention and cessation programmes; and
4. a significant increase in the taxes on smokeless tobacco and a strengthening of the enforcement of the regulations to prevent sales to minors.

...CARRIED AS AMENDED

2001 CPHA RESOLUTION NO. 4 Scald Burns From Tap Water

...REFERRED TO THE CPHA BOARD OF DIRECTORS

(It was agreed that this motion be referred to the CPHA Board of Directors along with information about the uncertainty the members had with the information presented)

2001 CPHA RESOLUTION NO. 5 Microbicide Development

WHEREAS annually at least one billion people world-wide contract one of eight sexually transmitted infections (STIs) – chlamydia, gonorrhoea, syphilis, trichomoniasis, hepatitis B, herpes, human immunodeficiency virus (HIV), and human papilloma virus,

WHEREAS hepatitis B, herpes, HIV and human papilloma virus currently are incurable and represent two thirds of all new infections,

WHEREAS the diagnosis and treatment of STIs impose a high economic burden on existing health care systems,

WHEREAS STIs impose high human costs in emotional and physical pain, diminished quality of life, disability, and mortality. In women, STIs can produce infertility, can-

cers and numerous pregnancy-related complications, including ectopic pregnancy, spontaneous abortion, and stillbirth. Passed to a fetus or infant, these infections can cause low birthweight, pneumonia, neurologic damage and congenital abnormalities. These infections also substantially enhance susceptibility to HIV infection,

WHEREAS individuals of every age and every geographic, racial, cultural, socioeconomic and religious background are affected by STIs,

WHEREAS condom use, the “traditional” defence against the spread of STIs, is not a viable option for many individuals depending on their income, social status, gender, biology, genetic endowment and social environment,

WHEREAS since the early 1990s, topical microbicides have attracted scientific attention as a possible new technology for preventing STIs, including HIV,

WHEREAS for individuals needing to use a prophylaxis without partner knowledge or consent, safe, effective, acceptable and affordable topical microbicides could be formulated to be undetectable,

WHEREAS current topical microbicides have proven ineffective and some research has shown that current microbicides may increase the rate of infection (Nonoxynol-9),

WHEREAS there is insufficient current research and development on microbicides,

WHEREAS there is an urgent need for safe, effective and affordable topical microbicides, and

WHEREAS with sufficient human and scientific resources, a microbiodical product could be available within five years,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association work together with the Provincial/Territorial Branches and Associations to urge the provincial/territorial and federal ministries of health and the Canadian Institutes of Health Research to move quickly to:

- recognize the need for research on topical microbicides as a priority;
- work with researchers to ensure that, once approved, topical microbicides are affordable and accessible to communities around the world.

...CARRIED AS AMENDED

2001 CPHA RESOLUTION NO. 6 Extending the Principles of the Canada Health Act to Health Promotion and Disease Prevention Services

WHEREAS public health services, that is health protection and promotion and disease prevention services, have been eroded seriously in the 15 years since the Canada Health Act was passed,

WHEREAS the federal government, in various documents – such as the Lalonde Report of 1974, the 1986 Epp health promotion framework: Achieving Health for All, and the 1986 Ottawa Charter for Health Promotion – has identified health promotion and disease prevention as critical to improving the health of Canadians,

WHEREAS the federal government, in its endorsement of the Alma Ata Declaration in 1978, committed to the

principles of primary health care as essential health care services that are an “integral part of the country’s health system” and key to improving the health of Canadians,

WHEREAS despite the lack of a Canadian national public health service, provincial public health services, until recent public health restructuring, have contributed significantly to the provision of primary health care through the provision of “promotive and preventive” services, utilizing public health workers to respond to “expressed health needs of the community”, and facilitating and developing community and multisectoral participation,

WHEREAS the federal Minister of Health has reaffirmed publicly his commitment to the five principles of Medicare enshrined in the Canada Health Act and acknowledged the need to extend those principles to Home Care and Pharmacare,

WHEREAS although not required by legislation, those five principles of comprehensiveness, universality, portability, public administration, and accessibility, until recently have been hallmarks of Canadian public health services, and

WHEREAS recent trends in provincial restructuring of public health services, such as the downloading and partial uploading of funding responsibilities for public health to municipalities in Ontario, threaten to jeopardize both the role of public health in the provision of primary health care and its embodiment of the five principles of Medicare,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) approach the Provincial/Territorial Branches/Associations (PTBAs) to join in lobbying the federal government to ensure that disease and injury prevention, health protection and health promotion are delivered in accordance with the five principles of the Canada Health Act,

AND FURTHER BE IT RESOLVED THAT CPHA advocate, and ask PTBAs to join in advocating to all forums on health in Canada to include on their agenda the extension of the principles of the Canada Health Act to disease and injury prevention, health protection and health promotion.

... *CARRIED AS AMENDED*

2001 CPHA MOTION NO. 1 Health Before Wealth

... *REFERRED TO THE CPHA BOARD OF DIRECTORS*

2001 CPHA MOTION NO. 2

The Introduction of Anti-Retroviral Therapies (ART) in Response to AIDS in Developing Countries

WHEREAS on September 4-5, 2001, the Canadian Public Health Association (CPHA) convened a meeting of clinicians and public health experts working for major AIDS programs funded by the Canadian International Development Agency (CIDA) in West, East and Southern Africa and in India, for the purpose of formulating a technical consensus on major issues related to the introduction of and access to anti-retroviral therapy

(ART) drugs in resource-poor settings, particularly in the context of Canadian international development programming in Africa,

WHEREAS on the basis of principles of public health and the field experience of the participating organizations, the participants acknowledged that policy issues related to access to ART require a much wider social consensus and that such a consensus should be based on the best possible assessment of critical issues related to public health and health care systems development,

WHEREAS the participants acknowledged that the situation is extremely dynamic and that knowledge about the use of ART in resource-poor settings is incomplete and that the long-term costs and benefits of this rapidly developing medical technology in these settings have not been assessed fully yet,

WHEREAS many international development projects are coming under pressure from governments, treatment access advocates and NGO partners to support and implement ART delivery activities, as government AIDS programs shift emphasis from HIV prevention towards the procurement and provision of ART,

WHEREAS a special United Nations Global Health Fund will be established to finance efforts to confront the major epidemics of HIV/AIDS, malaria and tuberculosis in low income countries, particularly in Africa and while although the parameters for the utilization of this fund have yet to be established, there is a growing movement to dedicate the Fund to the provision of pharmaceuticals for the treatment of HIV and AIDS,

WHEREAS the participants at the September consultation endorsed the humanitarian nature of the provision of anti-retroviral therapies, concern was voiced that ART may be introduced without due consideration of strategies that promote equity, that are clinically effective and that will do no harm, that increased access to ART may have a negative effect on HIV prevention, and that without due caution, this potentially could contribute to a public health crisis in Africa and other developing countries, and

WHEREAS given the urgency of the issue of increased access to ART in response to AIDS in developing countries and countries in transition, especially in Africa,

THEREFORE BE IT MOVED THAT the Canadian Public Health Association (CPHA) urge the Canadian International Development Agency (CIDA) to formulate a position on the introduction of anti-retroviral therapies (ART) in response to AIDS in developing countries within the Agency’s official HIV/AIDS Strategy and that CPHA also urge the Canadian Government to reflect this position in its support to the Global Health Fund,

AND FURTHER BE IT MOVED THAT CPHA also urge CIDA to update its HIV/AIDS strategy regularly,

AND FURTHER BE IT MOVED THAT CPHA urge that the Canadian Government’s position on ART be binding for official Canadian delegations to international organizations and forums,

AND FURTHER BE IT MOVED THAT CPHA produce a position paper in collaboration with its developing

country partners on the necessity to integrate and apply sound public health principles where anti-retroviral therapies in response to AIDS are introduced in developing countries and in countries in transition.

... *CARRIED AS AMENDED*

2001 CPHA MOTION NO. 3

A Public Health Approach to Peace and Security

WHEREAS peace is a fundamental determinant of health, well-being and economic stability,
 WHEREAS health as an issue provides a unique means of bridging differences and bringing people together around a common goal,
 WHEREAS public health workers respond to the emergencies created by violent conflict and, more importantly, contribute to prevention of conflict by creating the conditions that enable individuals, communities and societies to achieve their goals without resorting to violence,
 WHEREAS this implies that the public health community should be involved in identifying and preventing circumstances that create violent conflict,
 WHEREAS to ensure global security, the principal contributing causes of violent conflict such as racism, religious intolerance and economic and social inequity must be addressed,
 WHEREAS in 1986, CPHA urged the Government of Canada to advocate resolution of conflict on the basis of communication rather than military reprisal, and
 WHEREAS the events of September 11, 2001 and the subsequent responses to them have produced increased insecurity, anxiety, conflict and civilian deaths,
 THEREFORE BE IT MOVED THAT the Canadian Public Health Association (CPHA) urge the Government of Canada to enhance its longstanding role as peacemaker and peacebuilder, and to support initiatives that contribute to social justice,
 AND FURTHER BE IT MOVED THAT CPHA urge the Government of Canada to address the root causes identified above by increasing Official Development Assistance (ODA) as per the year 2000 CPHA resolutions on ODA and Basic Human Needs,
 AND FURTHER BE IT MOVED THAT CPHA urge the Government of Canada to examine appropriate technologies and sustainable approaches to assist developing countries that are emerging from conflict,
 AND FURTHER BE IT MOVED THAT CPHA urge the Government of Canada to advocate the treatment of attacks on civilians as crimes rather than as acts of war and that these crimes be dealt with in duly constituted international tribunals,
 AND FURTHER BE IT MOVED THAT CPHA urge the Government of Canada to refrain from curtailing human rights in the name of domestic security,

AND FURTHER BE IT MOVED THAT CPHA urge the Government of Canada to be wary of establishing a North American security perimeter in such a way that would undermine Canadian public health advances in gun control and other social policies,
 AND FURTHER BE IT MOVED THAT CPHA (in the spirit of previous CPHA resolutions on peace and health, 1986, equity and sustainability, 1990, ODA and meeting basic human needs, 2000, and building on the Association's national and international programs) seek to improve health by supporting the strengthening of public health infrastructures and the increasing capacity of public health associations in Canada and abroad to contribute to peacebuilding and to enhance civil society,
 AND FURTHER BE IT MOVED THAT CPHA issue a timely statement addressing these matters and disseminate it widely to governments, NGOs and the media.

... *CARRIED*

2001 CPHA MOTION NO. 4

Access to Health Information and Services for Print-Disabled Canadians

WHEREAS in 1990, the Canadian Public Health Association (CPHA) identified literacy as a major factor in achievement of equitable access to health services and has been recognized for its groundbreaking achievements in literacy and health,
 WHEREAS Canadians who require alternative formats (braille, tape, large print/high contrast type, electronic media) to access print media but do not have these might as well be illiterate,
 WHEREAS three million Canadians are prevented from using print media without some sort of technological assistance, and Aboriginal Canadians are among the most affected, and
 WHEREAS the aging of the Canadian population means that even more people will suffer visual impairment and blindness,
 THEREFORE BE IT MOVED THAT the Canadian Public Health Association (CPHA) work with the Canadian National Institute for the Blind to develop strategies to improve access by blind and print-disabled Canadians to health services and information (including, but not limited to, exploring the feasibility of guidelines for labelling of health and food products in accessible formats and application of plain language principles to health information products for Canadian National Institute for the Blind clients),
 AND FURTHER BE IT MOVED THAT CPHA assess the content of its web site with regard to compliance with national guidelines for making web formats voice-accessible.

... *CARRIED*

2001 Referred Resolution and Motion

At the 2001 Canadian Public Health Association (CPHA) Annual General Meeting, Draft Resolution No. 4, Scald Burns From Tap Water, was referred to the CPHA Board of Directors due to the uncertainty the members had with the information presented. New information was received and reviewed by the Board at their February 22-23, 2002 meeting. It was agreed that the new information answered the concerns raised and the Draft Resolution was adopted by the Board without amendments.

2001 CPHA RESOLUTION NO. 4 Scald Burns From Tap Water

WHEREAS tap water scalds account for one in ten scald injuries requiring hospitalization among children under six years of age, and in other vulnerable populations (the elderly, persons with physical and mental disabilities) account for one in seven scald injuries requiring hospitalization,

WHEREAS the temperature settings of domestic hot water tanks in Canada are typically set between 55 and 60 degrees Celsius, a temperature that will burn a vulnerable person's skin in one second,

WHEREAS the average prudent member of the community is unaware that the risk of tap water scald burns increases exponentially with small increases in temperature settings, nor is it obvious to them what the time temperature relations are for 2nd or 3rd degree burns for adults or children,

WHEREAS hot water scald injuries are painful, require extensive treatment resulting in scarring and emotional trauma, with hospital stays averaging 24 days for children and 32 days for vulnerable adults, costing 4.5 million dollars a year in direct health care costs,

WHEREAS children need to undergo subsequent surgeries to prevent deformities as they grow, and, in the elderly, these injuries and their complications lead to a 50% risk of death,

WHEREAS the number of cases of hot water tap scald burn injuries has been constant over the last twenty years,

WHEREAS Section 9.31.4.3 of the National Building Code only sets forth an acceptable range for hot water heater settings between 45 and 60 degrees Celsius with no required temperature setting,

WHEREAS Section 2.10.7 of the National Plumbing Code references only showers that do not exceed 49 degrees Celsius,

WHEREAS no required temperature settings are in CSA standards,

WHEREAS it is not open and obvious to the ordinary consumer what the vague terms on a hot water tank for temperature settings mean that are typically marked, WARM, NORMAL, HOT. WARM is generally the 49 degree Celsius setting,

WHEREAS the pain threshold for an adult is 42 degrees Celsius,

WHEREAS manufacturer's instructions and time temperature scald burn relationships are not made readily understandable to the ordinary consumer (i.e., "Normal" settings can cause 2nd degree burns to an adult in 2.8 seconds and to a young child in 1.0 seconds),

WHEREAS an ordinary and prudent member of the community should expect that the habitability of a rented or

leased dwelling shall be safe, including hot water at temperatures that cannot cause severe scald burns in only a few seconds,

WHEREAS evidence shows a reduction of hot water temperature settings will reduce the number of injuries and mortality caused by hot water tap scald burn injuries by as much as 50%, and many jurisdictions outside Canada have adopted a lower temperature setting as a national standard,

WHEREAS hot tap water scalds are easily preventable, and cost-effective to remedy for industry, government and the public, by lowering tap water temperatures to 49 degrees Celsius, thereby lengthening to 10 minutes the time available for a small child or vulnerable adult to escape serious injury, and

WHEREAS hot water settings may be regulated by provincial, territorial and federal codes and standards,

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA):

- Urge the Canadian Commission on Building and Fire Codes to amend Section 9.31.4.3 of the National Building Code to include an addition requiring a temperature setting of no greater than 49 degrees Celsius for every dwelling unit.
- Urge the Canadian Standards Association to amend its standards for hot water heaters and instruct that all new residential hot water heaters be pre-set and installed at 49 degrees Celsius and all new water heaters have warnings of the hazard of water temperatures above 49 degrees Celsius.
- Urge the Canadian Commission on Building and Fire Codes to amend the National Building Code and require property owners and landlords to maintain water temperatures in their units that do not exceed 49 degrees Celsius.
- Urge the Canadian Commission on Building and Fire Codes to implement a strategy harmonizing all provincial and territorial Codes, pertaining to domestic water heater temperature settings at no greater than 49 degrees Celsius.
- Urge the Canadian Commission on Building and Fire Codes to amend the National Plumbing Code and require all new multi-unit complexes with a central water heater system to be equipped with a thermostatic mixing valve set at 49 degrees Celsius (a plumbing fixture that can be set to regulate water temperature) and/or other anti-scalding devices at the end of the tap to ensure a hot tap water delivery that does not exceed 49 degrees Celsius.
- Urge the Canadian Commission on Building and Fire Codes to expand the application of Section 2.10.7 of

the National Plumbing Code to include all areas of the household beyond the shower to deliver hot water that does not exceed 49 degrees Celsius.

- Request the PTBAs to take action on the above strategies.

...ADOPTED BY THE CPHA BOARD OF DIRECTORS
FEBRUARY 22, 2002

At the 2001 Canadian Public Health Association (CPHA) Annual General Meeting, Draft Motion No. 1, Health Before Wealth, was referred to the CPHA Board of Directors for further consideration as members were not prepared to vote on the motion as presented to them. Subsequent to the AGM, events overtook the Draft Resolution as the World Trade Organization released a *Declaration on the TRIPS Agreement and Public Health*. A new draft motion entitled, Addressing the TRIPS Agreement and Public Health Issues, was presented to the Board for their consideration at their February 22-23, 2002 meeting, and the Motion was adopted by the Board.

2002 CPHA Board of Directors Motion Addressing the TRIPS Agreement and Public Health Issues

WHEREAS many people in the developing world, infected with diseases such as malaria, tuberculosis and HIV/AIDS, for which there are medications capable of:

- curing the disease (tuberculosis);
- significantly reducing the risk of in-utero transmission of the disease from mother to child (HIV); and
- diminishing the damaging effects of the disease (malaria and HIV/AIDS) thus improving the quality and quantity of life,

are suffering unnecessarily, and dying needlessly because of the high cost of drugs, and poor health-care infrastructure,

WHEREAS the World Trade Organization Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) requires member countries to comply with extended patent protection which creates an unreasonably long 20-year monopoly on the production of many of these medications, significantly increasing the costs of new and essential drugs and placing them beyond the reach of individuals and governments in many poorer nations, particularly in the case of anti-retrovirals, where they are needed most,

WHEREAS although TRIPS does permit, under certain conditions, compulsory licensing (generic production) of patented drugs and parallel importation from other countries of less costly versions of drugs, the ability of most poorer nations to avail themselves of these options may be limited because a) the compulsory licensing fee may price generic equivalents beyond reach, b) only a few

developing countries have generic manufacturing capacities, and c) Article 31.f states that such licensing (generic production) must be “predominantly” for the “supply of domestic markets,”

WHEREAS the World Health Organization and the World Trade Organization are collaborating to create differential pricing policies for both rich and poor nations, such policies will not create the competition provided by generic manufacturing that is required to price drugs within market access to health systems and consumers, in both poor and rich nations,

WHEREAS the United Nations Sub-Commission on Promotion and Protection of Human Rights has argued that “TRIPS does not adequately reflect the fundamental nature and indivisibility of human rights including the right of everyone to enjoy the benefits of scientific progress and its applications, the right to health, the right to food, and the right to self-determination ... Thus there are conflicts between TRIPS and international human rights law;”

WHEREAS many developing nations and non-governmental organizations are urging revisions to the TRIPS Agreement so that such medications can be produced by more companies, resulting in greater competition, wider availability and lower costs, and

WHEREAS on November 13, 2001, the WTO agreed to address the barriers of the TRIPS Agreement and public health issues, including access to medicine, and issued a special Ministerial Declaration on the TRIPS Agreement and Public Health,

THEREFORE, BE IT MOVED THAT members of the Canadian Public Health Association (CPHA) publicly support the Ministerial Declaration on the Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health, and clearly state its position on TRIPS, public health and access to medicines for developing countries,

AND FURTHER BE IT MOVED THAT the Canadian Public Health Association urge the Government of Canada to ensure that its policies on trade and international development clearly reflect the declarations of the Ministerial Declaration on the TRIPS Agreement and Public Health,

AND FURTHER BE IT MOVED THAT CPHA should participate in a dialogue with domestic and international Civil Society and NGO members on the need to reduce the patent protection period and to determine how poorer countries will pay the compulsory licensing fees, and the need to look beyond the singular issue of affordable medicines and address the issues of health care infrastructures, health care sustainability, equity in health care delivery and human rights as they apply to population and public health in developing countries.

...ADOPTED BY THE CPHA BOARD OF DIRECTORS
FEBRUARY 22, 2002