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Pharmaceutical investor Thomas Digby is the wrong person to head Canada's drug price control agency

Independent Voices for Safe & Effective Drugs today expressed dismay at the appointment by Health Canada of Thomas Digby to head the Patented Medicine Prices Review Board. This appointment starkly points to the government's lack of political will to strengthen an agency that was founded in 1987 to protect Canadians from excessive and unfair drug prices.

Digby, a [biopharmaceutical investor](#) and [advisor](#) to the industry, was [appointed chair](#) of the PMPRB Board of Directors on February 1st. Health Canada, in announcing the appointment, said Digby brings “expertise in intellectual property” with “over 25 years of experience working with the pharmaceutical sector”.

“This is a shocking rationale for appointing someone to head the PMPRB, a watchdog agency mandated to guard the public interest by keeping drug prices affordable,” says IVSED member Sharon Batt. “Revolving door appointments, where industry lobbyists move between the private sector and government service, are [one tactic the pharmaceutical industry uses](#) to keep drug prices high.”

Health Canada has faced [relentless pressure](#) from the pharmaceutical industry since the PMPRB unveiled new regulatory guidelines in late 2019. The new guidelines, designed to strengthen the Board's ability to bring Canada's price regime more in line with comparable countries, were supposed to come into effect in July 2020.

But the federal government [caved into the industry's aggressive opposition](#). Innovative Medicines Canada (IMC), which lobbies on behalf of global drug companies in Canada, said that manufacturers would delay the launch new medicines and vaccines in the Canadian market or not introduce them at all. IMC went so far as to offer Ottawa \$1 billion to drop the new guidelines altogether.

“Canada has the third highest drug prices in the world,” Batt said, “and Canadians are likely to see drug prices rise even further under the leadership of Thomas Digby, whose work history has been dedicated to [generating revenue](#) for the pharmaceutical industry.”

Health Canada’s unwillingness to stand behind the PMPRB’s public interest mandate adds to a list of policy failures on the pharmaceutical file, including a \$173-million federal investment [announced in October 2020](#) in Medicago to boost domestic drug and vaccine manufacturing. Just over two years later, on February 3, the company’s parent, [Mitsubishi Chemical Group](#), announced it was shutting down its Canadian subsidiary.

“This government has a misplaced belief that they can partner with the industry to build domestic manufacturing capacity and to protect Canadians from price gouging on needed medicines,” says IVSED member, Colleen Fuller. “But both the Medicago experience and the attack on the PMPRB suggest otherwise. To put it simply, Big Pharma isn’t interested in meeting the needs of Canadians, but rather of shareholders.”

IVSED, which actively supported the 2020 Guidelines recommended by the PMPRB, is concerned that Digby appears to lack any history of working with consumer groups to ensure access to affordable medications. Instead, his ties to the pharmaceutical industry and his narrow expertise focused on drug patents will leave Canadians without an advocate for fair pharmaceutical prices, thereby increasing the cost burden on vulnerable patients and citizens across the country, many of whom are struggling to pay for essential medicines.

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Independent Voices for Safe & Effective Drugs (IVSED) is a pan-Canadian organization whose members include academics, researchers, healthcare providers and patient and consumer advocates with extensive expertise in pharmaceuticals and Canada’s health policies. We joined together to build a stronger voice, free of industry influence, for independent and objective solutions for safe, effective and affordable medicines in Canada. All the patient and public interest health groups we work with maintain financial independence from the pharmaceutical industry. In this respect, unlike many patient advocates, we are free to take positions on drug policy based on research evidence and the lived experience of patients.

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