



## **Countries offering free access to HIV treatment**

Access to free HIV treatment at point of service is common in industrialized countries, and a growing number of developing countries are now choosing this option. A growing body of evidence suggests that user-fees, however small, prevent people from adhering to antiretroviral therapy, deter women from accessing treatment and provide few benefits in terms of cost-recovery.

Developing countries that are abolishing, or slashing, user fees for HIV treatment include the following:

- **Botswana:** Botswana was one of the first countries in Africa to establish a national antiretroviral therapy programme, beginning in 2002 and progressively expanding across the country. Treatment is provided free of charge in the public sector. This has in turn stimulated demand for voluntary HIV counselling and testing.
- **Brazil:** Brazil began offering free and universal access to triple-combination antiretroviral treatment in 1996. Today about 160 000 people receive free treatment through the public health system. This includes 17 antiretroviral drugs, eight of which are domestically produced generic drugs and nine are imported brand-name drugs. In 2004, Brazil spent US\$ 260 million on antiretroviral drugs, and spending is expected to grow to US\$ 400 million in 2005. The government estimates that provision of treatment early in the epidemic has saved Brazil more than US\$ 2 billion in health-care costs since the beginning of the epidemic.
- **Ethiopia:** Ethiopia introduced fee-based antiretroviral therapy in July 2003. Patients were initially required to pay for their own HIV medications at a cost of US\$ 289-346 per month. This amount was reduced to US\$ 28 per month as a result of policy reform on taxes for pharmaceuticals and price reductions negotiated with pharmaceutical companies. In October 2005, the Ministry of Health of Ethiopia announced that it would provide free antiretroviral drugs in public hospitals based solely upon an individual's clinical eligibility.

- **Tanzania, United Republic of:** In September 2004, President Benjamin Mkapa announced that his government would provide antiretroviral drugs free-of-charge to people living with HIV/AIDS. The majority of Tanzanians live on less than \$US 1 per day, more than the average daily cost of ART for one person.
- **Thailand:** In 2001, the Thai government introduced the 30-baht universal health-care scheme, in which patients pay 30 baht (approximately US 90 cents) for a hospital visit, including any necessary medications. Antiretroviral treatment has been covered under the 30-baht scheme since October 2005. Thailand estimates that it will spend about US\$ 60 million on domestically produced antiretroviral treatment in 2006.
- **Senegal:** Senegal—where 60% of the population lives below the poverty line—has been a pioneer in providing equitable access to antiretroviral treatment (ART). When treatment was initiated on a small scale in 1998, seven fee schedules for triple combination therapy were offered, depending on the income of the patient. After three years of study, it became clear that even the lowest fee of US\$ 28 per month was prohibitive for some patients. In December 2003, Senegal announced that it would henceforth offer free ART under the expanding state programme.
- **Zambia:** In August 2005, Zambia's Ministry of Health announced that it had procured sufficient antiretroviral drugs to provide ART to 100 000 people living with HIV/AIDS across the country, and directed all health institutions to provide free treatment, when needed, to people living with HIV/AIDS. The new policy includes free basic laboratory tests and CD4 counts. Drugs are funded through a combination of resources from the Zambian government and external donors.

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