

In February, Health Minister Ginés González García declared a national health emergency to last through the end of this year. Congress quickly passed a law eliminating tariffs on imported medicines and medical supplies.

In March, the government issued a formal decree announcing a National Health Emergency, in effect until the end of this year. Under the decree, the government would reestablish supplies of medicine and other materials in public hospitals, guarantee supplies of medicine for vulnerable outpatients, guarantee access to medicines and supplies to prevent and treat infectious diseases and ensure access to medical services for recipients of social security benefits.

Under the emergency decree, the government has required doctors to prescribe drugs by their generic name as a cost-cutting measure. After a heated controversy, with the drug companies and groups allied to them opposing the move, the Congress voted at 2 a.m. on 28 August to make the measure law.

The government also set up an agency called Remediador to provide a selection of basic medications to clinics throughout the country. The medicines are to be given to people whose income is below the poverty line or who are not covered by any insurance plan. The programme is financed in part by US\$ 110 million in redirected loans from the Inter-American Development Bank.

The agency is also charged with monitoring the sale of drugs to make sure that drug companies and pharmacists do not gouge customers. To this end, it has set up a toll-free telephone number to report overpricing and has requested the assistance of local chapters of Caritas International and the Red Cross.

Dr Mingrone said that under the emergency plan, committees have been set up in all hospitals to monitor the effect of the financial crisis on each illness they treat.

Argentina has a large number of well-educated health professionals who, despite the lack of resources are managing well, Mingrone said, and many are going the extra mile to help their patients.

The nurses in the maternity ward at Sáenz Peña Hospital in Chaco are now making cotton diapers by hand for new mothers who cannot afford to buy them. Other Argentines have devised

creative ways to deal with the crisis.

In July, volunteer doctors and pharmacists set up a street clinic for people without health coverage, the news agency EFE reported. In Mendoza, a special medical insurance system was established that allowed patients to pay with vouchers that doctors could use to "buy" other professional services through a national barter network called Red Global de Trueque. A supermarket chain in Santiago del Estero is allowing its customers to use points earned with its discount card to pay for medical appointments. ■

Terri Shaw, *Washington*

South Africa takes first steps to provide antiretrovirals

For the first time, the South African Cabinet has acknowledged that antiretroviral treatments for HIV/AIDS — which stop the HIV virus multiplying in the body — may be a good idea for the one million people needing them in the country, and hinted that if it they are affordable it may provide them. According to the Cabinet statement, "antiretroviral treatments can help improve the condition of people living with AIDS if administered at certain stages in the progression of the condition, and in accordance with international standards".

In the past, key government officials, particularly President Thabo Mbeki and Health Minister Manto Tshabalala-Msimang, have questioned the safety of antiretroviral drugs. In 2000, Mbeki told parliament that AZT was toxic, while this year Tshabalala-Msimang questioned the safety of nevirapine. Most AIDS activists have, understandably, been cautious in their welcome of the government's new position on the subject.

The Cabinet now says that it intends to tackle a number of challenges aimed at "creating the conditions that would make it feasible and effective to use antiretrovirals in the public sector". The challenges included the high cost of the drugs and the health infrastructure necessary to supervise and monitor the taking of these drugs. A task team made up of health and treasury department officials has been set up to investigate how much it would cost to introduce the drugs, the announcement, made on 10 October, adds.

Regulations allowing the importation and manufacture of cheap and generic drugs are to be introduced, and South Africa may work with a number of other African countries and pharmaceutical companies to manufacture affordable drugs on the continent. According to the Cabinet statement, the government plans to engage the private health care sector in discussion on the "costs, the impact, issues of resistance, compliance with drug prescriptions and so on" as a matter of urgency.

Treatment Action Campaign secretary Mark Heywood described the announcement as "significant", as it was the first time that government had made "concrete commitments" to extending access to antiretroviral drugs. The country's biggest trade union federation, the Congress of South African Trade Unions also welcomed the announcement as a step in the right direction but it recommended a wait-and-see approach: other government-appointed task teams have rejected various developmental initiatives on the basis of cost. Des Martins, chairman of the HIV Clinicians' Society, also said he wanted to see the commitment translated into action.

In April this year, the Cabinet announced that it would make antiretroviral drugs available as post-exposure prophylaxis to rape survivors. In addition, a court ruling ordered the government to extend its mother-to-child transmission prevention programme to all health facilities that have the capacity to give pregnant HIV-positive women nevirapine. However, delays in implementing these measures have resulted in widespread scepticism.

Meanwhile, HIV specialist François Venter estimates that universal provision of antiretroviral drugs will consume about 20% of South Africa's total health budget "which I don't think is excessive given that AIDS is the major cause of death in this country".

The government has submitted applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria for support for care programmes, including antiretrovirals, in three of the country's provinces (KwaZulu-Natal, Gauteng and the Western Cape).

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