

TAC

TREATMENT ACTION CAMPAIGN



An Overview

Introduction

The birth of the Treatment Action Campaign

On 10 December 1998, International Human Rights Day, a group of about 15 people protested on the steps of St George's Cathedral in Cape Town to demand medical treatment for people living with the virus that causes AIDS. The group included people with HIV, a medical student, a 66-year-old grandmother, a former human rights commissioner and a selection of others determined to draw attention to the unnecessary suffering and death caused by the untreated epidemic. Passers-by were surprised. Not many of them knew that you could treat AIDS. They didn't realise that AIDS medications were freely available in Western countries. By the end of the day the group had collected over 1000 signatures calling on the government to develop a treatment plan for all people living with HIV, and the Treatment Action Campaign (TAC) was born.



Archbishop Njongonkulu Ndungane



The launch of TAC opened a new chapter in AIDS politics in South Africa. It came at a time when existing AIDS organisations were struggling with internal problems in the face of a growing epidemic and an uninterested public. South Africans were tired of messages of doom and gloom. They were tired of hearing how AIDS was going to kill millions of people, wreck the economy and overwhelm the health services, and how there was nothing that could be done to stop it. Although anti-AIDS drugs had changed the face of the epidemic in developed countries, most South Africans did not know they existed. Even health workers and AIDS activists seemed to accept that these drugs were simply out of the reach of developing countries, condemning 95% of the world's HIV-positive population to a painful and premature death.

But on 30 November 1998, when well-known gay rights and AIDS activist Simon Nkoli joined the long list of South Africans to die of AIDS-related causes, his colleague and comrade Zackie Achmat knew something had to be done.

"I had been thinking about treatment

for a while and asking how we could stand by and do nothing while people kept dying," said Achmat, a former anti-Apartheid activist. "But whoever I spoke to said it was impossible; the drugs were way out of our reach. Around that time I became very sick myself and I thought I was going to die. I had terrible thrush in my mouth and throat and I couldn't swallow anything. Eventually I was prescribed fluconazole, a very expensive drug. My friends helped me pay for it and still it nearly bankrupted me. I knew that if I hadn't been able to afford the treatment I would have died, like so many other people. On top of Simon's death it was just the last straw."

Achmat spoke at Simon Nkoli's memorial service and announced that a protest and fast would be held on 10 December 1998 to launch a new campaign, under the auspices of the National Association of People With AIDS (Napwa), to fight for access to treatment. Originally conceived as a Napwa project, TAC has grown into a powerful independent force in South African politics. In just two years the organisation has spread the message that people with HIV/AIDS can be treated and that poor people have a right to health care. The message has been loud and persistent, and neither the pharmaceutical industry nor the government has been able to ignore it.

Overview



Zackie Achmat



Minister Nkosazana Dlamini-Zuma and
TAC members

What is TAC?

TAC is a voluntary, non-profit association of organisations and individuals, which is independent of the government and the pharmaceutical industry.

We aim to:

- Campaign for affordable treatment for all people with HIV/AIDS
- Fight for treatment for pregnant women with HIV to reduce the number of children who contract the virus
- Campaign for a health system that provides equal treatment to all South Africans
- Teach ourselves and others about HIV/AIDS treatment
- Teach people with HIV how to live healthier lives
- Train a leadership of people living with HIV

TAC is financed by donations from individuals and organisations, including the Australian Foundation of AIDS Organisations, Medecins Sans Frontieres (Doctors Without Borders), Oxfam, the European Coalition of Positive People and the South African Development Fund/Arca Foundation. We do not accept money from drug companies or the South African government.

Who belongs to TAC?

In the two years since it was launched, TAC has attracted hundreds of volunteers and thousands of supporters around the country. It has opened branches in the Western Cape, Gauteng and KwaZulu-Natal. TAC volunteers come in all ages, professions and race groups. From members of parliament to lawyers, doctors, unemployed South Africans, scholars, students and pensioners. Many, but not all, of our volunteers are HIV-positive. There is no official membership list for TAC, but volunteers are always needed to help out with a range of activities.

Organisations supporting TAC include South Africa's trade union movements Cosatu, Nactu and Fedusa; the South

African NGO coalition (Sangoco); the South African Communist Party and several religious groups. We have received significant institutional support from the AIDS Law Project, the AIDS Consortium, the Children's Rights Centre and the National Education, Health and Allied Workers Union (Nehawu).

Why is TAC necessary?

In Western countries the number of people dying of AIDS-related causes dropped dramatically in the mid-1990s because of new treatments that fight the virus and the infections associated with HIV. In these countries, and more recently in Brazil, people who were preparing to die went on to lead healthy and productive lives after beginning so-called anti-retroviral drug therapy. But pharmaceutical companies charge very high prices for these drugs, so the people who need them most can't afford them.

In South Africa it costs over R2000 a month for three anti-retroviral drugs – known as triple combination therapy. Only a few wealthy South Africans can afford this. The rest, part of the 95% of people with HIV who live in developing countries, are denied access to life-saving medications.

The cost in terms of human life is enormous.

It is estimated that more than 1.5 million South Africans will die of AIDS-related causes between 2000 and 2005. Over 130 000 children contract HIV from their parents each year and by 2010 two million South African children will become orphans because one or both of their parents have died of AIDS illnesses.

Yet many of these deaths could still be avoided if the pharmaceutical industry and the government acted now to make treatments available. TAC's job is to make sure they do.

What has TAC achieved?

Treatment literacy

Perhaps TAC's greatest achievement has been to raise public awareness about AIDS treatments and to provide hope that poor people will be able to benefit from them. Through public protests, presentations to Parliament, regular

media coverage, working with labour and religious groups and good old-fashioned campaigning, TAC has put the issue squarely on the public agenda. We have run workshops to teach several hundred volunteers about the complex medical, legal and political issues involved in fighting for access to treatment. Whereas a few years ago experts dismissed the idea of AIDS treatment in developing countries, this idea is now taken seriously – and is closer to being realised.

Mother-to-child-transmission campaign

When TAC was launched in 1998 then Health Minister Nkosazana Zuma had recently withdrawn government support for pilot projects to treat HIV-positive pregnant women to reduce the number of babies who contract HIV. (Pregnant women passing the virus to their offspring is referred to by one of the AIDS worlds' favourite acronyms – MTCT, which stands for mother-to-child transmission.) After concerted campaigning that resulted in severe public criticism of the government's failure to provide MTCT interventions, the health department announced the establishment of new pilot projects towards the end of 2000. TAC decided to suspend its planned legal challenge to force the implementation of a national

MTCT programme so as to give the health department a chance to roll-out these projects to the whole country.

Christopher Moraka Defiance Campaign Against Patent Abuse and Profiteering

The defiance campaign was launched after TAC volunteer Christopher Moraka died in July 2000, suffering from severe thrush. The drug fluconazole could have eased his pain and prolonged his life, but fluconazole was not available on the public health system because it was too expensive. After one of TAC's most intense and successful campaigns, during which we imported a generic version of fluconazole from Thailand, the pharmaceutical giant Pfizer began distributing its product free of charge to state clinics in March 2001. Pfizer was backed into a corner when TAC revealed how it was profiteering at the expense of human lives: The generic fluconazole cost under R2 in Thailand, yet Pfizer charged the state R30 and the private sector R80 a capsule in South Africa. The Defiance Campaign has been boosted by this victory and will continue to highlight patent abuse and profiteering in the pharmaceutical industry. We will also monitor the way fluconazole is used and pressurise Pfizer to drop its prices to the private sector.

US Government Campaign

In 1998 the United States government put South Africa on a 'watch list' of countries that could face economic sanctions because of attempts by the South African government to reduce the prices of essential medicines by introducing the Medicines and Related Substances Control Act of 1997. TAC targeted the US in protests during 1999, accusing the country of bullying smaller nations because of pressure from multi-billion-dollar pharmaceutical companies. AIDS activists in the US also took up the campaign and the subsequent outcry forced then President Bill Clinton to withdraw his country's opposition to the Act. New US President George Bush has promised not to stand in the way of affordable medicines for the developing world. TAC and our international allies will hold him to his word.



Firms facing increased pressure to cut cost of drugs

Campaigners want medicine supplied at the same price as generic equivalents in Thailand and India, writes Pat Sidley

14 March 2000 Business Day

PHARMACEUTICAL companies — at the moment the focus is on Pfizer — face increasing pressure internationally and locally to cut the prices of their drugs used to treat HIV/AIDS and the diseases associated with the virus.

The nongovernmental organisations involved in this action are making a point of saying they understand that Pfizer is not a charity and needs to make a profit, but they will not stop short of industrial action.

They stress that the issue surrounding AIDS and the price of drugs is a moral one and that companies could make reasonable profits while making drugs available to many more people.

teat diarrhoea and the form of meningitis kills. Many provinces and several hospitals cannot afford the drug, and send meningitis sufferers home to die of the disease.

Price is the main issue. For those in the private sector wishing to buy Delfiman (available only on prescription) the price charged is often R126 for a 150mg tablet. The price to the public sector is considerably less, at R36,33 for a 150mg tablet.

The treatment, if it does not recur, is confined to one tablet, but for those with AIDS it will recur and they are usually treated using 400mg a day. At these prices, the annual cost of preventing cryptococcal meningitis would be more than R90 000 a person

the drug voluntarily. But failing this co-operation, the campaign will push for compulsory licensing of a generic equivalent or for the right to import a cheap generic from another source.

The reason why it is available as a generic in Thailand and not in SA is because Thai patent law has not yet caught up with the needs of signatures to the World Trade Organisation's agreements, and the Thai government has therefore been granted some latitude.

It shows, however, that the drug can be manufactured for around R3 a tablet and it is only price that keeps it out of most HIV/AIDS sufferers' reach.

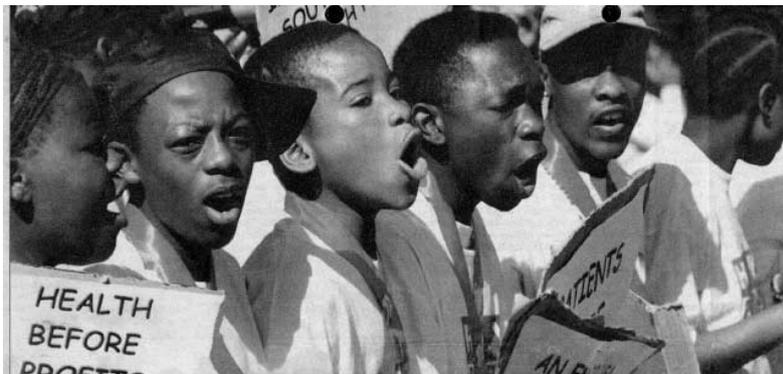
The picture in Thailand also shows how competition affects

Campaign against the Pharmaceutical Manufacturer's Association

In March 2001, after three years of delaying tactics, the pharmaceutical industry in South Africa took to the courts in an attempt to prevent the implementation of the 1997 Medicines Act. TAC has campaigned vigorously in support of the Act and the run-up to the court case was characterised by an intense media focus on this debate, with TAC receiving prominent coverage in South Africa and around the world. Powerful groups like the World Health Organisation, Oxfam and Medecins Sans Frontieres have thrown their weight behind the campaign and there has been a global expression of support for TAC's demands. At the opening of the case the judge awarded TAC the status of a 'friend of the court' – against the wishes of the pharmaceutical industry. This is an important victory and will allow us to represent the needs of all people with HIV/AIDS during the crucial legal deliberations.

Response from pharmaceutical industry

One of the best ways to measure TAC's success is to look at the way the pharmaceutical industry has responded. When we were established drug companies insisted that they were already charging the lowest possible prices for their products in developing countries. Two years later the growing international outrage over the lack of access to AIDS drugs has sent the industry into a panic. Suddenly new and larger discounts are being announced almost weekly. In 2000 five major pharmaceutical companies announced discounts of up to 90% on AIDS drugs, insisting this was as low as they could go. Yet in March 2001 one of these companies, Merck, announced a further 43% discount. This is a positive step and a direct result of public pressure, although the prices are still too high for developing countries' budgets. The discounts show just how much profit drug companies make on life-saving medicines and TAC will keep fighting to force them to reveal what these medicines actually cost to manufacture.



supporters of the HIV-Aids Treatment Action Campaign picket the American Consulate in Johannesburg against US interference in South Africa's Health Policy.

PIC: CLEMMENT LEKANYANA

Aids drugs protests

By Bhungani Mzolo
Health Reporter

A nationwide campaign by Aids organisations to challenge the United States government to show its support for the provision of cheaper drugs to HIV positive people began in Johannesburg yesterday.

More than 600 supporters from Aids organisations, churches, Nehawu, Sadu, Cosatu, the Transport and General Workers Union and gays demonstrated at Killarney's US consulate offices.

Other protests took place at the US embassies

in Cape Town and Durban.

The HIV-Aids Treatment Action Campaign (TAC) called for an end to the US government's efforts to block access to essential medicines including AZT, needed by people with HIV-Aids.

TAC also called for an end to the support that is being given by the US to drug manufacturers who continue to demand huge profits from their drug sales.

At least 40 drug manufacturing companies, allegedly backed by the US government, are challenging the national health minister in the Pretoria High Court over the Medicines and Related Substances Amendment Act which

allows for compulsory licensing and parallel import of HIV-Aids drugs.

De Lydia Masinola, chairwoman of the HIV-Aids Consortium, said the US government must stop threatening the South African Government with sanctions if the latter wants to manufacture its own drugs or buy them cheaper from countries such as Brazil.

Mr Khangelani Hlongwane, spokesman for Health Minister Manto 'bhabafala-Msimang said: "South Africa has no intention of breaking any international law and the US government is fully aware of our position."

"The ball is in the drug companies' court to

demonstrate that they are committed to providing affordable drugs."

TAC demands that the US government:

- tackles the socio-economic problems that put people at great risk of HIV infection.
- offers affordable and effective treatment to people already living with HIV-Aids and
- dramatically steps up the search for an effective vaccine against HIV.

Mr Frederick Kaplan, Labour Attache at the Johannesburg US Consulate, accepted the memorandum and promised to meet with TAC representatives in two weeks.

● See page 9.

The Basics

What treatments are available for people with HIV?

The drugs that have made the difference in developed countries are known as anti-retrovirals. Anti-retrovirals are medicines that attack the HI virus directly, preventing it from reproducing. Scientific research has shown that anti-retrovirals can reduce a person's viral load (the number of viral particles in their blood stream) and boost their CD4 count (the number of immune cells available to fight infections). These drugs do not cure AIDS and cannot get rid of all the HIV in the body, but they allow people with HIV to live longer, healthy and productive lives.

Anti-retroviral drugs are taken in combinations of two, three or four different medicines to stop the virus becoming resistant to one treatment. The most common anti-retrovirals include AZT (zidovudine), 3TC (lamivudine), ddI (didanosine), nevirapine and d4T, (stavudine). Everyone responds differently to medications, so doctors need to find out which combination works for each individual. Like many powerful medicines, anti-retrovirals can have unpleasant side effects. Although most people are able to tolerate these side effects in return for the health benefits the drugs offer, some decide to stop taking them.

Another important form of medical care for people with HIV is treatment for so-called opportunistic infections. HIV does not kill people directly, but attacks the immune system, leaving their bodies vulnerable to all sorts of diseases like pneumonia or tuberculosis. If they receive proper treatment for these illnesses, they will often recover and be able to live healthily. But some of the treatments for opportunistic infections are very expensive and not available on the public health service, meaning that more people will die unnecessarily.

People with HIV can also help their immune systems by eating well, getting regular exercise and cutting down or avoiding alcohol. TAC believes that nutrition, clean water, sanitation and improved living conditions are as

important as anti-retroviral drugs in fighting the AIDS epidemic.

Can drugs prevent the spread of HIV?

Yes, in certain situations. Scientific research has shown that without treatment about 30% of infants born to positive mothers will contract HIV during pregnancy, labour or breastfeeding. Treating these women with a single dose of the anti-retroviral drug nevirapine or a short course of AZT will prevent about half of these infections.

Taking a course of anti-retrovirals immediately after being exposed to the virus, known as Post-Exposure Prophylaxis, is also said to help prevent infection. Although it is difficult to prove this scientifically, international health authorities recommend that women who have been raped and health workers who come into contact with HIV-positive blood take a 28-day course of AZT. Some experts suggest taking other anti-retrovirals as well.

Scientists have also found that someone with a low viral load less is likely to pass the virus to others. Since anti-retroviral treatment reduces viral load significantly, the risk of transmitting HIV is lowered.

How can these treatments become affordable?

The prices charged for medicines don't depend on how much they cost to make. Rather, a pharmaceutical company that registers a new drug is given a patent for 20 years, during which time it can set its own price for the medicine. During this period no other companies can manufacture the drug, so there is no competition to bring down the price, and the pharmaceutical company will charge as much as possible to make the most profit. Once the patent expires other companies can manufacture generic versions of the drug – using the same active ingredients – and its price will drop considerably.

TAC believes that developing countries with limited health budgets should be able to import and manufacture generic versions of essential medicines, even while they are under patent. We are not calling for generic competition of life-style drugs like Viagra, just those medicines that can save lives. Generic



competition can be encouraged in different ways:

- Parallel importation, which means that governments can shop around for medicines and buy them from countries where they are the cheapest, but only from the company holding the patent.
- Voluntary licensing, which means that the pharmaceutical company holding the patent gives up its exclusive right to a drug, allowing other companies to manufacture or import generics during the period of patent protection.
- Compulsory licensing, which means that the government takes away the exclusive rights of the company holding the patent and allows generic competition.

Of course discounts by drug companies do reduce the prices of medicines, but these discounts generally don't bring the prices down as far as generic competition does, and they often come with conditions attached. TAC believes that the best way to make medicines affordable and keep them affordable is for the government to create the conditions to promote generic competition.

Does this mean TAC is opposed to patent laws?

No. We realise that drug companies need incentives to manufacture new medicines and to recover the costs of researching and developing their drugs. We also aren't opposed to pharmaceutical companies making a profit. But it is clear that something is very wrong when patent protection keeps the prices of life-saving drugs so high that millions of people are dying, while the pharmaceutical industry continues to be one of the most profitable in the world. It is also clear that generic competition in Africa will not affect drug company profits, since less than one percent of the industry's annual income comes from this continent.

Has generic competition worked anywhere in the world?

Yes. The pharmaceutical industry's claim that generics are not the answer to reduce the prices of medicines has been shown to be false by the experience in Brazil. The Brazilian government has introduced a law that allows patent protection to be broken if a drug is

not manufactured locally within three years of registration. Using this law Brazil currently produces generic versions of eight of the 16 available anti-retroviral medications at greatly reduced prices and offers free treatment to all people with HIV/AIDS. This is remarkable for a country with a similar economic status to South Africa. Of course the pharmaceutical industry isn't happy with Brazil's actions. The United States, after pressure from the pharmaceutical lobby, has complained to the World Trade Organisation about these policies.

What is this court case that everyone is talking about?

A crucial case is being fought in the South African courts that could determine whether millions of people receive access to AIDS treatments. The case revolves around the 1997 Medicines and Related Substances Amendment Act, which the government introduced to bring down the prices of essential medicines.

The law has four basic elements:

- It encourages pharmacists to offer patients generic substitutes of the drug they have been prescribed.
- It establishes a national pricing committee to evaluate the prices charged by drug companies.
- It enables the government to introduce compulsory licensing of essential medicines to allow them to be manufactured locally.
- It provides for parallel importation, which means that drugs are bought from the country where they are available at the lowest price.

The health department hasn't yet been able to implement these measures because of the legal challenge by the pharmaceutical industry, which argues that sections of the Act are unconstitutional. They are particularly opposed to Section 15C, which provides for compulsory licensing and parallel importation. In the time since the law has been held up in the legal process, an estimated 400 000 South Africans have died of AIDS.



Campaigns



Although TAC has many demands, which include improving the health system and the living conditions of the poorest people in South Africa, we've found that the most successful campaigns are those that choose specific goals and build a programme of action around these. Our most important campaigns so far have been:

Treatment literacy campaign

The easiest way to convince someone to join the fight for AIDS treatments is to tell them what treatments exist and explain why these treatments are not available to people in developing countries. TAC sees educating South Africans about HIV/AIDS as a large component of our work.



August 2000 – January 2001

One national and three provincial workshops were held to discuss mother-to-child transmission of HIV and how it can be prevented. Several hundred people attended the workshops, including volunteers, support groups, health workers and unions. The workshops also had breakaway groups to discuss various issues around mother to child transmission, providing participants with the opportunity to learn from each other's experiences as people living with HIV/AIDS, mothers, doctors, students, community workers, lay counsellors, social workers union members and health workers.

September 2000 – present

Project Ulwasi (Knowledge) was launched in Khayelitsha to teach people the science of HIV/AIDS and the medical facts about treatment for people living with the virus. The project is a joint initiative of TAC and MSF, and employs two full-time co-ordinators to run workshops in schools, factories, clinics and support groups. An average of four workshops is held each week.

November 2000

Together with the US-based Treatment Action Group (TAG), we organised

treatment literacy workshops in Cape Town, Johannesburg and Durban. Several of the country's top AIDS doctors participated in the workshops, which were attended by volunteers, support groups, community based organisations, health workers and union members. The workshops aimed to provide participants with scientific information on a wide range of areas including the workings of the HI virus itself, mother to child transmission of HIV, paediatric HIV/AIDS, opportunistic infections and antiretroviral medication.

Mother-to-child transmission campaign

TAC's first campaign focussed on one of most basic ways to prevent the spread of HIV: Treat HIV-positive pregnant women. A national MTCT programme would save about 65000 babies' lives in South Africa a year – that's 180 children a day who would otherwise die of AIDS-related causes.

There is also considerable research to show that it is cheaper to provide the treatment – even with the costs of testing all pregnant women, counselling them about HIV/AIDS and giving formula feed to women who agree to enter the programme – than it is to look after children who become HIV-positive. Yet in 1998, just before TAC was launched, then Health Minister Nkosazana Zuma cancelled pilot projects that would provide a short course of AZT for pregnant women with HIV.

Here are some of the highlights of the campaign, which included calls for AZT for rape survivors:

December 1998:

During TAC's first public event we launched a petition to call on the government to introduce free AZT for HIV-positive pregnant women. (At that stage scientists did not know nevirapine was as effective as AZT.) We collected 1000 signatures to support the call in one day. In the weeks that followed TAC volunteers visited train stations in Mitchell's Plain, Nyanga, Guguletu, Claremont, Salt River and Cape Town central, speaking to commuters about MTCT and collecting more signatures. Over the next six months TAC added more than 100 000 signatures to the petition. These signatures were never handed to the government because of an

undertaking by the Health Minister, which has not yet been realised, that an MTCT programme would be established.

January 1999

TAC work began in Gauteng and KwaZulu-Natal, where petitions were distributed through existing organisations.

March 1999

About 100 TAC members were present, wearing T-shirts with "HIV-positive" written in purple letters on their chests, when the government's AIDS train arrived at Cape Town station. These T-shirts became a regular feature of TAC protests. We handed a statement to then Welfare Minister Geraldine Fraser-Moleketi and Finance Minister Trevor Manuel. The statement, which called on Dr Zuma and Minister Manuel to meet TAC to discuss an affordable treatment plan, was delivered to every Member of Parliament.

On 21 March, National Human Rights Day, TAC organised a Fast to Save Lives in Cape Town, Durban and Soweto. By now the campaign had attracted significant media coverage and support around the country, with the call for MTCT prevention being backed by religious leaders, health professionals and even ANC officials (including national health secretary Saadiq Kariem and Gauteng AIDS director Liz Floyd). Gender commissioner Farid Esack was another high-profile speaker who has remained a loyal TAC supporter. This protest established TAC as a strong force in Gauteng, where more than 500 people demonstrated outside the Chris Hani Baragwanath Hospital.

On 24 March Dr Zuma attended an ANC meeting in Muizenberg, Cape Town – the local branch of TAC chairperson Zackie Achmat. When Achmat questioned the Minister about MTCT treatment she said that drug costs were the major obstacle to implementing a national programme. She promised to join TAC's fight for reduced prices. The next day an informal meeting in Parliament strengthened the alliance between TAC and the minister.

April 1999

TAC wrote to Glaxo Wellcome, the manufacturers of AZT, asking the company to respond to the national

emergency posed by HIV/AIDS by selling AZT at cost price. Activists also protested outside Glaxo headquarters in Midrand. During this time the relationship between TAC and the government was positive, with President Thabo Mbeki and Dr Zuma making encouraging statements about access to AIDS treatments. A TAC delegation met Dr Zuma and members of her department and issued a joint statement pledging to work together to fight the AIDS epidemic. Unfortunately Dr Zuma was soon to be moved from her health portfolio to take up the position of Minister of Foreign Affairs. Relations with Glaxo Wellcome were not as cordial, with the drug company refusing to say how much it cost to manufacture AZT.

August 1999

TAC held an inter-faith service at St George's Cathedral in Cape Town, where Jewish, Muslim and United Reform Church leaders called on the government to provide "moral and political leadership, as well as financial support, to fight the HIV/AIDS pandemic". The unions, the Black Sash, the Union of Jewish Women and the New Women's Movement supported the call.

September 1999

We demonstrated outside Glaxo Wellcome offices in Cape Town and Johannesburg, and TAC representatives met drug company officials to demand that the prices of a course of AZT be reduced from R400 to R180.

Later in the month a TAC delegation met new Health Minister Manto Tshabalala-Msimang. The minister described it as a "productive meeting on a number of emotional and sensitive areas of work" She stressed that the government was committed to providing MTCT prevention services, but was concerned about starting too ambitiously and not being able to sustain the services. She told TAC that pilot projects to test AZT and nevirapine in South Africa would go ahead.

October 1999

TAC addressed the Parliamentary Portfolio Committee for Health on a government proposal (that has since been dropped) to make AIDS a notifiable disease. We used this opportunity to tell MPs why free AZT or nevirapine for



pregnant women was essential.

TAC's fight suffered a setback when President Mbeki announced that AZT was a toxic drug. He said it was concerns over the safety of anti-retrovirals – not the cost – that stopped the government providing MTCT treatment. Minister Tshabalala-Msimang soon repeated President Mbeki's concerns about AZT. The ANC's alliance partner Cosatu continued to call AZT or nevirapine for pregnant women and rape survivors.

December 1999, World AIDS Day

One by one, speakers addressing the opening of the World Parliament of Religions in Cape Town called for MTCT programmes and affordable drugs for people with HIV. Rallies were held in Langa, Khayelitsha and Heideveld in the Western Cape, and in Gauteng TAC marched to the Natalspruit Hospital on the East Rand.

January 2000

TAC lawyers wrote to Minister Tshabalala-Msimang asking whether the government intended to treat HIV-positive pregnant women. If so, TAC demanded to know when. If not, TAC demanded reasons for the decision. We decided to take the government to court over its failure to provide MTCT prevention programmes, which denies women and children their Constitutional right to health care.

February 2000

TAC protested at the opening on Parliament, saying it was immoral, uneconomical and unlawful to delay MTCT programmes. Striking posters in red and black, calling on President Mbeki to provide AZT or nevirapine to pregnant women with HIV, were plastered all over central Cape Town and the townships.

March – July 2000

The AIDS debate in South Africa focussed on President Mbeki's questioning of the science of HIV/AIDS, which became a stumbling block in the fight for MTCT prevention services. TAC continued to raise the issue in public protests and media statements.

July 2000

TAC organised a Global March for Treatment before the International AIDS Conference in Durban. The march was attended by thousands of people, including popular ANC leader Winnie Madikizela-Mandela and PAC MP Patricia De Lille. The government faced constant criticism at the conference for President Mbeki's controversial stance on AIDS and its failure to provide treatment for HIV, particularly MTCT prevention. Former President Nelson Mandela called for MTCT programmes during his closing speech to the conference.

August 2000

The Health Ministry announced the establishment of 11 pilot projects using nevirapine to reduce MTCT around the country. TAC vowed to continue with legal action against the government if these pilot projects were not extended into a national programme.

Christopher Moraka defiance campaign against patent abuse and profiteering

The Defiance Campaign was launched to demonstrate how drug companies often abuse patent laws to set the prices of their drugs unreasonably high, denying poor people access to health care. It is one of TAC's most exciting campaigns and provides a practical example of how generic competition can bring down the prices of medicines.

The campaign is named after TAC volunteer Christopher Moraka who died in July 2000 from AIDS-related illnesses complicated by severe thrush. The drug fluconazole, sold in South Africa as Diflucan, could have treated his thrush, allowing him to eat properly and fight his illness. Fluconazole is not an anti-retroviral, but rather an important drug in the treatment of opportunistic infections associated with HIV. Unfortunately this drug is not widely available in South Africa because of the high prices charged by manufacturer Pfizer. The state pays R30 a capsule, making it too expensive for the public health service. The private sector pays R80 a capsule and if you buy Diflucan from a pharmacy it will cost over R100. But generic manufacturers in Thailand sell an equivalent drug, known as Biozole, at R1.78 - a fraction of these prices.

Although the Defiance Campaign was formerly launched after Christopher Moraka died, the focus on Diflucan/fluconazole as an extreme example of patent abuse began earlier in the year.

March 2000

TAC met Pfizer executives to ask for a reduction in the price of Diflucan, in consideration of the crisis that HIV/AIDS presents in South Africa. Failing this, Pfizer was asked to offer a voluntary licence that would allow the local manufacture or importation of generic fluconazole. Pfizer refused, but said it had offered to donate Diflucan to the government - for limited use only.

May 2000

Christopher Moraka and several other TAC volunteers gave evidence at a special Parliamentary hearing on pharmaceutical pricing. Moraka was suffering from severe thrush at the time. Pfizer representatives did not attend the meeting, but Moraka appealed to the company directly: "Companies like Pfizer make a lot of profit. We ask them to lower the prices of drugs because we HIV-positive people suffer most. Other people don't feel this pain; they want to make a profit you see."

TAC produced a poster with a photograph of Pfizer chief executive officer William Steere, naming him as an AIDS profiteer, and displayed it around Cape Town and Durban. Negotiations between Pfizer and the government on the Diflucan donation were said to be continuing, but the drug was still out of the reach of most South Africans – including Moraka.

July 2000

TAC and Medecins Sans Frontieres organised a conference on Treatment Access at the Durban City Hall, before the start of the International AIDS Conference on July 9. Over 1000 people attended. Four thousand more joined the Global March for Treatment Access.

Later in the month Christopher Moraka died of AIDS-related illnesses. On July 27 TAC buried Moraka in Nyanga, Cape Town. After the funeral TAC activists and Moraka's friends and family led a spontaneous march through the township, expressing their anger towards Pfizer and demanding treatment for all.

August – September 2000

TAC began preparations for its most daring and imaginative project yet.

October 2000

Zackie Achmat visited Thailand where he bought 5 000 capsules of a generic fluconazole, with the trade name Biozole, for R1.78 each. He returned to South Africa with 3 000 tablets and passed through customs without being stopped. When TAC announced Achmat's mission in a press conference on 18 October, the outcry against Pfizer was immediate. Perhaps for the first time the public realised just how much medicine prices are inflated and how effective generic competition can be in reducing these prices. Initially the company threatened legal action against TAC for violating its patent rights, but quickly backtracked when it realised how much bad publicity this move was generating.

The next day several prominent South African doctors came out in support of TAC's actions, at the same time as the police began to investigate criminal charges against Achmat for smuggling.

TAC applied to the Medicines Control Council (MCC) for exemption from regulations that prevented it from distributing the drug.

On October 20 Achmat was ordered to report to the Narcotics Bureau in Cape Town where the Diflucan was confiscated by health authorities.

A few days later the MCC granted the Brooklyn Medical Centre in Cape Town permission to prescribe Biozole to patients.

January 2001

Television soap opera star and TAC volunteer Morne Visser arrived at Cape Town International Airport with the rest of the consignment of Biozole bought by Achmat in Thailand. Visser received a heroes welcome and the medicines were delivered to the clinic, where they were used to treat patients in need. "It was such a fantastic feeling," Visser told reporters. "People were hugging and kissing me; I can't describe how I felt. I had done so little but they made me feel like I had done so much."

March 2001

Finally, after a year of promises, delays, and unnecessary deaths, the first donated shipment of Diflucan arrived at public health clinics. TAC welcomed the move, but demanded that the price be reduced to reasonable levels for people using private health services.

Health authorities have not yet returned the confiscated consignment of Biozole to Achmat.

Campaign against the United States government

US-based pharmaceutical companies wield a great deal of power in their home country because of the regular, generous donations (you could call them investments) they make to political parties. When South Africa attempted to reduce the prices of essential medicines by promoting generic competition through the 1997 Medicines Act, the industry knew it could use this power to pressurise the government.

So although international trade laws make provision for parallel importation and compulsory licencing, and although the US has used these measures itself in the past, President Bill Clinton's administration put South Africa on a 'watch list' of countries accused of violating intellectual property rights. Countries on the watch list are threatened with economic sanctions if they do not change their policies.

In July 1999 TAC demonstrated outside the US embassies in Cape Town, Durban and Johannesburg, demanding an end to Washington's interference into South African affairs. The largest protest was held in Johannesburg, where about 600 people from TAC and Cosatu chanted and sang outside the US consulate in Killarney. Demonstrators singled out then-Vice President Al Gore for particular criticism, as Gore was a candidate in the US presidential election. AIDS activists in the US contributed enormously to the struggle, confronting Gore whenever he appeared in public. Eventually Washington relented, fearful of the effect the protests were having on Gore's public image. President Bill Clinton declared that the US would not stand in the way of developing countries' attempts to treat people with AIDS.

But in early 2001 the US complained

to the World Trade Organisation about Brazilian policies that allow the country to over-ride patent protection if the drug is not manufactured in Brazil. TAC believes this complaint is the latest move in a long history of US attempts to bully weaker nations to suit its own commercial interests. We will continue to monitor, highlight and oppose these tactics.

Campaign against the Pharmaceutical Manufacturer's Association (PMA)

The court case brought by drug company representatives the PMA against the South African government is of great interest to TAC as the outcome be critical in the fight for AIDS treatments. It also provides an opportunity for TAC to show our support for the government in its efforts to reduce the prices of medicines.

September 1999

TAC demonstrated outside the PMA offices in Johannesburg, calling for the unconditional withdrawal of suit to block the implementation of the 1997 Medicines Act, not the 'suspension' of legal action that the PMA had recently announced. TAC executive members met Minister Tshabalala-Msimang to discuss the case.

November 1999

We met PMA representatives and again asked them to drop the case. At the same time a prayer vigil was held outside the PMA offices to commemorate those who had died of AIDS-related illnesses in 1999.

November 2000

TAC deputy chairperson Mark Heywood met senior Glaxo Wellcome representatives in London and discussed the need to resolve the case. Glaxo didn't tell Heywood that they had lifted the suspension of the case and applied for a court date.

December 2000, World AIDS Day

TAC volunteers demonstrated outside the PMA offices, led by Cosatu secretary-general Zwelinzima Vavi. The protesters handed over a memorandum calling on the PMA to withdraw the case.

February 2001

More than 1500 people attended an inter-faith service at St George's Cathedral and marched on Parliament to call on the government to produce generic anti-retrovirals. TAC challenged the opposition party the Democratic Alliance to support the government in the court case.

March 2001

In the build-up to the court case TAC worked to draw public attention to the significance of the hearing and to educate ourselves and others about the legal issues involved. We called for a global day of action against pharmaceutical company profiteering on 5 March, when the case began. TAC's international partners organised protests in Australia, Brazil, Britain, Canada, Denmark, France, Germany, Italy, the Philippines, Thailand and the United States on this day. Several high profile organisations sent delegations to South Africa to follow the proceedings and there could be no doubt that the eyes of the world were on the Pretoria High Court. The night before the hearing TAC held a vigil in Church Square, in front of the High Court. Demonstrations also took place in Cape Town and Durban.

TAC made a legal application to become a friend of the court for the duration of the case, which would allow us to introduce evidence on how people with HIV/AIDS were suffering without treatment and how the 1997 Medicines Act could reduce this suffering. The drug companies opposed TAC's application, but the judge ruled that TAC had a right to participate. After three years of delaying the implementation of the law, the PMA then asked for another four months to prepare its case. Again the judge refused, ruling that the hearing will resume on 18 April 2001.

TAC's victory in winning representation in a court case of this significance shows how far we have come from the small group of activists who protested outside St George's Cathedral on 10 December 1998. It also places an enormous responsibility on our shoulders to work for a change to the system that allows poor people to die because they can't afford to buy health.

Conclusion

As the HIV epidemic advances in South Africa its effects are becoming more devastating. We know that in parts of our country children as young as 12 have left school to look after their brothers and sisters because all the adults in their family are dead. Men and women are being sent away from health services to die, frightened and often alone. Too many of TAC's own members have lost their lives to AIDS before we were able to win the fight for medicines. We can't allow this suffering to continue. It has already gone on for too long.



Glossary

Anti-retrovirals: Drugs that attack the HI virus and prevent it from replicating.

Biozole: A generic drug containing fluconazole.

Compulsory license: Issued when the government takes away the exclusive rights of a company holding a patent and allows generic competition.

Diflucan: The trade name of patented fluconazole.

Fluconazole: The active ingredient in medicine used to treat severe thrush and cryptococcal meningitis, illnesses associated with HIV.

Generic medicines: Drugs with the same active ingredients as the original patented medicine.

Opportunistic infections: HIV attacks the human immune system, leaving the body vulnerable to other disease, known as opportunistic infections.

Parallel importation: Shopping around for medicines and buying them from the company that holds the patent, but in the country where they are the cheapest.

Patent protection: The first company to register a new drug is granted a patent for 20 years, which prevents other companies from manufacturing or

importing that drug.

Voluntary license: The pharmaceutical company holding the patent gives up its exclusive right to a drug, allowing another company to manufacture or import generics during the period of patent protection.

AIDS: Acquired Immune Deficiency Syndrome

Cosatu: Congress of South African Trade Unions

Fedusa: Federation of Unions of South Africa

HIV: Human Immunodeficiency Virus

MSF: Medecins Sans Frontieres

MTCT: Mother-to-Child Transmission (of HIV)

Napwa: National Association of People living With AIDS

Nactu: National Congress of Trade Unions

Sangoco: South African NGO Coalition

SACP: South African Communist Party

TAC: Treatment Action Campaign

Biographies

Pholokgolo Ramothwala

Pholokgolo is a former journalist, now working as the Gauteng TAC co-ordinator. He joined the organisation in 1999 after finding out he was HIV-positive.

“I went for a test when I was studying in Stellenbosch in 1999. When I got my result the doctor didn’t tell me about treatment or anything, he just said I was positive and left me on my own. I didn’t tell anyone else about my status for eight months, then I phoned (TAC chairperson) Zackie Achmat, who I knew personally. He explained to me that there was treatment that could keep me healthy and told me about how TAC was fighting to bring down the prices so poor people could afford it. It doesn’t make sense that people in other countries can get treatment but we have to die because the pharmaceutical companies want to keep the prices high. The main work that I do with TAC is to organise workshops to teach people about treatment, talking to other people with the virus and trying to get more organisations involved in the campaign. I find that most people know about AIDS but they know very little about treatment. But that is changing. There has been a big change in awareness since TAC started and that’s very positive. And you can see from the Cipla offer (in February 2001 a generic drug manufacturing company in India offered to provide generic AIDS drugs at a fraction of market prices) that our pressure is getting somewhere. The pharmaceutical companies are feeling the pressure. I really believe that we will be successful and the medicines will become affordable. I hope so - and not just for myself.”

Lee Bosch

Sixty-nine-year-old grandmother Lee Bosch is a retired schoolteacher who was a founder member of TAC. She was one of the first volunteers to fast outside St George’s Mall on 10 December 1998.

“I used to read about AIDS in the newspaper, when people in the United States were first getting it. Then we used to think it was only drug addicts or gay men who became infected. I was interested but it seemed so far away. Then it started happening here and people I knew became HIV-positive. When it landed on my doorstep like that I felt I had to do something about it. I knew a lot of the TAC people from the struggle days; you know when we were fighting against apartheid. As far as I’m concerned this is the same thing. We are fighting for people to be treated with dignity and to have proper health services; we are fighting against poverty and homelessness. If people are living in poor areas without proper water or sanitation, then they are more likely to get sick. What’s the point of treating someone for TB if they go back home to the same conditions that breed the illness? So TAC isn’t just calling for access to treatment, we have many demands. It’s a massive task, but you have to start somewhere. I just hope this struggle isn’t going to take as long as the apartheid struggle, because the longer it takes the more people will suffer.”

Cati Vawda

Cati Vawda is the director of the Children's Rights Centre in Durban. She has been involved with the Treatment Action Campaign since 1999 and is particularly concerned about the impact of the AIDS epidemic on children and young people. She has two young children of her own.

"HIV affects all children, whether they are positive or not. Before I got involved in treatment access work, I thought that if someone became HIV positive they would die, simple as that. Once I realised that anti-retroviral therapy and treatment for opportunistic infections could help people live longer with a better quality of life, it changed my work profoundly. Here is something concrete that we can do that will make an enormous difference to people's lives - especially children. There is nothing more fundamental to children than their families. Even if they are really poor, families are a source of everything children need, including love, food and shelter. So if you can give, say, the drug fluconazole to a mother and it means that she will live a few more years rather than dying next week, the difference it makes to her child is indescribable. On an individual level that's an amazing thing. And on a global level, to be part of an international movement of a whole lot of people, most of whom you have never met, is very compelling. It has affected me personally, professionally and emotionally."

Sindiswa Godwana

Sindiswa learnt about TAC in 1999 through a support group for people with HIV. She lives in Khayelitsha, near Cape Town, and is unemployed.

"I decided to become a volunteer for TAC because I wanted to learn more about HIV and what I could do to help myself. It was really good to meet other people who are HIV-positive. When you are first diagnosed you go into shock; you think your life is over. If you can see others who are living their lives it really makes you feel better. Now I try to help other people feel better by visiting them and telling them that I am positive and counselling them. I have been involved in workshops at schools and clinics to educate people in the community about AIDS. We also talk to women with HIV who are pregnant. We tell them that if they take AZT their babies are more likely to be free of the virus. But even with AZT, some babies will become HIV-positive. It is important that we do not blame anyone for HIV. I went for a test when my partner became ill, so I think I got the virus from him, but it was not his fault. He got the virus from someone else. Everyone should protect themselves by using a condom rather than trying to put the blame on someone else. If there was more openness about HIV it would be much easier to stop the spread."

Neli Khuzwayo

Neli is a long-time AIDS activist and counsellor who became involved in TAC in early 2000. She serves on the KwaZulu-Natal provincial executive committee and lives in Durban.

"You can't talk about preventing HIV if you don't talk about treating people who already have the virus. If there is no treatment available there is no reason for people to have a test. But if the health services were offering proper treatment, more people would be willing to find out their status - and once you know your status you can do something about it. If you are negative you can make sure you stay that way by using a condom or abstaining from sex. If you are positive you can take extra care of your health and make sure you eat well, sleep well and exercise. TAC is campaigning for drug treatment for people with HIV, but that isn't all. We also want to help people learn about other ways to look after themselves, like proper nutrition. The best thing about belonging to TAC is the energy and all the people involved. It's real campaigning and real activism, like in the struggle against apartheid. These are practical issues; they aren't some debates up in the sky. I think the Defiance Campaign has been very successful because we have brought (the generic drug) Biozole into the country and it is being used to help people. This has put a lot of pressure on Pfizer (who manufacture the patented drug Diflucan). We've also been successful in putting the treatment issue on the map."

Theo Steele

Theo Steele joined the labour movement in 1984 as works as the campaigns co-ordinator for South Africa's largest union federation Cosatu. She is the Cosatu representative to TAC and the mother of two daughters.

"HIV/AIDS is one of the biggest issues facing workers, so it is crucial for unions to be involved in the call for treatment. Some people ask how Cosatu can work with TAC, when we are in an alliance with the government, but TAC isn't anti-government. Certainly the organisation differs with the government when it comes to some treatment issues, but we also work together with them on others. We support them in the court case brought by pharmaceutical companies against the 1997 Medicines and Related Substances Act. The pharmaceuticals want to stop the new law because it will promote generic competition, but TAC and Cosatu support it because it will bring down the prices of essential medicines. And in the issues where we differ - like implementing a national programme to reduce mother to child transmission of the virus - being part of the alliance doesn't stop us opposing the government. We believe that the pilot projects the health department has announced don't go far enough and that they should provide AZT or nevirapine (drugs which reduce the chances of a baby contracting HIV from its mother) for all HIV-positive pregnant women. So many of our members are women that it is important for us to speak up for them."

Busisiwe Maqungo

Busisiwe, 28, moved to Cape Town from the Transkei in 1997. She was tested for HIV in May 1999 when her month-old daughter Nomazizi became ill. Mother and baby were both positive and Nomazizi died on 31 January 2000. Busisiwe joined TAC in March 2000.

"I wish I had known about TAC earlier, because then maybe my baby wouldn't have died. She always had thrush and in the end I think she had cryptococcal meningitis. If she had been treated I'm sure she would have lived. I am angry with the pharmaceutical companies because the drugs are so expensive. I blame them for her death. If I had been given AZT or nevirapine when I was pregnant maybe she would have been born without the virus. It's terrible to think that she died unnecessarily. In March 2000 I was one of the people who spoke at the Parliamentary Health Committee hearing on access to treatment. The people from Glaxo Wellcome (now GlaxoSmithKline) were there also. They are the ones who make AZT. I don't know what they think when they look at us. Don't they care about our lives? I'm very pleased that TAC is campaigning against the drug companies and calling for the prices of medicines to go down. I want to open a TAC branch in Mfuleni, near Khayelitsha, where I stay because I am the only person there who is open about my status, but there must be lots more people with the virus."

Mandla Majola

Mandla, 31, is the chairperson of the Young Romans Football Club in Guguletu, where he lives. He joined TAC in 1999 and serves as the Western Cape co-ordinator.

"I think that churches have an important role to play in the fight against HIV. At first they were very judgmental, but I think they are becoming more interested. I have spoken at quite a few churches in my community. What they must do is start to talk to the congregation about sex - especially young people. Churches also need to stand up for the vulnerable people in society. Jesus always had empathy for people who were sick or outcast, so it is the churches' role to help people with HIV. They must help us put pressure on the government to allocate more money to health and less to arms. They must join us when we say that the pharmaceutical companies must stop putting their profits before our people's lives. The church was at the forefront of the struggle against apartheid, and it must be the same with AIDS. (Cape Town) Archbishop Njongonkulu Ndungane led our march on Parliament the other day and a Muslim cleric and a Jewish Rabbi participated in the inter-faith service. This is what we need - the churches are able to bring people together and that is the only way we can win the fight."

Nathan Geffen

Nathan is a computer science lecturer at the University of Cape Town who became involved in TAC in February 2000. He has been responsible for bringing the organisation into the 21st century by setting up a web page (www.tac.org.za) and an email mailing list.

“I was watching a documentary about AIDS in Africa while I was in London and it really moved me. I knew I had to get involved. When I came back to South Africa I read about TAC and contacted them. When I first got involved I said I could contribute four hours a week - well that was a joke. Now it's more like 44. It's been such a rewarding experience, getting to know and work with South Africans who I was separated from for so long by apartheid legislation. I've learnt a lot about the country and about politics. The highlight of my involvement was the global march in Durban, just before the international AIDS conference. To see so many thousands of people expressing their solidarity and anger and calling for treatment was very moving. The lowlight was later in the year when five of our activists died in one week. It was so hard and I became so angry about our government's lack of action. What more do we have to do before they will help people who are dying of this disease?”

Thembeke Majali

Thembeke, 25, lives in Khayelitsha and is the mother of a two-year-old. During the tourist season she acts as a 'tourism ambassador' for Cape Town, introducing visitors to township life. She joined TAC in 2000 through her sister who is a community health worker.

“It was only when I got involved in TAC I realised how little we all know about AIDS. I didn't know people with HIV could have a test to find out their viral load (how much of the virus is in their blood stream) and CD4 count (a measure of the strength of the immune system), and how important this is when you consider how to treat HIV. I didn't know there were drugs like fluconazole that can help people with AIDS-related infections or that anti-retroviral drugs can help your body fight the virus. I think this is one of the most important things that TAC does - to help people learn more about the disease and their bodies. Everyone knows me now, they know I am involved with TAC and they come and ask me questions about AIDS and AZT. This morning at the bus stop a woman came to me because her sister is ill and I told her about TAC. I enjoy this kind of work, I like working with the community and mobilising people. I like it when we go on marches and demonstrations. We are getting bigger all the time and people are starting to listen to us.”

Midi Achmat

Midi works for the Community Health Media Trust and is involved in the production of the HIV/AIDS television programme Beat It! She was a founding member of TAC in 1999.

“My brother (Zackie Achmat) is HIV-positive and my cousin died last year of AIDS. I also had two friends who died in the 1990s, so AIDS has affected me horribly. My brother Zackie has refused to take AIDS treatments until they are available on the public health service - although he has enough friends who would be prepared to pay for his treatment. So I felt I had to work in TAC so that the drugs can become available and my brother will be able to take them soon. The organisation is great but it can be very sad work. You get close to people and then they start getting sick and you know there is nothing you can do to help them. That makes you want to work even harder for TAC, so it's a motivating issue. We've only been going for two years now but we've achieved a lot. So many people are starting to talk about treatment access now, and so many organisations and individuals support the Defiance Campaign to bring cheaper drugs to South Africa. The government's response has been disappointing because we have an ANC government and it is mainly ANC members who are being affected by AIDS. My brother has been an ANC member for decades. You would think that as a people's government they would be doing more to help people with AIDS.”

Jane Poole

Jane Poole is a professional nurse at the Grassy Park Day Hospital. This 54-year-old grandmother has been a TAC member from the start.

“I joined TAC because my son Colwyn, who was studying medicine at the time, was involved and he told me all about his experiences with people with HIV not getting treatment. I wanted to support him and to add my voice to their calls. I believe that AIDS should be treated like any other disease. So many people have long-term illnesses like diabetes or hypertension and they can come to the clinics and get free treatment. Why should it be different with AIDS? There shouldn't be any stigma or labelling or discrimination against people with the virus. I feel very strongly that all maternity units should provide treatment for pregnant women with HIV. I've got a poster on my wall in my office, the TAC poster that calls on President Thabo Mbeki to provide AZT or nevirapine to reduce the number of children getting the virus. My superiors have seen the poster and they didn't comment. Most of my colleagues in the health services support TAC and want to see people with HIV get treatment just like other patients.

Greg Hussey

Greg Hussey is the head of the infectious diseases department at the University of Cape Town's Child Health Unit. He has been a public health activist all his life and is one of the country's foremost experts on paediatric AIDS. Dr Hussey is 48 and has three children.

“I have always believed that if possible it is better to prevent an illness than to try to cure it once it is there, that's why the government should implement a mother to child transmission programme to reduce the number of children contracting HIV. Every day in my work I am confronted with babies and young children who are horribly ill with AIDS, yet we know that most of these infections could be prevented. It was way back in 1994 that the first studies showed you could prevent infections by treating the mother with a course of AZT. We've done some costing studies and found that it is significantly cheaper to do this than to provide health care when these children become ill. So even if you forget the moral arguments, it makes good economic sense. I've worked with TAC on the MTCT campaign and I think the work they are doing is really important. Although the health department recently established pilot projects around the country, we still don't have universal MTCT programmes in South Africa. It's been a slow process to get this far and TAC has been there, pushing the process along and knocking on the minister's door. This is the kind of activism we need.

Anneke Meerkotter

Anneke Meerkotter is a legal researcher at the University of the Western Cape's community law centre. She was a founding member of TAC, participating in the December 1998 fast and protest at St George's Cathedral in Cape Town.

“I heard about the protest from some friends and it felt like the logical thing to get involved with, although I really didn't know much about the issues. We were collecting signatures to call on the government to provide AZT to pregnant women – well in the beginning I didn't even know what AZT was, so it was a steep learning curve. The thing with TAC is that there is never a lull. There's always something happening. Either there is a campaign or a new development from the drug companies or the government, or you are learning something new yourself – it's exciting. When I first put on the T-shirt with HIV-positive written on it felt a bit strange. It was difficult and I realised what it must be like to be labelled or stared at the way people with HIV are. That's why there is so much denial and secrecy about the virus. We made the T-shirts after Gugu Dlamini was killed for declaring that she was HIV-positive. We wanted to bring it out into the open. Now we wear them for everything – you can wear one whether you are HIV-positive or not. When I'm wearing it people often come up to me and ask me if I'm positive and it's a good way to start talking to them about AIDS.”

Sipho Mthathi

Sipho Mthathi is the co-ordinator of the diversity project at the SA Institute of Race Relations. She lives in Cape Town and writes poetry in her spare time. Sipho has a sister who is HIV-positive.

“When I was living in Grahamstown I didn’t know much about HIV but I saw people getting sick and dying, and I developed that fear of the disease. Then when I came to Cape Town I heard about TAC and for the first time here was an organisation offering hope. The public health service does not offer hope to people who are ill. They do not see health care as a human right – but TAC does. I have lost people in my family to HIV – my cousin who I was very close to, and my sister is sick – so it is both a personal and a political issue for me. My role in TAC has been to help establish the branches, starting with the first branch in Nyanga/Guguletu. We had workshops and we mobilised people in the area. In the beginning we would get about 50 people to come to our pickets, but the last march in Cape Town we had over 1000 people. That was very encouraging. Now we’ve got about six branches here and new ones being established all the time. It’s really good to see people, especially people with HIV, become empowered by learning more about the disease and the things that affect the disease. I’ve learnt so much about politics and economics – things I didn’t really understand before. I’m finding my own voice to explain these things to myself and to others.”

Sharon Ekambaram

Sharon Ekambaram works for the AIDS Consortium in Johannesburg. She lives on a plot outside Pretoria with her partner and her three-and-a-half-year-old son. She joined TAC in 1999.

“I had a part-time job at the National Association of People with Aids (Napwa) in 1999 and at that stage TAC was operating out of the Napwa offices in Johannesburg. The first major event that I helped organise was the Fast to Save Lives in Soweto on 21 March 1999. This was a decisive point in the fight for AZT for pregnant women with HIV. About 500 people representing many different organisations gathered outside Chris Hani Baragwanath Hospital, calling for treatment. We all lay down in front of Baragwanath to symbolise the people who were dying. I think that was the first time we did that, although now it’s done quite a lot. There was enormous media coverage of that event, and it changed the way people thought about mother-to-child transmission programmes and HIV prevention. Until then when people thought about prevention they thought about condoms, but TAC made the point that treating pregnant women is also prevention because you are preventing children from getting the virus. The court case (brought by the pharmaceutical industry against the government) is our major focus at the moment. The day before the case began we held a night vigil in Church Square in Pretoria where speakers talked about the science of AIDS, economic issues affecting treatment, the situation in Brazil and virology – really complicated stuff and people sat transfixed until after midnight. It was really great.”

Mazibuko Jara

Mazibuko Jara works as a media and information officer for the South African Communist Party in Johannesburg. He lives in Yeoville with his two dogs and plays football in his spare time. He has been involved in TAC since 1999.

“Before TAC there were many problems in AIDS organisations – like all NGOs – problems of bureaucracy and people acting in their personal interests. The strength of TAC was that it didn’t come with all this history and conflict. It was a new avenue for activists and it provided a very focussed campaign with clear objectives, so there was less chance of the same problems developing. The SACP has participated in many of TAC’s activities because we have similar objectives. The SACP believes that the country needs an industrial strategy led by the government. The government should identify which industries need intervention – like the pharmaceutical industry – and then provide the necessary leadership. Encouraging the production of generic medicines has the capacity to create jobs as well as bring down the price of health care – not only for HIV. So there is much in common between TAC and the SACP. One of my favourite campaigns was the protest against the US government when they were threatening sanctions against South Africa because the government introduced legislation to promote generic competition. It really is amazing what TAC has achieved in such a short space of time.

Hermann Reuter

Hermann Reuter is a doctor working for Medecins Sans Frontieres (Doctors Without Borders) in Khayelitsha, Cape Town. He was the first TAC provincial co-ordinator, working for the organisation from August 1999 to January 2000. He lives in Mowbray, Cape Town.

“I get very frustrated when people say that South Africa doesn’t have the infrastructure to provide AIDS treatments. Any clinic that can deliver a baby can provide treatment to reduce the number of children born with HIV. You just need to train one nurse to counsel women about HIV/AIDS, then you need to train another nurse to do rapid HIV tests – which is simpler than most tests nurses perform. Then, with nevirapine, you just have to give the mother one tablet. No one can say that is too complicated. For anti-retrovirals it would be difficult in rural settings, but the answer then is to say we will upgrade rural health services by allocating more money to health and less to defence. Already there are inequities between rural and urban health care. People say that providing AIDS treatment would increase those, but actually it would reduce the inequalities between, say, someone with a rare heart complaint who gets very expensive treatment at public hospitals and someone with HIV who doesn’t get much cheaper treatment. HIV is the most important illness, and the most common illness, and yet it is not treated.”

