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FORWARD TO A PEOPLE'S HIV/AIDS TREATMENT PLAN!

A Treatment Action Campaign Briefing Pamphlet

"I think my wife should continue taking the medication not just for the baby, not just for me and not just for herself but for the people of South Africa. She should take it so she can move on and tell people about AIDS. She can tell people that her husband died with this thing and lots of friends and family have died. It is not nice losing someone you love and you have loved for so long."

Vernon Orgle

(affidavit submitted for the Treatment Action Campaign in the case between the Pharmaceutical Manufacturers Association and the South African Government, 2001)

In 2001 about 200,000 people died of AIDS. Most died without access to medicines that could have helped them live longer, healthier lives.

Approximately five million South Africans are HIV-positive. The government's HIV/AIDS plan provides for treatment of opportunistic infections and care for the dying. On 17 April 2002 the Cabinet also committed to implementing mother-to-child transmission prevention of HIV and post-exposure prophylaxis (PEP) for rape survivors throughout the country. These are welcome measures. However, to prevent millions of people dying prematurely, Government needs to improve the current plan so that it contains a timetable for implementing the promises of 17 April. Critically, the plan must also include treatment with antiretroviral medicines in the public sector for people with HIV/AIDS.

What is an HIV/AIDS Treatment Plan?

TAC and COSATU have called for a National HIV/AIDS Treatment Plan to be implemented. This plan needs to improve the current HIV/AIDS plan and should include the following interventions:

- **Voluntary Counseling and Testing (VCT)** must be expanded so that people can find out their HIV status. VCT can help HIV-positive people learn to live longer and healthier lives. It is also an opportunity for people to learn about safer sex and condoms.
- **Mother-to-Child Transmission Prevention (MTCTP)** must be expanded so that fewer children become infected with HIV/AIDS.
- **Opportunistic Infections (Ois) and Sexually Transmitted Infections (STIs) must be treated properly.** STIs contribute to the spread of the HIV epidemic, so treating them will reduce new infections. Essential medicines for treating Ois, such as fluconazole, cotrimoxazole and acyclovir, are often not available at public health facilities. The Treatment Plan must address this.
- **People who have developed AIDS should be treated using Highly Active Antiretroviral Therapy (HAART).** HAART has reduced the number of deaths due to HIV/AIDS in Brazil by over 50% and in Europe and North America by over 70%.
- **Working conditions for health-care workers must be improved.** Nurses and doctors are over-burdened in the public health-care sector. Issues of payment, work-hours and training must be addressed.
- **Care for the dying through home-based care** is crucial. HAART will not work for everyone and it will come too late for others. Therefore, people who are dying should be able to do so with dignity in a comfortable environment and with appropriate pain-relief medicines. However, home-based care must not be used as a substitute for essential hospitalisation.

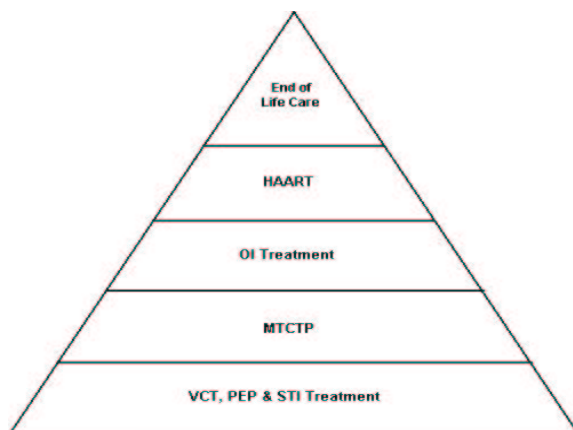
The Treatment Plan should have a clear timetable and budget. Some hospitals and clinics in South Africa have the capacity to implement the above interventions. The plan should identify these institutions and plan for the improvement of the many hospitals and clinics that do not currently have the required capacity. The plan will have to be accompanied by an extensive public education programme. Also, treatment of HIV/AIDS must take into account the poverty faced by most South Africans. A Treatment Plan, implemented without improvements to the social grant system will be insufficient. Therefore TAC supports COSATU's call for a Basic Income Grant.

Why is a Treatment Plan Needed?

- **Life and dignity** are the most important Constitutional rights. A properly implemented Treatment Plan will save lives, reduce illness and restore hope and dignity for millions of people.
- **Life–expectancy in South Africa**, without antiretroviral treatment, will drop to about 40 over the next decade. Most South Africans until recently expected to live into their 60s. Only a plan that includes HAART can improve this massive setback to the quality and length of life.
- **Over two million children will be orphans** by 2015 if nothing is done to alleviate the HIV epidemic. Research at UCT shows that HAART can extend the lives of parents and reduce the number of orphans by about a million.
- **The public health–care system cannot cope** with the large numbers of sick people that need to be treated. Many people are turned away from hospitals because there are insufficient resources to treat their OIs. HAART reduces the illnesses of people with HIV and can therefore reduce the burden on the health–care system.
- **A Treatment Plan will reduce the number of new HIV infections.** Treatment and prevention efforts cannot be separated. For example, VCT has been shown to help people practice safer sex. Without treatment being offered, there is little incentive for people to accept VCT. With the introduction of MTCTP programmes, the uptake of VCT has improved. If HAART is made available, even more people will accept VCT.
- **A Treatment Plan will help remove the stigma of HIV/AIDS.** Making treatment available will encourage people with HIV to be open about their status, because the fear of death associated with HIV/AIDS will be reduced. If more people become open about their status, it will be more difficult to discriminate against people with HIV. Ignoring treatment will exclude and marginalize people with HIV.

What are the barriers to implementing a Treatment Plan?

- **The financial expense of implementing HAART on a wide scale will be high**, mainly because of the high costs of antiretroviral medicines and monitoring tests. The Government estimates that HAART will cost approximately R7 000 per patient per year, an estimate with which TAC agrees. If two million people are treated at the height of the epidemic, this comes to R14 billion per year, which is a large portion of the health budget. However, this is a small price to pay when considering the benefits of HAART described above. To keep the financial cost as low as possible it is important that generic antiretrovirals be made available in South Africa and that the costs of expensive monitoring tests, such as viral loads, are brought down.
- **The health care Infrastructure will need to be improved in many areas.** This means training health–care workers about HIV/AIDS, making sure that clinics have HIV testing equipment, medicines, access to reputable laboratories, a working communication system and counselling facilities. Most of these improvements would benefit the treatment of all diseases, not only HIV/AIDS.



The triangle depicts the stages in the health care sector that patients go through if the Treatment Plan is implemented.

- **The inequity between the private and public health–care sectors must be reduced.** It will be important for (1) companies to ensure that their workers are treated, (2) medical aid to become available to more people and (3) employed people with HIV/AIDS to contribute to the cost of their treatment.
- **Political will from both the international community and the South African Government** will be necessary to deal successfully with the epidemic. Implementing the Treatment Plan will be challenging. Therefore, it is crucial that the Government gives the Treatment Plan full support. The Cabinet Statement of 17 April has assisted with this but much more must be done, including the implementation of the resolution of the National Health Summit that HAART pilot programmes should be implemented. The international community must put pressure on pharmaceutical companies to drop their prices and assist with the financing of treatment, if not in South Africa, then at least in other developing countries. The UN Global Trust Fund Against AIDS, TB and Malaria has been established for this purpose, but it is insufficiently funded.

What can you do?

The Treatment Plan requires the efforts of all of us. You can do the following:

- Invite TAC or COSATU to discuss the Treatment Plan with your organisation.
- Start an HIV/AIDS treatment literacy programme in your organisation.
- Forward your ideas on a Treatment Plan to TAC or COSATU.
- Discuss ways your organisation can advocate for a Treatment Plan.
- **Practice safe sex. Use a condom.**