

TAC Electronic Newsletter

By *moderator*

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AIDS is still a crisis!
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 - Africa says: '80% access to prevention, care and treatment by 2010?' - Support the Abuja call of May 2006. (Download the [Abuja call](#). Download the [common position by African governments](#) that will be presented at UNGASS on 31 May 2006.)
 - Date: 30 May 2006; Time: 12pm; Venue: Church Square, Pretoria.
- TAC and ALP members who are attending UNGASS
- HIV-negative gay men needed for important research project under the auspices of Triangle Project and the UCT Desmond Tutu HIV Centre

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March to UN offices and Union Buildings

The TAC invites you to join a march to the UN offices and Union buildings in Pretoria on Tuesday, 30 May 2006. Gather at Church Square at 10am.

About 5 million people in South Africa live with HIV. Half-a-million are sick now with AIDS and need antiretroviral treatment to regain their health, but cannot access these life-saving medicines. Everyday over 1,400 people become infected with HIV. We have a crisis of death and illness.

On 31 May, the United Nations General Assembly Special Session on AIDS (UNGASS) will convene in New York to decide how to stop the global HIV epidemic. Targets will be set for the treatment and prevention of HIV/AIDS across the world. We need to make sure our government sets targets for South Africa and that these targets are met. More than ever, we need leadership in the struggle against AIDS, both nationally and internationally.

Join our march on Tuesday 30 May to the United Nations head office and the Union Buildings in Pretoria. We will demand leadership on HIV/AIDS, both in South Africa and globally. The march will commence at 12pm from Church Square.

We will voice our support for the call by African governments made in Abuja, Nigeria on 2-4 May 2006. The African governments will make the following commitments at UNGASS:

"Guiding Principles to which Africa will adhere:

Africa will continue to adhere to the following important guiding principles to effectively and efficiently implement the Abuja 2006 Action Plan and as well continue to:

- i. Build on existing international and continental frameworks, such as the NEPAD programme;
- ii. Foster and strengthen community, national, regional and continental leadership and strong political commitment that builds on and strengthens existing African institutions at all levels, including civil society institutions;
- iii. Integrate the control of HIV/AIDS with broader efforts to combat poverty and food insecurity and fostering development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response;
- iv. Respect of human rights, particularly the rights of women and children, with regard to the fight against stigma and discrimination and to advance equity will be promoted;
- v. Put people at the centre of the HIV and AIDS response, especially vulnerable people (e.g. the poor; women, young people; orphans and vulnerable children; men who have sex with men; migrants; prisoners; sex workers; the disabled, people affected by conflicts; and Injection Drug Users (IDUs);
- x. Reinforce and strengthen the central role of strategic partnerships among countries; and within countries between governments and civil society, especially people living with HIV, faith-based organizations, women, young people and the private sector, and which require effective coordination;
- xi. Recognize and respond to the need to build long-term infrastructure and systems and strengthening capacity building at all levels, using as appropriate, the resources available for an exceptional response to HIV/AIDS;
- xii. Consider access to essential medicines and other basic commodities as human right and ensuring that these are available and accessible to all who need it in Africa;
- xiii. Give special consideration to people and countries affected by conflicts, including Internally Displaced People (IDPs) and refugees; and
- xiv. Urges for sustained and increased funding and capacity for AIDS vaccine research and development in Africa, in order to contribute to the control and eventual elimination of the AIDS pandemic.

Targets to be met by 2010

Taking the above opportunities into account, Member States of the African Union will intensify the fight against HIV/AIDS and achieve other internationally agreed goals on health. The national policies, strategies and operational plans will be geared towards achieving the following targets by 2010. The African Union and Regional Economic Communities (RECs) will continue to provide the necessary support wherever possible promote regional integration and play its leadership role. The targets to be met by 2010 include the following:

- i. Reduce HIV prevalence in young people between 15 and 24 years, by at least 25% in ALL African countries
- ii. Protect and support in 2010, 5 million children orphaned by AIDS and ensure that 80% of orphans and vulnerable children have access to basic services.
- iii. At least 80% of pregnant women have access to Prevention of Mother-To-Child

Transmission (PMTCT), and treatment for HIV-positive women and children.

iv. At least 80% access of those in need, particularly children, have access to HIV/AIDS treatment, especially antiretroviral, as well as care and support.

Supported by the following:

- i. At least 80% of target populations access Voluntary Counseling and Testing (VCT)
- ii. 100% of blood and blood products are safe to reduce the rate of transmission of HIV/AIDS
- iii. 100% injection safety is ensured
- iv. At least 80% of target populations have access to prevention and treatment of Sexually Transmitted Infections (STI)
- v. At least 80% of target population use condoms for HIV prevention ensured
- vi. 100% of refugees and other displaced persons have access to HIV/AIDS prevention, treatment, care and support when these are available to surrounding host populations
- vii. 100% of all clients accessing HIV care and support services are screened for TB to ensure early detection and treatment
- viii. 100% of TB patients have access to HIV testing and counseling services
- ix. 100% of HIV-positive TB patients access antiretroviral treatment
- x. 100% access to sexual and reproductive health services including antenatal care"

(See the full document [here](#).)

TAC calls for 500,000 people on treatment by 2008 in South Africa. We also call for a comprehensive set of prevention measures, including condoms in all community meeting places and schools, sex-education in schools, a campaign against violence against women and children and an improved mother-to-child transmission prevention programme. We further call for our political leaders to go on television and radio everyday calling on people to get tested, treated, use condoms and stop violence against women and children. With leadership, two million new HIV infections can be prevented by the end of 2010.

UNGASS is an opportunity to make progress against the HIV epidemic. We as ordinary citizens can make a difference by holding our government accountable and making our leaders lead.

Together, we can win the struggle against HIV/AIDS.

(For comment and details, please call Luyanda Ngonyama, TAC's Gauteng Co-ordinator, on 011 339 8421.)

[END OF CALL TO MARCH]

TAC and ALP members who will attend UNGASS

A delegation of three TAC leaders, Siphon Mthathi (General Secretary), Nkhensani [Mavasa](#) (deputy-chairperson and person living openly with HIV) and Vuyiseka Dubula (Western Cape treatment literacy co-ordinator and person living openly with HIV) will represent TAC at the United Nations General Assembly Special Session on AIDS commencing on 31 May in New York. Fatima Hassan will represent the AIDS Law Project.

Mavasa will address the opening plenary at UNGASS on 31 May. Read more about Mavasa [here](#).

For comment, please call Siphon Mthathi on 021 788 3507 or 084 300 7007.

[END OF UNGASS DELEGATION]

Recruits being sought by research project under auspices of Triangle Project and Desmond Tutu Research Unit at UCT

[THE FOLLOWING STATEMENT IS FROM TRIANGLE PROJECT. TAC REPRINTS IT HERE BECAUSE WE BELIEVE THE RESEARCH BEING CONDUCTED IN THIS PROJECT IS IMPORTANT.]

Triangle Project, in partnership with the Desmond Tutu Research Unit at UCT, is recruiting 100 HIV negative gay men for an exciting research project.

The Desmond Tutu Research Unit is exploring an HIV vaccine aimed specifically at gay men. Note that this vaccine has not been developed yet and that no vaccine, drug or any other substance will be tested on participants in this study. We're simply trying to understand the dynamics related to recruiting and managing a cohort (research group) of HIV negative gay men, including quarterly free blood screenings and completing anonymous questionnaires, so that we'll be able to anticipate issues related to testing the vaccine once it has been developed.

The project is being run at Triangle Project's clinic and participants will need to attend our clinic for approximately 45 minutes, once each quarter. They will be seen by specialist physician Dr. Kevin Rebe, who is running the study on behalf of the Desmond Tutu Research Unit. Participants are assured of confidentiality and the highest level of academic research ethics are being abided by.

This is an opportunity for gay men who are HIV negative to become involved in helping us to understand more about how HIV affects our community. If you're interested or want to know more, please call Glenn on (021) 448 3812 or email him directly at clinic@triangle.org.za

[END OF TRIANGLE PROJECT STATEMENT]

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