

# TAC Electronic Newsletter

By *moderator*

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## Prevention Memorandum

**To: UNAIDS and the United Nations General Assembly High Level Meeting on AIDS, c/o Catherine Hankins**

**South African Government c/o Speaker of Parliament Baleka Mbete and Caroline Makhasi**

**South African Business Coalition on HIV/AIDS c/o Brad Meers**

**Delegates of the International Microbicides Conference c/o Kim Dickson**

23 April 2006

**Make Community-Driven HIV Prevention Work in South Africa and Internationally**

**Prevent 2 Million Infections in South Africa by 2010**

**Set prevention targets in every country!**

**Endorse the demands for scaled-up, scientific, human rights based HIV prevention NOW!**

We are marching today to renew our commitment to preventing HIV in South Africa and internationally. We are calling for a community led alliance to prevent HIV that embraces all organisations, and which is driven by local communities. Our message is simple: we can prevent HIV infections. We can treat AIDS. As civil society we will act, but we call on the governments of South Africa and the world to provide leadership.

We are marching today because of the crisis in HIV prevention in many parts of the world. UNAIDS estimates that over 4 million people were infected with HIV in 2005 alone. The HIV prevention crisis is particularly acute in South Africa. The recent Human Sciences Research Council (HSRC) household survey found that more than one in ten people in South Africa is HIV-positive. Scientific estimates are that over 1,400 people were infected in South Africa every day in 2005. Unless we act decisively, it is projected that another 2.5 million people in South Africa will become infected by 2010.

The continued increase in new HIV infections is obviously an emergency. Every new HIV infection means an increased burden of illness on individuals, families, households, communities, the health service and the country. The tragedy is that most of these infections are preventable. They can be stopped if we scale-up HIV prevention strategies in South Africa: this means more leadership, more money, more condoms, more public education and bold efforts to transform cultural and societal norms that place women at risk.

Our messages to our comrades, friends, partners, husbands, wives and colleagues are:

- Test for HIV and know your status
- Always use a condom ? consistently and correctly
- Declare your school, workplace, church and community an HIV prevention zone
- Stop violence against girls and women. Report rape and sexual assault to the police. Make sure the legal system puts rapists in prison.
- Organise in your community to end rape and violence against women

We recognise that there are many obstacles to HIV prevention. The most important ones are the lack of political and resource commitment to HIV prevention in SA and internationally. But there are also important economic and cultural barriers. As the beginnings of a prevention alliance, we say we will mobilise to overcome all these barriers.

We will mobilise to overcome sexism and violence against women that is prevalent in our families, communities and society as a whole. Stigma and violence against women and children raise their risk of HIV infection. So does the economic dependence of women on men, which is caused by unemployment and poverty. We commit to fighting attitudes and institutions that entrench the oppression of women.

We will also mobilise to overcome the social exclusion and economic marginalisation of young men. This is causing despair and violence, often targeted at other young men, girls and women. We say to young men that the march to prevent HIV is also a march for hope and dignity, for decent employment.

We will mobilise and overcome the absence of proper sex education in and out of our schools. This denies young people the knowledge we need to protect ourselves from HIV infection, teenage pregnancy and other sexually transmitted infections. Similarly, homophobia prevents gay men from reducing their risk of HIV infection. Criminalisation and hypocrisy prevents sex workers from accessing prevention services. Intravenous drug users are denied access to scientifically proven and life-saving prevention methods because drug use is against the law.

We are marching today because lack of access to prevention methods such as male and female condoms, dental dams, clean needles and post-exposure prophylaxis for rape survivors are a violation of the rights to health, life and dignity.

We are marching because access to mother-to-child prevention programmes in Africa and developing countries still reach fewer than 10% of people who need them. This means hundreds of thousands of children are still being born with HIV.

We believe this cycle of infection, neglect, vulnerability and risk can be broken ? but only if we want to. Therefore we call for a comprehensive programme in South Africa that will prevent two million new infections by the end of 2010. We hope this will inspire activists and governments across the world to set prevention targets for their countries.

The key to achieving these targets is political leadership from government, corporate commitment, civil society action and individual responsibility.

*To the delegates of the International Microbicides Conference we say:*

Microbicide research offers much hope for HIV prevention. If safe and effective, microbicides will offer women more choices ? they will be less dependent on having to convince men to accept the use of male or female condoms. We support the objectives of the International Microbicides Conference and continued microbicide research.

We therefore call for:

- greater investment by international institutions and the pharmaceutical industry in research into and the development of microbicides; and
- commitment to making microbicides widely available and affordable if and when they are developed, particularly for people in developing countries and poor people everywhere.

*To the upcoming UN General Assembly high level meeting on HIV/AIDS we say:*

The high level meeting provides a unique opportunity to provide leadership and vision for a comprehensive, united and sustained response. The least we expect from a new declaration of commitment is universal access to prevention, treatment and care services and human rights by 2010.

We therefore call for

- Political commitment
- Prevention targets must be set in and met by all countries.
- Governments must recognise that HIV prevention and treatment programmes complement each other, and commit to prioritising both.
- Predictable and sustainable funding:
- All national governments, where possible, must commit to funding their own HIV prevention programmes.
- Industrialised countries must ensure that the Global Fund is adequately funded.
- Unreasonable restrictions on the use of donor funds must be removed.
- Programming based on evidence and respect for human rights:
- Unequivocal support for and resources to ensure the implementation of prevention interventions that have been proven to work, such as needle-exchange programmes for injecting drug users and consistent and correct condom use
- Encouraging and providing resources for developing countries to move beyond the single-dose nevirapine regimen to prevent mother-to-child transmission of HIV

*To the South African Business Coalition on HIV/AIDS (SABCOHA)*

Recognising that business has an important role to play in HIV prevention, we call for:

- A commitment to ensuring access to HIV prevention and treatment programmes in every workplace within one year
- Direct investment by business in HIV prevention and treatment campaigns, including the establishment of a dedicated fund that will aim to raise at least R1bn each year
- The speedy dismantling of the hostel system so that mineworkers can live with their families

*To the South African Government*

We call on our government urgently to develop and implement a comprehensive, evidence and rights-based national HIV prevention plan to complement the antiretroviral ARV treatment plan. That plan must include:

- Clear indicators, targets and timeframes, including a commitment to prevent at least two million new HIV infections in South Africa by the end of 2010
- Evidence-based and scientifically accurate public messaging, that includes calls for people to get tested, treated and to use condoms consistently and correctly
- Real leadership in the campaign against violence against women, including unequivocal support for the introduction of a basic income grant to increase the financial independence of women, and the widespread availability of post-exposure prophylaxis
- Prevention programmes for those who are HIV positive as well as those who are negative

- Introduction of better regimens for preventing mother-to-child transmission of HIV, and better monitoring of and reporting on the existing programme
- Standardisation of HIV counselling, including safer sex counselling and condom distribution
- Availability of condoms and life-skills programmes, including sex-education, in every school
- Decriminalisation of sex-work and the unequal age of consent for lesbian and gay youth
- Publicly funded and implemented HIV prevention programmes for sex workers, gay men and other men who have sex with men, and other stigmatised groups that may be particularly vulnerable to HIV infection
- Fast-tracking the passage of the Criminal Laws (Sexual Offences) Amendment Bill, with appropriate safeguards to protect the rights of people living with HIV/AIDS
- Transformation of the justice system so that its handling of rape survivors stops inhibiting women from reporting sexual violence through fear of secondary victimisation by the system. The current pattern of convictions rates must improve dramatically.
- Introduce the routine offer of HIV testing at all clinics and hospitals where antiretroviral treatment is available

The task we have in front of us is huge. It requires the accountability of all of us. We also recognise the centrality of the media as a key socialising institution. We expect that the media will hold itself accountable to the highest standard of truthful, critical yet ethical reporting. To this effect, the media must immediately commit to stop perpetuating stereotypes and sensationalised reporting. We commit to holding the media to these standards.

As individuals and organisations comprising civil society, we commit to publicising the demands of this memorandum and educating the public about HIV prevention. We commit ourselves to working with the institutions to whom this memorandum is addressed to reduce new HIV infections. Most importantly, we commit to working within our own communities, be they people with HIV or at risk of HIV, sex workers, recreational drug users or gay men, to implement effective, evidence-based, scientifically-accurate and rights-based HIV prevention interventions.

Together we can stop the HIV epidemic. We have to.

Signed

Treatment Action Campaign  
 South African Democratic Teachers Union  
 Chris Hani Institute  
 AIDS Law Project  
 Gender AIDS Forum  
 Masanyane  
 RADAR  
 Triangle Project  
 Sex Workers Advocacy & Training Taskforce

[END OF PREVENTION MEMO]

## **Joint TAC/ALP Statement: Participation in UNGASS**

23 April 2006

In its latest press release regarding the participation of the Treatment Action Campaign (TAC) and the AIDS Law Project (ALP) in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the Department of Health (DoH) has lied.

In particular, it makes the claim that "[t]he invitation sent to [TAC General-Secretary Siph] Mthathi was addressed to her as TAC office-bearer and does not make any reference to her participation at the UNGASS as being [in her]

personal capacity.? However, in an email sent to Mthathi on Thursday, 13 April 2006, Mr Thami Mseleku (Director-General of Health) expressly stated that her ?invitation, even though recognising that ? [she is] from the TAC, is not an invitation to the TAC.? The full text of the email is copied below.

The DoH?s press release also takes issue with Mthathi?s justified claim that the failure to include the ALP undermines the integrity of the country delegation. The DoH statement conveniently fails to note that the only reason why the ALP would need to be part of the country delegation is because the South African government objected to its accreditation at UNGASS.

Unfortunately, the DoH?s latest press release does not even attempt to engage the broader issue that it at stake ? a long history of deliberate and persistent undermining of an engaged, active and vocal civil society. We hope that as it prepares for UNGASS, the DoH will reflect on its most recent blunder in its response to the HIV/AIDS epidemic and come back to South Africa with a willingness to engage openly, honestly and with integrity. The country expects nothing less.

TAC and the ALP will send representatives to UNGASS. We will campaign for our government and all UN country members to set targets for treatment and prevention of HIV and to make the resources available to meet these targets. We hope the South African government will go to UNGASS with the same purpose.

### **Email from Thami Mseleku (DG of Health) to Siphosiso Mthathi (TAC General Secretary)**

From: Thami Mseleku [<mailto:MselekuT@health.gov.za>]

Sent: 13 April 2006 01:39 PM

Subject: Re: Letter from Siphosiso Mthathi

Dear Siphosiso

Thank you for your response to the discussion we had yesterday. I note the suggestions you make about further representation, and will discuss with the Minister and the Core group of the Department. With regard to paragraph 2 of your letter, may I reiterate that you have been invited, like all other delegates, to participate in the delegation of the country. You can choose to accept the Minister's invitation or decline it. However your invitation, even though recognising that you are from the TAC, is not an invitation to the TAC. therefore the matter of the right to choose your delegate does not arise. I therefore do not expect correspondence in that regard. My only expectation is for correspondence relating to whether you accept the invitation or not.

I thought I explained the principle on which this delegation has been put together. We have not invited any organisation to nominate people to the delegation, and we are not making any exception to the TAC. I am therefore not sure why your application to be accredited as an independent organisation arises in this regard. If you are willing to be part of a country delegation, you will therefore be treated as all members of that delegation, including in terms of the responsibility of the country to carry the cost of the delegation. I cannot stand on the way of the TAC to send you or anybody to the meeting as an independent organisation, and to pay for itself, by whatever means. But this is not a delegation of an independent accredited TAC. It is a country delegation, put together by the government of the day.

Let me once again reiterate that we as a department of health are very much open to finding ways to resolve whatever difficulties are there with the TAC, but we will continue to act in the interest of our country and our people. We hope this is the same spirit in which you take this matter

Kind regards

Thami Mseleku  
Director-General

[END OF UNGASS STATEMENT]

[END OF NEWSLETTER]

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