



TAC SHARES ITS 2012 HIGHLIGHTS and POLICY PRIORITIES FOR 2013

It is estimated that 5.6 million South Africans live with HIV. In 2010, there was an estimated 380,000 new infections. Young women between the ages of 15 and 34 are disproportionately affected. Together, HIV and poverty are fuelling the tuberculosis (TB) epidemic (with a HIV/TB co-infection rate of 70%).

At the end of 2011 the South African National AIDS Council (SANAC) launched the National Strategic plan (NSP) for HIV, TB and STIs 2012-2016. The NSP aims amongst other things to treat three million people living with HIV by 2016 and to reduce vertical transmission of HIV (PMTCT) to below 2%. The leadership of SANAC has also changed. Previous CEO Dr Nono Simelela moved to the Presidency office and was replaced by Dr Fareed Abdullah. Mark Heywood, a TAC national executive member, resigned as the deputy chairperson of SANAC.

TAC debated its continued participation in SANAC. It was felt that SANAC had become less relevant - because it is often silent when it needs to be proactive. There are concerns about the poorly functioning SANAC structures, lack of coordination, and insufficient direction from SANAC leadership.

We therefore resolved to only participate minimally at this national structure and increase our participation at provincial and district level. We took a conscious decision to focus its energy in helping to build provincial and local AIDS councils during the last two years because that is where implementation occurs. Even so, TAC is still represented in many SANAC structures, for example, our organisational leadership is participating in the SANAC trust and the country coordinating mechanism committee.

At the national level we continue to observe political will and strong leadership from Minister of Health Dr Aaron Motsoaledi. There are clear signs that South Africa can turn the tide against HIV and TB.

Notable country successes over the last two years include:

- The launch and continuation of the HIV Counselling and Testing Campaign (HCT)
- The increased number of antiretroviral treatment sites (In the last two years it has increased from 490 to more than 3,000.)
- A decrease in the HIV transmission rate from mother to child from 8.5% to 2.7%,
- The number of people reported to have access to ART has increased to roughly 1.8 million
- In the 2012 ARV tender the Department of Health again negotiated much reduced prices for antiretrovirals
- The public sector will finally be providing three-in-one fixed-dose combination ARVs from April 2013

We also note progressive steps from Minister Motsoaledi to address health inequalities between public and private health care. We welcome the NHI pilot projects and are contributing in some of the pilot areas. We also support the revitalisation of primary health care and the integration of community health care workers and nurses – all of which forms part of the wider health reform strategy.

TAC 2012 HIGHLIGHTS

The Treatment Action Campaign's vision is *"A unified quality health care system which provides equal and affordable access to HIV prevention and treatment services for all people."* TAC aims to achieve this vision through engaging in monitoring, advocacy and campaigning within the health system to ensure that every person with HIV has access to quality comprehensive prevention, treatment, care and support services to live a healthy life.

Each year we meet as leaders of the organisation from all levels to discuss what should be our priorities for the year. We review these priorities every quarter. During the period of 2012 we agreed to focus on Access to medicines for all people living with HIV. We continued to advocate for improved access to medicines through our Fix the Patent Laws Campaign. We intensified our campaigning for better access to TB prevention, diagnostics and treatment. We also continued to mobilise, educate, and to monitor in order to strengthen AIDS councils and the health system more generally.

The following are some of our campaigning highlights for 2012:

1. ACCESS TO MEDICINES

1.1 Amend the South Africa Patent Laws

Through our Fix the Patent Laws Campaign (launched in November 2011) we demand that government fix our national patent laws. This law must be changed so that it balances the rights of patients with the interests of patent-holders in a way that is consistent with our constitution.

In October 2012 TAC and MSF hosted a meeting where the Department of Trade and Industry and the Department of Health were both invited to discuss the importance of a patent system that balances the rights of patients with the interests of patent holders. At this meeting the DTI committed to release South Africa's proposed draft intellectual property policy by December 2012 – a deadline that was not met. (Keep up with this campaign at www.fixthepatentlaws.org)

1.2 Fixed Dose Combination "one pill a day" Campaign

TAC has for a number of years been campaigning for fixed Dose Combination (FDC) ARVs to be provided in the public health system. This reduces the pill burden from three to five pills per day to only one pill, once a day. In December 2012 government announced that the first such FDC will be introduced in April 2013 (specifically Tenofovir/Emtricitabine/efavirenz).

1.3 Monitoring access to TB and HIV medicines

At the beginning of 2012, the public health care sector experience a widespread shortage of the ARV drug Tenofovir (TDF). A day of action was organised in the 6 provinces where TAC is based. We demanded urgent action. We wrote a number of letters and placed pressure on the national government. They responded by procuring emergency stock.

This treatment stock-out was followed by a number of others throughout the country. As a result, TAC and partner organisations decided to form a national civil society essential medicines monitoring initiative. This is a work in progress and work will continue in 2013 and beyond.

In early December, the Mthatha medical depot – serving more than 300 medical facilities in the North-eastern region of the Eastern Cape– faced severe supply and delivery disruptions of life-saving HIV and tuberculosis [TB] treatment impacting over 100,000 patients. TAC and partners, particularly MSF, intervened to stabilise the situation. (A full report on this intervention is available on the TAC website)

2. TB CAMPAIGN

2.1 TB IN PRISONS

The Wits Justice Project, Centre for Applied Legal Studies, and Treatment Action Campaign, represented by SECTION27, were admitted as *amici curiae* (friends of the court) in a case heard in the Constitutional Court. The case involved Dudley Lee, who had contracted TB while awaiting trial in Pollsmoor prison. On 11 December 2012, the Constitutional Court found that the Department of Correctional Services was responsible for Lee contracting TB. The judgment is a major step forward for campaigns to ensure that prisoners' rights to healthcare and dignity are respected, including through adequate measures to prevent and treat tuberculosis.

2.2 ACCESS TO TB DIAGNOSTICS AND MEDICATION

Together with partner organisations we pressured the Department of Health and Medicines Control Council to facilitate access to experimental new MDR/XDR TB drugs like Bedaquiline to people who have no other treatment options. At the end of 2012 the MCC finally agreed to allow limited use of Bedaquiline under specified circumstances.

We also engaged with companies making TB diagnostics for increased access to their GeneXpert diagnostic machines. These machines will dramatically improve turnaround times. These machines are now available in all provinces. We later called for price reductions for cartridges used with these machines.

3. STRENGTHEN THE EFFECTIVENESS OF AIDS STRUCTURES

3.1 SANAC:

TAC and Section27 produce a quarterly analysis of the implementation of the NSP. This publication highlights challenges and successes country wide where TAC participates in strengthening AIDS councils. (See the website at www.nspreview.org)

SECTION27, the Treatment Action Campaign (TAC), SERI and Read Hope Philips Attorneys developed a comprehensive guide for activists on local government in South Africa. The guide sets out the legal responsibilities of local government, and rights under the Constitution and in law.

3.2 CAMPAIGN AGAINST USE OF TARA KLAMP

TAC strongly supports the roll-out of medical male circumcision as part of South Africa's HIV prevention efforts. However, circumcisions must be done in a way that is safe and does not place men at risk of avoidable injury. After several attempts to engage with the KwaZulu-Natal department of health around the continued use of an unsafe circumcision clamp, which is not WHO recommended, the clamp is still being used. As a result, we laid a complaint with the public Protector in August 2012.

We have also run newspaper adverts in KZN promoting VMMC and informing males of their right to choose a method of circumcision that does not put them at risk of serious injury.

4. HEALTH SYSTEM STRENGTHENING

TAC and SECTION27 have partnered to work on a monitoring tool for civil society for the National Health Insurance pilots. We also had challenges with health governance in the Eastern Cape where hospital boards were not accountable to the communities they represent. We participate in a number of clinic committees and this work will increase in 2013 to ensure that community voices are heard in public health governance.

We also continued to expand our community budget monitoring project (with strong support from the Centre for Economic Governance and AIDS in Africa). Through this project we aim to train community activists to hold local government to account for spending on health.

At national level TAC continued to participate in the civil society budget monitoring forum that analyses provincial departments of health budgets and the national budget.

TAC 2013 PRIORITIES: THE STRUGGLE CONTINUES.....

TAC members will be galvanised to campaign locally to ensure that quality HIV and TB services are available as they should be. We will mobilise community members to make best use of the HIV and TB services that are available. We will monitor and provide evidence, and jointly speak out against any challenges in accessing HIV and TB services, to ensure that shared challenges are resolved at local or provincial level. We will provide the evidence and impetus for TAC to engage, along with its allies, on issues of national and international significance.

TAC is committed to building local leadership of community activists to enable members to have tools and skills, and means to access resources to hold local government to account. The emphasis in 2013 will be on revitalizing activism, and building a progressive social justice healthcare movement.

Although, like many other social movements, we are facing financial challenges we will continue to make our contribution in the HIV/AIDS response. We do not doubt our energy and commitment to see through the struggle for an equal health system that provides equal access to health care for all.

The following campaigns will be our main focus for 2013:

1. ACCESS TO TREATMENT

- We will continue to challenge the current patent law in South Africa until the revised new policy reflects progressive interests in public health above private profit interests.
- We will help to build African solidarity around issues of accessibility and affordability of future HIV and TB treatments
- We will remain vigilant to monitor and challenge stock-outs in provinces through the drug stock-out hotline and civil society monitoring system to help reduce the number of treatment interruptions.
- We will continue to monitor the national procurement and tender processes of essential drugs especially HIV and TB treatment.

2. TB (INCLUDING TREATMENT IN PRISONS AND MINES)

- We will continue to advocate for better access to TB diagnostics and TB medicines
- We will monitor access to Bedaquiline for TB patients who have failed other key TB medicines.
- We will pressure the department of health to fast track the decentralisation of MDR TB care
- We will intensify our call for improve TB prevention and management of TB in prisons. Through following up on the Department of Correctional Services to take action to prevent the TB ticking bomb in some of our biggest correctional centres in South Africa. This campaign will help to improve the spread of TB from prisons to communities.

3. HIV PREVENTION

- We will continue to promote safe voluntary medical male circumcision in the districts where TAC is present.
- We will continue to campaign against the use of the unsafe Tara Klamp circumcision device in the Kwazulu-Natal health system. We will consider stronger actions should the outcome of the inquiry by the public protector not result in the complete withdrawal of the device.
- TAC will continue to promote early testing and early booking for pregnant women through our treatment literacy work in public health facilities. Through our social

mobilisation we will continue to encourage women to adhere to their medication post-delivery so that they remain healthy.

- TAC will continue to promote correct and consistent use of condoms and increase access to condom in six provinces where we have operating offices. Each district will adopt the TAC Khayelitsha model of condom distribution.

4. REPRODUCTIVE RIGHTS AND ACCESS TO HEALTH SERVICES

- TAC will promote women's health through campaigning for access to health services for rape survivors.
- We will also promote knowledge about sexual reproductive rights for women and girls.
- We will campaign for access to early cervical cancer screening and access to vaccines for young women and girls.

5. ACCESS TO JUSTICE AND CAMPAIGN AGAINST GENDER BASE VIOLENCE

- We will continue to follow up court cases relating to gender-based violence in the seven provinces where TAC is present.
- We will continue to work with partner organisations to fight gender-based violence in our communities.

6. HEALTH SYSTEM STRENGTHENING

- TAC will continue its work to strengthen the budget monitoring in provinces as a way to support the work of the AIDS councils in ensure adequate resources to implement the NSP are allocated and spent accordingly.
- We will also intensify our work to ensure that clinic and hospital boards remain accountable to their communities. This work will be continuation of work started in 2012
- TAC and its partners will continue to attempt to monitor and support the NHI pilots especially in the seven provinces where TAC operates.
- TAC will continue to campaign for better TB, mental health and HIV integration of services to maximise patient care and support.

End