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Treatment Action Campaign (TAC) Report for January 2002 – February 2003

1. Introduction

The past 14 months have been a difficult but productive period for the TAC. It has been difficult because despite hundreds of thousands of people dying of AIDS in South Africa in 2002, some of them TAC volunteers such as Sarah Hlalele and Thobeka Majola, Government has still failed to commit to a treatment plan and medicine prices continue to be too high. It has been productive because we have made much progress in rectifying both these problems. As the year closes, the Government, Community, Business and Labour negotiators at the National Economic Development and Labour Council (Nedlac) have agreed to the final text of a framework for a treatment plan. The agreement only awaits the Government and Business sector signatories. Once this agreement is signed, thousands, perhaps millions, of lives will be saved in years to come, if it is implemented properly.

Highlights for the TAC during the last year include the victory in the mother-to-child transmission prevention case at the Constitutional Court, the Cabinet statements of 17 April and 9 October which came about, at least in part, due to TAC's pressure, the Treatment Congress in June 2002, which brought key sectors together to endorse the concept of a treatment plan, the launch of the Pan-African Activist Movement (PhATAM) in August, the community day of action on 8 August which involved about 80 events around the country, the lodging of a complaint with the Competition Commission against GlaxoSmithKline and Boehringer Ingelheim for their excessive pricing of AZT, Lamivudine and Nevirapine and the negotiations at Nedlac. The end of the financial year culminated in TAC's largest mobilisation yet and the largest AIDS march in South Africa, the *Stand Up for Our Lives* march to Parliament on 14 February 2003. At least 10,000, possibly as many as 15,000, people participated in TAC's call for government to sign the NEDLAC Framework Agreement for an HIV/AIDS Treatment and Prevention Plan. In addition to these highlights, frequently given much attention by the media, has been a growth in what is arguably the most critical, but least recognised, aspect of our work: treatment literacy. Our treatment literacy encompasses much more than just treatment. It includes discussions on safer sex, nutrition, mother-to-child transmission prevention, post-exposure prophylaxis, treatment of opportunistic infections, accessing social grants, conditions in the public health service and antiretroviral therapy.

This document describes TAC's efforts in the struggle for treatment access in 2002. It is impossible for it to describe every event organised; there were too many. The number of events and the successes that emanated from many of them is a tribute to the energy and

commitment of the organisation's staff and volunteers. The next year is going to require even more energy. We must secure a treatment plan and begin to see its implementation and we must achieve further reductions in medicine prices.

TAC's work does not take place in a vacuum. We have developed relationships with organisations who make essential contributions to achieving our common objectives. Medecins Sans Frontieres has administered the first pilot public sector antiretroviral programme in South Africa in Khayelitsha. TAC and MSF have worked together to ensure this programme's success, including importing generic antiretrovirals from Brazil and mobilising and informing the Khayelitsha community about antiretroviral treatment. The AIDS Law Project and the Legal Resources Centre have provided assistance with many legal matters, particularly the mother-to-child transmission prevention and competition commission cases. The AIDS Consortium has consistently supported TAC's campaigns and provided extensive resources for TAC work in Gauteng, as well as responding to emails sent to info@tac.org.za. The Children's Rights Centre has assisted TAC with advocacy issues related to children and was an applicant in the mother-to-child transmission prevention court case. The Community Health Media Trust has produced much of TAC's video media. The Congress of South African Trade Unions and TAC have worked together on many campaigns, including the negotiations at Nedlac and the Treatment Congress in June.

2. Organisational Structure

The daily decisions of the TAC are directed by a four-person secretariat which is a subset of the National Executive Committee (NEC). The NEC, which is elected approximately every two years at a National Congress, is responsible for strategic decisions. TAC has four provincial offices (Western Cape, Gauteng, Kwazulu-Natal and Eastern Cape) and a national office (based in Cape Town). The provincial offices generally consist of a coordinator (who manages the office), a treatment literacy coordinator, an organiser (responsible for building branches) and an administrator. Each office serves branches run by volunteers throughout the province. The provincial offices are (generally) overseen by Provincial Executive Committees (PECs), comprised of volunteers from the branches, and the NEC. The National Office co-ordinates the provincial office, national events, the Resource Centre, Equal Treatment newsletter, electronic media, treatment literacy, press statements, databases (membership and others), medicine distribution and finances. It consists of a national manager, national treatment literacy coordinator, executive secretary, resource centre assistant, women's issues coordinator, administrator and Equal Treatment journalists.

TAC has grown, often doubling or tripling in size every year, since it started on 10 December 1998. This is not merely reflected in expenditure on our audited reports. This year, the National and Eastern Cape offices started and TAC's presence in Mpumalanga has been stepped up to the point where we are now able to organise mass events there. There has also been increased TAC activity in the Limpopo Province. At the end of 2001, there were nine full-time staff members and a further seven individuals receiving regular payment from TAC for part-time contract work. At the end of 2002, there are 22 full-time staff members and seven part-time contractors.

3. Provincial Offices

3.1. Western Cape Province

The Western Cape office, TAC's oldest, serves 30 active branches throughout the Western Cape. The office has a coordinator and an administrator. Two people share the organiser and treatment literacy responsibilities. The office is based in Cape Town's biggest township, Khayelitsha. The province, along with Gauteng Province, is TAC's most active. It is also the most advanced in terms of public sector programmes, with the Medecins Sans Frontieres antiretroviral programme treating over 200 people in public clinics in Khayelitsha and South Africa's first pilot, entirely public sector run, antiretroviral programme recently commencing in Gugulethu. A pilot programme is also planned for Worcester, a semi-rural area north-east of Cape Town. Mother-to-child transmission prevention has been rolled out to about 90% of the affected population and the province possibly has the widest rollout of post-exposure prophylaxis for rape survivors and health workers. This despite having one of the lowest seroprevalence rates. The Western Cape is strategically important to TAC because it is here that the potential for good examples on treatment are most likely to be set for the rest of the country at a primary health-care level. An issue which the Western Cape office is becoming more vocal about is the shortage of staff at a primary health care level, exacerbated by post-freezing and poor salaries.

3.2. Gauteng Province

The Gauteng office divides its members into 6 areas which are further sub-divided into a total of 20 regions. The office, which now consists of a coordinator, treatment literacy coordinator, organiser and administrator, has been responsible for organising numerous national events this year in the Johannesburg and Pretoria area, especially around the mother-to-child transmission prevention court-case. One of the office's most important successes this year has been to create a positive working relationship with the Gauteng Government which is now committed to, and making progress towards, rolling out mother-to-child transmission prevention programmes and post-exposure prophylaxis for rape survivors and health-care workers. This office also assists with events organised in Limpopo and Mpumalanga provinces where TAC has no offices.

3.3. Kwazulu-Natal

The Kwazulu-Natal (KZN) office had problems creating an informed, mobilised TAC constituency for the first half of the year. However, a revamp of the office that began in August has seen a resurgence of TAC activity in the province and a growth in the number, size and activity-level of its branches. There are now 20 branches in KZN, but the office also supports numerous support groups who participate in TAC activities. Because of the high seroprevalence of HIV in this province, this office is central to TAC's work. The office operates in a complex environment; KZN is highly rural and it is racked by poverty. Racial and political tension are particularly high in the province. TAC's lack of Zulu-language material, especially for non-print media, is also an issue, though this is slowly being rectified. Therefore mobilisation in KZN has been difficult. However, the office has been strengthened and it now has a coordinator, two organisers, a treatment literacy coordinator and an administrator. In the last two months the improved mobilisation in the province has resulted in some very large events and increased vibrancy and knowledge among the TAC membership.

The Kwazulu-Natal Government has committed to rolling out mother-to-child transmission prevention and post-exposure prophylaxis for rape survivors. A public sector antiretroviral

project has been delayed primarily because the national Department of Health has blocked money from the Global Fund to Fight AIDS, TB and Malaria (GFATM) granted to the KZN Government and other organisations, from getting to the province. The TAC office has campaigned on this issue, but to date the grant continues to be blocked.

3.4. Eastern Cape

The Eastern Cape office began in January. It has grown into a successful, efficiently run office with a coordinator, organiser and treatment literacy coordinator. It serves 17 branches. The large size of the province and its large rural population make building TAC more complex. But the office's field of activity is expanding rapidly.

The Eastern Cape Government is perhaps the least functional provincial Government in South Africa. A central challenge for the Eastern Cape office, based in Mdantsane, East London's largest township, is to overcome blockages in the civil service in order to get medicines and proper services into clinics and hospitals. Rollout of mother-to-child transmission prevention is very slow in the province and many clinics and hospitals function poorly.

3.5. Mpumalanga Province

The Mpumalanga Government has been intransigent with regard to implementing mother-to-child transmission prevention. Although the province's MEC for Health, Ms. Sibongile Manana, has met with TAC since the Constitutional Court ruling, she has been deceitful and purposefully blocked the implementation of the court judgment. She has probably been involved in corruption using the provincial AIDS budget.

Therefore, TAC has begun mobilising in the province. A part-time TAC employee organised a march on Ms. Manana's offices in November and a complaint against the MEC for Health and the National Minister of Health has been submitted to the Human Rights Commission. TAC has developed a working relationship with a number of doctors and hospitals in the Province.

3.6. Limpopo Province

TAC has a small presence in Limpopo, assisted by the efforts of one of the NEC members in Polokwane. Treatment literacy workshops have been conducted in the province, as well as a few public events.

3.7. Other Provinces (Free State, North-West, Northern Cape)

TAC has a very limited presence in other provinces. We envisage this changing in 2003 with the assistance of a national organizer. The North-West Government has met with TAC and there is potential here for a successful relationship, because this Government has displayed political will in the implementation of mother-to-child transmission prevention, albeit that the uptake rates have been low.

4. Equal Treatment

TAC produced four issues of its paper-based newsletter, Equal Treatment. This newsletter is produced from the national office predominantly by TAC's two journalists, with the assistance of proof-readers, an editor and a layout artist. In general, 25,000 copies of each issue are distributed. Each newsletter covers TAC's major campaigns for the period and includes profiles on TAC members and people involved in HIV work. Each issue also

contains a fact sheet on the management of an opportunistic infection or HIV-related health issue.

Production of Equal Treatment started slowly this year because the journalists were enrolled in a virtually full-time course, however in the last six months, three of this year's four issues were produced. Next year, we wish to produce at least six issues of Equal Treatment.

5. Videos, CDs, Photographic Displays and Email and Website System

TAC works closely with the Community Health Media Trust (CHMT) who have produced a number of videos for TAC. Videos produced this year directly related to TAC's work have included a documentary on the Treatment Congress and *A Long Road to Treatment*, which is about a mobile photographic exhibition developed by Gideon Mendel for TAC, that has been used for treatment literacy and advocacy purposes. Furthermore, Patient Abuse (a history of TAC produced last year) and a set of treatment literacy videos have been distributed extensively this year. CHMT also work with TAC to make *Beat-It!*, a popular guide to living with HIV which is shown on a public television station (ETV). Currently CHMT is producing a video on the Pan-African Treatment Access Movement launch, an event hosted by TAC in August.

Late last year, CHMT assisted TAC with the production of a music CD featuring TAC's choir, called the Generics. This music CD continues to be distributed nationally and internationally.

An important task for the coming year is to dub the treatment literacy videos into a number of African languages.

Photographer Gideon Mendel has produced a beautiful photographic display of TAC events and people. This portable display has been shown at libraries, schools and numerous public places around the country. The display has also been turned into a poster series and is being distributed widely. This series has been an important part of the organisation's advocacy and treatment literacy work.

TAC statements and important news are primarily distributed via an email list, news@tac.org.za. Key events are described on the website, www.tac.org.za, which is also an archive of important research documents, treatment literacy materials, policy papers and newsletters distributed on the email system. The website is functional, but not aesthetically pleasing. Therefore it is being redesigned. For researchers and activists interested in TAC's history, the newsletters page of the website provides a comprehensive resource.

6. TAC and the Media

The print media has reported TAC's events extensively and predominantly positively. TAC receives regular coverage in all the country's major newspapers, including Sowetan, City Press, Sunday Times, Sunday Independent, Mail & Guardian, Star, Business Day, Argus, Cape Times, Natal Mercury, Independent and Citizen. Part of this success has been through TAC's effort to liaise with journalists, especially those who have demonstrated an interest in HIV-related issues. TAC's events are also given extensive radio coverage partly because the organisation has developed a range of spokespeople across the language spectrum. This needs to be consolidated in the new year. TAC runs a weekly one hour treatment literacy slot on Radio Zibonele, a community radio station operating in the Western Cape.

In July, TAC together with Soul City and Health Systems Trust, produced a science of HIV/AIDS booklet which was distributed in the Sunday Times and City Press, two of the largest newspapers in the country. This was done in order to offset public confusion created by AIDS denialists.

International coverage of TAC's events has also been positive. Two issues that need to be addressed in the future are the limited coverage on television, particularly SABC, and the lack of accuracy, especially with regard to scientific issues, prevalent in the local media.

7. Treatment Literacy

Dozens of treatment literacy workshops have been conducted in five provinces (WC, EC, GP, KZN and Limpopo) in 2002. A national treatment literacy coordinator has been hired. She has developed treatment literacy programmes in the provinces where TAC has offices. Every province now has a treatment literacy coordinator. The concepts of Project Ulwazi, a treatment literacy programme started by TAC and Medecins Sans Frontieres in the Western Cape are being used in TAC's other provincial offices. A CD report of Project Ulwazi is available on request.

Topics covered have included, but not been limited to, mother-to-child transmission prevention, treatment of opportunistic infections, antiretroviral therapy, post-exposure prophylaxis, safe-sex, science of HIV, nutrition, social grants, basic income grant, patents, competition commission case and the treatment plan. TAC volunteers have run workshops and presentations for churches, patients in waiting rooms at clinics, businesses, NGOs, nurses, unions and TAC branches. A number of workshops have also been run with the purpose of training TAC staff and key volunteers involved in treatment literacy work. Doctors and nurses have assisted with many of these events.

The organisation has also produced and distributed a number of treatment literacy materials including booklets on opportunistic infections, mother-to-child transmission prevention, the science of HIV as well as numerous pamphlets covering a range of topics. TAC also produces posters on antiretroviral therapy, mother-to-child transmission prevention and a set of posters with key messages regarding treatment of various opportunistic infections.

As mentioned previously, a treatment literacy video series and a photographic display have been used to convey treatment literacy ideas.

Treatment literacy in schools has also been a key area of work. The schools-based program is a continuation of the work done with schools in 2001. This serves as an entry point to engaging youth at risk of HIV infection and youth living with HIV. A major focus of work with the school sector is to empower learners living with HIV to form AIDS Action Committees (AACs). The role of the AACs is to ensure that: a) School governing bodies develop their own HIV/AIDS policies; b) lifeskills education takes place at schools and that it incorporates proper HIV/AIDS prevention and treatment education; c) formation of school-based support groups for learners living with and affected by HIV/AIDS, and d) the availability of condoms at schools and public places. Although this programme is most active in the Western Cape, all the provincial offices have begun implementing this model.

8. Medicine Distribution

In 2002, TAC continued to distribute bioequivalent, proven safe, generic fluconazole imported from Thailand. Over 30,000 pills have been distributed. TAC assisted public facilities experiencing problems receiving their Diflucan from Pfizer's donation programme with their negotiations with Pfizer. The Diflucan patent expired in June, so we wrote letters

to many generic companies asking them to begin fast-track registration of generic fluconazole.

In addition, the organisation began supplying Nevirapine to clinics and hospitals where provincial governments are failing to provide for the purpose of mother-to-child transmission prevention.

9. Campaign for a Treatment Plan

A key theme of TAC's work this year has been its campaign for a national HIV/AIDS treatment plan. The Treatment Congress in June called for a plan to be negotiated at the National Economic Development and Labour Council (NEDLAC). This is a forum where business, labour, government and community sector representatives negotiate socio-economic agreements which are then tabled in Parliament. The NEDLAC negotiations took place following the Treatment Congress and reached their peak of activity in October, November and December. TAC's secretary, Mark Heywood, was the negotiator for the community sector. TAC ran a campaign of getting organisations and individuals to fax NEDLAC in support of a treatment plan. The government, labour and community negotiators engaged seriously with the process from the onset, but the business negotiators were less committed. As the negotiations progressed and TAC stepped up its campaign on business, the business negotiators began engaging more appropriately with the process. By 28 November, the text was finalised and all negotiators were satisfied with it. However, the government and business sectors then failed to sign the agreement, both stating that they needed further time to get their principals to sign the document. Government released a statement early in December which sent a disturbing sign that a long delay could be expected before the agreement was signed.

There followed an intense public campaign by TAC to pressure government and business to do the right thing. After denials by both government and business that an agreement was reached, TAC published the draft agreement in the Business Day. Subsequently the business sector re-entered negotiations. After some minor amendments to the agreement were negotiated, the business negotiators indicated that their principals were ready to sign. However, at the time of writing, government has failed to sign the agreement.

Although the agreement is not yet signed, the text was agreed upon by the negotiators after thorough deliberations. Ensuring that Government and Business sign the agreement before the end of February 2003 was a critical part of TAC's work in the first part of the new year. There is immense disappointment that once more Government has resorted to pseudo-science, denial of the efficacy of antiretroviral medicines and deceit in its attempts to justify not signing the agreement. A record of this can be obtained on the newsletters page on the TAC website.

10. Litigation

Litigation has formed a key part of TAC's work. In the last year, we have worked closely with the AIDS Law Project and the Legal Resources Centre. Both organisations have provided extensive free legal assistance to TAC. TAC has been involved in three major legal actions since January 2002: mother-to-child transmission prevention, complaint against GlaxoSmithKline and Boehringer Ingelheim at the Competition Commission and Contempt of Court litigation against the MEC for Health in Mpumalanga for failing to implement the mother-to-child transmission prevention judgment.

Mother-to-Child Transmission Prevention

This highly publicised court case started in 2001. At the end of 2001, the Pretoria High

Court ruled in favour of TAC that government had to implement a mother-to-child transmission prevention programme, using Nevirapine or other suitable medicines. After a number of government appeals, the case went to the Constitutional Court on 2 May 2002. On 5 July 2002, the Constitutional Court ruled that:

The Constitution requires the government to "devise and implement within its available resources a comprehensive and co-ordinated programme to realise progressively the rights of pregnant women and their newborn children to have access to health services to combat mother-to-child transmission of HIV."

This programme must include "reasonable measures for counselling and testing pregnant women for HIV, counselling HIV-positive pregnant women on the options open to them to reduce the risk of mother-to-child transmission of HIV, and making appropriate treatment available to them for such purposes."

The court ordered Government to implement the following without delay:

"a) Remove the restrictions that prevent nevirapine from being made available for the purpose of reducing the risk of mother-to-child transmission of HIV at public hospitals and clinics that are not research and training sites.

b) Permit and facilitate the use of nevirapine for the purpose of reducing the risk of mother-to-child transmission of HIV and to make it available for this purpose at hospitals and clinics when in the judgment of the attending medical practitioner acting in consultation with the medical superintendent of the facility concerned this is medically indicated, which shall if necessary include that the mother concerned has been appropriately tested and counselled.

c) Make provision if necessary for counsellors based at public hospitals and clinics other than the research and training sites to be trained for the counselling necessary for the use of nevirapine to reduce the risk of mother-to-child transmission of HIV.

d) Take reasonable measures to extend the testing and counselling facilities at hospitals and clinics throughout the public health sector to facilitate and expedite the use of nevirapine for the purpose of reducing the risk of mother-to-child transmission of HIV."

To allay the fears of a much-asked question, the Court further stated that orders made "do not preclude government from adapting its policy in a manner consistent with the Constitution if equally appropriate or better methods become available to it for the prevention of mother-to-child transmission of HIV."

This was a tremendous landmark in South African legal history that has made clear that the Constitution can be used to enforce the socio-economic rights of poor people.

Contempt of Court Litigation Against MEC for Health in Mpumalanga

An investigation by TAC into the state of mother-to-child transmission prevention in the provinces, indicated that implementation was taking place in Kwazulu-Natal, Gauteng and Western Cape. Implementation was not taking place in Mpumalanga or Eastern Cape. The situation was less clear in other provinces, though subsequent investigations reveal that there is some progress. TAC has therefore pursued contempt of court litigation against the MEC for Health in Mpumalanga. At the time of writing, this is still ongoing.

Competition Commission Complaint Against GlaxoSmithKline and Boehringer Ingelheim

On 19 September, COSATU, the TAC, CEPPWAWU, Hazel Tau (a woman living with HIV), Nontsikelelo Zwedala (a woman living with HIV), Sindiswa Godwana (a woman living with

HIV), Sue Roberts (a nurse treating people with HIV in central Johannesburg), Isaac Skosana (a man living with HIV), William Mmbara (a doctor treating people with HIV in Hillbrow), Steve Andrews (a doctor treating people with HIV in Cape Town) and Francois Venter (a doctor treating people with HIV in Johannesburg) have lodged a complaint with the Competition Commission regarding the excessive pricing of antiretroviral medicines by GlaxoSmithKline and Boehringer Ingelheim.

The Competition Commission is an independent body. Its job is to ensure that companies compete fairly in the market and that where companies dominate a particular market, they do not abuse their powerful position. When a complaint is lodged with the Commission, it investigates whether the complaint makes a strong case. If the Commission finds that a strong case has been made, then the commissioner refers the complaint to the Competition Tribunal which adjudicates the matter. Decisions taken by the Competition Tribunal can be appealed to the Competition Appeal Court.

The complaint charges that GlaxoSmithKline (GSK) and Boehringer Ingelheim (BI) charge excessive prices on the following life saving antiretroviral medicines:

- AZT (manufactured by GSK under the brand name Retrovir)
- Lamivudine (manufactured by GSK under the brand name 3TC)
- AZT and Lamivudine in combination (manufactured by GSK under the brand name Combivir)
- Nevirapine (manufactured by BI under the brand name Viramune)

The complaint requests the Competition Commission to request the following relief from the Competition Tribunal:

- Order GSK and BI to stop their excessive pricing practices.
- Declare that GSK and BI have conducted a prohibitive practice. If this is done, the companies can be sued by people who suffered loss as a result of past excessive pricing of the medicines.
- Fine GSK and BI up to 10% of their annual South African turnover.

This relief is explicitly provided for in the Competition Act.

11. Civil Disobedience

Following many years of discussions, negotiations, demonstrations, litigation, submissions to parliament, TAC decided that due to the increasingly desperate HIV/AIDS situation, a new campaign of civil disobedience had to be considered. Originally TAC threatened to start this campaign on 1 December 2002 if no agreement was reached at NEDLAC, but following a meeting with Deputy-President Jacob Zuma, TAC postponed the civil disobedience campaign until the end of February. As of 28 February 2003, it became clear that Government would not sign the NEDLAC agreement and TAC announced that it would start its civil disobedience campaign. This is a great tragedy; the NEDLAC agreement is comprehensive, addressing issues of condoms, nutrition, treatment of opportunistic infection, training, mother-to-child transmission prevention, post-exposure prophylaxis, antiretroviral therapy and much else. It includes targets and dates and where consensus was not reached, committed to future negotiations. Government has lost an opportunity to make serious progress against the HIV epidemic.

12. Research

In 2002, TAC produced a number of research papers. With IDASA, a paper on the GFATM was produced. TAC commissioned the UCT actuarial science department to produce an analysis of the demographic effects of TAC's proposed treatment plan. The actuarial science department, with TAC's assistance, published a detailed survey of the HIV-related benefits offered by medical schemes. A costing paper on the treatment plan was produced and presented to Nedlac during the treatment plan negotiations. The AIDS Law Project has produced legal opinions and recommendations for TAC, covering issues such as medical schemes, patents and the Medicines Act.

13. Funding and Finances

The number of members, number of staff, funds raised and expenditure of TAC have grown steadily. Therefore, it was decided to hire a full-time financial manager to ensure that TAC's funds are managed appropriately on a day-to-day basis in 2002. This has ensured the smooth operation of TAC's finances this year. Each office reports to a local treasurer responsible for signing cheques (with a second signatory) and overseeing expenditure. The treasurer position on the NEC is vacant. It is expected that it will be filled in January 2003.

TAC's audited reports are up-to-date and available from our website. TAC's expenditure for the year ending February 2002 was R3.7 million compared to R1.4 million for the year ending February 2001. TAC's budget for the year ending February 2003 is approximately R9 million and approximately R11 million for the year ending February 2004.

The major funding for TAC's work in 2002 came from Bread for the World, Atlantic Philanthropies, Medecins Sans Frontieres, Public Welfare Foundation, AFSA, Interfund and the South African Development Fund. The Kaiser Foundation and the Desmond Tutu Foundation sponsored TAC's resource centre. The Kaiser Foundation also gave a donation that was used to distribute a booklet with Soul City on the basic science of HIV/AIDS. Oxfam, Daimler Chrysler, Fogarty Foundation, Caprisa, Rockefeller Foundation, Nelson Mandela Foundation and UNAIDS made contributions to one or more of the treatment congress in June, African activist meeting in August and antiretroviral service providers meeting in November. Numerous smaller donations were received from individuals and organisations.

14. Summary of Major Calendar Events of 2002

<i>Date</i>	<i>Event</i>
20 February 2002	About 3000 people marched on Parliament demanding a Basic Income Grant. The march was organised by TAC. COSATU Secretary General Zwelinzima Vavi spoke and was critical of the Minister of Health's failure to implement mother-to-child transmission prevention.
February	HST releases report on mother-to-child transmission programmes. Report is welcomed by TAC.
1 March	TAC held a protest outside the Pretoria High Court's hearing of the Government's appeal against its decision regarding mother-to-child transmission prevention.

<i>Date</i>	<i>Event</i>
11 March	Pretoria High Court grants TAC execution order until Constitutional Court hearing. Government given leave to appeal, but must make nevirapine available immediately to hospitals with capacity.
15 March	Government lodges appeal against execution order to Constitutional Court. This appeal is legally irregular.
18 March	TAC files replying affidavit to government's appeal against execution order.
18 March	John Sulston, formerly the Head of the Sanger Institute which played a critical role in the Human Genome Project gave a talk at the TAC/MSF offices in Khayelitsha. He was invited by TAC, MSF and Oxfam.
21 March	Issues with Nevirapine trial in Uganda are made public by the Minister of Health in a speech in Johannesburg. TAC issues an immediate response.
4 April	Constitutional Court denies Government's appeal against Pretoria High Court's execution order.
13 April	Over 100 TAC volunteers attend launch of Gideon Mendel's Broken Landscape Exhibition at National Gallery. Judge Edwin Cameron delivers speech in which he says "... the denial of AIDS represents the ultimate relic of apartheid's racially imposed consciousness, and the deniers achieve the ultimate victory of the apartheid mindset."
17 April	Cabinet issues statement indicating a major shift in Government HIV/AIDS policy. TAC welcomes statement.
1 May	Candlelight vigil for mother-to-child transmission prevention outside Parliament in Cape Town.
2 May	Day of the Constitutional Court Appeal. TAC holds rallies countrywide in support of mother-to-child transmission prevention. 6000 attend march past Constitutional Court in Johannesburg. Large events in Durban, East London and Cape Town as well.
7 June	TAC, together with UCT Actuarial Science Department, releases results of Medical Scheme survey.
16 June	Over 1000 attend TAC Youth Day event in Cape Town.
27-29 June	TAC/COSATU Treatment Congress was held in Coastlands, Durban. A Consensus statement is released calling for treatment and negotiations at Nedlac for a treatment plan. Over 900 delegates participated in the biggest, most representative Congress on HIV treatment in South Africa. Representatives from faith organisations, unions, businesses, NGOs, PWAs and Government attend. Government participation is criticised for being insufficient.
5 July	Constitutional Court rules in favour of TAC on mother-to-child transmission prevention. Government must provide Nevirapine or similar medicines to clinics that request them. It must also train counsellors, remove obstacles to further rollout and ensure that rollout takes place. Celebrations take place outside the Constitutional Court.

<i>Date</i>	<i>Event</i>
27 July	Nelson Mandela meets TAC chairperson Zackie Achmat and other TAC and MSF members at Zackie's house in Muizenberg. This event receives international coverage. Mr. Mandela promises to take the treatment issue up with Government and praises Achmat as a role model.
August	TAC and others release statement calling on Minister of Health to release GFATM funds for KZN treatment programme.
August	TAC tables Treatment Congress proposals at Nedlac. Efforts begin to get negotiating process for treatment plan at Nedlac underway.
8 August	Community Day of Action. About 80 community-based events take place around the country promoting the themes of openness, treatment and prevention.
20 August	After negotiations and pressure from the ALP and TAC on the pathology industry, Toga Laboratories announces a new combined CD4/Viral Load price of R500. TAC welcomes this.
22–24 August	Over 60 delegates from 21 African countries meet in Cape Town at an event hosted by TAC to launch the Pan African Treatment Access Movement.
3 September	At the WSSD, TAC and other members of the Basic Income Grant Coalition form a human chain and hand over a memorandum to Government calling for a Basic Income Grant.
19 September	TAC, COSATU and 9 others lodge a complaint with the Competition Commission against GlaxoSmithKline and Boehringer Ingelheim regarding the excessive pricing of their antiretroviral medicines: AZT, Lamivudine and Nevirapine.
26 September	Research conducted by the UCT Actuarial Science Department commissioned by TAC is released. It shows that a treatment and prevention plan can save nearly 3 million lives and prevent nearly 3 million new infections by 2015.
7 October	TAC members handed over memorandum to Deputy-President Jacob Zuma asking for the restructuring of the South African National AIDS Council. About 200 TAC members participate in a SANAC event called the Men's Imbizo. The Deputy-President and Minister speak to an audience of which half are TAC members. Both deliver disappointing speeches.
9 October	Demonstrations are held outside the US consulates in Durban and Johannesburg highlighting the underfunding of the GFATM by the US Government and others. Both demonstrations are well attended with over 400 people at each. In Durban the memorandum is accepted outside the consulate by a representative of the US Government who compliments TAC on the dignity of its event, but in Johannesburg, the Consulate refuses to send a representative to accept the memorandum, causing much frustration and anger among TAC members.
15 October	Following requests from TAC to the President and the Deputy-President, the Deputy-President receives a TAC delegation at Tuynhuis. Mr. Zuma commits to a treatment plan by the end of February 2003.

Date	Event
6 November	TAC publishes a strategic document which explains that unless Government commits to a treatment plan by the end of February that includes antiretroviral therapy, TAC will begin a campaign of non-violent civil disobedience in March 2003.
20 November	Protests are held in Durban and Cape Town against GlaxoSmithKline for their excessive pricing of AZT and Lamivudine.
27 November	After an investigation into the implementation of mother-to-child transmission prevention in Mpumalanga, TAC calls for the MEC for Health, Ms. Sibongile Manana, to be dismissed and for the National Department of Health to intervene in the mismanaged provincial health department. TAC gives notice that it will lodge a complaint with the Human Rights Commission.
29 November	Over 100 people participate in a TAC/COSATU picket in Nelspruit calling on the Mpumalanga Government to implement mother-to-child transmission prevention.
29–30 November	TAC and MSF organise an event hosted by the Nelson Mandela Foundation of current and potential antiretroviral service providers in South Africa. Over 120 delegates attended the event in Coastlands Hotel, Durban. At the end of the meeting, an interim committee is formed to facilitate drug procurement and assist projects with implementing antiretroviral projects meeting minimum acceptable standards based on the World Health Organisation guidelines and the Bredell Consensus Statement.
1 December	Large World AIDS Day events are held by TAC in Johannesburg and Mandeni (KZN). About 2000 attend an interfaith service in Johannesburg and about 1000 attend the Mandeni rally.
8 December	An interfaith service is held in Khayelitsha, Cape Town, attended by about 400 people.
12 December	Nelson Mandela visits the MSF antiretroviral pilot programme in Khayelitsha. He wears an HIV-positive t-shirt and praises the programme. Over 400 TAC members greet him. The event receives extensive media coverage.
17 December	Launch of Contempt of Court litigation against MEC for Health in Mpumalanga, Ms. Sibongile Manana. Ms. Manana has failed to implement the mother-to-child transmission prevention Constitutional Court judgment.
14 February 2003	10 to 15,000 people take part in the <i>Stand Up for Our Lives</i> march to the opening of parliament in a demonstration of the desire for South Africans for government to implement an HIV/AIDS treatment and prevention plan that includes antiretroviral therapy.

15. TAC in Financial Year March 2003 to February 2004

TAC's primary campaign in the beginning of 2003 will be to get Government and Business to sign the Nedlac Treatment and Prevention Plan Framework Agreement. A march is planned for the opening of parliament on the 14th of February in support of the treatment

plan. TAC has threatened civil disobedience in March if the agreement is not signed.

If a Treatment Plan is secured in 2003, empowering branch members to ensure that the health facilities in their areas deliver adequate services will be a top priority. To facilitate this, TAC has developed a clinic survey that can be used by branch members to work with nursing staff to determine the problems in clinics that need to be addressed. This clinic survey has already been used to a limited extent.

15.1.Civil Disobedience

At the time of writing the civil disobedience campaign has started. This involved non-violent breaking of the law to highlight Government's failure to meet its Constitutional duties to life, dignity and health-care. The demands of the Civil Disobedience campaign are:

- Government must sign the NEDLAC framework agreement for an HIV/AIDS treatment and prevention plan.
- Government must make an irrevocable, irreversible commitment to antiretroviral therapy in the public sector.

15.2.Litigation for a Treatment and Prevention Plan

The TAC NEC has decided that litigation similar to the mother-to-child transmission prevention court case must be pursued to force government to implement a treatment and prevention plan. It is expected that court papers will be prepared in the first few months of the new financial year if Government fails to implement a plan.

15.3.Treatment Literacy

A set of treatment literacy manuals are currently being produced. These encompass the gamut of subjects relevant to the HIV epidemic. This will provide critical information to trainers, nurses, doctors and people with HIV.

Furthermore, a programme to train health-care workers on the science of HIV is being planned. Treatment literacy coordinators in each of the provinces are developing programmes to emulate the Western Cape Project Ulwazi programme in all areas where TAC has a presence.

The focus of the programme will be to train people in support groups and other organisations to become trainers in HIV treatment. An application to have the treatment literacy programme approved by the South African Qualifications Authority has been made.

15.4.Clinic Survey

TAC branch members are being trained on how to conduct the clinic survey. Branches will be given the resources to ensure that they can identify problems in their local clinics and assist these clinics with rectifying them. Advocacy efforts will therefore become more decentralised and branch-specific.

15.5.International Commitments

TAC has hired an international coordinator whose primary function will be to strengthen advocacy efforts in other developing countries especially Sub-Saharan Africa. Ensuring that PhATAM has a programme and functions as a useful network of organisations is key to this person's job description.

15.6. Growing the Organisation

TAC has a national organiser whose primary role will be to ensure that existing branches function properly, engaging in local advocacy issues, treatment literacy and mobilisation. Starting new branches especially in areas where TAC has little presence will be key to this function as well.

15.7. Competition Commission Case

A critical advocacy issue in 2003, will be the Competition Commission case against GlaxoSmithKline and Boehringer Ingelheim and the events which follow from it. A number of complaints have been submitted to supplement the initial TAC-organised complaint in January and February 2003. As of the end of February 2003, the Competition Commission was still investigating the complaints. They have up to 12 months to make a decision on the original complaint.

15.8. TAC Antiretroviral Projects

Many HIV/AIDS activists have died over the last few years. Firstly this represents a humanitarian crisis. But it is difficult to create a leadership with substantial representation by people with HIV when many die before their leadership potential can be realised. Thirdly, for a long time the idea has been discussed of TAC finding a way to supply antiretroviral medicines to the public sector or private practices treating poor people. Therefore, TAC has embarked on a programme of purchasing essential medicines, especially antiretrovirals for activists and members of their family in most need. Only people who cannot afford to buy their own medicines will be eligible. This is known as the TAC Co-operative project. We aim to have 50 people on treatment by the end of 2003 and substantially more by the end of 2004. TAC's fluconazole campaign has been incorporated into the TAC co-operative. Cotrimoxazole and CD4 tests are likely to be supplied as well. All money for this project is raised and accounted separately from TAC's main accounts.

16. Concluding Remarks

The coming year will be challenging; ensuring the adoption of a treatment plan and putting in place the mechanisms to implement it will be great challenges. The tasks ahead for TAC are clear, but difficult. Thousands of lives are at stake however and we must succeed or we will witness a terrible regression in South Africa's development. TAC's successes of 2002, however, bode well for the year to come.
