



---

## TAC in 2015 and beyond – The Struggle Goes on

# The role of the Treatment Action Campaign in the context of collapsing public health infrastructure in South Africa

October 2014

---

The Treatment Action Campaign (TAC) was founded in December 1998 to campaign for access to AIDS treatment. It is widely acknowledged as one of the most important civil society organisations active on AIDS in the developing world. One of its most significant victories was the 2002 Constitutional Court ruling in which the South African government was ordered to provide anti-retroviral drugs to prevent transmission of HIV from mothers to their babies during birth. In the years following the judgment the TAC's campaigns were instrumental in securing a universal government-provided AIDS treatment programme, which has since become the world's largest. In 2006 the New York Times called the TAC "the world's most effective AIDS group,"<sup>1</sup> while the founding director of UNAIDS, Dr Peter Piot, has written that "TAC was in my opinion the smartest activist group of all, worldwide."<sup>2</sup> In 2007, in large part owing to pressure from the TAC, the National Strategic Plan on HIV, STIs and Tuberculosis 2007-2011 was adopted by Parliament.

Today the TAC continues to represent users of the public healthcare system in South Africa, and to campaign and litigate on critical issues related to the quality of and access to healthcare. The organisation currently has over 8,000 members and a network of 182 branches and provincial offices in seven of South Africa's nine provinces. Members elect the leadership of the organisation, which ensures accountability and that the TAC's policies reflect the realities on the ground. Members receive basic training in the science of HIV, TB and related conditions, and about their rights in the healthcare system. Through its branches and members the TAC monitors thousands of clinics and hospitals. Its members are the people who need the public health system to work, so they are the first to notice when it doesn't. In addition to the large national campaigns, the local activism of the TAC's members is the true life-blood of the organisation. By organising locally, our members demand accountability and quality healthcare services where the services are actually delivered.

---

1. NY Times, *For People With AIDS, a Government With Two Faces*, 30<sup>th</sup> August 2006 ([http://www.nytimes.com/2006/08/30/opinion/30wed4.html?\\_r=0](http://www.nytimes.com/2006/08/30/opinion/30wed4.html?_r=0))

2. Peter Piot, *No Time to Lose* (W.W. Norton, 2012), p. 284.

## South Africa's AIDS response is in peril

Approximately 12% of the South African population is HIV-positive – this amounts to over 6 million people. For people aged 15 to 49 the rate is 17%. South Africa has the world's largest AIDS treatment programme with over 2.4 million people on antiretroviral therapy as of mid-2014. At least another two million people will require treatment in the next five years. In parallel with the scale-up in the provision of AIDS treatment, life expectancy at birth has recovered from a low of 54 years in 2005 to 61 years in 2012. This is still 20 years fewer than most inhabitants of industrialised countries can expect to live, but demonstrates the importance of ensuring that the antiretroviral treatment programme continues to work and improve.

We have come a long way, but there are now worrying indications that the AIDS response is stalling – and perhaps beginning to unravel. Literally hundreds of thousands of lives are in jeopardy. In his June 2014 budget vote speech Health Minister Dr Aaron Motsoaledi stated that 37% of patients starting antiretroviral treatment are lost to follow-up three years after initiating treatment. This drop-out rate is much higher than had been thought previously. In addition, less than 40% of those who are on treatment are known to be virally suppressed. A survey published by the Stop Stockouts Project late in 2013 found that one in five healthcare facilities had experienced a stockout of key HIV or TB medicines at least once in the preceding three months. On August 25, 2014 the New York Times published an in-depth article under the headline "AIDS progress in South Africa is in peril."<sup>3</sup>

While South Africa has generally had good health policies under Health Minister Dr Motsoaledi, we are witnessing growing evidence that the implementation of these policies is now failing. In many respects the healthcare system suffers from the same mismanagement, corruption, cadre-deployment and politicisation that plagues much of the public service. The problem is exacerbated by poor governance in provinces, which provide the bulk of health services. Provincial administrations suffer from poor capacity and weak management systems, while many Provincial Health Ministers (MEC) appear to be appointed on the basis of political loyalties, rather than commitment or competence.

In this context, the TAC's work to campaign for quality healthcare for all has by necessity become intertwined with the struggle for good and accountable governance and management of the public health system. This is likely to be the most significant challenge facing South Africa in coming years. In our view, well-informed, human-rights-based, politically astute civil society organisations like the TAC has a crucial contribution to make in this struggle. Strong activism by the TAC has driven the AIDS response for 15 years, and only strong activism can sustain it.

## The TAC's five key campaigns

The TAC National Council has decided on five key campaigns and one flagship programme. The five campaigns aim at both direct improvement of healthcare services and achieving knock-on improvements in the healthcare system.

### 1 & 2

The Free State and Eastern Cape campaigns address collapsing healthcare systems in the two worst-affected provinces. In both cases a large part of the TAC's work is to monitor health facilities and communities' access to HIV and TB services in particular and to let that information inform our advocacy. In the Eastern Cape we led the establishment of a coalition of over 20 organisations. In the Free State, we are engaged in a struggle to have MEC for Health Benny Malakoane removed from his position and an emergency plan to fix the health service there. Malakoane faces multiple charges of fraud and corruption.

---

3. NY Times, *AIDS Progress in South Africa in Peril*, 26<sup>th</sup> August 2014 <http://www.nytimes.com/2014/08/26/health/aids-south-africa-success-pepfar.html>

## 3 & 4

The campaigns on the prevention of cervical cancer and hard-to-treat drug-resistant tuberculosis (DR-TB) are also concerned mainly with provincial-level implementation. On cervical cancer we seek increased awareness and availability of cervical cancer screening. Cervical cancer kills more women in South Africa than does any other cancer. Many of these deaths could be prevented through early detection. We are also involved in ensuring a vastly improved rollout of the Human Papilloma Virus (HPV) vaccine in schools in order to stem the longer-term tide of cervical cancer. With respect to DR-TB, a landmark 2011 policy on decentralising DR-TB care remains largely unimplemented in provinces, while rates of DR-TB are rising alarmingly. Our DR-TB campaign focuses on ensuring that this growing problem is addressed more effectively in the public healthcare system and that MDR-TB is declared a public health emergency. Another leg of our TB work focuses on the TB crisis in prisons. In this regard we are leveraging a very strong Constitutional Court judgement from December 2012 to advocate for better TB control, screening and treatment in correctional facilities.

## 5

Our fifth main campaign aims at reforming South Africa's patent laws in order to strike an appropriate balance between the need to access affordable medicines and the need for investment in pharmaceutical research. The campaign is in line with South Africa's international obligations under the TRIPS agreement read with the 2001 Doha Declaration on Public Health. This campaign has already resulted in the publication by the government of a new draft national policy on intellectual property (in September 2013), which we are working to improve.

Finally the TAC's flagship treatment literacy programme remains key to our model of highly informed grassroots activism. Funding pressure has in recent years taken a toll on this programme, but we remain committed to teaching the science of HIV/AIDS, TB and relevant treatments to our members and the general public. Depending on the funding we are able to raise, we hope to reenergise this programme.

## Governance and finances

The 8,000 members of the TAC elects a National Council and National Office Bearers. These bodies take political decisions and set the direction for the TAC's campaigns. The political structures are supported by the TAC's operational structures – in the form of an executive committee that takes responsibility for day-to-day management and a staff complement organised into a national and seven provincial offices. To ensure proper governance and financial accountability all of this is overseen by an independent Board of Directors.

### TAC board

**Qondisa Ngwenya**  
(Chairperson)  
Octogon, Group CEO

**Jane Barrett (Affiliates Support Co-ordinator)**  
Congress of South African Trade Unions

**Mbuyiselo Botha**  
Sonke Gender Justice Network

**Eric Goemaere**  
Medecins Sans Frontieres

**Moray Hathorn**  
Webber Wentzel

**Cde Thembeke Gwagwa**  
DENOSA

**Lord Ntambw (Treasurer)**  
Corruption Watch

**Mark Heywood**  
SECTION27

**Ms Vuyiseka Dubula**  
Sonke Gender Justice

**Anele Yawa**  
Treatment Action Campaign,  
General Secretary

**Andrew Mosane**  
Treatment Action Campaign,  
Representative of People Living  
with HIV

**Nkhensani Mavasa**  
Treatment Action Campaign,  
Chairperson

**Helen Chorlton**  
Treatment Action Campaign,  
Acting Chief Operating Officer/  
National Manager

**Fanayi Tshabalala**  
Treatment Action Campaign,  
Chief Financial Officer

For the 2015/2016 financial year the TAC has a budget of R35 million (approximately US\$3.2 million). At the time of writing, only a fraction of that has been secured. Ideally, the TAC would have R40 million (\$3.6 million) per year secured for the next five years. This would allow us to focus on ensuring everyone in South Africa has access to the healthcare services they need.

The TAC's finances are audited annually by independent external auditors. Any fraud, corruption or mismanagement is vigorously addressed in terms of our strict internal policies and the relevant laws.

## Breakdown of projected funding needs

The table below provides a summary of our projected funding needs for the 2015/2016 financial year. These amounts should increase in line with inflation for each of the next five years – amounting to a total five-year need of approximately R230 million (approx. \$20.5 million).

<b>Key funding areas</b> TAC branches are involved in a multitude of local campaigns around schools, clinics, sexual violence. These campaigns take place on a daily basis. However the key campaigns with major budgetary implications are listed below.	<b>2015/2016 Estimated budget</b>
<b>Core/Unrestricted funding</b> This funding is key to organisational sustainability. It is used to pay for staff, overheads, day-to-day monitoring of healthcare service delivery, and all other core TAC work. It includes roughly R2.5 million (\$250,000) for each of the seven provinces, funds for board and national council meetings, and for the running of the TAC national office.	R29 million (approx. \$2.6 million)
<b>Campaign to fix the health system in the Free State</b> (Involves national office and Free State office)	R1.5 million (approx. \$135,000)
<b>Campaign to end stock-outs and staff shortages in the Eastern Cape</b> (Involves national office and two Eastern Cape offices)	R1.5 million (approx. \$135,000)
<b>Campaign to build political will and an emergency plan to overcome DR-TB and TB in prisons</b> (Involves national office and all provincial offices)	R2 million (approx. \$180,000)
<b>Campaign to reduce cervical cancer and improve the quality of the HPV prevention campaign</b> (Involves national office and all provincial offices)	R2 million (approx. \$180,000)
<b>Fix the patent laws campaign</b> (Involves national office and Gauteng, Western Cape, & KZN offices)	R1.5 million (approx. \$135,000)
<b>Treatment literacy programme</b>	R2.5 million (approx \$225,000)
<b>Total need for 2015/2016 financial year</b>	<b>R40 million (approx. \$3.6 million)</b>