

TAC
TREATMENT ACTION CAMPAIGN

FIGHTING FOR DIGNITY: HOLDING POWER TO ACCOUNT

TAC 2012-2017

TOO



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1. INTRODUCTION

Today, one in five people living with HIV across the world live in South Africa. That is approximately 12.8% of the population – amounting to 7.1 million people. For people aged 15 to 49 the rate is even higher at 19%. While hardest hit by the HIV epidemic, South Africa also has the world’s largest HIV treatment programme. According to government figures 3.7 million people are on antiretroviral therapy as of mid-2017 – something that would never have been achieved without the activism of TAC. In parallel with the scale-up in the provision of HIV treatment, life expectancy at birth has recovered from a low of 54 years in 2005 to 62.4 years in 2016. 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 have been worrying indications that the HIV response is stalling – and perhaps beginning to unravel. Literally hundreds of thousands of lives are in jeopardy. In his 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. Surveys published by the Stop Stockouts Project and evidence collected by TAC branches show multiple stockouts and shortages of key HIV and TB medicines in local facilities over the last four years, impacting on treatment adherence and resistance levels. Further experience even within our own ranks shows that treatment fatigue is a very major and real concern. The reality is that while we have initiated up to 3.7 million people on treatment, we are only halfway there. AIDS is not over, despite continued rhetoric by big agencies that an end is in sight.

The START trial proved that all people living with HIV need immediate access to treatment for their own health. The HPTN052 trial showed us that when people are stable on ARVs they become non-infectious. The evidence is clear. All people living with HIV must be offered access to treatment. While the government announced the rollout of the “Test and

Treat” programme in 2015, we are still waiting for a costed plan from the Department of Health to make this rollout a reality.

In addition to failing to provide treatment – we are also failing to prevent new infections. We are not closing the tap. We have the tools and knowledge to prevent many infections, but we are fiddling around while our house is burning. HIV and TB is a political crisis. It is a crisis of bad governance. A crisis that leaders of government, must accept responsibility for. We have many of the bio-medical tools we need to end this crisis. But that is not enough. AIDS and TB is also a crisis of inequality, a crisis of democracy, a crisis of gross profiteering from medicines continued by multinational pharmaceutical companies, a crisis of oppression and human rights denial. It is a crisis of the USD 7 billion a year that is missing to fight HIV.

Marginalised groups in South Africa continue to be hit hardest. Gender inequality means HIV continues to overwhelmingly affect women and girls. Of the 270,000 people who acquired HIV in 2016 – 100,000 of these were young women. Tuberculosis and its drug-resistant strains remain a major public health emergency – with 8.4% of all natural deaths in South Africa from TB. The reality is that on the ground the AIDS and TB response is unravelling.

Our dysfunctional public healthcare system lacks the finances



and resources needed to scale up our response to HIV, let alone to deal with the crisis of TB. We cannot sustain more than 7 million people on HIV treatment without significant investment into a stronger healthcare system. We cannot respond to drug resistant TB without a large skilled workforce of healthcare professionals and serious investment in community healthcare workers, the foundation of our healthcare system. We are not heading toward an “end to AIDS”, unless there is a change in the current trajectory of the response. It is a hypocrisy to pretend that we are.

While South Africa has generally had good health policies under Minister of Health Dr Aaron 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 (MECs) appear to be appointed on the basis of political loyalties, rather than commitment or competence.

In this context, 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 healthcare 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 TAC have a crucial contribution to make in this struggle. Strong activism by TAC has driven the HIV response for nearly 20 years, and only strong activism can sustain it.

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2. TIMELINE

NOVEMBER 2012 TAC holds a picket to demand the phase out of stavudine (D4T) as a first line treatment in the public healthcare sector.

NOVEMBER 2012 Collapse of the medicines supply chain from the Mthatha Medical Depot causes widespread stockouts at healthcare facilities in the Eastern Cape.

NOVEMBER 2012 TAC launches a new guide for survivors of gender-based violence (GBV) and activists working to combat GBV in their communities.

DECEMBER 2012 Landmark Dudley Lee Constitutional Court ruling establishes prisoners’ rights to access TB treatment. TAC was earlier admitted as friend of the court.

FEBRUARY 2013 TAC and MSF interrupt the Minister of Trade and Industry at the Africa IP Forum to demand patent law reform in South Africa.

MARCH 2013 TAC pickets outside Pollsmoor Prison on World TB Day to raise concerns about the high rate of TB infection in South Africa’s prisons.

MAY 2013 TAC receives funding in Limpopo for ensuring migrants ability to access to healthcare and treatment in Mopani, leading to the formulation of the Migrants Health Forum in 2014.

MAY 2013 Community members in Lusikisiki complain as they must go to the clinic to be treated in tents at Village Clinic.

SEPTEMBER 2013 TAC provinces coordinated a nationwide day of action to demand an end to the ongoing medicine stockout crisis ravaging across South Africa – as well as to demand urgent action to address the deterioration of quality healthcare services in various parts of the country.

SEPTEMBER 2013 Launch of the Eastern Cape Health Crisis Action Coalition (ECHCAC) to tackle the health crisis in the province. A report by TAC and SECTION27 called “Death and Dying in the Eastern Cape” is released, and over 2000 comrades march to the provincial health department in Bhisho to hand a memorandum to MEC Sicelo Gqobana. The National Minister of Health launches investigation into state of health in the province following the release of the report.

SEPTEMBER 2013 The Department of Trade and Industry (DTI) release the draft national policy on intellectual property (IP) to begin the process of improving access to medicines through patent law reform.

OCTOBER 2013 TAC, SECTION27 and MSF march to the DTI to hand over a submission of recommendations on the draft IP policy. Over 130 organisations and experts demand patent law reform in South Africa.

NOVEMBER 2013 The Stop Stockouts Project (SSP) is launched to address stockouts and shortages of medicines in the country.

NOVEMBER 2013 Bishop Nala in KwaZulu-Natal claims his holy water can cure HIV. TAC fights back at this quackery.

DECEMBER 2013 1000 comrades from TAC and SECTION27 march to government’s World AIDS Day event in Piet Retief to demand the Deputy President

address the healthcare crisis, food shortages, medicine stockouts, and lack of healthcare professionals affecting the country particularly in Gert Sibande where antenatal HIV prevalence is nearly 50% in some sub districts.

JANUARY 2014 Leaked emails and documents show pharmaceutical industry plot to derail patent law reform process in South Africa, in #PharmaGate scandal.

FEBRUARY 2014 TAC hold pickets outside pharmaceutical company MSD and the Innovative Pharmaceutical Association of South Africa (IPASA) to demand accountability as both are implicated in the #PharmaGate scandal.

MARCH 2014 TAC leads marches in Cape Town and Pretoria calling for a final intellectual property policy before the elections.

MARCH 2014 MEC Sicelo Gqobana is removed as MEC of Health in the Eastern Cape, following ongoing calls by TAC and ECHCAC coalition members and after failing to address any of the challenges in the healthcare system, or meet with activists to listen to the issues.

MARCH 2014 TAC launches the People’s Health Manifesto to demands accountability from politicians in the run up to elections. Political parties are asked to answer 11 questions on healthcare.

MARCH 2014 TAC and SECTION27 call on the Minister of Health to urgently bring an end to the financial woes facing the National Health Laboratory Service (NHLS). The continued year-on-year delayed and non-payment by Gauteng and KwaZulu-Natal is a failure of governance and oversight.

APRIL 2014 3,500 community healthcare workers (CHWs) are dismissed without warning or cause in Free State by MEC of Health Benny Malakoane.

JUNE 2014 TAC & SECTION27 get delegates to the South African TB Conference to vote if TB and drug-resistant TB should be declared a Public Health Emergency. They vote yes. Health Minister Motsoaledi abstains.

JULY 2014 Free State health moratorium round two the collapsing healthcare system results in ongoing suffering and death in the province.

JULY 2014 127 CHWs and TAC comrades are arrested after holding a peaceful night vigil outside Bophelo House (the Free State Health Department) following their dismissal.

SEPTEMBER 2014 TAC charges MEC Malakoane with corruption. The charges relate to a matter first reported in the Mail & Guardian that MEC Malakoane had ordered an ICU bed at Dihlabeng Regional Hospital to be made available to an ANC official.

SEPTEMBER 2014 Landmark ruling affirms that all people living with HIV have rights in every sphere of life and work including in the military (SANDF case).

OCTOBER 2014 National Intellectual Property Summit is held in Johannesburg by TAC, SECTION27 and MSF to discuss patent law reform in the country. An open letter is presented to government signed by over 80 organisations and individuals from across the globe, including former United Nations

Special Envoy for HIV/AIDS in Africa, Stephen Lewis, and Nobel Prize winner in Physiology or Medicine, John Sulston.

OCTOBER 2014 Facing a funding crisis and the prospect of closing, TAC launches a global fundraising campaign to #SaveTAC. Hundreds of individual donations are received, large and small. 60 world-class scientists and researchers, including Nobel Laureate and the discoverer of the Ebola virus, joined together to pen an appeal to global donors.

DECEMBER 2014 A reunion of TAC stalwarts is held in Johannesburg commemorating 10 years of ARVs.

FEBRUARY 2015 ANC Youth League call for the deregistration of TAC following release of a satire newspaper reporting that MEC Malakoane was fired.

MARCH 2015 Whistleblower doctors release letter listing a number of specific and very serious allegations relating to the collapse of the Free State healthcare system.

MARCH 2015 TAC leads 5,000 people in landmark #WeDieOfTB march to parliament demanding that MPs get tested for TB, and that Parliament holds government departments to account on TB.

MARCH 2015 Renowned musician Johnny Clegg joins the fight against TB and drug-resistant TB.

MAY 2015 Results of START trial show that all people living with HIV should start ARVs as soon as possible to prevent a worsening of health.

JUNE 2015 Over 1000 delegates at the South African AIDS Conference sign a petition calling for the charges to be dropped against the #BopheloHouse94.

JULY 2015 More than 60 people from Free State testify to the horrors in accessing healthcare at the "People's Commission of Inquiry into the Free State Health System" in Bloemfontein.

AUGUST 2015 TAC and Sonke Gender Justice are admitted as amici curiae ("friends of the court") in Nkala and others v Harmony Gold and others, a class action against South African gold mines.

AUGUST 2015 TAC leads 1,000 mothers, pregnant women and activists in a march to the Western Cape Provincial Parliament to demand urgent action to address the ongoing problems in accessing quality maternal and obstetric care services in the province.

OCTOBER 2015 The South Gauteng High Court hears historic case seeking justice for former mine workers who developed silicosis and/or tuberculosis because of the neglect of mining companies. TAC, Sonke Gender Justice, and SECTION27 lead 1000 people in a march to the high court. Interactive photography exhibit by Thom Pierce is hosted by the organisations in the Methodist Church.

NOVEMBER 2015 Commissioners Thembeke Gwagwa, Thokozile Madonko, and Bishop Paul Verry release damning "Free State in Chains" report based on evidence collected at the People's Commission of Inquiry into the Free State Healthcare System.

DECEMBER 2015 TAC leads 1000 activists in a march to the Cape Town International Convention Centre where the 46th Union World Conference on Lung Health takes place. Amongst other demands, the memorandum asked the BRICS countries to triple their investment in TB research.

DECEMBER 2015 TAC holds pickets in Ermelo and Witbank to demand an end to discrimination of sex workers

and LGBTQIA+ community members by the police.

MARCH 2016 TAC makes submission to the United Nations High-Level Panel on Access to Medicines and leads advocacy around the Johannesburg hearings. The Johannesburg Declaration is handed to panel members at a picket outside the hearing.

MARCH 2016 TAC and the Fix the Patent Laws campaign picket outside Roche to demand access to a life-saving breast cancer medicine. The picket is part of a global day of action against pharmaceutical greed. #PharmaGreedKills

MAY 2016 In a landmark judgment, the silicosis class action is certified promising new hope of justice for thousands of mineworkers.

MAY 2016 People's Health Assemblies take place across the country at district, provincial and national level to assess the state of healthcare in the country and develop joint responses to address challenges.

MAY 2016 The Free State Health Crisis Coalition is launched with a march to the Provincial Prosecuting Authority in Bloemfontein.

JULY 2016 TAC leads a march of over 8,000 people through the streets of Durban demanding #treatment4all across the world as the International AIDS Conference is held in Durban, 16 years after the landmark 2000 conference.

SEPTEMBER 2016 TAC welcomes an announcement by the Minister of Health that all people living with HIV in South Africa can start ARVs regardless of CD4 count.

SEPTEMBER 2016 The report of the United Nations High-Level Panel on Access to Medicines is released that strengthens the case for patent law reform in South Africa.

SEPTEMBER 2017 TAC & SECTION27 engage in a fact-finding mission at hospitals across the Free State. Reports uncovered serious problems that put people's right to access healthcare in jeopardy.

SEPTEMBER 2016 The Fix the Patent Laws coalition grows to 34 organisations representing people of all diseases and conditions. The new coalition marches to the DTI to hand over a submission of recommendations on the IP Consultative Framework.

OCTOBER 2016 Benny Malakoane is removed as MEC of Health. TAC campaigned for his removal for more than two years. Under Malakoane's watch the public healthcare system in the province went from crisis to crisis.

OCTOBER 2016 Sex workers in Ermelo report that following TAC's interventions with law enforcement and the Mpumalanga MEC of Health, they no longer face abuse and harassment by police in the area.

NOVEMBER 2016 TAC launches #ClinicsInCrisis campaign to demand better local health services. The campaign is launched with a public dialogue in Khujwana, Limpopo that hears testimonies to the dysfunction in the local clinic.

NOVEMBER 2016 Comrade Tobeka Daki dies of cancer after leading our campaign for access to trastuzumab.

NOVEMBER 2016 The convictions of the #BopheloHouse94 are overturned in the High Court. This is a major victory for the right to protest.

NOVEMBER 2016 TAC branches across the country take part in a month of action for our #ClinicsInCrisis

campaign, holding marches, pickets and sit ins to demand better healthcare services at a local level.

DECEMBER 2016 TAC holds a night vigil in Daveyton to hear how community members are struggling to access healthcare. The following morning, TAC marches to the government's World AIDS Day "celebration" to hand a memorandum to the Minister of Health and Deputy President.

FEBRUARY 2017 Qedani Mahlangu resigns as MEC of Health in Gauteng following the report into the deaths of at least 94 mentally ill patients in the Life Esidimeni tragedy. TAC calls for her to face criminal charges.

FEBRUARY 2017 The "Tobeka Daki Campaign for Access to Trastuzumab" is launched at a global day of action demanding access to breast cancer treatment. 108 organisations sign a memorandum to pharmaceutical company Roche demanding they drop the price of trastuzumab.

MARCH 2017 In the run up to World TB Day, TAC assessed the state of TB infection control in a number of clinics across South Africa. Of 158 facilities assessed, 114 were found to be in a "RED" state with very poor infection control measures in place.

MARCH 2017 TAC Gauteng launches a fact-finding mission into the state of hospitals across the province after the collapse of the roof at Charlotte Maxeke Hospital.

APRIL 2017 TAC and SECTION27 refuse to endorse the new NSP 2017-22 that fails to reflect the realities of healthcare on the ground and rampant corruption in the country.

MAY 2017 Healthcare workers in KwaZulu-Natal reveal

shocking details that show the provincial healthcare system is in a state of emergency, and no longer delivering adequate healthcare to the most vulnerable.

MAY 2017 After the brutal murders of countless women and LGBTQIA+ people, TAC calls for action to address patriarchy, homophobia, transphobia and violence against women and LGBTQIA+ communities in our society.

JUNE 2017 The Fix the Patent Laws coalition welcomes the Competition Commission's announcement that they will investigate the pricing of several cancer medicines in South Africa.

JUNE 2017 TAC, SECTION27, RHAP, the LRC and other partner organisations deliver our concerns to South African AIDS Conference delegates with regard to the weakening of the NSP, and, the corruption and mismanagement issues at the South African National AIDS Council (SANAC).

JULY 2017 TAC Deputy General Secretary delivers a revolutionary pledge to fallen comrades Prudence Mabele and Mark Wainberg at the opening of the International AIDS Society Conference in Paris. We remind people that AIDS is not over.

AUGUST 2017 TAC & SECTION27 react to the growing crisis at the National Health Laboratories Services (NHLS) that threatens access to essential healthcare services, particularly for HIV and TB.

AUGUST 2017 The long awaited intellectual property (IP) policy is finally released by Cabinet after 6 years of campaigning. This is a major victory for TAC and the Fix the Patent Laws campaign. #FixPatentLaw

3. CAMPAIGN ACHIEVEMENTS

NATIONAL DAY OF ACTION – 2013

Demanding leadership to end medicine stockouts and shortages

In September 2013, TAC embarked on a countrywide national day of action to demand an end to the on-going medicine stockout crisis ravaging across South Africa – as well as to demand urgent action to address the deterioration of quality healthcare services in various parts of the country. TAC marched to the provincial legislature in each of the seven provinces we work, to issue memorandums to decision makers to take urgent action to improve the state of healthcare. TAC provinces marched in solidarity with the people of the Eastern Cape, and a broad coalition of civil society organisations, to challenge the unacceptable condition of healthcare being provided in the province – and more than 1000 people marched to Bhisho, to the provincial Department of Health. The day of action put direct pressure on all health departments to improve conditions. Since the day of action, TAC has more clearly focused on strengthening the broken public healthcare system – that is hindering people from accessing quality healthcare services.

PEOPLE'S HEALTH MANIFESTO

Asking political parties the questions that matter #Vote4Health

In recent years, it became clear to us that many of the bottlenecks standing in the way of fixing our healthcare system are political. Often, politically appointed MECs of Health simply lack the competence, commitment, or political will to address the very serious problems plaguing our healthcare system.

In response to this dynamic, in 2014 TAC decided to consult widely with our members and partner organisations to develop a 'People's Health Manifesto'. This manifesto was informed by key concerns from the ground and contained 11 key questions that we put to political parties contesting the 2014 national elections in South Africa. Through the manifesto we aimed to put the critical challenges experienced by users of the public healthcare system onto the political agenda. 11 parties responded to our questions – including the ruling party and the official opposition. Notably the EFF failed to respond, and other than the ANC and DA, most parties failed to have a deep understanding of the challenges within the health system – or ways to fix them. Having said this, we used the responses we did receive to hold those political parties accountable after the elections.

This campaign led to increased engagement between TAC and political parties. We stress that TAC remains independent from any political parties and our primary responsibility remains to serve the interests of our members and other users of the public healthcare system. That said, direct engagement with political parties in all provinces and at the national parliament appears a promising avenue through which to increase political accountability and to force a more proactive and committed response to the collapse of our healthcare systems.

THE FREE STATE HEALTH CRISIS

A struggle for accountability

There is convincing evidence that the Free State public healthcare system has been in a state of dysfunction since at least 2009. By 2015, the Free State health system was on the brink of collapse, needing an urgent and drastic provincial government response. From 2014 to 2015, the province lost a quarter of its public sector doctors. 'Call-for-help' letters sent to the national Minister of Health and an open letter published by whistleblower doctors emerged. TAC was receiving almost daily reports of severe and sometimes fatal challenges in the health system. The Free State Department of Health responded to the doctors and others who spoke out with intimidation and victimisation.

In order to expose the truth in the province, TAC organised a public and independent inquiry to investigate the real situation, to hear the voices of healthcare providers and users of the system, and to offer solutions to reverse the collapse of the healthcare system of which mostly poor people depend and rely. In preparation, we held a series of community consultations with patients in many communities across the province to find people who wanted to testify. The response was devastating and overwhelming. The People's Commission of Inquiry into the Free State Healthcare System took place in mid 2015, with far reaching support from partner organisations, political parties and the Human Rights Commission as well as gaining extensive media coverage.

The "Free State in Chains" report of the independent



commissioners that followed documented the high levels of dysfunction. The commissioners highlighted a clear and extensive set recommendations to remedy the situation in the province. Yet, still the provincial health department and MEC of Health were not open to engaging with TAC on the stark issues presented. The reality was that the state of the province's healthcare system would never improve under the leadership of MEC of Health Dr Benny Malakoane, who lacked the ability and desire to make the changes.

The long and arduous struggle in the Free State continued. TAC engaged in numerous meetings, wrote many letters, articles and opinion pieces, marched and picketed, organised community dialogues, and collected petitions. A satire newspaper series we distributed led to the ANC Youth and Women's Leagues calling for the deregistration of TAC. We raised it in in-person meetings with the Minister of Health and senior ANC leaders. We even laid charges against MEC Malakoane. The campaign successfully put the Free State health crisis on the national agenda.

Early in October 2016, Benny Malakoane was finally removed as MEC for Health in the Free State. This followed years of campaigning by TAC against MEC Malakoane's mismanagement of the healthcare system. Under Malakoane's watch the province limped from crisis to crisis. Our attempts to work constructively with MEC Malakoane were all rejected. His removal gave new hope of turning the dire situation in the province's public healthcare system around. It also showed that with sustained and determined activism we can create meaningful accountability that forces political changes.

While it will take time to turn around the crisis in the Free State public healthcare system, we are committed to engaging constructively and doing all we can – including engaging positively with new MEC for Health Butana Komphela. We have already found doors to be more open to us and are doing all we can to cement strong working relationships. TAC is committed to the rebuilding process in the province.

#BOPHELOHOUSE94

The plight of the community healthcare workers in Free State

The #BopheloHouse94 are community healthcare workers (CHWs) and TAC members from across the Free State. They were arrested in June 2014 at a peaceful night vigil at Bophelo House, the headquarters of the Free State Health Department. They were protesting the collapse of the Free State public healthcare system and the April 2014 decision of then MEC of Health Dr Benny Malakoane to dismiss, without warning or cause, approximately 3500 CHWs in the province.

At no time during the night vigil where they were arrested did the #BopheloHouse94 threaten public safety or damage property. They simply wanted a meeting with the MEC of Health to address their challenges, after several unsuccessful attempts and requests to do so. Instead they were arrested, thrown into the back of police vans and imprisoned in cold police cells for 36 hours. The arrests were only the start of their

ordeal. Over the following two years the #BopheloHouse94 would have to travel at high cost to court seven times from across the province, spending a total of 14 days in court before they were finally convicted in October 2015.

TAC and SECTION27 supported the plight of the CHWs inside and outside of court, with legal support and a high-profile campaign. The appeal to the October 2015 convictions was heard in the Bloemfontein High Court on 8 August 2016. In a landmark judgment, with important implications for the right to protest in South Africa, the Bloemfontein High Court set aside the convictions and sentences of the #BopheloHouse94. This finally brought to an end the state's callous and vindictive persecution of this courageous group of mostly elderly women.

THE EASTERN CAPE HEALTH CRISIS

Strength in partnership

For years the healthcare system of the Eastern Cape has been teetering on the edge of complete collapse. Traditionally a rural province characterised by remote areas and little infrastructure, the Eastern Cape has faced multiple system failures that deprive people of their basic health and human rights. Horror stories of dysfunctional hospitals and dying children may have won journalism awards, but nothing much changed.

In 2012, the Mthatha Medical Depot – that serves over 300 health facilities – experienced a medicine stockout that threatened 100,000 people to default on their HIV treatment. Strikes and suspensions led to too few workers, orders not being processed, and supplies not being delivered. TAC, together with SECTION27, RHAP and MSF decided to intervene directly at the Depot to assist in processing orders and ensuring deliveries to health facilities in order to successfully clear the backlog just before 2013.

A few months later, TAC raised alarm bells in Lusikisiki. After being forced to leave a building in the town, Village Clinic was moved to a mobile structure that acted as a pharmacy, and two tents that served as reception, diagnosis, treatment, vaccination, and counselling rooms. There was no privacy for the 8000 people using the clinic each month. There was no electricity, no water and only a single filthy toilet which required a climb up a steep embankment. Tens of thousands of rands of medicines were stored without any security and without any cold storage facilities for medicines. TAC immediately began to organise community members in demonstrations demanding the relocation of the Village Clinic. Attempts at engaging with then Health MEC Siculo Gqobana were ignored. While some issues were resolved in 2013, it has taken until August 2017, and ongoing campaigning, for the clinic to be formally moved to a new permanent structure.

These crises exposed a provincial public healthcare system on the brink of collapse. As such, TAC together with SECTION27 started building a coalition of healthcare workers, patients, unions and other civil society organisations to address the crisis in the healthcare system. With over 20 member organisations the coalition gained momentum. Letters were written to politicians and government officials. These were mostly ignored.

Protests kept the issue in the media spotlight. Then, a TAC and SECTION27 report detailing the unacceptable state of the province's healthcare system was published in September 2013. The national Minister of Health responded quickly to the report by making emergency funds available, recommending the dismissal of various officials and appointing a new Head of Department for the province. Six months later, Siculo Gqobana lost his job as MEC of Health after the provincial elections.

Since then TAC has mobilised and helped organise around hearings conducted by the Human Rights Commission into emergency medical services (EMS) in the province. TAC continues to monitor health facilities in the Eastern Cape, and organise locally where service delivery is failing. We must hold decision makers accountable to improve healthcare in the province.

The campaign in the Eastern Cape shows how coordinated and well-informed activism can remove political bottlenecks that stand in the way of fixing service delivery problems. While many serious challenges remain, it at least appears that the new leadership in the Eastern Cape are willing to engage constructively with the patients, nurses, doctors and others in the coalition.

#SILICOSIS

TAC and Sonke admitted to historic silicosis class action

TAC and Sonke Gender Justice, with legal support from SECTION27, were admitted as friends of the court in the landmark silicosis class action lawsuit in August 2015. For decades, mining companies had knowingly allowed their workers to be exposed to unsafe levels of silica dust – leading to incurable silicosis. The admission allowed TAC and Sonke to present evidence of how the conduct of the mining companies affects the families of the mineworkers. In particular, the women who often end up caring for sick mineworkers who are sent home to die. TAC made further arguments about the potential of such a class action to provide access to justice to vulnerable groups who would not otherwise find justice. In May 2016, the



South Gauteng High Court ruled that the case could proceed as a class action. The case could help to finally bring justice to hundreds of thousands of men who contracted silicosis and/or tuberculosis while working in South Africa's gold mines.

As we learnt from the PMTCT case of 2002, it is not enough to just fight the good fight in court. TAC also lead a successful advocacy campaign around the hearings together with Sonke and SECTION27. This helped the general public to understand the historic importance of this case and its potential to provide justice. TAC organised multiple pickets and marches to court. One aspect of the advocacy involved TAC and SECTION27 commissioning photographer Thom Pierce to take pictures of the miners who are applicants in the case. 56 of the miners and their families at the forefront of the fight for justice were represented in the internationally acclaimed Price of Gold exhibition. Additionally, we continued to build awareness of the case amongst our members, especially in Gauteng and the Eastern Cape (where many of the mineworkers come from). Our work during the two weeks of the court case received extensive media coverage in international, national and local media. TAC will continue to follow developments and support the case.

#CLINICSINCRISIS

Monitoring local health services where they are delivered

Through our over 200 branches, TAC monitors hundreds of clinics across the country. Each branch has adopted a clinic or facility. Our members are the people who need the public health system to work, so we are the first to notice when it doesn't. The reality is that our clinics are failing to provide the healthcare we need.

Often, we start queuing outside the gates as early as 3am, only to wait all day or to never be seen. We get to the clinic, only to be sent home empty handed without the medicines we need. In most cases the nurses are overworked and under-resourced. Often, they shout at us. Doctors are scarce. We wait in tiny rooms – if we are lucky – or sit outside without shade or seats even if we are elderly or sick. When we eventually get seen, in some clinics all the patients can see and hear our consultation. In some clinics, colour coded folders separate people living with HIV from those who don't forcibly disclosing our statuses. The buildings are often falling apart. We use pit latrine or dirty toilets without doors. Equipment is missing or broken. Our files go missing. We wait years for pap smears, or the results of tests. We get TB because the windows are never opened and no-one gives out masks to those coughing. The clinic committees we rely on to solve these problems either don't exist, or don't know what they should do.

Many hospitals are also dysfunctional. Beds are dirty and the linen is unwashed. People lie on floors when the beds run out. There aren't enough porters. You wait in the emergency room for hours or days. People with severe injuries wait days

to see a doctor. There is no food. The windows are broken. It is cold and there are not blankets. In some cases, there is intermittent or no electricity and water. Nurses are over-stretched. The equipment is broken or in disrepair and so you don't get the tests you need. The ceilings are caving in. The buildings are in disorder. In some cases, people think of hospitals as mortuaries where you go to die.

This is entirely unacceptable. Our clinics and hospitals are in crisis. In line with our shift to build local activism, TAC branches are monitoring the state of local health services at our clinics and hospitals. Local campaigns have been modelled in Khujwana (Limpopo), France (KwaZulu-Natal), Boekenhoeck (Mpumalanga), Mdantsane (Eastern Cape), Gugulethu (Western Cape), Sebokeng (Gauteng), and Thaba Nchu (Free State). This is a major area of work going forward. By organising locally, our branches will demand accountability and quality healthcare services where they are needed.

TB CONTROL IN CORRECTIONAL CENTRES

Victory in the highest court

On 28th August 2012, TAC activists and partner organisations gathered outside the Constitutional Court in Pretoria and simultaneously at the gates of Pollsmoor prison in Cape Town. The pickets were held in support of Dudley Lee as he sought compensation from the Department of Correctional Services (DCS) for getting infected with TB at Pollsmoor prison.

Dudley Lee entered Pollsmoor Prison as a healthy man in 2000. He spent over four years as an awaiting trial prisoner in Pollsmoor before he was acquitted and released. In June 2003, while still awaiting trial, he was diagnosed with TB. Lee then sued the Department of Correctional Services for negligently causing him to become infected with TB. Pollsmoor prison is notoriously congested. It holds well over twice as many people as is legally allowed. Prisoners are crammed into cells for 23 hours. These cells have little to no ventilation which turns them into breeding grounds for TB. A study published in the South African Medical Journal found that the prison's poor conditions contribute to a 90% risk of becoming infected per year.

TAC, the Wits Justice Project (WJP) and the Centre for Applied Legal Studies (CALs), represented by SECTION27, joined the case as friends of the court which allowed us to put arguments and evidence before the court when the case was heard in October 2012. We argued that the DCS should be held responsible for Lee contracting TB since it had not taken sufficient measures to reduce the risk of infection.

On 11 December 2012, the Constitutional Court ruled in favour of Lee, stating that the Department of Correctional Services had negligently caused Dudley Lee to become infected with TB. The judgment furthermore confirmed the responsibility of the DCS to control TB transmission and reminded the DCS of its legal duty to protect Lee and others similarly placed.

#WEDIEOFTB

A new era in TB activism

TB remains the leading reported cause of death in South Africa with over 33 063 deaths in 2015 according to Stats SA. The rate of new cases of active TB in South Africa remains extremely high at around 450 000 per year. While rates for normal TB are stabilising at these high rates, rates of hard to treat drug-resistant TB are on the increase. The government response remains mediocre.

In a new era of TB activism, TAC and SECTION27 asked delegates to the South African TB Conference to vote if TB and DR-TB should be declared a Public Health Emergency in 2014. Significantly over half of delegates voted and almost all who voted yes. The Minister of Health Motsoaledi publicly abstained from voting during a silent protest in the closing ceremony.

TB activism began to blossom in 2015. In March, TAC lead 5,000 people in a march to the parliament buildings in Cape Town in the landmark #WeDieOfTB march. The Desmond Tutu TB Centre set up a TB screening mobile clinic outside parliament. We asked members of parliament to come out to screen, but none did. While it is disappointing that MPs did not agree to get screened, little more than a month later Minister of Health Dr Aaron Motsoaledi repeated our call and also asked all MPs to get screened during his budget vote speech.

The TB movement in South Africa was only strengthened by the increasing involvement of musical icon Johnny Clegg – who publicly joined the fight against TB and drug resistant TB in 2015.

With the Union World Lung conference (the key international TB conference) held in Cape Town in late 2015, TAC lead intense planning discussions with our activists colleagues both locally and across the world. We knew the conference had to become a turning point in our TB struggle just like the 2000 Durban AIDS conference was a turning point in the struggle against HIV. TAC organised and lead a march of 1000 people to the doors of



the conference. We marched because too many people in our communities still die of tuberculosis. TB remains the top killer in South Africa with over 80,000 TB deaths recorded every year. Worldwide, 1.5 million people died of TB in 2014, and the reality is that some of us who marched would die of TB. The march was endorsed by the Global Coalition of TB Activists (GCTA), Doctors without Borders (MSF), SECTION27, Treatment Action Group (TAG), HIV i-Base and many others. A memorandum was handed to Minister of Health Dr Aaron Motsoaledi that amongst other things called for TB to be declared a public health emergency in need of a comprehensive national response – as well as to triple our investment into TB research.

As with all TAC's work, our starting point is educating ourselves and our members on the science and treatment of TB through our treatment literacy programme. Just as we helped hundreds of thousands of people living with HIV understand the disease and its treatment, we have been doing the same for TB. It is this base of highly informed members that makes TAC different from all the disconnected think-tanks out there. TB is an emergency that affects us. And we intend to deal with it.

TB can be spread through the air when people with active TB disease cough or sneeze. However, various infection control measures can be taken to reduce the risk of TB transmission. TAC branches engaged in an audit in March 2017 to assess the state of TB infection control in 158 facilities. The results were very concerning with 114 out of 158 clinics found to be in a "RED" state with very poor infection control measures in place. We have the knowledge and the tools to stop the spread of TB, but we aren't using them. TB and drug resistant TB remain an emergency in South Africa. It is essential that the government in its entirety commits to addressing this crisis and ensures that all our public spaces are at low risk of TB transmission. TAC will continue to monitor the state of TB infection control and hold facilities to account.

The days of TB being the poor sister of HIV are over. Our friends and family die of TB – we don't need any more motivation than that. It is clear that TB requires the same levels of activism that we've had for HIV. We have no choice but to be ambitious. We are committed to make it happen.

CRISIS AT THE NHLS

KwaZulu-Natal and Gauteng fail to pay their lab bills for years

For years, the National Health Laboratory Service (NHLS) has been a gem – a national treasure that operated efficiently and professionally. However, for the past seven years a deepening financial crisis at this institution has seen huge numbers of staff leave, and little or no maintenance or infrastructure development taking place.

More recently a strike by workers strike at the NHLS has not only been a disaster for critical and lifesaving laboratory services, but also the fragile stability of this institution,

the struggling public health system and poor people who heavily rely on it. As a result of the strike, the NHLs was only able to conduct a handful of essential tests with the small number of staff on duty. 70% of all clinical decisions are based on a pathology result meaning that many critical and lifesaving tests were not being done. The situation for people living with HIV and TB was dire.

The crisis at the NHLs is the culmination of ongoing upheavals, mis-management, corruption, massive bleeding of competent staff and an inability to protect this national asset. The TAC and SECTION27 have for a long time drawn attention to the challenges at the NHLs and the urgent need to address it. Although the strike ended the crisis at the NHLs is not. The NHLs faces a debt crisis that makes Eskom pale in comparison. We are informed that the NHLs may run out of money in November 2017.

Underlying these problems are the failure of provincial governments to pay their NHLs bills. Gauteng and KwaZulu-Natal between them owe the NHLs billions of rands. Their failure to pay their bills, money that has already been budgeted for laboratory services through conditional grants, is criminal and is endangering countless lives. TAC will continue to appeal to both Premiers Makhura and Mchunu to step in and order their health departments to pay their outstanding bills for services delivered.

#TREATMENT4ALL

8,000 people march in Durban

In July 2016, the International AIDS Conference returned to Durban for the first time since the historic 2000 conference. TAC's National Council recognised that the conference presented a unique opportunity for activists to once again change the course of the global AIDS response – a response that has been waning in recent years. One resolution was that TAC would undertake to coordinate a mass mobilisation ahead of the opening of the conference. Based on the resolutions of the National Council, and together with partners SECTION27 and Health GAP, a global call to action was crafted demanding "Treatment for all people living with HIV".

Significant build-up work occurred in all seven provinces where TAC has a presence – with special attention given to mobilising and awareness building in KwaZulu-Natal, the province the conference took place in. TAC together with Health GAP and SECTION27 also coordinated national and global support for the mobilisation ahead of the conference. Over 100 organisations from South Africa and across the globe endorsed the call to action.

In the moment most reminiscent of the 2000 conference, more than 8000 people led by TAC marched to the Durban Convention Centre to hand memorandums to various high-ranking persons in the AIDS world including UNAIDS Chief Executive Michel Sidibe, US Ambassador-at-large Deborah Birx, US Ambassador Patrick Gaspard, South African Deputy

President Cyril Ramaphosa and South African Minister of Health Dr Aaron Motsoaledi. Falling on South Africa's Mandela Day, the memorandum was dedicated to Nelson Mandela, calling for renewed commitment to stop AIDS and TB.

The work continues now to hold these decision makers to account on these demands. Nationally, TAC continued to advocate for the successful delivery of treatment for all. While we welcomed the announcement that South Africa will stop using CD4 as criteria to initiate ART, we remain deeply concerned about the capacity of provinces to implement his policies. On World AIDS Day 2016, TAC again reminded the Health Minister about the need to provide a costed plan for how treatment for all would be rolled out. To date we have yet to receive this plan. We remain committed to carrying out advocacy to ensure that everyone has access to the treatment they need.

MEDICINE STOCKOUTS

Keeping on the pressure

TAC is a member of the Stop Stockouts Project (SSP) – a consortium of six civil society organisations that monitors medicines' availability in healthcare facilities in South Africa. The SSP does an annual stockout survey. It also engages with ongoing monitoring of stockouts in healthcare facilities and assists government in the resolution of stockouts. Healthcare workers and patients can report stockouts through SMS, phone calls, or a number of other means. Stockouts of essential medicines like ARVs or TB medicines places the health of our members and people in our communities at risk. TAC is committed to continuing to monitor stockouts and advocating for systemic solutions to stockouts both within and outside of the SSP.

FIX THE PATENT LAWS

Improving access to affordable medicines

TAC, SECTION27, and Médecins Sans Frontières (MSF) launched the Fix the Patent Laws campaign in November 2011 (on the 10-year anniversary of the Doha Declaration). Since then, the campaign has grown to include more than 32 organisations representing a range of disease areas including cancer, diabetes, other non-communicable diseases, sexual health, tuberculosis, and mental health. This is a notable achievement given the historic resistance of patient groups in many other countries to join such campaigns given their funding ties to the pharmaceutical industry.

The aim of the campaign is to reform South Africa's outdated patent laws so that access to medicines is not unnecessarily limited in South Africa. There are a number of legal safeguards (TRIPS flexibilities) available in international law that have not yet been written into South Africa's national laws. Section 27 of the Constitution of South Africa obligates the state to implement such law reforms.

After numerous letters, meetings, policy briefs and protests, the campaign achieved its first major success when South Africa's Department of Trade and Industry published a draft national policy for intellectual property in September 2013. The draft policy contained much of what our campaign was calling for.

The campaign and the draft policy elicited a strong reaction from the multinational pharmaceutical industry. In January 2014 the so-called #PharmaGate plot was uncovered by the Mail & Guardian newspaper. This 6 million rand plot sought to delay the finalisation of the policy by means outside accepted lobbying practice. TAC fought back against such pressure. Minister of Health Aaron Motsoaledi publicly called the plot "genocide" that he called on all South Africans to fight to the last drop of their blood. TAC strengthened our advocacy efforts by leading marches in Cape Town and Pretoria calling for a final policy before the elections.

Following numerous delays, and further submissions on different aspects of the policy and process, the policy was finally approved by Cabinet in August 2017. This is a major victory for TAC and the Fix the Patent Laws campaign. We are committed to the pro-public health reform of South Africa's patent laws for as long as it takes. After the 60 day comment period, the policy will form the foundation for an extensive process of law reform that will ultimately improve access to medicines for everyone in South Africa.

THE TOBEKA DAKI CAMPAIGN FOR ACCESS TO TRASTUZUMAB

Fighting for breast cancer medicines

Tobeka Daki was a brave and courageous activist from the Eastern Cape who had been living with HER2+ breast cancer since 2013. Despite being a good candidate for trastuzumab, Tobeka was never able to access the treatment due to its high cost. We do not know whether trastuzumab would have saved Tobeka's life – trastuzumab doesn't always work. We do know, however, that



Tobeka was never given a chance. Even though she was dying and the medicine existed, she was never given an opportunity to try it.

Tobeka had been leading our struggle for access to this breast cancer medicine. In March 2016, she led a picket organised by TAC outside Roche in Johannesburg. At the International AIDS Conference in 2016, she led international activists in an action organised by TAC to disrupt Roche's booth. In September, she led another march to the Department of Trade and Industry to urgently ask them to fix the patent laws. Sadly, she passed away in November 2016.

In February 2017, the Tobeka Daki Campaign for Access to Trastuzumab was launched to recognise her inspirational leadership and to pledge ourselves to continue her struggle for access to affordable medicines. TAC led a global day of action in which hundreds of women living with cancer, activists, healthcare workers, and organisations across the world joined the struggle. We demanded that Roche urgently drop the price of trastuzumab and stop attempts to delay more affordable versions of the medicine becoming available. 108 organisations signed on to a global memorandum to the pharmaceutical company. The pressure has led to price drops being offered to the Department of Health.

UNITED NATIONS HIGH-LEVEL PANEL ON ACCESS TO MEDICINES

Pushing for radical reform of how we pay for medicines

In late 2015, United Nations Secretary General Ban Ki-Moon convened a High-Level Panel on Access to Medicines with the aim to "review and assess proposals and recommend solutions to remedy the policy incoherence between the justifiable rights of inventors, international human rights law trade rules and public health in the context of health technologies".

TAC made three submissions to the panel and supported an additional four submissions made by partner organisations. The common thread in all these submissions were that the right of people to access medicines should be placed ahead of the private interests of pharmaceutical companies. As shown by a number of submissions, this rebalancing can be done without harming the development of new treatments. TAC also organised advocacy around the Johannesburg hearings in March 2016 including the development of the Johannesburg Declaration signed by 26 organisations globally and a picket to deliver this to panel members.

The report – that was released in September 2016 – makes a number of important recommendations regarding how society pays for medicines and for the research and development of new medicines. While we welcome several recommendations, they should be viewed as a minimum standard that need to be built upon in order to fully remedy the failures in the current patent system and ensure everyone has access to the medicines they need.



4. CONCLUSION

As the outgoing leadership of TAC, we would like to thank all leaders, members and staff of TAC for entrusting with us the immeasurable task of leading this glorious movement during our tenure. TAC has had many significant achievements since 2010. We are an internationally recognised social movement. We have made an historic landmark in the struggle for social justice and access to quality healthcare in South Africa. Leading TAC as we fought to improve the health, dignity and lives of the people of South Africa was an honour for all of us.

We would like to recognise and thank all staff members, past and present, who have served in TAC over the last Congress term. You are the power and the force behind TAC's successes. We thank you for your hard work and commitment. We thank you for going the extra mile. Your dedication has made TAC what it is today. To those no longer in our ranks, we hope you continue to fight the good fight and make us proud in the struggle for equality. For those who are staff members today, we salute you comrades! We appreciate and notice each and every effort you make to further TAC's struggle.

We say a huge thank you to our partners and comrades in the fight for social justice for your ongoing support, trust and confidence in the leadership of TAC. Your support not only benefits TAC membership, but public healthcare users across the country. Through this Congress term we have seen our partners again and again go the extra mile for TAC. Your commitment to TAC's mission makes us feel honoured.

As the leadership, members and staff of TAC we would like to say an enormous thank you to our funders and the individual givers who have made personal donations to TAC over these years. We are humbled by your support. We see it as a vote of confidence in TAC and an instruction to continue the struggle for quality healthcare for all. But much more importantly we regard it as a pledge against complacency;

a pledge not to leave the field in the struggle to overcome HIV when millions are still denied treatment; when hundreds of thousands still die; while TB still rages out of control; when women and children are still raped and brutalised. We regard it as a sign of the global community's commitment to the response to HIV and TB, to social justice and equality.

We pledge to use the next five years to work tirelessly to save another three million lives and to protect the gains made so far. We will keep building an organisation that is clean, transparent, frugal, and a model for social justice activists working on health, HIV and TB the world over. We will work to build a better world, one that values and invests in systems that protect life, equality, and dignity.

Finally, to our branch members. You are the true life-blood of this organisation. You represent people living with HIV and TB who are poor, black, young, women, LGBTQIA+, who are forced to use the broken and often undignified public healthcare system of South Africa. Comrades, you are the true foot soldiers of social justice, equality, human rights and democracy. Our activism has changed the lives of so many people who rely on public health, including ourselves. It is your activism that has driven the HIV response for the last 20 years, and only your activism will sustain it. We are now in the next phase of the national healthcare revolution.

It is time to fix the broken public healthcare system. Dignity for all!



**MINISTER
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NEKOM:

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HANDS

PharmaGate TAC

TAC

TREATMENT ACTION CAMPAIGN

