Resolutions of the Treatment Action Campaign's (TAC) TAC's Sixth National Congress, August 2017

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The following resolutions were adopted at a plenary session of TAC's sixth national Congress held in Gauteng in August 2017. These resolutions will guide TAC's activities and objectives until the next National Congress. They must be distributed to and discussed by all TAC branches. The National Council (NC), National Office Bearers (NOBs) and Executive Committee (EXCO) are responsible for ensuring their implementation, including ensuring that they are budgeted for and that reports on implementation are provided at every NC.

Commission on Governance and Constitutional Amendments

Resolution 1:
The TAC Constitution shall be amended as follows:

1.1. **Vision:** A unified health system that provides equal access to quality and dignified healthcare services for all. Including people living with HIV and TB.

1.2. **Mission:** TAC engages in monitoring, advocacy and campaigning within the healthcare system to ensure that all public healthcare users can access quality and dignified healthcare – and that all people with HIV and TB can access prevention, treatment, care and support services.

Resolution 2:
On work of Branches and Chairpersons Forums:

2.1. TAC branches must have a minimum 15 paid up members to qualify as a branch.
2.2. The membership subscription fee should remain at R20. This money should be spent on branch activities.
2.3. Chairpersons Forums should meet physically every quarter in between provincial councils with additional teleconferences as needed.
2.4. Branch general meetings should be held at least once a month, and also BOBs should meet monthly.
2.5. The term of office for BOBs should be two years. Each year the performance of the BOBs should be evaluated in a branch meeting.
2.6. Branches shall no longer have Treasurers, instead they will have Branch Organisers.
2.7. If corruption is found within branches, members will be asked to no longer be affiliated with TAC

Resolution 3:
On Provincial and National Leadership:

3.1. Term of service for Provincial Office Bearers (POBs) and NOBs should be three years.
3.2. NOBs and POBs should have physical meetings four times a year, with teleconferences in between.
3.3. No TAC staff members should be elected to leadership positions, if this happens that person has to be given three months to decide between the staff and leadership position.
3.4. If corruption is found within the National Office, said person(s) will be asked to no longer be affiliated with TAC

Resolution 4:

4.1. TAC endorses the following partner organisations as permanent members of the National Council:

- *Médecins Sans Frontières (MSF),*
- *SECTION27,*
- *Rural Health Advocacy Project (RHAP),*
- *Stop Stockouts Project (SSP),*
- *the South African HIV Clinicians Society, and the*
- *People's Health Movement (PHM).*

- 4.2. TAC NC must *develop* specific criteria for potential organisations that wish to partner with TAC and for membership of the NC (these criteria must look at the objectives of the organisation and whether they are aligned with TAC). However, if partner organisations are in conflict with TAC's missions, partnership can be terminated.

Resolution 5:
On TAC Sectors:

- TAC endorses the following sectors – PLHIV, Women's, LGBTQIA+, Youth, and Men's.

Resolution 6:
On TAC sectors' policy focus areas:

TAC's sector representatives at a branch, provincial and national level will work in a coordinated and standardised manner to lead on advocacy campaigns that are related to their sectors as outlined below:

6.1. The **PLHIV Sector** will focus on the following:

a. Monitoring the HIV and TB response broadly;
b. Addressing issues of stigma, discrimination, forced disclosure of PLHIV;
c. HIV testing (including VCT, HIV self-testing etc.);
d. HIV prevention (including in schools, PrEP etc.);
e. Treatment literacy – including following developments of new regimens for HIV and TB;

f. Treatment adherence, side effects, & adherence clubs;
g. Treatment resistance;
h. Monitoring within TAC structures to provide support to TAC members with regard to long-term adherence, defaulting, and treatment resistance.

6.2. The **Women's Sector** will focus on the following:

a. Issues related to gender based violence (GBV);
b. Addressing issues of patriarchy, inequality and gender discrimination within TAC structures and externally where necessary;
c. Advocating for access to PrEP;
d. Advocating for access to sexual and reproductive health and rights (SRHR) services and leading programmes related to this;
e. Monitoring and lobbying for young girls to access the HPV vaccine (as part of the adoption and monitoring of schools);
f. Ensuring women who did not get the HPV vaccine understand the importance of pap smears and encourage uptake;
g. Advocate for access to diagnostic tools and treatment for cervical cancer.

6.3. The **Youth Sector** will focus on the following:

a. Advocating for HIV prevention measures including easy access to male and female condoms in schools, comprehensive sexuality education in schools;
b. Advocating for youth friendly sexual and reproductive health and services (SRHR) at health facilities;
c. Advocating for better access to prevention tools for young people;
d. Monitoring and lobbying for young girls to access the HPV vaccine (as part of the adoption and monitoring of schools);
e. Advocating for young women and girls to access free sanitary wear in schools to protect their right to education;
f. Ensuring branches have adopted and monitor a school;
g. Addressing issues related to young people being unconcerned about getting HIV.

6.4. The **LGBTQIA+ Sector** will focus on the following:

a. Issues related to violence, hate crimes, discrimination and inequality of the LGBTQIA+ community;
b. Addressing issues of homophobia and transphobia internally within TAC structures and externally;

c. Sensitising our communities to better support the rights of LGBTQIA+ people;
d. Advocating and supporting LGBTQIA+ people to access all healthcare services including SRHR services – in a dignified manner;
e. Advocating for transgender and gender non-binary people to be able to use the bathroom gender of their choice;
f. Advocating for increased access to HIV prevention methods including condoms, lubricant, PrEP, VMMC etc. – in particular for those at high risk of HIV acquisition including men who have sex with men, sex workers and those who identify as transgender

6.5. The **Men's Sector** will focus on the following:
a. Act as ambassadors to encourage men to use public healthcare services in general;
b. Promoting HIV testing amongst men;
c. Promoting the uptake of voluntary male medical circumcision (VMMC);
d. Promoting condom usage amongst men and other HIV prevention methods;
e. Understanding and addressing the issues of privilege, gender discrimination, patriarchy, and inequality with men within TAC structures in order to support the agenda of the Women's Sector and LGBTQIA+ Sector.

Commission on Building Local, National and International Activism

Resolution 7:
TAC's four key campaigns are:
i. *Building Local, National and International Activism*
ii. *Health System Strengthening*
iii. *Monitoring the HIV and TB Response*
iv. *Access to Affordable and Quality Medicines*

Resolution 8:
TAC resolves that the campaign titled "Monitoring the implementation of the NSP" is changed to "Monitoring the HIV and TB response"

Resolution 9:
TAC should develop a leadership induction and development programme, whose primary objective is to build the capacity of TAC leaders at branch, provincial and national level.

Resolution 10:
TAC Branches need to revive their capacity building programme, which is relevant to the current political climate.

Resolution 11:
TAC needs to be even more visible in communities across the country and pay even closer attention to the needs of the communities on the ground.

Resolution 12:
TAC members need to be ambassadors for TAC at all times.

Resolution 13:
TAC members should know relevant laws and the different roles and levels of the healthcare system in order to successfully implement our campaigns.

Resolution 14:
All TAC trainings and workshops taking place at provincial and national levels should be open to all TAC members.

Resolution 15:
TAC should establish sub committees/teams for each of its four key strategic campaigns to help the organisation in setting clear goals for each of our four key campaigns, as this will involve all comrades and share the work load.

Resolution 16:
TAC will develop a second layer of leadership by empowering members and delegating some responsibilities with a particular focus on women and youth.

Resolution 17:
TAC leadership will implement a mentoring programme at all levels in the organisation.

Resolution 18:
TAC will build a leadership school programme which take into account past experiences includes an aspect of “train the trainer”.

Resolution 19:
TAC will support encourage and pledge solidarity to other struggles for social justice following consultation with branch members.

Resolution 20:
TAC will evaluate and strengthen it's Treatment Literacy programme through an accreditation process.

Commission on Health System Strengthening

Resolution 21:
TAC must continue to expose health system crises at all levels in order to turnaround the situation in the public healthcare system.

Resolution 22:
TAC branches must carry out monthly monitoring of clinics, hospitals and other public health facilities in order to properly document the state of local healthcare services and inform effective local campaigns. The results of monitoring must be reported upwards and collated to ensure we have a clear picture of the state of healthcare across the country, and to inform our advocacy at district, provincial and national levels.

Resolution 23:
Leaders at relevant levels must represent TAC in accountability structures including clinic committees and hospital boards to advance agreed advocacy demands.

Resolution 24:
Each branch must adopt a clinic and a school, and where possible should engage police forums on GBV issues and churches on HIV awareness. Further, capacity-permitting, TAC will follow municipal, provincial and national health portfolio committee processes and local to national level budget processes to inform advocacy strategies.

Resolution 25:
TAC acknowledges that South Africa has a mental health crisis that is often ignored by government and civil society as an intersectional part of our health system.

On National Health Insurance:

Resolution 26:
TAC supports the establishment of a National Health Insurance (NHI) system in South Africa that aims to make healthcare funding more equal and accessible to all, underpins the values of life, dignity, social solidarity, and risk-sharing that TAC fully believes in and supports.

Resolution 27:
TAC considers a progressive and effectively structured and implemented NHI system to be essential to the achievement of universal health coverage in South Africa in the medium to long term.

Resolution 28:
TAC will however be independent and critical of the policy and implementation of NHI where necessary and take action where needed (for example on issues such as the exclusion of foreign nationals and the exclusion of civil society from most NHI committees).

Resolution 29:
TAC will inform and empower our members about the details of the proposed NHI system and monitor its implementation and progress at a local level. Progress will be reported upwards from branches to ensure we have a clear picture of the state of NHI implementation across the country to inform our advocacy.

Resolution 30:
TAC supports proposals by the Minister of Health to bring an end to tax rebates for members of medical aid schemes.

Resolution 31:
As part of TAC's NHI-related campaigning, we will assist patients who cannot receive decent healthcare in the public sector with seeking healthcare in the private sector. This may include sit-ins at private hospitals – providing the needs of the patient is of sufficient seriousness and was not being treated, or there was no immediate prospect of it being treated, in the public sector.

Healthcare worker shortages:
Resolution 32:
TAC considers the funding situation in provinces and the shortage of appropriately trained healthcare workers in the public sector to constitute a crisis that requires an urgent response. We will work with partner organisations to address this crisis.

Community Healthcare Workers:
Resolution 33:
TAC will continue to actively support community healthcare workers (including home-based carers, lay counsellors and others) in their struggle for fair and decent employment directly by government.

Resolution 34:
We recognise however that these struggles are not our core work and must not be lead by us, but by organisations or labour unions that specifically represent community healthcare workers. TAC will engage labour unions on their role in this regard.

Resolution 35:
In agreement with public comments made by the director of UNAIDS, TAC believes that South Africa needs at least 200,000 appropriately trained and supported community healthcare workers to effectively respond to HIV, TB and non-communicable diseases. TAC will support high-level advocacy and policy reform efforts aimed at ensuring that this number of CHWs are employed by the state.

Commission on Monitoring the HIV and TB response

Resolution 36:
On the issues of TB, HIV and STIs:

36.1. Funding-permitting, TAC will revive our Treatment Literacy presence in health facilities with Provincial Treatment Literacy people and branch organisers providing Treatment Literacy education in health facilities and communities.
36.2. TAC considers it a moral imperative that the government provides young people with all the tools they need to prevent HIV and

teenage pregnancy, and protect the Constitutional right to health and education. This includes

a. making male and female condoms easily available in schools,
b. providing comprehensive education on sexuality and reproductive health and rights, and
c. ensuring the availability of sanitary wear in schools.

36.3. Additionally, we need youth friendly clinics that are approachable, accessible and safe – and that integrate services to promote adherence to those already living with HIV.

36.4. Each TAC branch must adopt a school and engage with the SGB and monitor whether learners at that school have access to quality sex education, condoms and sanitary wear.

36.5. Support the ambitious introduction of PrEP for people at high risk of acquiring HIV. TAC is extremely disappointed in the low PrEP targets in the NSP

Resolution 37:
On HIV self-testing:

- TAC will support the rollout of HIV self-test kits and will conduct treatment literacy in our communities to ensure people understand the test and are linked to care and are able to access counselling.

Resolution 38:
On Medical Male Circumcision:

- TAC's Men's sector will engage men to encourage voluntary Medical Male Circumcision and HIV testing.

Resolution 39:
On Women's Health:

39.1. Advocate to improve access to cervical screening;

39.2. Advocate for breast cancer screening and examination and access to affordable treatment.

Resolution 40:
On access to TB screening and treatment:

40.1. Advocate for, and monitor the accessibility and availability of bedaquiline, delamanid and pretomanid for all TB patients in South Africa who could benefit from it;
40.2. Monitor TB in Correctional Centres and advocate for reforms to reduce TB transmission and to improve access to screening, testing treatment and care in correctional facilities;
40.3. Advocate for the widespread availability of Drug Sensitivity Tests to avoid putting people on treatment for multi-drug resistant TB when they have extensively drug-resistant TB;
40.4. Advocate for the decentralisation of drug-resistant TB management, coupled with education, infection control and addressing stigma and discrimination;
40.5. Push for a pharmacist in each health facility.

Resolution 41:
On HIV treatment:

41.1. Strengthen advocacy for access to dolutegravir as part of first-line HIV treatment as supported by scientific evidence;
41.2. Advocate for increased availability of 3rd line HIV treatment regimens.

Resolution 42:
On Care and management of HIV and TB:

42.1. Continue the education and promotion of access to viral load test with results delivered in a timely manner;
42.2. Campaign for government to address the ongoing funding crisis at the National Health Laboratory Service;
42.3. Promote greater access to ARV resistance testing for people not doing well on 2nd line therapy;
42.4. Monitor the efficiency of medicines distributions innovations such as the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) system and respond to problems that arise;

42.5. Support the widespread establishment of adherence clubs – managed through provincial health departments – that would reduce the burden on clinics and provide better access to treatment and care.

Resolution 43:
On Accountability Structures:

43.1. Acknowledge that it is not only the government that is captured, but also AIDS Councils and that it is our duty to monitor and hold these structures accountable;
43.2. Ensure that these structures continue to exist and are functional by actively participating in them;
43.3. Identify where international funding should be prioritised and gather data to support this.
43.4. Build community based civil society forums.
43.5. Ensure members are informed and able to learn in order to be effective and participate meaningfully in these meetings.
43.6. TAC will provisionally remain in SANAC, but withdraw if our concerns are not urgently addressed and only return to SANAC once all our concerns with the governance and transparency of SANAC have been fully and satisfactorily addressed.
43.7. TAC will not withdraw from AIDS Councils at provincial, district, or local level. TAC will remain active in these structures since this is where we can hold government accountable for implementation of the NSP.
43.8. Evidence collected at branch level should inform issues TAC representatives take to local, district and provincial AIDS councils. Representatives must report back on discussions and resolutions after each meeting.

Commission on TAC position regarding access to medicines

On access to medicines in local healthcare facilities
Resolution 44:
TAC is committed to monitoring any stockouts and shortages of medicines and/or medical supplies at local facilities and reporting these rapidly within TAC, and to partners such as the Stop Stockouts Project through existing channels.

TAC will ensure clinic committees understand stockouts and support efforts to address them. TAC will continue to speak out publicly on issues related to stockouts in order to rectify them speedily. TAC will advocate for systemic solutions to stockouts in the country.

Resolution 45:
TAC will ensure that branch members and clinic committees understand issues related to stockouts and shortages of medicines.

Resolution 46:
TAC branches will undergo simple treatment literacy to understand the details of current clinical trials underway that are advancing treatment for HIV and drug resistant-TB in South Africa – in order to engage in demand creation at a community level for better, more tolerable, safer and more effective diagnostics and treatments.

The impact of patents on access to medicines and the innovation of new medicines

Resolution 47:
TAC considers it morally unacceptable that many medicines are unavailable, unsuitable or unaffordable. We are committed to activism that will bring about a more rational and humane policy and legal framework to guide how society pays for existing medicines and for the research and development of new medicines. This includes activism through the "Fix the Patent Laws campaign" and the "Tobeka Daki Campaign for Access to Trastuzumab".

Resolution 48:
TAC will capacitate our branches through our extended treatment literacy programme on issues related to access to medicines.

Resolution 49:
TAC will continue to put pressure on the Department of Trade and Industry, the Department of Science and Technology and other relevant structures to force the rapid adoption of a progressive IP policy by Cabinet and the swift incorporation of this into national law in order to ensure better access to affordable medicines for HIV, TB, cancer, mental health, and other conditions.

Resolution 50:
TAC will advocate for the South African government and the governments of other high TB burden countries to invest more in TB research so that we can get better tests and medicines for TB. We will also advocate for our governments to fund this research in ways that avoids high prices at the end.

Resolution 51:
TAC will advocate for wider reforms to the medical innovation system that will incentivise more research and development based on global health needs (including new TB medicines and new antibiotics) through initiatives that avoid high prices at the end.

TAC's position regarding corruption

Resolution 52:

TAC is a social movement of poor people that embraces the Constitution's vision of social justice and equality.

TAC fights to advance the rule of law and to protect independent institutions and chapter 9 bodies that are necessary for the delivery of socio-economic rights, including the right of access to healthcare services.

TAC will mobilise its members and supporters to support and work with organisations and social movements that address issues of corruption, political accountability and transparency and which fight to advance social justice.

A clear memorandum of understanding should be developed with those organisations we work with.

Resolution 53:
TAC will thoroughly capacitate its members on corruption and political issues, particularly as they relate to access to healthcare services.

On criteria for Appointment to the Board

Resolution 54:
Recognising:

A. The resolution of the Special General Council of 28th June 2013 on Strengthening TAC Governance and Accountability, and for the formation of a Board of the TAC,
B. The Memorandum of Incorporation of the Treatment Action Campaign ("**TAC**") requires that Board members be appointment based on a set of criteria which are adopted by the Board and the National Council.
C. The need to ensure continuity between the board terms, must seek to ensure there is sufficient number of member that continue between the successive terms of office.

Therefore Resolve:
The Board and the National Council hereby adopt the criteria set out below for the appointment of Board members who must (other than elected office bearers who are ex-officio members of the Board), have the following qualities, competencies, experience and expertise:

1. Support and strive to advance TAC's vision, mission and objectives;
2. Have a demonstrated/proven commitment to social justice;
3. Be able to exercise independence and have no material interest in TAC;
4. Not hold a position in any political party that may give rise to a conflict of interest;
5. Demonstrated leadership in business, academia, civil society or the provision of health care services;
6. Recognised integrity and be respected in in their own field and with no record(s) of professional misconduct;
7. Indicated ability and time to participate in at least 4 board meetings per year, preparation for meetings and to provide advice and assistance between meetings;
8. No perceived or actual conflict of interest with TAC;
9. The board must have a representation of women and persons openly living with HIV and it must reflect the racial demographics of South Africa;
10. The independent directors must bring certain skills, experience and expertise in order to ensure effective governance of TAC.

Further General Criteria:

1. The board must appoint a finance and audit committee headed by a suitably qualified person to support the Chief Finance officer in the performance of their function and the management the organisation financials.
2. The board must appoint human resources and remuneration committee led by a suitable qualified person to support the HR officer in the performance of their function.
3. **Therefore:** The board needs to have within its composition persons with suitably qualified persons with **finance, and human resource skills**.
4. Further, given the organisations reliance on medical evidence and litigation in advancing its work, it is necessary to have amongst its members suitably qualified persons with **litigation skills, and medical expertise in communicable diseases, particularly HIV and TB.**

Further:

That the following members are appointed and given the mandate to co-opt further members to the board in order to:

1. Ensure continuity between the successive terms of office
2. Gender balance and the fulfilment of the above criteria
    a. Qondisa Ngwenya
    b. Jane Barret
    c. Mark Heywood
    d. Fareed Abdullah
    e. Moray Hawthorn
    f. Chairperson of the TAC
    g. General Secretary of the TAC
    h. PLHIV sector rep
    i. Nawej Ntambw (Treasurer)

ENDS