
TAC
TREATMENT ACTION CAMPAIGN

# Annual Report

1 March 2008 to 28 February 2009

# Glossary

| | |
|---|---|
| ANC | African National Congress |
| ART | Antiretroviral Therapy |
| CHA | Community Health Advocacy/ Advocate |
| GFATM | Global Fund to Fight AIDS TB and Malaria |
| HAART | Highly Active Antiretroviral Therapy |
| NEC | National Executive Committee (of TAC) |
| NSP | National Strategic Plan (2007–2011) |
| PCR | Policy, Communications and Research |
| PTL | Prevention and Treatment Literacy |
| PMTCT | Prevention of Mother to Child Transmission |
| SANAC | The South African National AIDS Council |



# Content




# Executive Summary

We have pleasure in presenting to you the Annual Report of the Treatment Action Campaign (TAC), for the period 1 March 2008 to 28 February 2009. This was a significant year for TAC, not least because during this period the organisation turned 10 years old. In due course, we will be publishing a TAC ten-year history book reflecting on the challenges and highlights of the past decade since TAC's establishment on 10 December 1998.

The year was also important in that it marked both significant changes in the South African political landscape – and in the South African government's stance towards HIV and AIDS. The 54th National Congress of the African National Congress (ANC) in December 2007 wrought sweeping changes to the political leadership of the ANC. The then president of South Africa, Thabo Mbeki was subsequently recalled by the ANC in September 2008.

This was immediately followed by the reshuffling of parliament, which saw the then Minister of Health, Dr Manto Tshabalala-Msimang, moved to the Office of the Presidency and Ms Barbara Hogan appointed as the new Minister of Health. Minister Hogan wasted no time in signalling the death of AIDS denialism and a renewed political will in government to tackle the HIV/AIDS epidemic. Furthermore, in 2008, the duty of the state to enforce the scientific governance of medicines was unequivocally established in a landmark judgement handed down by the Cape Town High Court.

Immediately, new space was opened for TAC to productively engage with government and there was a renewed sense of hope for the improved implementation of the National Strategic Plan 2007–2011 (NSP), South Africa's policy for the prevention and treatment of HIV/AIDS.

This was indeed a positive development, because political commitment to adequately resourcing service delivery will be key to strengthening the health system and meeting the challenges of the HIV epidemic in South Africa. However, this is no time for complacency. Many of our provinces are struggling to increase their antiretroviral roll-out programmes as per the NSP, which aims to have 1.5 million people on treatment and to halve new infections by 2011.

The plan is being undermined by budget shortfalls and poor management in the health sector. Budget shortfalls led to a moratorium of initiating new patients onto treatment in the Free State province in November 2008. The failure to initiate new patients on treatment, and further interruptions to the treatment supplies of patients already on ARVs, led to the deaths of an additional thirty people from AIDS every day for the four month moratorium (This was a conservative estimate by the South African HIV Clinicians Society). TAC responded to the Free State moratorium and to the crisis in resources for health at large by campaigning for the better management and apportioning of resources to ensure needs based budgeting for health.

There have been some positive developments in relation to government's formulation of an approach to addressing the many problems which currently face the South African health system. A roadmap for health system reform was developed by the ANC in consultation with health experts, through a process facilitated by the Development Bank of South Africa. However, it is not very clear how the proposals in this document fit with proposals for a National Health Insurance system, which is a key part of the ANC's election manifesto. While the roadmap suggests many workable solutions, it remains to be seen whether these will be pursued and implemented. There are also many unanswered questions related to the various proposals, not the least of which is how they would be financed within the current financial climate.

Clearly, the role for civil society in monitoring, advocating for and promoting health system reform has not diminished – and TAC will continue to be instrumental in strengthening the voice of civil society in this regard. There have been recent good examples of civil society cooperating to this end. One such example was a joint civil society response to the budget crisis in the Free State. Another example was civil society, for the first time working under SANAC leadership to effectively communicate key messages across the country.

As TAC celebrates its 10 year anniversary, we are reminded that the consequences of our denialist history loom largely in the present. We continue fighting many battles, including those against: insufficient spending on healthcare; trends toward decreased international funding for HIV/AIDS; gender-based violence; infant and maternal mortality; xenophobia; and other threats to human rights. Civil society still has a long way to go before universal access is achieved.

Finally, this year has also been significant to TAC in terms of its own internal restructuring and strategic refocusing. The process was painful for TAC staff and membership, but resulted in a more focused approach to the allocation of resources to making service delivery work at district level – which is where change is most important to improve implementation. The restructuring process resulted in the selection of the following model districts and focal points for implementation of TAC programmatic activities: Mopani (Limpopo), Gert Sibande (Mpumalanga), Khayelitsha (Western Cape), OR Tambo – Lusikisiki (Eastern Cape), Umgungundlovu (KwaZulu – Natal) and Ekurhuleni (Gauteng).

This process will make the organisation stronger and more relevant in its work as we enter into a new political era and as we endeavour to ensure an accelerated implementation of the NSP, health system strengthening and better resourcing of our health care systems.

All of this work moving forward will need strong partnerships and vigilance. We would like to acknowledge and thank all of our partners for their continued support and hope that they remain close allies of the TAC – AIDS Law Project, AIDS and Rights Alliance of Southern Africa, AIDS Consortium, Medicines Sans Frontiers, and many others.

We would like to thank all of our donors for their continued support. Our work is not possible without them.

# TAC Political Structure: National Congress


## Vuyiseka Dubula, TAC General Secretary

Vuyiseka Dubula was elected General Secretary of TAC in 2008. She has been actively involved with TAC since 2001. As a young woman she joined TAC after learning her HIV positive status. In 2002 Vuyiseka began working as a TAC treatment literacy coordinator in the Western Cape. Vuyiseka also worked for Medicines Sans Frontiers as a community mobilisation officer setting up adherence clubs for stable clients of antiretroviral treatment. She is a representative of people living with HIV in the South African National AIDS Council and also serves as the Chairperson on the board of directors in the AIDS Law Project. She lives with her daughter and husband in Philippi, Cape Town.

## Nonkosi Khumalo, TAC Chairperson

Nonkosi Khumalo is a mother and an AIDS activist. She currently serves as the Chairperson of TAC. She began her tenure at TAC in 2001 as the organisation's National Executive Secretary. Shortly after, she served as the National Women's Health Programmes Coordinator where her focus was on evaluating Mother-to-Child Transmission Programmes, and the availability of Post-Exposure Prophylaxis for rape survivors in public health facilities. In 2004, Nonkosi was promoted to lead TAC's Treatment Project. She is currently working on the implementation and research of the National Strategic Plan (2007–2011) for the South African National AIDS Council, serving as an Executive Member of the University of Natal for the Movement Against Women Abuse and as a board member of the AIDS Rights Alliance of Southern Africa.

National Congress is the highest decision making body of the Treatment Action Campaign. It meets every two years to make resolutions on TAC's strategic focus and governance. TAC members, not staff, are the representative majority on National Congress. Our 4th National Congress was held during March 2008.

During National Congress, TAC elects a National Executive Committee (NEC). The NEC directs the daily decisions of TAC's operations. The elected members of the NEC include: Vuyiseka Dubula (General Secretary), Zackie Achmat (Deputy General Secretary), Nonkosi Khumalo (Chairperson), Rev. Teboho Klaas (Deputy Chairperson), Nathan Geffen (Treasurer) and Mark Heywood (Ex Officio).

## Report from 4th National Congress: 14–16 March 2008

550 delegates from TAC branches across South Africa participated in TAC's 4th National Congress in Ekurhuleni. In keeping with TAC's principles of promoting leadership of women and people living with HIV, the majority of delegates were people living with HIV and women.

During TAC's 3rd National Congress, in 2005, we noted the need to continue to campaign against government supported AIDS denialism and to build pressure for the implementation of ARV treatment programmes.

By contrast the 2008 Congress took place in a new mood of hope, created by the adoption of the National Strategic Plan (2007–2011), the restructuring of SANAC, and the commitment of the new ANC leadership to urgent and effective campaigns to combat HIV. Indeed, at the opening rally of the Congress a call for a partnership with TAC was made by Dr Zweli Mkhize (an ANC NEC member and chairperson of the ANC's health and education committee) and the Deputy President, Mrs Phumzile Mlambo-Ngcuka.

TAC delegates responded unanimously to the call for a robust and honest partnership of common purpose with government. We agreed that TAC will work tirelessly with government on urgent prevention and treatment campaigns, particularly at district and local level.

TAC called on government to urgently resolve current disputes over AIDS policy, stop the victimization of certain doctors, create mechanisms to quickly resolve disputes that may arise in the future, and resolve key policy issues that are delaying and undermining implementation of the NSP.

TAC spoke out against the devastatingly high levels of rape and violence against women – and the inability of the criminal justice system to do anything about it. TAC called on all the organisation's allies to work together and develop strategies to deal with these devastating problems.

A number of challenges were identified as barriers to health system strengthening and meeting the NSP targets. Resolutions were made to focus campaigning and organizing around these challenges. Challenges include a lack of leadership in terms of meeting the targets in the NSP, a shortage of healthcare workers, insufficient resources, the lack of a clear legal mandate and sufficient funding for the South African National AIDS Council, the need for an emergency plan and action to reduce TB mortality and the spread of drug resistant TB, and the need for improvement of the PMTCT programme.

TAC was stronger and more united than ever at the 4th National Congress. A new generation of community leaders are ready to build TAC in the next decade. We will stand by the Constitution of South Africa. We will work with our government, but not shy away from holding it to account and challenging it whenever necessary.

# Core Programmes

## Prevention and Treatment Literacy (PTL)

Throughout the year TAC continued to develop its prevention and treatment literacy programme although we experienced delays due to funding difficulties.

TAC's PTL practitioners are trained to provide high quality training and public-health education on the science of HIV and TB prevention and treatment. They operate in communities and clinics. 395 PTL practitioners and trainers were recruited and trained from April to December 2008. From March to December 2008 the programme reached over 1 million people.

The PTL programme came to a halt at the end of December 2008 as a consequence of the Global Fund to Fight AIDS TB and Malaria (GFATM) grant flow stoppage. From June until the end of last year, Global Fund payments were put on hold as a result of the principal recipient not meeting all the grant requirements on time, and the principal recipient's work plans not matching the agreement signed with the grantor (TAC is a sub recipient of GFATM funding).

In December 2008, due to the funding difficulties, all of the PTL practitioners and trainers were retrenched with the view to rehire them as soon as funding became available again. Recruitment of staff for this programme commenced again in March 2009.

## Community Health Advocacy (CHA)

The CHA programme was established this year and a training curriculum was developed in consultation with TAC staff around the country. The goal of this programme is to strengthen awareness of and advocate for greater access to comprehensive HIV and TB prevention, treatment, care and support services (including social referral services) at a grass-roots community level.

The majority of TAC community health advocates live in the communities that they operate in and are able to identify issues at a grass roots level. They are trained by TAC to advocate for effective change. The programme aims to develop and strengthen leadership to encourage and support social and community mobilisation.

## Policy, Communications and Research (PCR)

PCR is primarily responsible for ensuring that the experience gained by TAC through working in districts, and the research undertaken by TAC, is used by government and shared with other districts and countries in the region. PCR also provides regular updates and briefings for TAC staff and members on scientific and policy updates that are relevant to the treatment and prevention of HIV and TB.

The PCR department produces educational and advocacy materials. During the financial year, PCR produced the following materials: *Report on Hate Crimes* (2,780 distributed); *TB posters* (4,487 distributed); *TB in Our Lives* booklet (6,266 distributed); *Rape pamphlet* (12,461 distributed); *TB pamphlet* (175,381 distributed); as well as four issues of *Equal Treatment* magazine – topics included *'Youth & HIV'* (51,835 distributed), *'Children & HIV'* (59,850 distributed), *'The Systematic abuse of Immigrants'* (64,170 distributed), and *'TB & HIV'* (61,451 distributed).


Protest
VIOLENCE
26 April - 10:00am
Harare
We Stand
against
Xenophobia
HIV

# Core Campaigns

TAC is highly regarded for its leadership in civil society activism and social mobilisation. We have spearheaded a number of successful campaigns to secure access to prevention to mother to child transmission, access to affordable antiretroviral therapy and to demand the development and adoption of a comprehensive policy for the treatment and prevention of HIV.

During TAC's 4th National Congress it was decided that TAC would campaign around challenges including: a lack of leadership in terms of meeting the targets in the NSP; a shortage of healthcare workers; insufficient resources and the lack of a clear legal mandate for the South African National AIDS Council; the need for an emergency plan of action to reduce TB mortality and the spread of drug resistant TB; and improving the PMTCT programme.

Simultaneously TAC remains an organisation that must be responsive to the changing political environment. TAC must be able to quickly respond to issues as they arise and develop needs based campaigns. Since its inception a decade ago, TAC has developed a leadership role in our society and is often looked to during emergencies that threaten social and human rights. This year we responded to a number of emergencies including the tragic outbreak of xenophobic violence and the moratorium on antiretroviral therapy in the Free State.

Below is an overview of some of TAC's major campaigns carried out throughout the year.

## Access to Treatment

Since its inception, TAC has fought against anticompetitive practices to secure affordable medicines. In late 2007 the AIDS Law Project, acting on behalf of TAC, lodged a complaint with the Competition Commission of South Africa against MSD (Pty) Ltd (the South African subsidiary of multinational drug company Merck). The complaint was lodged as MSD was unlawfully refusing to license the antiretroviral medicine efavirenz on reasonable terms. Following the complaint MSD licensed four generic drug companies – two local producers and two locally-based importers – to bring efavirenz products to market.

Throughout the year TAC has also continued to work to secure access to treatment and prevention services for prisoners. In 2006 fifteen prisoners and TAC, represented by the AIDS Law Project, took the Department of Correctional Services and the Department of Health to court. The Durban High Court ordered government to remove restrictions preventing access to treatment. At this time government disobeyed the order and one of the applicants of the case, prisoner "MM", died. At which time TAC requested reports of the death and was denied.

TAC initiated court action against the Minister of Correctional Services and in February 2009 the Pretoria High Court ordered the Minister to hand over the report on the death of prisoner "MM". This case enforced the accountability of the Minister of Correctional Services and the Minister of Health in upholding the 2006 ruling to provide antiretroviral treatment to prisoners.

## Prevention of Mother to Child Transmission (PMTCT) Programme

In February 2008, following intense pressure from civil society via SANAC and driven by TAC, government finalized its policy for the prevention of mother to child transmission.

Central to the policy was the introduction of dual antiretroviral prophylaxis replacing the single dose nevirapine regimen. Despite important improvements to the PMTCT guidelines a number of shortcomings were identified. TAC will continue to advocate for further improvements to the PMTCT regimen.

TAC developed educational materials and mobilised its branches to inform pregnant women of the new treatment guidelines and their rights and to encourage them to continue to demand a better PMTCT protocol.

## Tuberculosis

Tuberculosis is the leading cause of death for people living with HIV in South Africa.[1] Throughout the year advocacy efforts were carried out to reduce TB/HIV mortality and TAC developed a number of materials promoting a better understanding of TB diagnostics, care and infection control.

Research was conducted on government's TB/HIV policies which led to the development of a report on infection control calling for the implementation of stronger infection control models. Further, TAC participated in a Department of Health's Isoniazid Preventative Therapy (IPT) policy meeting to redraft the IPT policy.

TAC branches carried out various workshops on TB. At the workshops TAC staff presented information on diagnostics, treatment and infection control and emphasised the importance of adherence on treatment and of knowing your TB status.

## Xenophobia

In May 2008 South Africa awoke to a new era of violence. Xenophobia, a term few understood, became a reality for non-South Africans. Xenophobic attacks on immigrants and refugees primarily in Gauteng, the Western Cape and KwaZulu-Natal provinces resulted in over 50,000 people being displaced from their homes.

An emergency relief operation was set up and run from TAC's national office in Cape Town. Key strategic partnerships with civil society partners, institutional donors and many private individuals provided much needed help in the form of food, blankets, sanitary products and cooking utensils to the government camps as well as approximately 60 other community halls, mosques, sport centers and churches that housed people during the crisis.

TAC and partners organized two marches in May to stand up against xenophobia and a public solidarity meeting was held where ordinary South Africans spoke out about the violence that was ravaging the country.


1 Mortality and causes of death in South Africa, 2005: Findings from death notification. P0309.3. Available at http://www.statssa.gov.za/publications/P03093/P030932005.pdf


## Free State ART Moratorium

Due to budget shortfalls for HIV, the Free State Department of Health placed a moratorium on giving new patients antiretroviral treatment from November 2008 through February 2009. The HIV Clinicians Society estimated that an additional 30 people died each day due to their inability to access ART in the province. At this time around 15,000 people in need of treatment were on a waiting list. Others had their treatment regimen interrupted due to drug stock-outs.

TAC campaigned together with the Free State HIV/ AIDS Coalition and the AIDS Law Project condemning the moratorium and demanding its immediate abolition. Our first action was a march which began inside Pelonomi Hospital in the Free State. Lead by comrade Sello Mokhalipi, we joined forces to march from inside the Hospital to the headquarters of the Free State MEC for Health, Sakhiwo Belot, where a memorandum was delivered.

TAC's second action was a demonstration outside Parliament in Cape Town. This was chosen for its proximity to Finance Minister Trevor Manuel, as he delivered his annual budget speech which outlined government's health expenditure plan for the next financial year. The picket was attended by activists from COSATU, the Social Justice Coalition and other civil society partners. A memorandum was handed to Manuel demanding the immediate end to the moratorium and an independent investigation into the financial crisis which led to the moratorium.

The moratorium was finally lifted in March 2009. TAC will, however, continue to closely monitor ART access in the Free State.


## Gender Based Violence

TAC, through its Women's Health and Rights Campaign, highlights the scourge of violence against women and the special risk of HIV transmission through gender-based violence in the communities where we work. We address the failure of the criminal justice system for women, and how laws targeted at women's empowerment are not taken seriously.

### Nandipha Makeke

*On 16 December 2005, 18 year old Nandipha Makeke, a TAC member, was raped and murdered. TAC Khayelitsha activists rallied for over two years to see justice done – attending over 20 court appearances in the process. On 2 April 2008 two of the four men on trial were found guilty and sentenced to 20 years imprisonment.*

### Eudy Simelane

*On 28 April 2008, a footballer for the South African women's team and lesbian and gay rights activist was gang raped, beaten and brutally murdered in her home town, KwaThema Springs (Gauteng). Simelane was stabbed 25 times in her face, chest and legs before her partially clothed body was dumped in a nearby creek. In May of 2008 TAC Ekurhuleni and the People Opposed to Women Abuse held a march condemning the hate crime. Four men were arrested for this crime. One of the men was sentenced to 32 years imprisonment in February 2009, the other 3 men remain on trial.*

### Sesethu Micimelli

*On 24 October 2008, Sesethu Micimelli, an 8 year old on her way home from school, was raped by a 24 year old. TAC activists marched on Mfuleni Police Station to voice their anger, shouting, "Rapists must be removed from our society". A man was arrested and the case was brought before the courts. However, on 30 April 2009, the case was dropped by the courts.*

On 23 May 2008, TAC and partners held a march in Cape Town condemning the high rates of gender based violence in our society and calling on government to promote and protect our constitutional rights to freedom and security.

## Quackery

TAC has continued to challenge individuals and companies profiteering off others' misery by selling untested medicines for AIDS and other diseases. We have taken successful legal action against quacks, as well as lodged a number of successful complaints with the Advertising Standards Authority of South Africa.

In 2005, TAC and the South African Medical Association filed a legal complaint against the vitamin entrepreneur, Matthias Rath, and the former Health Minister, Manto Tshabalala-Msimang, for carrying out unauthorized clinical trials and promoting the use of vitamins to treat HIV.

In 2008 we celebrated the landmark judgement upholding the Medicines and Related Substances Act 101 of 1965 and establishing the duty of the state to enforce the scientific governance of medicines. In the judgement the Cape Town High Court ordered the Minister of Health to take steps to prevent the unauthorised trials of Matthias Rath and other quacks from being conducted in the country.

## Social Grants

Throughout the year TAC staff worked to improve access to social grants by assisting community members in applying for grants and advocating for the development of new social grants including the chronic illness grant and the basic income grant. TAC and partners also advocated that the cancellation of grants for institutionalised drug resistant TB patients be immediately halted.

# TAC and the South African National AIDS Council

In 2007 SANAC underwent a process of restructuring following an internal review in 2006. The new structure aims to provide leadership and facilitate cohesion among civil society. In its new structure SANAC is responsible for overseeing the implementation of the NSP as well as monitoring and evaluating all aspects of the NSP.

The 4th National Congress reaffirmed TAC's commitment to working in partnership with SANAC. A number of TAC members played key roles on a variety of SANAC task teams and committees. Namely, Vuyiseka Dubula and Victor Lackay on the People Living with AIDS sector, Nonkosi Khumalo on the Law and Human Rights Planning Implementation Committee, Mandla Majola and Zackie Achmat on the Prevention Treatment Care and Support Technical Task team and Patricia Madiza and Pholologolo Ramothwala in the Resource and Mobilisation Committee

# Organisational Restructuring

An organisational strategic review followed National Congress, facilitated by an external consultancy, NB Ideas, with funding from the Royal Netherlands Embassy. The review aimed to: create an effective, efficient, ethical and accountable governance and management structure; ensure financial stability and sustainability; and focus and systematise the work of TAC to ensure proper reports to members, the public and donors. The review was a participatory process with substantial buy-in from all levels in the organisation. There were some significant outcomes of the review, some of which are described below.

The review demonstrated that TAC's financial and management capacity would be better applied through the focusing of resources in one "model district" in each of the provinces in which TAC operates. A decision was therefore taken that in each of TAC's six provinces, there would be one provincial office and one additional district office in the relevant model district. Aside from the national office, there would therefore be a total of twelve offices at provincial and district level.

A consultative process was then initiated with TAC membership, staff and partners to determine which of the districts in each province would be selected as the model district for the province. Factors such as HIV prevalence, TAC capacity, and strength of relationships with partners, were taken into account in the final decision-making.

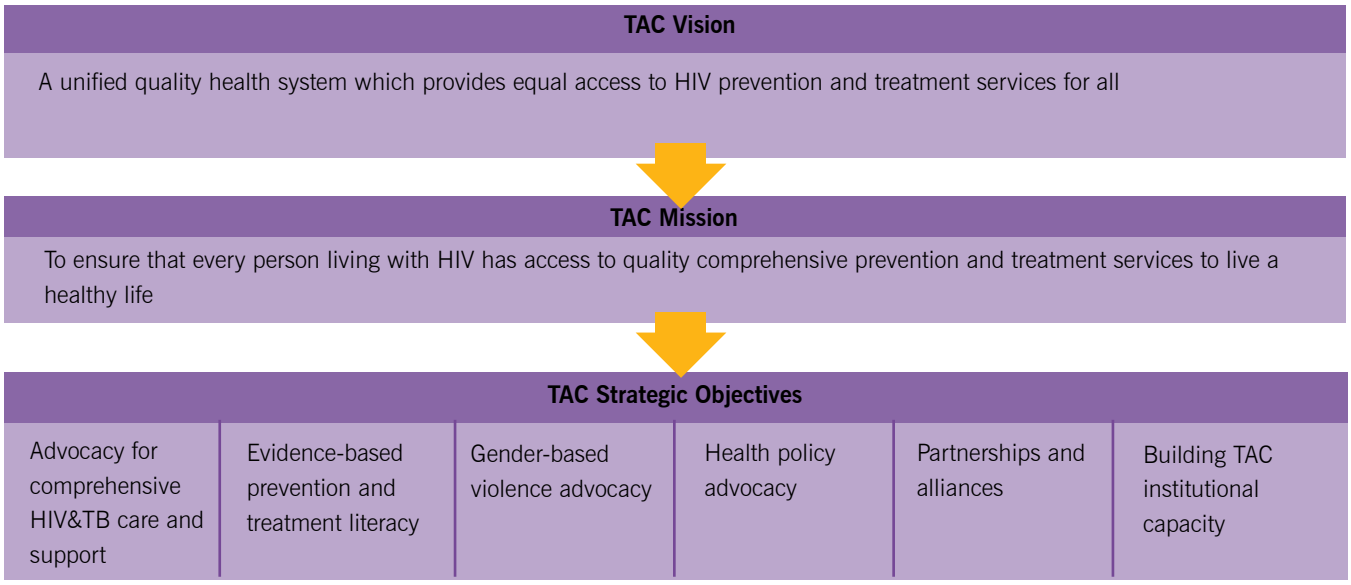
This process gave rise to the selection of the following model districts: Ekurhuleni (Gauteng); Gert Sibande (Mpumalanga); Khayelitsha (Western Cape); Mopani (Limpopo); OR Tambo (Eastern Cape); and uMgungundlovu (KwaZulu-Natal). Provincial offices were retained in: Braamfontein, Durban, East London, Nelspruit, Salt River and Polokwane. As a consequence, offices were closed in Queenstown, Stanger and Klipfontein.

In the course of the restructuring process, 43 staff were redeployed, there were 10 retrenchments of permanent staff, and the contracts of three staff on fixed term contracts were not renewed. In addition, the end of December 2008 saw the termination of the stipendiary contracts of all 315 treatment literacy practitioners, treatment literacy trainers, peer educators and material distributors – with a view to re-employing a smaller number of treatment literacy trainers and practitioners at the beginning of the new financial year.

It is intended that the knowledge and experience gained from these six model districts will inform national advocacy efforts and will be shared with TAC members through branch structures. It is also intended that the demonstrable success of these districts will give rise to a replication of these models by government in other health districts. To achieve these goals, TAC structures within model districts will:

- develop a model for a District HIV/AIDS Plan in line with the NSP;

## Figure 1



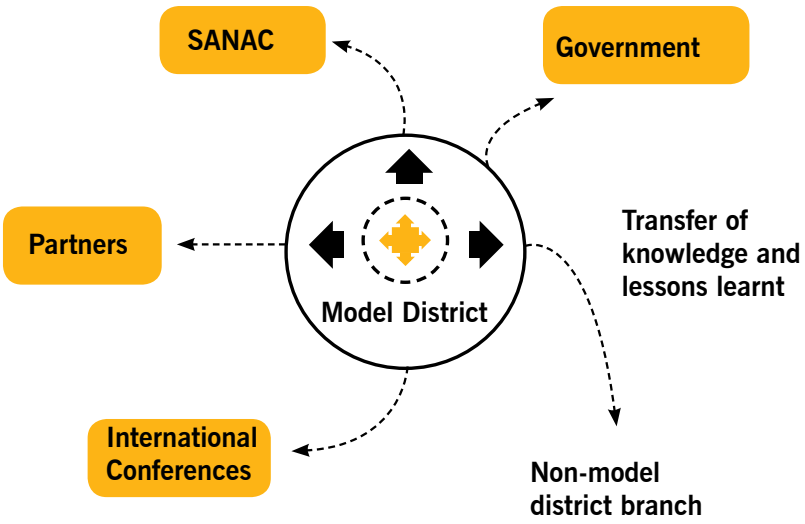
- demonstrate how comprehensive treatment, information and education can result in a reduction in the infection rate of adults and new births;
- develop a team of practitioners and health advocates through building individual and organisational capacity;
- document the process as a tool for reflection, learning and replication; and
- give effect to rights in the Constitution and National Health Act.

In each model district, TAC will start in a local community/branch and build outwards, adding new localities until the entire district is covered. The dissemination of knowledge gained from TAC's experience in the model districts will be directed to government, partners and TAC members through branch structures. TAC branches will provide a platform for people to mobilise and organise around HIV and related health rights, relying largely on volunteers and local resources and materials from TAC national office. Specifically, branches will provide a forum for TAC members to: meet and discuss HIV and related issues; receive scientific information; identify local issues and develop local action programmes; and participate in national campaigns from time to time. The strategic approach is illustrated in Figure 2.

The strategic review session also resulted in the production of a new five-year work plan of the TAC to guide operations, budgeting and monitoring and evaluations.

Finally, recommendations regarding strengthening the governance and management of the organisation were implemented. In particular, a new Chief Operations Officer, Stephen Harrison, was appointed in February 2009. Plans were made to integrate the finance and development office in Johannesburg with the Head Office in Cape Town, and salaried operational staff were removed from the National Secretariat to ensure more effective governance.

## Figure 2




### Stephen Harrison, Chief Operating Officer of the TAC

Stephen Harrison was appointed Chief Operations Officer of the Treatment Action Campaign in February 2009. He has an educational background in public health and law and has worked at the interface of these disciplines for much of his career. Immediately prior to joining TAC, he formed part of the leadership team at the Council for Medical Schemes for almost nine years.

# Fundraising

In this financial year, TAC again saw a significant increase in income, thanks to the generous and growing financial support of many donors. A total income of R51 125 537 was received for the year, including just over R5 million in grants and donations to support TAC's response to the outbreak of xenophobic violence in the country.

The year was not without its funding challenges, however. One of the biggest challenges facing TAC during 2008 was the effect on its operations of a cash flow stoppage in terms of the Round 6 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) from June to December 2008. TAC is a sub-recipient of this grant, which provides significant funding to TAC's prevention and treatment literacy programme.

Payments were put on hold as a result of the principal recipient, the Department of Health, not meeting all the Global Fund requirements on time, and the principle recipient's work plans not matching the grant agreement. The resultant cash flow difficulties were a significant contributor to a decision to terminate the contracts of all prevention and treatment literacy practitioners and trainers at the end of December 2008, with a view to rehiring once cash flow resumed in the new year. Funding resumed in terms of this grant in January 2009, with the GFATM concerns having been satisfactorily resolved. We look forward to a smooth flow of funding in terms of this grant in future.

Table 1 shows the trend of income received by TAC over the past decade. The trend has been very positive – and has made it possible for TAC to make significant impacts in its programmes and campaigns during this period.

We would like to thank all our donors for both their vote of confidence in TAC, and their commitment to supporting efforts to combat the HIV pandemic.

## Table 1


# List of Funders 2008-2009

A list of institutional and individual donors who have contributed to TAC this year is included in Table 2.

## Table 2

| Funding – TAC |
|---|
| Artists for a New South Africa |
| Atlantic Philanthropies |
| Brot für die Welt |
| DFID - South Africa |
| Embassy of Belgium |
| European Union/Hivos |
| Friends Of TAC |
| Free SA |
| Gates Foundation |
| Global AIDS Alliance |
| Global Fund |
| Idols Gives Back |
| JM Lloyd Foundation |
| Levi Strauss Foundation |
| Medecins Sans Frontieres |
| Open Society Foundation for South Africa |
| Open Society Institute |
| Oxfam - Australia |
| Oxfam - Great Britain |
| Royal Netherlands Embassy |
| South Africa Development Fund |
| Swedish International Development Agency |
| The Ford Foundation |

| Funding – Xenophobia |
|---|
| American Jewish World Services |
| Artists for a New South Africa |
| DFID |
| JM Lloyd Foundation |
| Multi Agency Grants Initiative |
| Open Society Foundation for SA |
| Oxfam Great Britain |
| Stephen Lewis Foundation |

TAC also receives many donations from private individuals and organisations throughout the year. TAC is very grateful for the support and would like to thank all individuals and organisations for their contribution.


HIV POSITIVE
HIV POSITIVE
HIV POSITIVE
HIV POSITIVE


# Message Going Forward

The National Strategic Plan (NSP) sets targets to reduce new HIV infections by 50% and provide treatment to 80% of people living with HIV by 2011. We have seen a significant scale up in the number of people receiving ART with approximately 200 000 people being placed on treatment during the year. South Africa now has the largest public ART programme in the world yet more than half the people that require treatment still go without.

However, as we entered 2009, serious problems with the ART roll-out began to emerge. This was most drastically illustrated by the ART moratorium in the Free State. Further, in 2009, commitments to universal access began to decline. This was due both to a global economic downturn as well as a backlash against funding HIV treatment.

It would be disastrous to now turn our backs on all that has been achieved to secure access to ART. We urge governments and the donor community to uphold their commitments and to build on the lessons of health system strengthening from the AIDS response. Universal access is fundamental to reducing new infections, reducing mortality and opportunistic infections and meeting our Millennium Development Goals and NSP targets.

**Aluta continua, the struggle continues!**

# Financial Statements

## 2009 Financial Report

| Statement Of Financial Position | | | Statement Of Activities | | |
|---|---|---|---|---|---|
| | **2009** | **2008** | | **2009** | **2008** |
| **Assets** | | | **Revenue And Support** | | |
| Non Current Assets – Equipment | 507,864 | 382,993 | Grants | 48,303,585 | 35,648,375 |
| Current Assets | 28,200,518 | 15,549,047 | Donations | 1,691,890 | 770,930 |
| | | | Investment and Sundry Income | 1,130,062 | 280,692 |
| **Total Assets** | **28,708,382** | **15,932,040** | **Total Revenue And Support** | **51,125,537** | **36,699,997** |

| Reserves And Liabilities | | | Expenses | | |
|---|---|---|---|---|---|
| | **2009** | **2008** | | **2009** | **2008** |
| Operating Fund | 79,754 | 445,392 | General and Administrative | 22,470,288 | 15,643,732 |
| Equipment Fund | 507,864 | 382,993 | Programmes and Projects | 28,655,249 | 21,625,226 |
| Current Liabilities | 1,266,077 | 1,538,685 | | | |
| Deferred Income | 26,854,687 | 13,564,970 | | | |
| **Total Liabilities** | **28,708,382** | **15,932,040** | **Total Expenses** | **51,125,537** | **37,268,958** |

The full audited statements are available online at http://www.tac.org.za/community/files/file/2009Audit.pdf


HIV
POSITIVE

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