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Annual Report

for

1 March 2003 to 29 February 2004

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1. Introduction

There has been substantial progress in reaching the objectives of the Treatment Action Campaign in the past year. Finally a treatment plan has been delivered (November 2003) and as the year drew to a close, nearly 2000 people were receiving treatment in the South African public sector. This was a victory for people with HIV and all South Africans, and undoubtedly the hard work of TAC members played an important role in this achievement. Yet, there are difficult challenges ahead. The Minister of Health continues to find opportunities to delay the rollout of the treatment plan. The public health care system is under stress; many health−care workers are underpaid, overworked or poorly trained, the burden of HIV has increased patients loads and more patients are being rationed out of the health system, and this is compounded by high infection and morbidity rates among health−care workers, as found by a government commissioned study just recently brought to public attention by the media[1]. TAC's work in the year ahead must be to ensure that the plan is carried out despite political obstructions and that a campaign to build a people−centred health service gains momentum.

TAC continued to grow in 2003. Provincial offices started in Limpopo and Mpumalanga and District offices in Pietermaritzburg, Queenstown and Lusikisiki. There are approximately 150 branches countrywide and over 8000 members recorded on the newly established TAC Membership Database.

Many important events took place in the last financial year, but four stand out. Firstly, the TAC ran a civil disobedience campaign during March and April. Secondly, government committed to a treatment plan on 8 August which culminated with the adoption of the plan on 19 November. Thirdly, following litigation via the Competition Commission, unprecedented settlement agreements were signed with Boehringer Ingelheim and GlaxoSmithKline which has resulted in lower−priced antiretroviral medicines for Sub−Saharan Africa. Lastly, the TAC also held its Second National Congress in 2003, at which a new National Executive Committee was elected. Elections for secretariat positions were held using secret ballot under the auspices of the Independent Electoral Commission.

The year was also marked by tragedy. As at least 600 South Africans a day, on average, died of AIDS. The TAC also lost many members, including one of its leaders, Edward Mabunda. His poetry inspired TAC members across the country. In a four month period between April and July, volunteers submitted the names of TAC members or people in their families who died. Over 115 names were submitted and these were put on a TAC poster for the National Congress. In response to this growing tragedy, a separate Section 21 organisation was established, the TAC Treatment Project, with the purpose of treating members with AIDS. By end of February 2004, over 40 people were treated through the project and hundreds more people with HIV had taken CD4 tests funded by the project. The project's activities are being integrated into the TAC's provincial and branch work.

In December, the TAC experienced tragedy of another kind. Lorna Mlofane, a dedicated TAC volunteer in the Western Cape was murdered by thugs in the township of Khayelitsha. She was only 25. While the case is still under investigation, there is substantial evidence that her alleged murderers, who are gangsters, beat her to death because of her HIV status. The TAC organised a memorial march for Lorna in Khayelitsha to demonstrate the community's

[1]The Impact of HIV/AIDS on the Health Sector by O. Shisana et al., 2002, available from the HSRC. Also see the South African Health Review 2003 published by Health Systems Trust.

anger at this deed and to send a clear message that discrimination against people with HIV is not tolerated in Khayelitsha.[2]

The efforts of the TAC have been recognised by two prestigious organisations in the last year. The TAC was awarded the Nelson Mandela Health and Human Rights Award for 2003 and the American Friends Service Committee nominated the TAC and its chairperson, Zackie Achmat, for the Nobel Peace Prize.

[2]At the time of writing, a murder trial for the alleged perpetrators is still ongoing.

2. Organisational Structure

The daily decisions of the TAC are directed by a four−person secretariat which is a subset of the National Executive Committee (NEC). The secretariat members are Zackie Achmat (chairperson), Sipho Mthathi (deputy−chairperson), Mandla Majola (secretary) and Mark Heywood (treasurer). The NEC, which was elected for two years at the Second TAC National Congress, is responsible for strategic decisions.

The TAC has six provincial offices (Western Cape, Gauteng, Kwazulu−Natal, Eastern Cape, Limpopo and Mpumalanga) and a national office (based in Cape Town). The provincial offices generally consist of a co−ordinator (who manages the office), a treatment literacy co−ordinator, an organiser (responsible for building branches) and an administrator. Each office serves branches run by volunteers throughout the province. The provincial offices are overseen by Provincial Executive Committees (PECs), comprised of volunteers representing branches. At least one PEC member in each province sits on the NEC. The National Office co−ordinates the provincial offices, national events, a Resource Centre, electronic media, treatment literacy, press statements, databases (membership and others), Treatment Project and finances. The provincial offices are responsible for branch−building, running treatment literacy workshops, mobilisation for TAC events and assisting the Treatment Project.

At the end of February 2004, TAC employed 36 full−time staff members and over ten individuals received regular payment from TAC for part−time contract work. This excludes the employees of the Treatment Project.

3. Provincial and District Offices

The TAC has four fully operational provincial offices (Western Cape, Gauteng, Eastern Cape and Kwazulu−Natal) and two recently established offices (Limpopo and Mpumalanga) with approximately 8,300 members. The provincial offices are responsible for conducting treatment literacy, organising branches and branch activities and mobilising for TAC public events.

Because of the growth in TAC branches and the growing importance of TAC work at a local level, as well as the need to work to improve clinics and educating communities about HIV−related issues, the organisation has started a number of district offices. The role of these offices, which report to their provincial offices, is to ensure that branches in the district are organised and carry out appropriate workplans. Three TAC district offices were started in 2003. These were Pietermaritzburg in Kwazulu−Natal and Queenstown and Lusikisiki in Eastern Cape.

Below are reports for each province, but many more provincial events are reported on in the summary of events of the year on page 29.

3.1. Gauteng Province

The Gauteng provincial office has, in line with the TAC model in the rest of the country, transformed to a branch based system. In order to facilitate this, an organiser and treatment literacy co−ordinator were hired. The province also has an administrator and co−ordinator. The office has converted its previous region−based setup to 15 branches with over 1,000 members.

The Gauteng office took responsibility for organising numerous national events in the Johannesburg and Tshwane (Pretoria) area, particularly around the civil disobedience campaign. The office continues to have a productive working relationship with the Gauteng Government which is now committed to rolling out antiretroviral therapy.

One of the reasons for the growth and continued success of the Gauteng office has the establishment of a functional Provincial Executive Committee (PEC) with strong representation of people living with HIV. The PEC meets every two weeks and together with the Gauteng staff determines activities and strategies for the province. The province was further strengthened by holding several workshops and meetings aimed at strengthening the province's TAC leaders.

3.2. Western Cape Province

The Western Cape office is based in Cape Town's biggest township, Khayelitsha. The province has 45 branches and approximately 2,900 members. The office has a co−ordinator and an administrator, an assistant to the co−ordinator and two treatment literacy co−ordinators.

Treatment is more widely available in the public sector in the Western Cape than any other province. By the end of February 2004, slightly fewer than 2,000 people were on treatment as part of the rollout of the treatment plan. Although a considerable amount of the resources for the programme come via NGOs, the provincial government has displayed genuine

political will to start the programme. The productive working relationship between the Western Cape Department of Health and the TAC has resulted in community involvement in many of the antiretroviral sites and is likely to lead to a number of joint public education initiatives.

Since Parliament is in Cape Town, the Western Cape office is also responsible for monitoring parliamentary activities. The office organised 10 to 20 (and for one event, about 100) volunteers to attend many of the Parliamentary Portfolio Committee on Health hearings, a number of which generated significant media attention, particularly when the volunteers walked out of a hearing at which the committee, which has a reputation for being ineffective, took an uncritical view of government's failure to sign the NEDLAC agreement.

In August, TAC participated in a campaign with ACCESS, LoveLife and Soul City to educate branch members and communities about social grants and to assist with social grant applications.

The relatively swift rollout of antiretroviral treatment in the Western Cape presented an opportunity for TAC to organise and celebrate the one year anniversary of rollout in Gugulethu, where 350 people were on treatment by August.

3.3. Kwazulu−Natal

The KZN office is based in Durban. The office is responsible for 43 branches and approximately 1,700 members. The office consists of a co−ordinator, treatment literacy co−ordinator, administrator and organiser. A district office has also been started in Pietermaritzburg and is staffed by a co−ordinator. This district office has been a hub of successful branch activity and it is therefore being used as the subject of a TAC video, currently being made, on how district offices should work.

The KZN provincial office bore the brunt of the civil disobedience campaign, with many of its members, including staff, being assaulted by police when they conducted their first non−violent civil disobedience event on 20 March 2003.

However, relations between the KZN office and the KZN provincial government have strengthened and the KZN Department of Health committed to implementing antiretroviral treatment within weeks of the TAC financial year−end.

The KZN office conducted a workshop for leading members on a health−system survey put together by the national office. This was used by the participants to conduct a clinic survey in the province, the results of which will be released in June 2004 at the People's Health Summit. The office also conducted a six day workshop for leading members on the South African district health system.

On 12 June 2003, the KZN office organised a march to the Africa Economic Summit of the World Economic Forum demanding that African governments develop treatment and prevention plans for HIV/AIDS.

In July, the office held its Provincial Congress. The office then provided assistance with the organisation of the TAC National Congress, held in Durban in August and a successful, well−received, large march to the opening of the International AIDS Conference held immediately after the TAC National Congress, organised almost entirely by the KZN office at a moment's notice. Government's announcement of a treatment plan came four days after

this march which was the culmination of mounting pressure, epitomised by the civil disobedience campaign.

Other achievements of the office included building or maintaining strong links with COSATU, various NGOs and support groups. An important challenge for the next financial year will be ensuring that links with other organisations are sustained through concrete actions, such as treatment literacy workshops. The provincial work also needs to become more systematic.

3.4. Eastern Cape

The TAC office consists of a co−ordinator, organiser and treatment literacy co−ordinator. It serves 49 branches with 1 900 members. The large size of the province and its large rural population make building the TAC here more complex, but the office's field of activity has expanded rapidly. As a result of the demand for treatment literacy and TAC advocacy, district offices were started in Lusikisiki and Queenstown. Each of these is staffed by an organiser. The Lusikisiki office works closely with the Medecins Sans Frontieres antiretroviral treatment programme initiated in Lusikisiki and has been responsible for ensuring community involvement and acceptance of the programme.

The Eastern Cape Government is perhaps the least functional provincial Government in South Africa. A central challenge for the Eastern Cape office is to overcome blockages in the civil service in order to get medicines and proper services into clinics and hospitals. Rollout of mother−to−child transmission prevention continues to be slow in the province and many clinics and hospitals function poorly. Rollout of treatment is non−existent outside of Lusikisiki. Yet, TAC treatment literacy efforts in the province are oversubscribed and the organisation cannot meet demand. The central challenge for the provincial office in the years to come is to use the groundswell of community demand for treatment to pressurise government into delivering.

Relations between the TAC Eastern Cape office and the Provincial Department of Health are gradually improving. As an example, the head of the AIDS Directorate has been honouring invitations to TAC events.

3.5. Mpumalanga Province

The Mpumalanga office officially started in this financial year. It is staffed only by an organiser, with the assistance of volunteers, and is in need of additional capacity. Nevertheless, it has organised a number of successful events and branch activity continues to grow. The Mpumalanga MEC for Health, Sibongile Manana, was moved out of her position following a corruption scandal and possibly due to pressure from the TAC. The office has developed better relations with her successor, Busi Coleman, but the provincial government continues to be intransigent in rolling out treatment and continues to have a contentious relationship with nurses and doctors across the public sector.

This office serves over 30 branches and approximately 1,600 members. In 2004, this will be expanded substantially with the recruitment of more staff to run the office. Also, in 2004, effort will have to be put into strengthening TAC Mpumalanga's relatively weak Provincial Executive Committee.

The provincial office works closely with a number of other organisations including Phaphamani Home base care, Cosatu, SANGOCO, Men for Change, Moholoho Community

Organisation, Africa Care for Life, Heaps, Masoyi Home Base Care, Sister Love, ACTS, most of whom are involved in community care or treatment programmes. TAC has provided treatment literacy training to many of these organisations.

3.6. Limpopo Province

Following the consistent organisation of TAC events by Limpopo members, the organisation established an office in Elim, a small village outside Louis Trichardt. The office is staffed by an organiser. It faces similar issues to the Mpumalanga office and as with that office, it will be necessary to increase its staff component in 2004 to build the TAC in the province. Nevertheless, despite the challenge of an uncooperative government and a widely distributed, predominantly rural population, the province has organised a number of successful events, conducted treatment literacy workshops and grown its branches. This office serves 10 branches and 470 members.

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

The TAC will first consolidate its current provinces before establishing a significant presence in the remaining three. However, funds are put aside to conduct occasional treatment literacy workshops in these provinces, TAC NEC members do try to meet, occasionally successfully, with health officials from these provinces and materials and advice are given to NGOs operating in the Free State, North−West and Northern Cape. It is hoped that by the end of 2005, the TAC will have the capacity to establish a greater presence here.

4. TAC Material and Public Education

The print media continues to report the TAC's events extensively, and predominantly positively. The TAC also continues to receive regular coverage in all the country's major newspapers, community newspapers, radio stations and on SABC television. In contrast to the last financial year, coverage of TAC activities on SABC has improved drastically, but ETV now frequently ignores TAC events.

The TAC works closely with the Community Health Media Trust (CHMT) who have produced a number of videos for TAC. This past year CHMT produced the video *Five Years of TAC*, an 18 minute piece on the history of the organisation, a documentary on the Second TAC National Congress and a video of the International Treatment Preparedness Summit (ITPS) held in Cape Town under the joint auspices of the TAC and the US based NGO, Gay Men's Health Crisis. CHMT is also developing a video on TAC district offices. In the coming year, CHMT will, in conjunction with TAC, develop the fourth *Beat−It!* Series (a guide to living with HIV/AIDS) for both SABC television and a satellite channel.

In 2003, the TAC concentrated its public education media on the production of educational print materials. *HIV In Our Lives*, a booklet of fact sheets explaining critical topics of interest to people with HIV/AIDS, was produced. A set of seven opportunistic infection posters translated into eight languages was produced and distributed widely across all provinces and to many PATAM organisations. Thousands of copies of these materials have been printed and distributed. A four page, easy to read, full colour, fact sheet with photos of TAC members living openly with HIV, called *Talking About Antiretrovirals*, was also produced, and distributed in the Sowetan, Mail and Guardian, and City Vision newspapers. In addition, approximately 40,000 English versions were distributed in the various provinces, and the Xhosa version has gone to print and will be distributed shortly. Lastly, pamphlets on the civil disobedience campaign, the competition commission case, and an appeal for people to get voluntary counselling and testing were produced and distributed.

Photographer, Gideon Mendel, has followed up his work with TAC members he has done in past years, with a new photographic display called *The Harsh Divide.* This has received favourable reviews and coverage internationally and is currently part of a display called Democracy X at the Iziko museums in South Africa.

In a first step this past year, a letter addressed personally to every member on the TAC database was sent out explaining the way forward for the organisation in 2004. TAC statements and important news are primarily distributed via an email list, news@tac.org.za, keeping members and interested activists up−to−date on TAC activities. These electronic newsletters are printed out by provincial and district offices and distributed to members, though this mechanism needs to become more formal to ensure that it is done consistently. Key events are described on the website, www.tac.org.za, which is also an archive of important research documents, treatment literacy materials, policy papers and newsletters distributed on the email system. The website has been given a new look and feel, but the enormous growth in materials placed on the website coupled with the organisation not having a full−time webmaster, has resulted in the site becoming difficult to navigate. The TAC is in the process of recruiting Voluntary Services Organisation professionals to assist with IT needs. One of the tasks of these recruits will be to substantially improve the organisation of the website.

5. Treatment Literacy

With the recognition that critical to the TAC's work is the education of people living with HIV/AIDS, health care workers, churches and the broader community on HIV/AIDS treatment, the TAC has developed the Treatment Literacy Programme, as well as popular education materials for mass use. The Treatment Literacy Programme has advocated fo health departments in various provinces to adopt treatment literacy as part of their approach to HIV/AIDS. The Eastern Cape, Western Cape, Gauteng and KZN provincial Departments of Health and HIV/AIDS Directorates have been most receptive.

Full time co−ordinators run the treatment literacy programme in Eastern Cape, Western Cape, KZN, Gauteng, and the national office supports Mpumalanga and Limpopo to run smaller scale training while funding and co−ordinators are being sought to run the programme full scale in these two provinces.

Each office has consistently trained a cadre of treatment literate TAC activists, called Treatment Literacy Practitioners (TLP). Over 30 TLPs were trained in Gauteng, KZN, Western Cape, and Eastern Cape in 2003. These activists are the foot−soldiers who work in communities, clinics, support groups, NGOs, CBOs, faith based organisations, churches and TAC branches. In the Eastern Cape, treatment literacy workshops have been conducted in villages in the Lusikisiki area, former Transkei, Butterworth, and Peddie.

In the Eastern Cape, larger education workshops for people living with HIV/AIDS were conducted, helping to develop a strong network amongst people living with HIV/AIDS and ensuring continuity of training and education on all aspects of the epidemic. In the Western Cape, Gauteng and KZN, similar activities have been conducted. The Treatment Literacy programme in Western Cape has gone as far as Plettenberg Bay, Knysna, George, Worcester, Malmesbury, and Atlantis to ensure that people and communities outside of the Cape Town metropole are trained, mobilised and supported.

Topics covered in treatment literacy workshops include, but not limited to: prevention of HIV, general health and HIV, epidemiology of HIV, the science of HIV and treatment, opportunistic illnesses, mother−to−child transmission and its prevention, antiretroviral therapy, post−exposure prophylaxis, safe−sex, nutrition, social and other impacts of HIV, social security and grants, global issues that affect access or lack thereof to health care and treatment, advocacy and health promotion in communities.

Schools have also been a key target of the treatment literacy programme. Treatment literacy educators have worked in schools with teachers and learners as well as with the teacher trade union, SADTU. In the Western Cape, this work culminated in the "Youth Action in the Time of HIV/AIDS Expose" which brought together youth from different schools in the Western Cape to share their experiences and strategies of mobilising against HIV/AIDS in their schools and communities. This event will now take place annually in September.

6. Civil Disobedience and the Campaign for a National Treatment Plan

Following the failure of the government to sign the NEDLAC agreement *Framework Agreement for a National HIV/AIDS Prevention and Treatment Plan* by the end of February 2003, TAC launched its civil disobedience campaign on 20 March to increase pressure on government to make progress against the HIV epidemic. The demands made to the government were to 1) make an irreversible and unequivocal commitment to a public sector antiretroviral treatment programme and 2) that government return to the negotiations at NEDLAC and make a commitment to signing a Framework Agreement with business, labour, and community on a national HIV/AIDS prevention and treatment plan.

After nearly five years of efforts to get government to adopt a treatment plan through discussions, negotiations, public actions and litigation, it was felt that non−violent civil disobedience was the only reasonable option left open to the TAC. After extensive consultation with members in Kwazulu−Natal, Gauteng, Western Cape and Eastern Cape, the TAC chose to embark upon the civil disobedience campaign to demonstrate anger and compel political leaders to deal with these demands.

Between 20 March and 1 April, the first round of the civil disobedience campaign took place at police stations in Durban, Cape Town and Sharpeville, near Johannesburg. TAC members handed over dockets charging the Minister of Health and the Minister of Trade and Industry (for failing to issue compulsory licenses) with culpable homicide. Activists refused to move until the two ministers were arrested. In Sharpeville, TAC members disbursed after a case was opened by the police. In Cape Town, police symbolically arrested dozens of TAC members and then released them; a case was also opened. In Durban, police refused to arrest TAC members and instead punched and sprayed teargas and water cannons on demonstrators, resulting in a number of volunteers and staff being hospitalised.

On 24 April, an international day of action was organised by the TAC, and around the world activists demanded that the South African government make a commitment to a public sector antiretroviral treatment programme and return to negotiations at NEDLAC and commit to signing a Framework Agreement on a National HIV/AIDS Prevention and Treatment Plan. In Nairobi, activists held a press conference to express solidarity with TAC's demands. In Tokyo, 600 paper cranes, representing 600 people dying a day of HIV/AIDS in South Africa, were handed over to the South African embassy. In Amsterdam, 600 red tulips were handed over to the South African embassy. In Los Angeles, 600 pairs of shoes were placed in front of the South African Consulate. In London, 25 pairs of shoes an hour were laid in front of South Africa House. In Milan, 600 shoes formed part of a demonstration on the Piazza Duca D'Aosta. At Harvard University on 16 April, nearly the entire audience attending a talk by Minister of Finance, Trevor Manuel, stood in support of antiretroviral therapy. In Paris, demonstrators at the South African embassy held Wanted Posters for Ministers Erwin and Tshabalala−Msimang. A petition collected at the Latin American AIDS Conference in Cuba was faxed to all regional South African representatives.

The international day of action coincided with TAC's second round of civil disobedience. Demonstrations, without permission, were held in Durban, East London and Nelspruit. The major events took place in Cape Town and Tshwane. In Tshwane, police met TAC activists at the doors of the Department of Health, where the TAC had announced that a sit−in would

take place. The Director General of the Department of Health addressed the crowd and indicated that the costing study would be complete by the end of April. The crowd dispersed after this announcement. In Cape Town, nearly 20 activists held a sit−in at the Department of Trade and Industry (DTI) offices, and another few hundred (who were blocked from entering) demonstrated downstairs. The DTI refused to carry out the demand to allow TAC representatives to speak to the Minister, Deputy Minister or Director General of the department. When the activists made it clear that they would stay over night, a charge was laid and eventually 18 activists were arrested, and spent 3 hours in jail. Charges against the arrested activists were eventually dropped after a number of appearances at Cape Town's magistrates' court.

The civil disobedience campaign generated a huge amount of activity over a short period of time and it is clear that government came under renewed and politically uncomfortable pressure because of the campaign. Both rounds of civil disobedience received extensive media coverage, both locally and internationally. The TAC's campaign was known, debated and talked about across South Africa. In addition a significant number of op−ed articles by TAC members were published in major South African newspapers.

At a meeting on 25 April 2003 with Deputy President and SANAC Chairperson, Jacob Zuma, the TAC was asked to consider suspending its civil disobedience pending the outcome of a full day meeting with SANAC on 17 May. At a meeting of the TAC NEC, and several key allies, on 29 April it was agreed that the campaign would be suspended. This was despite reservations expressed by several NEC and staff members who stressed the urgency of changing government policy on antiretroviral treatment and the NEDLAC draft agreement. However, the campaign was suspended in the interest of ensuring the fullest opportunity for government to prove its good faith and to demonstrate that the TAC's campaign is about saving lives.

By July, there was still no firm response from government, and there was growing concern among TAC members and volunteers that very little had been received in return from government for suspending the campaign. A commitment to a treatment and prevention plan that includes antiretroviral therapy was still far from certain. It was felt by the TAC NEC that it was in everyone's interests for a treatment and prevention plan to be attained via a voluntary change in government policy, rather than via civil disobedience and litigation at the Constitutional Court. At the TAC's Second National Congress, the issue of civil disobedience was debated extensively. A resolution was subsequently passed with a majority vote to resume the campaign. A large TAC demonstration was held in Durban following the National Congress. The decision to go back to civil disobedience coupled with this large march received extensive media coverage and consequently led to concrete results from government.

A major breakthrough came on 8 August when the Cabinet instructed the Department of Health to develop an operational plan within one month to provide antiretrovirals in the public sector. The Cabinet endorsed the findings of the Joint Health and Treasury Task Team Report that between 500 000 and 1.7 million lives would be saved with antiretroviral therapy. It also reaffirmed the science of HIV/AIDS pathogenesis and treatment. The TAC welcomed this decision, knowing that this was a critical step to develop a more comprehensive treatment and prevention plan for managing the HIV/AIDS epidemic. In addition, the TAC NEC formally suspended the civil disobedience campaign and pledged to put its full weight and support behind the successful implementation of all interventions aimed at alleviating the HIV epidemic. With the adoption of the Operational Plan for Comprehensive Treatment

and Care for HIV and AIDS on 19 November by Cabinet, the TAC formally ended its civil disobedience campaign.

7. Competition Commission Litigation

In September 2002, the TAC, the AIDS Consortium, COSATU, CEPPWAWU, health care workers and people living openly with HIV/AIDS lodged a complaint with the Competition Commission regarding the excessive pricing of antiretroviral medicines by UK−based GlaxoSmithKline (GSK) and Boehringer Ingelheim (BI), a privately owned group of pharmaceutical companies based in Germany.

The complaint lead to an extensive investigation by the Competition Commission, which eventually resulted in the one year deadline for the resolution of matters before the Commission being exceeded. On 16 October 2003, the Commission found that GSK and BI had contravened the Competition Act of 1998. The firms were found to have abused their dominant positions in their respective antiretroviral markets.

In particular the Commission found that GSK and BI had engaged in the following restrictive practices:

1. Denied a competitor access to an essential facility
2. Excessive pricing
3. Engaged in an exclusionary act

The Commission therefore decided to refer the matter to the Competition Tribunal for determination.

At this time, the TAC entered settlement negotations with GSK and shortly after, with BI. The TAC pursued this because it is our view that the risks involved in litigation at the Competition Tribunal outweighed the compromises involved in reaching settlement agreements. Extensive discussions aimed at reaching a settlement were conducted between lawyers representing all sides.

On 10 December 2003, after having argued that GSK and BI had unlawfully charged excessive prices for their antiretroviral medicines, and having made out a powerful case drawing the clear connection between the prices charged and the premature, predictable and avoidable deaths of women, men and children living with HIV/AIDS, the complainants agreed to settlement agreements that will help ensure access to affordable medicines in exchange for withdrawing their complaint against the two pharmaceutical groups.

The settlements means that improved, affordable and sustainable access to life−saving medicines can become a reality. For the first time, GSK and BI have agreed to issue multiple licenses on their patented antiretrovirals, a crucial prerequisite for ensuring that there is proper competition among generic drug companies. Only with sufficient competition can the prices of antiretrovirals reach their lowest possible amount and remain affordable on a sustainable basis.

The specific terms of the agreements include:

- GSK will grant licenses to four generic companies and BI will grant licenses to three companies to produce and/or import, sell and distribute the antiretroviral medicines AZT and lamivudine.

- The royalty fee on the licenses will be no more than 5% of net sales of the antiretroviral medicines.
- The licenses will be for both the private and public sectors.
- The agreements with GSK and BI will also allow licensees to export AZT, lamivudine and nevirapine that are manufactured in South Africa to all 47 sub−Saharan African countries.
- The licensees will be able to manufacture AZT, lamivudine and/or nevirapine in combination with each other and/or any other medicines for which the licensees have licenses.
- The licenses apply to both adult and paediatric formulations of AZT, lamivudine and nevirapine.

The challenges that lie ahead are to ensure that appropriate generic drug companies are licensed speedily, that their drugs are registered with urgency, that other multinational pharmaceutical companies follow the lead of GSK and BI, and that the South African government takes full advantage of the settlement agreements when it procures medicines for the public sector treatment programme.

The AIDS Law Project, the TAC's lawyers in the case, won the Department of Trade and Industry Consumer of the Year Award for their effort in this case.

The settlement agreements and other documentation related to this litigation are available on the TAC website, www.tac.org.za.

8. TAC Treatment Project

On 8 September, the TAC launched the TAC Treatment Project (TP), a Section 21 (Non−Profit) company established to make affordable Highly Active Antiretroviral Therapy (HAART) available to people living with HIV/AIDS in South Africa. This is being done on a fully, partially or unsubsidised basis, depending on patient circumstances. While the TAC TP has a close relationship with the TAC, it is organisationally and financially independent. Any funds raised by the TAC TP will be used solely for treatment and related support services. Currently, 45 people are receiving antiretroviral treatment through the project, of which 35 are TAC members, and 10 are community members. In addition, 700 people with HIV have taken CD4 tests, of which 200 are on the waiting list for treatment. The Treatment Project has also taken over the responsibility of distributing generic fluconazole, a programme that continues to experience significant demand.

The project co−ordinator is Nonkosi Khumalo, who was previously the TAC women's health co−ordinator.

Further information on the project is available at www.tac.org.za/treatment.

9. Second TAC National Congress

The Congress took place at the Coastlands Conference Centre in Durban from 1 to 3 August. The themes deliberated were: (1) strengthening TAC branches to ensure better delivery in the public health care system, (2) improving the conditions of service of health care workers (3) the need to ensure treatment literacy education is effectively rolled out across the country and (4) the regrettable need to pursue civil disobedience and litigation if the SA government continued to fail to rollout a treatment and prevention plan.

Organisational business was also successfully completed at the Congress. TAC's 2001−−2003 financial statements were adopted and a new TAC National Executive Committee (NEC) was elected. There was only one nomination for each of the chairperson and treasurer positions and therefore these were not contested. Zachie Achmat was confirmed as chairperson and Mark Heywood was confirmed at treasurer. Sipho Mthathi was elected deputy−chairperson and Mandla Majola was elected secretary. The election for secretariat positions was overseen by the Independent Electoral Commission.

The Congress invited 450 delegates, of which approximately 380 attended, and a further 250 observers participated, including the media, UNAIDS, the AIDS and Human Rights Alliance of Southern Africa, Bread for the World, Atlantic Philanthropies, South African Development Fund, Action Southern African, Kaizer Foundation, Medecins Sans Frontieres, and ACTSA. A complete report on the Congress is available at http://www.tac.org.za/SecondNationalCongressReport.pdf.

10. International Desk

The International Desk at the TAC was created in January 2002 in order to build alliances with individuals and organisations around the world to share lessons and engage in joint actions to increase access to antiretroviral therapy, to hold international multilateral institutions accountable and to create a more enabling international environment. During this financial year, the International Desk concentrated its time in six areas described in detail in the following paragraphs: the development of the Pan−African Treatment Access Movement (PATAM); the International HIV Treatment Preparedness Summit (ITPS); the International Day of Action; international institutions literacy workshop; influencing international processes; sharing lessons with international allies.

After the successful launch of PATAM in August 2002, a new steering committed was elected in 2003 that will serve until April 2004. Two members from the five African regions were elected to serve. Other PATAM activities during the year included meetings with multilateral institutions in Geneva, participation in the 13th International Conference on AIDS and STIs, and the launch of the first PATAM newsletter. Lastly, plans were solidified for the first PATAM conference "Scaling Up Access to Treatment in Southern Africa; A Way Forward" in Harare, Zimbabwe in March 2004.

On 13−16 March, 125 community−based HIV treatment advocates and educators from 67 countries met at the International HIV Treatment Preparedness Summit (ITPS) to discuss their needs and strategies to ensure implementation of the WHO goal of providing HIV antiretrovirals to 3 million people by 2005. The conference was organized by an ad hoc group of community−based organizations and individuals representing all global regions. Logistical support was provided by the TAC and Gay Men's Health Crisis.

The International Day of Action, on 24 April, was organised to demonstrate that the world supports the struggle of South Africans for universal access to treatment. This day coincided with civil disobedience activities held in the country in protest of the South African government's criminal negligence in the matter of providing treatment to South Africans living with HIV/AIDS. More details of these events are described in the Civil Disobedience section of this report.

On 6 September an international institutions literacy workshop was held in the MSF/TAC office at Khayelitsha for TAC leaders. This was the first of a series of political education workshops on international institutions, processes, countries that have a direct or indirect impact on the HIV/AIDS struggle. The general aim of these series of workshops was to offer a thorough understanding to TAC members − leadership in particular − on how the international political economy influences local and international health systems. Additional consideration on the most effective and efficient way of inculcating literacy on international institutions and processes among TAC leadership is necessary. At a strategic planning workshop for the Treatment Literacy department held at the end of 2003 it was proposed that this work be incorporated within this department and the Leadership School.

The International Desk organised several lobbying meetings with the Thai Embassy, the Canadian Embassy, and the Department of Trade and Industry.

There has been widespread demand from international activists especially from Africa for TAC Treatment Literacy materials. The Treatment Literacy co−ordinator and the International Desk worked to streamline the dissemination process by updating the index of

materials and advertising the contents on the Pan−African Treatment Access Movement listserv. Since the materials printed or video are of external use in only English−speaking countries, plans are underway for translation. In particular, TAC, CHMT and MSF have launched a process to make the *Beat−It!* series of videos available in a range of African languages.

The International Desk of the TAC was established in 2003. It suffered a setback when the co−ordinator, Onos Imhanwa, had to be dismissed for sexual harassment and fraud. However, the new co−ordinator, Njogu Morgan, has resurrected the programme and is delivering the necessary political and ethical leadership it needs.

11. Research

The TAC began a large clinic survey project to determine the capacity and readiness for a number of clinics in six provinces to meet the needs of people with HIV. Draft results of the survey are ready, but the final report will probably be released in April 2004. Obtaining this information involved an extensive training effort TAC members at a number of branches throughout the country. Although putting together a scientific report is an important part of this project, a more critical use is empowering the branches to determine what needs to be improved in clinics in their areas so that they can campaign for these improvements.

Other research projects conducted by the TAC included producing a paper on traditional healing (in conjunction with the AIDS Law Project), producing a detailed civil society submission for the task team charged with producing the operational treatment plan (in conjunction with a number of civil society organisations including the AIDS Law Project, IDASA, the AIDS Social Research Unit), extensive work on issues related to the Competition Commission case and a memorandum on trade options for medicines for the South African Customs Union.

12. Funding and Finances

Mark Heywood was appointed as the treasurer at the Second TAC National Congress. The TAC's audited reports are up−to−date as of 28 February 2003 and are available on the website (www.tac.org.za). The audit for the year ending 29 February 2004 is expected to be complete by the end of May. The TAC's expenditure for the year ending February 2003 was R10,8 million compared to R3,7 million for the year ending February 2002. The TAC's budget for the year ending February 2004 is approximately R11,8 million and approximately R18 million for the year ending February 2005.

The major funding for TAC's work in 2003 came from Bread for the World, Atlantic Philanthropies, Medecins Sans Frontieres, Public Welfare Foundation, AFSA, HIVOS, South African Development Fund, Artists for a New South Africa and Oxfam. Funding for treatment literacy was also received from the Canada Fund and American Jewish World Services. Numerous smaller donations were received from individuals and organisations.

13. The People Who Run TAC

TAC is a successful organisation because of the people who comprise it, including the NEC, the staff and its over 8000 members.

13.1. NEC

As of the end of February 2004, the following people sat on the TAC NEC:

POSITION	**NAME**
Chairperson	Zackie Achmat
Deputy Chairperson	Sipho Mthathi
National Secretary	Mandla Majola
Treasurer	Mark Heywood
Children's Sector	Buyisile Mdnlovu
Youth Sector	Arthur Jokweni
Faith BasedSector Supported by:	Gary Thompson (South African Council of Churches) Luyanda Ngonyama (South African Catholic Bishops Conference) Sheikh Achmat Sedick (Muslim Judicial Council)
Health Care	Edna Bokaba (Nurses) Lydia Cairncross (Doctors)
Labour	Jacqueline Mpolokeng Yvonne Macingwane
Eastern Cape Supported by:	Sindiswa Godwana Ncumisa Nongogo
Western Cape	Thami Mazolwana
Gauteng	Gordon Mthembu
KZN	Gugu Mpongose
Limpopo	Oupa Fazi
Mpumalanga	Gosiame Chaobi

The TAC aims to have at least four NEC meetings a year. Provincial members of the city

where the meeting is held are encouraged to attend. NEC members communicate each with each other between members predominantly via an internal email list. Furthermore, NEC teleconferences are held on a regular basis (usually once a month) between February and November. The TAC executive secretary, Rukia Cornelius, also regularly communicated with NEC members. The following face−to−face NEC meetings were held in the last financial year:

18 − 19 May 2003: Durban

The key focus of this NEC meeting was to discuss whether the TAC should continue its civil disobedience campaign based on the progress made on access to treatment.

1 August 2003: Durban

This was the last meeting of the previous NEC and the meeting was mainly held to discuss the National Congress starting in the evening of 1 August.

24 − 25 August 2003− Johannesburg

This was the first meeting of the new NEC. Discussion centred around Government's announcement of a treatment plan and the challenges that the antiretroviral rollout would face. Much discussion also centred around the need to use the antiretroviral rollout to building the health care system.

26 − 27 January 2004: Cape Town

The main focus of the meeting was government's insufficient progress on rolling out the treatment plan and the need for a People's Health Summit to galvanise South African society to take action to improve the public health system.

13.2. TAC Staff

This section contains information on TAC's staff as of 29 February 2004.

National Office

- Nathan Geffen, National Manager
- Sipho Mthathi, National Treatment Literacy Co−ordinator
- Mandla Majola, National Organiser
- Nonkosi Khumalo, Treatment Project Manager
- Rukia Cornelius, Executive Secretary
- Dawn Wilson, Financial Manager
- Njogu Morgan, International Co−ordinator (on secondment)
- Ralph Berold, Human Resources Manager
- Vuyani Jacobs, Labour Co−ordinator (lives openly with HIV)
- Susan Fraser, National Administrator

- Fanayi Tshabalala, Financial Administrator
- Denis Matwa, Treatment Project National Administrator (lives openly with HIV)
- Veronica Shumane, National Office Receptionist

Easter Cape Provincial and District Offices

- Ivy Ntlangeni, Provincial Co−ordinator
- Linda Mafu, Treatment Literacy Co−ordinator
- Sindiswa Godwana, Queenstown District Organiser (lives openly with HIV)
- Portia Ngcaba, Organiser (lives openly with HIV)
- Nwabisa George, Administrator

Gauteng Provincial Office

- Pholokgolo Ramothwala, Provincial Co−ordinator (lives openly with HIV)
- Johanna Nkala, Treatment Literacy Co−ordinator (lives openly with HIV)
- Xolani Kunene, Organiser
- Lefa Tlhame, Administrator

KZN Provincial and District Offices

- Thabo Cele, Provincial Co−ordinator (lives openly with HIV)
- Sfiso Nkala, Organiser
- Sibu Khanyile, Pietermaritzburg District Organiser
- Bongi Mkhutyukelwa, Equal Treatment journalist (lives openly with HIV)
- Lorraine Seme, Administrator

Limpopo Provincial Office

- Oupa Fazi, Organiser

Mpumalanga Provincial Office

- Thembane Shabangu, Organiser (lives openly with HIV)

Western Cape Provincial Office

- Thembeka Majali, Provincial Co−ordinator
- Nomfundo Dubula, Treatment Literacy Co−ordinator (lives openly with HIV)
- Vuyiseka Dubula, Treatment Literacy Co−ordinator (lives openly with HIV)
- Nondumisa Mvinjelwa, Administrator

13.3. Staff Salary Information

The TAC makes its staff salary information public to promote transparency across the NGO sector. It is our view that all organisations receiving funds, whether from private donations, foundations or government, should have open financial books and salary information. In this report, we do not publish what each particular staff member earns, but we do provide aggregate information and statistics. A particular staff member's salary information can be obtained upon request to info@tac.org.za, so long as valid reasons are supplied for enquiring this information.

The following information is correct as of April 2004 (and therefore differs slightly from the information in the previous section, which is correct as of 29 February 2004) and applies to fulltime, non−seconded staff:

Description	***Value***
Number of fulltime non−seconded staff	36
Contract length	12 months
Vacation days offered to staff	21 days
Maximum paid sick leave for staff	12 days per annum (36 days/3 years)
Maternity benefit	4 months conditional on at least one year of service
Medical scheme offered to fulltime staff at TAC's expense	Bonitas Standard Option (Dependant premiums are paid by the employee)
Employee benefit scheme compulsory for all fulltime staff	Metropolitan Rainmaker (TAC contributes 7.5% of employee's monthly salary. Employee contributes a further 7.5% of salary.)
Bonus given to all fulltime staff	13th cheque
Study benefits	At the discretion of the secretariat, up to R2000.
Car benefit	In cases where the organisation believes it will directly benefit from a staff member having access to a vehicle, financial assistance is given towards the employee purchasing a car.
Average monthly salary (mean)	R7,117
Average monthly salary (median)	R5,943
Lowest monthly salary	R2,675
Highest monthly salary	R14,952
Ratio of highest salary to lowest	5.59 (TAC aims to keep this at 7 or lower)
Number of black fulltime staff members	32 (89%)
Number of female fulltime staff members	24 (67%)

Description	***Value***
Number of black national office management staff	4 of 7 (57%)
Number of female national office management staff	4 of 7 (57%)
Number of staff openly living with HIV/AIDS	11 of 36 (31%)

14. Remembering Our Members who have Died of AIDS

It is difficult to determine precisely how many TAC members died in the past financial year. However, members submitted the names of members who had died over a four month period from April to July as part of a poster prepared for the Second National Congress. Over 115 names were collected. Below we print the names of these TAC members. Some are anonymous because they had not publicly disclosed their status while alive or their families preferred them to remain anonymous.

Eastern Cape
Xolile Jobodwana
Linda Ndzandza
Noludwe Msila
Nangamso Nqelenga
FB
Nobulele Nombene
DMB
MP
Yonela Ngcaba
MN
Thembeka
NC
Nomimi Mamkayi

Kwazulu−Natal
Thabisile Ngubane
Nonhle Zungu
Lindiwe Zwane
Nomthandazo Ndlovu
Pricilla Khanyisa
Maduma Hadebe
Mbongeni Langa
Zodwa Sidinane
Sifundo Mkhize
SS
Ncane Xulu
MM
MFO
LL
MZ
NM
ML
NG
Grace Mbonambi

Mpumalanga
Mandla Magagula
Hedrien Ngobeni
MJJ
MS
SV

Gauteng
Perpetua Harusimana
Lebohang Manaka
Francinah Mteniso
Musa Lephuthing
Lydia Tsotetsi
Maria Mpho Mokheseng
Nombulele Elsie Masinda
Pule Brian Kubelo
Shane Jacobson
Balungile Mnguni
Poncian Mangwengwe
Asheley Ndimande
Emily Qwili Mabote
Tshidi Elizabeth Makgalemele
Anna Mpho Mabote
Audrey Tebogo Mohlari
Maki Judith Lufhugu
Molefe Mashinini
Manqoba Msimang
Wilson Madume
Petunia Phiri
Pearl Mazibuko
Phindile Thwala
Vallery Khumalo
Harriet Mohomane
Mammy Rose
Nokuthula Sepoyo
Mabatho and Husband
Barbara Sithole
Palesa Kodisang
Lucia Nhlapho
Eunice Msimango
Thabo Masha
Lebeko Mathebeli
Velly Singo
Thembisa Xubuzane
Amos Malebye
Isaac Mokoena
Kate Dladla
Bongiwe Qunti
Joseph Tshabalala
Moses Mngomezulu
Moses Mofokeng
Prinsser Ntsamai
Musa Berington
Edward Mabunda
Charlene Wilson
Kebareng Moeketsi
Paul Matomela Ngubane
Judith Sibanda
Sibongile Mkhwanazi
Jacqoline
Jennifer Nthati Kabi
Boniwe Mokoena
Angel Mathsayane
Moleboheng Lebaka
Thandi Kuzwayo
Barbara Banda
Tsidi Mokone
Thuli Nkosi
Ndebo Mazibuko
Mojalega Sehloho
Thoko Molefe
Oupas
Dibeko
Dan Mollo

Limpopo
Marie Tswisebe
Johana Mohabo
Peter
David
John

Western Cape
Nomfundo Somana
Nompumelelo Coba
Mxolisi Khohlakala
Mzokuhle Fanayi
Pozisa Melikana
NT
MZ
Christopher Mpothulo
Fakade Sokumo
Mamsi
Zukile
Nonceba Sdzumo
Baba Jaca
Andile Majali
Funeka Komsana
Nonkululeko
Nompumelelo
Thobile Ngengema
Nozibele Mhambi
Cordelia Kali
Fanelwa Mboso
Nonceba Fakade
Nikiwe Ntlantlu
Baba Sayo

15. Summary of Major Calendar Events of 2003/4

Date	***Event***
20 March 2003	600 TAC volunteers marched to police stations in Durban, Cape Town and Sharpeville to lay charges of culpable homicide against the Ministers of Health and Trade Industry. In Sharpeville, the police opened a docket and assigned an investigating officer to investigate the charges. In Cape Town, the police opened a docket and have assigned a case number. Because the TAC volunteers insisted that the Ministers be arrested or they would not disperse, the police arrested, charged and immediately released over 100 TAC volunteers. In Durban, TAC supporters were tear gassed, sprayed with a water−cannon, punched, kicked and pushed around with batons. Five people were taken to hospital.
25 March 2003	TAC members disrupted the speech of the Minister of Health when she opened the Health Systems Trust Public Health 2003 Conference.
1 April 2003	TAC Western Cape and Gauteng conduct sit−in protests as part of civil disobedience campaign at the Commission for Gender Equality and Human Rights Commission offices in Cape Town and Johannesburg respectively.
8 April 2003	TAC welcomes the steps taken by the Namibian government to introduce antiretroviral therapy in the public sector.
12 April 2003	TAC issues statement calling for a democratic Swaziland.
16 April 2003	TAC organises Community Day of Action throughout the country. Events include pamphleteering, clinic cleanups, condom distribution and many others.
19 April 2003	Mass funerals in Gauteng for deceased TAC members Charlene Wilson and Edward Mabunda.
24 April 2003	International Solidarity Actions taken across the world to show support for South Africans urging the government to implement an HIV/AIDS treatment and prevention plan. In cities around the world, supporters demonstrated at South African embassies and consulates, met with South African officials, held press conferences, and engaged in other acts of solidarity. TAC volunteers in South Africa continued their civil disobedience campaign and issued a memorandum to the Minister of Health and Minister of Trade and Industry calling on them to implement a treatment and prevention plan. 18 TAC members were arrested at the Department of Trade and Industry (DTI) offices in Cape Town when they staged a non−violent sit−in. Hundreds of people supported the action outside the DTI offices. In Gauteng, thousands of TAC supporters marched on the Department of Health.
29 April 2003	TAC announces a suspension of its civil disobedience campaign due to a request by SANAC to engage in talks on the possibility of a public sector treatment program.
First few weeks of May	Meetings held throughout the provinces to explain the suspension of civil disobedience to TAC members.

Date	***Event***
5 May 2003	TAC mobilises in support of health care workers and welcomes decision by the Treasury to increase budget spending for HIV treatment of workers in the health sector.
29 May 2003	Jonathan Mann Award was awarded to Zackie Achmat by the Global Health Council in Washington, D.C. Nonkosi Khumalo, women's health programmes co−ordinator for TAC, accepted the award on Achmat's behalf.
7 June 2003	Memorandum to the Sector Convenors of the Growth and Development Summit is issued by 100 TAC Gauteng members at the summit.
12 June 2003	TAC issues memorandum to the World Economic Forum, supported by 1000 marchers, at the Africa Economic Summit.
14 June 2004	The South African National AIDS Council (SANAC) met with TAC in Pretoria to discuss a range of issues, including the Nedlac process, TAC civil disobedience campaign, and the provision of antiretroviral drugs in the public sector. The groups agreed on the urgency of the issues and that further engagement between them was necessary.
24 June 2003	Friends of TAC (FOTAC) is launched in Britain. It is chaired by former ANC MP and opponent of the government arms deal, Andrew Feinstein.
26 June 2003	TAC chairperson, Zackie Achmat, addressed the Elton John AIDS Foundation's Annual Charity Ball in London.
28 June 2003	TAC Western Cape Provincial Congress held in Cape Town. TAC Kwazulu−Natal Congress held in Durban.
3 July 2003	TAC Mpumalanga Provincial Congress held in Nelspruit.
14 July 2003	TAC releases details of government costing study, citing that information contained in the study was in the public interest.
17 July 2003	TAC Gauteng Provincial Congress held in Johannesburg.
1 to 3 August 2003	Second TAC National Congress was held at Coastlands Conference Centre, Durban. Over 600 people attended and a new National Executive Committee was elected. The Independent Electoral Commission oversaw the election of the four secretariat members. A full report of the congress is available at http://www.tac.org.za/SecondNationalCongressReport.pdf.
4 August 2003	TAC members marched to the South African AIDS Conference held at the International Convention Centre in Durban. A memorandum was handed over to the Conference Chair, Professor Hoosen Coovadia, calling on clinicians and civil society to work together to get government to develop a treatment and prevention plan.The march received extensive media coverage.
8 August 2003	TAC welcomes statement by the Cabinet that it will develop a public sector treatment plan for South Africa within one month. The Civil Disobedience campaign is formally suspended.

Date	***Event***
26 August 2003	The Financial Sector Coalition Campaign (SACP, AIDS Consortium, TAC, Black Sash and ALP) held a picket outside the office of funeral insurance company AVBOB in Johannesburg. The protest responded to AVBOB's refusal to pay out insurance to the families of individuals suspected to have died from AIDS. Consequently AVBOB reviewed and their policy and agreed that any new funeral policies would not discriminate against people with HIV/AIDS.
8 September 2003	TAC launches the TAC Treatment Project (TP) as an independent, non−profit company to make affordable Highly Active Antiretroviral Therapy (HAART) available to people living with HIV/AIDS in South Africa.
26 September 2003	The Generic antiretroviral Procurement Project and the TAC Treatment Project asked multinational pharmaceutical company Boehringer Ingelheim for permission to import generic nevirapine for use in combination antiretroviral therapy, failing which they will seek compulsory licenses in court.
27 September 2003	In support of the roll−out of antiretroviral therapy for all, more than 800 people filled the Gugulethu Sports Complex in Cape Town, including trade union representatives, faith leaders, the New Women's Movement, the Network Against Violence Against Women. MSF and many others.
3 September	One year anniversary celebration organised by TAC of treatment rollout in Gugulethu, Cape Town.
29 September	Rally in Gugulethu, Cape Town welcoming antiretroviral rollout .
6 October 2003	TAC was awarded the Nelson Mandela Health and Human Rights Award from the Henry J. Kaiser Foundation in a ceremony in Johannesburg.
16 October 2003	Competition Commission finds that pharmaceutical firms GlaxoSmithKline and Boehringer Ingelheim have contravened the Competition Act of 1999 by overpricing their medicines. This was a response to a complaint filed by TAC and 10 other groups.
19 November 2003	The South African Cabinet approved the Operational Plan for Comprehensive Treatment and Care for HIV and AIDS. This action is welcomed by TAC.
28 November 2003	About 2000 TAC and Qunu community members marched to Nelson Mandela's home to thank him for his contribution towards fighting the HIV epidemic. They also handed over a memorandum to a representative of the Eastern Cape MEC for Health offering TAC's assistance in the treatment rollout.
1 December 2003	TAC hosted various events across South Africa in honour of World AIDS Day. These included marches, vigils, treatment literacy workshops, street campaigns, and other events.
2 December 2003	TAC and its chairperson, Zackie Achmat, received a nomination for the 2004 Nobel Peace Prize from the American Friends Service Committee (AFSC).

Date	***Event***
27 January 2004	Meeting of TAC's National Executive Committee (NEC) passed resolutions to launch a People's Health Service, support youth prevention campaigns, and continue pushing for rapid and effective implementation of the antiretroviral rollout.
10 February 2004	TAC and AIDS Law Project hold joint workshop in Gauteng on on transformation of the South African Health System.
25 February 2004	TAC holds a public meeting in Gauteng to discuss the slow pace of the antiretroviral treatment rollout. The meeting is addressed by the Premier of Gauteng. After the meeting he and the MEC for Health meet a TAC delegation and commit to rolling out within weeks.

16. TAC in Financial Year March 2004 to February 2005

Although there were many successes to be celebrated in 2003/04, the expectations upon the TAC are enormous, and now more than ever, it is imperative that the organisation lives up to these expectations and continues to put pressure on government to implement a successful treatment plan. Specifically there are eight areas that TAC will be focussing on in 2004/05: continuing community mobilisation, developing the provincial and branch offices, supporting the implementation of the government treatment programme, integrating the TAC Treatment Project with TAC activities, continuing efforts to end discrimination for those living with HIV/AIDS, pressurising drug companies to reduce prices, pressurising the private sector to do more to combat HIV/AIDS and campaigning for a people's health service.

16.1. Community Mobilisation

The success of the treatment plan rollout depends on TAC's ability to mobilise communities. Therefore, the TAC hopes to focus its energy at the level of the District Health Service. District offices will increase in importance and branches will be expected to work with clinics and campaign for clinic problems to be rectified. They will also have to conduct community treatment literacy campaigns, much as they have done in the past.

Nevertheless, national campaigns will have to continue. There are still people high in government who oppose a treatment plan and will try to delay the rollout of antiretroviral therapy. Pharmaceutical companies will continue to try to profiteer from medicine. Laboratory costs have not yet come down sufficiently. TAC will monitor all of these issues closely and apply pressure when needed.

16.2. Development of District Offices and Branches

With the rollout of a national government treatment plan, TAC structures have to function better than ever and the understanding of communities of treatment literacy must improve. Each district committee is responsible for the functioning of TAC branches within their jurisdiction. Every TAC district will have at least 30 activists who are trained on treatment literacy to be able to educate their own communities. Each branch will have an outdoor and indoor programme. The indoor one includes workshops on improving clinics in the branch area, antiretrovirals, opportunistic infections, social grants and prevention. The outdoor one involves pamphleteering, public speaking and door−to−door campaigns. Districts will need to learn to use the clinic checklist and to work with clinics so that they can be improved. Volunteer exchange programmes between branches, districts and provinces will help activists to exchange knowledge and skills for the challenges ahead. TAC meetings will be held in every district to brief activists about the TAC's role in the rollout. District general meetings will be held every month to brief organisations of the progress made and how they can help.

16.3. Support Implementation of the Treatment Programme

Many clinics will not implement antiretroviral therapy immediately and the TAC will assist in getting these clinics ready. This means that clinics will need enough nurses and doctors who are properly trained on HIV/AIDS. HIV and CD4 tests must be available. Appropriate

medicines must be given to patients with opportunistic infections. There must be high−quality counselling, including information on safer sex. Condoms must be distributed at all clinics. Every provincial office must assess the role TAC is playing in the existing pilot programmes and what lessons could be learnt in order to prepare for the rollout. Additionally, the TAC will launch a mass public education campaign on treatment, to ensure that the government's treatment programme is successful.

16.4. Continued Campaign to End the Stigma of HIV/AIDS

Hundreds of TAC members across the country live openly with HIV. They tell their friends, family and work colleagues they have HIV. They even say it in newspapers, on radio and on television. The HIV−positive t−shirt, a sign of openness and solidarity, is worn by thousands of people. Nevertheless, many people with HIV still experience discrimination and cannot be open. Much still needs to be done to create openness. Events will be organised at district level to keep people mobilised and ensure that stigma and discrimination are dealt with. HIV support groups must be challenged to work with TAC to address stigma and improve clinic services.

16.5. Reducing Medicine and Diagnostic Prices

Antiretroviral and opportunistic infection medicine prices remain too high. The TAC will have to ensure that GlaxoSmithKline and Boehringer Ingelheim implement the settlement agreements and that other drug companies, such as Merck and Abbot, also make similar commitments to reducing prices. Also generic companies will have to be pressurised to meet their price commitments agreed to in a deal brokered by the Clinton Foundation in 2003. Companies that produce viral load tests, such as Roche, will have to be pressurised to drop their prices as well. In this regard, the TAC is working with a Swiss based NGO, the Berne Declaration. The price of fluconazole remains too high in the private sector and not accessible enough to the public sector; pressure will have to be exerted on Pfizer and generic companies who have either registered fluconazole or can register fluconazole to ensure this is remedied.

16.6. Private Sector Campaigns

A number of private companies, including Anglo American, GoldFields, De Beers, Daimler Chrysler, Coca−Cola and Ford, have begun treatment programmes. The quality of these programmes needs to be examined and assistance, such as treatment literacy, should be given by the TAC where possible. Pressure will also have to be put on companies that can afford to treat their employees, but are failing to do so.

There is a growing perception that medical schemes are reducing their benefits and increasing their premiums (by more than the inflation rate). This will need to be examined and if confirmed pressure will have to be placed on schemes to reverse this trend.

16.7. People's Health Service Campaign

The TAC will build on the health−care workers' campaign started in 2003 and develop a people's health service campaign. The ultimate goal of this campaign will be the unification of funding for South Africa's private and public health−care systems so as to reduce

inequality in health−care and ensure better minimum standards of care. The HIV epidemic has exposed a public health−care system under enormous stress. Without improving the entire health−care system, the HIV epidemic will not be appropriately dealt with. Improving the public health system means increasing per capita funding to the public health system, increasing the numbers of health−care workers and improving their conditions of service, including remuneration and training. It also means ensuring that all health facilities are adequately stocked with essential medicines. On 10 February 2004, the TAC leadership participated in a workshop organised jointly with the AIDS Law Project to develop knowledge of health systems in South Africa. This will be followed up with a larger health summit in May, where concrete proposals for improving the public health system will be developed.

17. Concluding Remarks

The last financial year was a success for the TAC because the major policy changes for which the organisation has campaigned were achieved. The challenge ahead is to ensure that policy is turned into practical reality and that the organisation does all it can to realise the Constitutional rights to life, dignity and access to health−care services. Building stronger local branches and ensuring that the health−care system as a whole is improved are key to achieving these rights.

[ENDS]