TAC

Treatment Action Campaign

Annual Report – 1 March 2004 to 28 February 2005

Glossary

Photo: Treatment Literacy Foundation Course workshop for support group members and counsellors

Cover photo: Waiting room at public hospital in Khayelitsha, 6:30 a.m.

TAC – Treatment Action Campaign

ARV – Antiretroviral Treatment

AIDS – Acquired Immune Deficiency Syndrome

HIV – Human Immunodeficiency Virus

NEC – National Executive Committee (of TAC)

PATAM – Pan-African Treatment Access Movement

MTCT – Mother to Child Transmission

TB – Tuberculosis

VCT – Voluntary Counselling and Testing

HWSETA – Health and Welfare Sector Education and Training Authority

HOSPERA – Health & Other Services Personnel Trade Union of South Africa

SADNU – South African Democratic Nurses Union

JCSMF – Joint Civil Society Monitoring Forum

ODAC – Open Democracy Advice Centre

CHMT – Community Health Media Trust

COSATU – Congress of South African Trade Unions

SACC – South African Council of Churches

SAMA – South African Medical Association

FEDUSA – Federation of Unions of South Africa

NAPWA – National Association of People with AIDS

SADTU – South African Democratic Teachers Union

SACBC – South African Catholic Bishops Conference

NAPWA – National Association of People With AIDS

MCC – Medicines Control Council

SADC – Southern African Development Community

ALP – AIDS Law Project

MSF – Médecines Sans Frontières

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Introduction

Photo: International Day of Action march, Cape Town, June 2004

Although 2004 was a challenging year for the Treatment Action Campaign, marked by transitions both in the political climate and the organisation's strategies, TAC achieved several important successes over the past year. The national policy shift of 19 November 2003, the day government released its *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa* (Operational Plan), meant that TAC had to shift its modus operandi from an organisation in which advocacy work was primarily directed from the secretariat and national office, to one where local structures had to take greater responsibility for activism. This shift has been necessary to ensure that hospitals and clinics throughout the country are prepared for the rollout of ARV treatment. Making this transition has not been easy and is ongoing. Nevertheless, as this report demonstrates, TAC has accomplished a great deal over the past year and many branches were engaged in effective local activities.

As of March 2005, the Department of Health reported that 42,000 people were receiving antiretroviral treatment in the public sector. The Joint Civil Society Monitoring Forum, initiated by TAC/ALP, estimated that as of October 2004 a further 45,000 people were being treated in the private sector. While TAC must take some credit for this rollout of treatment, it is far from enough. The Actuarial Society of South Africa estimated that over 300,000 people have died as a result of AIDS, nearly all of them without the treatment that could have extended and improved their quality of life. It is estimated that around 500,000 people currently need anti-retroviral treatment. Government has missed several targets for the rollout and there is no evidence that it has begun to reverse the drain of human resources in the public health system that the Operational Plan had also promised to alleviate. So, there is much still to be achieved.

Unfortunately, the paramount obstacle to the rollout has been the lack of political will, even conscious sabotaging of the programme, by Minister of Health Manto Tshabalala-Msimang. Her HIV denialism, and that of President Thabo Mbeki, has undermined the government's own plans to extend treatment

to all those who need it. Pseudo-science, with its consequences of inadequate treatment literacy and public confusion, has become one of the dominant problems facing the success of the Operational Plan. Certainly, the United States government and the pharmaceutical industry continue to create obstacles to treatment as well, but the denial of President Mbeki and Minister Tshabalala-Msimang is the most serious problem for South Africa and it remains a grave challenge to the successful rollout of the Operational Plan. Intensifying this problem, the country has a dire shortage of health-care workers. This is due to poor conditions of service, not just uncompetitive salaries, but few career development opportunities, poor patient outcomes, long hours and inadequate medical supplies and equipment. In addition there is no guarantee of treatment for health-care workers with HIV.

Other key political challenges facing the organisation are the difficult relationship with the National Department of Health and some provincial Departments of Health, the slow rollout of the Operational Plan, the failure of government to provide an implementation timetable for the plan and the near-absence of scientifically accurate public messaging on HIV treatment and prevention. Internationally, the World Health Organisation's 3x5 goal is being undermined by some governments and institutions and will be difficult to achieve. These difficulties have been exacerbated by the re-election of the Bush Administration, which has promoted policies that hinder affordable access to medicines globally.

Organisational Structure

The daily decisions of TAC are directed by a four-person secretariat, which is a subset of the National Executive Committee (NEC). The NEC is responsible for strategic decisions of the organisation. The secretariat members are Zackie Achmat (chairperson), Sipho Mthathi (deputy-chairperson), and Mark Heywood (treasurer). The secretary, Mandla Majola, resigned from his position in April 2004 and the position remains unfilled. The Third TAC National Congress will be held in September 2005, where a new NEC will be elected.

TAC has a national office based in Cape Town and six provincial offices based in the Western Cape, Gauteng, Kwazulu-Natal, Eastern Cape, Limpopo and Mpumalanga. In addition, TAC has five district offices based in Lusikisiki (Eastern Cape), Queenstown (Eastern Cape), Khayelitsha (Western Cape), and Pietermaritzburg (Kwazulu-Natal), and one district office that opened at the end of the financial year in Ekurhuleni (Gauteng). Each district 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. District offices are overseen by District Executive Committees.

Over the past year, several changes in management took effect. Nathan Geffen, previously the National Manager, moved to start the new Research and Communications Desk at TAC. Rukia Cornelius, previous Executive Secretary, was promoted to National Manager. Sipho Mthathi resigned from her post as National Treatment Literacy Coordinator to take a short sabbatical but will rejoin TAC in July 2005. Nomfundo Eland, previous Treatment Literacy Administrator, was promoted to National Treatment Literacy Coordinator. Linda Mafu, previously the Eastern Cape Treatment Literacy Coordinator, has been promoted to National Organiser. In April 2004, Mandla Majola, who had been the National Organiser and NEC Secretary, resigned from his positions to further his studies, although he later rejoined TAC as Khayelitsha District Organiser.

Xolani Tsalong, originally hired in September 2004 as the National Organiser, moved to KwaZulu-Natal Provincial Coordinator.

In March 2004, in order to improve the fundraising capabilities of the organisation and to streamline donor reporting, TAC started a Development Office. A consultant, Ashleigh de Villiers, and a Development Officer, Bongekile Bhengu, were hired to make this possible.

TAC was faced with complex organisational challenges in the last year. There has been some fatigue in the organisation, and some long-standing members and active branches have become inactive. A number of factors have caused this fatigue, including the cumulative effect of five years of intense, difficult and conflict-ridden campaigning; the achievement of some of the major policy changes for which the organisation campaigned; a lack of understanding at many levels of the organisation of how TAC should proceed with achieving the major objectives of our new phase – the implementation of treatment and the improvement of the public health-care system; and the transition from an organisation whose campaigns were primarily concentrated and lead at national level to one whose campaigns must be driven at local levels. However, there are clear signs that in some areas, for instance in Khayelitsha under the leadership of Mandla Majola, that TAC's transition to a new phase is happening successfully, and the reorientation has been coupled with fresh energy and new recruitment.

In a step to reflect and restrategise as TAC moves forward into its next phase of organisational development, an external evaluation of TAC's impact and internal effectiveness was commissioned. Interviews for the evaluation began in January 2004, and the report and recommendations will be available in June 2005.

At the end of February 2005, TAC employed 52 full-time staff members.

Treatment Literacy

In 2004, TAC continued its community mobilisation efforts through the Treatment Literacy Programme, which gives ordinary people – many of them with little formal education – an in-depth understanding of the science, politics and treatment options for HIV/AIDS. Treatment Literacy is a powerful tool for community mobilisation for access to formal health care, because it goes beyond an understanding of health, HIV and HIV medicine, to understanding rights, the politics of treatment access, and the essentials of activism. On a personal level, for people living in conservative communities where HIV stigma continues to be rife, for people who are themselves living with HIV, this knowledge is transformative, enormously increasing confidence and often mental and physical well-being as well.

Over the past year, TAC concentrated on building the necessary human, community and other resources to stimulate activism for ARV delivery in local communities. TAC concentrated on training primarily TAC members and members of supportive civil society organisations on treatment literacy education. Trainees learned a basic level of treatment literacy at the district and site levels and now are able to serve as community resources, helping to create a demand for treatment at each site. TAC believes that once a critical mass of people are on treatment at each site, sufficient momentum will be achieved to maintain pressure for quality treatment.

During 2004, the Treatment Literacy Programme was managed nationally by Sipho Mthathi and administered by Nomfundo Eland. The Eastern Cape, KwaZulu-Natal and Gauteng each had a Provincial Coordinator, and two coordinators managed the Western Cape programme. In 2005, TAC plans to

hire coordinators for Limpopo and Mpumalanga as well. The national treatment literacy coordinator is responsible for the programme and directs the provincial treatment literacy coordinators, who in turn support and supervise treatment literacy trainers and treatment literacy practitioners.

Treatment Literacy Practitioner Programme

TAC trained 120 Treatment Literacy Practitioners (TLPs), who were selected from TAC branches and trained during a nine-month programme. The courses consisted of intense "classroom" training, field work at clinics and hospitals (particularly, though not exclusively, those health facilities providing ARV treatment sites), promoting treatment knowledge among support groups of people living with HIV and HIV/AIDS service organisations, and working with stakeholders in their communities.

TLPs were also trained to organise district learning groups and to prepare for district treatment literacy courses. They learned to assist branches in publicising training opportunities, to process applications and to select the learners. In addition to education, TLPs performed activities including adherence support and counselling, referring people for treatment and other health and social services including social grants, and advocating at facility level for improved services through monitoring the availability of medicines. Some of the TLPs also participated in community structures like Clinic Committees, Health Forums and even District AIDS Councils.

Treatment Literacy Trainer Programme

40 TLPs (ten from the Western Cape, Eastern Cape, Gauteng and KwaZulu-Natal respectively) were chosen to take part in an advanced training programme to become Treatment Literacy Trainers. Of the 40 selected, 36 completed the advanced course. A core team of ten TAC Trainers supported the development of the Trainee Trainers. Initially, the trainees were equipped to run the Foundation Treatment Literacy course, the core training product of TAC. The trainee trainers incrementally took more responsibility for presenting the course during the training period. Their assessment was continuous and included the evaluation of treatment knowledge and education and training practices. They completed their practice training in February 2005, and "graduated" from the programme.

Photo: Treatment Literacy Trainer, Ntombi Mfiki, conducts a Foundation Training Course in Grabouw.

Treatment Literacy Foundation Training Course

The basic output of the Treatment Literacy programme is primarily to strengthen the treatment literacy skills of as many TAC activists and their communities as possible. TAC planned to train 1,800 activists between September 2004 and February 2005. At the end of the financial year, 1,200 activists had completed the training. Each course was held in an area matched to a government treatment site and with the hope of developing treatment literacy teams around the sites. Each course trained 30 people at a time – 20 branch members, 5 support group members or supportive civil society organisations, and 5 health care workers. TLPs in the district coordinated the selection of the trainees and managed the development of treatment

literacy teams in their districts. The course is run over a five-day period, with three additional follow-up days.

Quality Assurance and Management Systems

TAC has begun to create a comprehensive database to organise information that can be used for programme planning, producing reports and monitoring progress of the Treatment Literacy programme. The database will include basic information such as TAC branches and the communities where they are located, services being provided (e.g. MTCT, TB, VCT, ARVs, etc) at clinics and hospitals, other local support groups, ARV sites, health districts and municipalities, health managers' contact information, provincial health officials, and ultimately national level information. The Treatment Literacy Programme will also use this database to plan and implement training and to provide resources to support site-based treatment literacy teams. In addition, the system will be used to keep records of attendance and to assess all treatment literacy students. Training evaluation records will also be kept. Existing data on hospital and clinics, branches and members, supportive organisations and their resources will be used to plan future activities and new information will be compiled. Currently the database is up and running, but is in the process of being further developed and improved. It is used by Treatment Literacy Practitioners in their areas as well as partner organisations for referral purposes.

Registering TAC as a Training Provider with HWSETA

TAC has submitted its application to be registered as a training provider and to have its courses accredited with the HWSETA. Currently the HWSETA has not developed its guidelines for these courses, and therefore the application has not been processed. In the interim, TAC has submitted draft unit standards to the Standard Generating Body.

Public Meetings to Moblise for Treatment Rollout

TAC welcomed the long-awaited announcement of the Operational Plan in November 2003. In the Western Cape, the provincial government immediately made plans to scale-up the availability of treatment beyond the province's pilot sites. By February 2004, over 1,000 people were on treatment in the country, nearly all from the Western Cape. It became clear in early 2004 that all the other provinces were not proceeding because the Minister of Health was obstructing the rollout, primarily by failing to purchase an interim supply of antiretrovirals, opting instead for a lengthy tender process. This was despite the fact that across South Africa there were clinics and hospitals that were ready to rollout – and thousands of people in need of treatment. As a result of the Minister of Health's initial refusal to use legal means for interim procurement of medicines, TAC proceeded with a public mobilisation campaign to highlight government's intransigence. Litigation was also initiated. The public mobilisation campaign consisted of holding open meetings in cities across six provinces and inviting senior provincial representatives to account for the rollout in their provinces.

Between 25 February and 7 April, nine public meetings were held with over 5,000 activists participating. In Johannesburg, Cape Town, Port Elizabeth, and Nelspruit, government officials or representatives from the Department of Health participated in the meetings to varying degrees.

Photo: Waiting room at public hospital in Khayelitsha, 6:30 a.m.

Concrete results occurred after the meeting in Johannesburg, where the Gauteng Premier attended and promised to introduce treatment as soon as possible at facilities that had the capacity. However, in Louis Trichardt and Polokwane (both in Limpopo), Durban (KZN), Lusikisiki (Eastern Cape), and East London (Eastern Cape), government officials or representatives from the Department of Health did not attend or participate in the meetings.

Pressure from TAC also contributed to announcements by the Free State and North West provinces that rollout would proceed. Although the public meetings did help to initiate the rollout of treatment in Gauteng, KwaZulu-Natal, Free State and North West Provinces, treatment rollout remained unacceptably slow throughout the year across all the provinces.

The People's Health Summit

Since government committed to the development and implementation of the Operational Plan, both civil society and the state have spoken about the need to use the ARV programme to strengthen the overall public health system. Improving access to treatment for HIV/AIDS necessarily includes focusing on health systems and public health policy more broadly in order to build capacity. With these points in mind, TAC co-hosted the People's Health Summit from 2 to 4 July 2004 in East London to discuss the crisis, the inequity in the health system and the roll-out of antiretroviral treatment.

The Summit was co-hosted by TAC, HOSPERA, SADNU, the Public Service Accountability Monitor, the Eastern Cape Provincial Council of Churches, the Rural Doctors Association of Southern Africa, and MSF. Over 500 delegates from around the country attended the summit.

While recognising the impact of the legacy of injustice and inequality of apartheid on the health service of South Africa, delegates to the People's Health Summit expressed grave concern that in spite of many good policies, laws and

programmes, the public health service is in crisis and the quality of many services is in decline. The growing inequalities between urban and rural areas only contribute to the problem. Amongst other difficulties, people in rural areas face the chronic under-staffing of health facilities and have large distances to travel to access health care.

In particular, the People's Health Summit recognised that:

- The struggle for a quality people's health service is a struggle for the realisation of the rights to life, dignity, access to health care services, equality, autonomy and social justice.
- The worthy vision of the public sector as being the lead provider of quality health care seems to have crumbled. This crisis is the result of a number of factors, including:
  - Underfunding of public health;
  - An overpriced, inefficient and exclusive private health sector;
  - The HIV/AIDS epidemic;
  - Failure to train and re-train health workers; and
  - High degree of corruption and mismanagement in the delivery of public health services.

Delegates recognised that refusing to acknowledge or confront this crisis is a violation of the principle of a better life for all. In addition, delegates agreed that there is an urgent need for the establishment of a permanent and broad-based consultative forum to discuss, debate and formulate all aspects of health care policy. All organisations represented at the People's Health Summit committed to working with the Department of Health at all levels to build a quality people's health service.

Following on the success of the People's Health Summit, TAC decided to host Provincial Health Summits in the six provinces where TAC operates. Summits were held in Limpopo, Mpumalanga and Gauteng Provinces in October and November. The Western Cape, Eastern Cape and KwaZulu-Natal Provinces decided to first hold district summits, which took place at the end of 2004. These provinces will hold their provincial health summits in the first half of the 2005-2006 financial year.

For a more detailed report on the People's Health Summit, please refer to TAC's webpage: www.tac.org.za.

Implementation of the Operational Plan

The implementation timetable of the Operational Plan, although referred to several times within the plan itself as 'Annexure A', was not made public. Consequently, one of TAC's most important campaigns for the year centred on gaining access to this information. This campaign began in February 2004, when TAC asked for the implementation timetable. This request was then followed up with numerous written and verbal requests. However, there was no response, despite the Constitutional right guaranteeing access to information, enacted by the Promotion of Access to Information Act.

Left with no other option, in June TAC proceeded with court action to obtain the timetable under the banner of the Right to Know Campaign. The first response to the requests came in government's court papers in September 2004, where it was stated that the timetable alluded to in the Operational Plan was a 'draft' and that the numerous references

Photo: Mandla Majola, Khayelitsha District Organiser, distributing information pamphlets to community members on available clinic services in the district.

to it were all errors. This seemed impropable given that TAC had been told that an implementation timetable did exist. However, in the face of an affidavit claiming this – and the fact that the right of access to information does not extend to draft documents – TAC had to modify its legal strategy. Instead of persuing the request for a document which government now denied existed, TAC decided to go to Court to request that punitive costs be awarded against the Ministry of Health because it had failed on more than ten occasions to respond to TAC's requests for information.

The Court hearing took place on 4 November 2004. In December, the Pretoria High Court found in favour of TAC and ordered the Minister of Health to pay punitive damages. She was required to pay TAC's costs on the scale as between attorney and client, as well as the cost of one counsel. This was an unprecedented judgement because punitive costs are seldom granted; such awards indicate that the court is displeased by the conduct of a party – here the Minister.

Currently, TAC is continuing its call for the final and approved implementation timetable to be made available publicly. With the assistance of the ODAC, TAC has obtained detailed provincial rollout plans.

In addition to not releasing the implementation timetable, it became clear early in the year that all but one (the Western Cape) of the provinces were not proceeding with the rollout due to the failure to purchase an interim supply of antiretrovirals. After legal papers were prepared by the ALP against the Minister challenging her refusal to use legal means to procure an interim supply of antiretroviral medicines, the Minister committed the government to supplying an interim procurement mechanism. This made it possible for provincial health departments to buy the medicines for the sites that were ready to provide treatment.

In July, TAC and ALP released a report on the implementation of the Operational Plan, with the purpose of monitoring its efficacy, sharing information and making government accountable to the people. In addition to finding that not more than 10,000 people were on treatment at the time, a number far below the government's target, the report found that the national level lacked the necessary political will, preventing the provinces from speedily implementing the plan.

In September, together with nine other organisations, TAC launched the JCSMF of the Operational Plan, to assist with the monitoring and assessment of the implementation from a public health and human rights perspective. One of the most serious problems identified by JCSMF was that despite a Constitutional duty of national and provincial government to act in an open and transparent manner, the National Department of Health and some provincial health departments have not publicly released and/or shared information about the extent of implementation. During the year the JCSMF produced two reports on the rollout of the Operational Plan. Furthermore, in November TAC hosted a successful meeting of civil society leaders in the struggle against HIV which is hopefully the beginning of a more permanent mechanism for information sharing and co-ordinating civil society efforts.

International Desk

Photo: TAC helped to organised the "Access for All" march at the International AIDS Conference in Thailand.

In 2004, TAC´s international work gained further momentum. TAC began its international campaigning this year by helping to organise and coordinate the PATAM Conference, "Scaling Up Access to Treatment in Southern Africa: A Way Forward," held in Harare, Zimbabwe. From 3 to 5 March over 100 activists, primarily from Southern Africa and other allies from outside the region, convened in Harare to draw up action plans to ensure the immediate scaling up of antiretroviral treatment in the region. The meeting originated from a March 2003 PATAM conference resolution of activists who felt that it was important to make the explicit connection between governance failure and weak responses to the HIV/AIDS pandemic with particular regard to treatment. It had been agreed that the meeting should be held in Zimbabwe in order to offer solidarity to activists in the country – a country where the correlation between poor governance and epidemic impact is most obvious. On their return, delegates have formed the core nucleus of catalysts for treatment access movements in countries around the region.

In June, over 80 non-governmental health and human rights organisations throughout the world marched to protest the United States' policies on AIDS, calling on the U.S. to "invest in health not war." In South Africa, TAC led marches in Johannesburg, Cape Town, Durban and East London. Each march was attended by hundreds of people. Demonstrations were also held in Germany, Cameroon, and the U.S.

In July, TAC sent a delegation to the International AIDS Conference in Thailand, where they met with Kofi Annan, and helped to set an agenda for worldwide treatment and prevention.

And lastly, from 2 to 9 October, over 90 civil society actors involved in efforts against HIV/AIDS all over Africa participated in a treatment literacy and

advocacy workshop hosted by TAC. The workshop was primarily aimed at increasing knowledge on the science of HIV, medical knowledge of antiretroviral therapy and the political factors that impede or facilitate access to HIV/AIDS treatment. As treatment becomes increasingly available on the African continent and elsewhere, knowledge of these issues must be widely available to the public, and education must be included in national treatment programmes.

In addition to these activities, the International Desk continued its communications and information management for PATAM, monitored the Global Fund Board Meeting, monitored the health implications of the US – Southern African Customs Union Free Trade negotiations, and continued distributing Treatment Literacy materials, specifically several translations of the ARV fact sheet.

TAC Educational Materials and Public Education

TAC's public education campaign was largely centred on the partnership between TAC and the CHMT which in the last year developed the fourth *Beat-It!* series, a treatment literacy magazine programme presented on national television. The programme is presented entirely by people living with HIV. The programme was aired on SABC Channel 1, which regularly draws in excess of 1.5 million viewers. *Siyayinqoba Beat It!* will easily have the largest reach of any treatment literacy initiative in Southern Africa. Many TAC members participated in the filming and production of this series. The material has been turned into a treatment literacy series that is used by the Treatment Literacy Practitioners in their work in the districts. In addition, CHMT developed a video on TAC's district offices, based on the success of the Pietermaritzburg office in the last year. This video will be used to help new district offices start operations.

In addition, the Treatment Literacy programme has produced and widely distributed the *HIV in Our Lives* booklet, *Opportunistic Infection* posters and a brochure called *Talking about Antiretrovirals*. The first issue of the newsletter *Equal Treatment* in over a year was produced, and two issues were printed during the financial year. TAC also produced and distributed pamphlets on access to information.

The media continues to report TAC's events extensively and predominantly positively. TAC receives regular coverage in all the country's major newspapers, community newspapers, radio stations and on SABC television.

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 also printed out by provincial and district offices and distributed to members. Key events are described on our 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. TAC is in the process of recruiting Voluntary Services Organisation professionals to assist with IT needs and in the new financial year plans to substantially improve the website.

Legal Advocacy for the Human Right to Health

This annual report has already described the litigation that was initiated around the interim procurement of ARVs and around the right of access to information. But, in addition, the working partnership between the ALP and TAC continued in other areas.

In March 2004, for example, the ALP and TAC made a joint submission on the draft medicine pricing regulations to the Department of Health and its Pricing Committee. TAC's submission expressed support for the adoption and implementation of a transparent pricing system that has the potential to significantly increase access to affordable medicines for all people in South Africa. While ALP and TAC have for some time been particularly critical of health policy development and implementation, this is one issue in respect of which both organisations are in agreement with government. In the submission the ALP and TAC supported the principled basis underpinning the draft regulations, but explained that the regulations did not go far enough to give full and proper effect to the National Drug Policy of 1996, the Medicines and Related Substances Control Amendment Act of 1997, and most important, the constitutional right of access to health care services. In respect of pharmaceutical manufacturers in particular, ALP and TAC believe that the draft regulations simply do not go far enough. In the submission, ALP and TAC made detailed proposals regarding the strengthening of the draft regulations.

In addition, TAC was involved with the following activities:

- An ALP/TAC complaint about the National Pathology Group with the Competition Commission continued to be investigated.
- A complaint against an advert by AIDS denialists Anthony Brink and Matthias Rath was laid with the Advertising Standards Authority of South Africa (ASASA).
- A Q&A on the Medicines Act, developed with ALP, was produced and sent out.

TAC Constitution

In late 2004, TAC members voted on proposed modifications to the TAC Constitution. Most of these changes were formal modifications of the Constitution based on proposals that were made at TAC's National Congress in 2003, and the balance were legally required and stylistic improvements.

Voting took place in all TAC districts where offices were available and TAC members not based in these districts were invited to submit votes by correspondence.

Results of the vote to adopt amendments to the TAC Constitution:

Yes (i.e. in favour of the amendments to the Constitution): 2,955
Conditional Yes: 24

No: 30
Spoilt: 75
Total: 3,084
Unconditional yes of those who voted: 98%
Percentage of registered members: >25%

The amendments to the Constitution were therefore adopted and the new Constitution is available on the TAC website.

Photo: Door to door campaign to mobilise the community in Hout Bay, Cape Town.

Provincial and District Offices

As TAC's strategies shift towards greater reliance on local organising, the organisation's provincial and district offices have become increasingly important. TAC now has six fully operational provincial offices, with 10,181 members in the TAC database. The provincial offices are responsible for conducting treatment literacy, organising branches and branch activities and mobilising for TAC public events. TAC will continue to strengthen its provincial and district offices so they can effectively campaign for better health systems in their areas.

In 2003, due to the growth in TAC branches and the growing importance of TAC's work at a local level, TAC started three district offices – in Lusikisiki, Queenstown, and Pietermaritzberg. In 2004, TAC opened two new offices: in Khayelitsha (Western Cape) and in Ekurhuleni (Gauteng). The role of these offices, which report to their provincial offices, is to ensure that branches in the districts are well-organised and carry out appropriate workplans to support TAC's campaigns. In addition, to further strengthen the provincial and district offices, TAC has implemented a reporting system from provinces to the national office and a mentoring system whereby secretariat and management members provide much more support for the provincial offices.

Gauteng Province

Over the past year, the Gauteng provincial office has continued to engage positively with the Department of Health and hosted a number of successful events to assist with the implementation of the Operational Plan. The greatest challenge was determining how to assist the Department of Health in achieving its prevention and care goals for HIV positive people that were set for the year.

The Gauteng provincial office employs a provincial coordinator, an organiser, a treatment literacy coordinator, an administrator and a receptionist. The office supports 20 branches and has approximately 1,700 members. In February 2005, TAC opened a district office in Ekurhuleni and -- with sufficient funding -- TAC hopes to open another district office in Tshwane (Pretoria) in June 2005. Below is a description of some of the year's key events.

On 24 June, a picket was held in front of the U.S. Consulate in Johannesburg as part of an International Day of Action calling on the Bush Administration to Invest in Health Not War. COSATU president Willie Madisha addressed the crowd. Over 400 people attended the event.

To commemorate National Women's Day in August, an event was held at the Kopanong hospital in Vereeniging to celebrate the plight of TAC women in the area. The event also celebrated an award given to the Vereeniging community with representatives from the surrounding secondary schools.

The Right to Know Campaign activities held on 4 November were very successful. Over 1,000 TAC members attended the event and TAC representatives, including Zackie Achmat, TAC Chairperson, and Johanna Ncala, Provincial Treatment Literacy Coordinator, spoke to the crowd. Approximately 100 people were then allowed to move into the courthouse with TAC and ALP representatives. The remaining demonstrators stayed behind at Church Square, where a memo was handed over by NEC member Isaac Skosana and Mama Rose Thamae from Orange Farm to Dr. Rose Mulumba, from the Department of Health.

The Gauteng People's Health Summit was hosted by TAC, the AIDS Consortium, ALP, SADNU and HOSPERSA from 13 to14 November. The summit brought together representatives from all areas of civil society as well as government officials working in and around the health sector. Presentations by key speakers highlighted the many challenges facing the different sectors, as well as a collective commitment to strive for improved working relations to deliver a better health system in the province.

Western Cape Province

The Western Cape provincial office was based in Cape Town's largest township, Khayelitsha, which is home to more than 500,000 people. In 2004, the provincial office went through an intense process of internal reorganisation to reinforce its structure in order to strengthen community mobilisation, especially in Khayelitsha. The amount, quality, intensity and strategic interest of the actions of TAC in the Western Cape have improved dramatically. There are new faces and renewed energies. The province has 60 branches and approximately 4,000 members. The office has a coordinator, an administrator, an organiser and a treatment literacy coordinator. In early 2005, the Provincial Office moved their offices to Salt River, and the Khayelitsha office was converted to a district office. Below are descriptions of some of the key events that took place in the province during the year.

On 24 June, a march to the US Consulate in Cape Town was held in support of the International Day of Action. In preparation for this event, the Western Cape office held a leadership school on 4 June. The leadership school was aimed at TAC's branch leaders with the purpose of developing knowledge of important political issues and their global impact.

On 16 September, the Western Cape office participated in a march to support the COSATU/ SADTU public sector wage strike.

On 4 November, more than 1,000 activists from TAC branches, COSATU and other supporting

organisations attended the march in support of the Right to Know campaign. The event was very successful, and Sipho Mthathi, TAC Deputy chairperson, handed over the memorandum to government officials, including Dr. James Ngculu, chairperson of the Health Portfolio Committee.

A special event was held on 13 December in Khayelitsha to commemorate the death of Lorna Mlofana. Nearly, 1,000 activists came to the event to say no to the abuse of women and children. The event was co-organised by TAC and MSF. Dr Fareed Abdullah, HIV/AIDS Director of the Western Cape, addressed the gathering and committed himself to report back to the community within three months on the status of a new rape centre for Khayelitsha. Fredeline Booysen, Provincial Organiser, and Noncedu Bulana, an HIV positive rape survivor, read and handed over the memorandum to Dr Abdullah. A candlelight prayer in memory of all survivors of violence and sexual assault and a tribute to Lorna Mlofana concluded the event.

Over 5,000 people marched through the streets of Cape Town to Parliament on 16 February 2005, demanding that government treat at least 200,000 people with antiretrovirals in the public sector by 2006. People living with HIV/AIDS, the SACC, COSATU, nurses, doctors, TAC and other organisations marched to demand the need for HIV treatment, and address the crisis in the capacity of the public health system and the inequality between private and public health. A memorandum was handed over to the Head of Communications in the Presidency, Murphy Morobe. He was accompanied by the chairperson of the Portfolio Committee on Health, James Ngculu. Morobe praised TAC and the marchers, saying they are "our conscience." He urged TAC to continue marching and stated that he had personally lost six cousins over three years to HIV/AIDS.

KwaZulu-Natal Province

Based in Durban, the KwaZulu-Natal (KZN) office is responsible for 43 branches and has approximately 1,900 members. The office consists of a coordinator, a treatment literacy coordinator, an administrator and two organisers. In addition to the Pietermartizburg district office, a new district office was started in Ilembe in the beginning of 2005. Because of its successes over the past year, the Pietermaritzburg office was highlighted in a TAC video on how district offices should work. The office has formed a strong and fruitful relationship with the provincial Department of Health, and worked on several key events during the year, which are described below.

On 16 March, TAC held a public meeting at the Durban City Hall, with approximately 1,500 people in attendance. The purpose of the meeting was to examine the status of the ARV rollout in the

Photo: In response to the killing of Lorna Mlofana in Khayelitsha in 2003, the community held events to protest violence against women and children and to end the stigma associated with HIV/AIDS.

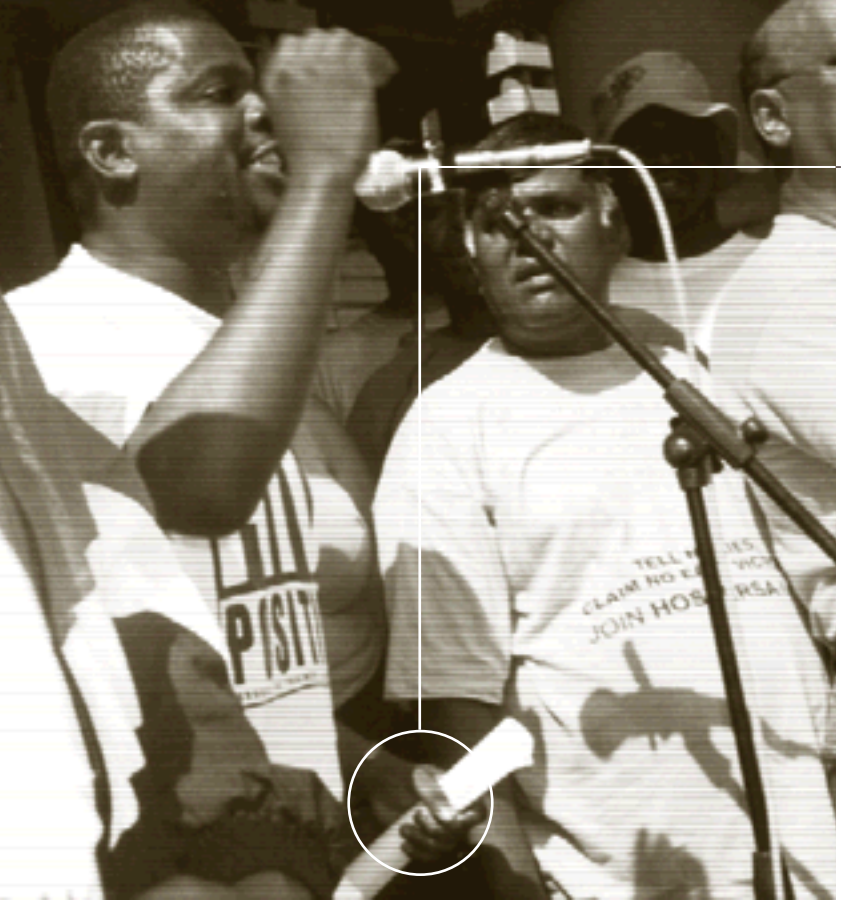

Photo: Xolani Tsalong, then National Organiser, speaking at the Right to Know march in Nelspruit.

province and give updates on the accreditation of sites. Timothy Msiza, a District Health Manager, was present to represent the health department.

In preparation for the Right to Know campaign activities, a workshop on access to information was presented by TAC and ALP representatives to all TAC branch members. After the workshop, TAC held a march to the Provincial Parliament in Pietermaritzberg on 4 November. TAC handed its memorandum over to Mrs. Lydia Johnson, the Chairperson of the Health Portfolio Committee. Approximately 1,300 people attended the march, making it a huge success.

Following an independent investigation of charges of corruption against the coordinator of the province, a disciplinary hearing was held and the coordinator's services terminated. This has caused disruption to the office; the coordinator had competently rebuilt TAC in the province. It is now going through a difficult period again. It is a priority in 2005 to give the office sound leadership so that it can operate more effectively.

Eastern Cape Province

Despite an extremely slow rollout of the Operational Plan in this province and a lack of information about treatment scale-up plans, the relationship between the provincial government and TAC has improved. The office consists of a coordinator, an organiser and a treatment literacy coordinator. The office serves 49 branches with over 1,900 members. The large size of the province and its large rural population make building TAC in the province more complex. Despite this challenge, the office's field of activity has expanded rapidly. As a result of the demand for treatment literacy and TAC advocacy, there are now district offices in Lusikisiki and Queenstown, each staffed by an organiser.

Over the past year, the office conducted a number of successful events. During the Right to Know campaign activities, held on 4 November, approximately 1,000 people took part in a march to the provincial legislature in Bisho. The Provincial Minister for Health collected the memorandum handed over by Linda Mafu, the treatment literacy coordinator in the province. He promised to have a meeting with TAC in Eastern Cape, and to start working as partners in the struggle facing the health institutions.

In the previous financial year the Lusikisiki District office made much progress. The Lusikisiki office is tasked to work closely with the MSF antiretroviral treatment programme to ensure community involvement and acceptance of the programme. However, several organisational problems have hampered the office's progress in the past year. It is a priority in 2005 to resolve these problems.

A number of staff replacements have taken place recently in the Eastern Cape office, including the critical coordinator and treatment literacy positions and the office is expected to experience difficulties due to this transition. However, with these changes and support from the national office, TAC is confident that the Eastern Cape office will continue to strengthen its advocacy capabilities over the coming year. Already, these changes are bringing renewed energy to the province.

Mpumalanga Province

The Mpumalanga provincial office was staffed by a provincial organiser and administrator, and also receives assistance from volunteers. It serves over 30 branches and has approximately 1,600 members.

The office organised a number of successful events during the year, and branch activity continues to grow.

The Right to Know campaign activities included an event at the provincial government offices, attended by more than 1,000 people. Speakers from COSATU, SAMA, and Home-Based Care of Mpumalanga addressed the crowd. Ms. Madonsela, a director of the antiretroviral programme, received the memorandam on behalf on the minister.

The Mpumalanga Health Summit was a success as well. Approximately 300 guests attended the summit, including representatives from all the major health unions, home-based care organisations, support groups and media. The Head of the Provincial Health Department spoke for over an hour and admitted that the Provincial Health service had been destroyed by the previous Provincial Minister for Health, Sibongile Manana and her director-general, Rina Charles. The group discussed measures to correct the poor delivery of health services, including recruiting 2,000 additional health workers and administrators. The Head of the Provincial Health Department promised quarterly meetings with TAC leadership in the province.

In the latter part of the year, the Mpumalanga staff underwent some changes. The provincial organiser's services were terminated and two new staff members, including a new coordinator have been hired. The provincial office is consequently working more effectively.

Limpopo Province

As a result of consistent organisation of events by Limpopo TAC members, in 2003 the organisation established an office in Elim, a small village outside Louis Trichardt. The office is staffed by an organiser and an administrator. In late 2004, a coordinator was appointed to manage the province, and the provincial offices have moved to Polokwane, the capital of the province. 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 significantly grown its branches. This office serves ten branches and has 470 members. Below are descriptions of the key events during the year.

On 3 August 2004, TAC held a consultative meeting with important stakeholders in the province to discuss two main issues: the proposed Provincial Health Summit and the slow pace of the ARV rollout by the Department of Health. The meeting was attended by SADTU, HOSPERA, Cancer Association of South Africa, SACBC, TAC branch leaders, PWAs and other interested people in the province. The attendees raised a number of problems, including the limited access to social security, food parcels, and a lack of treatment literacy. An absence of political commitment from health officials is one of the biggest reasons for these problems. Specifically, the group agreed to begin acting publicly to force the health department to start the roll-out of ARVs. It was agreed to have a picket outside the department's offices to highlight these issues.

On 16 September 2004, the provincial office participated in a march to support the public sector wage strike. About 120 TAC members participated in the march.

The Limpopo Province People's Health Summit took place on 13 November 2004 in Polokwane. Over 250 people attended, representing churches, all the major health-care worker trade unions, NGOs, PWAs and traditional healers. They discussed how to work together to improve the Limpopo health-care system. Unfortunately, the Summit delegates were disappointed that, despite a concerted effort by TAC to invite the Limpopo Provincial Minister of Health and his department to the summit, not a single official from the Limpopo Department of Health or government attended the meeting. Delegates also noted with concern the slow pace of the rollout of the Operational Plan in this province and the failure of the Limpopo government to provide detailed information on the rollout, despite their claims that they have a detailed plan (In early 2005, a plan was finally obtained, although it was unsatisfactory). The summit also noted with

Photo: Thobani Ncapayi, an activist who once believed he was going to die and now owns a small business, counting his ARV treatment pills.

concern the difficult conditions under which health care workers in the province operate. This in turn affects patient care and the sustainability of the public health system. One example that was noted was the situation in Tintswalo Hospital in Acornhoek where, despite having the capacity to immediately begin providing treatment, the hospital has not yet received antiretroviral medicines. This means that nurses have to watch many of their patients die unnecessarily. The TAC Treatment Project has since provided Tintswalo Hospital with treatment for five people.

TAC Treatment Project

After its launch in September 2003, the TAC Treatment Project (TAC TP) is currently fully operational in four provinces; specifically KwaZulu-Natal, the Eastern Cape, Gauteng, the Western Cape, and Limpopo. In the last quarter of 2004, TAC TP also began a working relationship with the Tintswalo Hospital in Limpopo, thus starting operations in the province. In the past year, TAC TP distributed approximately 85,000 capsules of Fluconazole to Gauteng, KwaZulu-Natal, Mpumalanga, the Eastern Cape, the Western Cape, Limpopo, the Free State, and Zimbabwe. In addition, TAC TP completed over 3,400 CD4 count tests, which found that approximately 1,400 people had counts that were less than 200. TAC TP is currently providing treatment for 98 people through the project.

TAC TP is managed by Nonkosi Khumalo and its head office is based at the TAC Provincial Gauteng Office.

TAC TP is a Section 21 (Non-Profit) Company that is legally separate from TAC. All funds raised by TAC TP support treatment for patients directly. In 2005, TAC will cover the staff and overhead costs for TAC TP.

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

Funding and Finances

TAC's audited financial statements are up-to-date as of 29 February 2004 and are available on the TAC website. The audit for the financial year ending 28 February 2005 is expected to be complete by the end of May and will be presented to the TAC National Congress in September for adoption. The organisation continues to be a model to civil society of financial accountability and good governance. At a time when NAPWA and the Department of Health's poor accountability has been exposed, this achievement is particularly important.

TAC's expenditure for the year ending February 2004 was R13.6 million (audited) compared to R18.7 million (unaudited) for the year ending February 2005. TAC's budget for the year ending February 2005 was R23.5 million and is R37.8 million for the year ending February 2006.

Major funding for TAC's work in the financial year 2004-2005 came from Bread for the World, The Atlantic Philanthropies, Open Society Foundation and Open Society Institute, Swedish International Development Agency, HIVOS, Public Welfare Foundation, MSF, Artists for a New South Africa, South Africa Development Fund, the Netherlands Embassy, UNAIDS, Oxfam, AIDS Foundation South Africa, the Belgian Embassy, and the Ford Foundation.

The People Who Run TAC

TAC's successful achievements have occurred because of the commitment of its members, including the National Executive Committee, the staff and its over 10,000 members.

National Executive Committee

As of the end of February 2005, the following people sat on the TAC NEC:

POSITION	NAME
Chairperson	Zackie Achmat
Deputy Chairperson	Sipho Mthathi
National Secretary	Position unfilled – Mandla Majola resigned from post in April 2004
Treasurer	Mark Heywood
TAC TP	Nonkosi Khumalo
Ex-officio member	Ncumisa Nongogo
Children's Sector	Buyisile Ndlovu
Youth Sector	Arthur Jokweni
Faith-Based Sector	Gary Thompson (SACC) Sheikh Achmat Sedick (United Ulmah Council of S.A.)
Health-Care Sector	Edna Bokaba (Nurses) Lydia Cairncross (Doctors) Hermann Reuter (MSF - Lusikisiki)
Labour Sector	Jacqueline Mpolokeng (COSATU) Joe Nkosi (COSATU) Dawn Le Roux (FEDUSA)
PWA Sector	Isaac Skosana
Eastern Cape	Nomaxabiso Joni
Western Cape	Thami Mazolwana
Gauteng	Gordon Mthembu
KwaZulu-Natal	Nkosinathi Mthethwa
Limpopo	Oupa Fazi
Mpumalanga	Gosiame Chaobi

TAC had three NEC meetings during the financial year. All three meetings were held in Cape Town, and provincial TAC members were encouraged to attend. A teleconference was held on a monthly basis for all NEC members. The following is a short description of the meetings that were held during the past financial year:

14 – 15 May 2004

The key focus of this NEC meeting was to discuss the progress of the antiretroviral rollout and the planning of the People's Health Summit.

15 – 16 October 2004

The key focus of this NEC meeting was to discuss the Right to Know Campaign and the campaign for the Minister of Health to release the implementation timetable of the Operational Plan.

24 – 25 January 2005

The first NEC meeting for 2005 discussed the key campaigns for TAC in 2005, including the launch of the campaign to have at least 200,000 people on treatment by 2006.

TAC Staff

As of 28 February 2005, TAC employed 52 full-time employees. Of these employees, 29 are female and 48 are African. Of the ten management positions, there are five women and seven Africans. There are 13 people living openly with HIV. Below is a list of the staff list as of 1 March 2005:

Rukia Cornelius	National Manager
Sipho Mthathi	On sabbatical until 1 July 2005
Nathan Geffen	Research and Communications Manager
Nonkosi Khumalo	Treatment Project Coordinator
Dawn Wilson	Financial Manager
Ralph Berold	Human Resources Manager
Xolani Tsalong	National Organiser
Linda Mafu	National Treatment Literacy Coordinator
Njogu Morgan	International Coordinator
Pholokgolo Ramothwala	Limpopo Provincial Coordinator
Thembeka Majali	WC Provincial Coordinator
Mario Claasen	Clinics Programme Coordinator
Bongekile Bhengu	Development Officer
Nomfundo Eland	Treatment Literacy Administrator
Surena Alexander	Treatment Project Administrator
Susan Fraser	National Administrator
Denis Matwa	HR Administrator
Veronica Shumane	Assistant to National Manager
Fanayi Tshabalala	National Bookkeeper
Ranzu Mathebula	Assistant to Financial Manager
Nwabisa Njaba	National Office Receptionist
Faniswa Filani	Membership Capturer
Vuyiseka Dubula	WC Treatment Literacy Coordinator
Nomfundo Dubula	SADC Treatment Literacy Coordinator
Nondumiso Mvinjalwa	WC Provincial Administrator
Fredalene Booysen	WC Organiser
Ntombozuko Khwaza	WC Treatment Project Coordinator
Mandla Majola	Khayelitsha District Organiser
Thabo Cele	KZN Provincial Organiser
Sifiso Nkala	KZN Provincial Organiser
Bongiwe Mkhutyukelwa	KZN Treatment Literacy Coordinator
Laurain Seme	KZN Provincial Administrator
Sindiswe Blose	KZN Treatment Project Coordinator
Richard Shandu	Pietermaritzburg District Organiser
Philip Mokoena	EC Provincial Coordinator
Portia Ngcaba	EC Provincial Organizer
Nwabisa George	EC Provincial Administrator
Lulamile Timbliti	EC Treatment Project Coordinator
Nombasa Ngxuluwe	EC Treatment Literacy Coordinator

Mziwethu Faku	Queenstown District Organiser
Nombulelo Rangana	Lusikisiki District Organiser
Msanyana Skhosana	Mpumalanga Provincial Coordinator
Bridgette Mokoena	Mpumalanga Provincial Administrator
Ronald Sibuyi	Mpumalanga Provincial Organiser
Oupa Fazi	Limpopo Provincial Organiser
Primrose Mathabatha	Limpopo Provincial Administrator
Luyanda Ngonyama	GP Provincial Coordinator
Johanna Ncala	GP Treatment Literacy Coordinator
Xolani Kunene	GP Organiser
Lefa Tlhame	GP Provincial Administrator
Zolani Mente	GP Treatment Project Coordinator
Cedric Nukeri	GP Materials and Administrative Assistant
Gordon Mthembu	Ekurhuleni District Organiser

* Note: The top 11 positions above comprise the national management team.

Summary of Major Calendar Events in Financial Year 2004-2005

25 March 2004	A meeting was held in the capital of Limpopo, Polokwane. Over 200 people attended the meeting, where they discussed what TAC should be doing in Limpopo to make sure that the rollout is successful.
26 March 2004	ALP and TAC presented a joint submission on the draft medicine pricing regulations to the Department of Health and its Pricing Committee.
26 March 2004	TAC held its biggest event yet in the rural town of Lusikisiki, Eastern Cape. The meeting started at the town hall. About 1,000 people marched through Lusikisiki Main Street. The march stopped at the taxi rank and the hospital where speakers addressed the crowd.
29 March 2004	A public meeting was held in the Mdantsane Indoor Sports Centre in the Eastern Cape. Over 700 people attended. The Department of Health in the district excused themselves from the meeting by saying that their comments at the Queenstown meeting applied to the whole Eastern Cape.
7 April 2004	Over 700 people crammed into the Nalsville Hall in Nelspruit for a public meeting. The Provincial Minister for Health was invited, but she sent a director from the Provincial Department of Health in her place. He, however, refused to speak or answer any questions, claiming he was just there to listen. The central question that he was asked was: when is rollout beginning in Mpumalanga?
28 April 2004	TAC welcomed the appointment of President Mbeki's new Cabinet.
2 May 2004	TAC Extends Condolences to Buthelezi Family upon death of Prince Nelisuzulu Buthelezi of AIDS-related illnesses.
14-15 May 2004	TAC held its first NEC meeting of the year in Cape Town.
6 June 2004	TAC welcomed the Implementation of the Medicines Amendment Act.
24 June 2004	International Day of Action: "Invest in Health Not War". In Johannesburg, Cape Town, Durban and East London, the Treatment Action Campaign led marches calling on the US Government to invest in health not war. Each march was attended by hundreds of people.

2-4 July 2004	More than 500 delegates (including more than 80 health workers) representing over 60 organisations and institutions met at the first People's Health Summit to discuss the crisis and inequity in the health system and the roll-out of antiretroviral treatment.
15 July 2004	TAC welcomed the recommendation of the MCC that a combination of antiretrovirals be used to prevent mother-to-child transmission of HIV instead of the current protocol in the public sector, which uses just one antiretroviral, nevirapine.
11 August 2004	TAC and MSF – South Africa noted with concern that the MCC used its powers to declare the use of the antiretroviral Duovir "undesirable" and enforced a recall of all stocks of this medicine currently on the market.
7 September 2004	A number of civil society organisations launched a joint civil society-monitoring forum in Polokwane, Limpopo. The forum aims to assist with the monitoring and assessment of the implementation of the Operational Plan from a public health and human rights perspective.
4 October 2004	TAC and ODAC published and distributed the Right to Know pamphlet explaining why TAC was taking the Minister of Health to court on 4 November.
15-16 October 2004	TAC held its second NEC meeting of the year in Cape Town.
19 October 2004	TAC campaigned for the Minister of Health to release the implementation plan of the antiretroviral rollout, including sites, dates and targets.
4 November 2004	Thousands of TAC members marched and demonstrated in six cities around South Africa (Polokwane, Nelspruit, Pretoria, Cape Town, Bisho, Pietermaritzburg) to demand access to information. At the same time, the Pretoria High Court heard TAC's application for punitive costs against the Minister of Health.
November 2004	Provincial People's Health Summits held in Gauteng, Limpopo and Mpumalanga
23 November 2004	The Traditional Healers' Organisation (THO) and the Dr Rath Foundation demonstrated outside TAC offices in Cape Town and Johannesburg. The THO and Rath complained that TAC only promotes antiretrovirals for HIV/AIDS treatment and that TAC ignores traditional medicines and nutrition.
26 November 2004	TAC holds high-level Civil Society Consultation in Cape Town on HIV prevention and treatment in South Africa.
10 December 2004	In Lusikisiki, TAC members and student nurses demonstrated against the unacceptable conditions of student nurses - who are expected to live in tents.
10 December 2004	Natalspruit Hospital CEO, Dr. Daisy Pekane began a R500,000 defamation suit against TAC. This followed a pamphlet and memorandum, distributed by TAC branch members who use the hospital that made allegations against Pekane. Following the initiation of the defamation litigation, TAC established an internal investigation to examine the allegations made against Pekane. The conclusion of the investigating team is that the allegations are substantially true.
14 December 2004	The Minister of Health was ordered by the Pretoria High Court to pay punitive costs in a case brought earlier this year by TAC.
24 -25 January 2005	TAC held its third NEC meeting of the year in Cape Town.
February 2005	Provincial Planning Meetings were held to determine key provincial campaigns for the year.
12 February 2005	Levis "Rage for Revolution" fundraising concert was held at the Castle in Cape Town. All proceeds were donated to TAC TP.
16 February 2005	TAC Western Cape marched to parliament to launch the major national campaign for the year – to have at least 200,000 people on treatment by 2006.

TAC in Financial Year 2005-2006

In September 2004, the Department of Health released its latest antenatal sero-prevalence survey. The survey found a 28% prevalence rate in women attending public antenatal clinics. In 1990, this rate was less that 1%. Based on these numbers, the Department estimated that 5.6 million South Africans lived with HIV in 2003, approximately 12% of the population. This survey confirmed what we all already know – improved HIV prevention and treatment efforts are needed. HIV infection rates continue to grow, and there is no evidence of a reduction in prevalence among young people. It is with these facts in mind that TAC's major national platform in 2005 will be the demand for at least 200,000 people on ARV treatment by 2006! In addition, TAC will concentrate on the following areas in 2005/06: 1) access to affordable medicines; 2) HIV prevention and youth mobilisation; 3) the continuation of the People's Health Service Campaign; 4) continued International work; 5) strengthening the PWLA sector and 6) preparing for the Provincial and National TAC Congresses.

Campaign for Treatment

Due to the low numbers of people on treatment thus far, TAC has determined that its main focus for the year must be the campaign to have at least 200,000 people on treatment by 2006. This campaign was launched on 16 February 2005 with a march to Parliament by TAC Western Cape. TAC branches will throughout the year lead community mobilisations for HIV testing and CD4 counts and treatment. There will be continued education and mobilisation to expand access to paediatric treatment. There will also be continued monitoring of the mother-to-child transmission prevention programme and of steps taken by the national and provincial governments to introduce improved regimens. And lastly, there will be continued support for single dose nevirapine in areas where the capacity and resources to introduce dual therapy are not yet in place.

Access to Affordable Medicines

TAC has resolved to continue to campaign for access to affordable and essential medicines through demands to government, drug companies and the international community. This has been the result of the ongoing problems concerning the price and availability of essentials medicines. In particular, TAC will campaign to reduce the price of essential ARV second-line regimens; call for the local manufacture of generic versions of key drugs, for example efavirenz and tenofovir; demand voluntary or compulsory licenses on essential drugs including ritonavir, lopinavir/ritonavir and efavirenz and if necessary initiate legal action; demand the price of valganycyclovir to be dropped and for generic manufacturers to produce this medicine; demand the price of amphotericin B to be dropped and for generic manufacturers to produce this medicine because it is no longer under patent; and write to the Minister of Health and the procurement team requesting an explanation of the failure to finalise the tender for the procurement of antiretroviral drugs.

HIV Prevention, Youth Mobilisation and HIV Testing

Many HIV prevention campaigns are weak and access to male and female condoms remains very limited. Therefore TAC has determined that it needs to strengthen its role with regard to HIV prevention. In addition, TAC youth need to be able to understand and advocate the science of HIV prevention more effectively. A pilot youth prevention training camp will take place in March 2005 and a national youth camp will be run later in the year. TAC will also

campaign for the scaling up of access to HIV testing. TAC supports the routine offer of HIV Testing and will promote the routine request of an HIV test by people seeking health care services and treatment.

People's Health Service Campaign

After the successful National and Provincial People's Health Summits, TAC will continue its campaign for the strengthening of the People's Health Service campaign and the development of more tangible proposals around key issues such as the human resource plan. The Campaign will demand a Human Resource plan and a stop to the freezing of vacant posts in the Eastern Cape. There cannot be quality health care without sufficient health care workers. Provincial Health Summits will be held in the Western Cape, the Eastern Cape and KwaZulu-Natal during the first half of the year.

International Campaigns

The UK government is campaigning for debt reduction and market access for developing countries, particularly in agriculture. Therefore, the UK presidency of the G8 and European Union provides a unique opportunity for progressive organisations to mobilise and put pressure on the G8, International Monetary Fund, World Trade Organisation, and World Bank to implement policies to eliminate poverty and promote development. TAC will support the campaigns around the G8 for debt reduction, sustainable AIDS funding and greater market access for developing countries. In addition, TAC will employ a treatment literacy coordinator to work in the SADC region to promote treatment literacy and campaign with SADC organisations for treatment plans, lower medicine prices and human resource support for SADC countries.

Strengthening TAC's People Living With HIV/AIDS (PLWA) Sector

TAC will run an Its My Life Campaign driven by the PLWA Sector. This campaign will also provide information on alcohol and antiretroviral interactions. In addition, TAC will host a national summit between PLWAs and TAC's treatment literacy department to improve the rollout of treatment literacy in the PLWA sector.

Congresses

The 3rd TAC national Congress will take place in September 2005. In preparation for this Congress, we will hold Provincial Congresses in July 2005.

Concluding Remarks

TAC has achieved several important successes during the financial year ending February 2005. The rollout of the Operational Plan has proceeded and many lives have been saved. However, the slow speed of the rollout and continued denialism mean that TAC's efforts to promote treatment literacy and run a public information campaign in 2005 must be carried out successfully if hundreds of thousands of lives are to be saved. The transition of the organisation from one where advocacy is primarily centrally directed to one where advocacy takes place at community level must continue. These campaigns are united under the rally, 'Treat at least 200,000 people, using antiretrovirals, by the beginning of 2006!'

treat 200 000 by 2006

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