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TAC Electronic Newsletter

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HIV/AIDS denialism dealt an irreversible blow!

Now, how do we prevent HIV infections, save lives and build a decent health system all?

TAC Secretariat Statement - 29 September 2006

Cabinet intervenes to lead HIV/AIDS effort

- On 19 September 2006, Deputy-President Phumzile Mlambo-Ncguka addressed the Ninth Cosatu Congress. In her speech, the Deputy-President dealt an irreversible blow to AIDS denialism. She stated unequivocally that HIV, the virus that causes AIDS, is the major cause of death in our country.

- Deputy-President Mlambo-Ncguka also affirmed the need for prevention, positive living, nutrition, treatment including ARVs, programmes for vulnerable children and emergency social security assistance for poor people living with HIV/AIDS. She addressed the factors we all agree drive the epidemic: social and economic inequality, gender inequality and violence.

- Cabinet has once again stepped into the centre of the campaign on HIV/AIDS. This is where it belongs. Through the restructured Inter-Ministerial Committee and its various statements, Cabinet has authorised meetings with the Treatment Action Campaign (TAC) and insisted on a clear message from government on HIV prevention and treatment.

- The Treatment Action Campaign (TAC) welcomes Cabinet intervention. This is the direct result of public impatience. Public anger was fuelled by the Minister of Health's performance in Toronto against the backdrop of rising AIDS mortality and HIV infection, government undermining of the rule of law in the Westville Correctional Services court matter and the preventable death of "MM", the Seventh Applicant in that case. TAC mobilisation against the confusion, delays and state-sponsored AIDS denialism led to Cabinet intervention. This intervention must be based on sustained leadership, addressing past confusion and a clear plan for the future.

- Does the government "olive branch" go far enough to address the real questions such as: how do we avoid new HIV infections, stop preventable death, overcome the health system crises and create openness?

HOW DOES CABINET LEADERSHIP AFFECT THE FIVE TAC DEMANDS?

- TAC began this campaign with five demands addressed to President Thabo Mbeki and Deputy President Mlambo-Ncguka. Here we evaluate government responses against our demands.

(1) Convene a national meeting of all stakeholders to develop and emergency and long-term plan on HIV/AIDS.
On this demand, Cabinet and government has stated its intention that SANAC be restructured. The process for this is too slow and controlled by the Ministry of Health, which limits real productive interaction and contributions from civil society. Cabinet press statements and telephonic discussions have promised a date. The Deputy President's office has informed us that she has requested a meeting with TAC and Napwa on 3

October. TAC welcomes this opportunity to engage. But all these overtures must soon translate into direct action to deal with the more than 800 AIDS deaths and 1000 new HIV infections daily. We believe that government is acting in good faith, and not stating these intentions merely to appease public pressure. TAC will therefore engage constructively in these processes, as long as the engagement is on the basis of truth and urgency.

(2) End prison deaths with a clear prevention, nutrition and treatment strategy in every prison.
There has been some progress in Westville Correctional Centre but it is not enough. More inmates have died because they were placed on ARVs too late. Around the country inmates and correctional centres are approaching TAC and the AIDS Law Project for assistance. We are following this up but a clear resolution depends on the willingness of government to act. In their latest delaying tactic, government has stated to the Court that the legal action refers only to one of at least three facilities at Westville. This makes a mockery of the courts and the statements by Cabinet. TAC will continue monitoring the implementation of the plan, including whether the issues brought forward in our answering affidavit are being addressed.

(3) Appoint a new Health Minister and Director-General of Health.
The demand for the dismissal of Health Minister Manto Tshabalala-Msimang has received the most attention from the media and government. Cabinet, the ANC Parliamentary Caucus and other structures have all stated that the Health Minister will retain her position, while at the same time conceding serious problems. TAC, joined by hundreds of organisations locally and globally and most thinking people, believes that the country deserves a new Health Minister. The minister has done much damage to our national AIDS response. And as we have pointed out in a letter sent to President Mbeki, she has also failed to resolve the multiple crises facing the health service. It will not be possible to adequately address the AIDS epidemic without addressing the health system challenges and vice versa.

(4) Government must respect the rule of law and the Constitution.
The Cabinet, ANC Today and government have responded positively to this demand. However, it remains to be seen how government implements the Westville Court order and similar ones.

(5) End Health Apartheid - Build a Peoples' Health Service
This demand requires leadership from government and action from all our communities for the right to health.

- The Treatment Action Campaign (TAC) is ready to talk and work with government. We agree with all the calls for united action. We want government to restructure the South African National AIDS Council (SANAC) into a body with a clear legal mandate; a programme of action and accountability; monthly reports to Cabinet, Parliament and the country; and a conflict resolution mechanism to prevent unnecessary conflict. We owe our country clear, principled and accountable leadership on HIV/AIDS.

- TAC hears the reticence of government to dismiss the Health Minister. A majority of informed people recognise that our health system is close to implosion. The Health Minister has failed to give leadership on these issues. Instead, she has courted pseudo-science, division and controversy. We have communicated this to President Mbeki and look forward to his response.

- The health crisis demands real action and unity now. TAC is prepared to work with any Health Minister and Director-General who can implement a real plan to:

a. reduce and eventually eliminate HIV infection;

b. reduce infant and maternal mortality;

c. address the TB crisis;

d. develop a plan for food and social security for all people;

e. reduce HIV/AIDS related mortality;

f. commit to universal ARV access;

g. resolve the health systems and human resource crisis by harnessing public and private health resources; and

h. promote scientific evidence based interventions for HIV treatment, prevention and care.

- TAC will continue mobilising public support for our five demands. In October, we will highlight the crisis of HIV prevention and treatment for children. We will also address government lack of urgency to register better ARV medicines and to improve ARV access for pregnant women.

- In November and December 2006, TAC will strengthen its campaign for women's right to health, including quality reproductive health care, and to life. We will mobilise all our members to support equality for women and to end violence against women. The mortality statistics show that female mortality is rising faster than male mortality. This should shock all of us into action. The death rates revealed in the Maternal Mortality Report demonstrate the extent to which our health system is failing women. Our national response must address the gender inequalities exacerbating the HIV epidemic.

- Government has released statements calling for unity. In April 2002, as well as August and November 2003 government made similar commitments. TAC responded in good faith. Today, our country is in crisis because Cabinet failed to stop AIDS denialism. We urge Cabinet to exercise its political oversight role over the Health Department and not to fail our country again.

- In the last year more than 330 000 people died of AIDS-related illnesses and many more were infected with HIV. There are fewer than 300 ARV sites out of nearly 4000 health facilities. Fewer than 20 000 out of nearly 200 000 people in the health services have been trained on HIV including its prevention, management and treatment. This is a question of urgency, life and death. Statements, meetings and words of unity are important but we also need real leadership and action. Until we have achieved this, TAC pressure must continue. We call on President Mbeki and Deputy-President Mlambo-Ngcuka to ensure that we meet and act together.

- TAC reiterates what it said in 2003 when the Comprehensive Plan for Treatment and Care was announced. We consider it a credible plan for managing HIV treatment. We support the integration of nutrition into the plan. We have disagreed with the promotion of the view that nutrition is an alternative treatment for AIDS. Our view is that nutrition is critical for the health of all. For people with AIDS, nutritional support is an emergency. A food and social security plan is necessary for all people.

- TAC looks forward to serious action to overcome real obstacles in prevention and treatment. Of course, no single plan can address everything. Therefore our response to the epidemic must be systematic and flexible to allow for changes in the science and nature of the epidemic.

[END OF STATEMENT ON IRREVERSIBLE BLOW TO DENIALISM]

Meeting to form coalition against fraudulent claims about medicines

A group of scientists, activists, regulators, lawyers, doctors and academics met at the University of Cape Town's Centre for African Studies Gallery on 26 September 2006.

The meeting examined the abundance of unsubstantiated and false claims being made about medicines across South Africa. These unproven remedies, for AIDS, cancer, obesity, heart disease and many other ailments, are currently being actively marketed and sold to vulnerable people who are given false information about their therapeutic benefits. At best these deceptive marketing practices create false hope and waste money. At worst they exploit people and encourage poor treatment decisions which result in avoidable illness and death.

Several presentations were made:

- Fatima Hassan of the AIDS Law Project explained the legal framework that regulates claims about medicines.
- Leon Grobler of the Advertising Standards Authority (ASA) explained how the ASA deals with complaints about claims for medical treatments. Delegates acknowledged the excellent work of the ASA but there was a lively debate about whether the advertising code needs to be modified to stop what some delegates saw as loopholes being exploited by unethical dietary supplement advertisers.
- Boniswa Seti and Nathan Geffen of the Treatment Action Campaign presented case studies of false marketing for AIDS treatments: Matthias Rath's multivitamins and Zeblon Gwala's Ubhejane respectively.
- Professor Peter Folb of the Medical Research Council addressed issues of striking a balance including the need to work with traditional healers. He also pointed out that South Africa's regulatory authorities have a duty to uphold the Medicines Act.

Formation of informal coalition against fraudulent claims about medicines

A group of delegates at the meeting has agreed to form an informal coalition against fraudulent claims about medicines.

The coalition noted that the Minister of Health has a duty to ensure that the Medicines Act is enforced. This includes stopping the plethora of false claims about medicines and prosecuting those who fail to do so. This duty of the minister is critical to public health. However, the Minister is failing in these duties and is not acting in the public interest. Instead she has created an environment in which false marketing thrives.

The coalition noted that many public sector patients receive poor service. We also examined inadequacies in the social grant system and how these create the conditions for unethical medicine marketeers to take advantage of vulnerable people.

The coalition also noted the difficult circumstances under which health workers operate, especially due to the increasing burden of HIV. Lack of training and poor conditions of service create perverse incentives for some health workers to market unproven medicines. All health workers should be informed about the well-established science of HIV/AIDS as well as that of other high incidence diseases such as TB, cancer, heart disease and diabetes

The coalition agreed on the following principles:

- We support access to medicines of high quality that have been shown scientifically to be safe and effective.
- We support the right of people to make choices where they seek healing and treatment but that those choices should be informed by accurate public information. It is the duty of the Minister of Health to ensure that there is public information about the treatment of diseases and that such information is accurate.
- We note that traditional healers play an important role in South African health-care. We support the need for research into traditional medicines and call for further such investment which must benefit traditional healers and their communities.

We undertake to:

- Provide information to the public about unethical and unsubstantiated medicine marketing practices. We will mobilise communities against marketeers who make false claims.
- Provide information to the public about how medicines should be tested scientifically and ethically, and within the legal framework.
- Expose unethical marketeers.
- Lodge complaints with the regulatory authorities against unethical marketing practices including the ASA and the Department of Health.
- Make submissions to Parliament to improve legislation aimed at preventing unethical medicine marketing practices.
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Make submissions to the ASA to improve the advertising code.

- Promote research into traditional medicines and work respectfully with traditional and other complementary healers, but stand firm on the principle that medicines must be tested scientifically and appropriately regulated before being promoted.

- Urge and assist nursing unions and professional medical organisations to provide education to health workers on evidence based medicine.

- Not be influenced in our actions by vested interests in the pharmaceutical, complementary or alternative medicine industries.

The coalition's first task will be to compile a detailed complaint against the distributors of Ubhejane, a medicine being touted as a cure for AIDS by truck driver Zeblon Gwala (the manufacturer of this product) and Herbert Vilakazi (a sociologist who advises the Kwazulu-Natal government). This product is being sold as an alternative to antiretrovirals to poor people with AIDS for R340 per month.

For queries related to the coalition, please contact:

Ms. Nokhwezi Hoboyi (TAC): 021 788 3507

Prof. Nicoli Nattrass (UCT): 021 650 3567

Dr. John Gosling: 072 040 9730

Ms. Fatima Hassan (ALP): 083 279 9962

[END OF COALITION STATEMENT]

Draft TAC resolutions on XDR TB

TB, MDR-TB and XDR TB - an emergency for the country and the working class

Noting

The Treatment Action Campaign (TAC) This Congress notes with urgency and alarm that the crisis of tuberculosis in South Africa has become an explosive epidemic.

TB Deaths

In 1997, Statistics South Africa received 22,071 death certificates with tuberculosis stated as the cause of death. The number of recorded TB deaths had more than tripled by 2004 to 77,406 people. This is a deep tragedy for all our communities.

TB and HIV/AIDS

TB is the leading cause of death among HIV-positive people, accounting for about 25% of AIDS deaths worldwide. In

August 2005, African governments and the WHO, meeting in Maputo, Mozambique, declared the TB epidemic in Africa to be a regional emergency. A recent study in Cape Town found that between 1996 and 2004 a rise in the HIV prevalence from 6-22% was associated with a 2.5 fold increase in TB notification rates in a township.

The risk of developing active TB in an HIV-negative individual is 10% over the course of their lifetime. This risk increases 5 -10 times to 7-8% per year in HIV-positive people. This agrees with other data stating that incidence of TB in AIDS patients is 500 times that of the general population, and TB likely accounts for nearly 40% of AIDS deaths in the African region.

TB, HIV and Inequality

Not only does South Africa have one of the largest numbers of people living with HIV in the world, it has one of the highest incidence rates for TB worldwide (558 per 100,000). The burden is not evenly spread and regional aggregate figures disguise gross inequalities in health care access and disease. For example, according to Health Systems Trust, the Western Cape had a TB incidence of 932 notifications per 100,000 people in 2003, just short of the WHO definition of a health emergency. However, 2004 data from a township outside Cape Town show notification rates of 1468 cases per 100,000 with rates reaching 4,381 per 100,000 in HIV positive people. It is clear that certain communities are particularly vulnerable and the provision of services should reflect this.

TB

Tuberculosis can be prevented, treated and cured. Sadly, TB is very difficult to diagnose in people living with HIV/AIDS. Most TB disease in people living with HIV is never diagnosed or diagnosed too late. The TB diagnostics used in South Africa and most poor countries are 110 years old. All TB drugs used in South Africa and poor countries are more than 40 years old. Drug companies and governments have failed to invest in new diagnostics and treatment for TB because it is a disease that occurs in poor countries and poor communities.

MDR-TB and XDR-TB

"The cost of treating a new TB case is R300, a retreatment case is R589, and [the cost of treating] MDR TB is R46 000!" [Thibela TB Training Manual: Tuberculosis, Aurum Institute for Health Research 2006; www.aurumhealth.org.]

Today, we face a tragedy with multi-drug resistant TB (MDR-TB) and extreme (XDR-TB). MDR-TB is a form of TB resistant to two of the most important first line TB drugs, isoniazid (INH) and rifampicin (RIF). Treating MDR- TB is twenty times more expensive than new drug-sensitive TB. Rates of MDR-TB are rising in places where TB control programs are failing to ensure that people with TB disease are cured.

Much more serious is extensive or extreme drug resistant TB (XDR-TB). According to the South African Medical Research Council (MRC), "XDR-TB is defined as resistance to the two most potent anti-TB drugs, isoniazid and rifampin, together with resistance to at least three of six classes of reserve second-line drugs." [â??Seven point emergency action plan to combat XDR-TB issued by global health agencies', MRC, Johannesburg, 7 September 2006.] Extreme drug resistant TB is resistant to INH and RIF and also to at least three second-line drugs.

At Tugela Ferry, KwaZulu-Natal in a study between January 2005 and March 2006, sputum from 1540 patients revealed 536 (35%) culture positive for M. TB. Of these, 221 (41%) had MDR TB, and 53 (10 %) had (XDR TB). 52 of 53 (98%) XDR TB patients have died. The majority of deaths occurred within 25 days of diagnosis. The longest survival was 136 days. 44 of the 53 cases had HIV testing results available; of these, all (44/44, 100%) were HIV positive, and one-third of them had received anti-retroviral therapy.

Everyone is at risk for XDR-TB but the most vulnerable people include

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People living with HIV/AIDS with CD4 counts lower than 350

- Workers who work in enclosed environments lacking light and ventilation, such as mines, or living in congregate care settings, such as hostels
- All workers in the health system
- Inmates and workers in prisons.

Failures of Health System

MDR-TB and XDR-TB is the direct result of failures of prevention, diagnosis and treatment of TB and HIV in the health system.

TB drug supply interruptions especially in poor provinces and places such as prisons lead to drug resistance. Treating TB in people living with HIV too late or not at all, leads to recurrent infections with TB.

All people with TB must receive education on adherence. South Africa and our continent has achieved more than 80% adherence for people taking antiretroviral therapy over three years. Yet, people fail to complete TB treatment because DOTS is not used to educate people but to "police" patients. This does not respect the autonomy and dignity of people.

The Treatment Action Campaign resolves that:

- Government must meet immediately with DENOSA, NEHAWU, SADNU, SAMWU, SAMA, HOSPERSA, the HIV Clinicians Society, the Treatment Action Campaign and all other trade unions, academic institutions, UNAIDS, the World Health Organisation and all relevant stakeholders to address the emergency that tuberculosis, and especially XDR-TB, represents to South Africa and to design an emergency public response with us.
- We endorse the seven point emergency plan recommended to government by the MRC, the WHO and the Centers for Disease Control - these are:
    - Conduct rapid surveys of XDR-TB
    - Enhance laboratory capacity
    - Improve technical capacity of clinical and public health managers to effectively respond to XDR-TB

outbreaks

- Implement infection control precautions
- Increase research support for anti-TB drug development
- Increase research support for rapid diagnostic test development
- Promote universal access to ARVs under joint TB/HIV activities

- To this we also add the demand that sustained public education is absolutely essential for all these programmes to be successful and we condemn the Health Ministry for censoring health workers in the public sector from revealing this catastrophe.
- Drug companies, academic institutions and governments must invest in research for new TB drugs, diagnostics and a new, more effective vaccine.
- We will campaign to ensure that the South African government and private sector fulfill their special duty to the people of Southern Africa, particularly Lesotho, Swaziland and Mozambique, whose workers contribute to our wealth and whose health and families we destroy.
- Ensure that the Global Fund on AIDS, TB and Malaria receives the full funding it needs from governments and the private sector.
- In all communities where we work, TB, MDR-TB and XDR-TB literacy will and public education will be developed on a sustained basis with local organisations.
- Last, we reiterate our call to President Mbeki to appoint a new Health Minister who that can unite the country on TB, HIV/AIDS and a unified health system based on the vision of the Freedom Charter and the Government's White Paper on Health.

[END OF XDR TB RESOLUTIONS]

The SABC has misrepresented a TAC statement on the ANC's move to restructure the Cape Town City Council. The SABC described TAC as supporting the Democratic Alliance. This is despite TAC taking the same position as COSATU and the South African Clothing and Textile Workers Union on this matter.

The TAC does not support or endorse any political party but the majority of our members are ANC supporters. The statement we released is copied below. It is clear; implying from it that TAC supports the DA is poor journalism.

ANC Western Cape undermines democracy, the rule of law and the Constitution

TAC joins the Southern African Clothing and Textile Workers Union (SACTWU) to say campaign fairly against DA-led council

24 September 2006

Last week, Mr Richard Dyanti provincial minister for local government acted on orders from the ANC Western Cape to begin a process that will alter the structure of the City of Cape Town Metropolitan Council. It is an attempt to destroy the Democratic Alliance-led majority council. This move is wrong and regrettable both in substance and form.

First, as SACTWU, the largest Cosatu affiliate in our province pointed out, this action was undertaken without any consultation with the Tripartite Alliance and absolutely no democratic consultation with all the communities of Cape Town. This lack of community participation will destroy the already tarnished credibility of the ANC in the Western Cape among all people. And, it will lead to further racial polarisation.

In substance, the ANC Western Cape's attempt at a power-grab undermines the Constitution, the rule of law and the ANC's commitment to democracy and majority rule.

The majority of Treatment Action Campaign (TAC) members are ANC voters, supporters and members. It causes us deep discomfort and anguish to witness an undermining of the peoples' will because we lost an election.

Sadly, it appears that this decision was also influenced the Mayor Helen Zille's decision to respond positively to a request from TAC to address the Council. A request denied by our national parliament and stalled on by our provincial legislature.

ANC supporters in TAC call on the ANC councillors, provincial government and leaders to oppose this move.

ANC-TAC supporters will campaign for a progressive ANC Cape Town City government committed to the poor and working class on a non-racial and non-sexist platform. The ANC must commit to ant-corruption, anti-HIV denialist and a human right platform in this city to unite all our people.

None of us will be party to a power-grab disguised as a lawful measure. This will destroy democracy and the ANC. TAC will consult all members and join with Cosatu and broader civil society to defend democracy.

[END OF STATEMENT ON CITY COUNCIL]

TAC position on same-sex marriage

The TAC supports full equality for gay and lesbian people including the right to marry. The right of same-sex couples to marry is guaranteed in the Constitution and has been ruled upon by the Constitutional Court.

Public hearings on the Civil Union Bill will start on 9 October 2006 in Sea Point, Cape Town. TAC will support a

picket organised by Triangle Project at this event. We will release a detailed statement on this issue next week.

[END OF STATEMENT ON SAME-SEX MARRIAGE]

Appeal to support our global call to action

In South Africa, 800 lives are lost to AIDS and 1000 new HIV infections occur on a daily basis. This is despite a government promise to provide comprehensive AIDS treatment and prevent new infections. The destruction and social dislocation resulting from this is tragic and unacceptable for a country which has the resources to do better. Continued failure to acknowledge HIV and AIDS as a crisis and to take decisive action has forced the TAC to step up pressure for the government to respond properly to end this crisis.

800 deaths a day should be intolerable in any society and we will not tolerate it. This is why we have called on the President to convene a national crisis meeting on AIDS and for the firing of the Minister of Health for failing in her duties. We believe that millions of people depend upon our success with these demands and we will not end this campaign until there is a real and lasting breakthrough. We consider this campaign necessary because continuing with the current approach to AIDS, which is being exacerbated by political denial, would be a dereliction of all our duty to save lives. Your contribution will save lives!

To sustain this campaign, we are planning further demonstrations, meetings with key allies, and a campaign of advertisements in national media setting out the facts about HIV death in our country as well as what we feel needs to be done to avert this crisis.

If you support this campaign we appeal to you to help us by donating to TAC's Campaign Fund. If you are employed donate via our website Donate Now and encourage your friends, family and comrades to do the same. Every donation will be recorded and audited. TAC's audited financial statements for previous years are publicly available. To find out more about the work of TAC and how you could become more involved, please visit our website www.tac.org.za or contact our National Office on +2721 788 3507.

For Financial Contributions speak to bongekile@tac.org.za +2731 304 3673 and deborah@tac.org.za +2711 339 8421.

Thank you.

Sipho Mthathi (General Secretary)

Zackie Achmat (Chairperson)

[END OF APPEAL]

- AIDS Denialism
- Audit
- HIV/AIDS National Strategic Plan
- Politics
- Quackery
- South African Government
- Statistics
- Tuberculosis

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