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TAC Electronic Newsletter

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Nkhensani Mavasa's speech at the opening plenary of UNGASS today

31 May 2006

Opening Plenary Statement by Civil Society
United Nations Special Session on HIV/AIDS (UNGASS)

My name is Nkhensani Mavasa. I was born in 1978. I come from the village of Thomo in Giyani, Limpopo, one of SA's rural provinces, where too few people are on treatment.

Where many women still live under conditions of patriarchy which makes them vulnerable to HIV.

I am HIV positive. Myself I have survived rape and other forms of abuse, I still live under the power of men and the institutions they run to perpetuate the oppression of women.

That women constitute nearly 60% of the world's 40.3 million HIV positive people must make us rage against women's oppression, violence against women which has been demonstrated to be directly linked to HIV infection. Among young people in Africa, women constitute 77% of new infections.

I call on all African leaders sitting here, to protect and promote the human rights of all people and vulnerable groups, particularly women and girls. We ask that you not fail us yet again. The progressive language of the Africa common position must remain, African people and African women deserve this.

So do all vulnerable people and women of the world, from Asia to the Pacific to Eastern Europe. I make the same appeal to leaders of all countries sitting here.

Your declaration must reinforce that violence against women must become every country's political priority and targets must be set and followed by action to end it.

In January I did my CD4 count, it was 471. Because of scientific advances of the past 25 years, I have hope that when time comes for me to take treatment, it will be available.

The entire world's HIV positive people deserve this hope. All the 14 000 more who will be infected by end of today deserve this hope.

None of the 900 people who will die in my country deserve to die today. What you decide here will determine whether they can have this hope.

The past 25 years have given us the science of MTCT prevention, taught us that harm reduction programmes work, that an atmosphere of human rights, where everyone's right to autonomy over their own bodies, protection, dignity and life is respected, and then the epidemic cannot succeed.

Condoms work, they must be available for all, and we must create a culture of regular use. Prioritizing vulnerable groups, children, men who have sex with men, sex workers, injecting drug users. These interventions must be universally implemented.

When G8 leaders announced last year that Universal Access to Prevention, Treatment, Care and Support must be our target for 2010, those of us for whom this means life or death rejoiced. They said this because it can be made real.

In order for us to say that there are countries who are responding well to the epidemic is when we have functioning National AIDS Responses, involving people living with HIV and AIDS

Your big task now is making sure that this declaration is not a document of empty promises, not a mere restatement of principles, but a platform for targets based action. The 2001 Declaration of Commitment was a good foundation document which emphasized human rights. But in the five years since the 2001 declaration, more than 20 million people have become infected with HIV.

I ask that as you deliberate over the next two days, you be guided by the pain and hope which sits in our hearts as people of the world. That you remember that 14 000 new infections and 8000 deaths occur daily.

While in the past we have hesitated, debated, restrained our actions, failed to protect vulnerable groups, the epidemic has raged on. A new global response to the epidemic must build on what we have done and learnt. But it cannot aim for less than 100% truth, leadership, accountability universal access to prevention, care, treatment and support.

[END OF MAVASA SPEECH]

Memorandum handed over to UN and SA Government in Pretoria on 30 May

About 2,000 people marched to the UN and Union Buildings in Pretoria on 30 May 2006. The following memorandum was handed over:

Memorandum to:

United Nations Secretary-General Kofi Annan
care of United Nations Resident Co-ordinator for South Africa, Metropark Building, 351 Schoeman Street Pretoria

President Sassou Nguesou, Chairperson of the African Union
care of African Union Headquarters P.O. Box 3243, Addis Ababa, Ethiopia, Fax: +251 11 551 78 44

President Thabo Mbeki, President of South Africa,
Deputy-President Phumzile Mlambo-Ngcuka,
Government of the Republic of South Africa
care of memorandum recipient at Union Buildings, Pretoria

30 May 2006

We are marching today because millions of people in South Africa and throughout the world are sick because of HIV and at risk of dying avoidable deaths due to HIV/AIDS. We believe the HIV epidemic can only be effectively reversed through extraordinary leadership and exceptional activism.

TAC again offers a hand of partnership to our government and the world. We commit to mobilizing men, women and children to reduce gender-based inequality and violence. We will assist in leading scientific and human rights based prevention advocacy. We commit to improving community understanding of treatment (treatment literacy) and eliminating the inequity between public and private health care. We call again for the end of HIV denialism in our country. We will work with government and, when necessary, criticize government. But we will also not flinch from public scrutiny of our work and actions.

To the South African Government and Private Sector

Over five million South Africans live with HIV. At this moment, half-a-million people are sick with AIDS and require antiretroviral treatment. The majority still cannot access it. More than two years ago the Department of Health committed to placing 380,000 people on treatment by the end of the 2005/6 financial year (in the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, published 19 November 2003). Yet only 36% of this target has been met.

But in addition to those already living with HIV, unless we work together in coming years, millions more are at risk of being infected with HIV.

HIV and AIDS brings enormous suffering, particularly to the poor. This suffering is being hidden behind a veil of state-supported AIDS denialism; mostly it goes unacknowledged. At best it gets lip-service.

Evidence of the epidemic demands concerted action. Failure to do so is a crime against humanity. It is a violation of rights, hopes, aspirations and the values of our Constitution.
We believe that SA's laudable financial investment in HIV prevention and treatment, and model policy framework, is being undermined by a refusal to provide active, visible and ongoing leadership.

We therefore call for:

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Cabinet and Parliament to take charge of the HIV/AIDS epidemic and to ensure that the President and Deputy-President lead and facilitate openness on HIV/AIDS, its prevention and treatment on the basis of science and our Constitutional obligations;

- Cabinet and Parliament to bring an end to state endorsed AIDS denialism;

- The President and Minister of Health, to commit to ending unscientific messages about HIV and to enforcing the law against all who take advantage of people's vulnerability and ignorance to promote their own interests, including the dangerous life-threatening charlatans Matthias Rath, Anthony Brink, Tine van der Maas, Herbert Vilikazi, Zeblon Gwala, Sam Mhlongo, David Rasnick;

- All members of Cabinet to commit to going on radio and television regularly to call for people to get tested for HIV, seek treatment if necessary and to use condoms;

- The transformation of SANAC into a democratic and accountable co-ordinating forum that meets four times per annum to genuinely assess progress on programmes and targets;

- Government to commit to making all Provincial AIDS Councils effective and inclusive;

- Government to recognise that SA still has the potential to lead the global response to HIV by confirming and meeting treatment targets, setting prevention targets and declaring HIV prevention zones;

- Government to adopt the African Union targets and prevent at least 2 million new HIV infections by 2010 and treat at least 500,000 people in the public sector by 2008;

- Government to implement a proper monitoring and evaluation system for the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa so that this plan's future targets have a realistic chance of being met;

- Government and the private sector to contribute annually to the Global Fund as South Africa's contribution towards sustaining the global effort on HIV, TB and malaria prevention, treatment and care - and that this funding should in part come from the private sector, especially the mining and financial industries;

- Government and civil society to launch a national campaign to end sexism and gender-based violence;

- The Minister of Education to recognise that current life-skills programmes are inadequate and that youth need information on HIV/AIDS, proper sex education and condoms, and that she will need to work with teachers unions such as SADTU to implement an appropriate school-based HIV prevention and education programme; and

- Mining companies and government to work together to overcome legacies of the migrant labour system.

To the International Community

The OECD and, especially, G8 countries have the resources to assist developing countries reverse the HIV epidemic. The estimated US$23 billion needed by 2010 to alleviate the worldwide epidemic is a pittance compared to the resources spent by the United States, United Kingdom and other developed countries on the unnecessary war in Iraq, Afghanistan and elsewhere. Every country and citizen has a duty to raise the funds needed on a sustained basis by the Global Fund to fight AIDS, TB and Malaria.

We support the United Nations General Assembly holding a special session on HIV/AIDS. UNGASS has the power to take resolutions that will reverse the course of the epidemic and save millions of people from unnecessary deaths. But resolutions, albeit important, are not enough. The UN must ensure the international human rights framework that has been developed since 1948 is implemented in all its member states: no state or private body should discriminate on the grounds of race, genders, class, sexual orientation, age, religion or any other ground against people living with HIV/AIDS. Above all, positive steps must be taken to eradicate the inequality faced by women and girls, as well as marginalized and vulnerable communities and individuals in every country.

We salute the African Union for ambitious targets set at the Abuja meeting of 4-6 May 2006. Every government in Africa has a duty to uphold the principles of freedom, equality and social justice. The African Union Common Position Paper is a welcome step to this end. Implementing measures to reach universal access requires profound leadership, resource allocation to the poorest and good governance. TAC will work with Africa's civil society and governments to be accountable for the targets set in Abuja.

Finance, leadership, extraordinary mobilisation and above all accountability for failed commitments must be at the heart of the UNGASS process and the assessment in 2011 and 2015.

We therefore call for:

- The OECD countries to establish official timeframes to reach the target of 0.7% of Gross National Product for official development assistance in all member states;

- The OECD countries to invest in the Global Fund a written commitment from the G8 countries to sustain and expand the Global Fund;

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The African Union to assist in ending state-sponsored AIDS denialism in South Africa, as described in our submission to the African Peer Review Mechanism;

- Accelerated research in Microbicides and vaccines;
- Pharmaceutical companies to stop seeking to make excessive profits from essential medicines, including anti-retrovirals;
- The United Nations and its member states to formally recognise that HIV and other diseases are among the greatest threats to human security and for combatting the HIV/AIDS epidemic and health-care to be prioritised accordingly; and
- The United Nations to hold its members states to account for the health-related Millenium Development Goals set for 2015, i.e. that all member states must:
- Halt and begin to reverse the spread of HIV/AIDS
- Halt and begin to reverse the incidence of malaria and other major diseases.

We are confident the advance of the HIV epidemic can be reversed. We commit to working with all sectors of society and the international community to save the lives of millions of people worldwide.

Yours in the struggle for health

Zackie Achmat (TAC Chairperson) Linda Mafu (TAC National Organiser)

[END OF PRETORIA MEMO]

Westville prisoners' court case continues

On 30-31 May, the Durban High Court heard an application by Westville prison inmates to compel the Department of Correctional Services to provide them with antiretroviral treatment. The prisoners are represented by the AIDS Law Project. The TAC is a co-applicant in the case. The case is expected to continue on Tuesday 6 June 2006.

[END OF COURT CASE STORY]

AGM resolutions on trial of former deputy-president Jacob Zuma and the presidential succession debate

TAC's minutes from our AGM on 12-13 May are being finalised. However, given the urgency of some of these

resolutions, we are releasing them before the final set of minutes has been completed. These resolutions deal with the trial of former deputy President Jacob Zuma and the debate on who will succeed President Mbeki.

Partial resolutions of 2nd Annual General meeting and National Executive Committee meeting

12-13 May 2006

Gauteng

TAC NEC Resolution on the rape trial of former Deputy President Jacob Zuma and issues arising from it

The TAC NEC extensively discussed the rape trial of former Deputy President Jacob Zuma and its outcome analysing it from the perspective of HIV prevention, women's equality and violence against women, as well as political leadership in South Africa.

The NEC resolved that TAC accepted the verdict of the judge and Zuma's acquittal. This trial has caused enormous pain in our country. The complainant, the accused, their families and the women's rights movement in particular have suffered.

We accept that former Deputy-President Zuma was proven innocent, but we deplore the reasoning in the judgment, particularly the patriarchal attitudes displayed by the Judge towards women, rape and se x. Also, regretted is the manner in which the judgment demeaned the dignity of the complainant.

We believe that the outcome of the trial and the conduct of the demonstrators supporting Jacob Zuma is a blow to the campaign against gender violence and to encouraging survivors of violence to use the legal system to prosecute perpetrators of rape and violence against women.

Also, while welcoming the apology of former Deputy President Zuma about his behaviour and statements on HIV, TAC believes that a one-off apology is not enough to reverse the damage caused by some of his statements to the court. Therefore, TAC calls on Jacob Zuma to speak directly to young people and men about HIV prevention on an ongoing basis and to visit
areas where people have been affected by his statements.

In addition, the NEC calls on former Deputy President Zuma to speak out against violence and inequality of women, and to encourage women to report rape to the police and for the police and courts to investigate and prosecute rape cases properly.

Finally, although the rape trial is over, the issues it raises are not. In particular TAC resolves:

1.To step up TAC's support for and involvement in campaigns to stop
violence against women and girls, by:

a.Actively supporting the '1 in 9' campaign.
b.Launching a campaign to educate communities about the S-e-x-ual Offences Bill by educating TAC volunteers about the Bill; making the Bill known in communities where we live; making a written submission to Parliament about the Bill; organizing a demonstration when the Bill is debated in parliament.

Linked to the Jacob Zuma issue, TAC notes the raging debate around succession in the ANC. We note the anger in many communities and among many ANC activists with the leadership style of President Mbeki, the suffocation of debate in ANC branches and the entrenchment of poverty. We understand how for many people Jacob Zuma appears to be an alternative to this style of leadership.

This debate is a matter of national importance, including to the issue of HIV. However, TAC will not enter the debate about individuals. Instead we state that the successor to President Mbeki must be a leader proven in his or her:

- Commitment to the poor and working class;
- Commitment to providing systematic political leadership, science and the treatment and prevention of HIV;
- Commitment to gender equality and ending violence against women;
- Commitment to the constitutional values of the rule of law, the independence of the judiciary and the critical oversight of Parliament;
- Commitment to stopping private, corporate and state corruption.

TAC NEC Resolution on Seeking a Meeting with the Deputy President

The TAC NEC discussed progress with HIV prevention, treatment and care in South Africa. It heard from members of the SA National AIDS Council about the development of a new HIV/AIDS Strategic Plan (2006-2010); an accelerated framework for HIV prevention; and the review of the SA National AIDS Council. It resolved to make an input into each of these issues.

In this context it also noted the ongoing conflict with the Ministry of Health, which surfaced again recently in the conflict over UNGASS, and continues over the activities of Matthias Rath and Tine van der Maas.

TAC regrets the ongoing conflict with the Ministry of Health and believes that it is a distraction and barrier to a unified response to this epidemic. To try to move beyond this conflict TAC will seek an urgent meeting with the Deputy President in her capacity as Chairperson of the SA National AIDS Council and as Deputy President (DP).

The TAC will meet with the DP to try and establish the following:

1.The TAC supports the South African government in most of its initiatives to overcome poverty and inequality, rebuild South Africa and Africa, protect and instil democracy and create equality between men and women.

2. The TAC supports the broad policy framework of South Africa's response to HIV, the Comprehensive Plan and other policy instruments. This framework, if properly applied and with the necessary urgency, is the basis for a national mobilization around HIV prevention, treatment
and care.

3. The TAC accepts the responsibility of government to lead, but links this duty to accountability, openness, urgency, truth telling and science and evidence. The TAC, as well as other civil society formations, has a duty to speak out, protest, litigate or explore other avenues to express discontent, when these values and principles are violated. To this effect, we urge government to allow more space for genuine civil society engagement on key issues affecting our

country's
functioning. Until this is resolved, it sets all of us up for unnecessary conflict.

4. The TAC believes that if the causes of its conflict with the government are identified and resolved then there is no reason why a genuine partnership cannot exist in order to urgently address HIV prevention, treatment and care.

[END OF PARTIAL AGM RESOLUTIONS]

- Jacob Zuma
- Politics
- Treatment Plan
- Westville Correctional Facility

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