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Western Cape ? March for Resources for Health: Meet the NSP targets for HIV/TB treatment and prevention. Universal access now!

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Created *2009/07/24 - 3:54pm*
24 July, 2009 - 15:54 ? moderator

On Sunday 19 July 2009 at 4pm, approximately 2000 TAC members and TAC allies gathered at Kaizergracht, in Cape Town, for a march to the International Convention Centre. Here, the 5th International AIDS Conference on Pathogenesis, Treatment and Prevention was being held. Traffic stopped as protestors took to the streets, demanding that government meets its HIV/TB treatment and prevention targets, as laid out in the National Strategic Plan (NSP). A giant inflatable eye ball led the way, with its words ?Fund the fight against HIV/TB? We are watching you?. A sea of protestors followed, clothed in TAC?s red ?HIV Positive? t-shirts.

At the convention centre, Lydia Cairncross, from the South African Medical Association, Sis Mpumi, from Democratic Nursing Association of South Africa and Vuiyseka Dubula, TAC General Secretary addressed the crowd, detailing the reasons for the march. She stated: ?The HIV epidemic is the biggest challenge to our health system; 5 million people live with HIV in South Africa, with about 500 000 infected every year. The health care system is in crisis and government is falling behind on efforts to meet the NSP targets, including treating 80% of people who need ART by 2011, giving 95% of women access to prevention-of-mother-to-child transmission (PMTCT) services by 2011, and reducing new HIV infections by 50% by 2011. TAC and its allies marched to demand resources for health and the scaling up of HAART and PMTCT programmes so that these targets can be met.?

The speakers were then joined on the platform by the Health Minister, Dr Aaron Motsaoledi, IAS Chairperson for South Africa, Dr Jerry Coovadia, and IAS President, Dr Julio Montaner. Vuiyseka Dubula read the campaign memorandum and called upon the Health Minister to sign it.

Before Motsaoledi signed, he addressed the crowd. In a symbolic gesture, he began by asking for his own t shirt. He voiced his support for the memorandum and said that ?most of? its demands would form part of government policy. He asked that TAC work with the government, saying that this was the best way to achieve positive change. He finished by signing the memorandum. Speeches followed from Coovadia and Montaner, with both also signing the memorandum. In Montaner?s speech, he said that G8 leaders were failing the poor.

Nonkosi Khumalo, TAC?s Chairperson, accepted the Health Minister?s offer to work with government to improve the health system but warned that if TAC was not listened to, TAC members would be back to toyitoyi.

The protest ended with jubilation. TAC and its allies will continue to demand that the NSP targets be met. Government can meet these targets by:

1. Scaling up treatment
There is a nationwide problem with long waiting lists. Drug shortages regularly occur. The Department of Health is currently R1 billion short of the amount needed to meet the NSP?s targeted number of people on ART for 2009. Treatment must be scaled up to meet the NSP targets.

2. Better implementation, monitoring and evaluation of the PMTCT programme.
To meet the NSP's prevention target, the PMTCT programme needs to be implemented very well. The monitoring and evaluation of the programme also needs to be improved.

3. Other improvements to the HIV and TB programmes, including:
a. Early Treatment for HIV-positive infants
The CHER study showed that by treating infants with HIV as soon as they are diagnosed, we can reduce their mortality from 26% to 4%.
b. Changing the ART initiation criteria from a CD4 count of 200/ mm3 to 350/mm3
While it is true that this will increase the cost of the HAART rollout, it will also reduce opportunistic infections and new HIV infections, thus drastically cutting back on expensive clinical care and the cost of new infections in the longterm. Raising the treatment threshold will ultimately lead to a cost savings.
c. Integrating the treatment of HIV and TB.

4. Task-shifting
The role of nurses and community health workers must be expanded to allow them to initiate and manage ART and VCT programmes.

5. Financing and managing the health system and the NSP
Health budgeting must be reviewed. More funds must be made available where needed and funds must be spent more efficiently.

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Source URL (retrieved on *2016/07/01 - 2:07am*): http://tac.org.za/community/node/2722