TREATMENT ACTION CAMPAIGN

NSP QUARTERLY REPORT

2010

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Abbreviations

- NSP – HIV & AIDS and STI National Strategic Plan 2007-2011
- TAC – Treatment Action Campaign
- SANAC – South African National AIDS Council
- PAC – Provincial AIDS Council
- DAC – District AIDS Council
- PMTCT – Prevention of Mother to Child Therapy
- HCT – HIV Counselling and Testing
- TDF – Tenofovir
- NVP – Nevirapine
- AZT – zidovudine
- DoH – Department of Health
- HPV - Human Papilloma Virus
- CHER - Children with HIV Early Antiretroviral Therapy
- MCC – Medicine Control Council
- VMMC – Voluntary Medical M ale Circumcision

EDITORIAL

TAC remains responsive to a changing health policy environment. Within the current policy context in South Africa, TAC's vision, mission and strategic objectives are most effectively advanced through working in support of South Africa's HIV and AIDS and STI National Strategic Plan 2007-2011 (NSP) – a plan which TAC was instrumental in developing.[1]

TAC's conceptualises its work within the next five years as working to ensure optimal achievement of NSP outcomes in the areas of (1) Prevention; (2) Treatment, Care and Support; (3) Research and Monitoring; and (4) Law, Human Rights and Health System Strengthening. In addition, TAC plays an active role in the South African National AIDS Council (SANAC), as well as local, district and provincial AIDs Council structures where multi-stakeholders strategies and priorities are developed and monitored.

This report tries to assess the level of implementation by government departments on NSP and TAC's work in supporting the implementation of the National Strategic Plan through identifying what has been achieved, lessons learnt, further gaps in the policy and opportunities at district level in relations to the four priority areas of the NSP. This report will be produced and published on quarterly bases in collaboration with SECTION27 (incorporating AIDS Law Project) and be distributed widely to government, SANAC, Provincial and District AIDS Councils, donors, sectors and communities where TAC operates.

[1] Although the NSP was originally conceptualised as a five-year plan, it is anticipated that government will extend the period of implementation of the NSP beyond 2011.

The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP)

The HIV & AIDS and STI Strategic Plan (2007-2011) (NSP) was adopted by the South African National AIDS Council (SANAC) in 2007.

The NSP was developed following recommendations from an assessment of the NSP 2000-2005 and it involved extensive and inclusive stakeholder consultations at all levels of the national HIV response.

The NSP sets clear targets to be achieved by 2011. The two core targets are to reduce new infections by 50% and to provide antiretroviral therapy (ART) to 80% of eligible patients.

It sets out four key priority areas to achieve its targets.

- Prevention
- Treatment, care and support
- Research, Monitoring and Surveillance
- Human Rights and Access to Justice

With the adoption of the NSP in 2007 South Africa finally has a comprehensive and ambitious policy for HIV treatment, prevention and care. Yet the country continues to face many challenges and barriers to meeting NSP targets.

In response to these challenges, TAC underwent an annual strategic review in October 2009 to refine its vision, mission and strategic approach in order to align the organization's work with achieving the NSP priority outcomes. Through this approach TAC is monitoring and supporting the implementation of the NSP at a district level. As challenges emerge TAC is able to respond to them and advocate for solutions at a local level.

Restructuring of TAC in line with meeting the NSP targets

Central to TAC's strategic approach to contributing toward the successful implementation of the NSP is the development of models of comprehensive treatment and prevention services in a limited number of "model districts". The knowledge and experience gained from these model districts (namely **Lusikisiki** in the Eastern Cape, **uMgungundlovu** in KwaZulu-Natal, **Mopani** in Limpopo, **Gert Sibande** in Mpumalanga, **Ekurhuleni** in Gauteng and **Khayelitsha** in Western Cape) informs national advocacy efforts and is shared with TAC members through branch structures. It is also intended that the demonstrable success of these districts will give rise to a replication of these models by government or other service-providers or NGOs, as the case may be, in other health districts. To achieve these goals, TAC structures within model districts will –

- develop a model for a District HIV/AIDS Plan in line with the NSP;
- demonstrate how comprehensive treatment, information and education can result in a reduction in the infection rate of adults and new births;

- develop a team of practitioners and health advocates through building individual and organisational capacity;
- document the process as a tool for reflection, learning and replication; and
- give effect to rights in the Constitution and National Health Act.

To ensure effective implementation of its strategy, TAC has realigned its operations into (a) the TAC Constitution; (b) a five-year M&E Performance Management Framework; and (c) an annual Costed Workplan. The structure of the Performance Management Framework follows the structure of the NSP, within the four NSP outcome areas: (1) Prevention; (2) Treatment, Care and Support; (3) Research and Monitoring; and (4) Law, Human Rights and Health System Strengthening.

Within each outcome area, the Performance Management Framework defines:

a. outputs, and associated indicators;
b. intermediate outcomes, and associated indicators; and
c. ultimate outcomes, and associated indicators.

The outcome indicators in the Performance Management Framework are closely aligned to those outcome indicators in the NSP to which TAC's activities make a direct contribution. The extent to which TAC can attribute progress against these outcome indicators in the communities in which it works to its own interventions will vary – and obviously direct attribution will be easier in relation to intermediate outcomes than ultimate outcomes.

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SECTION 2

Key amendments to policy and legislation during March – May 2010 and an overview of campaigns prior to the updates

1. Updated Treatment Guidelines

On 1 April 2010 South Africa updated its guidelines for HIV treatment care and support. The updated guidelines include:

- Clinical Guidelines for the Management of HIV&AIDS in Adults and Adolescents 2010[2]
- Clinical Guidelines: PMTCT (Prevention of Mother to Child Transmission Guidelines) 2010[3]
- Guidelines for the Management of HIV in Children 2010[4]

Implementation of the new guidelines will reduce new infections, AIDS related diseases and opportunistic infections and mortality. TAC has been advocating over a number of years and

[2] http://www.sanac.org.za/resources/art-guidelines.
[3] Ibid.
[4] Ibid.

during our 2009 Resources for Health campaign[5] for many of the improvements made to the treatment guidelines.

TAC also advocated for changes and participated in the development of the guidelines through the South African National AIDS Council (SANAC). Below is an overview of some of the main updates to the treatment guidelines and the activities carried out by TAC over the years to fight for the changes adopted in the new treatment guidelines.

i. Early treatment for patients co-infected with HIV/TB and pregnant women

Under the updated guidelines pregnant women and people co-infected with HIV and TB are eligible for treatment at CD4 counts of 350 cells/mm3. Prior to the updates, TAC advocated for all people to start treatment at 350 and particularly these high risk groups.[6],[7],[8],[9],[10]

All patients co-infected with HIV and TB will now be able to access earlier treatment. This update will reduce TB mortality. TB is the leading cause of death of people living with HIV in South Africa. All pregnant women will now also be able to access triple therapy ART at a CD4 count of 350. It is important for women to access treatment for their own health as HIV is the leading cause of maternal mortality in South Africa. Earlier treatment for all pregnant women is also necessary for reducing mother to child transmission of HIV.

TAC will continue to advocate for all patients, and not just specific sub-groups, to be initiated onto treatment at a CD4 count of 350.

ii. Early treatment for HIV positive infants

Under the updated guidelines all HIV positive infants will immediately be given ART. This update is in line with evidence from the CHER (Children with HIV Early Antiretroviral Therapy) trial that found that immediate ART for infants reduces mortality by 75%. Prior to the updated guidelines TAC developed and disseminated a number of policy briefs and materials on the need for immediate ART for all HIV positive infants.[11],[12],[13],[14]

iii. Tenofovir as a first line regimen

The updated clinical guidelines include improved drug regimens that will be provided in the public health sector. Under the new guidelines, all new patients and patients experiencing

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[5] TAC, Meet the NSP targets for HIV/TB, 2009. Available at http://www.tac.org.za/community/files/file/TreatmentLit/2009/NSPTargetsEng.pdf

[6] TAC, Department of Health Announces New PMTCT Guidelines: Some progress, but serious problems remain, January 2008. Available at http://www.tac.org.za/community/node/2119

[7] TAC, HIV, Pregnancy and Your Choices, 2009. Available at http://www.tac.org.za/community/files/file/TreatmentLit/2009/PMTCT1109Eng.pdf

[8] TAC, Study shows mortality rate halved by early initiation of ARVs for people living with HIV and TB, 25 September 2008. Available at http://www.tac.org.za/community/node/2413

[9] TAC Electronic Newsletter, We must improve the maternal health and prevention of mother-to-child transmission programme, 29 November 2007. Available at http://www.tac.org.za/community/node/2124

[10] TAC Electronic Newsletter, Crisis of maternal health and mother-to-child HIV transmission, 23 January 2008. Available at http://www.tac.org.za/community/node/2121

[11] TAC, 'Study shows children on HAART do extremely well', 2009 http://www.tac.org.za/community/node/2488

[12] Equal Treatment Issue 30, O Adams, 'Saving HIV-positive infants', October 2009 http://www.tac.org.za/community/files/file/etmag/ET30/ET30English.pdf

[13] TAC Electronic Newsletter, 'We must improve the maternal health and prevention of mother to child transmission', 29 November 2007

[14] Equal Treatment Issue 23, N Geffen, 'When should children start treatment?', Dec 2007/Jan 2008 http://www.tac.org.za/documents/et23.pdf

side effects on stavudine (d4T) and zidovudine (AZT) will now be given tenofovir (TDF) based regimens. TDF has fewer side effects and requires fewer treatment switches than d4T and AZT. TAC has educated its members, branches and communities on TDF and its benefits. The updates to the treatment guidelines come after years of advocacy by TAC for TDF to be included in first line regimens. Advocacy efforts around TDF have included the development and dissemination of materials and policy briefs.[15],[16],[17],[18]

TAC has also advocated for affordable, generic TDF in South Africa. In 2007 TAC campaigned for the registration of generic TDF by the Medicines Control Council (MCC). As part of the TDF campaign, TAC marched to the offices of the MCC and those of Aspen Pharmacare on 27 February 2007. TAC also wrote a series of letters to generic manufacturers and the MCC demanding the registration of generic tenofovir.[19] In 2009/2010 TAC continued to advocate around the availability of affordable TDF and particularly around TDF fixed dose combinations and co-packages. In 2009 TAC wrote a series of letters to generic producing companies regarding plans to market TDF fixed dose combinations. TAC also supported and disseminated a letter from the HIV Clinicians Society of Southern Africa to the MCC calling for the fast tracking of the registration of TDF combinations and co-packages.[20]

iv. Updated prevention of mother to child transmission guidelines

Access to comprehensive mother to child transmission services has been at the forefront of TAC's campaigns since its inception. In 2001 TAC took the (then AIDS denialist) Department of Health (DoH) to court for not providing PMTCT to HIV positive mothers. The court found in favour of TAC and the DoH was forced to provide nevirapine (NVP) to HIV positive pregnant women.[21]

TAC continued to advocate for improved PMTCT regimens. In 2008, the DoH updated the PMTCT guidelines to include zidovudine (AZT). Important updates in 2010 to the PMTCT regimen include initiation of PMTCT at 14 weeks and the inclusion of TDF and emtracitabine (3TC) to reduce drug resistance. The updated guidelines also now include maternal ART or infant NVP for mothers that choose to breastfeed.

v. TB/HIV service integration and isoniazid preventative therapy

The updated guidelines include the addition of isoniazid preventative therapy (IPT) for patients that have not yet started ART. Scaling up IPT will reduce TB cases. Reducing TB cases is necessary to reducing mortality as TB is the leading cause of death for patients living with HIV. However there is currently a need for further research to optimise the use of IPT. TAC will continue to monitor scientific developments in this regard.

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[15] TAC, 'TENOFOVIR: An explanation of why we need TDF-based fixed-dose combinations and the steps to bring them to the market in South Africa,' January 2010 available at http://www.tac.org.za/community/node/2802
[16] Equal Treatment Issue 28, C Tomlinson, 'A drug with fewer side effects', July 2009 available at http://www.tac.org.za/community/equaltreatment
[17] Equal Treatment Issue 33, M Low et al., 'The new drug at the clinic', May 2009 available at http://www.tac.org.za/community/equaltreatment
[18] *Attach url for treatment literacy pamphlet when it is online*
[19] An overview of the campaign can be found at http://www.tac.org.za/community/node/2174.
[20] Letter by the HIV Clinicians Society, 'Delays in registration of ARVs', 3 March 2010
[2121] Documents available at http://www.tac.org.za/Documents/MTCTCourtCase/MTCTCourtCase.htm.

Another important change to the guidelines is the integration of TB and HIV services. The difficulty in accessing services has been a barrier to increasing adherence to and uptake of TB and HIV services. Integration of services is necessary to improve access, particularly in rural and underserved areas. The improvements to the TB/HIV programme have been advocated for over a number of years by TAC. On 8 March 2007 about 5000 people marched in Cape Town to demand better TB education, prevention, treatments and cures. [22] On 24 March 2009, we marched again in Cape Town once again demanding improved TB/HIV prevention treatment and care.[23] TAC developed a position paper on TB treatment, prevention and care that was presented at the 2008 South African TB Conference.[24] TAC also developed a number of materials and briefs calling for improved TB/HIV care, expanded access to IPT, intensified case finding and integration of services.[25],[26],[27],[28],[29],[30],[31]

Also TAC has partnered with Médecins Sans Frontières (MSF), the City of Cape Town, and the Western Cape Province Department of Health on a pilot project for TB/HIV integration. We have shown through a cooperative project in Khayelitsha that decentralised integrated TB/HIV care results in improved outcomes.[32] Individualised adherence support mechanisms, defaulter tracing, improved infection control measures (in health facilities, patient's homes, and in the community), together with staff training in DR-TB and large scale social mobilisation, were all key elements to the success of the project.

vi. Nurse initiated and managed ART

The new guidelines aim to enable nurses to initiate and manage ART. TAC and partner organizations have long been advocating for the implementation of task shifting to reduce bottlenecks caused by human resource shortages. Allowing nurse initiated ART is essential to expanding access to ART, particularly in rural areas. Nurse initiated ART will also reduce waiting lists for new patients to be initiated onto treatment. Medicines Sans Frontiers demonstrated in Lusikisiki that nurse managed ART can be safely provided with training and oversight and that it is necessary to expanding access in rural, underserved areas. Task shifting was a focus of the 2009 Resources for Health campaign.TAC has also developed policy briefs and papers advocating for task shifting to increase access to HIV and health services. [33],[34]

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[22] Details available at http://www.tac.org.za/community/node/2126
[23] Details available at http://www.tac.org.za/community/node/2511
[24] TAC, Preventing, Diagnosing and Treating TB: A Human Rights Approach, 4 July 2008. Available at http://www.tac.org.za/community/node/2367
[25] TAC et al., Confronting the crisis of TB in Southern Africa, 2007. Available at http://www.tac.org.za/community/node/2131
[26] TAC, Open letter call to action on TB/HIV to government of the world signed by 204 civil society organizations, 2008. Available at http://www.tac.org.za/community/node/2336
[27] TAC, Prevention, Diagnostics, Treatment and Care of Tuberculosis: A Guide and Recommendations for TAC, Government and Civil Society, 3 July 2008. Available at http://www.tac.org.za/community/node/2367
[28] TAC, Isoniazid Preventative Therapy in the Context of HIV: An intervention that can save lives, 2008. Available at http://www.tac.org.za/community/files/TACIPTPolicy%282%29.pdf
[29] TAC, Study shows mortality is halved by early initiation of ARVs for people living with HIV and TB, 25 September 2008. Available at http://www.tac.org.za/community/node/2413
[30] TAC, Notes on HIV and TB from CROI, 17 February 2009. Available at http://www.tac.org.za/community/files/TBandHIV.pdf
[31] TAC and partners, Together we can kick TB out of Khayelitsha, 24 March 2010. Available at http://www.tac.org.za/community/node/2830
[32] Details available at http://www.tac.org.za/community/node/2830
[33] TAC, Time for task-shifting: 999 days to close the HIV/AIDS treatment gap, 6 April 2009. Available at http://www.tac.org.za/community/node/2529

vii. Pap smears for women living with HIV

Another important update to the ART treatment guidelines is expanded access to pap smears for women living with HIV. Women living with HIV are at higher risk for cervical cancer and they often develop it at younger ages than women that are HIV negative. Cervical cancer is caused by infection of the cervix with the human papillomavirus (HPV). Women with cervical cancer are more likely to have HPV. They face a higher risk of HPV infections that are not easily treated. They are also more likely to develop changes in the cervix that could become cancerous if left untreated.

Under the previous guidelines, women were only able to access pap smears every 10 years once they were over the age of thirty. The updated treatment guidelines call for all women that are diagnosed with HIV and have not received a pap smear in the past 12 months to be given a pap smear on their first visit And thereafter every three years if the pap smear is normal. Expanded access to pap smears will allow for early detection and treatment of HPV and cervical cancer. As part of our women's rights campaign, TAC has advocated for expanded access to pap smears as well as the rollout of the HPV vaccine in the public health sector. In 2009 TAC developed a position paper on HPV and HIV that was presented at the 2009 International AIDS Society Conference.[35]

TAC has developed a number of educational materials and articles on HPV, cervical cancer and HIV.[36],[37],[38],[39],[40] Also in 2008 TAC held a press conference, supported by Annie Lennox, calling for affordable access to the HPV vaccine.[41] The HPV vaccine is still not available in the public health sector. TAC will continue to advocate for access to the HPV vaccine.

TAC is also working in its six model districts to improve uptake of pap smears through education campaigns. For instance, in December 2009, TAC Lusikisiki held a two day educational campaign on pap smears and cervical cancer. Following this, TAC Lusikisiki organized for clinics in the area to open their doors for a day to any women that walked in for a pap smear.

2. Voluntary Male Medical Circumcision (VMMC)

The Kwazulu Natal provincial Department of health started rolling out medical male circumcision services in April 2010. Other provinces are scheduled to follow over the coming year.

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[34] TAC and CHMT, Advocacy and Service Provision: Improving Human Resources for Health for the Scaling Up of HIV/AIDS Prevention, Treatment, Care and Support Services. 2007

[35] E Shuh et al., HIV/AIDS and cervical cancer prevention in South Africa, 2009 IAS. Available at http://www.ias2009.org/abstract.aspx?elementId=200721848

[36] TAC, TAC issues a global call for affordable access to HPV vaccines in the developing world, 28 October 2008. Available at http://www.tac.org.za/community/node/2428

[37] TAC, Preventing Cervical Cancer, 2009. Available at http://www.tac.org.za/community/files/file/TreatmentLit/2009/CervicalCancer1109Eng.pdf

[38] ET 31, E Shuh, The vaccine that stops cervical cancer, December 2009. Available at http://www.tac.org.za/community/equaltreatment

[39] ET 31, J Reid, The search for a vaccine, December 2009.

[40] ET 31, E Shuh, All about cervical cancer, December 2009.

[41] Details available at http://www.tac.org.za/community/node/2432

TAC began advocating for the rollout of medical male circumcision as a method of HIV prevention in 2007 when it became clear from a number of clinical trials that medical circumcision could significantly reduce a heterosexual man's risk of contracting HIV.

TAC has advocated for circumcision through educating our staff, branches and members on the preventative benefits of circumcision. We have also been vocal in SANAC in pushing for the rollout of medical circumcision in the public sector. TAC has also developed a number of briefs and advocacy materials on explaining the benefits of VMMC and calling for its rollout in the public health sector.[42],[43],[44],[45]

5. Regulations relating to the withdrawal of blood from a living person for testing

On 14 May 2010 Health Minister Aaron Motsoaledi introduced new regulations to the schedule in terms of section 68(1)(h) read together with sections 55, 56(1), 90(1)(a) and 90(4)(c) of the National Health Act, 2003 (Act No. 61 of 2003). The regulations made by the Minister allow for non medical professionals, with proper training and safety measures, to draw blood using the finger prick method. Under this regulation, trained community healthcare workers will now be able to perform finger prick testing on patients. This regulation is necessary to implementing the HIV Counselling and Testing campaign. The regulation will facilitate task shifting, as it has been advocated for by TAC and partners and expand the role of community healthcare workers.

6. The Social Assistance Amendment Bill [B5 -2010]

While the availability of healthcare and medication are both critical in maintaining wellbeing of individuals with such conditions, the ability to take control of the given condition is often inhibited by the inability to afford:

- extra medication,
- transport to and from clinics, and,
- adequate nutrition and basic necessities (such as housing), which enables one to live a healthy, positive lifestyle

Currently some people living with HIV are able to access social assistance through the disability grant. But access is limited and the grant is often cancelled or rejected once patients CD4 count goes above 200. Such practices are not only inequitable in their uneven enforcement, but can also be dangerous as they may provide perverse incentives to intentionally stop receiving treatment.

Given the inadequacy of the current disability grant, TAC has been advocating for the implementation of a chronic illness grant. A presentation on TAC's concerns was delivered by Mike Hamka during the public hearings on the Social Assistance Amendment Bill on 20

[42] ET 21, Circumcision and HIV Prevention, November 2006. Available at http://www.tac.org.za/community/equaltreatment
[43] TAC, Male circumcision and HIV: A TAC briefing, 15 April 2007. Available at http://www.tac.org.za/community/node/2160
[44] TAC, Making progress on prevention: TAC policy brief on voluntary medical male circumcision, 24 November 2009. Available at http://www.tac.org.za/community/node/2782
[45] ET 29, Male circumcision and HIV prevention, September 2009. Available at http://www.tac.org.za/community/equaltreatment

April 2010. Following this, TAC also made a submission on the Social Amendment Bill [B5-2010] on 23 April 2010 to the portfolio Committee on Social Development.[46]

On 18 May 2010, the Portfolio Committee on Social Development rejected all the clauses in the Social Assistance Amendment Bill [B5 -2010] relating to the definition of disability and the use of the harmonised assessment tool. Unfortunately, instead of providing clarity, this amendment creates further confusion on the definition of disability.

TAC will continue to advocate for the implementation of a chronic illness grant. TAC has developed materials explaining the need for a Chronic Illness Grant as well as what grants are currently available.[47],[48],[49]

7. The Comprehensive HIV and AIDS Grant

During our 2009 Resources for Health campaign, TAC called on government to expand funding to close the 1 billion rand gap for ART to meet the NSP targets.[50]

During the 17 February 2010 Budget Speech, Minister of Finance Pravin Gordhan announced that additional funds would be made available to meet the NSP targets. Government is projecting to scale-up treatment to 2.1 million people by 2012/13. The expanded funding for HIV is necessary to meet the NSP targets, yet TAC is still concerned that lack of funding for health care in general and accrued debt by the Department of Health could undermine these targets. On 13 April 2010 Health Minister Aaron Motsoaledi delivered his budget speech in Parliament. He reiterated the efforts that the Department of Health is undertaking to improve health outcomes and meet the NSP targets in line with carrying out its 10 point plan to transform the health sector

During our 2009 Resources for Health campaign we also called on government to ensure that funding for health and HIV is properly budgeted and managed. Government has begun to take steps to strengthen the capacity of Department of Health to manage budgets and expenditure. During Health Minister Aaron Motsoaledi's presentation to the portfolio committee on health on 24 March 2010 he announced that the National Department of Health will establish a provincial finance and budget support unit. TAC will continue to monitor healthcare spending.

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[46] TAC, Submission on the Social Assistance Amendement Bill, 23 April 2010.
[47] TAC, ALP and ARASA Demand Better Social Assistance to Protect the Rights of People Living with Chronic Illnesses, 10 September 2008. Available at http://www.tac.org.za/community/node/241
[48] Issue 27 Equal Treatment, Social Grants, June 2009. Available at http://www.tac.org.za/community/equaltreatment
[49] TAC Khayelitsha, Pamphlet on social grants, 2009/10
[50] TAC, Meet the NSP targets for HIV/TB treatment prevention: universal access now, 2009. Available at http://www.tac.org.za/community/node/2850

SECTION 3

TAC monitoring, activities and advocacy to support NSP implementation March – May 2010

Through TAC districts, TAC is monitoring the implementation of the NSP and the updated policy and legislation. At a district level TAC is able to identify and respond to challenges. Below is an overview of TAC's activities, monitoring and advocacy.

1. **Door-to-door campaigns**

Table to be included in next report

2. **Trainings**

Table to be included in next report

3. **Material Distribution**

Table to be included in next report

4. **Condom Distribution**

In 2009 the Department of Health distributed 450 million male condoms and 1 million female condoms. The Western Cape distributes the most condoms per person. TAC Khayelitsha played a large role in achieving this through its condom distribution strategy. In 2009 Khayelitsha distributed 8 million condoms through door-to-door visits and in targeted condom distribution areas like taverns, schools, library, taxi ranks, pay points, and the post office.

This year government aims to increase distribution of male condoms from 450 million to 1.5 billion and distribution of female condoms from 1 million to 6 million.

The strategy for meeting the NSP targets will incorporate lessons from Khayelitsha district and will extend distribution to each person testing for HIV receiving 100 condoms after testing.

TAC community health advocates (CHAs), TAC prevention and treatment literacy practitioners (PTLPs) and TAC branches embarked on a massive distribution drive within TAC's six model districts in support of government's condom distribution targets.

District	**Total**
Khayelitsha	1 728 000
Lusikisiki	145 550
Mopani	80 650
Gert Sibande	188 187
UMgungundlovu	342 100

Ekurhuleni	444 000
Total	**2 928 487**

5. HIV Counselling and Testing Campaign

TAC is supporting the implementation of the HCT campaign. TAC Ekurhuleni, TAC Khayelitsha, TAC Gert Sibande, TAC uMgungundlovu and TAC Lusikisiki participated in the provincial launches of the campaign. TAC members at the launches urged people to get tested and explained the importance of knowing your status. TAC also carried out community mobilization campaigns to mobilize people to test.

TAC's 120 prevention and treatment literacy practitioners and 42 community health advocates are also providing on-going training and education on the campaign to mobilised communities to get tested. TAC prevention and treatment literacy practitioners also provided counselling to people that tested.

One challenge identified in the rollout of the HCT campaign was that coercive testing has been identified in Ekurhuleni and Mopani. Poor education around the campaign has led to confusion and in some areas healthcare workers are refusing patients access to services without first undergoing an HIV test regardless of their ailments.

6. ART Accreditation

On World AIDS Day 2009, President Jacob Zuma announced that HIV/TB services, HIV/antenatal services and HIV/primary healthcare services will be integrated. In line with this more sites are being accredited to provide ART. Integrating services will improve access to, uptake of, and adherence to HIV and TB services.

At the beginning of 2010, only 490 primary healthcare facilities were accredited to provide ART, government aims to expand this to 4300 by March 2011. In support of this initiative, TAC PTLPs and CHAs worked at the following hospitals and down-referral sites to assist government in the accreditation process:

District	Facility name	Accreditation Status
Gert Sibande	Mayflower clinic	Accredited in April 2010
	Standerton TB Hospital	Accredited in April 2010
	Leandra CHC	Accredited in April 2010
	Driefontein clinic	Accredited in March 2010
	Voolkrust clinic	Accredited in April 2010
	Embalenhle clinic	Accredited in April 2010
	NM Cindi clinic	Accredited in April 2010
Lusikisiki	Bala clinic	Accredited in April 2010
	Nkozo clinic	Accredited in April 2010
	Flagstaff Health	Accredited in April 2010

	Centre	
	Qasa clinic	Accredited in April 2010
	Hollycross clinic	Accredited in April 2010
	Gateway clinic	Accredited in April 2010

TAC supported facilities in the ART accreditation process and helped to set-up clinic committees with both the representation of community members and clinic health management.

In Gert Sibande TAC prevention and treatment literacy practitioners assisted facilities in becoming accredited by providing services including: adherence counselling, defaulter tracking and assisting pharmacists in dispensing and counting medication.

TAC Khayelitsha mobilised communities in a clinic clean-up campaign to empower active citizens to improving services and respond to gaps.

A challenge identified in the districts was that ART accreditation does not guarantee that the facility will immediately begin to initiate new patients onto ART. Lack of drugs or training of healthcare workers are barriers to the rollout. TAC and community media trust are conducting training workshops for community based organizations and healthcare workers.

7. Updated policies

In April 2010 South Africa launched its updated policies for HIV treatment, prevention and care. In line with this TAC developed a number of materials on the new guidelines.[51],[52],[53] TAC also developed briefing factsheets on pap smears and circumcision in line with the new guidelines. TAC is currently developing posters and pamphlets on safe infant feeding.

A challenge identified in terms of implementing the new guidelines was poor dissemination of and education on the guidelines. In response to this TAC has worked to train health care workers on the updated policies.

In Gert Sibande TAC prevention and treatment literacy practitioners distributed the updated guidelines and conducted training for healthcare workers in 18 facilities. TAC has also held training workshops for branches and communities on the updated guidelines.

TAC is monitoring the implementation of the updated guidelines in the districts. We will continue to provide education on the guidelines and to advocate around delivery gaps.

[51] TAC, Detailed commentary on the updated guidelines, 23 April 2010. Available at http://www.tac.org.za/community/node/2854
[52] Updated Treatment Guidelines Pamphlet. Available at http://www.tac.org.za/community/node/2890
[53] Updated Treatment Guidelines Poster. Available at http://www.tac.org.za/community/node/2891

8. Voluntary Medical Male Circumcision

Voluntary Medical Male Circumcision (VMMC) was launched in KwaZulu Natal in April 2010. It will be rollout across the country by 2011. TAC uMgungundlovu participated in planning meetings with the KwaZulu Natal Department of Health and other stakeholders.

TAC uMgungundlovu supported the initiative by educating men in targeted communities on the benefits of VMMC. In promoting VMMC, TAC emphasized the importance of correct, consistent condom use and reducing your sexual partners.

A challenge identified in the VMMC rollout was the use of the Tara KLamp (TK) to perform circumcisions. The TK was shown to be unsafe in performing adult and adolescent circumcisions in a clinical trial performed in Orange Farm, South Africa. The trial was stopped early due to the unacceptably high rate of adverse events. The researchers concluded, “Given the high rates of adverse events in this study and the low number of available studies, we strongly caution against the use of the TK for young adults, and we recommend careful evaluation of the procedure when performed on children.”

While TAC fully supports the rollout of VMMC, we have launched a campaign against the use of the Tara KLamp.

9. Stock-outs of drugs and supplies

There are continuous shortages of essential medicines and stock-outs within different health institutions across the country. This has resulted from a number of factors ranging from poorly managed procurement systems, inadequate monitoring of the ART rollout to determine the stock to be ordered, shortages of pharmacists to prescribe and order medications and poor financial management.

TAC prevention and treatment literacy practitioners in facilities reported the following stock-outs:

TAC Lusikisiki reported stock-outs of ART – specifically tenofovir - at Mthatha General, Cecilia Makiwane, Zithulele and Madwaleni Hospitals. The stock-outs were due to the failure of a depot to process orders placed by these hospitals. When the depot was confronted they responded that they were busy with stock taking.

A health worker posted at Mthatha General Hospital and surrounding health centres said the stock out list was long with drugs out of stock for long periods. He mentioned that health workers had to refer patients to other health facilities when stocks ran out, at great expense to patients. “Often we have to improvise and miraculously we have had very few adverse clinical events,” he said. Some patients resorted to buying their medication from private pharmacies. Other serious stock outs in Mthatha involve psychiatric medications, blood pressure drugs for pregnant women, oral polio vaccines and a cream put in babies’ eyes at birth to prevent eye infections.

Gauteng clinics, including Hillbrow clinic, reported a range of stock-outs including critical paediatric vaccines at facilities that are part of the expanded programme on immunisation. TAC enquired about the stock-outs with the department of health in the Province and was told the problem at the Gauteng clinics stemmed from unpaid bills. TAC Ekurhuleni also reported stock-outs of formula milk and co-trimoxazole.

TAC Mopani reported stock-outs of vaccines, Panado and Allergex syrup, TB treatment, female condoms, sexually transmitted infection drugs, hypertension medication and treatment for diabetes.

TAC Mpumalanga reported stock-outs in the Middelburg Hospital of essential drugs, ART, pain medication, eye ointment, antibiotics, polio vaccines and TB medication. Piet Retief Hospital has also previously reported stock outs of several antiretrovirals.

The Free State (one of the provinces TAC has been monitoring closely since 2008) was in the spotlight in 2008 and 2009 when it announced a moratorium on HIV treatment. Despite improvements, Bloemfontein has experienced a stock-out of paediatric tenofovir and paediatric TB treatment. Brandfort clinic had no power due to unpaid bills and there was no running water due to infrastructure problems. They also experienced stock-outs of many essential medicines. Theunissen clinic, an antiretroviral site, had no electricity and no other medication other than ART. Welkom clinic reported a good supply of ART, but a long list of stock outs of other medications including TB drugs, various vaccines, oxygen masks and insulin syringes.

KwaZulu-Natal, which has the highest rate of TB infection in the country, has no stock of the TB drugs Rifinah and Rifampicin. This is the case at all community pharmacies, private hospital pharmacies and wholesalers. The same drugs are out of stock in most of the provinces forcing doctors to manage patients on generic combinations. King Edward VIII Hospital was also out of stock of some paediatric TB drugs.

At a district level TAC responds to stock-outs through advocacy directed at facilities and district and provincial health authorities. During this period TAC Khayelitsha assisted 13 mothers to access formula milk after being denied in facilities. TAC visited the facilities with the mothers and the women were able to access formula milk. The facility manager informed TAC that it was a matter of staff mismanagement and assured that the situation was resolved. The mothers were given sufficient formula milk and TAC is continuing to monitor the facility to ensure that there are not further shortages.

TAC Lusikisiki wrote a letter and threatened a mass demonstration against the depot to deal with the problem of stock not being processed. After the intervention, an emergency order was placed and the drugs were dispatched to all hospitals.

TAC members in the Free State and partners marched in June 2010 to demand more accountability and commitment from the department of health in addressing all the above issues especially on disruptions of essential services due to unpaid bills which compromises people’s lives.

At a national level, TAC has developed a relationship with the National Department of Health to respond to stock-outs. TAC has committed to bring local and district level stock-outs to the attention of the National Department of Health so that they can be remedied.
A number of TAC's advocacy projects revolve around resolving issues that have led to stock-outs. TAC is advocating for improved monitoring and evaluation of the ART and PMTCT rollout. Accurate data is needed to ensure that sufficient drugs are procured.

Through the Budget and Expenditure Monitoring Forum (BEMF) and a collaborative community budget monitoring project, TAC is also advocating for a competitive tender that ensures that sufficient drugs are procured. The 2nd BEMF meeting held on 5 February 2010 focused on the upcoming antiretroviral (ARV) drug tender. The meeting aimed to capacitate TAC and partners to engage with the tender process to ensure that it is structured and run in a manner that enables the state to procure an adequate supply of appropriate medicines at the lowest possible prices.[54]

10. Human resource shortages

Khayelitsha has identified that there is a shortage of healthcare workers forcing facilities to turn away patients. Mopani has found that in some facilities the HCT campaign is not being implemented due to shortages of staff and particularly lay counsellors. Ekurhuleni and Gert Sibande have identified a shortage of healthcare workers and particularly pharmacists.

On 7 March 2010 about 300 TAC members from Khayelitsha gathered in front of the Provincial Legislature building and protested against the inadequate and collapsing health care system in Khayelitsha and particularly against the crippling human resource shortages. Following the protest TAC Khayelitsha was able to secure a meeting with Theuns Botha, Western Cape MEC for Health to raise our concerns.

TAC has also been advocating for task shifting and expanded roles for community healthcare workers. TAC is actively participating in the development of the community healthcare worker policy through SANAC. TAC has engaged community healthcare workers and members in the development of the policy through providing education and discussions around the policy. Earlier this year, TAC put together a focus group of staff and community healthcare workers. From the discussion TAC developed a submission for SANAC on the policy.

Through its prevention and treatment literacy programme (PTLP), TAC has aimed to provide a model of how community healthcare workers can support HIV/TB treatment, prevention and care by providing treatment literacy education, adherence counselling and support. TAC PTLPs in Khayelitsha have also taken on tasks including tracking defaulting patients.

[54] BEMF 2nd Meeting: The Treatment Guidelines and the ARV Tender, 5 February 2010. Details available at http://www.section27.org.za/2010/02/05/bemf-2nd-meeting-the-treatment-guidelines-and-the-arv-tender-5-february-2010/

11. Tuberculosis (TB)

TB is the leading cause of death of people living with HIV. TB deaths in South Africa rose 334.8% between 1997 and 2005. During March 2010, TAC Khayelitsha, MSF, SANTA, City of Cape Town Health, DKT, Philani, Ibuyambo youth group and TB/HIV Care worked together to raise awareness around tuberculosis. Taxi ranks, bus ranks and malls were targeted and TB screenings were provided at the venues.

TAC Khayelitsha and partner organisations marched to parliament where memorandum was handed over containing our demands that government should invest more into TB, community based treatment for MDR and XDR TB and better diagnostics and treatment of TB.

Also as part of the updated guidelines TB and HIV services must now be integrated. Health partners Médecins Sans Frontières (MSF), TAC, the City of Cape Town, and the Western Cape Province Department of Health have shown through a cooperative pilot project in Khayelitsha that decentralised integrated TB/HIV care results in improved outcomes. The integrated programme improved case detection and treatment success. Also the integration of TB HIV care increased ART enrolment from 17% in 2007 up to 68%.

Integration of ARVs in TB clinics is also an incentive for TB patients to take an HIV test: Using an opt-out strategy in 2009, 96% of TB patients in Khayelitsha consented to be tested for HIV. In addition, integration improves the diagnosis of smear negative TB, more common in HIV-positive patients and which traditional TB services are less equipped to do.

In addition, one of two pilot projects in South Africa is taking place in Khayelitsha to provide treatment for drug- resistant tuberculosis (DR-TB) in clinics while patients live at home, rather than requiring hospitalisation away from family and friends for at least six months. The decentralisation of care for DR TB patients has resulted in greatly increased detection of DR TB. Also currently facilities do not have bed capacity to treat all drug resistant patients in Khayelitsha. TAC prevention and treatment literacy practitioners visit and provide care to people with drug resistant TB in their homes. They also provide treatment literacy education on TB, TB medicines and good adherence.

12. Gender Based Violence

TAC supports a human rights based approach to achieving universal access. In line with this TAC works to combat gender based violence through community workshops and education. TAC also assists people affected by gender based violence in accessing health and justice services. Below is an overview of cases that TAC is currently working on:

- During March 2010 TAC Khayelitsha and partners protested outside the magistrate court for the still pending Zoliswa Nkonyana's case who was brutally murdered for being lesbian. TAC will continue to monitor the developments of the case.

- In February, a TAC Mopani prevention and treatment literacy practitioner alerted the office to the rape of a child by her step father. TAC Mopani are supporting the

mother and child in prosecuting the child's stepfather. TAC Mopani picketed twice during the accused's court appearances at Ritavi Magistrate Court. The man has been denied bail and remains in custody. The next court date will be on 28 June 2010. TAC will continue to monitor the developments of the case. TAC Mopani has referred the mother and child to a partner organization for counselling.

- In May 2010 TAC began an investigation on the appeal and release of the convicted rapist and murder of Llorna Mlofana. The assailant was sentence to life imprisonment in 2005 yet following a successful appeal in 2007 he was released. Neither TAC nor the family were alerted of this at the time. TAC is currently involved in the investigation.

- It was reported to TAC that a 13 year old girl in uMgungundlovu has been repeatedly raped by her stepfather. TAC spoke to the girl and assisted her in reporting the crime with the police. The girl was taken to the clinic to be checked. A case was opened and the suspect was arrested. The girl says that she told her mother that her stepfather was abusing her but was told to keep quiet. The bail hearing for the case was set for June 2010. TAC uMgungundlovu will continue to monitor the case and support the girl.

13. Monitoring financing and expenditure for HIV and health

TAC is currently engaged in two projects to capacitate itself as an organization to engage with health care financing and delivery in order to strengthen its advocacy campaigns. TAC and partners launched the Budget and Expenditure Monitoring Forum (BEMF) bringing together a coalition of civil society organizations. TAC has also partnered with the Center for Economic Governance and AIDS in Africa (CEGAA) in two districts to capacitate us to monitor district and municipal healthcare expenditure.

TAC and partners are advocating for improved budgeting and expenditure through BEMF. BEMF held its third meeting on 21 May 2010. It brought together over 30 people from 10 organisations. The aim was to understand what civil society can do to ensure that the budgeting process –at the national and provincial levels– results in the appropriate allocation and use of financial resources to address health needs.[55] TAC has used this knowledge to inform its advocacy campaigns.

At a district level, TAC Umgungundlovu and TAC Lusikisiki have partnered with CEGAA to build their capacity on budget processes so that they understand their role in the process and engage more actively with the planning and budgeting aspects of their work. This is aimed at increasing resources for HIV/AIDS and TB at local health a municipal facility level.

[55] 3rd BEMF Meeting: Problems of provincial health funding. 21 May 2010. Details available at http://www.section27.org.za/2010/05/28/bemf-3rd-meeting21-may-2010-analysis-of-provincial-budgets-and-capacity-building-for-communities-to-monitor-health-budgets/

CEGAA is carrying out budget training for TAC and partners as well as local health authorities. TAC and CEGAA have also developed a number of joint budget policy briefs.[56],[57]

14. TAC Participation in AIDS Councils

TAC is also advocating for the strengthening or development of non-functioning or non-existent AIDS Councils – particularly at a municipal and district level. TAC is in the process of developing guidelines

TAC activities to promote universal access and a human rights based approach to HIV treatment, prevention and care

15. Access to treatment for foreigners

Foreigners are being denied access to services and especially HIV testing services in some facilities. There is an understanding that the HCT campaign only extends to South African citizens.

In one facility in Mopani, patients without ID documents or health cards were being denied entrance into the facility. TAC Mopani visited the clinic to resolve the situation. After further investigation they found that it was not the facility staff but the security company that was denying access to the facility. After engaging with the security company the situation was resolved and access to the facility is no longer denied.

In Gert Sibande, TAC received reports that foreigners were being denied access to ART treatment. After confirming a number of cases where foreigners were not getting treatment or being taken off treatment, TAC Gert Sibande raised the issue with the Provincial AIDS Council. TAC also raised the issue with the media.

After subsequent engagement and continued advocacy Dr J.J. Mahlangu, Head of the Mpumalanga Department of Health, issued a directive that: 'All hospitals in Mpumalanga province should implement the Comprehensive Care Management and Treatment (CCMT) of HIV/AIDS programme to everyone who access it, irrespective of colour, creed and Nationality. However client should have a traceable residential address'. TAC will continue to monitor the situation.

16. Monitoring violation of GLBT rights

This year there has been a crack-down against Lesbian, Gay, Bisexual, Transsexual and Intersex (LGBTI) rights in Africa with the enforcement of homophobic legislation and through incitement of homophobia in various governments. Countries that have taken action in violation of the rights of LGBTIs include Uganda, Malawi and Zimbabwe.

56 CEGAA TAC Joint Statement: A story of hope on national HIV and AIDS policy and funding in South Africa, 20 February 2010. Available at http://www.tac.org.za/community/node/2815
57 CEGAA and TAC, Review and recommendations for improved health, HIV/AIDS and TB resource allocations in the Eastern Cape Province, 14 May 2010

In 2009 Tiwonge Chimbalanga and Steven Monjeza were arrested in Malawi for their sexual orientation. They were sentenced in May 2010 to 14 years imprisonment for 'gross indecency and unnatural acts'. Steven is a man and Tiwonge identifies as a woman and is consequently transgendered.

TAC and SECTION27 released a number of press statements during this period condemning homophobia in Africa and the arrest of Steven and Tiwonge.[58],[59],[60],[61]

TAC, Community Media Trust, SECTION27 and GLBT activists participated in protests in Johannesburg and Cape Town against the arrest and sentencing of Steven and Tiwonge. TAC and SECTION27, incorporating the AIDS Law Project, picketed outside of the Malawian High Commission in Pretoria on 19 May 2010. On 20 May 2010, TAC picketed with partners outside of the Department of Home Affairs in Cape Town.

At the beginning of June the Malawian couple were pardoned as a result of brave local activism in Malawi as well as international outrage and political pressure.

However discriminatory laws remain in place in Malawi and other parts of Africa. TAC will continue to fight against homophobia and legislation that persecutes and marginalizes LGBTIs. Homophobic legislation violates human rights and also undermines public health measures. The discrimination of LGBTI's prevents access to and uptake of HIV testing, treatment, prevention and care. The promotion of human rights must be a central part of HIV/AIDS programmes if we are to achieve universal access.

17. Mobilizing resources to achieve universal access internationally

TAC's Resources for Health campaign was launched in 2009. The campaign was continued into 2010 with a focus on mobilising resources to achieve universal access. In 2006, the United Nations General Assembly committed to universal access by 2010. But it is now 2010 and less than half of people in need are on ART. Less than a quarter of HIV-positive pregnant women have access to prevention of mother-to-child transmission services. One of the main problems is that both rich and poor countries are failing to meet their funding commitments.

TAC leadership has advocated for resources to meet universal access in many international arenas. On 8 March 2010 TAC, MSF and ARASA held a press conference in Cape Town, on the eve of a high-level meeting in London on 9 March 2010 that could determine whether the G20 takes up the issue of the global HIV response. The groups warned that scaling back HIV funding would prove catastrophic for individuals and communities.

[58] TAC, TAC Condemns Homophobia in Africa, 17 March 2010. Available at http://www.tac.org.za/community/node/2827
[59] TAC, Malawian Justice System Violates Human Rights, 19 May 2010. Available at http://www.tac.org.za/community/node/2869
[60] TAC, Malawian court's cruel sentence, 23 May 2010. Available at http://www.tac.org.za/community/node/2872
[6161] TAC, TAC and partners welcome the release of Tiwonge Chimbalanga and Steven Monjeza. 2 June 2010. Available at http://www.tac.org.za/community/node/2872

TAC participated in demonstrations at the World Economic Forum on Africa from 5-7 May. Activist called on funders and governments to meet their funding commitments for HIV.[62]

During May TAC mobilised communities and partners and did education workshops on the funding climate in preparation for the Universal Access march to be held in June 2010. TAC also wrote a series of open letters to politicians, including President Barack Obama, calling on them to meet their funding commitments for HIV and health.[63]

Highlight

On the 5th of March, TAC's General Secretary, Vuyiseka Dubula-Majola, and Chairperson, Nonkosi Khumalo, received the John M Lloyd Foundation Leadership Award in Los Angeles. The two will share the award which intends to recognize develop and empower AIDS advocacy leaders that have not been extensively recognised.

The award also recognises their leadership at the helm of two preeminent organisations in South Africa that are working to curb the HIV/AIDS epidemic, namely the Treatment Action Campaign and the AIDS Law Project. The award gives an unrestricted shared grant to both individuals and the organisations they work for. TAC is extremely proud of its leaders and that their tireless efforts are being rewarded.

Conclusion

With the release of the government mid-term NSP review, TAC will be analysing the report to establish areas identified for strengthening especially in making the Local AIDS Councils more vibrant and functional. In the meanwhile, TAC will focus its campaigns in strengthening the successes gained in the past 10 years including strengthening resources for health campaign to sustain the 1 million people on treatment victory and working towards universal access to treatment.

With this report, TAC would like to acknowledge all the hero's in the struggle around access to treatment, partners and allies, TAC membership and staff and more importantly the Prevention and Treatment Literacy Practitioners and Community Health Advocates who worked tireless in supporting and bringing about change in a number of community members who were denied access to health care services. A special thank you to Catherine Tomlinson for assisting in consolidating and editing the report.

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[62] ARASA, TAC and partners, African activist decry backtracking on universal access at the World Economic Forum on Africa, 5 May 2010. Available at http://www.tac.org.za/community/node/2864
[63] TAC, TAC and partners announce universal access campaign, 28 May 2010. Available at http://www.tac.org.za/community/node/2874