

Annual Report



March 2010 – February 2012





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Photos by Susanne Feldt

Foreword

By: Lihle Dlamini (Deputy General Secretary)



Dear Brothers and Sisters, we are celebrating more than 10 years since the first person was put on antiretroviral treatment (ART) in Khayelitsha, after many years of denialism around HIV and of people being denied access to ART. Today we have around 1.8 million people on ART and this is one of the greatest achievements of the Treatment Action Campaign (TAC).

Last year saw TAC enter into its teenage years – the organisation turned 13 on 10 December 2012 – and, like many teenagers, it must adapt to a changed reality.

We celebrated many achievements the organisation has had since its inception, we also saw a shift in our government, with the President announcing new HIV and TB guidelines that started the phasing out of d4T.

The Department of Health launched the HCT campaign which had an annual target of testing 15 million people. The campaign has already tested more than 20 million, a sign that more people are keen to know their HIV status. The work of the South African National AIDS Council (SANAC) has gone from strength to strength. We have seen an increase in the number of TAC members who represent the sector of people living with HIV at all levels of the AIDS Council. Our engagement in evaluating the 2007–2011 National Strategic Plan (NSP) and contributing towards the 2012–2016 NSP, through consultations with People Living with HIV&AIDS (PLHIV), has assured us that the voice of PLHIV is not unheard.

Although there have been many successes, we are still facing obstacles. The voluntary medical male circumcision (VMMC) campaign has had its challenges, with the KZN Department of Health continuing to use the Tara KLamp instead of the forceps-guided method. The battle is not over yet, but we will win it in the end.

The launch of Runners for Health, which aims at building positive health for people living with HIV, has encouraged many of them to start running, jogging or walking, something not many had contemplated before.

A decline in foreign donor funding (PEPFAR pooling its funding out of many organisations and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) announcing that they would delay the 'Round 11' grant) has galvanised TAC to brainstorm innovative ways of generating support locally, from individuals and businesses. The Local Appeals Department was launched and, although it was not as successful as we anticipated, we are hopeful that it will be, in time to come.

We are grateful for our donors who continue to fund our initiatives and thankful to the individuals who have donated to TAC and who continue to do so on a monthly basis. Your donations ensure that we are able to reach communities that would not otherwise have benefited, they enable us to continue educating our communities about HIV treatment and prevention, literacy, their rights, advocacy and gender-based violence.



Photo by Alon Skuy

Highlights

The Treatment Action Campaign continues to structure and position itself to suit the current socio-economic and political climate, and activities.

During the 2011–2012 financial year we said goodbye to Robert Hendricks who was with TAC for approximately three years. We wish him every success.

We also welcomed our new HR Manager, Lynette Marrian, who was appointed on 1 May 2011 and who brought with her a wealth of experience, having worked in the NGO environment for the past 20 years. Lynette came in at a time when her general HR, organisational, development and change management experience was much needed, as we were undergoing a massive systems audit commissioned by our funders.

Lynette manages both the administration and HR departments, and her primary tasks were to review, develop and renew all our human resource and administrative policies and practices, ensuring that we are compliant and lawful. TAC has a total staff complement of 234, with 61 based at our national office in Cape Town. Lynette's first

two months were spent visiting all our district offices, familiarising herself with our work in the field and getting to meet and greet the staff.

One of her more serious tasks was to ensure that TAC has a performance management system that is easy to use and with which people feel comfortable. It is especially important that everyone understands that performance management is not just an annual activity, but that it becomes a routine way of managing. In order to achieve this, Lynette has had to see to it that all job descriptions were reworked, ensuring that they are performance based, with clear performance indicators for easy performance monitoring. Furthermore, HR has undertaken a skills audit that gives TAC a clear overview of its current organisational skills strength, or lack thereof. It can now put in place a skills development plan to ensure continuous capacitating and building of the organisational skills base.

TAC understands that a strong and supportive HR department is important, and that the department will strive to provide staff with the necessary support and guidance they require.

Celebrating 10 years of ARVs in Khayelitsha

On 3 June 2011, TAC Khayelitsha, Médecins Sans Frontières (MSF), the City of Cape Town and the Western Cape Provincial Government Department of Health celebrated the 10-year anniversary of the first public sector antiretroviral treatment programme in South Africa, which was launched in Khayelitsha township in the Western Cape.

In celebration of the anniversary, staff at the Ubuntu Clinic in Khayelitsha staged a play acting out the struggle that brought ARVs to the community. It depicted the fight against the previous government's denialism, the opportunistic and false claims of vitamin salesman Matthias Rath and the revolution of getting ARVs into the country in 2001. TAC's advocacy and legal struggle for prevention of mother-to-child transmission (PMTCT) treatment was also highlighted.

Over the past decade Khayelitsha has provided a useful model for rolling out ARV treatment in communities with

a high HIV prevalence. TAC's Khayelitsha office provides treatment and prevention-literacy education, runs TB workshops and assists with various support groups for the community. At the same time the organization works to monitor public healthcare service provision to ensure that people with HIV&AIDS have access to appropriate services.

"Those who are sick now come to TAC and ask for help," says Aubrey Mcameni from Khayelitsha. Echoing similar sentiments, Mcedisi Nodzube, a TAC member, says that lately people have been coming to TAC first instead of the clinics to seek advice on HIV. "TAC provides information and information is power, especially when one is looking to access high-quality healthcare services. By raising awareness, promoting knowledge of one's status and providing support group sectors, there is less stigma surrounding access to treatment and more knowledge of where and how to get treatment, care and support."

20 000
HIV
POSITIVE
on treatment

Khayelitsha 2001-2011

ARVs for treatment & PREVENTION

TAC, MSF, and other partner logos.

A banner produced by MSF And TAC celebrating ten years of ARVs.



TAC Runners For Health

The objective of the Runners for Health group is to encourage activists and ordinary people living with HIV to take up running and other forms of exercise. HIV does not have to stop you from living your life.

The TAC's running team, Runners for Health, successfully completed the 2012 Comrades Marathon. Seven of the runners finished the race in time to receive a medal, six of them bagging bronze. Here is what some of the team members had to say about their experience.

Tantaswa Ndlelana finished the race at 10:59:37, just in time to receive a bronze medal. Tantas Sharon@rst.co.za said, "I started first by going to gym but I never thought that I would run again, not until Vuyiseka introduced me to running in 2010. The Comrades Marathon is not an easy task. It was tough, the route was hilly, windy and long, but I finished and made it just in time for a bronze medal."

Lumkile Sizila finished the race at 10:39:11. Lumkile said, "When I got my first medal it was such a motivating factor for me and I wanted to do more. Running the Comrades Marathon had never crossed my mind until I started running with the TAC Runners for Health comrades."

Vuyiseka Dubula, TAC's General Secretary, finished the marathon at 10:48:59. Vuyiseka said, "Doing the Comrades Marathon came up as joke a between me and Mark Heywood after he learnt that we were starting a running group at TAC in Cape Town. The marathon was the biggest test to my will power to fight, show my solidarity with



Tantaswa Ndlelana getting to the finishing line/Photo TAC Archive

other comrades, and not to underestimate my mental and physical ability. The TAC 'HIV POSITIVE' bib did the talking because people lining the road were calling "Go HIV, go HIV!" and some came closer to say, "We are proud of you, thank you." The support of our families, friends, and people of KwaZulu-Natal was amazing."

Mark Heywood, running for an impressive 13th time, finished the race in 10:48:58. Mark said, "This Comrades was probably my most enjoyable. Running with a team is better than the loneliness of a single runner. Running with comrades is better than running with a team! This race is inspirational. It's the best of the diversity of democratic South Africa all packed into a day. I have now done this race 13 times. I will be happy to take another TAC team on my 14th."

Finishing times for all of the runners in TAC's team

Lumkile Sizila: 10:39:11; Vuyiseka Dubula: 10:48:59; Mark Haywood: 10:48:59; Thanduxolo Mngqawa: 10:54:59; Tantaswa Ndlelana: 10:59:37; Mosuli Qhaba: 11:05:29; Akhona Dutyulwa: 11:52:26; Sharon Ekambaram ran for an impressive 10:02:37 with a backache and had to pull out of the race eventually.

TAC's participation in the race would not have been possible without the support of the following: Cynthia, from HIV Sports Heroes, who supported transport and accommodation for all of the runners; Emi Maclean for providing running gear from America; the ATC club for providing running gear and shoes; Varsity Kudus running club who raised R3,300 to support the TAC runners. Additionally, we cannot forget the amazing support that we received from Faizel Slamang, who kept all the TAC Runners for Health's supporters in touch throughout the race.



Vuyiseka Dubula and Mark Heywood showing their medals/Photo TAC Archive

TAC honoured with prestigious Shared Interest awards



Photo TAC Archive

On 14 March 2011 the TAC and its General Secretary, Vuyiseka Dubula, were honoured by Shared Interest at a gala event in New York. Shared Interest mobilises resources for South Africa's economically disenfranchised communities to sustain themselves and to build an equitable nation. The prestigious 17th Shared Interest Award honours TAC for its pioneering work in HIV treatment in South Africa. Vuyiseka was honoured for her leadership in the organisation.

TAC and Vuyiseka see this award as recognition for the hard work of its members on the ground. Without them TAC's achievements would not have been possible. Vuyiseka said, "This is a reminder that we must not give up, but continue to fight until every person living with HIV has access to decent and quality health, and towards realising their right to dignity, equality and life."



Ongoing challenges

There are still significant challenges in the implementation of the public sector response to AIDS: from early 2012 there were widespread shortages of Tenofovir, the antiretroviral of choice for most patients; and reports indicated that the supply of essential medicines had been severely compromised. Provincial health departments failed to pay service providers and deliver basic infrastructure and equipment due to overspending, mismanagement of funds and unrelenting corruption. As a result, the National Health Laboratory Service (NHLS), which conducted virtually all diagnostics for the public health system, including HIV viral loads, CD4 counts, TB culture and resistance tests, faced collapse. Many who tested positive within the national HIV counselling and testing campaign were lost to care; there was little follow-up when the formal campaign finished in June 2011. Many people continued to present late to start treatment when they were already very ill, with the

average CD4 at initiation being approximately 200 (MSF figures). Patients were still having treatment interruptions due to stock-outs or poor financial management. There were increasing challenges of poor adherence, low levels of patients retained in care, and a threatening crisis of resistance. TAC's presence across the six districts provided critical evidence of the extent of these challenges, providing the basis for numerous representations through public statements and private communication at provincial and national level. Both the progress with the expansion of ARV sites and the limitations of implementation negatively impacted TAC's programme outcomes because it works through government programmes. These factors pointed to a need for TAC to develop a radically different intervention strategy from 2012/13 that emphasises demanding quality implementation from government at all levels, within the framework of the good policies achieved at national level.



Photo by Chelsea Mac

Campaigns

Campaigning for strengthened treatment guidelines and supporting government in improving treatment and reducing new infections

In April 2010 the Department of Health announced a number of interventions to improve care for people living with HIV and reduce new HIV infections. These interventions included: updated guidelines for the treatment of HIV for infants, children and adults, updated prevention of mother-to-child transmission guidelines and the roll-out of HIV Counselling and Testing and the Voluntary Medical Male Circumcision campaigns.

Additionally, the Department of Health announced new policies to improve access to treatment for HIV and TB, including increasing the number of sites accredited to provide ART, training nurses to initiate and manage ART patients and integrating care for HIV and TB.

On World AIDS Day 2011 (1 December), President Jacob Zuma updated the country on government's significant success in rolling out these interventions. President Zuma announced that between April 2010 and December 2011:

- more than 13 million people had been tested for HIV and 8 million screened for TB,
- the number of facilities accredited to initiate patients onto ART had increased from 495 to 2,948,
- the number of nurses trained and accredited to initiate patients onto ART had increased from 290 to 10,542,

- the rate of babies, born to HIV-positive mothers, that are infected with HIV at 6 weeks decreased from 8% in 2008 to 3.5% in 2010.

During 2011 TAC districts focused on monitoring government's implementation of its bold, new policies and interventions. Additionally, TAC supported government by informing communities of the new services and encouraging their uptake.

In health facilities, TAC staff provided one-on-one counselling and education session to patients:

- TAC provided education to 558,773 males and 1,478,411 females on antiretroviral therapy,
- TAC provided education to 311,481 people on prevention of mother-to-child transmission,
- TAC staff provided education to 558,478 males and 1,474,220 females on HIV testing,
- TAC staff provided information to 8,551 males on voluntary medical male circumcision.

The figures above are only for counselling and education that was provided in health facilities, TAC also carried out numerous counselling and education sessions in the wider community.

Campaigning for earlier ARV treatment



Photo by Susanne Feldt

The Department of Health announced the roll-out of critical interventions to improve HIV care in April 2010, but it continued to drag its feet on providing earlier ART. This has been a key focus of TAC campaigns for a number of years, including the 2009 Resources for Health campaign.

Throughout 2011 TAC continued to campaign for earlier treatment as evidence demonstrated that it would reduce AIDS deaths, reduce opportunistic infections and reduce the onward transmission of HIV.

Finally, in August 2011, TAC and partners celebrated when Deputy President Kgalema Motlanthe announced that treatment guidelines had been amended to initiate patients onto ART at CD4 counts of 350, following which TAC carried out activities and door-to-door campaigns to inform patients of the new guidelines and its benefits.

However, while treatment can now be accessed at CD4 counts of 350 it is an ongoing challenge to initiate patients at this point. Most patients still only learn their status once they begin to experience opportunistic infections and their CD4 count is very low. Ongoing work is needed to ensure that all South Africans know their status and people living with HIV are able to access earlier treatment.

Campaigning for better guidelines for sero-discordant couples

In September 2011, TAC released briefings on evidence that antiretroviral therapy can reduce the risk of HIV transmission. Additionally, we called for government to update guidelines to improve prevention services available to sero-discordant couples.

A number of trials have demonstrated, with varying success, that ARVs given either to HIV-positive or HIV-negative people reduce new HIV infections. The most dramatic reduction in new infections was seen in the HPTN 052 trial, where

ARV treatment was provided to the HIV-positive partner in sero-discordant couples. This trial showed that providing ART to the HIV-positive partner in a sero-discordant couple reduced the risk of HIV transmission by 96%.

Based on this evidence, TAC released a statement recommending that HIV-positive partners in sero-discordant couples be offered ART irrespective of their CD4 count and that the risks and benefits of starting ART at high CD4 counts should be explained to these individuals.

Developing the new National Strategic Plan (NSP)

The NSP is South Africa's national policy for the treatment and prevention of HIV. During 2011, the South African National AIDS Council was tasked with reviewing the National Strategic Plan (2009–2011) and developing a new National Strategic Plan for 2012 through 2016. Working with SANAC, TAC played an important role in contributing to the development of this plan.

Between March 2010 and May 2011, TAC organised a series of public consultations on the plan, especially for people living with HIV. These were carried out in seven provinces and a national consultation was hosted in Johannesburg.

Following this process, TAC and partners submitted detailed recommendations on the new NSP to SANAC. In August of 2011 SANAC released the first draft of the new NSP. Following this, TAC developed and submitted detailed submissions and commentary on the draft document. TAC also participated in SANAC consultations on the plan.

On 1 December 2011, TAC and partners welcomed the adoption of the new NSP, which expands its focus beyond HIV, also setting targets for the treatment and prevention of TB.

The plan aims to ensure that 80% of eligible patients receive and adhere to antiretroviral treatment. Already more than 1 million people receive ART. By the end of 2016 around 3 million will be eligible for treatment. The plan also aims to cut TB deaths and new infections by 50% by 2016.

It is a bold plan and many challenges remain to be overcome before its targets are achieved. TAC and SECTION27 have highlighted these in articles and public meetings – they include better budgeting for and monitoring of health service delivery. Critically, TAC and SECTION27 jointly launched *NSP REVIEW* in 2012. This publication aims to act as a civil society monitoring tool and highlight challenges that arise with meeting the NSP's targets.



NSP REVIEW is distributed in magazine form and also available online at www.nspreview.org



Photo by Chelsea Mac

Strengthening local governance for HIV

Poor governance, particularly at provincial, district and local levels, has been highlighted as a challenge to meeting the NSP targets. For the new NSP to be a success, it is essential that provincial, district and local AIDS councils (PACs, DACs, LACs) start playing a more active part in the fight against HIV, TB and STIs.

These structures are essential to strengthening the partnership between government, various stakeholders and communities. They are the mechanisms by which national strategy can trickle down to communities, and community-level concerns can be escalated back up to the South African National AIDS Council.

Unfortunately, many of these structures are not yet fully functional. Reasons for this include a lack of understanding of the mandate of AIDS councils, lack of coordination and management skills, unbalanced representation of sectors, resource shortages, and lack of accountability.

During 2011, TAC aimed to play a leading role in reviving the PACs and DACs in the six model districts across South Africa where TAC has district offices. TAC district leadership used the HIV counselling and testing (HCT) campaign as a vehicle to revive AIDS councils, requesting meetings with provincial premiers and health authorities during planning for the launch of the HCT campaign. Through such engagements, the Eastern Cape PAC, Mopani DAC, Mpumalanga PAC, Gert Sibande DAC, Tzaneen LAC and the multi-sectoral

action team (MSAT) in Cape Town conducted planning meetings in which TAC participated.

In August 2011 TAC and SECTION27 held a three-day workshop for 30 key TAC leaders representing TAC and people living with HIV&AIDS in either the local, district, provincial and/or national AIDS councils.

The aim of the meeting was to evaluate and give recommendations on:

- the roles and responsibilities of AIDS councils,
- financing and measurable performance indicators,
- the role of civil society and TAC's allies,
- the role of TAC in AIDS councils.

The workshop made substantial recommendations on restructuring SANAC and strengthening AIDS councils. These recommendations were later submitted to the drafting team for the new NSP. Subsequent to the workshop, district mayors requested TAC to conduct training on the roles and responsibilities of AIDS councils in Gert Sibande, Mopani, Umgungundlovu and OR Tambo. TAC will continue to advocate for well-functioning provincial and district AIDS councils.

Campaigning for bold new responses to combat TB

On 10 August 2011, TAC, Médecins Sans Frontières (MSF), the HIV Clinicians Society of Southern Africa (HIVSOC) and SECTION27 hosted a meeting of scientists, clinicians, policy makers, government officials and activists to ignite South Africa's response to the tuberculosis epidemic.

The meeting looked at the challenges of the TB epidemic, as well as opportunities to improve the country's response, so that we can reduce new TB cases and improve the cure rate. Recorded TB deaths in South Africa tripled between 1997 and 2005, and TB remains the country's number one cause of death in adults. TB is the country's number one cause of death in adults. Yet, despite the health crisis posed by TB, the disease is neglected. The participants agreed that political will, accountability, access to new drugs and diagnostics and expanded funding were urgently needed to strengthen the response and lead to improvements.

Following the meeting, TAC and partners released a statement and wrote letters to government calling for bold approaches to TB. We called for the implementation of a number of key interventions to reduce new infections and death. These include the roll out of new diagnostics tools like the Gene Xpert, expanded investment into research for highly sensitive and specific point-of-care tests, updated guidelines to provide antiretroviral treatment to all people co-infected with TB and HIV regardless of their CD4 count and expanded access to experimental drugs like bedaquiline (formerly TMC207) and delamanid (formerly OPC-67683). Additionally, we called for the decentralisation of care for



Photo by Chelsea Mac

drug-resistant TB and for the implementation of infection control and contact tracing in facilities.

Expanded recommendations on TB were submitted to SANAC during the development of the new NSP. Additionally, TAC released a TB-themed issue of Equal Treatment in September 2011 and supported the launch of a new TB treatment literacy website at www.tbonline.info

Today, decentralisation continues to move slowly. Despite ongoing pressure, government has dragged its feet on allowing access to new experimental medicines. However, encouragingly, South Africa has now begun to roll out the Gene Xpert. Thirty of these machines have been placed in health facilities across the country. TAC is currently monitoring the roll-out to call for greater access to these machines and to ensure that they are in use.

Campaigning for resources for health

During 2011, TAC continued to lobby for adequate resources to meet the national and international targets for HIV treatment and prevention. One focus of this campaign was in lobbying for South Africa's support of the financial transaction tax. The financial transaction tax is a proposed innovative financing mechanism that can raise the necessary funding for critical development and public interest work.

As part of this campaign, TAC developed press statements, material and provided briefings to key members of government, including the Deputy President and Health Minister. TAC also carried out training for partners and community members and co-published editorials.

While a financial transaction tax has not yet been implemented, high-level members of government expressed support for adopting the tax following the TAC and partner's campaign. The Minister of Health, Dr Aaron Motsoaledi, and Archbishop Desmond Tutu both expressed their support and called for the implementation of the tax.

At the November 2011 G20 meeting, Finance Minister Pravin Gordhan stated that South Africa strongly supported the idea of a financial transaction tax to raise money for development and to tackle climate change. TAC will continue to lobby for innovative solutions to the funding challenges facing HIV and health systems.

Responding to medicine shortages



Photo TAC Archive

During June 2011, TAC was alerted to a national shortage of the critical medicine Amphotericin B, which is used to treat cryptococcal meningitis, an AIDS-defining illness with an extremely high mortality rate. Over 7,000 cases of cryptococcal meningitis are reported annually in South Africa, though the actual number of cases is likely much higher.

Upon learning of the shortage, TAC followed up with Bristol-Myers Squibb – the only company registered to sell the medicine in South Africa. Bristol-

Myers Squibb informed TAC that a global shortage of the medicine had created the delay in delivery to South African facilities.

In public statements TAC made urgent calls on Bristol-Myers Squibb to resolve the problem. Additionally, we identified that Key Oncologics (Pty) Ltd were marketing Liposomal Amphotericin B, which could also be used to treat cryptococcal meningitis. TAC called on Key Oncologics to donate this medicine to the public sector for patients affected by the stock-out. TAC also organised partners to put pressure on BMS and Key Oncologics. Following public pressure, Bristol-Myers Squibb informed TAC that resources had been mobilised to expedite delivery of Ambisome B to South Africa.

Campaigning for safe and voluntary medical male circumcision (VMMC)

Prior to the roll-out of VMMC in the public sector, TAC lobbied for its provision, given evidence that VMMC would reduce new HIV infections. However, TAC has taken a stand against the use of the Tara KLamp to perform VMMC. This plastic device is clamped onto a man's penis for 7–10 days until the foreskin necrotises and falls off. The single properly conducted clinical trial concluded that the Tara KLamp was unsafe.

During 2011, TAC continued to call on government to halt its use and advised men to refuse it. While we are deeply concerned that KwaZulu-Natal continues to use the device we are encouraged that the Department of Health has stated that no other provinces will use it.

DID YOU KNOW THAT

**MEDICAL CIRCUMCISION
REDUCES A MAN'S RISK
OF GETTING HIV**

TAC
TREATMENT ACTION CAMPAIGN

Photo: iStock Photos

But you still have to use a condom. There is still a risk of getting HIV if you are circumcised.

It also reduces the risk of a man getting the human papillomavirus which can cause throat cancer. If a man transmits this virus to a woman, she is at greater risk of getting cervical cancer.

MOST MEN REPORT BEING HAPPY WITH THEIR CIRCUMCISIONS.

Some KZN clinics and hospitals are offering circumcisions. If you have a circumcision, demand that it be done surgically. Some hospitals are using a dangerous device called the Tara KLamp. A study showed that this device causes unnecessary complications and is much more painful than a standard circumcision. Say no to the clamp.

We recommend that if you are a sexually active heterosexual male over the age of 18 that you have a medical circumcision. Insist that an experienced doctor supervises your circumcision.

No one can force you to have a circumcision.

DO NOT USE

THE TARA KLAMP

Treatment Action Campaign – www.tac.org.za

Advert TAC placed in local newspapers to encourage VMMC



Photo TAC Archive

Campaigning for justice for rape survivors

Zoliswa Nkonyana was brutally murdered in Khayelitsha on 4 February 2006 at the age of 19. Zoliswa was openly living as a lesbian. After refusing to use the men's toilet in a shebeen, she was pursued, stabbed, clubbed, kicked and beaten to death by a group of young men. In response to the murder of Zoliswa, TAC mobilised with Khayelitsha partner organisations Social Justice Coalition, Sonke Gender Justice, Free Gender and the Triangle Project in calling for justice for Zoliswa.

Gender-based violence cases in Khayelitsha and many other South African communities often drag on for years – mainly due to the negligence of the police and courts. Zoliswa's case highlighted many of the incompetencies within South Africa's criminal justice system.

Nine men were originally arrested, but early investigations were carried out poorly and five of them were acquitted due to lack of evidence. The trial of the remaining men then dragged on for six years. It was postponed approximately 50 times, with defence attorneys routinely missing court dates. Additionally, the state failed to provide adequate security to the main state witness, who fled the province after she received death threats. In 2010 the remaining four accused escaped from their holding cells. They were later recaptured and it was revealed that their escape had been aided by a police sergeant.

Throughout these delays, dedicated community activists gathered outside the court during each court hearing to call for justice for Zoliswa's family and all survivors of gender-based violence. Furthermore, in November 2010 Khayelitsha community organisations marched to Parliament to deliver a memorandum to the MEC for Community Safety and the Minister of the Department of Justice, demanding that government address the failure of the police and courts to provide safety, security and access to justice in Khayelitsha.

The persistent mobilisation of these committed activists drew attention from national and international media and, in January 2012, the four men were convicted of murder each receiving an 18-year sentence.

On the day of the sentencing, Zoliswa's mother expressed her gratitude to community activists for not giving up on the case, saying "I will sleep peacefully now, and finally we can now all carry on with our lives." TAC community activist Mary-Jane Matsolo went on to say, "This case has sent a very strong message throughout Khayelitsha that homophobia will not be tolerated in our community."

Campaigning for justice for victims and survivors of gender-based violence is a key focus of the TAC's branches, who lobby for justice each year for cases that have occurred in their communities.



Photo by Chelsea Mac

Campaigning against the collapse of the NHLS

During December 2011, TAC learnt that the National Health Laboratory Services was facing bankruptcy. The NHLS conducts virtually all diagnostics for the public sector, including HIV viral loads, CD4 counts, TB culture and resistance tests. The NHLS is a functioning institution, but it faced bankruptcy and collapse because the Gauteng and KwaZulu-Natal Provincial Departments of Health failed to pay for services provided.

For patients, rapid diagnostics often means the difference between life and death. Delays in the diagnosis of conditions such as HIV, TB, drug-resistant TB and cancer postpones the initiation of treatment and leads to higher mortality rates. The deterioration or collapse of the NHLS would, therefore,

severely harm South Africa's public health system and affect people's lives.

To prevent the collapse of the NHLS, TAC released statements urging the National Treasury to step in and provide funding. We also urged the Department of Health to compel provinces to pay for services and for provinces to develop payment plans. In Gauteng and KwaZulu-Natal TAC organised marches and threatened litigation.

Following TAC's actions, the Minister of Health intervened, ensuring that adequate payments were made to prevent the bankruptcy of the NHLS. Despite this, delayed payment by provinces is an ongoing challenge facing the NHLS.

Development of publications and distribution of condoms

During the 2011 financial year TAC distributed 9,789,321 male condoms and 148,344 female condoms. It developed pamphlets on voluntary medical male circumcision, had these translated into five languages and distributed them across the country. TAC also produced five issues of *Equal Treatment* magazine, translated into four languages.

Each of the TAC districts produced and distributed quarterly newsletters featuring stories and news of campaigns from

their districts. Online district blogs were also launched at <http://www.tac.org.za/district/>

In addition, TAC developed foldable pocket-sized maps for each of its six districts, to show where services for HIV, TB and gender-based violence are available in each district.

Campaigning for amendments to South Africa's patent laws

On the 10-year anniversary of the Doha Declaration, TAC, in partnership with MSF, launched the Fix the Patent Laws campaign. The Doha Declaration was made in November of 2001 on the agreement of Trade-Related Aspects of Intellectual Property Rights (the TRIPS agreement). The declaration clarified and expanded on flexibilities available to protect health under the TRIPS agreement. However, countries are unable to utilise these flexibilities unless they are written into domestic legislation.

Ten years after the Doha Declaration, South Africa has failed to adopt many of the TRIPS flexibilities to protect health by

national legislation. However, during 2011, the Department of Trade and Industry announced that it was developing an Intellectual Property Policy for South Africa which would form the basis for subsequent amendments to our laws. Viewing the policy as a critical opportunity to push for better laws, TAC and MSF launched the Fix the Patent Laws campaign that aims to build public knowledge on the impact of our laws on medicine prices and puts pressure on government to fully adopt the TRIPS flexibilities into the national legislation.



Photo by Alon Skuy

Local fundraising

Three fundraising agents were employed. They received an introduction to the TAC as well as basic fundraising training and ongoing training with a fundraising consultant. The service of one of the FRAs was terminated in early June 2011, and the position is currently filled on a casual basis by someone who has received fundraising training at the Innovation Shack. A part-time help was contracted to do administration and data capturing.

With regard to electronic database management and the financial debit order processing system: LinkServ was finally contracted! The necessary documentation was signed and we set a date, 1 August 2012 for training of TAC staff in our office and the installation of the system. LinkServ was suggested by MSF and is also used by Greenpeace. It offers a facility to incorporate online donors (through GivenGain and GreaterGood SA) and add them to this database, which would cost less than R3,000 per month and includes installation, training and monthly charges.

Promotional fundraising material (mainly for face-to-face appeals) was produced once we had budget approval and we now have pamphlets, donation booklets (numbered & bound in triplicate), an exhibition depicting an abbreviated history of TAC and its current priorities, as well as TAC buttons and stickers for donors, all produced for us by Design for development.



Deena Bosch and the new fundraising team.

Outcomes

The first face-to-face event was held in St George's Mall on Thursday 28 June 2011 and continued until late August. We had secured dates with malls for July while still pursuing the neighbourhood markets and bigger malls in the more upmarket areas. Gaining permission from shopping precincts and neighbourhood markets proved to be far more time consuming than expected.

- In its first year the unit has managed to raise R70,000 and created a database of 70 givers. Most of these are TAC staff and Community Mobilisers.

- A regular stream of online donations is received. At times we receive large amounts, such as R16,000 from Mark Hunter, being royalties from his book Love in the Time of AIDS.
- A far more active communication presence is needed. TAC has many, many stories to tell about the work we do in different parts of the country. This needs to feature far more frequently on our own website and on our GreaterGood and GivenGain pages. It is hoped that once the communication posts are filled, this obstacle will be overcome.

Financials

During 2011, TAC continued to face ongoing financial challenges. Most critically, in November 2011 TAC experienced an acute cashflow crisis due to the late payment of funds from The Global Fund to Fight AIDS, Tuberculosis and Malaria.

TAC depends on a five-year grant from the GFATM for a large portion of its work. We are one of the subrecipients of what is called the 'Round 6' grant. In July 2011 we were supposed to receive a R6.5 million tranche (\$760,000).

When disbursement of the funds was delayed, the TAC faced closure. Fortunately, in February of 2012 TAC was informed that it would receive funds, more than seven months overdue.

In response to these challenges, TAC launched a local fundraising department and organised a fundraising drive for the 2012 financial year.

We would like to thank all our donors for their confidence in TAC, and their commitment to supporting the HIV pandemic.

DONOR	Income Received
AIDS Vaccine Advocacy Coalition (AVAC)	37 127
Brot für die Welt	1 250 000
Centre for Economic Governance and AIDS in Africa (CEGAA)	72 345
FoTAC (Comic Relief Investment Grant)	5 464 463
Foundation Open Society Institute – Financial Transaction Tax	200 274
Foundation Open Society Institute – Intellectual Property	460 938
Hivos	537 725
M.A.C. AIDS Fund	929 096
Médecins Sans Frontières (MSF)	722 500
Nelson Mandela – Gesellschaft für Internationale Zusammenarbeit (GIZ)	24 960
Open Society Foundation for South Africa (OSF-SA)	950 000
Oxfam Australia	257 500
South Africa Development Fund	6 163 089
Stephen Lewis Foundation	512 985
The Atlantic Philanthropies	6 000 000
The Ford Foundation	1 135 533
The Ford Foundation - Sexual Reproductive Health Rights	535 463
The General Fund	1 798 364
The Global Fund to fight AIDS, Tuberculosis and Malaria	7 333 696
The Raith Foundation	425 000
UK Department for International Development (DFID)	7 390 677
	42 201 735



Statement of financial position

	2012	2011	2010	2009	2008
ASSETS					
Non-Current Assets – Equipment	219 404	386 357	617 599	507 864	382 993
Current Assets	14 718 211	13 596 378	17 339 954	28 200 518	15 549 047
Total Assets	14 937 615	13 982 735	17 957 553	28 708 382	15 932 040

RESERVES & LIABILITIES					
Accumulated Deficit	-374 942	-1 281 933	-1 616 097	79 754	445 392
Equipment Fund	219 404	386 357	617 599	507 864	382 993
Sustainability Fund	5 912 370	5 912 370	5 912 370		
Current Liabilities	1 965 709	3 008 207	1 730 535	1 266 077	1 538 685
Deferred Income	7 215 074	5 957 734	11 313 146	26 854 687	13 564 970
Total Liabilities	14 937 615	13 982 735	17 957 553	28 708 382	15 932 040

Statement activities

	2012	2011	2010	2009	2008
Revenue and Support					
Grants	41 802 684	50 352 367	48 758 665	48 303 585	35 648 375
Donations	1 798 364	245 259	497 840	1 691 890	770 930
Investment and Sundry Income	645 503	556 450	4 757 427	1 130 062	280 692
Total Revenue and Support	44 246 551	51 154 076	54 013 932	51 125 537	36 699 997

Expenses					
General and Administrative	7 243 861	7 763 400	7 784 918	22 470 288	15 643 732
Programmes and Projects	36 017 159	42 949 092	41 544 012	28 655 249	21 625 226
Total Expenses	43 261 020	50 712 492	49 328 930	51 125 537	37 268 958



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