

Resolutions of the Treatment Action Campaign's (TAC) Seventh National Congress, August 2022

The following resolutions were adopted at a plenary session of TAC's seventh National Congress held in Gauteng in August 2022. These resolutions will guide TAC's activities and objectives until the next National Congress. They must be distributed to and discussed by all TAC branches. The National Council (NC), National Working Committee (NWC) and Management Committee are responsible for ensuring their implementation, including ensuring that they are budgeted for and that reports on implementation are provided at every NC.

On Building Local Engagement and Activism

Resolution 1

TAC will build strong local activism led by branches with informed, capacitated and vocal branch leadership.

Resolution 2

TAC will engage in community-led monitoring through:

- **Gathering evidence** at local health facilities and in our communities to identify issues that affect access to HIV, TB and other health services;
- **Analysing data** in our branches and District Campaign Teams (DCTs) to turn the raw data into information that can be acted upon;
- **Generating solutions** in our branches, DCTs, and in the community that could solve the problems found;
- **Engaging duty bearers** at district, sub-district and facility level, and through accountability structures, in a coordinated and consistent manner with our DCTs to raise the challenges and solutions for corrective action at site level;
- **Advocate for change** where there are no improvements, initiating and leading informed and evidence based local campaigns, in coordination with the DCTs.

Resolution 3:

TAC will use community-led monitoring data to develop informed and evidence-based national level and international level advocacy demands to improve the state of the healthcare system, the HIV and TB response, and access to medicines, led by national leadership.

Resolution 4:

TAC branches must be safe spaces that are open to everyone. TAC will actively fight against the oppressions we see in the organisation as well as in wider society including sexism, patriarchy, gender inequality,

homophobia, transphobia, all hate, discrimination, and violence perpetuated towards LGBTQIA+ community members, sex workers and people who use drugs, xenophobia, racism, classism, ableism.

Resolution 5:

TAC will build a mass movement with more than 20,000 active, vocal and capacitated members in good standing by the next congress. In order to achieve this mandate, TAC will mobilise in communities, work with local organisations on each other's struggles, participate in community structures, establish new branches near all clinics monitored by TAC staff through Ritshidze, as well as use online platforms. We will reach out to public healthcare users, people living with HIV, people with TB, womxn, young people, key populations including LGBTQIA+ community members, sex workers, and people who use drugs, people with disabilities, and migrants to grow the organisation.

Resolution 6:

TAC needs to be even more visible in communities across the country and pay even closer attention to the needs of the communities on the ground.

Resolution 7:

TAC members need to be ambassadors for TAC at all times.

Resolution 8:

TAC will support, encourage and pledge solidarity to other struggles for social justice following consultation with branch members.

Resolution 9:

TAC will develop strong cadres within TAC membership with the knowledge, skills, commitment and resources to implement community-led monitoring and local campaigns, and understand the latest in science, treatment literacy, health policies, relevant laws, and the overall state of the HIV and TB response and broader healthcare system.

Resolution 10:

TAC will adopt the Modern ART approach, rolling out tools, trainings, and social mobilisation campaigns to branches, facilities, and communities we work in to ensure the latest treatment literacy information reaches the masses. TAC will seek funding to expand Modern ART to be led by all branches. Branch-led Modern ART should focus in all communities in which TAC works including high burden CBDs.

Resolution 11:

TAC will explore ways to expand treatment literacy for people with disabilities including through the use of sign language.

Resolution 12:

TAC will implement a radical programme of cadreship development to take place to build a second and third layer of leadership within the organisation.

On the broken public healthcare system:**Resolution 13:**

TAC will continue to use community-led monitoring to document and expose health system crises at a local level in order to turnaround the situation in the public healthcare system.

Resolution 14:

TAC considers the funding situation and the shortage of healthcare workers in the public sector to constitute a crisis that requires an urgent response. We will work with partner organisations to address this crisis through seeking adequate resourcing for health and optimal expenditure of finances.

Resolution 15:

TAC considers the time it takes for ambulances to arrive, if they arrive at all, to be morally unacceptable. We will double our efforts to campaign to

improve the reliability, availability and quality of emergency medical services in the country.

On National Health Insurance (NHI):

Resolution 16:

TAC supports the establishment of a universal health coverage system in South Africa that aims to make healthcare funding more equal and accessible to all, underpins the values of life, dignity, social solidarity, and risk-sharing that TAC fully believes in and supports. TAC considers a progressive and effectively structured and implemented NHI system to be essential to the achievement of universal health coverage in South Africa in the medium to long term. We maintain that the NHI does not achieve this objective in its current guise. We will continue advocating for an inclusive system that protects the most vulnerable and/or marginalised. TAC will continue to work closely with like minded organisations to achieve these objectives.

Resolution 17:

TAC will continue informing our members about the details of the proposed NHI system and monitor its implementation and progress at a local level. Progress will be reported upwards from branches to ensure we have a clear picture of the state of NHI implementation across the country to inform our advocacy.

Resolution 18:

While stressing our position supporting universal health coverage, should the NHI lead to lack of access to healthcare for marginalised and vulnerable populations, TAC will consider taking legal steps to ensure that the right to healthcare for all enshrined in the Constitution is protected.

On budget justice:

Resolution 19:

TAC will engage in advocacy to challenge the austerity budget that does not do enough to prioritise the rights of people in the country and public healthcare users.

On ART collection:

Resolution 20:

TAC supports 12 monthly prescriptions and the rapid rollout of 3- and then 6-month supply of ARVs to reduce unnecessary burdens on people living with HIV and the health system.

Resolution 21:

TAC supports more people living with HIV being offered and voluntarily enrolled into a repeat prescription collection strategy that suits their needs (including external pick-up points, facility pick-up points, or adherence clubs enabled to include psychosocial support).

Resolution 22:

TAC supports the re-establishment, revitalisation and widespread rollout of functional adherence clubs — managed through provincial health departments — that provide a space for ART collection, peer support, and provision of treatment literacy information for people living with HIV who choose to join this model.

Resolution 23:

TAC will advocate for strengthening of community home delivery models for HIV treatment and treatment for comorbidities for older people living with HIV and people with disabilities.

On ART continuity:

Resolution 24:

TAC believes that all people living with HIV starting or restarting treatment should be treated with dignity and respect. People returning to care should be treated with compassion to ensure that they can restart treatment easily, without being shouted at or sent to the back of the queue. We will push for the proper implementation of the National Department of Health's adherence guidelines and welcome back campaign strategy.

Resolution 25:

No-one should be sent away without ARVs because they do not have a transfer letter or identity document. TAC commits to monitor and expose cases where people are sent away empty handed based on these reasons.

On psychosocial support for people living with HIV and TB:

Resolution 26:

TAC commits to activism to ensure that a full package of psychosocial support for people living with HIV and people with TB is available at all facilities, including provision of individualised quality assured counselling; peer-led patient navigators acting as a bridge between clinicians and patients; mapped networks of referral services; optional HIV or TB support groups; and food parcels. Community models of support must be strengthened alongside multi-month dispensing and external pick-up points.

On AIDS and Cryptococcal Meningitis:

Resolution 27:

TAC commits to advocacy to improve access to point of care CD4 testing (with same day results) at all public health facilities to ensure that people living with HIV presenting to care with advanced HIV are able to quickly get the treatment and care needed.

Resolution 28:

TAC commits to advocacy to push for the rapid registration and rollout of newer, better treatments for cryptococcal meningitis including flucytosine and amphotericin B liposomal (L-AmB).

Resolution 29:

TAC will build the capacity of branches and communities to better understand the available diagnostic tools and treatments for cryptococcal meningitis to support demand creation and advocacy efforts.

On tuberculosis:**Resolution 30:**

TAC will continue to monitor the implementation of the TB recovery plan to ensure that TB services are actually improved for communities. TAC will use community-led monitoring data in order to assess these improvements at facilities and to hold duty bearers accountable for improvements. If sufficient improvements are not made, we will reinstate the call to declare TB a public health emergency.

Resolution 31:

TAC commits to advocacy to ensure the implementation of Targeted Universal TB testing (TUTT) that gives everyone at high risk of TB a TB test in all public health facilities. This includes rapid molecular testing (with rapid return of results) for everyone at risk and WHO guidelines for the provision of point of care TB LAM testing (for every person with CD4<100 irrespective of symptoms or with symptoms, and all inpatients with CD4<200) to find and treat more people who have TB earlier to reduce TB deaths.

Resolution 32:

TAC believes that community healthcare workers are integral to the TB response. TAC will continue to advocate for enough CHWs to be hired to

work in our communities, with the equipment, training and support they need, to find undiagnosed people with TB. We recognise however that labour struggles are not our core work and must not be led by us, but by organisations or labour unions that specifically represent community healthcare workers.

Resolution 33:

TAC commits to advocacy to ensure that newer and better TB preventive therapy 3HP is urgently rolled out in the country, and to ensure that the rapid adoption of guidelines and policies support this rollout.

Resolution 34:

For years we have been calling for certain measures to be adopted for TB infection control, only to see key measures made quickly possible during the COVID-19 pandemic. If we are able to educate people about COVID-19 infection control, to ensure the use of masks in clinics, to screen people for COVID-19 symptoms on arrival, to ensure the provision of COVID-19 posters in all South African languages, then these things must be possible for TB as well. TAC believes that all public health facilities should follow a checklist of basic steps to ensure adequate TB and COVID-19 infection control measures are in place. We will continue to monitor to ensure this is happening through community-led monitoring, and expose and take action where not.

Resolution 35:

TAC commits to advocacy to ensure that all healthcare workers provide accurate and easily understandable information on HIV and TB treatment adherence through consultations, counselling, outreach, and health talks at all public health facilities. This must include explanations on the benefits of an undetectable viral load on people's own health and on transmission.

On key populations:

Resolution 36:

TAC considers it morally unacceptable and a violation of constitutional rights that key populations — including LGBTQIA+ communities, people who use drugs, and sex workers — are disrespected, humiliated and dehumanised at public health facilities. We are committed to activism that will ensure the provision of safe, friendly, welcoming, and confidential services at all health facilities.

Resolution 37:

TAC considers it unacceptable that key population specific services are only available in a few places across the country. We consider it unacceptable that the National Department of Health and PEPFAR think one Centre of Excellence per province can fix the situation. TAC is committed to activism that will actually improve the availability and accessibility of quality KP specific services, closer to where people actually live and work. This includes by demanding the establishment of at least two public health facilities per district to be designated to provide friendly and specialised services per key population group, with planned patient transport or transport resources made available for key populations to actually uptake those services.

Resolution 38:

TAC commits to ensuring justice for key populations within our organisation at all levels, from national to branch level. We will actively fight against homophobia, transphobia, and all other stigma, discrimination and hate perpetuated towards LGBTQIA+ community members, people who use drugs, and sex workers in the organisation. Equality will be reflected in all our activities and campaigns — ensuring visible representation and meaningful engagement of key populations from the planning of our campaigns, to the agendas of our meetings, to the frontlines of our marches.

Resolution 39:

All TAC leaders, branches, and staff at all levels (including TAC national/provincial/branch working committees, TAC branch members, TAC management, and TAC staff members) should be regularly sensitised on issues related to LGBTQIA+ communities, people who use drugs, and sex workers to ensure safe and friendly environment for key populations part of the organisation, and support broader work with key populations in our communities. TAC will develop an internal system to ensure that key populations within the organisation are able to safely and confidentially report any discrimination internally to be swiftly dealt with.

Resolution 40:

TAC commits to social mobilisation campaigns and other community education efforts to sensitise the communities we work in on issues related to LGBTQIA+ communities, people who use drugs, and sex workers. TAC members, leaders, and staff will actively fight against homophobia, transphobia, and all other discrimination, hate and violence towards LGBTQIA+ community members. TAC members, leaders, and staff will actively fight against the stigma, violence, harassment, and abuse of sex workers and people who use drugs.

Resolution 41:

TAC commits to advocacy to push for the availability of adequate numbers of condom compatible lubricants, internal and external condoms, dental dams and finger cots at all public health facilities, in spaces that are private and easily accessible.

Resolution 42:

TAC commits to advocacy to ensure that harm reduction services — including medically assisted treatment such as methadone and other drug dependence treatment — are made available at public health facilities. Where people who use drugs need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided

with easy referral and adequate resources (including planned patient transport/ money for transport) to uptake those services.

Resolution 43:

TAC commits to advocacy to ensure that trans* people are able to access hormone therapy and gender affirming services more quickly and closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including planned patient transport/money for transport) to uptake those services. All facilities should be able to provide friendly information regarding gender affirming care services, including hormone therapy, and provide referral to such services.

On PrEP:

Resolution 44:

TAC commits to advocacy to ensure that all facilities actively offer everyone eligible PrEP — including youth, LGBTQIA+ communities, people who use drugs, sex workers, pregnant and breastfeeding women and all those who want to uptake those services. Barriers to nurse prescription need to be removed. All nurses, not only NIMART trained nurses, must be able to prescribe PrEP in all facility services, including family planning and ante-natal services.

Resolution 45:

TAC commits to advocacy to ensure public sector access to all WHO approved PrEP methods — oral, vaginal rings and long-acting injectables in South Africa — to provide people with options that suit their needs and preferences. This includes advocating for price reductions for long-acting injectable PrEP.

Resolution 46:

TAC commits to advocacy to demedicalise PrEP management with access to oral drug refills and vaginal rings through repeat collection strategies, with increased external pick-up points including in rural areas. Long-term injectables must also enable quick injection-administration only sites. Where PrEP is managed through a youth-specific service, continued access must be enabled and supported when transitioning to adult services.

On Ageing with HIV:

Resolution 47:

TAC commits to advocacy to ensure that all people living with HIV, including older populations, can access treatment and care for comorbidities within repeat prescription collection strategies.

Resolution 48:

TAC commits to advocacy to push for healthcare providers to target older people with HIV prevention and testing interventions to prevent late diagnosis of HIV when people already have advanced HIV.

On migrants, stateless persons, and transient populations:

Resolution 49:

TAC supports Section 27 of the South African Constitution, which affords everyone the right to have access to health care services, including reproductive services. This includes migrants, stateless persons and transient populations. TAC commits to advocacy to support this right.

Resolution 50:

TAC will actively fight against xenophobia and the discrimination of

migrants in our organisation and in wider society and commit to assist in conscientising people both internally and externally on the shared plight of poor and marginalised people.

Resolution 51:

TAC commits to joining mass movements that are actively fighting xenophobia and medical xenophobia.

On PEPFAR accountability:

Resolution 52:

TAC should continue to advocate for PEPFAR to adequately fund South Africa's HIV and TB response in order to ensure that everyone can access the HIV and TB prevention and treatment, harm reduction services, and gender affirming care they need.

Resolution 53:

TAC should continue to identify where international funding should be prioritised and gather data to support this. We must think strategically about the interventions we promote and in what order to ensure the best impact on the response.

On access to medicines:

Resolution 54:

Today, new generation antiretrovirals and long acting injectables, as well as new medicines to treat cryptococcal meningitis, hepatitis C, drug-resistant TB, and many cancers are unaffordable and out of reach for large numbers of people. TAC considers it morally unacceptable that many medicines are unavailable, unsuitable or unaffordable. We are committed to activism that will bring about a more rational and humane policy and legal framework to guide how society pays for existing medicines and for

the research and development of new medicines. This includes activism through the Fix the Patent Laws campaign and medicine specific campaigns.

Resolution 55:

TAC will continue to put pressure on the Department of Trade, Industry, and Competition (dtic), the Department of Science and Technology, and other relevant structures to force the urgent reform of our intellectual property laws.

Resolution 56:

TAC will advocate for the South African government and the governments of other high TB burden countries to invest more in TB research so that we can get better tests and medicines for TB. We will also advocate for our governments to fund this research in ways that avoids high prices at the end.

Resolution 57:

TAC will advocate for wider reforms to the medical innovation system that will incentivise more research and development based on global health needs (including new TB medicines and new antibiotics) through initiatives that avoid high prices at the end.

On stockouts:

Resolution 58:

TAC is committed to reviving the Stop Stockouts Project (SSP) in the communities we work in (including ensuring community members use the SSP hotline when needed to accurately report stockouts) at community level we will continue to monitor stockouts and advocate for systemic solutions to stockouts both within and outside of SSP.

On climate justice:

Resolution 59:

TAC will educate our members on climate justice and how climate change affects the public healthcare system and communities in South Africa.

Resolution 60:

TAC will monitor the impact of extreme weather events (such as the recent flooding in KwaZulu-Natal) on the public healthcare system and advocate for short, medium and long term solutions to mitigate their impact.

On corruption:**Resolution 61:**

TAC will publicly call out corruption and corrupt officials who take resources from citizens at all levels — including local, district, provincial and national levels.

Resolution 62:

TAC will continue to work to root out all forms of corruption internally. This includes through the appointment of an internal auditor and the creation of internal mechanisms and disciplinary processes.

On solidarity with international struggles**Resolution 63:**

TAC will continue supporting public healthcare users, people living with HIV and TB, key populations, and all our comrades globally in their fight for equitable access to quality healthcare services.

Resolution 64:

TAC stands in solidarity with the Delhi Network of Positive People (DNP+) and other comrades, who have held a peaceful, non-stop protest at NACO offices to demand an end to ongoing stockouts of ARVs. TAC stands in solidarity with DNP+ and calls on all stakeholders in India and across the world to support their protest. We call on the Indian government to immediately resume monthly ARV supply. When the world is talking about dispensing ARVs for 6 months at a time, it is a shame that the pharmacy of the developing world cannot even supply 30 days of treatment to its own people. We recognise and sympathise with the anger of DNP+ at these inexcusable stockouts. We recognise their resilience in carrying on their protest against all odds. We know how mentally and emotionally difficult it is to carry on. We support DNP+ and stand with them in their struggle.

Resolution 65:

TAC stands with the peace-loving people and especially our comrades living with HIV in Ukraine. The unprovoked Russian invasion of Ukraine has led to indiscriminate killing and maiming of innocent civilians and the destruction of entire cities not seen since the second world war. We are particularly concerned for the estimated 260,000 people living with HIV who have had their health care taken away from them. As TAC representing PLHIV in South Africa, we understand more than anyone else what it means to be deprived of life-saving medication. The destruction of health services in large parts of the country is a special form of brutality and will lead to further loss of life.

The invasion of Ukraine has upended more than two decades of work by government and Ukrainian NGOs such as the Alliance for Public Health to turn the tide against HIV. Ukrainians have been role models in the successful management of HIV in people who use and inject drugs and other key populations. These gains are in danger of being reversed.

We call on the Russians to end their brutal war and withdraw their forces immediately from Ukraine. We applaud the efforts of the UN agencies and the international donors such as the Global Fund to support the provision of ARVs and methadone even in these circumstances. We call on the

international community to increase its support to protect and rebuild the health service in Ukraine and especially their HIV treatment program.

We stand in Solidarity with the All Ukrainian Network of People Living with HIV in this difficult time and salute their bravery and resilience. We call upon the South African government to see the invasion for what it is – an inhuman and brutal invasion that has caused mayhem and destruction in one country but has led us to the brink of an economic, fuel and food crisis across the world.

On Sectors:

Resolution 66:

TAC endorses the following sectors: People living with HIV, Womxn, Key Populations, Youth, and Men.

Resolution 67:

TAC will expand the LGBTQIA+ sector to be the Key Population sector from branch working committees, to provincial working committees, to the national working committee. The Key Populations sector will be constituted of a variety of people who identify as key populations because we want the perspectives of all key populations represented in the organisation. While an elected member will be the Key Population sector representative at various levels, committees will be constituted of a variety of Key Population identifying members, including LGBTQIA+ community members, sex workers and people who use drugs, to ensure the perspectives of all key population communities are represented in the organisation at all levels. We note that some people already have multiple key population identities.

Resolution 68:

The “Women Sector” is renamed the “Womxn Sector” in order to be more intersectional, avoid the suggestion of sexism in spelling of -men and -man,

be inclusive of trans* and non-binary people, and better highlight the nature of the scourge of gender-based violence in the country.

Resolution 69:

TAC sectors will work in two ways: to work internally to dismantle oppressions; and to use community-led monitoring data to inform engagement with duty bearers and activism relevant to the sector.

Resolution 70:

The Youth Sector leadership must be no more than 30 years old at the time of election.

Resolution 71:

TAC will utilise AIDS Councils to our advantage by sending well informed sector representatives to represent us in these forums with a clear mandate and set of advocacy demands based on community-led monitoring data. TAC sector representatives must represent TAC in the relevant AIDS Council Sector (e.g. the TAC youth sector representative must sit in the youth sector in the AIDS council). While promoting the specific advocacy agenda of the sector within AIDS Councils — sector representatives must also address the wider concerns of TAC.

On TAC sectors' policy focus areas:

TAC resolves that:

72.1 The PLHIV Sector will focus on the following:

72.1.1 Push for the proper implementation of the national adherence guidelines and welcome back campaign strategy.

72.1.2 Push for the rapid rollout of 3- and then 6-month supply of ARVs to reduce unnecessary burdens on people living with HIV and the health system.

72.1.3 Monitoring within TAC structures to provide support to TAC members with regard to long-term adherence, treatment interruptions, and treatment resistance.

72.2 The Key Populations Sector will focus on the following:

72.2.1 Push for easy availability of lubricants in all public healthcare facilities

72.2.2 Push for the provision of safe, friendly, welcoming, and confidential services for KPs at all health facilities.

72.2.3 Support efforts to sensitise branches, members and leaders on Key Population issues and dismantle homophobia, transphobia and all stigma and discrimination against LGBTQIA+ community members, people who use drugs, and sex workers internally within TAC.

72.3 The Womxn Sector will focus on the following:

72.3.1 Push for the rapid resolution of contraceptive stockouts across South Africa.

72.3.2 Advocating for access to sexual and reproductive health and rights (SRHR) services and leading programmes related to this.

72.3.3 Support efforts to dismantle sexism and misogyny internally within TAC.

72.4 The Youth Sector will focus on the following:

72.4.1 Push for young people to be offered PrEP and for multi-month dispensing and community collection of PrEP.

72.4.2 Advocating for HIV prevention measures including easy access to internal and external condoms in schools, comprehensive sexuality education in schools.

72.4.3 Advocating for youth friendly sexual and reproductive health and services (SRHR) at health facilities.

72.5 The Men Sector will focus on the following:

72.5.1 Push for public healthcare facilities to have male clinic day and Men's Corners integrated into service delivery to provide services specific to the needs of men.

72.5.2 Understanding and addressing the issues of privilege, gender discrimination, patriarchy, homophobia, and transphobia and all other oppressions perpetuated by men within TAC structures.

On a Resolution Committee:

Resolution 73:

Recognising the potential of key resolutions not being implemented, TAC will establish a resolution committee which will monitor implementation of congress and NC resolutions periodically.

On Membership:

Resolution 74:

Members of TAC shall include any natural or legal person irrespective of age, gender, creed, nationality or race who supports the aims/ objectives and policies of TAC and are accepted as members in terms of the provisions of this Constitution. However, only persons 13 years and above can stand for and vote for elections.

Resolution 75:

A TAC branch must be constituted by more than 30 paid up members to be accredited.

Resolution 76:

While membership subscription fees are annual, members and prospective members willing to pay multi-year fees should be encouraged to do so. This should be limited to 3 years.

On Branches:

Resolution 77:

The TAC National Council is mandated to create a demarcation committee that will evaluate the feasibility of potential branches close to each other, in order to ensure they do not result in duplication of work and conflict.

On District Campaign Teams:

Resolution 78:

District Campaign Teams will replace Chairperson's Forums as the focal point of inter-branch engagement, mobilisation and activism. These will be constituted by branch Chairpersons, Secretaries, other branch members deemed fit from accredited branches in the same district. Ritshidze, and partner organisations will also form part of these DCTs.

On National Council:

Resolution 79:

The TAC National Council shall consist of not more than 40 people.

On Termination of office:

Resolution 80:

The termination of office of elected individual leaders will occur for those who fail to attend three consecutive meetings or are deemed unfit through an evaluation system.

Resolution 81:

The TAC National Congress recommends that the TAC board should be given powers to dissolve the National Working Committee if it fails to deliver on its responsibilities based on an agreed upon evaluation system prior to the evaluation.

On Board of Directors:**Resolution 82:**

Alongside adequate skills, gender balance and adequate representation of people living with HIV and key populations shall be essential criteria when considering future appointments to the organisation's board.

On partner organisations:**Resolution 83:**

TAC endorses the following organisations as members of the National Council per invite:

- amfAR
- Cancer Alliance
- Doctors Without Borders
- Health GAP
- O'Neill Institute for National and Global Health Law
- National Association of People Living with HIV/AIDS (NAPWA)
- People's Health Movement (PHM)
- Positive Action Campaign (PAC)
- Positive Women's Network (PWN)
- Rural Health Advocacy Project
- SECTION27
- South African HIV Clinicians Society
- South African Network of Religious Leaders Living with and Affected by HIV/AIDS (SANERELA+)

TAC National Council must develop specific criteria for potential organisations that wish to partner with TAC and for membership of the NC (these criteria must look at the objectives of the organisation and whether they are aligned with TAC) within the first two National Council meetings. However, if partner organisations are in conflict with TAC's mission, partnership can be terminated.

On endorsing National Council decisions:

Resolution 84

The Congress endorses 9.5 of the Constitution, which was adopted in 2020 by the National Council.

Resolution 85

The Congress endorses the call that leadership terms do not exceed three terms, as per National Council resolutions.