

Experience on building a strong TAC - -- victories and challenges for future

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What is TAC

- Organisation / Social Movement of people living with and affected by HIV/AIDS,
- Vision – Building strong communities of activists that can hold govt accountable on issues of quality access to Health and HIV/AIDS services for people living with HIV
- Founded on the 10th December 1998
- Grew from 15 members in 1998 to 15000 – 17000 at its best between 2000 – 2008

Building TAC

- Based in local communities,
- Led by people living with HIV,
- Informed members or membership of the organisation on:
 - Politics of the issue---for TAC it was HIV literacy
 - Politics of government and governance,
 - Constitution and provisions as they relate to the issue – SA Constitution – Section 9 (equality), 10 (human dignity), 11 (life), 27 (health care, food, water and social security--- progressive realisation –within available resources---take reasonable legislative and other measures to progressively realise these rights), 32 (access to information), 33 (just administrative action), 34 (access to courts)



Campaign undertaken by TAC

- Christopher Moraka – Fluconazole (Pfizer) - access to treatment for opportunistic infections,
- PMTCT – access to NVP (at the time) to prevent transmission of HIV from mom to baby – Sued government all the way to Concourt
- PMA – profits over lives – Pharmaceutical Companies and patents
- Competition Commission – voluntary and compulsory licenses, (Boeringer Ingelheim, GlaxoSmithKline, etc)

What was achieved?

- Dealt with a denialist government decisively,
- NSP 2007 – 20012 & 2012 - 2016
- Political leadership at the highest level and a health Minister who “listens and acts”
- Excellent HIV policies,
- 1.5 million people on treatment, globally 6.6 million people on Tx, UN HLM committed to 15million people by 2015,
- 15 million people tested for HIV in 2012,
- Decentralised HIV services,
- Community Health Advocates,
- Slowly now phasing in integration of HIV/TB services,

New "Old" Challenges

- High burden of TB --- co-infections for people living with HIV and a leading cause of death for people living with HIV,
 - TB accounts for more than 1.5 million deaths a year globally,
 - In SA 73% of people living with HIV also have active TB,
 - In 2010 there were 7386 confirmed cases of MDR TB and 700 of XDR TB,
 - In 2011, the South African government approved a national roll out of molecular tests for faster detection of drug resistance and was planning to include a TB component in its Round 11 Global Fund grant to help pay for diagnostics and treatment of DR-TB.
- Slow development and investment in new drugs, diagnostics and technologies generally to deal with an old epidemic,
- With the current downturn in financial investments, getting proper diagnostics and new drugs remains only a pipedream,
- Currently the need to tackle TB globally requires an investment of \$1.3billion in 2012 and \$4.4 billion by 2014...through Global Fund, only \$362million is available to deal with TB this financial year,
- Diminishing political leadership globally,
 - Focus shifting to other "major" global issues – climate change, economic growth or meltdown, etc

house in Swaziland: Happiness Dlamini (31) is co-infected with HIV/TB.



Cont...Global Fund

- Diminishing financial resources,
 - Global Fund Round 11 cancelled as announced in November 2011 and this effectively means no new grants until 2014. But effects are felt now already in some countries – Swaziland for an example,
 - There is a Transitional Fund Mechanism that will be put in place to cushion the programmes, but what this effectively does is maintain what is there already without scaling up.
 - Global Fund and PEPFAR combined account for 84% of the total response in the developing countries,
 - World Bank Multi-country HIV/AIDS programmes and UNITAIDS Paediatrics and second line ARV programmes are shutting down or phasing out,

Money for Health



Cont...Money for Health



MSF Report on 10 African Countries on Global Fund

Below is information on the HIV endemic countries (sample), including population, adult HIV prevalence, estimated number of people living HIV, ART coverage, the country's last approved HIV proposal from the Global Fund, as well as eligibility or intention to submit an HIV proposal for Round 11.

Country	HIV Prevalence	ART Coverage (WHO 2011)	Last GF HIV Round	Round 11 props
• (WHO 2011)				
• CAR	4.7%	24%	Round 7	Yes
• DRC	1.5%††	14%	Round 8	Yes
• Guinea	1.3%	57%	Round 10	Not eligible
• Kenya	6.3%	61%	Round 10	Not eligible
• Lesotho	23.6%	57%	Round 9	Not eligible†††
• Malawi	11.0%	49-57%	Round 7	Yes
• Mozambi	11.5%	40%	Round 9	Not eligible
• Myanmar	0.6%	24%	Round 9	Yes
• So Africa	17.8%	55%	Round 10	Not eligible
• Swaziland	25.9%	72%	Round 7	Yes
• Uganda	6.5%	47%	Round 7	Yes
• Zimbabwe	14.3%	59%	Round 8	Yes

Cont....PEPFAR

- PEPFAR scaling back in most countries—focusing on “health systems”, - US government in 2011 announced that its slogan will be “Turning the tide on AIDS” and Tx at the core of the response but this has not held true, especially in SA,
 - Despite the promise to scale up, US government is actually cutting PEPFAR funding by 12% in its 2013 budget,
- Domestic purses shrinking and health compromised,
- Global financial meltdown ---Effects of Euro Crisis,
- Resources invested in wars rather than in lives.....

Save Lives!!!!



Cont...Patents

- Dodgy enforcements of patents and a push to do away with TRIPS flexibilities,
- EU concerted effort in its negotiations on Free Trade Agreements – Kenya, India and SADC as examples,
- Once more profits matter the most than lives.....

Cont...Patents

- Drug companies like Novartis, Johnson & Johnson one of the major culprits,
- Novartis AG: Filed for patent protection with the India’s Intellectual Property Appellate Board for a drug called Gleevec-cancer drug for chronic leukaemia,
- Section 3(d) of the Patents Act in India provides for public safeguard in the granting or none thereof,
- IPAB rejected the application, and in the meantime Novartis got Exclusive Marketing Rights for Gleevec in India, and at this point it was selling it at \$2666 per patient per month,
- Generic companies on the other hand we selling it at \$177 per patient,

Cont...Patents



As we know....



Conclusion

- Gains will soon turn out to be losses,
- Voices have to re-emerge,
- Solidarity across borders becomes vital one more time,
- Push for proper resourcing of the Global Fund – maybe with an expanded mandate on health....
- Once more SHOUT: NO PROFITS BEFORE LIVES!!!

End

