

Perspectives

on KwaZulu-Natal

Volume One - Number Ten - December 2001

Campaigning for HIV/Aids treatment in KwaZulu-Natal

A group of Aids activists who run the Treatment Action Campaign (TAC) have established an active and extensive presence in KwaZulu-Natal, the epicentre of the HIV pandemic. Along with two other offices in Gauteng and the Western Cape, TAC has opened an office in Durban. The key focus of the work of this office is running an ongoing campaign on lobbying for access to treatment and work with people living with HIV and Aids.

Fifteen HIV/Aids activists established TAC on December 10, 1998. Since then, the people working with and connected to the organisation number in the thousands. Of key concern to these activists is the fact that people living with HIV and Aids do not have access to affordable anti-retroviral treatment and none of the public hospitals in SA currently have these anti-HIV drugs. The office in KwaZulu-Natal was opened in May 2000 in the run up to the 13th International HIV/Aids conference, which was held in Durban.

The Aids conference afforded TAC, which is now three years old, the opportunity to extend its campaign. Prior to and during the conference, TAC drew the attention of thousands of people to focus on HIV and Aids treatment issues. The strategies for doing this were pickets in all the provinces protesting the costs of key medication, a parallel satellite conference that was well attended by activists, HIV/Aids clinicians and people living with HIV and Aids and a march to mark the opening of the conference. Activists and people with HIV and Aids from all over the world joined South African marchers to lend support to the demand for affordable medication for all infected people living in developing countries.

TAC consolidated widespread support in KwaZulu-Natal during the conference. In addition to communities in and around Durban and further afield being in the forefront of the global march for access to treatment, a very strong coalition has developed in the province with the children and labour sectors, youth, health and religious groups, non-governmental organisations and Aids service organisations.

These linkages have created a firm foundation on which to pursue the campaign for access to treatment, which starts at community level. TAC branches have been established in Chesterville, Ezimbokodweni, Stanger, Tongaat, Botha's Hill, Mpumalanga and Pietermaritzburg. This has strengthened TAC at grass roots level. The organisation also intends to establish many more branches in the province in the future. These create fertile ground for lobbying for the organisation's other objectives, which are improvements in the health sector, research, the elimination of new infections and training and education.

In a province in which six babies die daily of HIV/Aids related illnesses, empowering community

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

structures is one of TAC's most important programmes. This is done through treatment literacy workshops, which are run twice a month. The workshops aim to empower community leaders with information about HIV/Aids and treatment and on how to lead community based campaigns. Each branch is also linked to a support group, which works with the needs of people living with HIV and Aids in each community.

TAC describes the delivery of quality healthcare as one of its main challenges. Members of the organisation continuously visit hospital sites in KwaZulu-Natal to engage staff members at hospitals and clinics and to establishing working relationships. TAC believes it is important that people at community level understand more about their health services and how they can be of help. Such exercises have produced valuable information, which is shared with other health institutions.

There are 61 hospitals in KwaZulu-Natal. Of these only three, Edendale, Grey's and King Edward, have dedicated HIV/Aids clinics. The Edendale HIV clinic has been operating since 1997 and is currently booked up to April 2002. Patients increase daily. Nonetheless, the clinic still operates without a permanent doctor. TAC attempts to address these types of situations by approaching the appropriate authorities. The organisation argues that with a 35 percent HIV prevalence rate, it is its duty to change the situation and make sure that authorities deliver quality healthcare to all people living with HIV and Aids.

TAC thus argues that grass root support is as important as support from clinicians, doctors and leaders in the community. It has met with top clinicians in the province and community leaders of different sectors. As a result, the campaign in the province to improve access to treatment has blessing of community leaders and clinicians that deal with people living with HIV and Aids daily. Some critics of TAC have labeled the organisation as anti government. TAC denies this saying it will support the South African government in all programmes aimed at improving lives of people living with HIV and Aids. "In all instances where the government is right we will support it, but when the government is not doing right we will criticise."

The allegation of anti-government has come about because of TAC's actions around the provision of treatment for people living with HIV and Aids. TAC has managed to shift the debate in South Africa around HIV/Aids by arguing that HIV can be treated. The argument is based on the fact that in developed countries infected people have access to life saving drugs that have resulted in significant drops in Aids mortality rates. The wide use of anti-retrovirals in the United States and Europe is the main cause for the reduction of HIV/Aids related deaths and illnesses. TAC argues further that the only reason these drugs are not available in South Africa and most African countries is that they are too expensive for the poor who are in need of them. If the pharmaceutical industry reduced the prices of these drugs, people in developing countries would have access to life saving remedies.

TAC has thus embarked on very aggressive campaigns against the Pharmaceutical Manufacture's Association (PMA) to reduce the prices of drugs. It was calculated that in 1988 one month's treatment cost R4 500.00 excluding a consultation fee and the tests that are necessary to determine how the person is responding to treatment. Obviously very few people are able to afford this and TAC concluded that only the rich are able to buy life. The poor continue to die in spite of drugs available to save their lives. For instance, until recently, fluconazole in SA was produced and sold by Pfizer for R85.00 a capsule. Eighty six percent of people with Aids die in SA because they cannot access this drug. When Pfizer refused to reduce the price of fluconazole despite repeated requests from TAC to bring it down to R4.00 a capsule, TAC went to Thailand and bought it illegally for R1.78 a capsule. This massive price discrepancy suggested to TAC that Pfizer was abusing its patent for reasons of greed. It was not TAC's intention to break the country's laws

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

but it believed it had no choice if it were to save lives and expose the greed of PMAs.

TAC has been sensitive to the fact that very few governments are able to afford anti-retroviral drugs. In most countries in Africa and Asia, Aids strategies focus on strong HIV/Aids prevention messages and campaigns rather than treatment. This is because drug companies have refused to reduce their prices citing research and development cost. Furthermore, they've argued that their products are protected by international trade laws and therefore African and Asian countries are not allowed to produce generic alternatives. But TAC was also disturbed by the attitude of the South African government, which was reluctant to challenge these trade regulations by implementing laws that would enable the generic production of HIV/Aids drugs as Brazil and Thailand have done. The South African government has also consistently denied that HIV causes Aids. To have absolute independence TAC therefore decided not to accept financial support from either the PMA or the South African government.

To give practical effect to its objection to the absence of anti-retroviral treatment options, TAC is currently engaged in legal action against the government. The matter, which was first heard in November, in the Pretoria High Court, aims to compel government to provide Nevirapine to pregnant women in state hospitals as a strategy to prevent mother to child transmission and to develop a national treatment plan. TAC points out that 30 000 babies will have been born HIV positive in 2001. If their mothers had had access to Nevirapine, these figures could have been reduced significantly. Attempts to approach provincial government have failed because they say it is too expensive to run a Nevirapine programme. TAC says that the legal action is an attempt to create zero tolerance for the genocide affecting the country.

TAC, with support from other South African and foreign organisations, has had a number of achievements since it was established although there is much still to be done. Cost for treatment has gone down to about R1 200.00 a month but it is still not available in the public sector. Pfizer donated fluconazole to the public sector for free but some people with HIV and Aids still cannot access the drug. In April 2001 the PMA was defeated in a legal battle over the medicine's act but the minister of health is still saying that anti-retroviral drugs will not be made available in the public sector. As a result of these limitations on its successes, TAC will shift its activism from a focus on the PMA to a focus on issues internal to the country in the immediate future.

In addition to its lobbying and advocacy work, TAC also believes it must make a concrete contribution to changing the face of the pandemic. To this end, TAC has a strong relationship with a French group of doctors known as the MSF or doctors without borders. In Khayelitsha, MSF has run a programme to prevent mother to child transmission using AZT. More than 2 500 women participated in and benefited from the programme providing a clear example that anti-retroviral treatment does work under proper clinical guidelines. TAC has been calling for a national treatment and prevention plan. Several meetings and a conference on anti-retroviral treatment have been held with the aim of assessing available data on use of the treatment in SA, areas of research, safety and possible combinations. The conference produced a statement known as the Bredell consensus statement on November 19, 2001 on the use of anti-retroviral treatment in SA. Through this campaign, TAC has managed to bring real life stories of people living with HIV and Aids to the whole world as well as solutions on how to save lives.

TAC recognises that there is still a lot that needs to be done in KwaZulu-Natal and is working towards putting in place a rolling campaign. The year 2002 is, for TAC, a year to change the HIV/Aids debate in KwaZulu-Natal. The organisation's guiding principle in this respect is: "There are solutions to this problem, we need to fight without fear."

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

Copyright Profile KwaZulu-Natal cc, 2001, 2002

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

Copyright Profile KwaZulu-Natal cc, 2001, 2002