

United in hope and action - the Treatment Action Campaign forms a UND branch

Source: Judith King, HIVAN Media Office

An assembly of interested students and staff at the University of Natal's Durban campus was addressed by Mark Heywood, founder member of TAC (Treatment Action Campaign) and head of the AIDS Law Project, in March 2002. The forum was organised by UND's newly established Centre for Civil Society as a preparatory meeting focused on forging closer ties between TAC and the University community.

Heywood began by recommending the reading of the comprehensive statistical reports on the AIDS epidemic in Africa that have been issued by the SA Medical Research Council, Statistics South Africa and the Health Systems Trust. He echoed the primary message of these sources in describing the HIV/AIDS epidemic, particularly in southern and South Africa, and even more so in KwaZulu-Natal, as "an enormous crisis".

"However," he urged, "we can do something. There are drugs available to lower the rate of transmission of the virus from mother-to-child, to minimise the viral load in infected patients, and to treat and relieve the symptoms of opportunistic infections associated with AIDS. What is imperative is that our society understands and fights for all people in the world to be valued equally. Africans deserve the same rights as everyone else to have access to these treatments."

Heywood cited Brazil as an example of a developing country that, over a five-year period, has emerged as a "success story" in its struggle against the epidemic, saying that as a result of political will and social commitment on the part of its leadership, Brazil reports a 50% decline in AIDS mortality rates, and has documented similarly dramatic drops in the costs of treating opportunistic diseases and in hospice care for AIDS patients. "Why can't we do that here?" was his challenge.

Putting the Treatment Action Campaign's principles into perspective, Heywood emphasised that TAC is not "fixated" on antiretroviral drugs as the sole solution to the crisis of HIV infection. "We also fight to improve the country's health structures as a whole," he explained, "and we actively promote Voluntary Counselling and Testing (VCT) programmes as our ideal premise for intervention - in fact, VCT forms part of TAC's basic philosophy in terms of combating the spread of HIV."

Although the TAC was engaged in an ardent sub-campaign for access to antiretroviral treatment for the prevention of mother-to-child-transmission, Heywood stressed that the organisation is equally committed to lobbying for the resources needed to ensure efficient and equitable roll-out of the treatment programme into communities. The Treatment Action Campaign also supports complementary medicine and traditional healing as remedial modalities. "The media tends to downplay TAC's image on that front, though," said Heywood.

Other TAC focus areas include:

- Training programmes for volunteers: a 10 000-strong volunteer base is spread across the country and these individuals need verified information and comprehensive training in treatment and care literacy.
- Lobbying for the supply of generic antiretroviral drugs: TAC will be working with Medecins Sans Frontieres (MSF or "Doctors Without Borders") as well as clinics, hospitals and medical aid schemes, in advocating the acquisition of generics as a sustainable, cost-effective solution to treatment access.

Heywood also explained how TAC uses the law itself to legitimise its struggle and achieve its goals. "The TAC has pioneered the application of the South African Constitution in making social demands," he said. "We take the legal route in bringing issues such as mother-to-child transmission into the forefront of public debate, because these are matters of moral importance. Once the issues are put into the context of the Bill of Rights and 'dressed' in legal terms, the public perceives its own power to address them." Heywood informed the group that, for example, TAC would be launching a new case in April, taking on large pharmaceutical companies that charged massive retail prices under the banner of "Research and Development costs" for their products. "This amounts to abuse of the patients who need those drugs," said Heywood. "Poor people have no access to treatment because of this profiteering, and it's well known that those profits are not ploughed back into research and development that would be of any benefit to developing countries."

The growing groundswell of opinion and public debate in South Africa around issues of HIV and AIDS is such that, only three months into the year, 2002 is proving to be a critical one for the work of the TAC. "The political walls are cracking," said Heywood, "and with figures like former President Mandela emboldening ANC members to challenge their leadership's intractable stance on HIV/AIDS, the time is ripe for us to push for a national HIV/AIDS treatment plan to be instituted."

Clearly, though, South Africa's entire health system needs improvement. Heywood explained: "On 1 July 2002, the OAU (Organisation of African Unity) will become the AU, the African Union, of which President Mbeki will be Chairman. We need a massive mobilisation of social forces in Durban and a National Treatment Conference to accompany that transformation. We need the private sector, especially medical aid schemes, and all the churches and the trade union movement, to give full backing to this campaign. For this reason, the TAC builds alliances within and across every sector to muster mass support. We must ensure that there is a major social effort to shift government attitudes on policy."

Heywood again cited Brazil as a model for this vision. "First came the political commitment," he explained, "even though Brazil, too, did not have the infrastructure needed to implement its policy decisions. But, because there was a vision, the accessibility moved from zero to 100 000 in five years. This is not to say, though, that their systems are perfect and can simply be transplanted here," he warned. "Brazil still

has inadequate health care facilities and policy problems in applications other than HIV/AIDS. It's the inspiration and action that we should emulate here."

Human rights underpin many of the issues inherent in the spread of HIV/AIDS, whether these involve access to treatment, stigma, children's and women's rights, labour law and HIV/AIDS, and many other facets of human life. Responding to a question about the role played by the Human Rights Commission in support of the TAC's work, Heywood said that there was much that the HRC could do, but had not.

This seemed to highlight the need for individuals and groups "on the ground" to take the process forward themselves, rather than to assume that national bodies would do so on society's behalf. Heywood reiterated that TAC's national strategy includes a very strong component for Voluntary Counselling and Testing, "but there are huge social barriers to this - gender inequality, cultural myths, loss of hope in township and rural communities."

Heywood's words rang in one's ears as the group dispersed. It seems that if there is to be any chance of manifesting an AIDS-free generation in future years, we need, as he put it, "a total elevation of the whole social landscape". As with all major accomplishments and historical milestones, this elevation begins with just one person taking a stand.

For more information about the Treatment Action Campaign, visit their website on www.tac.org.za or email info@tac.org.za.

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