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Treatment Action Campaign (TAC) – South Africa

Founded in December 1998 in Cape Town, South Africa, the Treatment Action Campaign (TAC) advocates for increased access to treatment, care, and support services for people living with HIV/AIDS and campaigns to reduce new HIV infections. With thousands of members across South Africa and some 220 staff, TAC has become the leading civil society force behind comprehensive health care services for people living with HIV/AIDS in South Africa. Since 1998 TAC has held the government accountable for health care service delivery, campaigned against AIDS "denialism" by government, challenged the world's leading pharmaceutical companies to make treatment more affordable, and cultivated community leadership on HIV and AIDS.

SOUTH AFRICA
Open Budget Index 2010
Overall Score: 92
Government provides extensive information to the public on how it manages public resources.

Availability of budget documents critical for effective public input:	
Pre-Budget Statement	Yes
Executive's Budget Proposal	Yes
Citizens Budget	Yes
Enacted Budget	Yes
In-Year Reports	Yes
Mid-Year Review	Yes
Year-End Report	Yes
Audit Report	Yes
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TAC Proves Affordability of Prevention of Mother-to-Child Transmission Program

In 2002 the South African government allocated a total of US$ 28.5 million to the fight against HIV/AIDS. Less than 10 years later, this figure had risen, in real terms, to US$ 528 million. This enormous growth in the budget for HIV/AIDS is largely the result of the adoption of two policies – the provision of drugs for the prevention of mother-to-child transmission (PMTCT) and the national distribution of anti-retroviral (ARV) drugs. This incredible increase in budget allocations for public HIV/AIDS programs is seen by many to be the result of pressure exerted by TAC and its partners.

Since 1998 TAC had called on the government to introduce a comprehensive PMTCT program. The government consistently rejected the idea, claiming that the treatment program – which would use AZT, the most commonly used ARV drug at that time – would strain an already limited health budget. At that time, extensive research was already available that demonstrated that implementing a PMTCT program using AZT would actually save money because of the infections it would prevent. In early 2000 TAC threatened legal action to try and compel the government to introduce a PMTCT program. Later that year, research revealed that another drug, Nevirapine, was as effective as AZT and considerably cheaper.

Throughout 2000 TAC maintained pressure on the government to roll out a PMTCT program and continued to threaten legal action. When Nevirapine was approved for use in South Africa in April 2001, making PMTCT even more affordable, TAC decided that it had no other option but to take legal

action against the government. In August 2001 TAC filed a case with the High Court stating that the government's position violated Section 27 of the Constitution, which asserts that the state must take reasonable measures within its available resources to achieve the progressive realization of the right to health. A series of affidavits were submitted to support TAC's case. One of these, written by a health economist, demonstrated the cost-effectiveness of a PMTCT program by showing how budgeted funds would actually be saved due to reduced costs associated with fewer future HIV infections. This affidavit also demonstrated that by using Nevirapine, the government would save at least US$ 45,000 every six months, which meant that there was no basis for the government's claim that it could not afford a PMTCT program.

Despite this evidence, the government opposed TAC's case, arguing that Nevirapine was too expensive to introduce in South Africa and presenting evidence that indicated a full provincial roll-out of Nevirapine would cost US$ 33 million. In response, TAC drew attention to the 2001 Intergovernmental Fiscal Review which demonstrated that provincial departments of health had underspent their budgets by US$ 63 million in 2000. In December 2001 the High Court found in favor of TAC and ordered the government to draw up a plan for a national PMTCT program using Nevirapine by March 2002. The judge found that the state had violated Section 27 of the Constitution in that it had not taken reasonable steps within available resources to provide women access to PMTCT programs, leading him to conclude that a national PMTCT program is a mandatory obligation of the state. The judge also argued that it was clear that such a program using Nevirapine was affordable.

The government immediately appealed to the Constitutional Court, again claiming that such a program was unaffordable. In July 2002 the Constitutional Court agreed with the High Court's decision and found in favor of TAC. It ordered the government to immediately remove the restrictions that prevented Nevirapine from being made available for the reduction of mother-to-child HIV transmission at public hospitals and clinics.

As a result of TAC's efforts on access to PMTCT and ARVs, hundreds of thousands of HIV-related deaths have been prevented and significant additional resources have been pushed into the public health system. TAC's use of budget analysis, both by experts and partner organizations, did much to undermine the government's arguments that treatment was not affordable.

In 2007 the South African Cabinet endorsed a five-year strategic plan which committed the government to spending US$ 6 billion on HIV/AIDS prevention and treatment. The spending plan, which includes the most comprehensive ARV treatment program in the world, was drawn up with the assistance of TAC, only six years after it took the government to court.

TAC's Participation in the Partnership Initiative

TAC will work jointly with the Centre for Economic Governance and Aids in Africa (CEGAA) to increase access to affordable and equitable good-quality health services for persons living with HIV/AIDS and tuberculosis (TB) in two districts in South Africa. They will effectively mobilize civil society organizations, establish partnerships with CSOs and local government, and empower the community in order to strengthen health care systems and improve health care spending and its outputs. A coalition of HIV/AIDS and TB community organizations will be formed to exert influence on the government's implementation of the budget at the local level, while simultaneously building local government capacity on expenditure tracking for improved budget planning and social and financial accountability. CEGAA and TAC seek to alter the lack of participation in budget processes at the local level by building the capacity of citizens, communities, and local government officials to monitor budget formulation and implementation for HIV/AIDS and TB.

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The IBP's Partnership Initiative is a collaborative effort that seeks to enhance the impact of civil society budget work in selected countries of Africa, Asia, and Latin America. The initiative strives to contribute to the development of sustainable institutions; to increase public access to timely, reliable, and useful information; to enhance the effective participation of civil society in policy and budget processes; and to establish a platform of good practices on which future generations of civil society can build.