"Justice for Lorna Mlofana": The Treatment Action Campaign's AIDS and Gender Activism

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Forthcoming chapter in "From Moralizing to Preventive Action: HIV/AIDS and Human Security in South Africa" edited by Angela Ndinga-Muvumba: Centre for Conflict Resolution, 2006.

Launched on International Human Rights Day on the 10th of December 1998, the South African Treatment Action Campaign (TAC) has demonstrated its ability to win major gains for people living with AIDS. Whether by challenging government to deliver on its constitutional commitments to the provision of adequate health services, supporting a prisoners' strike for access to ARVs in Durban[i], or mobilizing thousands of high school students in the Eastern Cape to march for better prevention strategies on the 30th anniversary of the Soweto youth uprising[ii], the TAC continues to serve as a critical voice of dissent.

Like many others in South Africa and across the world, we have been inspired by the work of the Treatment Action Campaign, whose approaches have greatly influenced the tactics, theoretical frameworks, and philosophical underpinnings of our own work as AIDS and gender activists. In particular, we have been struck by the TAC's readiness and capacity to change its approach in response to the conditions and challenges it is facing. This paper investigates this ability to change by describing the TAC's attempt to shift from a relatively exclusive focus on treatment access to a strong focus on addressing the gender inequalities driving the spread and impact of the epidemic. Drawing on the growing literature on gender and HIV/AIDS as well as on interviews with the TAC activists, the paper explores the TAC's work to challenge gender based violence and to chart out new forms of feminism that some within the organisation are calling "AIDS feminism". In doing so, the article profiles the TAC's campaign in Khayelitsha to bring to justice the murderers of the TAC activist Lorna Mlofana and concludes by reflecting on the implications and lessons learned from the TAC's efforts to address gender inequalities and gender based violence.

The TAC and HIV/AIDS

> *"The TAC has emerged as the pre-eminent organisation within civil society in the fight against HIV/AIDS...There is simply no other group on the planet that has so indomitably fought the fight against the virus, with such principled commitment, such ingenuity, such tenacity, and such success."*
> Stephen Lewis, the UN Special Envoy for HIV/AIDS in Africa

The TAC arose as a response to the devastation being wrought by the HIV/AIDS epidemic in South Africa and the failure of the government to recognize and respond to the severity of the crisis. Southern Africa is the epicentre of the HIV/AIDS pandemic and home to more than 60 percent of all people living with HIV—approximately 25.8 million people. South Africa has the largest number of people living with HIV of any country in the world, with an estimated 5.5 to 6.5 million people living with the disease.

It was government neglect in the face of these realities that prompted the TAC to take action. In April 2001, the TAC's campaigns for access to affordable medication led to unprecedented shifts in policy from the International Pharmaceutical Manufacturers Association and to dramatic reductions in the prices of AIDS medications. Barely a year later in July 2002, the TAC won a Constitutional Court case that obligated the government to put in place a national programme for the prevention of mother to child transmission. 16 months later, in November of 2003, the South African government yielded to the TAC's insistent demands

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and sustained civil disobedience campaigns and announced the *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa* which included commitments to make anti-retroviral therapy available across the country.

In its February 2006 submission to the African Peer Review Mechanism, the TAC acknowledged the key interventions that the South African government had finally put in place to address the epidemic, including: increased allocations of funds from the Department of Treasury; a legal framework to protect people living with HIV from discrimination; a strategic framework designed to coordinate prevention, treatment, care and support, research, and legal and human rights; and mother to child transmission prevention programmes implemented in over 1500 clinics across the country. But, the TAC continued to hold the government accountable, faulting its inadequate response and its confusing public statements, saying "the Minister of Health, President and other ruling party officials have given credence to the pseudo-scientific view that HIV does not cause AIDS and that antiretroviral treatment is toxic to the point that its risks outweigh its benefits". The report also argues that, "there is a severe human resources crisis in the public health system... which proposed plans fail to address adequately." The report further noted that "the availability of post-exposure prophylaxis at clinics is patchy and poorly advertised." Critically, the TAC stressed that ARV roll-out lags far behind targets established by government in the Operational Plan, which should have provided treatment to 381,000 people by March 2006 but instead had enrolled at most 100,000--a number the TAC argued should be "accepted with caution" given poor monitoring of the roll-out"[iii].

But the bigger challenge remains the reality that 750,000 South Africans have AIDS and urgently need access to lifesaving antiretroviral medication[iv]. An estimated 500,000 South Africans are infected each year. Unless effective large-scale prevention strategies are put in place, these 500,000 people per year will need HIV treatment in South Africa. Many will die without it[v].

A Massive Mobilisation

> *"TAC is, in the first and the last instance, a struggle about our constitutional rights to life and dignity—and also to equity."*
> Zackie Achmat, 2004.
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> *"The TAC has made me politically strong. When I see something wrong, I see it's time to act."*
> Nocawe Jijimba, TAC Treatment Literacy Trainer, Oliver Tambo District, Eastern Cape.

Immediately following the South African government's commitment to a national ARV roll-out plan in November 2003, the TAC welcomed the news in a press statement: "TAC pledges to put its full weight and support behind the successful implementation of all interventions aimed at alleviating the HIV epidemic. We will work with government to save lives and build a better health service." At the 2005 the TAC National Congress Zackie Achmat reflected on what this meant for the organisation, saying:

> *"TAC's response recognised that the battle had shifted from the need for a national policy and programme to its implementation country-wide. Prior to the government's change in policy and programme, most of TAC's mobilising efforts were directed at national government, drug companies, and policy issues. The roll-out meant that now every effort had to shift to ensure that programmes were implemented, and this was particularly important in provinces such as the Eastern Cape, Kwa-Zulu Natal, Limpopo and Mpumalanga".*

To support this shift from national campaigns to building community capacity for supporting and holding government accountable, the organisation has grown dramatically and expanded its focus. As of March 2007, the TAC's numbers have swelled to between 16,000 and 20,000 people[vi], and the organisation has developed provincial offices in six of the country's nine provinces and in nine districts, with over 200 branches operating across the country. It is worth stressing that this "army" of grassroots activists is very much a poor people's movement. Its membership is overwhelmingly made up of people living with or affected by HIV and AIDS based mostly in South Africa's townships and informal settlements. Paid staff are 93 percent black and 62 percent women, with women filling the most of the senior management positions in the national office[vii].

Accompanying the organisation's growth, the TAC has augmented its campaigns and organising activities with a strong focus on promoting treatment literacy at the community level so that community members "understand that health, HIV and AIDS, and medical treatment cannot be divorced from the political context

in which they exist" and so that they can "use new information to improve their lives and their communities.[viii]"

This shift has been little documented and discussed. Journalists have typically had a relatively narrow focus, chronicling the TAC's legal battles and its efforts to hold government accountable, or writing about its senior leadership. More academic works have explored the organisation's origins in the anti-apartheid and gay rights movements of the 1980's and 90's[ix]; described its organisational philosophy and relationship to social movements and the South African government[x] documented the TAC's use of rights based activism to secure critical health services[xi]; and chronicled the development of political identities amongst the TAC activists[xii]. But to date, however, little has been written about the TAC's work at the community level. As Zackie Achmat, the TAC's elected chairperson, put it at the 2005 TAC Congress,

> *"Few (TAC) sympathisers know much about the nature and extent of its grassroots work.... The TAC that few people see or understand is an army of 10,000 members and volunteers across the country, working continuously in their communities to educate people about HIV and their own health on a scale unmatched by any other HIV NGO. The real TAC is (150 branches) varying in size from a couple of dozen up to 200 members, who are working in their communities, trying to do condom workshops, educate health care workers, gather information on the extent and availability of health services, build relations with doctors, nurses and administrators, help people access services, and educate communities[xiii]."*

It is this massive mobilisation of the grassroots that has kept the TAC close to the realities of inequality and violence that are driving the epidemic and its devastating impacts on communities across South Africa.

Gender, Power, Violence and HIV/AIDS

> *"We face the prospect of a generation without grandparents, and an imminent orphan and vulnerable children crisis that will effectively leave kids to take care of kids. As the orphan crisis deepens, child abuse is on the rise. Girls without families to protect them are engaging in survival sex to feed themselves and their siblings, and we are told that communities will 'cope'. There is a myth of coping in the development discourse on AIDS. What it really means is that women will do it."[xiv]*
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> Sisonke Msimang, *HIV/AIDS, globalization and the international women's movement, 2003.*

In South Africa, as elsewhere across the region, gender roles and relations are one of the fundamental forces driving the rapid spread of HIV and exacerbating the impact of AIDS. People's experience of the epidemic is significantly shaped by gender inequalities rooted in an ideology of male dominance and female subordination and buttressed by high levels of sexual and physical violence that are both an expression and a foundation of such inequality.

From its inception, the TAC's work on treatment access confronted it with the reality that access to treatment is a profoundly gendered issue, given that lack of access has especially disastrous consequences for women and girls. A survey conducted in South Africa by the Kaiser Foundation reports that "in more than two thirds of households, women or girls were the primary caregivers of people living with HIV/AIDS"[xv]. The burden is enormous. School aged girls are increasingly pulled out of school to take care of the sick and to assume household responsibilities previously carried out by their mothers[xvi]. At the other end of the lifespan, elderly women are often required to take care of children orphaned by AIDS finding themselves emotionally and physically taxed by tasks usually performed by much younger women

Across the region, existing gender related norms condone men's violence against women, grant men the power to initiate and dictate the terms of sex, and make it extremely difficult for women to protect themselves from either HIV or violence[xvii]. As a result, the HIV/AIDS epidemic has a markedly disproportionate impact on women's lives. A recent study revealed that young women are much more likely to be infected than their male peers, with women making up 77 percent of the 10 percent of South African youth between the ages of 15-24 who are infected with HIV/AIDS[xviii].

Women's greater vulnerability to HIV/AIDS is explained to a great degree by the very high levels of sexual and domestic violence against them. South Africa has the highest per capita rate of reported rape in the world, and research conducted by the Medical Research Council in 2004 shows that "a woman is killed by

her intimate partner in South Africa every six hours. This is the highest rate that has ever been reported in research anywhere in the world"[xix]. As elsewhere, women are most at risk of sexual and physical violence from men that they know.

A study of more than 1,500 South African women also indicates that "women with violent or controlling male partners are at increased risk of HIV infection". The study reports that, "Women who are beaten or dominated by their partners are nearly 50% more likely to become infected with HIV than women in non-violent households"[xx]. A review of research articles from 1996 to 2002 found nine studies showing that women who experienced sexual coercion were more at risk of HIV transmission.[xxi]

Women's economic dependency exacerbates women's vulnerability to violence and to HIV/AIDS and its associated impacts, making it difficult for women to leave abusive and/or sexually coercive relationships. The following figures from Gelb's 2003 study reinforce just how precarious many South African women's economic position is. Women's participation in the labour force is much lower than that for men. In 1995, only 17 percent of African females were in wage employment, compared with 43percent of African men, and forty-five percent of White women were in the labour force, compared with 63percent of White men[xxii]. Despite the changes in government and the significant increase in the number of women represented in government, according to Gelb, the gender gap in real wages has widened substantially between. This is illustrated by the fact that women's hourly wage as a percentage of men's dropped from 77.9 percent to 65.6 percent in 1999.

Not only do women face difficulties in leaving in abusive relationships; they are confronted with many obstacles in bringing their perpetrators to justice. Many women have little faith in a criminal justice system that has amongst the lowest conviction rates for domestic and sexual violence in the world; only one in nine victims reports rape, and fewer than ten per cent of reported rapes lead to conviction. The failures of the criminal justice system to adequately respond to violence against women reflect society's collusion with such violence and permits male violence to continue with impunity.

Despite alarmingly high levels of rape and HIV/AIDS, post exposure prophylaxis (PEP) is not readily available to many rape survivors. A recent study found PEP readily available in only 43 percent of the institutions visited: 84 percent of hospitals visited, but only 15 percent of clinics visited. This has serious implications given that many women have limited access to hospitals and given the rapid reaction time that is required for PEP to be effective[xxiii]. Despite very high levels of rape and HIV/AIDS, studies also indicate that no more than 30% of staff caring for rape survivors had received specialized training on rape[xxiv],.

If state and communal responses to violence against women remain deeply problematic, violence against particular groups of men and its role in heightening their vulnerability is almost entirely neglected in the public discourse on violence, gender and HIV/AIDS. Homophobic violence against gay men and other men who have sex with men continues to be condoned and drives such men away from needed services. Survivors of this violence can expect little help from the criminal justice system; indeed they face the risk of being further violated by the system itself, not only from the widespread homophobia among the staff of its institutions but also from the possibility of direct violence from police and other law enforcement officers. Prisoners' vulnerability to rape and sexual assault, and the impact of such violence on their vulnerability to HIV infection, is also now only beginning to receive the attention it deserves.

Growing Commitment: the TAC, Gender and HIV/AIDS

Over the years the TAC has been criticized for its apparent lack of focus on the gendered dimensions of HIV and AIDS. This was compounded by the perception that the TAC's leadership was predominantly male. Its successful prevention of mother to child transmission (PMTCT) campaign was criticized in some quarters for focusing only on preventing vertical transmission rather than demanding access to treatment for women. Similarly, the TAC received criticism for not addressing more directly the unfair burden of care and support borne by women and girls left to take care of the sick and for advocating for PEP without comparable demands for a comprehensive package of care for rape survivors. In a related manner, legal scholars have asked important questions about whether the organisation did not miss a critical opportunity to advance a feminist jurisprudence when the TAC framed the PMTCT case in terms of a right to healthcare rather than in terms of women's right to sexual and reproductive health[xxv].

These critiques of the TAC should be understood in relation to the widespread failures of both civil society and government to effectively address the gender dimensions of HIV/AIDS in South Africa. In sharp contrast with the TAC's successful treatment activism and its current shift to holding government accountable for ARV roll-out, women's advocacy organisations have had few recent successes in improving the state's response to violence against women or addressing gender inequalities. In 1992, at the launch of the National Women's Coalition, Frene Ginwala proclaimed: "Our battering ram must be the voices of the millions of women in our country-voices that no one dare deny"[xxvi]. In her 2004 analysis of the state of the women's movement, Shireen Hassim argues that instead of the sort of militancy espoused by Ginwala, the post 1994 women's movement has opted for "inclusion in the democratic state," producing "an elite oriented leadership within the movement" that has rarely used collective action "as the basis to build a strong mass movement of women"[xxvii].

Marlise Richter, in an article published in the Mail & Guardian in 2005, argues that "the AIDS crisis necessitates a blazing, out-spoken feminist response that focuses on short- and long-term solutions and includes challenges to the slow implementation of ARVs, the preposterous levels of gender based violence, the sadly deficient package of care to rape survivors, the various and far-reaching implications of the PMTCT programme, and the hopelessly inadequate prevention responses that have done little to address the ways that young women and girls contract HIV[xxviii]." With the exception of the very recent demonstrations in front of the Johannesburg High Court during the Jacob Zuma rape trial, there is little evidence of this feminist response.

The ineffectuality of government in this regard must also be noted. In South Africa, a long history of determined activism, a progressive constitution, and existing health and safety related laws and structures provide significant leverage to gender related activism and advocacy. Section 9 (1) of the South African constitution "affirms the right of everyone to be equal before the law and to the equal protection and benefit of the law". Section 12, subsection 2 of the bill of rights states that "Everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction; and (b) to security in and control over their body"[xxix]

A number of oversight and coordinating bodies have been established by government since 1994 to promote gender equality. The Commission on Gender Equality and the Human Rights Commission are tasked with advancing gender equality and human rights. But they have offered only muted and infrequent criticism of government's ineffectual efforts to prevent violence against women or address the gendered dimensions of HIV and AIDS. In a memorandum handed to the CGE in April 2003, the TAC rebuked the Commission saying:

> *"[W]e would have expected the CGE to lead the struggle for the prevention and treatment of HIV/AIDS. Instead, you have been silent on the reproductive rights of women who desire to minimise HIV transmission ..., you ignore the public calls that government should operationalize a plan to ensure that women and children have access to antiretroviral post exposure prophylaxis. You stand by silently while women die[xxx]."*

The South African government's response to gender based violence serves as an example of progressive legislation undermined by poor enforcement. The National Crime Prevention Strategy of 1996 established violence against women as a national priority and, in 1998, activists within government and civil society were able to ensure passage through parliament of a progressive and far reaching Domestic Violence Act (DVA) intended "to convey that the State is committed to the elimination of domestic violence"[xxxi]. Unfortunately, expressions of commitment by the South African government have not been matched by the financial and human resources required. In its briefing to the Portfolio Committee on Justice in 2001, the Department of Justice acknowledged its inability to respond to the provisions of the DVA due to a steadily declining budget-including for personnel[xxxii]. Efforts to pass progressive legislation related to sexual assault have been stalled for years despite repeated assurances from government that it would be treated as a priority[xxxiii]. While there may be many reasons for this delay, it is hard to avoid the conclusion that the greatest impediment to the Sexual Offences Bill remains its expansive definition of sexual violence and its specific commitments to ensuring accountability for perpetrators of such violence.

Set in this context, we would argue that, unlike official bodies tasked with supporting women's rights, the Treatment Action Campaign appears to be accepting the challenge posed by gender inequalities and thus offers inspiring lessons to those seeking to take urgent action related to the gendered dimensions of HIV and

AIDS. Indeed, a closer analysis of the organisation reveals a clear commitment to addressing the gender inequalities underlying the HIV/AIDS epidemic. Nearly 70 percent of the TAC members are women, and most elected and appointed positions in the national office are filled by women. The organisation's 2005 National Congress was themed "Women and People with HIV Leadership for a People's Health Service" and saw the organisation's rank and file membership elect women into 50 percent of senior leadership positions. The Congress recognized that "the TAC is faced with a challenge of working against gender oppression within the organisation and in the broader social-economic and political context" and produced clear resolutions calling on the organisation to "do more to create leadership positions for women and people living with HIV/AIDS". Resolutions do not in and of themselves demonstrate commitment. The TAC's work in Khayelitsha over the last 3 years to address gender based violence does. The following case study attempts to provide a sense of how this commitment is manifested at the grassroots level.

Deepening TAC's Commitment to Preventing Violence Against Women: Demanding Justice for TAC Activist Lorna Mlofana: A Case Study[xxxiv]

On 13 December 2003, 22 year old TAC member Lorna Mlofana was raped by a group of five men outside a shebeen in the Town Two area of Khayelitsha, a sprawling formal and informal settlement of 500,000 people just outside of Cape Town. When she disclosed that she was HIV positive, they murdered her. The TAC immediately made a firm commitment to bring Lorna's killers to justice and send out a clear message that the TAC, as an organisation made up largely of poor and unemployed women, would mobilise its resources to hold the criminal justice system accountable and ensure that the people responsible were held to account. Phumeza, a friend of Lorna's and a fellow TAC activist, describes her response to Lorna's death, "Because Lorna was part of us, we felt we had to take action. We had to ensure that there's justice for people like us- poor people living with HIV and AIDS". With a sense of disbelief and betrayal still evident in her voice, she said, "the perpetrators were people we knew, people we all played soccer with. Lorna would have expected them to defend her." Mandla Majola, the TAC Coordinator for Khayelitsha, remembers his response, "She was an ordinary person in Khayelitsha wanting to make a difference. One had to respond". Based on prior experiences, however, Mandla knew that the "TAC would have to push and stretch the justice system. If we had not put pressure on the police, nothing would have been done".

Spearheaded by Lorna's friends, the TAC began to run workshops throughout Town Two, an area that had previously been a no-go area for the TAC because of its high levels of violent crime. One woman TAC activist, then a 16 year old, describes the impact of this outreach, "initially people were afraid to support us, but then they gradually found the courage to become involved and we held a mini-march through Town Two." In a place where people are used to murderers being released, Amelia says the community saw that this case was different: "People saw how serious it was through our activism".

The TAC activists quickly became targets for intimidation by the perpetrators and their friends. Amelia came home one evening to find out that friends of the perpetrators had come looking for her. One member of the Khayelitsha branch remembers, "they would say 'we will see you in the community'". Refusing to be intimidated, the TAC informed the police about on the threats and stepped up its community education and mobilisation activities in Town Two. Together with a growing number of community members, the TAC continued to pressure the police to take action and used its connections in the community to secure the evidence necessary to arrest the men involved. The TAC then mobilised large demonstrations at court hearings, opposed bail and reminded the judge that, as a public servant, he was accountable to the community.

On the anniversary of Lorna's death, with perpetrators awaiting trial, the TAC organized a rally in Khayelitsha to remember Lorna and to continue to educate the community about the importance of taking action to address violence against women. At the rally, the TAC presented a petition to the Department of Health drawing attention to the fact that rape survivors in Khayelitsha had to travel long distances to reach critical emergency services and calling for the immediate establishment of a full service rape crisis centre in Khayelitsha. In response, the Simelela Rape Crisis Centre was established in Site B and now provides previously unavailable counselling and PEP to rape survivors. In the first six months since it was opened, 442 rape survivors sought treatment from the Simelela Centre. This is more than the total number of rapes reported in Khayelitsha for the whole of 2003/2004[xxxv].

After numerous postponements by the Magistrates' Court in Khayelitsha, finally, on December 8th the court found the first accused guilty of murder and rape and the second accused guilty of attempted murder. On

February 16th the Cape High Court sentenced the first accused to life in prison for murder and a concurrent ten year sentence for rape. The second accused was sentenced to ten years in prison for assault.

The Impact of Lorna's Case

> *"In Khayelitsha people are coming forward now to report rape cases, and I think that is because of our community mobilisation efforts to show that rape is wrong. People are also now getting assistance from Simelela, which is open 24 hours. If you go to Simelela and access counseling service, there is a police officer who is based in this center; then you don't have to go to the police station to report the case. The police officer will take your statement and open a case. So we are promoting Simelela throughout our communities here in Khayelitsha".*
> Mandla Majola, TAC Coordinator for Khayelitsha

The impact of the TAC's activism related to the Lorna case has been significant. Pointing to the limitations inherent in responding to rape only after it has occurred, Mandla emphasises the need to work in the community to prevent rape before it happens. With a view to such violence prevention, the TAC locally has worked with the police to address the problem of illegal shebeens. There are about 55 legally operating pubs, but some 500 shebeens in Khayelitsha. With the understanding that heavy drinking is often a prelude to, if not a direct cause of, sexual violence, the TAC is working with the police to reduce the number of drinking venues in the area. Mandla adds that:

> *"We have also formed a partnership with Simelela and Masibambane, a drama group doing a play on rape, on what we should do to prevent rape and to get services after you have been raped. We have targeted 10 primary schools in Khayelitsha where they go and do the play, and we want to ensure that each primary school gets to see the play. Kids can begin to understand what rape is, what they can do to prevent it, and if it has happened, why they must go forward to get services that are being provided."*

The Lorna case also had a major impact on the TAC and its membership. Outrage about Lorna's murder and the criminal justice system's reluctant response galvanized the TAC members in Khayelitsha, and across the country, to deepen their understanding of both gender based violence and the inadequacies of the criminal justice system's approach to addressing that violence. The case also opened up discussions amongst women within the organisation about gender based violence and gradually created awareness that many female activists are also survivors of domestic and sexual violence. Women involved described the ways in which their activism informed their growing critical consciousness, saying "we didn't know there were things happening to us that were also rape. Being involved in educating the community gave us a clear understanding". Another Khayelitsha-based TAC activist says, "It also opened my eyes. I used to blame rape victims". The case has also prompted men within the TAC to begin to address their responsibility for stopping the violence, a development that is discussed further in the next section.

The TAC's success in the Lorna Mlofana case also led to closer working relationships with organisations working against gender based violence. Together with staff from Rape Crisis, the South African Police Services, and the Departments of Health and Social Services, the TAC now coordinates a monthly meeting to support the new Simelela Sexual Assault Centre in Khayelitsha.

Rukia Cornelius, the TAC's national manager, sees the activism of the Khayelitsha district office as inspirational and says, "our objective is to make sure that the brave response from our Khayelitsha District to the scourge of violence against women and children will be replicated in our other districts. Already there is proof of this through similar cases and campaigns we've taken up in Tsakane, a township in Ekhuruleni – Gauteng - and the case of one of our Treatment Literacy Practitioners from Uthungulu District in KZN who was raped"[xxxvi].

Finally, the activism surrounding the Lorna case shifted the organisation away from an ideological commitment to addressing violence against women to a much more deeply felt commitment to addressing gender based violence as a personal issue affecting many TAC staff and members, as a human rights issue, and as a major cause of the spread and impact of HIV and AIDS. The TAC's increased commitment to addressing gender based violence has been evident throughout 2006.

During the Jacob Zuma trial, when other social movements remained disappointingly quiet, male and female activists alike-flooded the streets outside the courthouse to demand that the complainant be given a fair trial.

The TAC also issued press statements condemning the intimidation tactics used by Zuma supporters that read "Violence against women is a daily attack on the dignity and equality of women, and our social values. A demonstration that belittles this reality, and further reinforces women's exposure to violence, is a tragedy that demands immediate intervention from the police to ensure safety and to hold accountable those breaking the law". Following the not guilty verdict, the TAC issued the following statement:

> *"The Former Deputy President's position on gender reflects the sexism which continues to plague our society and drives our HIV epidemic. Such views are not acceptable in any man, much less a leader who fought for freedom and equality...On this 10th anniversary of Parliament's approval of our constitution, TAC remembers Lorna Mlofana, Nandipha Matyeke, Gugu Dlamini and many women who were victims of gender based violence. TAC will continue to strengthen its efforts to build a society in which women can live as equal citizens, where men respect women and where women can enjoy the freedoms guaranteed by our constitution."*

Since then, the TAC has carried out a series of internal meetings on gender and on women's rights and led a number of marches which have emphasised the relationship between violence against women and HIV prevention including at the International Microbicides Conference and in the Western Cape on June 16th. Gender inequalities and gender based violence were also a significant focus of the TAC's participation at both the UN General Assembly Special Session on AIDS (UNGASS) and at the Toronto International AIDS Conference where TAC speakers spoke frequently and forcefully about the importance of working with women and with men to address the gender dynamics behind the epidemic. At UNGASS, all of TAC's representatives were women, a majority of whom were HIV positive and spoke in front of the General Assembly about the centrality of addressing violence against women in all HIV/AIDS prevention work.

Men, Gender, HIV and the Treatment Action Campaign

> *"All men within TAC should be feminists."*
> Zackie Achmat, TAC Prevention Summit, April 22, 2006.

The Lorna case has, in part, prompted the TAC to begin to incorporate a strong focus on supporting men to oppose gender based violence and to take public stands for gender equality. As part of its commitment to addressing gender inequalities, the TAC had supported a number of Khayelitsha based activists to form two structures for men and women that encourage reflection and ultimately action: Positive Women United and Positive Men United (POMU). Mandla Majola described his motivation for supporting the development of a TAC structure for men:

> *"Men must be involved in the campaign against violence. We must condemn the violence that men do. We have to go to men's forums, football clubs and sheebens to educate each other. We also have to go to big football matches like Kaizer Chiefs and Sundowns because they are dominated by men. We should also involve the youth. For example, during the circumcision period young men should be taught why abuse of women is wrong. Men struggle to find their dignity in Khayelitsha. We have high unemployment. So many men feel useless. They use alcohol and drugs to try to cure their frustrations. Then they vent their anger on women because they think women won't fight back. We need to give men their dignity back*[xxxvii]*."*

POMU has now spread into many of the TAC's branches across the Western Cape. One POMU member and a treatment literacy activist with the TAC acknowledges that he was previously abusive and was arrested for stabbing my girlfriend. As is true for many men within POMU, his activism has been transformative. As he says, "what happened to Lorna changed my behaviour. It educated me about the need to negotiate and discuss sex. When my girlfriend says no, I have to listen".

Other TAC related male involvement initiatives have also emerged that challenge the frequent scepticism about encouraging more caring and responsible forms of masculinity. Steven Robins describes Khululeka, an all men's support group formed in Gugulethu by men involved with the TAC who "saw that men were nowhere to be seen at support groups and clinics" and only arrived at clinics "when they were seriously ill"[xxxviii]. Similarly, in Gauteng, the Western Cape and the Eastern Cape, the TAC has worked together with the Men as Partners (MAP) Network to mobilise men for gender justice; men within TAC have participated

in a number of MAP Network workshops, marches and community education events[xxxix]. Reflecting this, men within TAC who are active within the organisations's Men as Partners programme are attempting to integrate MAP representatives into local government structures such as the Ekhurleni AIDS Stakeholders Forum and the Ekhurleni AIDS Council. In this way, they hope to use these structures to ensure that gender equality work with men gets mainstreamed into all AIDS work in the area.

Implications and Directions

The implications of the TAC's involvement in gender activism are significant. The TAC has a membership of 16,000 skilled activists across the country with proven experience in holding government to its constitutional obligations. Unlike almost any other organisation in the country, the TAC has the ability to infuse gender activism with the vision, strategic skills and collective power necessary to improve the state's currently inadequate response to the gendered dimensions of HIV and AIDS. The TAC's response to the rapes and murders of Lorna Mlofana and Nandipha Matyeke demonstrate what the organisation can accomplish at the community level. The TAC's recent focus on AIDS prevention at UNGASS, at the International Microbicides Conference in Cape Town and in the Eastern Cape to commemorate the 30th anniversary of the Soweto uprising, also demonstrate the organisation's ability to mobilise thousands of people to make insistent demands that the state and civil society organisations challenge the gender roles, relations and inequalities that exacerbate the spread and impact of HIV and AIDS.

This combination of grassroots mobilisation and national-level protest with international visibility has given the TAC significant influence in shaping policy discourse and leverage in developing policy, whether on issues of HIV prevention, AIDS treatment or gender based violence. But a further lesson from the TAC's experience is the importance of combining dissent with a willingness to work strategically with government at all levels where there is an opportunity to both push a policy agenda from the 'inside' and ensure its implementation.

Such a twin track approach, used so successfully in relation to national AIDS treatment roll-out AIDS, has significant potential for the TAC and other organizations in their work on gender based violence. A conversation at the TAC's prevention summit in April, 2006, between Mike Matyaneni, a TAC activist from Langa, Cape Town, and Linda Mafu, TAC's Coordinator of Campaigns and Organizing illustrates this well. Faced with police inaction in response to a TAC member reporting an incident of domestic violence at the Langa police station, the two strategised about quickly convening a delegation that would go to the police station, demand immediate action and stage a sit in until the police arrested the perpetrator. Since then, TAC has marched in Khayelitsha on many occasions to demand that the police take action.

It is easy to imagine a civil disobedience campaign of the sort articulated by Linda Mafu and Mike Matyaneni taking place across the country and forcing the justice system to take decisive action to deter domestic and sexual violence. Following the ALP's and TAC's successful law suit against the Department of Correctional Services demanding access to treatment for prisoners, TAC engaged in civil disobedience and occupied the Cape Town offices of the Human Rights Commission to force the DCS to comply with the court ruling. To date, gender equality activists have not engaged in this kind of civil disobedience.

Other TAC strategies provide important lessons to gender activists. For instance, there are important lessons to be learned from the work of the Joint Civil Society Monitoring Forum (JCSMF). The JCSMF was established by TAC and the AIDS Law Project to monitor treatment roll out. The JCSMF consists of service providers, NGOs involved in treatment delivery and advocacy, and a range of legal advocacy and research organisations who together track and report roll-out to keep the pressure on government to deliver on its commitments. In the absence of data from government and in the face of sustained reluctance from government to provide widespread access to ART, the quarterly JCSMF meetings have granted activists the evidence base needed to accelerate roll-out. Faced with poor implementation of the Domestic Violence Act, evidence of ongoing disregard and sometimes violence at the hands of police, a model like the JCSMF would allow activists to track progress from arrest to prosecution to conviction and to hold the criminal justice system accountable in some of the same ways that the JCSMF did with the Department of Health. Similarly, this model could be used to track the availability of PEP availability.

At the same time, the TAC's experience of partnering with local government structures such as district AIDS councils, community policing forums, clinic committees and youth structures can also be applied to its work

on ensuring service delivery at the local level. This includes legal, health and welfare services for the survivors of violence. This also includes HIV/AIDS service delivery for men, as a gender analysis of HIV-related services makes clear that it is often men who are disadvantaged by gender norms when it comes to accessing needed services. National studies reveal that men represent less than a quarter of all clients receiving VCT[xl] and access antiretroviral therapy later in the disease trajectory than women[xli].

In response, there is a growing commitment within the TAC to recognising and addressing men's health needs. For instance, in Ekhurleni, on Johannsburg's East Rand, TAC participates in a monthly HIV/AIDS stakeholders' forum and in each of Ekhurleni's Customer Care Centres to monitor service delivery. To ensure that these structures work to engage men and to increase men's utilization of HIV services, TAC activists are working hard to ensure that each community structure has a Men as Partners representative[xlii]. In this, as in so many other ways, the TAC is helping to chart a way forwards for work on gender, health and violence, which recognises the gendering of both women and men and not only seeks to hold men accountable for the ways in which they sustain gender inequalities through their attitudes and behaviour but also addresses the ways in which they are harmed by gender norms. This dual emphasis on both challenging men and supporting them to change is often difficult to translate into practice, as experience from the MAP network in South Africa attests; the need to hold men accountable for their sexist attitudes and behaviour has been seen as compromising the effort to reach out to men and engaging them by talking about their needs. Yet both are clearly necessary. As the TAC deepens its gender based work with men, through POMU and other structures, it will face the continued challenge of translating its dual emphasis into practice.

It is also confronted with the challenge of implementing its commitment to internal reform. While its effort to bring women into leadership positions within the organisation has provided a model for other social justice movements, the TAC has also experienced internal tensions related to its efforts to promote gender equality within the organisation. Some men in the organisation have, at times, resisted change and undermined efforts to build women's leadership. With a national leadership comprised mostly of women but with mid level management at the provincial and district level made up mostly of men, national directives perceived by some men as threatening have sometimes been blocked or undermined[xliii]. Working through such reactions and expanding the constituency for gender equality that does exist within the organisation will require not simply policy directives but structured opportunities for men and women to discuss gender equality as a personal as well as political issue. Participation in the MAP network is a significant step in the right direction in terms of doing the gender work that is necessary to realise the TAC's feminist commitments.

At the same time, the TAC's work with men also has the potential to inspire existing male involvement initiatives to focus more on direct action and activism than has been the case to date amongst organisations that have instead had an almost exclusive focus on running workshops without paying much attention to what happens afterwards[xliv]. The example set by the TAC in Khayelitsha may encourage structures such as the Men as Partners Network to emphasise more strategic approaches such as advocacy aimed at winning concrete services for survivors of violence such as the Simelela sexual assault centre or demanding that the criminal justice system hold perpetrators accountable. To achieve this, the TAC will need to make its work with men more visible and commit to train and mentor other organisations attempting to work with men to promote gender equality.

Ultimately, the challenge for the TAC's gender activism, as for other social justice movements addressing gender inequalities and gender based violence, remains that of building a movement that can begin to transform the beliefs, practices and institutions that are the obstacle to gender justice. Marlise Richter frames the critical question that remains to be answered:

> *"It is arguable that many HIV/AIDS programmes in South Africa focus on the amelioration of women's worsening position in society because of the epidemic – for example the calls for safer sex and other prevention programmes, the development of an AIDS vaccine and microbicides, the provision of home based care, and the provision of ARVs – be it in the form of prevention or treatment. These programmes aspire and in some ways fulfil women's practical gender interests. The question is whether they can do more. Can these same programmes also serve as an effective vehicle for providing for women's strategic gender interests? Can they be used to fundamentally question women's position in society, patriarchal notions of sex and the gender roles assumed by the different sexes? This is the challenge the epidemic poses to us, and the opportunity it offers[xlv]."*

Conclusion

The TAC's recent efforts to address the gendered dimensions of HIV and AIDS and to demand justice for survivors of sexual violence has sustained our optimism about social change even through very difficult times. This has been especially true for me, Thoko Budaza. My own history of sexual abuse as a child and rape as an adult, and the utter failure of the criminal justice system to deal with my many experiences of violence, is the story of so many South African women. Yet I am one of the lucky few women who had access to post exposure prophylaxis, minimizing the risk of my contracting HIV from the rapist. The TAC's work to demand justice for their colleague and comrade Lorna Mlofana following her rape and murder, and the knowledge that the TAC had helped to secure PEP for rape survivors, served as a source of much needed inspiration during the weeks of nausea, debilitating depression and police inaction in the weeks following the rape. Indeed, the TAC's readiness and capacity to mobilise its membership in the struggle for gender justice gives us all hope that women's subordination and patriarchal notions of sex can be ended and gender relations between women and men truly transformed.

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[ii] "Massive Youth March for HIV prevention" retrieved from www.tac.org.za on June 18, 2006

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