

Mzamo Zondi of the Treatment Action Campaign on Self-Mobilisation: The TAC Method

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The Treatment Action Campaign (TAC) is synonymous with marches of 25,000 strong and well attended community meetings. Indeed those in government circles have often asked what the TAC mobilisation secret is – ‘we bring musicians, we bring food but we just can’t get the community to participate like they do at TAC events – how do you do it?’ (Anon KZN politician)

How the TAC does it is closely aligned with its remaining in touch with the grass root members / supporters from which it takes its mandate.

Inherent in the TAC mobilisation strategy is to encourage local activism and build communities’ capacities for self-mobilisation. This occurs in fora such as community imbizos and adherence clubs.

The TAC strategy for mobilisation takes place on three levels:

1. Pre-Deliberation – in the first stage, the TAC approaches all leadership structures in the area as well as all active networks and stakeholders.
2. Deliberation – in the second stage the community is drawn into the discussions with the pre-deliberation parties already on board and present.
3. Maintenance – in the final stage active dialogues, input and communications are managed by the TAC.

Beyond addressing local grievances which range from accessing an identity document to building roads to providing food packages (all related to socioeconomic rights impacting on health rights), the TAC mobilisation method also works to:

1. Create platforms for engagement and solidarity. In this sense the TAC is ‘the glue that holds things together’ (Zondi, 2019).
2. Conscientise communities, key individuals and other players from the health and government sector towards a social rights lens in terms of healthcare.

***All views are author’s own.**