Globalization, Social Policy and the State: An Analysis of HIV/AIDS in South Africa

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Prepared for delivery at the 2004 Annual Meeting of the American Political Science Association, September 2 - September 5, 2004. Copyright by the American Political Science Association

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Introduction

Globalization and HIV/AIDS have had a profound impact on South Africa’s ten years of liberation and democratization. They pose unprecedented challenges to the post-apartheid state charged with the task of transforming society and redressing the imbalances and inequalities of the past. The new South Africa confronts an HIV/AIDS epidemic of devastating proportions that threatens to nullify many of the gains of liberation. Ten years of democracy was accompanied by a dramatic increase in HIV prevalence rates, which rose from 2.2% in 1992 to 26.5% in 2002 in annual antenatal clinic surveys. (van der Vliet, 2003) Since the end of the Cold War, the triumph of global capitalism and dominance of the market, the weakening of the state particularly in developing countries, has left post-apartheid leaders with neoliberal capitalism as the only politically and economically realistic developmental path, regardless of their own or their constituents’ views. The post-apartheid state confronts a global era where state sovereignty is declining, and where the ability of states to manage their economies or set and realize public policy objectives has been severely curtailed.

Globalization and HIV/AIDS also inextricably intertwine. HIV/AIDS exposes the contradictions and unequal distribution of benefits of globalization, as well as the vast global disparities in wealth and health. It highlights the injustice and inequities of the global political economic order that, through the availability of antiretroviral drugs, has downgraded AIDS in the West to a chronic rather than fatal illness while, because of the non-availability of ARV drugs it remains a death sentence in most parts of the developing world. Yet, the West’s own rhetoric and concerns about human rights in the fight against HIV/AIDS legitimates indigenous calls for the provision of adequate health care for all people of the world, even though this clashes with the externally imposed neo-liberal model of governance and economic management. In a world where the majority of African countries are spending four times as much on debt repayments than they do
on health or education, the complexities of combating such a global issue as HIV/AIDS are very apparent.

This paper discusses the politics of AIDS policy development in South Africa, and the state’s response to the HIV/AIDS epidemic. Since the beginning of this year, the South African government has begun implementing a comprehensive HIV and AIDS Care, Management and Treatment Plan which includes the world’s largest public sector antiretroviral rollout program. While this new plan has been lauded by many locally and internationally, it comes after several years of contestation and debate over what constitutes an appropriate response to the HIV/AIDS epidemic, and where the policies and seeming inaction of the South African government were routinely described as ‘genocidal’. Much of the commentary and analysis of the South African government’s response to the HIV/AIDS epidemic has been unintellectual and simplistic. It has been commonplace to adopt methodologies that focus on the personalities of President Thabo Mbeki and Health Ministers Zuma and Tshabalala-Msimang, and that characterize the behavioral patterns of senior political leaders as simply a manifestation of “denialism”. Instead, we need to ask why the consistent attempt on the part of the South African government to downplay the epidemic? What purpose does it serve to redefine the epidemic from a sexually transmitted disease to a disease of poverty?

Of course, many social scientists would view the efforts of South Africa’s political elite to redefine the HIV/AIDS pandemic against prevailing scientific opinion as irrational behavior. In fact, it reflects other political dynamics. In the context where their efforts to preserve a fine balance between a punishing outside world and a demanding citizenry is getting more difficult, AIDS policy gave South Africa’s political elite one of the few political tools it could use to walk this fine line and pursue a progressive, transformation agenda.

This paper analyzes the South African state’s response to the HIV/AIDS epidemic within the broader framework of the state’s engagement and struggle with global forces and the challenges of globalization. It contributes to a growing body of literature on the relationship between globalization and social policy and the impact of globalization on states’ capacity to develop and implement social welfare policies. The focus on HIV/AIDS policy and the South African state is particularly apt because debates over an appropriate response to the HIV/AIDS pandemic have been a central arena in which the politics of globalization has been fought. The South African state has been a key figure in the HIV/AIDS debates as well as those for more just and equitable forms of
globalization. Yet its approach to globalization has been neither simply resistance nor resignation, but a bit of both. The South African state has been an outspoken critic on certain global issues, particularly regarding the culpability of the developed world in third world underdevelopment, and the unjust and unequal distribution of the benefits of globalization. At the same time it adopts conservative macroeconomic policies, very much in line with the neoliberal dictates of the present forces of globalization, suggesting its willingness to conform to the current global order. Indeed, South African state policy exhibits the dual impulses of assimilation and economic integration on the one hand, and pan-Africanism and economic independence on the other. It has a transformative vision for South Africa and Africa, but works in a coopted or reformist manner. Given this condition, it remains to be seen whether such a transformative vision can in fact be realized.

It is within this context that the debates on HIV/AIDS in South Africa have been taking place and need to be analyzed. I suggest we need a complex framework that tries to understand these issues as multi-layered. Indeed, contestation and struggle around HIV/AIDS is taking place on two levels. At one level, the South African government sees itself engaged in a broader political/ideological struggle that seeks to address structural issues of global poverty and underdevelopment. By proposing visions and programs such as an African Renaissance and the New Partnership for Africa’s Development (NEPAD), South African political elite seek to redefine the terms of engagement between Africa and the West, while promoting African self-renewal and self-reliance. HIV/AIDS has become an integral part of this larger political struggle and project, in part because the devastating impact of HIV/AIDS in Africa threatens the African renaissance vision with its ability to erase many of the socio-economic gains of independence. It also exposes the global structures and disparities that support Africa’s continued dependence, highlights Africa’s reliance on the West as well as international indifference towards Africa.

At the policy/practical level, the South African government has been grappling with the practical issues of how to effectively respond to the HIV/AIDS epidemic. AIDS policy implementation has certainly been hampered by a variety of institutional and bureaucratic constraints, many not of the ANC government’s making. (see Schneider and Stein, 2001; Johnson, 2004) Yet for the political elite, the practical efforts to address AIDS quickly became subsumed by the broader political struggle and project, which has contributed to a policy of inaction, hesitation and confusion. For example, discussion of the uniquely African nature of the HIV/AIDS epidemic in South Africa, as a disease of poverty, was part of the broader, laudable political struggle to define
African solutions to Africa’s problems. However, at the practical level this led to confusing messages and a slow start to the sex education campaigns, puzzling arguments over the provision of anti-retroviral treatment, and an emphasis on home grown remedies and traditional medicines. Indeed, while the government’s policies can seem in conflict, a more complex analysis shows that the government is in fact fighting two different struggles.

Where the South African state erred was in its zealous prioritization of the broader political struggle while ignoring or showing defensiveness towards the practical demands emanating from the ground. As a result it has been unable to forge a broad alliance and consensus around AIDS policy and an appropriate societal response to the epidemic. At the same time, critics of the South African state by and large failed to recognize that HIV/AIDS could not simply be addressed at the policy/practical level, but needs to be addressed at the broader political level. They very often pushed a narrow biomedical approach to addressing HIV/AIDS without acknowledging that global as well as local forces make a purely biomedical approach unfeasible.

Globalization, Social Policy and the State

The liberation of South Africa was both a local expression of a changing world and part of the catalyst to renewed efforts aimed at attaining international consensus on the most urgent questions facing humanity. Our transition was an element of a dynamic political process of a world redefining itself with the end of the Cold War. To the extent that the new global situation has not resolved the contradictions within and among nations between poverty and opulence; to the extent that ethnic, religious and other tensions continue to ravage parts of the globe; to the extent that some of these contradictions find bold expression in our own society; to this extent and more, the transformation taking place in our country is closely intertwined with the search for a new world order. (ANC, 1997)

The coincidence between South Africa’s transition to democracy and the intensification of a particular form of globalization characterized by global capitalism and free-markets makes the analysis of the impact of globalization on post-apartheid social policy both pressing and interesting. As Mbuyiselo Ngwenda remarked, “it is ironic that just as the long struggle for majority rule in our country has finally come to fruition, it appears that, at the same time, a process called globalization has come to limit the capacity of democratically elected government to represent the people who elected it.” (Ngwenda, 1997; 25, quoted in Magubane, 2002) The African National Congress (ANC) who took power in the first democratic elections in 1994 inherited a legacy of structural inequality, and has a mandate to redress centuries of apartheid and racially based inequality and underdevelopment. Yet the goal of social transformation requires the South African state to engage with local and global capital which controls substantial resources without which such a
transformation is not possible. Indeed, in the era of capitalist globalization the demands of capital strongly impact and delimit the scope for genuine transformation in South Africa.

The impact of globalization, and particularly the transnationalization of capital, on states’ autonomy and their ability to manage domestic social relations and implement national social policies has become a topic of intense debate in recent years. The bulk of the literature, focused on advanced industrialized countries, has been concerned with the extent to which state autonomy is threatened under globalization with some declaring the demise and powerlessness of the nation-state while other purport its revival and adaptability in the face of globalization. (Panitch 1997, Weiss 1998) The relationship between globalization and social policy has been discussed in the context of the demise of the welfare states, and in debates over the possibility of a “third way” as an alternative development path to neoliberal capitalism. (Weiss 1998, Yeates 2001)

The relationship between globalization, social policies and the state in Africa has been marginal to Western scholarship, in part because of the perceived marginalization of Africa from present globalization processes. Yet, African scholars have been quick to demonstrate Africa’s centuries of engagement with and contributions to globalization processes. (Magubane and Zeleza 2004) At the same time, they have been wary of adopting western globalization theories in the analysis of globalization and Africa. As Thandika Mkandawire, a prominent Malawian scholar has noted, much of the nuances that characterize the debate elsewhere “disappear; as a result, the dominant view emphasizes the hyper-globalists on one hand and the incomprehensible marginalization of the continent on the other.” (Mkandawire 1997 quoted in Magubane and Zeleza 2004; 166)

In discussing the relationship between globalization and the collapse of state autonomy and sovereignty in Africa, African scholars productively focus on the implementation of structural adjustment programs (SAPs) and the impact of the Bretton Woods institutions as a central aspect of current globalization processes in Africa. In particular, the World Bank and the IMF have held the balance of power in formulating global health policy over the past 20 years. (Benatar 2002) The imposition of structural adjustment programs that dictated the liberalization of economies, cuts of subsidies from basic foods, and the promotion of export agricultural crops over home-grown food production has caused devastating malnutrition and starvation. As South African physician Solomon Benatar has remarked,
It is an indictment of the IMF and World Bank’s structural adjustment programs that they required governments to reduce expenditure on health care, education and other social services and encouraged privatization, even within health care. (Benatar 2002: 169)

The public health infrastructure of many African countries has been reduced to a skeleton as a result of SAP-induced policies that cut civil service employment and state provision of services precisely at the time when the AIDS pandemic was taking hold. This was the result of World Bank and IMF strategic efforts to reduce the role of the developmentalist state in Africa. Mkandawire notes,

> the significance of the view that African states never played a developmental role lies in the fact that it has led to a set of measures by the Bretton Woods Institutions that have maladjusted African states. To avoid clientelism and rent-seeking, the state is squeezed fiscally and even politically. This weakened state then exhibits incapacity to carry out its basic functions. This is then used to argue that the state in Africa is not capable of being developmental. (Mkandawire 1998; 2)

Zine Magubane suggests that the IMF and World Bank have become even more aggressive in their efforts to transform African states into facilitators of private markets, including in international capital, citing the 1997 World Bank publication *The State in a Changing World*. The bank speaks of the need for a strong state to protect and correct markets and provide a nurturing environment for capitalist globalization. (Magubane 2004; 94) It makes a number of policy prescriptions, including the reduction of corporate taxes, social spending and inflation, as well as the opening of markets and raising of interest rates as ways to facilitate developing states’ integration into capitalist globalization. Magubane concludes,

> The importance of the report lies not in its policy prescriptions, which remain as uninspiring as they ever were: rather, it clearly demonstrates the extent to which globalization, in the words of Leo Panitch (1997), is being “socially democratized” with the international institutions that sponsor globalization, instead of bypassing or displacing the state, operating to guarantee a certain type of state restructuring. (Magubane 2004; 94)

The new South African state has been as vulnerable to such pressures and influences as other African countries, in part because the transfer of political power in 1994 was not accompanied by a transfer or redistribution of economic power. With the transition to democracy, South Africa was considered one of the hottest emerging markets and attracted considerable investor interest after

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1 Even during the negotiations for a transition to democracy in South Africa in the early 1990s, the ANC government in waiting was pressured to moderate its aspirations for social transformation and conform to powerful international and capital interests as a precondition for achieving a smooth transition. (See John Saul, 1999)
1994. Yet the new South African state quickly discovered the vulnerability of South Africa’s economy to capital mobility. For example, by 1997 more than one third of all trades on the Johannesburg Stock Exchange (JSE) were transactions by foreigners. But capital flows quickly reversed in 1998, from an inflow of R16 billion to an outflow of R7 billion. Average share prices on the JSE dropped by 33% while the Rand fell an average of 16% against the major currencies. (Magubane, 2002: 95) Economic growth fell from 3.2% in 1996 to 0.1% in 1998, while over half a million jobs were lost between 1994 and 1999. (Magubane 2002: 98) The new South African state found itself with little room for maneuver as it came under increasing pressure to conform to the fundamentals of capitalist globalization. Furthermore, foreign investors have remained wary of even minimal moves of the South African government toward redistribution of social services and greater bargaining strength for South African workers.

The impact of globalization and particularly the loss of state sovereignty became issues of major concern for South Africa’s governing elite. President Mandela, for example, remarked in his speeches in 1997 and 1998 that the institutions of international governance as well as financial markets have been the beneficiaries in the struggle for sovereignty. (Nel, 1998; 22) In its 1997 Draft Strategy and Tactics document, All Power to the People, the ruling ANC described the character of the international situation as follows:

Today’s world is dominated by the capitalist system. Besides, in the advanced capitalist countries, it is monopoly companies, particularly trans-national corporations which set the greater part of the agenda. As such, the real danger exists that political and economic policy of governments throughout the world can be dictated to by these corporations. (ANC, 1997)

In a more recent analysis of Africa, globalization and the characterization of the international situation, as part of the proceedings for the ANC’s 51st National Conference in 2002, a key manifestation of globalization is seen as

The increasing weakening of the state in the developing world in particular, as national barriers gradually break down in the face of global forces such as the transnational corporations and speculative capital. Not only is the sovereignty of the state becoming more and more untenable, but even policy-making within countries is no longer immune from the influence of powerful and influential global forces. (ANC 2002)

The ANC government has been particularly anxious about the impact of globalization on its program of socioeconomic transformation. Indeed a great challenge for the ANC has been how to maintain momentum for such transformation in the era of capitalist globalization where the state’s
capacity to act has been severely curtailed. With the unveiling of the Reconstruction and Development Program (RDP) in 1994, which was aimed at redistributing wealth and overcoming the structural legacy of apartheid, the ANC faced extremely vocal criticism from business and financial sectors who argued that the program was incompatible with the realities and demands of globalization. (Magubane, 2002; 96) As a program of transformation, the RDP promoted economic growth through redistribution and placed the challenge of meeting basic needs at the center of economic growth and development. For example, the RDP Base Document pledged, among other things, to shift the health system from curative services towards primary health care, with free medical services for children under six years and pregnant women at public facilities. It also envisioned an activist state biased towards the interests of the disadvantaged majority as the key catalyst for growth and development.

Yet under pressure from business, the RDP quickly metamorphosed into a progressive social agenda encased within a neoliberal macroeconomic framework. Indeed, as Magubane notes, the lack of clarity around macroeconomic issues was one of the major vulnerabilities of the RDP. (Magubane, 2002; 96) While initially efforts were aimed at taming the more progressive, socialist elements and modifying the RDP into a development program governed largely by the prerogatives of capital, by 1996 the ANC government was coming under considerable pressure to deliver a new, capital friendly, macroeconomic policy. Thus, it hastily unveiled GEAR, the Growth Employment and Redistribution Strategy. GEAR departed significantly from the RDP in that it stressed the need for growth first and then redistribution. Penned by a group of conservative economists, GEAR has been described as South Africa’s home grown structural adjustment program, with prescription that conform to the neoliberal dictates of global capitalism in stressing gains from economic growth, not redistribution. Only now, as noted above, growth is lackluster.

Zine Magubane traces the impact of globalization on the social policies adopted by the postapartheid state and concludes that the neoliberal macroeconomic reforms the state has been compelled to adopt have also shaped state ideology and social policies. These reforms threaten to entrench the legacies of apartheid and serve to reinforce the hegemony of capitalist globalization. (Magubane, 2002) Scholars farther to the left of the political spectrum have argued in even stronger terms that the ANC government has sold out, and abandoned the interests and aspirations of the poor majority in South Africa. The ANC government is now seen as acting primarily in the interests of capital. (Bond, McKinley)
Yet, the South African state’s response to globalization has been far from simply resignation. Rather, the South African state has embarked on a project of global reformism (Bond, 2002), and it is in this process that policies toward HIV/AIDS that stressed social context over medical science were decided. Global reformism is a project that seeks to reform interstate relations, particularly Africa’s engagement with the global community. It aims to achieve equitable and sustainable growth as well as Africa’s rapid integration into the global economy, but on more equitable and just terms. South African policy toward pharmaceutical companies for HIV/AIDS treatment also reflects this broader agenda and pressing concern of the majority of South Africa’s people. It is a project that accepts the harsh reality that ‘there is no alternative’ to globalization.

For example, President Mbeki, in an address to the national general council of the ANC, remarked,

Let me now mention that big, and some think ugly, word: globalization. This is one of the contemporary phenomena we will have to ensure we understand. We will have to understand this, because, whether we like it or not, we are part of the world economy. It would neither be possible nor desirable that we cut ourselves off from that world economy, so that the process of globalization becomes a matter irrelevant to our country and people. (Mbeki, 2000)

At the same time global reformism makes firm demands on the international community, particularly powerful Western interests. In an overseas address in 2000, for example, President Mbeki called for global reform on at least five fronts, including debt relief, strengthening capital inflows to African countries, reforming the international financial institutions, reversing the drop in official development assistance, and the transfer of technology to African countries. (see Bond, 2002; 64) In many of his speeches Mbeki displays scorn for trade realpolitik and adopts emotive and combative language calling for a serious realignment of world economic opportunities and redistribution of international resources. In his speech at the 2000 UN Millenium Summit, Mbeki accused the wealthy nations of actively creating poverty and underdevelopment and of indifference.

The question these billions [of poor] ask is – what are you doing, you in whom we have placed our trust, what are you doing to end the deliberate and savage violence against us that, everyday, sentences many of us to a degrading and unnecessary death! Those who stand at the gates are desperately hungry for food, for no fault of their own. They die from preventable diseases for no fault of their own… These are the victims of the systemic violence against human beings that we accept as normal, but for which we judge the second millennium adversely. (Mbeki 2000b)
The South African state’s global reform strategy is made more tangible through the policy vision of an African Renaissance and the development of the New Partnership for Africa’s Development (NEPAD). As an overall vision, the African Renaissance promotes peace, security, democracy, good governance and development in Africa. It also affirms and protects African culture, values and knowledge. (ANC 2002) It sets out an agenda for African self-renewal and self-reliance, and the promotion of African solutions to Africa’s problems. Similarly, NEPAD seeks to establish a ‘new framework of interaction with the rest of the world, including the industrialized countries and multilateral organizations’. (Bond 2002; 53) In the words of President Mbeki,

The New Partnership for Africa’s Development seeks to build on and celebrate the achievements of the past, as well as reflect on the lessons learned through painful experience, so as to establish a partnership that is both credible and capable of implementation. In doing so, the challenge is for the people and governments of Africa to understand that development is a process of empowerment and self-reliance. Accordingly, Africans must not be wards of benevolent guardians; rather they must be the architects of their own sustained upliftment. (quoted in Bond 2002; 75)

NEPAD and South Africa’s project of global reformism are part of the broader political/ideological struggle to change terms of engagement between Africa and the West, and to create a more just, equitable and humane world order. However the South African government’s project has stirred considerable debate and controversy. Critics who advocate the delinking of Africa from the global economy have argued that NEPAD has a blinkered and unrealistic reading of globalization. For example, Patrick Bond argues that NEPAD symbolizes the cooptation and further dependence of Africa, and South Africa’s acceptance of global apartheid. (Bond 2002) Others have been critical of the process whereby NEPAD was forged, the state-driven strategies, and limited role of civil society. The validity of many of these criticisms begs the question, will such a reform strategy fail?

Globalization, HIV/AIDS and the South African State

The South African state’s response to the HIV/AIDS epidemic has been dramatically influenced by global factors, and its engagement with global forces. This became abundantly clear in 1998 when the Pharmaceutical Manufacturers Association (PMA) in South Africa initiated legal action against the South African government over a 1997 amendment to the Medicines and Related...
Substances Control Act that was intended to make essential medicines more affordable. While not specifically targeted towards addressing the HIV/AIDS epidemic, the Act was intended to facilitate the transformation of the racially divided and highly unequal health care system inherited in 1994. The PMA claimed that the Act was unconstitutional, and that it violated a number of its members’ rights, particularly the right to property. Internationally, the PMA’s affiliates accused the South African government of violating international patent laws encapsulated in the TRIPS agreement and acting in contradiction to its obligations as a member of the World Trade Organization (WTO).

The PMA court case provides a blatant example of powerful Western and transnational interests directly influencing the South African state’s ability to conduct socio-economy policy-making, cheapen vitally needed medicines and address the racial and class imbalances in health care inherited from the past. The pharmaceutical industry’s case found resonance especially among key officials of the U.S. government, leading to South Africa being placed on the United States Trade Representatives Watch List. (Heywood 2001) It highlighted international indifference towards growing global inequality and the plight of the global, poor majority, and the prioritization of the private property rights of the rich in developed countries over the socio-economic rights of the poor in developing countries.

The Medicines Act was only one strategy used by the South African government to transform the health system. South Africa’s health care system was historically divided into a private health sector, composed of highly paid doctors and modern medical facilities which served a small, mostly white population but accounted for 80% of national spending on health, and a public health sector where 80% of the population (mostly black) seeks care but where only 20% of health expenditure took place. (Heywood 2001; 4) Thus, the Medicines Act was, among other things, intended to address the historic absence of regulation of medicine prices which made most patented medicines unaffordable in the public sector.

The Act was vigorously opposed by representatives of the pharmaceutical industry as well as the two main, white opposition parties in Parliament, the Democratic Party (DP) and the New National Party (NNP). The PMA and forty multinational drug companies filed a Notice of Motion and Founding Affidavit with the Pretoria High Court that sought an interim interdict to prohibit the government from bringing into operation crucial sections of the Amended Act, and declaring the sections unconstitutional. Challenges to the Act were brought by the PMA even before the Act was promulgated.
Many of the contested measures were already standard practice in developed countries and, prima facie, in compliance with international agreements such as that on Trade Related Aspects of Intellectual Property (TRIPS). In effect, the legal action was an attempt by the PMA to use the constitution to annex additional powers and safe-guards for intellectual property that are not part of TRIPS; to fill in some of the ambiguities in TRIPS, particularly vagueness around ‘parallel importation’; and to warn other developing countries off a similar path. (Heywood 2001; 6)

The PMA court case became a pivotal arena in the fight against HIV/AIDS when national and international AIDS activists launched a campaign against the pharmaceutical industry and focused attention on the prohibitive costs of anti-retroviral drugs. In 2001, the Treatment Action Campaign (TAC) was admitted to the court case as amicus curiae in support of the government’s position, further linking court case to the struggle against HIV/AIDS. Pharmaceutical companies quickly became the target of local activism through patent abuse defiance campaigns, public awareness campaigns and mass demonstrations. The growing negative publicity and international political pressure, largely attributed to AIDS activism, eventually convinced the pharmaceutical industry to drop their case and agree to offer drastically reduced anti-retroviral drugs to some African countries for a certain period of time.

From 1997, when the PMA instituted court proceedings against the South African government to 2001 when it withdrew its case, the international climate had changed significantly. In 1997, no one in the international community raised the possibility of providing affordable ARVs to HIV positive people in Africa, and no African government considered the provision of ARVs through the public sector a viable or sustainable response to the AIDS pandemic. The international community was largely indifferent to the death sentence HIV/AIDS meant to Africans. But by 2001 HIV/AIDS now featured prominently on the international agenda, in large part through the efforts of the United Nations as well as international AIDS activists. At the 2000 Millenium Summit, HIV/AIDS featured prominently in the discussions, declaration and report. That same year the International Partnership Against AIDS in Africa was launched, and in 2001 at a UN General Assembly special session on AIDS, the international community committed itself to launching the Global Fund To Fight AIDS, Tuberculosis, and Malaria.

However, as Tim Trengove Jones remarks, there have been unacceptable and callous gaps between rhetoric and action that call into question whether the international community really cares.

If the numbers of AIDS deaths in Africa challenge human imagining, the wealth that the world has at its disposal to challenge this illness is truly unimaginable. Its unwillingness so
far to deploy these resources in any convincing way is, strictly, inconceivable. (Trengove Jones 2001)

The international communities’ response to AIDS in Africa also sheds light on how external solutions for problems in Africa are proposed. The advanced industrial countries are all too willing to play the role of missionary and step in to “save” Africa. They promote aid, hand-outs, Western knowledge and technology but are less willing to remove the structural barriers that contribute to inhibiting African countries from pursuing the sorts of policies that are similar to what many rich countries had used in previous decades to deal with the challenges of post-war destruction, foreign commercial competition, and popular demands for basic social services. Clearly, Africa needs resources in combating HIV/AIDS and the preponderance of these resources will have to come from the international community. But this reality reasserts global power imbalances and underpins much of the anger felt by African leaders who must negotiate the tricky interface between self-help and dependence, partnership and paternalism. (Trengove Jones, 2001; 21)

For example, in southern Africa, where the AIDS pandemic has hit hardest, external sources account for 72% or $180 million of expenditure on HIV/AIDS. Southern African governments contribute only 28% or $69 million, but they pay over three times that amount each year to service their debt to Western governments and institutions. In other words, if the rich countries would agree to forgive southern Africa’s debt, African governments could conceivably spend over three times as much as they currently spend on HIV/AIDS programs. Yet at the recent G8 Summit in the United States when the rich countries were asked to write off Africa’s debt, they declined but agreed to assist Africa by supporting Western scientists in developing an AIDS vaccine. (Cornwell, 2004) The overwhelming emphasis on Western medical science and a narrow biomedical approach to HIV/AIDS ignores the pervasive social, economic, behavioral and political aspects of HIV/AIDS as well as the underlying global conditions that promote the emergence of new infectious diseases in the first place. Furthermore, it promotes an unsustainable and inappropriate model for health

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2 In Mozambique, Lesotho and Swaziland more than 80% of total HIV/AIDS spending is funded by external sources. Cited in “A Comparative Analysis of the Financing of HIV/AIDS Programmes”, HSRC, October 2003.

3 Profound global changes and global instability have contributed to the creation of 29 new infectious diseases since 1973, including Legionnaires disease, Lyme disease, bovine spongiform, Ebola virus, and HIV/AIDS. (Benatar 2002: 167)
care in most developing countries that perpetuates relationships of dependence between developing and developed countries.  

Persisting patterns of African dependence on the West has been a key issue that has shaped the South African government’s response to AIDS. At a time when the AIDS pandemic had finally drawn the attention of the international community and was increasingly being defined by the international community, the South African government sought to develop a uniquely African response to the pandemic. This led to a series of policy positions and statements that sparked a furor of criticism and debate.

The controversy and indeed outrage began when President Mbeki convened a presidential AIDS panel to shed light on the causes AIDS. The panel comprised scientists who believe in the causal link between HIV and AIDS as well as so-called dissidents who do not. There was uproar, especially in the mainstream and western media, accusing President Mbeki of questioning whether HIV causes AIDS and championing the cause of discredited scientists.

President Mbeki never said that he didn’t believe that HIV causes AIDS. But the discussions of what causes AIDS was part of President Mbeki’s broader efforts to redefine AIDS in Africa as a disease of poverty, and to find specific and targeted responses to this uniquely African pandemic. Responding to international pressure and condemnation, President Mbeki wrote a letter to various heads of state, outlining the case for a uniquely African reading of the AIDS pandemic:

Whereas in the West HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually. Accordingly, as Africans, we have to deal with this uniquely African catastrophe…It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV-AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical. (Mbeki, 2000a)

Confronting many of his critics at the 13th International Conference on AIDS in Durban, President Mbeki again highlighted the relationship between poverty and illness, specifically AIDS, and concluded that “the world’s biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty.” (Mbeki, 2000b) Mbeki was making a political statement, but one that would provoke an intense response.

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4 It can be argued that such a model is also inappropriate and unsustainable for developed countries as well. For example, 50% of annual global expenditure on health care is spent in the United States. Yet, the United States is ranked 24th in overall population health, 37th in efficiency of its health care system, and 54th in how fairly the financial burden of health care is distributed. (World Health Report 2000. Geneva: World Health Organization)
That there is a relationship between poverty and illness is indisputable, and rather uncontroversial. There was nothing confusing about pointing out the obvious correlation between good health and wealth, on the one hand, and poor health and poverty on the other. But the response on the part of Western medical experts, AIDS activists and the media was outrage and disgust. President Mbeki was vilified in the media, accused of not caring for his people and of presiding over a government AIDS policy tantamount to genocide.5

As Mbulelo Mzamane has remarked,

Mbeki’s own undoing in this matter, it can be argued, was his uncompromising intellectual independence that blinded him for a while to a cardinal rule in politics, namely, that politics is the art of the possible. (Mzamane 2003)

His fixation on the broader political struggle contributed to the polarization of debates on HIV/AIDS and to government dithering too long on controversial AIDS policy matters. It should be noted however that President Mbeki’s opponents, particularly the media, showed the same pigheadedness and obsession with simplifying the issues and positions as either right or wrong.

What was lost in all the controversy and hysteria were the political implications of linking poverty and AIDS. If AIDS is redefined as a disease of poverty, then the socio-economic conditions in which one lives becomes as relevant a factor as sexual practices and behavior, in understanding the spread of AIDS. Behavior thus is socially conditioned. If AIDS is redefined as a disease of poverty, then one is compelled to confront the reality that the overwhelming majority of people killed by the pandemic worldwide have been poor Africans. Indeed, redefining AIDS as a disease of poverty shines the spotlight on the fact that Africa’s underdevelopment, created and maintained by racism in the interest of Western countries and companies, debilitates the health of its citizens. Mbulelo Mzamane makes the point more forcefully:

The countries that are responsible for, and that profit from, underdevelopment also find ways to capitalise on the poor health it causes. We also know for a fact that they then sell over-priced drugs – often surplus, sometimes banned from use in their own countries because of harmful side effects – to the developing countries. Newer or patented drugs (such as AZT) are proffered at exorbitant prices, often unaffordable to developing economies. (Mzamane 2003)

If we were to focus on the broader political issues that such a perspective raises then debate would necessarily have to turn, for example, to topics of international patent laws and other structural

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5 See McGreal, 2002
barriers that contribute to global socio-economic and health disparities. President Mbeki and the South African government had already come under attack from Western interests that did not want these debates to occur, as evidenced in the PMA court case.

**AIDS Policy Making in South Africa**

The South African government’s response to the HIV/AIDS epidemic has been shaped by global as well as domestic political factors during the country’s transition to democracy. In 1994, there was the expectation that combating HIV/AIDS would be high on the postapartheid state’s agenda. ANC officials had been involved in the drafting of the first HIV/AIDS plan, the National Convention on AIDS in South Africa (NACOSA) plan even before it came into power. The NACOSA plan proposed a holistic and multisectoral response, including education and prevention, counseling, health care, welfare and research, and was adopted as official policy by the ANC government upon taking office. The new ANC government immediately mobilized funds and appointed a National AIDS Program Director. AIDS was declared a “Presidential Lead Project” along with 20 other social priorities, giving it special status and early access to resources designated for reconstruction and development.

Indeed, postapartheid official were keenly aware of the potentially devastating impact of HIV/AIDS on the society and the economy, and that urgent steps should be taken. In a speech to the National Youth Commission, then Deputy President Mbeki said,

It is generally recognized that the rapid spread of AIDS/HIV [sic] has begun to eat into the very fibre of society. It is not going to be long before it causes a major economic dislocation… If a solution is not found to contain the spread of the virus, more families will be torn asunder, the economy will suffer, more public revenue will be diverted into providing health care for the growing population of affected individuals and the morale of the population will begin to founder. (quoted in Shisana and Zungu-Dirwayi 2003: 171)

While pushing through a major transformation of the public service, the postapartheid state significantly increased expenditure on HIV/AIDS and began implementing programs based on the NACOSA plan. In addition, the Mandela government became a key player in the global struggle to provide access to health care that would help people living with HIV/AIDS. Some of its approaches changed the world’s view on access to vital medicines. Olive Shisana, former director-general in the Department of Health recounts,
In May 1998 South Africa led a team of developing countries at the World Health Assembly to argue for retention of a clause that argued for the primacy of public health over commercial interests where access to medicines is concerned. That action led to a global debate on access to HIV/AIDS drugs. Since then there have been many international meetings where countries had to tackle this issue. (Shisana and Zungu-Dirwayi 2003: 173)

Indeed, the postapartheid state had excellent policies but was unable to translate them into action fast enough to stem the tide. Schneider and Stein point to two conditions agreed to in the negotiations preceding the hand-over of power that significantly shaped social policy implementation post-1994. The first was the sunset clause that protected the jobs of the white civil servants for five years after 1994, and the second was the establishment of a quasi-federal political system to satisfy minority political interests. (Schneider and Stein, 2001) Thus the ANC government found itself in the position of having to transform the institutions of the state to make them responsive to the needs of the majority while using the manpower of the old civil service, schooled in undemocratic and technocratic practices and either hostile towards the ANC’s goals for transformation or reluctant to commit to ambitious targets and strategies. Similarly, the quasi-federal system of government meant that control over social spending and implementation lay with the provincial governments, which resulted in enormous variation in AIDS budgets across provinces. Thus, despite some attempts at the national level to commit to multi-sectoral action on AIDS, it rapidly became incorporated into mainstream health sector restructuring at the provincial level after 1994. (Schneider and Stein 2001)

Mistakes were also made that deserve criticism. The first major blunder concerned the educational project, Sarafina II, a musical about AIDS commissioned by the Department of Health. The play was meant to popularize messages about HIV prevention, especially among South African youth. However, the apparent secrecy of the process, irregularities in the underwriting process, the R14 million (approximately $3 million) that was awarded, and the play’s confusing content led to a huge outcry from a range of stakeholders inside and outside of government, including the government’s own AIDS Advisory Committee and the provincial AIDS programs that had not been consulted, as well as the European Union whose funds were used to finance the project.

Hein Marais suggests that the Sarafina II controversy offered a telling glimpse of the headstrong manner in which the government’s AIDS campaign was being executed. (Marais 2000) Criticisms were dismissed and the Department of Health was put on the defensive. Journalist Mark Gevisser describes the siege mentality adopted by top official within the department;
Rather than acknowledging that there might have been irregularities and instituting an immediate inquiry, [the Minister] rushed, hackishly, to the defence of a department that seems to have acted indefensibly; and then demanded of the ANC that it rush, as hackishly, to her own defence. (quoted in Marais, 2000; 33)

A second scandal erupted in 1997 when the Department of Health announced its support for Virodene, which was claimed to be a South African treatment for AIDS. Virodene had been developed and tested by a group of researchers from a local university, but had raised serious concerns by other medical experts including the university ethics committee and the Medicines Control Council who turned down applications for further testing on humans. Despite these allegations the Minister of Health, in a unilateral and publicly unaccountable manner, endorsed the drug, creating renewed conflict with NGOs, and chaos and confusion over how to address AIDS prevention and care in the country. Virodene was ultimately recognized as toxic and unusable when its active agent was identified as an industrial solvent called dimethylformamide (DMF). (Mbali 2002) But this scandal further solidified the patterns of unrelenting criticism of the Department of Health by the media, opposition parties, and some civil society groups, and increasing defensiveness and hostility in response by the department.

Controversy regarding the provision of anti-retroviral therapy, especially to prevent transmission from pregnant, HIV-positive women to their unborn child, has also dogged the post-apartheid government. In 1998, Health Minister Nkosazana Zuma surprised many in the health sector when she canceled plans for government funded pilot programs to prevent mother-to-child transmission. Scientific trials in developed and developing countries have shown that treating pregnant women with a short course of anti-retrovirals could dramatically reduce the transmission of HIV from mother to child. (see Shisana and Zungu-Dirwayi 2003; and Nattrass 2004) Yet, the South African government initially raised the question of safety in explaining its stance on anti-retrovirals, and then argued that the government simply could not afford to provide ARVs through the public health sector. The government stuck to its unaffordability argument even though no real costing for such a program was done until 2003. Once the price of AZT was slashed and Nevirapine (a much cheaper but less effective alternative to AZT) was offered free of charge to South Africa for five years, the government’s position lost further credibility. However, Rose Smart, former Director of the HIV/AIDS Directorate in the Department of Health, also surmised

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6 Telephone interview with Jonathan Berger, AIDS Law Project, April 2004
7 Interview with Ria Schoeman, March 2004
that the Health Minister would have been reluctant to start something that wasn’t equity based and sustainable, and to forming a reliance on donor funding.\footnote{Telephone interview with Rose Smart, April 2004}

A public outcry ensued, spurring the formation of AIDS advocacy groups such as the Treatment Action Campaign. Scientists and academics joined the fray, hoping to provide data on drug toxicity and costing analyses that might persuade the government to rethink its position. For example, economist Nicoli Nattrass argued that the problem with the government’s argument of affordability is that by concentrating only on additional costs associated with the mother-to-child transmission program (MTCTP), it failed to take into account the costs associated with the children who would become HIV-positive in the absence of MTCTP. (Nattrass 2004; 67) It eventually took a constitutional court case between the Department of Health and the Treatment Action Campaign to force the government to change its policy stance.

Public and media attention have focused on these specific scandals and controversies rather than the efficacy of government’s overall response to the AIDS epidemic. Commentators emphasize a shift in South Africa’s progressive HIV/AIDS policy particularly under the Mbeki Presidency.

Increasingly, government statements changed from strongly affirming the existence of the problem and expressing the determination to tackle it, to almost ignoring it or emphasizing technical issues to explain why this or that intervention could not be implemented. Statements on HIV/AIDS were one-liners, or listed the disease as one among others such as TB and malaria, or were highly technical. (Shisana and Zungu-Dirwayi 2003:174)

Some, including the former DG of Health Olive Shisana, suggest that the shift is the effect of the dissident view that HIV does not cause AIDS. (ibid.) AIDS activist and Constitutional Court Judge Edwin Cameron concluded a speech on AIDS in South Africa by saying: “the evidence points to the dismal conclusion that the dead hand of denialism still weighs down all too heavily on the development of a rational and effective response to AIDS.” (Sunday Times 2003) The focus on particular scandals and policy blunders also encouraged explanations that they were a consequence of misapplied zeal or government attempts to find quick fix solutions.

Criticism of the government’s response to the AIDS epidemic is warranted. Without doubt mistakes were made in the way the South African government launched its HIV/AIDS campaign. But the explanation of governmental action or inaction has been woefully inadequate. The emphasis on denialism for example, while it makes for a good journalistic story, reveals little about
the motivations for such a position or the purpose it may serve. Rose Smart, former Director of the HIV/AIDS Directorate until 1999 recalls that at that time the global assumption was that ARV treatment was not an option for developing countries. Thus it was not necessarily denialism that accounted for initial government inaction but the assumption that ARV treatment was unaffordable and we should deal with the things we can.⁹

Some members of the ANC National Executive Committee and the ANC Health Committee admit that there has been a tendency among some within the ANC towards denialism, but that this is not the majority nor was it a position considered by the ANC. Referring to discussions that took place within the ANC, National Executive Committee member Philip Dexter stated:

I don’t know of anyone in an ANC meeting who denied the causal link between HIV and AIDS…I’m not aware of that being the case…None of the reports that the NEC received from the ANC Health Committee raised the issue of denialism or denied the causal link between HIV and AIDS. This issue was dealt with at an Alliance summit meeting in 2002. After that meeting I am on record saying that anyone who does not believe there is a causal relationship between HIV and AIDS is clearly misguided.¹⁰

Saadiq Kariem, Senior Medical Superintendent at Groote Schuur Hospital in Cape Town and member of the ANC Health Committee explained the tendency towards denialism as follows;

The explanation for denialism I believe is two-fold. One the one hand there was the economic argument and the concern that all the medicines and resources needed to run such a program would have to come from the West, and that this would create a situation of economic dependency. There was concern that South Africa should not go the route of other African countries that had become so heavily dependent on the West. On the other hand the ANC’s recent history in fighting a political and military war against an enemy, the apartheid government, who had used biological warfare as a strategy against the ANC also provided a ready audience within the ANC for such arguments and positions.¹¹

While such positions may seem far-fetched, they became more plausible when it was revealed during Truth and Reconciliation Commission hearings in 1999 that HIV was used as a weapon by the apartheid security forces.¹²

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⁹ Interview with Rose Smart, April 2004.
¹⁰ Interview with Philip Dexter, April 2004.
¹¹ Interview with Saadiq Kariem, April 2004.
In other words, it is in the context of the broader political/ideological struggle that the ANC is engaged that ideas like denialism become appealing. In keeping with its history as a military liberation movement, the ANC in effect ‘closed ranks’ against perceived international and domestic threats. Decisions around AIDS were taken outside of the AIDS program and dealt with politically within the ANC rather than at the policy level within the Department of Health. Whereas there used to be opportunities for the HIV/AIDS Directorate to advise the Minister, civil servants and civil society activists were increasingly excluded from policy-making processes.

AIDS policy debates were largely at the political level between ANC political elite and civil society activists. In contrast, civil society groups have generally worked well with the National HIV/AIDS Directorate. Furthermore, AIDS policy debates between the government and civil society groups reflected political differences more so than policy differences. As Schneider explains,

High level state interventions in the AIDS field have thus perhaps less to do with the differences in the content of policy than with a discomfort, and at time active exclusion of, social movements that express certain styles of activism and that fall outside of the immediate networks of political patronage and influence within the tripartite alliance. (Schneider 2002: 153)

Indeed civil servants within the HIV/AIDS Directorate as well as senior ANC members confirm that a program to combat AIDS that included ARV treatment was on the cards as early as 2001. Such revelations again suggest that the real struggle around HIV/AIDS was in fact a political one.

While there were and continue to be very real threats to transformation in South Africa, the state’s broader political struggle has at times been increasingly characterized by patterns of vanguardism and centralized leadership. Many commentators both within and outside of the ANC have argued that the boundaries for opposition and debate within government and within the ANC and the tripartite alliance have narrowed. The continuation of such practices has shaped the restructuring of state-society relations in post-apartheid South Africa, by asserting the primacy of the state over civil society and ascribing to the state the role of knowledge producer, able to develop

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13 See for example McKinley, D. 2000. “ANC puts party before democracy”, Mail and Guardian, February 6, 2001; “Authoritarian Leadership Alarms ANC Politicians”, Mail and Guardian, October 4, 1996. I have argued elsewhere that the ANC leadership, most of whom are former exiles and were trained in the radical Leninist school of thought that gives primacy to the role of the vanguard party and revolutionary intellectuals, continues to use vanguardist and top-down practices and concepts of organization such as democratic centralism, tight internal discipline and strong central coordination. (see Johnson 2003)
policy and set the agenda for social transformation. (Johnson 2002) This centralized and closed leadership style has resulted in the government being largely unable and unwilling to mobilize and coordinate a range of actors inside and outside of government, and across social and sectoral divides around a common vision. Furthermore, given the fact that the bureaucracy was a relatively weak player due in large part to institutional constraints, the government’s unwillingness or inability to harness other energies and expertise outside of government became an important factor inhibiting an effective response to the AIDS epidemic.

Conclusion
In analyzing the post-apartheid state’s response to the AIDS epidemic, this essay has demonstrated that the forces of globalization and the state’s engagement with them have had a profound impact on social policies and state ideology and practice. Zine Magubane has demonstrated that one of the biggest tragedies of globalization in South Africa, aside from the havoc it wreaked on the currency and the immense job losses that occurred in its wake, has been the impact it has had on elite conceptions of what states can and cannot do in the name of social welfare expenditure. (Magubane 2003) But the South African state’s response to globalization has not simply been one of conformism. Indeed, this paper has demonstrated that AIDS became a central arena in which the South African state was compelled to confront global forces inimical to social transformation and engaged in a broader political/ideological struggle to challenge existing hegemonic paradigms.

The global AIDS pandemic exposes the inequities and instability of the current global order but has also opened up space to challenge the status quo. The South African government has adopted a strategic approach to globalization, conforming to the macroeconomic dictates of the global economy so as not to incur the wrath of powerful global economic interests, while exploiting openings in global discourses and frameworks to push a more progressive and socially equitable agenda. The gains in global awareness and support for the fight against HIV/AIDS as well as access to essential medicines could not have been won without engaging in the broader political/ideological struggle.

Unfortunately, however, the focus on the political tended to overshadow the practical aspects of addressing HIV/AIDS and contributed towards policies of inaction and confusion that cost lives and inhibited broad social consensus on an effective response to the pandemic. The
introduction of the government’s comprehensive HIV and AIDS Care, Management and Treatment Plan at the beginning of this year, as well as the application of the delayed Medicines Act provide opportunities for optimism that state and societal forces will be able to work together to stem the tide of the pandemic.

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