

AIDS in contemporary South Africa

Pieter Fourie

Department of Politics

University of Johannesburg

Email *pfourie@uj.ac.za*

KNOWLEDGE IS CONTESTED...

- There are things we know
- There are things we don't know
- There are things we think we know
- There are things we don't know we know
- There are things we don't know we don't know...

AND WE DON'T AGREE ON ANY OF THIS

- Division: Epistemologies and Ontologies of HIV and AIDS
- Description ≠ Aspiration

→ What we “know” about AIDS in South Africa is political

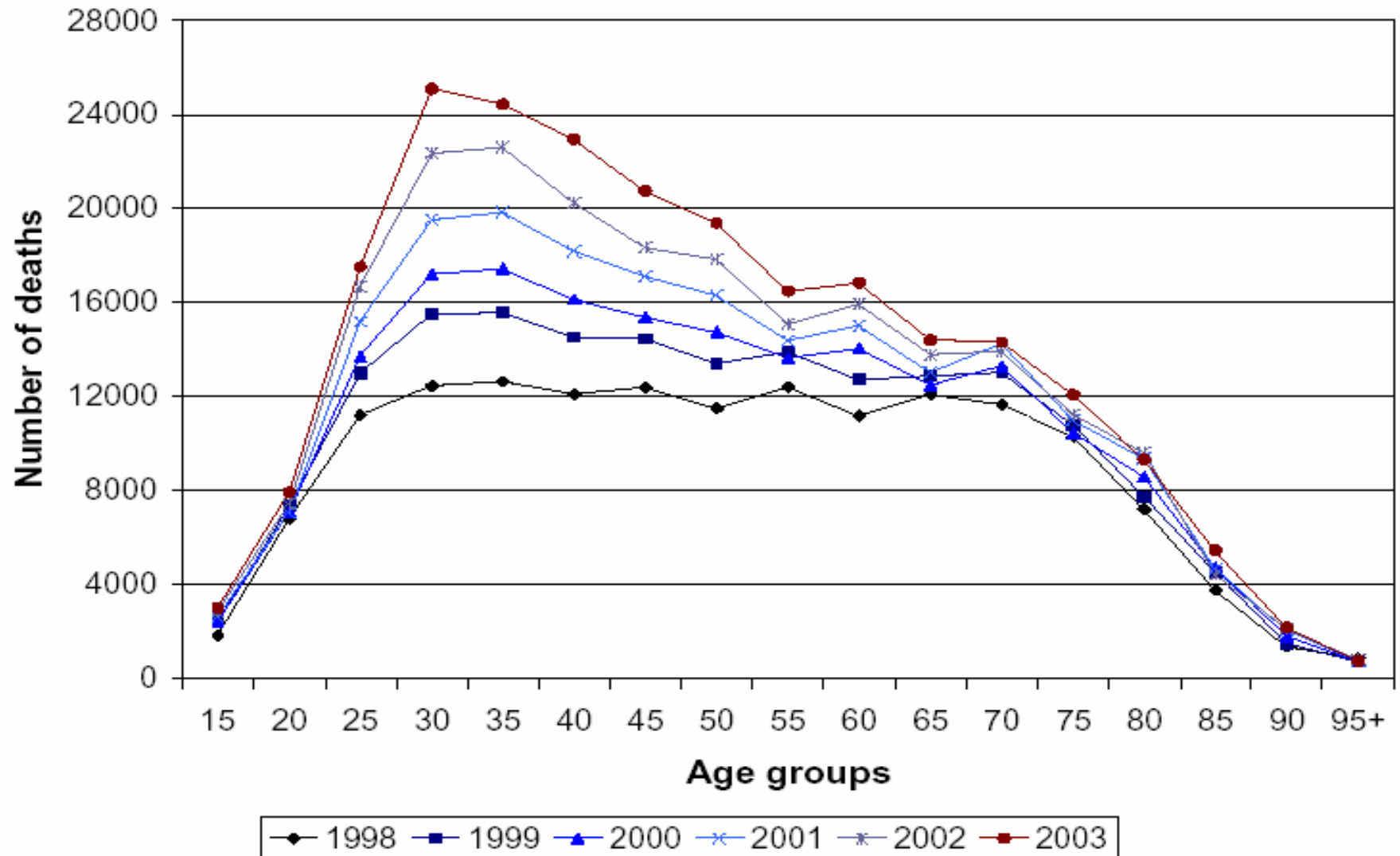
- Data
- Ideology
- AIDS governance

27 YEARS OF AIDS

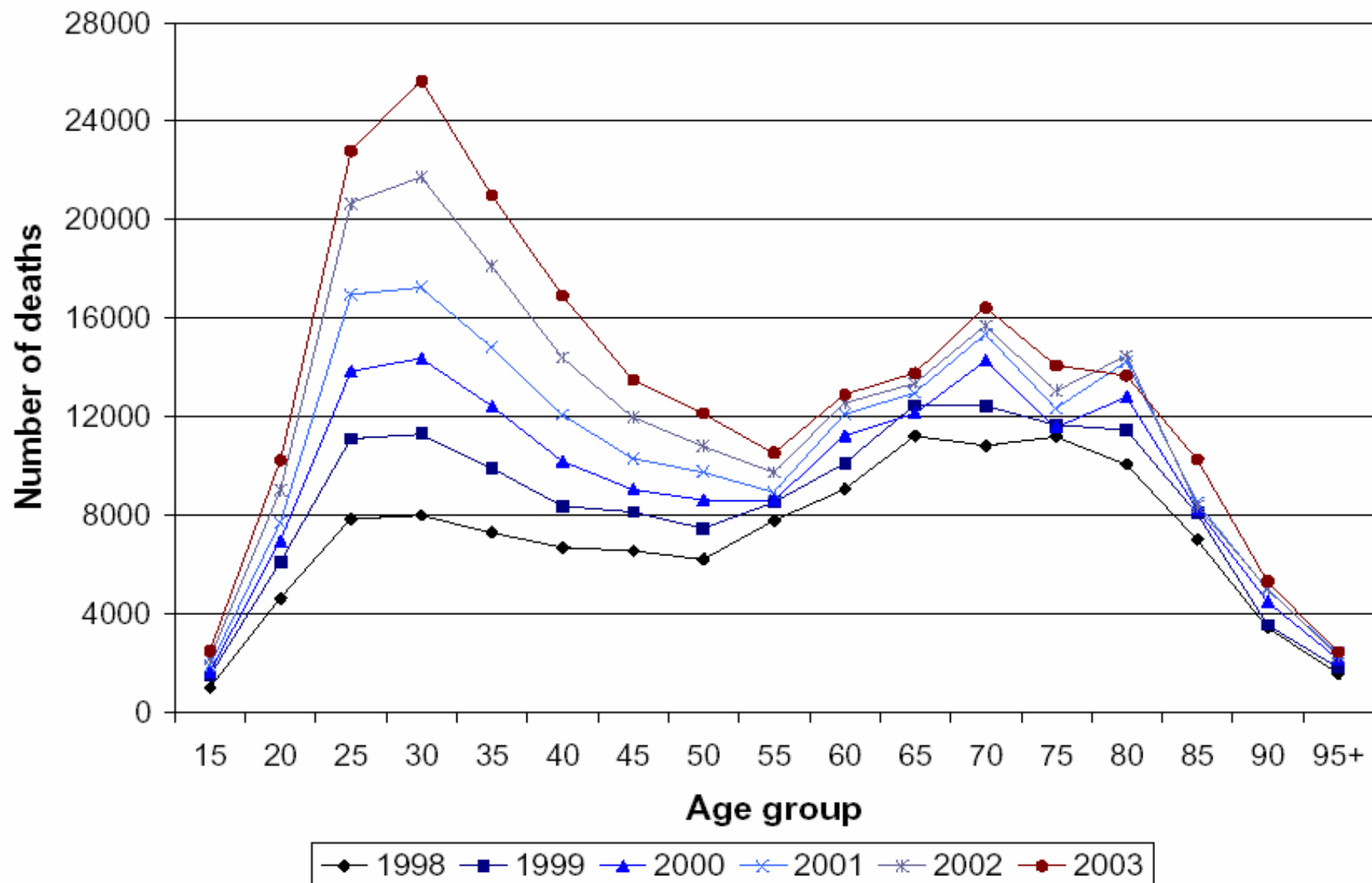
- 5 June 1981
- 3,000 deaths (one 9/11) in South Africa every three days
- *Lentivirus* = “long-wave event”
- 50-130 year cycle

→ These are early days yet

MALE MORTALITY IN SOUTH AFRICA



FEMALE MORTALITY IN SOUTH AFRICA



HIV AND AIDS VITAL STATISTICS FOR SOUTH AFRICA IN 2006

(Metropolitan: Nathea Nicolay's estimates from ASSA2003)

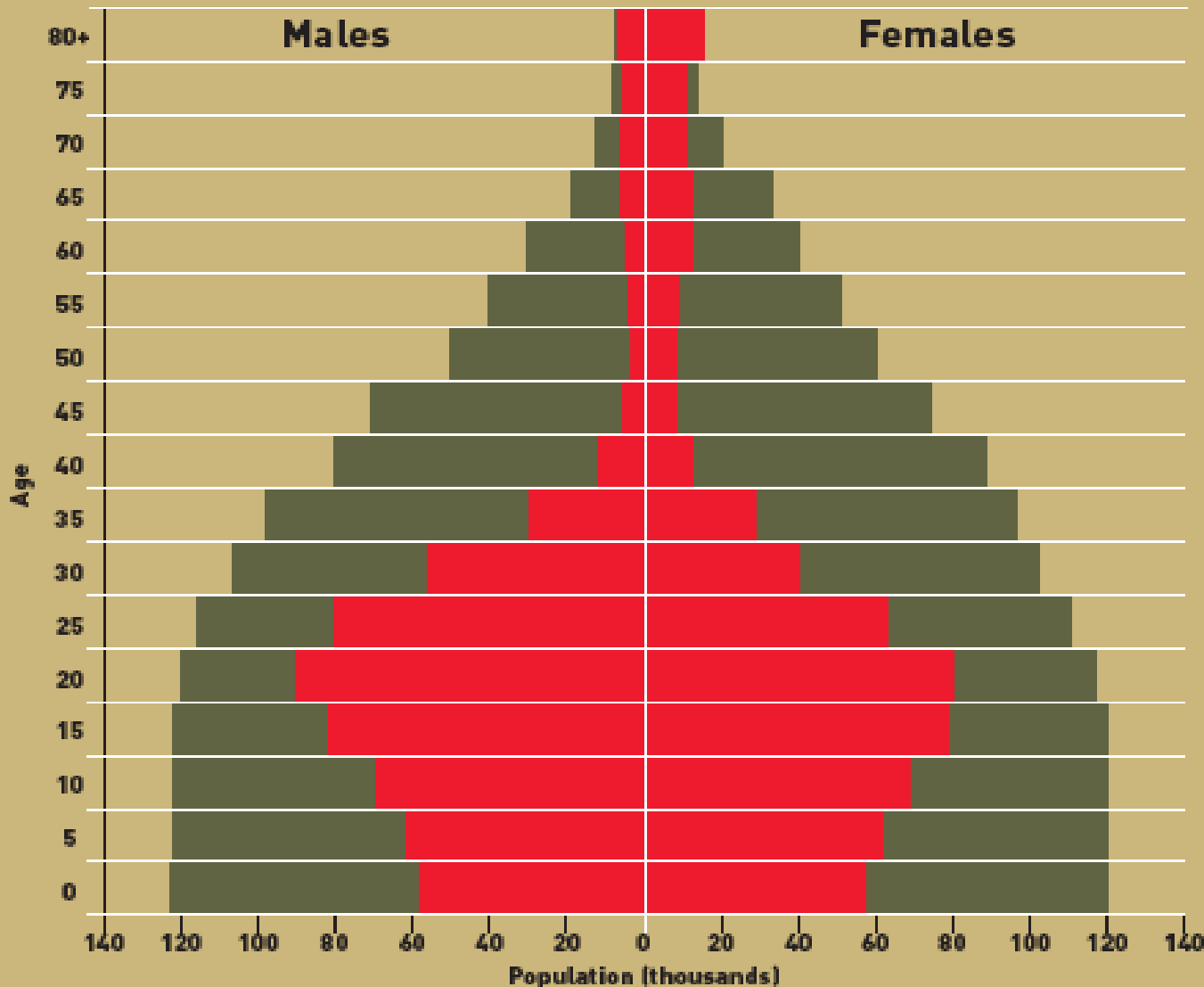
AIDS deaths per day	947
New HIV infections per day	1,443
People living with HIV	5,372,476
Total AIDS deaths	345,640
Total new HIV infections	526,771
Total AIDS sick	576,963
Adults with AIDS, not on ART	502,468
Children with AIDS, not on ART	26,883
Adults on ART	154,832
Children on ART	20,050

PROJECTED LIFE EXPECTANCY (IN YEARS) IN SWAZILAND

Year	Without AIDS	With AIDS	Difference (%)
2004	64.2	37.5	41.6
2005	64.5	37.4	42.0
2006	64.9	35.3	45.5
2007	65.2	33.7	48.3
2008	65.6	32.5	50.4
2009	65.9	31.7	51.9
2010	66.2	31.3	52.7
2011	66.5	31.2	53.0
2012	66.8	31.4	53.0
2013	67.1	31.6	52.9
2014	67.3	32.0	52.5
2015	67.6	32.5	51.9

THE “SECURITY DEMOGRAPHIC”

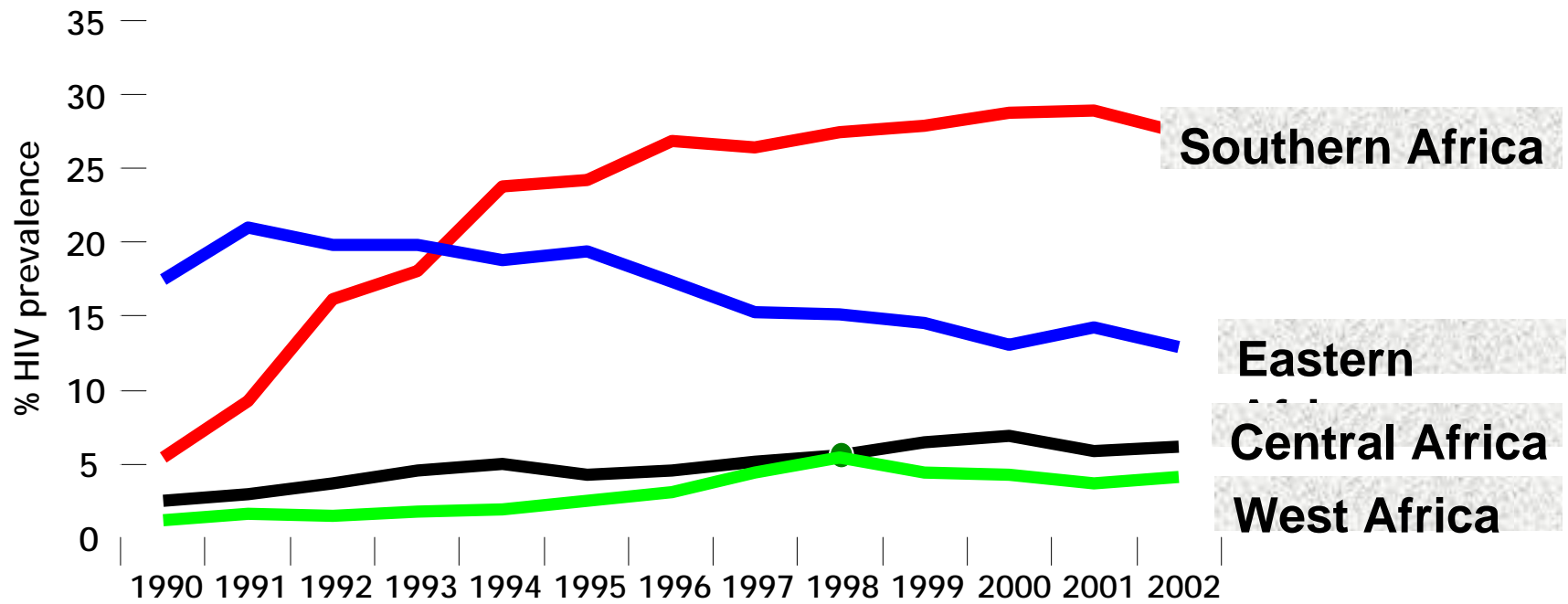
Projected Population Structure of Botswana in 2020 with and without AIDS



Many highly afflicted states are experiencing the so-called chimney effect. In the green is the projected demographic distribution of the population in the absence of HIV. The red depicts the society's demographic distribution with HIV. The "chimney" can be seen in the dramatic narrowing in the ages 35–55 years. The "youth bulge" can be seen in the ages 10–29 years.



Multiple epidemics



IMPACT: LEVELS OF ANALYSIS

- Families & households
 - Child-headed
 - Grannies
 - Orphans
 - Romanticisation of the “extended family”
 - Food
- Communities
- National
 - Micro- and macroeconomic impact
 - Governance
 - Democracy
- Regional & pan-African
- Global
 - FDI
 - Multilateral
 - AIDS industry

WHY US?

- POVERTY: TB, Malaria, STIs, and nutrition
- Labour migration
- End of apartheid
- War & peacekeeping
- Regional transport infrastructure
- Blood transfusion services
- Sexual violence
- Culture & race
- History of flawed responses
 - State-centred; what about individual responsibility?

APARTHEID RISK ENVIRONMENT

- Vulnerability & susceptibility raised
- Biomedical: multiple epidemics in RSA
- Economic
 - Inequality; vulnerability; rural-urban
- Sexual behaviour
 - Gender; Race, gay criminalised (also IDUs) → silence
- Migration
 - Regional; Rural-urban
- Political violence: low-level civil war

- Normative environment divisive

- Media
- 'Terrorists'
- Churches
- Gays, blacks, IDUs, CSWs → 'othering'
- Traditional societies → silence; conservatism

→ **How was the political problem defined?**

→ Moralism

→ Racism (white vs. black; black vs. white)

APARTHEID RESPONSES (1982-1994)

- Moralistic & racist → criminalisation, racialisation → politicisation
- Contradictory biomedical messages
- Data absent until 1990 → myth making
- Blood transfusion services
- Ignoring the socio-political vectors
- Policy & legal void
 - 1987 legislation xenophobic: ‘the other’
 - Criminalisation
 - Case law: early 1990s—redefinition: **HUMAN RIGHTS**

1. 1982-1988: othering;
criminalisation; moralism; racism
2. 1989-1992: case law & human
rights culture
3. 1992-1994: NACOSA
 - Democratisation
 - Human Rights focus

MANDELA GOVERNMENT (1994-1999)

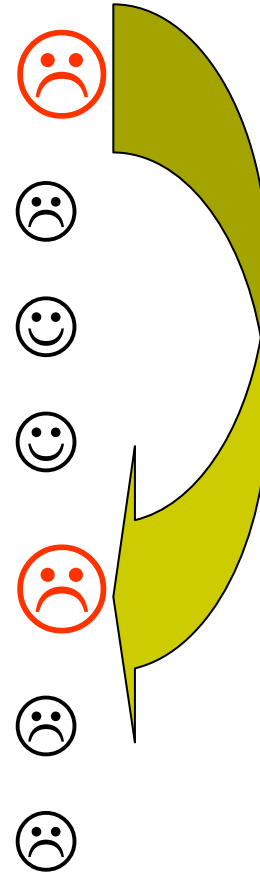
- NACOSA → National AIDS Plan of 1994 (NAP)
- A beautiful document...
- ... But a crisis of implementation
- Government ← → Civil society

MBEKI GOVERNMENT (1999-)

- Medicines Act of 1998 (-2001): opportunity for actor and value alignment squandered
- TAC (December 1998)
 - Prevention VS. Treatment
- Battle for treatment
- Monetarisisation of AIDS
- Data questioned
- Science questioned
- Strategic Plan (2000-2005)
 - But again: crisis of implementation
- Civil society uses the Courts (government bypassed)
- Toronto, leadership and personalities
- Strategic Plan (2007-2011)
 - Implementation? Budget? SANAC?

PROCESS OF MAKING POLICY: contested spaces

- Problem identification
- Agenda-setting
- Policy formulation
- Policy adoption
- Policy implementation
- Policy evaluation
- Environment



2 KEY FAULT LINES IN POLICY MAKING

- HORIZONTAL

National

Provincial

Local

Rural

Traditional

... and Civil society

- VERTICAL

Turf wars between
government departments
(national and provincial)

SECURITY: KEY INGREDIENTS OF EARLY WARNING ABOUT HIV

1. A youth bulge
2. Decreasing LEB and LEA
3. Rapid urbanisation into underdeveloped cities
4. Poor crop and/or fresh water production

→ Reverse development gains

→ BUT beware assumptions about uniformed services, as well as conflict;

→ We're only 25 years into a long-wave event

“HIV’s chief impact on domestic and regional security ... is as a contributor to the already deeply challenged social dynamic”

MAIN CHALLENGES

- South African government; NGOs instead
- Costing and M&E in the NSP
- Shift from treatment to prevention
- Behaviour change; Multiple concurrent partners
- Testing, adherence
- GBV, culture
- Health infrastructure
- Future of the TAC, civil society; social mobilization
- Research neglected: social aspects, disaggregate
- Money not the problem; rather, lack of capacity, skills: for donors, partners, government
- Private sector largely absent

PREVENTION

- No constituency → social mobilization?
- Fundamental problem: lack of behaviour change
- People are not getting tested
- Beware oppositional statements, such as circumcision vs. socio-cultural enquiry
- GBV focus, but don't leave out men
- Disaggregate categories of people
- Marital infections; Polygamy
- Too little done on cultural context and social aspects of prevention
- Microfinance schemes for women; skills for girls
- Schools present a captive audience

TREATMENT

- Testing and status awareness
- Notifiability debate; Testing debate
- “Rights” for whom?
- Knowledge of rights in health context
- Information regarding adherence
- Treat before CD4 count drops to or below 200
- Training of health personnel
- Capacitate clinics—down referral
- Second and third line drugs
- Links between HIV and TB
- Monitor alternative “medicines”
- Work with traditional healers

KEY LESSONS

- Multiple epidemics in multiple contexts require multiple responses
- Capacitating the voiceless: women, elderly, children
- OVCs are set to become an epidemic within the epidemics
- XDR TB as a free-rider
- Not prevention 'vs.' treatment
- Not nutrition 'vs.' ARVs
- Optimal national budget expenditure
- HAART, IPRs and the monetisation of AIDS
- Litigation as top-down strategy (TAC)
- Provinces and local governments as bottom-up strategy
- Interdepartmental co-ordination
- The role of FBOs and business
- Social welfare mechanisms
- Leadership matters (e.g. post-Toronto)
- Health infrastructure
- Good data is essential
- Behaviour change? Prevention?
- Culture and Race

AIDS TRANSFORMING AFRICA?

- Revisiting skyhooks?
The prognosis for this is not good
Social conservatism on the rise
- New understandings of the links between AIDS and HIV?
(contagionism vs. magic)
- Ugandans changing sexual behaviour?
- Widows in Kenya
- South African orphans not becoming criminalised
- “Social clusters” rather than the extended family as a bottom-up welfare system?
- Emergence of a new civil society?
e.g. TAC now going beyond HIV, looking at inequality
- New kinds of neo-patrimonial relationships, side-by-side with legal-rational bureaucracies?

WHAT CAN AIDS TEACH SOUTH AFRICA?

- AIDS as a mirror
- The epidemics can be a metaphor for what is wrong with a society:

AIDS exposes...

- Who dies?
- Who lives?
- Who decides?
- Who benefits?
- Who is blamed?
- Who pays?
- Who is right? Who is good? Who is valued?
- What can we talk about?
- What should we talk about?
- What kind of a society do we want to be?
The “gifts of AIDS?” → We need to change our world