***Global Insight*** **covers areas of topical interest and is meant to provide the reader with an initiation to the subject and its policy implications. The analysis is meant to be simple yet elegant, and without sacrificing depth, useful to a broad policy community. We welcome and encourage comments and suggestions.**

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# *HIV/Aids in South Africa: Looking back and looking after*

by
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Wherever we look we find the same grim consensus: South Africa has the highest number of people living with HIV/Aids in the world. This statistic is reiterated by the UN Report on the Global HIV/Aids Epidemic of June 2000. The report makes clear what anyone familiar with the field knows: while in South Africa we have an appalling incidence of current infections and, partly in consequence, the highest incidence of new sero-conversions in the world, we are also shamed by the success achieved in other African countries - notably Uganda - where very high rates of current and new infections have been dramatically reduced.

In its simplest terms the high prevalence of HIV/Aids infection in South Africa means that, barring significant changes in treatment protocols, therapeutic options and behaviour modification, the likelihood of our retaining our position of bad eminence is extremely high: the high percentage of those already infected means that the incidence of new infections, outside the changes just listed, will continue to spiral.

When we look to the reasons for South Africa's poor showing we very rapidly run into that seemingly ubiquitous alibi: the legacy of apartheid. Certainly, the destruction of family life, the disruption of familial ties and crucial elements of the social contract caused by what, after Nazism, remains the 20th century's greatest defection from the canons of humanity, are all unavoidable factors in the country's appalling HIV/Aids statistics.

However, the continuing escalation in new infections through the '90s is a form of national disgrace. No one would fantasise that the damage caused by around forty years of high apartheid could be instantaneously reversed: tragically, our HIV/Aids statistics remain the grimmest reminders of this truth. These statistics also insist on the far-reaching, tentacular nature of the malaise in which "post-apartheid" South Africa finds itself. *It is precisely because the pandemic cuts across such a broad range of critical fault lines in our political and social life that our levels of efficiency in dealing with it must be situated as the most reliable index of the health of the "New South Africa".* Why we are currently shamed is that despite the rhetoric about "Rainbow nations", "African Renaissance" and "constitutional democracy", the pandemic inherited by the new government

has not been checked or reversed, but has threatened to run completely out of control.

To apply this standard of judgement is not to import a set of criteria from left field. Rather, it is to test government's ability to perform on government's very own terms. As far back as 1995, Thabo Mbeki, then Deputy President, insisted

that "Aids will be one of the major impediments to sustained growth and development". Mbeki was instrumental in setting up "The Partnership against Aids" in 1998 and mentioned the pandemic explicitly in both his Inauguration Address in front of an audience of around 60 000, and in his first parliamentary speech as President in June 1999. One mark of our optimism was that at the South African Artists Fight Aids benefit concert in December 1999 many speakers suggested that the battle against the disease had been helped by the President's openly addressing the pandemic and siting the issue as one of the key areas within the Office of the President.

This high profile situating of Aids has, as we know, gone dreadfully wrong. Most specifically, it has had the sorry consequence of meaning that the government, at the highest level, has rightly identified what is our pre-eminent national crisis but has so far failed dismally in addressing the matter. Or, put only slightly more kindly, it has been overwhelmed by the scale of the problem.

Certainly, from around March 2000, the president's high profile self-positioning within the HIV/Aids debate has been an object lesson in what not to do. Without carping, I think it crucial to understand that we have seen a virtual parody of what might have constituted effective government intervention. *Wherever governments have effectively challenged the spread of the virus - and Uganda and Thailand are the most frequently quoted examples - two factors have been present: strong, committed political leadership and lucid, simple prevention messages.*

Through 2000 we in South Africa have seen two major paradoxes: the expression of political commitment at the highest level combined with counter-productive, top-down leadership, and secondly, an awareness of crisis that has been compounded by hugely obfuscatory messages. Instead of "strong" leadership we have seen a bloody-minded insistence on what Mamphela Ramphele has termed "voodoo science". Instead of clear messages we've had statements made by the President that, in terms of medical science, are unforgivably ignorant. (I think here, especially, of President Mbeki's claim that if a patient has TB s/he will "sooner or later" test HIV- positive.)

Looked at kindly, the President's personal involvement in something as wide-ranging and fraught as the HIV/pandemic was an extremely courageous move. It had the beginnings of an understanding that, for success, we would need government intervention at the very highest level. The President had grasped the fact that the pandemic is as much a social, economic and political matter as it is a medical one. This perception is, I believe, what lay behind his infinitely damaging contention that "poverty causes Aids". Understanding, too, that a broad, interdisciplinary approach was needed, the President sought to link the pandemic to larger issues of South and southern African development. Here, however, he ventured into terrain of a more "purely" economic kind, namely issues of debt relief, foreign aid and poverty alleviation. Being an economist, it is possibly predictable that the President would emphasise policy areas where he feels more secure. But the upshot - history now - was not to de-emphasise areas where he is less well qualified, but to highlight them in massively embarrassing ways. Hence it was that we arrived at the "poverty causes Aids" assertion; hence it was that we had the unedifying spectacle of high ranking government ministers hedging over whether HIV does/does not cause Aids; hence it was that we saw the frustration of prevention campaigns; and, crucially, hence it was that we saw the President held up for ridicule in the international media and deep rifts emerge between the government and other key players in the Aids world within South Africa.

The controversy that has raged in South Africa through March-October 2000 has had hugely negative consequences. Primarily, it has shown the fragility of this new democracy. under the guise of open, responsible enquiry, the government has delayed crucial policy initiatives, managed to create huge rifts between itself and nongovernmental organisations, and called into question the freedom of speech and the media which is so crucial in repositioning South Africa as a respectable member of the international community. Concerned criticism has been labelled as a resurrection of "the thought police". Those who have sought to prevent the HIV/Aids debate from sliding into the farcical have been accused of lacking in patriotism and, possibly even worse given the country's history of racial tensions, government has attempted to stifle debate and criticism by playing the race card. (The controversy surrounding the death of the late Parks Mankahlana is the most recent and troubling instance of this.)

What this demonstrates is the sad fact that HIV/Aids has the capacity to exacerbate the already awkward tensions between rich and poor, white and black, educated and unschooled, men and women. Put another way, the post-1994 history of the new South Africa, its founding hope of repairing the inherited class and racial divisions, its foundational myth of a "Rainbow nation" where there is respect for unity in diversity, its confidence building - if somewhat self-important - assumption of annunciator of the African Renaissance, all this has not simply been called into question by the HIV/Aids pandemic, but thrown into some disarray. Measured against the scale of our national ambition and self-promotion, our achievements have been wafer thin.

*What this history suggests is that dealing successfully with HIV/Aids will be crucial in sustaining a committed faith in the possibility of a sustainably good life for all in South Africa.* Without this faith the long term prospects here are bleak. We already have a fairly disillusioned population with vast rents in the fabric of the social contract. For instance, ours is a notoriously violent society and the HIV/Aids debate needs to further address the issues of violence. For instance, the ongoing campaign for prophylactic treatment of rape survivors is not only a matter of clinical protocols: it has to do with the huge levels of violence against women, levels that represent a national disgrace.

But while violence against women leads inexorably into matters of gender inequality, it also intersects inevitably with broader patterns of violence in our country, patterns which are partly a result of the huge disparities of wealth. Such disparities issue in feelings of anger, frustration and resultant conflict. *Women are multiply disadvantaged by HIV/Aids with their gender, familial and economic positionings rendering them especially vulnerable.*

It is not sufficient to simply notice this convergence of disabilities. The ANC government has situated itself as the champion of both the poor and women, categories that often overlap. On the matter of HIV/Aids it has thus far largely failed in its promises. We know that about one in every four pregnant women in South Africa is HIV-positive. We know that the rates of sero-conversion amongst young women are the highest in the country, noticeably higher than their male counterparts of a similar age. This being so, we see how an already disadvantaged group has continued to find its position deteriorating.

*These facts make the issue of providing mother to child transmission (MTCT) prophylaxis to pregnant HIV-positive women a necessity.* As Glenda Gray of Chris Hani Baragwanath Hospital has put it, in the light of the Nevirapine trials conducted both in Uganda and her hospital, "we have a vaccine" for the successful curtailment of MTCT. Gray also insists that "HIV in pregnancy is the new apartheid ' in South Africa. While this language is designedly extreme, I quote it to insist on what remains the government's inconceivable jibbing in the face of what presents itself as an urgent implementation imperative. Already we begin to see increasing numbers of Aids orphans. *This dreadful concatenation of dying babies and dying mothers could be significantly reduced by introducing MTCT regimens.* The government has emphasised the importance of prevention but remains incapable of admitting that MTCT therapies are a significant and implementable form of prevention. While this seems to be medically indisputable, I would go further and suggest that such interventions would not only provide much needed hope but would also add substance to the government's commitment to alleviating the plight of women. (That the recently - and belatedly - published treatment guidelines make no mention of providing either AZT or Nevirapine to pregnant mothers who need and request it indicates the government's continued obstinacy on this front.) It hardly helps to pride oneself on the number of female members of parliament and cabinet if literally thousands of women are not given adequate ante-natal testing, counselling and treatment choices. In the face of this, received feelings of discrimination and grievance can only multiply.

HIV/Aids emphasises the rift between modernity and traditionalism. It does this both within the borders of this state where development and benefits are massively disproportionately distributed and between the poorer "southern" nations (in our case sub-Saharan Africa) and the wealthier nations of the north. It is my contention that the President's commitment to the African Renaissance has also committed him to the much-touted and thus far fatally flawed call for "an African solution to an African problem". It is this that has led to the investment in Virodene, this that issued in the botched comments about the aetiology of the

disease and misdirected alliances with internationally discredited "theories" about the link between HIV and Aids, and it is this that allows for us to invest in the South African Vaccine Initiative while remaining strenuously hostile to MTCT therapies. *The African Renaissance involves an effort of bifocalism: we need to look back and forward simultaneously.* When in his Inauguration address the President reminded his citizens that "We are our brother's keeper", when more recently Deputy President Jacob Zuma tells us that we "need to revive the spirit" that insists that "any child is my child", both men address the violence of our society and call for palliatives based on references to "tradition". But they also invoke yardsticks of behaviour that are enshrined in our constitution. Here are two significant instances of how an invocation of the past might usher in a healthier future. Here too are instances that demonstrate that any discussion of our society and most particularly any discussion of HIV/Aids will inevitably invoke questions of value. And so we see that these discussions will inevitably be massively contentious not only because they highlight matters of value but because they therefore emphasise difference(s).

*These examples highlight the fact that awareness campaigns need to be carefully targeted and positioned within some context that rings true both for the specific audience and in terms of some wider vision of the country's past and future.* (The ABC campaign fails on every front and was more an attempt on government's part to suggest it was "doing something" than a sensible intervention.) Furthermore, in the pursuit of a "new South Africa" there is an understandable desire to de-emphasise differences. One of HIV/Aids's challenges to policy formulation is that it insists that relevant differences need to be considered in relevant ways while still keeping in mind the overall imperative of "reconstruction". This, government has failed to do: faced with problems of equity, the Health Minister has insisted that she ""will not play god" by deciding who will/will not be treated. The upshot? Increased rifts between NGOs and health workers on the one hand, and the government on the other. And, sadly, the kind of paralysis that has bedevilled policy throughout this year.

At this point we do not need to be told that "we know very little" and therefore must wait for more trials and more committees. *To my mind the most pressingly current policy imperative is for government to listen to seasoned professionals in the field and to act with a sense of well-targeted urgency on what such people advise. In doing this, government should acknowledge that any health provision is likely to be contentious and therefore a political issue.* It should also recognise that precisely because we lack the resources to do "everything", it should move rapidly to implement a well-advised phased set of programmes. Above all, we need to heal the rifts which are largely of government's own making and urgently institute collaborative efforts that heal the divisions spawned over the last twelve months. (A first move here would be to drop the charges against Zackie Achmat of the Treatment Action Campaign.) If government does not do this, our national future will be bleak and our international standing will decline. There are already resentments in Africa about our claim to lead an "African Renaissance" and the developed world is all too ready to register the arrival of one more African basket case.

Within the context of sub-Saharan Africa, we are relatively wealthy and have a relatively sophisticated medical infrastructure. Given this, not only can we not afford to fail but we have no excuse for doing so.

Suggested readings:

Abdool Karim, Q. *Trends in HIV/AIDS Infection: Beyond Current Statistics* in South African Journal of International Affairs. Vol. 7, No. 2, Winter 2000.

Delate, R. *HIV/AIDS: Developing a National Strategy* in South African Journal of International Affairs. Vol. 7, No. 2, Winter 2000.

Ndiaye, C. F. *Women and AIDS in Africa* in South African Journal of International Affairs. Vol. 7, No. 2, Winter 2000.

Rénaud, T. and Hess, J. *Young People and AIDS in Thailand and South East Asia* in South African Journal of International Affairs. Vol. 7, No. 2, Winter 2000.

*Report on the Global HIV/AIDS epidemic.* UNAIDS, June 2000.

Rwomushana, J. *Breaking the Silence Surrounding AIDS: Uganda's Success Story* in South African Journal of International Affairs. Vol. 7, No. 2, Winter 2000.

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