



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

The Centre for Civil Society

School of Built Environment and Development Studies
5th Floor, Memorial Tower Building, Howard College Campus
University of KwaZulu-Natal, Durban, 4041, South Africa
Telephone: +27 (0) 31 260 3577 Fax: +27 (0)31 260 2502
E-mail: pbond@mail.ngo.za Website: <http://ccs.ukzn.ac.za>

Patrick Bond

Senior Professor of Development Studies and Director, Centre for Civil Society
notes from input to
University of Limerick workshop on public administration and AIDS
24 October 2012

- Gaspar and Sabiti provided vital info on AIDS, policy debates and public admin challenges in Tanzania and Uganda
- study of state society relations is strength of the Centre for Civil Society; with 10 000 protests recorded by SA police annually, amongst world's highest rate
- delighted to be back in Ireland; born in Belfast, educated in the US, moved permanently to SA in 1990
- this room a product of British colonialism (which introduced the migrant labour system responsible for AIDS) – this project a product of post-colonialism to undo some of that damage
- Univ of Natal – product of apartheid, reproduction of white ruling class of Durban
- But now Univ of KwaZulu-Natal – this month ranked in top 400 in the world, one of 3 in Africa... though we lack traditions and social science prestige of Dar/Makarere, we have Africa's leading HIV/AIDS researchers (e.g. Salim Karim)
 - gel for women that cut transmission 40%
 - vaccine progress
- Durban ante-natal clinic rate of 41% (national 24% - 6 million HIV+) which is 3rd highest rate, highest absolute # in SA and world... 600 000
- National life expectancy
 - 1994 - 57
 - 2000 - 52
 - 2002 - 49
 - 350 000 people died of lack of medicines (Harvard Public Health study)

- 2012 – now back up to 60 ... thanks mostly to Treatment Action Campaign
- During Mandela:
 - 1994 3 focal points
 - free health care for children and pregnant women,
 - clinic building and upgrading, 8.3% real budgetary increase
 - Primary School Nutrition Programme
- what about AIDS? Mandela speaking to Padraig O'Malley: **'I was very careful because in our culture you don't talk about sex no matter what you do.'** He remarked on advice he received in Bloemfontein by a school principle after asking her, 'Do you mind if I also add and talk about Aids?' As Mandela recounted, 'She said, "Please don't, otherwise you'll lose the election." I was prepared to win the election and I didn't talk about AIDS.'
- stigmatisation in part because no medicines available
- late 1990s Mandela – and especially Deputy President Thabo Mbeki - entertained quack solutions like the industrial solvent Virodene proposed by local researchers – and apparently financed with ANC assistance
- why? Mbeki's psychology - Mark Gevisser
- 3 poli-econ reasons
- one was the pressure exerted by international and domestic financial markets to keep Pretoria's state budget deficit to 3 percent of GDP, as mandated in GEAR. As evidence, consider the telling remark of the late Parks Mankahlana, Mbeki's main spokesperson, who in March 2000 justified to Science magazine why the government refused to provide relatively inexpensive anti-retrovirals (ARVs) like Nevirapine to pregnant, HIV-positive women: **'That mother is going to die and that HIV-negative child will be an orphan. That child must be brought up. Who is going to bring the child up? It's the state, the state. That's resources, you see.'**
- second structural reason was the residual power of pharmaceutical manufacturers to defend their rights to 'intellectual property', i.e., monopoly patents on life-saving medicines. This pressure did not end in April 2001 when the Pharmaceutical Manufacturers Association withdrew their notorious lawsuit against the South African Medicines Act of 1997, which permits parallel import or local production, via 'compulsory licenses', of generic substitutes for brand-name anti-retroviral medicines, or in November 2001 when the WTO TRIPS ruled medicines were exempt.
- third structural reason for the elongated HIV/AIDS holocaust in South Africa was the vast size of the reserve army of labour, for this feature of the socio-political structure of accumulation allowed companies to replace sick workers with desperate, unemployed people instead of providing them treatment. In 2000, for example, Anglo American Corporation had 160,000 employees, and with more than a fifth HIV+, the firm began planning 'to make special payments to miners suffering from HIV/AIDS, on condition they take voluntary retirement,'

according to the Financial Times. Aside from bribing workers to go home and die, there was a provisional hypothesis that ‘treatment of employees with anti-retrovirals can be cheaper than the costs incurred by leaving them untreated,’ as an Anglo official told the FT. However, in October 2001, a detailed cost-benefit analysis showed the opposite and so, ‘the company’s 14,000 senior staff would receive anti-retroviral treatment as part of their medical insurance, but the provision of drug treatment for lower income employees was too expensive.’

- How was this reversed and how did countervailing power rise from below?
 - 1990s – US promotes Intellectual Property above all, so monopoly-patented ARVs cost \$10-15,000/person/year – way too expensive for 99% of HIV+
 - 1997 – SA’s Medicines Act allows ‘compulsory licensing’ (breaking patent for generic producers);
 - 1998 – US State Dept counters Medicines Act with ‘full court press’, Treatment Action Campaign (TAC) formed, stoning death of AIDS activist Gugu Dlamini in her Durban township due to stigmatization
 - 1999 – Al Gore for president, ACTUP! opposition to Gore, Seattle WTO protest, Bill Clinton surrender, ‘AIDS dissidents’ emerge
 - 2000 – AIDS conference in Durban, rise of Thabo Mbeki’s denialism
 - 2001 – ‘PMA-SA v Mandela’ lawsuit w Medicines sans Frontiers & Oxfam, while TAC imports Thai, Brazilian, Indian generics
 - 2001 – Constitutional Court supports nevirapine, major World Trade Organisation (TRIPS) concession, Doha
 - 2002 – TAC critiques of Mbeki, Manto Tshabalala-Msimang
 - 2003 – internal lobbying within ANC compels change in state policy
 - 2004 – generics produced in SA, global AIDS funds increase
 - 2011 – 1 500 000 public sector recipients of ARVs
 - 2012 threats – fiscal conservatism, Obama’s PEPFAR cuts

- strategic successes:
 - dramatic rise in life expectancy
 - policy advocacy success
 - commoning intellectual property
 - decommodification
 - destratification
 - deglobalisation of capital
 - globalisation of solidarity

- ongoing pressure on new health minister Aaron Motsoaledi
 - roll out of ARVs to those with below-350 CD4 count (not 200)
 - Fixed Dose Combinations, more attention to TB
 - beginning of National Health Insurance – implications for HIV/AIDS policy?
 - pressure on suppliers for access to generic versions of next generation treatments
 - pressure on contributors to Global Fund and US AID PEPFAR against budget cuts
 - connect the dots to disease vectors that can cause opportunistic infections: water, sanitation, electricity, housing, nutrition, migrant labour system, etc