

# Contents

<i>Acknowledgements</i>	ix
<i>List of Tables, Figures and Illustrations</i>	x
<i>About the Authors</i>	xi
<i>List of Abbreviations</i>	xv
1 Introduction: The Politics of AIDS <i>Maj-Lis Follér and Håkan Thörn</i>	1
<b>Part 1 AIDS, Security and Global Governance</b>	<b>15</b>
2 State Fragility, Human Security and HIV <i>Dennis Altman</i>	17
3 A Long Wave Event: HIV/AIDS, Politics, Governance and 'Security': Sundering the Intergenerational Bond? <i>Tony Barnett</i>	27
<b>Part 2 AIDS and the African State in the Context of Globalization</b>	<b>47</b>
4 AIDS and the Future of the African State <i>Nana K. Poku</i>	49
5 The Unattended Dimension: AIDS and Governability in Africa <i>Bertil Egerö and Mikael Hammarskjöld</i>	71
6 Multi-Sectoral Response to HIV/AIDS in the Context of Global Funding: Experiences from Uganda <i>Edward K. Kirumira</i>	87
7 Governance Matters for AIDS: But what about the Politics? Lessons from South Africa and Uganda <i>Peris Jones and Kjersti Koffeld</i>	97
8 Male Involvement in Uganda: Challenges and Opportunities <i>Fred Henry Bateganya, Swizen Kyomuhendo, Gabriel Jagwe-Wadda and Chris Columbus Opesen</i>	123
<b>Part 3 Responses from Civil Society: Africa</b>	<b>139</b>
9 Global Struggles, Local Contexts: Prospects for a Southern African AIDS Feminism <i>Suzanne Leclerc-Madlala</i>	141

10	'Brothers are Doing it For Themselves': Remaking Masculinities in South Africa <i>Steven Robins</i>	156
11	Gender, Sexuality and Global Linkages in the History of South African AIDS Activism, 1982–94 <i>Mandisa Mbali</i>	177
12	Surviving Politics and the Politics of Surviving: Understanding Community Mobilization in South Africa <i>May Chazan</i>	199
<b>Part 4 Responses from Civil Society: Latin America and Asia</b>		<b>223</b>
13	From Global to Local and Back to Global: The Articulation of Politics, Knowledge and Assistance in Brazilian Responses to AIDS <i>Cristiana Bastos</i>	225
14	Mechanisms of Representation and Coordination of the Brazilian AIDS Responses: A Perspective from Civil Society <i>Veriano Terto Jr and Jonathan García</i>	242
15	AIDS and Civil Belonging: Disease Management and Political Change in Thailand and Laos <i>Chris Lyttleton</i>	255
<b>Conclusion</b>		<b>275</b>
16	Governing AIDS: Globalization, the State and Civil Society <i>Håkan Thörn and Maj-Lis Follér</i>	277
<i>Index</i>		297

# 1

## Introduction: The Politics of AIDS

*Maj-Lis Follér and Håkan Thörn*

### **Introduction**

HIV/AIDS is one of the major political challenges of our time. For more than two decades various initiatives have been taken to respond to the disease, not just by governments, but also by research communities, transnational corporations and in the context of civil society. After the first phase of the spread of the disease, when it was mainly associated with homosexuality, and gay movements were the main non-state actors, the patterns of contagion, as well as the field of actors, have broadened. However, the politics of HIV/AIDS has also become increasingly transnational, as nation states in the Global North have extended their programmes across borders and transnational networks composed of international bodies, NGOs, social movements and private foundations have increased their activity steadily. The political implications of the policies of transnational pharmaceutical companies and their pricing of medicines have also been an issue high on the political AIDS agenda all over the world. Consequently, AIDS politics, whether, local, national, transnational or global, must be approached as part of contemporary globalization, and thus is embedded in the power structures of contemporary world society.

As a phenomenon that was first 'discovered' and medically and socially defined in the 1980s, HIV/AIDS coincides with the latest phase of economic, cultural and political globalization – and the disease, its spread and the various reactions to it, are intrinsically linked with the emergence of an increasingly integrated, and highly socially stratified world society (Barnett and Whiteside 2006; Altman 2001; Poku 2005; Follér and Thörn eds. 2005). The broadening of the HIV/AIDS issue during the last decade also coincides with a wave of increased activity in national civil societies in different parts of the world, as well as in an emerging global civil society and its increasing media visibility in connection with protests against WTO and G8 meetings and at the World Social Forum where hundreds of thousands of activists

have gathered in cities in the Global South (Porto Alegre, Mumbai, Caracas, Bamako, Nairobi).

The social sciences have responded to these processes with a growing body of literature, developing theories and research on globalization, democracy and civil society. An important issue regards the meaning of the processes of democratization, as well as the status of the nation state as a political space, after the end of the Cold War. The fact that more countries than ever have adopted parliamentary democracy has been celebrated by many, while others have argued that this development not necessarily represents increased democratization as it happens in a world in which the power of the democratic institutions of the nation state has been seriously undermined by the process of neo-liberal economic globalization. Further, it has been argued that the increasing number, and various activities of the many types of organizations, including NGOs, INGOs and private foundations, that are the reference points for the claims of increased activity in civil society, can not per definition be assumed to contribute to democratization. We argue that these are issues open to theoretical debate and empirical investigation and that they are indeed crucial issues for thinking and research on the politics of AIDS.

In May 2006 we invited a number of social scientists highly experienced in theorizing and researching HIV/AIDS to an inter-disciplinary conference in Göteborg, Sweden, titled *The Politics of AIDS: Globalization and Civil Society*. In addition to the scholars that were invited, activists, policy makers, teachers, journalists and social workers involved in AIDS work participated in the conference, and there was an open and creative discussion on how to understand and analyse current developments regarding the politics of AIDS, particularly the interaction between different political levels – local, national, global – and types of actors, supra-national organizations (the World Bank, IMF, G8, UN, etc.), corporations, CBOs, NGOs, INGOs, private foundations, governments and donor agencies. There was also a common agreement about the need for an increased input from the social sciences in the context of knowledge production related to HIV/AIDS. This encouraged us to ask the speakers, as well as a few scholars who did not participate in the conference, to make contributions to a volume on the politics of AIDS.

This book links up with the multi-dimensional approach to globalization, emphasizing the interplay between economic, political and cultural processes (Scholte 2005; Beck 1999; Held et al. 1999; Thörn 2006; Follér and Thörn 2005). Contrary to the assumption made by many scholars in the field, we argue that it could not be assumed that globalization *per definition* means decreasing political importance of the nation state. Thus, our focus on globalization and civil society during the conference did not mean that questions regarding the role of national politics were ignored. On the contrary, the actual AIDS policies in different parts of the world show that globalization means different things in different national contexts. Thus, any analysis of globalization must in one way or another be anchored in different national

contexts, and comparative approaches are necessary for an understanding of the actual relations between the changes of national civil societies and the rise of a new global political space.

## The politics of AIDS: themes, questions and structure

In this Introductory chapter we will provide a brief overview of the chapters and the main themes and arguments of the book, highlighting the common threads of the different chapters and sections. Those who are specifically interested in a more general and conceptual discussion of the politics of AIDS may then proceed directly to the concluding chapter, in which, drawing on the most important empirical findings and the theoretical perspectives of the different chapters, we attempt both to clarify and develop the conceptual framework that the book departed from.

As its title suggests, the over-arching theme of the book is to analyse the political responses to the AIDS epidemic. This theme is then divided into four interacting levels of politics, reflected in the different parts of the book: *the global level*, *the macro-regional level* (focusing on Africa), *the national level* (and its interaction with the global level) and *civil society* (and its interaction with the state and with globalization). The main theme and its subdivisions are also reflected in the questions which initially were put to the contributors: What are the major current issues regarding the politics of AIDS – seen in a global perspective? What is the significance of the macro-regional level (such as Africa) of political action? What is the role of the nation state in the increasingly complex multi-level political game of current global AIDS politics? What is the capacity of political institutions in dealing with the disease on a national level? What is role of democratic processes for an adequate political response to the disease and, conversely, how does HIV/AIDS impact on democracy? How is local, civil society based HIV/AIDS work in different parts of the world linked to, and affected by, the actions of INGOs, public foundations and corporations – and more generally by the process of globalization? These are indeed broad questions that, in order to be dealt with in a fully satisfying way, need more of substantial, globally oriented, comparative and interdisciplinary research than is at hand today. Listening to voices raised at various international conferences, we believe that there is a widespread and immediate demand for solid social science research that addresses them. In order to make a contribution to a research process that began with Tony Barnett and Alan Whiteside's comprehensive, analytically innovative and empirically well-researched global overview of the AIDS problematic, *Disease and Globalization: AIDS in the Twenty-First Century* (see References), we chose to call for a number of case studies that may shed some further light on the burning issues concerning the politics of AIDS.

We have structured the book and its sections according to the thematic focus of the contributions: while Dennis Altman's and Tony Barnett's

contributions (Chapters 2 and 3) look at current developments on a *global level*, the other contributions in this book focus on countries in the Global South, and particularly on the region of sub-Saharan Africa; the conditions for AIDS politics on *the general level of the African macro-region* is dealt with in the contributions by Nana K. Poku, and Bertil Egerö and Mikael Hammarskjöld (Chapters 4 and 5). Edward Kirumira (Chapter 6), Peris Jones and Kjersti Koffeld (Chapter 7) and Fred Bateganya, Swizen Kyomuhendo, Gabriel Jagwe-Wadda and Columbus Opesen (Chapter 8) all focus on different aspects of what has been labelled the 'success story' of AIDS politics in Uganda (Chapter 7 making a systematic comparison between Uganda and South Africa). Finally Suzanne Leclerc-Madlala, Steven Robins, Mandisa Mbali, May Chazan, Chris Lyttleton, Cristiana Bastos and Veriano Terto and Jonathan García, (Chapters 9–15) all focus on the politics of AIDS in the context of *civil society*.

It is of course not a coincidence that this book first and foremost deals with countries in the Global South, and particularly with the region of sub-Saharan Africa. Approximately 33 million people are infected with HIV, and 90 per cent of them are living in poor countries in the South.<sup>1</sup> Sub-Saharan Africa stands out: approximately 68 per cent of the infected live in this part of the world (UNAIDS 2007). The political responses to HIV/AIDS have varied in different parts of sub-Saharan Africa; and have had varied success; while Uganda is often cited as a success story, South Africa is generally reported as a great failure. There is however much more to say about these particular cases, which are given attention in several contributions in this book.

Another case often reported as a success story is Brazil, and Cristiana Bastos' and Veriano Terto Jr and Jonathan García's chapters provide some reflections on how and why the Brazilian AIDS policy happened, and what there is to learn from it. Asia is now given increasing attention as reports state that the epidemic is steadily worsening in this part of the world – but there is so far relatively little research on its political and social aspects. In this volume Chris Lyttleton's contribution compares the emerging AIDS politics in Thailand and Laos.

In addition to political categories such as the state and civil society, several contributions specifically focus on the role of sociological categories such as class, gender, sexuality and race and how these intersect, sometimes constraining, sometimes facilitating political action on AIDS issues. While Suzanne Leclerc-Madlala and Mandisa Mbali look at intersections of race, sexuality and gender in South African civil society, the contributions by Steve Robins and Fred Bateganya, Swizen Kyomuhendo, Gabriel Jagwe-Wadda and Chris Columbus Opesen look at male involvement in AIDS, a theme that has previously been under-researched.

## **The contributions in the book**

Part 1 (AIDS, Security and Global Governance) includes two chapters. In Chapter 2 (State Fragility, Human Security and HIV) Dennis Altman departs

from the assumption that the way that HIV/AIDS is conceptualized is of immediate consequence for the political responses to the disease. He points to contesting definitions emerging in opposition to each other in different institutional settings and with different political implications. The early 'medical' definition of AIDS as a narrow health issue was contested by the UNDP's re-definition of the disease as a development issue. When the US government later reframed AIDS as a security issue, it was both an attempt to place it higher on the political agenda and to integrate the issue into an analysis of possible threats to global stability. The concept of 'human security' was then launched by the UNDP, once again emphasizing links to development and to the protection of individuals and communities rather than state boundaries. The chapter examines both the advantages and the problems in linking HIV/AIDS to a security discourse, with a particular focus on implications for democracy and civil society.

In, Chapter 3 (*A Long Wave Event: HIV/AIDS, Politics, Governance and 'Security': Sundering the Intergenerational Bond?*) Tony Barnett approaches the links between HIV/AIDS and security from a slightly different angle. He departs from a broad meta-perspective, arguing that there is a disharmonious resonance between the life cycle of the Human Immunodeficiency Virus – HIV – and that of its human host. In severely affected countries, many people live long enough to reproduce and then die, leaving behind numerous orphans. According to Barnett this process has consequences that we do not yet fully understand. As a case in point – with relevance to the issue concerning the long-term effect of AIDS on democracy – he discusses the consequences of premature death for electoral processes in Southern Africa. Barnett further reviews the debate on the political and governance implications of the AIDS epidemic, with a particular focus on the attempts to link AIDS to a security discourse. He argues that 'security analyses' that predict social disorder arising from legions of poorly socialized and unruly children grown to adulthood lack clear evidence.

Altman and Barnett both argue that it is not unproblematic to define AIDS in terms of a security issue. Altman mentions the risks of authoritarian responses as a consequence of securitization of the AIDS issue, and points to the example of the US 'war on drugs', which has legitimized military intervention in Latin America. Barnett points to the US-led 'war on terror', in which the concept of security is crucial, and which has led to violations of human rights in the name of the defence of democracy. As an example of this connection Barnett mentions that political analysts have argued that the estimated 14 million AIDS orphans are a likely source not just of 'social unrest' but also for terrorist recruitment. Altman on the other hand argues that the war on terror actually has meant a decline in interest in defining AIDS as a security issue.

Part 2 (*AIDS and the African State in the Context of Globalization*) contains five chapters on the AIDS epidemic in the context of the macro-region

of Sub-Saharan Africa – and the role of the nation state in this context – with a particular focus on the cases of Uganda and South Africa. The conditions for AIDS politics on the general level of the African macro-region is analysed in the contributions of Nana K. Poku, and Bertil Egerö and Mikael Hammar skjöld. Edward Kirumira and Fred Bateganya, Swizen Kyomuhendo, Gabriel Jagwe-Wadda and Columbus Openen look at the interaction between the state and civil society in the case of Uganda; and the different cases of state governance in Uganda and South Africa are compared in the contribution of Peris Jones and Kjersti Koffeld.

In Chapter 4 (*AIDS and the Future of the African State*) Nana K. Poku argues that there are significant gaps of knowledge about the impact of HIV/AIDS for state consolidation on the African continent, where approximately 15 million people are currently HIV infected. He argues that colonial history, as well as post-colonial political culture, has created notoriously weak states with high levels of corruption. AIDS is making the situation even worse. With data from institutions such as the World Bank and UNAIDS he points to the high mortality of the HIV/AIDS epidemic in Africa, and its devastating effect on African societies. In a circular way mortality weakens state institutions, rendering the government increasingly ineffective in stopping the very agent that is weakening it. Poku's message is that the epidemic relentlessly reduces state capacity, creating in increasingly 'hollow states' on the African continent.

The analysis of the general impact of HIV/AIDS on states in Africa is continued in Chapter 5 (*The Unattended Dimension: AIDS and Governability in Africa*) in which Bertil Egerö and Mikael Hammar skjöld focus on the implications of the disease for the public services and their capacity to deliver as required. The authors are sceptical to the value of the concept of 'governance' in development studies, arguing that it seems more fit to suit the priorities of World Bank policies than genuine analytical purposes. For the purpose of their own analysis, they instead introduce the concept of 'governability' to cover 'the administrative and financial capacity of a state apparatus to keep the complex web of regulated interactions and exchanges that characterize a nation; the decision-making, follow-up and controls, the relations to a private sector of the economy, the interaction with and services to civil society' (pp. 72–3). Along the same lines as Poku, they highlight the fact that while the public sector has to engage in new and highly demanding tasks linked to the spread of HIV/AIDS, the epidemic itself continually weakens the capacity of the public sector to deliver. For instance, the introduction of Anti-Retroviral Drugs (ART), which infected people need to take throughout their lives, creates a need for an extension of health services in already poor countries with weak public sectors. A serious yet little recognized aspect stressed in the article is the loss of institutional memory when, unavoidably, old and knowledgeable people are replaced by less experienced staff. Further, in addition to the financial costs linked to loss of

staff, staff replacement is in itself a demanding process. Regarding this situation Egerö and Hammarskjöld argue that international aid is necessary, but that the approaches currently favoured by donors are insufficient and even misdirected. They conclude that radical new thinking is required in international action on AIDS, supported by a broader research agenda that builds on at least three different research orientations: (1) civil society and social mobilization; (2) globalization (a wide spectrum of dimensions) and domestic development; and (3) the state in between civil society, market and the international context.

The effects of international aid on state politics in Africa are further investigated in Chapter 6 (Multi-Sectoral Response to HIV/AIDS in the Context of Global Funding: Experiences from Uganda) by Edward Kirumira. Departing from the first AIDS case identified in Uganda in 1982, he gives an overview of the country's AIDS policies until today, paying particular attention to the role of international aid. Edward Kirumira highlights five aspects of these interventions: 1) an open policy towards the AIDS pandemic; 2) co-operation with international and bilateral donor agencies; 3) emphasis on a multi-level policy intervention, involving national, district, institutional and community levels – in the context of civil society post-test clubs, community and religious organizations were actively involved; 4) a multi-sectoral approach that was carried out both in terms of programming and co-ordination, and built on a definition of HIV/AIDS that went beyond a narrow health perspective and instead approached it in broader terms as a social, political and cultural issue; and 5) on an individual level a successful encouragement of open declarations of HIV status. With the help of data from the Ugandan Ministry of Health, the Uganda AIDS Commission, UNAIDS and other sources he then highlights the problems that exist for the government when coordinating and integrating the national programme with the mechanisms of international funding. The author indicates that it is extremely difficult to manage the epidemic on a national level as long as there is a substantial economic dependence on development partners.

In Chapter 7 (Governance Matters for AIDS: But what about the Politics? Lessons from South Africa and Uganda) Peris Jones and Kjersti Koffeld compare Uganda's approach with that of the government in South Africa. As a point of departure for their comparison of what constitutes 'good governance' in the national contexts of South Africa and Uganda, they use a number of indicators, developed by the Governance and AIDS Programme (GAP) at the Institute for Democracy in South Africa (IDASA): participation, accountability, efficient and fair institutions, rule of law, gender-sensitivity, openness, transparency and responsiveness. Jones and Koffeld argue that the most important difference between Uganda and South Africa is related to leadership and relations between the government and civil society. While the government in Uganda is engaged in a serious dialogue with civil society

actors, and has included representatives in their policy structures, the South African government has generally taken a hostile attitude to civil society. This conclusion is in line with the governance theory that these authors' use – that efficient policy intervention demands an inclusive approach by governments in relation to civil society. Another important difference between the governments of the two countries is the lack of an open attitude to the HIV/AIDS pandemic, which was the first decisive step in Uganda's policy, and which has been largely absent in the case of South Africa. The authors also point to the obvious differences between the leadership of President Yoweri Museveni, who 'has been able to have a deep personal and dramatic impact upon responses to HIV/AIDS' (p. 17); and President Thabo Mbeki, whose AIDS-denialism is known world-wide.

Although many aspects of the Ugandan case have been thoroughly researched, the important issue of male involvement has been neglected. Hence, Chapter 8 (Male Involvement in Uganda: Challenges and Opportunities) by Fred Bateganya, Swizen Kyomuhendo, Gabriel Jagwe-Wadda and Columbus Opesen, is a unique study that gives further insight into Ugandan AIDS politics. In their analysis of the low male involvement in Mother to Child Transmission of HIV/AIDS services (PMTCT) in Uganda, the authors employed a qualitative methodology involving in-depth interviews with parents, health providers and community members. Findings revealed that the Information, Education and Communication strategy (IEC) is inadequate and that there is low community support. Existing social inequalities, and the dominance of certain norms and values in Ugandan civil society, are intervening. According to the authors, the reasons for men's reluctance to participate in the programme are stereotyped gender roles in combination with the stigma associated with the disease. They also emphasize that the involvement of men depends on the status and the socio-economic condition of their family. The authors also find that the programme's communication to men is poor and that it has failed to include male community leadership. They conclude that, taken as a whole, the PMTCT programme and the criteria of service provision are 'female centred and marginalizes male involvement' (p. 135).

While all of the chapters in Part 2 focus on the role of the state in AIDS politics, and emphasize the importance of interaction civil society as well as of the influence of globalization, Parts 3 and Part 4 turn the table around. Here civil society is the main focus, while the state is a counterpart and globalization is a context that sometimes facilitates, sometimes constrains, interaction with civil society.

Part 3 (Responses from Civil Society: Africa) is a continuation of Part 2 also in the sense that it consists of four chapters that focus on Sub-Saharan Africa, more specifically South Africa. Further, a common theme of the four chapters is that they deepen our understanding of how inequalities and oppression – based on gender, class and race – *both* structure the social pattern of the

epidemic *and* are important points of departure for AIDS movements in civil society. Three of the chapters (9–11) also make references to the trial against former Deputy-President Jacob Zuma, who in 2006 was taken to Johannesburg High Court on charges of rape, an event with high symbolic significance for the politics of AIDS in a South African context. The accuser was the daughter of a friend of Zuma's who was infected with HIV. Zuma admitted that he had had sex with her, and that he knew that she was infected, explaining in relation to this that he had taken a shower afterwards. According to some of his critics, this statement was a hard strike against whatever progress had been made by years of public education on AIDS prevention in Southern Africa.

In Chapter 9 (Global Struggles, Local Contexts: Prospects for a Southern African AIDS Feminism) Suzanne Leclerc-Madlala emphasizes that any adequate politics of AIDS need to accelerate the global struggle against patriarchy – the existing gender inequalities and its system of endorsing male privilege. She explains the situation in today's Southern Africa, where young women are three to six times more likely to be HIV infected than young men of the same age. Among older women marriage appears to be a primary risk factor for infection; 60–80 per cent of HIV-positive tested women reported that they had had sexual relations only with their husbands. Leclerc-Madlala argues that in spite of this, the intersections of gender and HIV/AIDS, of power and sexuality, have not been adequately taken into account in Southern Africa's response to AIDS. She analyses how and why these issues have been avoided in South Africa, and argues that the failure to address current socio-cultural norms of gender inequality, sexual violence and HIV/AIDS vulnerability is a crucial factor in order to understand the lack of adequate HIV prevention in the country. She uses the Zuma trial as a case in point. However, while the women outside of the court aggressively supporting Zuma 'revealed the degree to which women had internalized their own oppression' (p. 15), the protests of other groups of women also showed that the case provided a trigger for a feminist AIDS activism.

In Chapter 10 ('Brothers are Doing It For Themselves': Remaking Masculinities in South Africa) Steven Robins characterizes the Zuma trial as the staging of a national drama about sex, gender, morality and political leadership in South Africa. In explaining how and why the trial could become such highly contested public battleground, Robins argues that it is a mistake to interpret it simply in terms of a leadership succession struggle within the ANC. Rather, the case, and particularly the debate around it, must be seen in the context of a process of politicization of sexuality and masculinity in response to HIV/AIDS in South Africa. In this process various actors have been struggling to define the appropriate responses to HIV/AIDS, debating AIDS treatment and the official prevention strategies of ABC (Abstain from sex before marriage, Be faithful and Condomize). Further, Robins emphasizes that Zuma's claim that he simply had been acting in accordance with

norms related to Zulu 'traditional masculinity' – and the debate that this provoked – is an example of how ideas about masculinity in South Africa involve a tension between universalistic sexual rights and particularistic sexual cultures. Robins also provides an example of an attempt in South African civil society to challenge hegemonic masculinities 'from below'. He looks at the case of Khululeka, a group of young men who seek to construct 'alternative masculinities' in a township-based support group for men living with AIDS in Cape Town. The group is an offshoot of Treatment Action Campaign (TAC), that challenges the latter's rights-based AIDS activism and emphasis on women through a 'cultural approach' that oppose dominant male sexual cultures.

In Chapter 11 (*Gender, Sexuality and Global Linkages in the History of South African AIDS Activism 1982–1994*) Mandisa Mbali argues that the Zuma case raised the important question about sexual coercion within political circles in South Africa, and also point to difficulties that feminists face when they address the link between gender-based violence and AIDS. Along these lines Mbali's chapter is a study of how the politics of gender and sexuality in the context of the anti-apartheid movement has shaped contemporary South African AIDS activism. On the basis of archival research conducted at the Gay and Lesbian Archive and at the Women's Health Project, as well as interviews with AIDS activists and feminist magazines, she compares and contrasts early political responses to AIDS by feminists and gay rights activists and discusses the impact of this legacy on the Treatment Action Campaign (TAC), the leading social movement organization in the context of contemporary South Africa AIDS activism. TAC is also a well-known actor in the context of global civil society and the chapter highlights how it has been shaped by pre-existing global activist linkages. Mbali argues that gay rights activists' early involvement in AIDS activism partially explains their prominence in today's TAC. By contrast many feminist activists paid the issue inadequate attention during the same period, because they viewed AIDS as mainly being a threat to 'high risk' women. Against this background, and also because the South African women's movement has been, and still is, fragmented, feminists are experiencing difficulties in establishing a strong and autonomous voice within the AIDS movement.

While there has been substantial scholarly interest in TAC, little attention has been paid to other forms of social mobilization against AIDS in Southern Africa. In Chapter 12 (*Surviving Politics and the Politics of Surviving: Understanding Community Mobilization in South Africa*) May Chazan makes an important and unique contribution to our understanding of community-based activism in South Africa. Empirically, it is based on interviews with members of community-based initiatives and/or focus groups with umbrella NGOs and key academics. Chazan argues that research on community mobilization, especially what is often termed 'survivalist initiatives', remains under-theorized and she applies social movement theory in order to offer a

more analytical understanding of the subject. Asking *what* is taking place, *who* is involved, *why* it is happening, *how* the groups are managing to mobilize and *where* it is occurring, some of the important findings are that the mobilization are driven mainly by poor, black women, often HIV infected, in the marginalized townships of South Africa. Chazan's empirical research and theoretical reflections also gives her good reasons to argue that the widespread notion that this form of mobilization is 'apolitical' is misguided. Quite on the contrary, these collective efforts should be seen as a form of grassroots AIDS politics that must be taken into account by middle-class activist organizations, the state, NGOs as well as transnational actors.

Southern Africa is the region of the world that is hardest hit by the AIDS epidemic, but there are important lessons to be learned from other parts of the world as well. Part 4 (Responses from Civil Society: Latin America and Asia) includes three chapters dealing with AIDS politics in Brazil (13–14) and Thailand and Laos (15). While it is fair to say that the HIV/AIDS situation in Brazil today is not as alarming as it was when the epidemic first hit the country during the 1980s and 1990s, the epidemic in many Asian countries is by contrast far from under control; on the contrary, many predictions state that Asia is a region that will face increasing problems within the near future if an accurate political response does not come about. Chris Lyttleton presents two cases that in many respects contrast each other and presents two different roads to the future.

In Chapters 13 and 14 Cristiana Bastos, and Veriano Terto and Jonathan García re-consider Brazil's response to AIDS, most often reported as another success story of AIDS politics. In Chapter 13 (From Global to Local and Back to Global: the Articulation of Politics, Knowledge and Assistance in Brazilian Responses to AIDS) Cristiana Bastos takes as her point of departure the fact that Brazilian AIDS expertise is now exported to many parts of the world, including Asia and Africa. This makes it important to closely examine the 'success story' of Brazilian AIDS politics. According to Bastos recent discussions have emphasized two major explanatory factors: 1) the power of an organized civil society, and 2) the ability to bypass patent regulations in order to produce and distribute their own ARVs. While this narrative is not inaccurate, Bastos argues that it is nevertheless deeply problematic because it reifies both factors and creates a closed model; as with many other development projects attempts to replicate it through investment in single factors may be doomed to failure. In contrast the chapter opens up the 'Brazilian model', accounting for the social, political and technical aspects behind the country's organized response to AIDS in Brazil and its ability to produce and distribute ARVs. Bastos's account emphasizes global flows and local events. In a unique historical combination, international politics, funding and expertise shaped the local responses in a vibrant civil society that was in the process of throwing over a dictatorial, albeit pro-modern, regime. By the

mid-1990s, various social actors had reached joint-action platforms and consensus was strengthened after the findings about the effects of multiple ARVs. From then on, local action according to Bastos became coordinated, exemplary and helped shape global politics. From her contextualization of 'the Brazilian case' she concludes that the Brazilian AIDS politics can not be exported as a 'model'. However, by examining the complexity of external and internal, local and global factors, in Brazil, other countries can learn and invent their own local-national agendas.

In Chapter 14 (Mechanisms of Representation and Coordination in the Brazilian AIDS Response: A Perspective from Civil Society) Veriano Terto Jr and Jonathan García set out to reveal the main principles and mechanisms of representation and coordination of the Brazilian response to HIV/AIDS, focusing on processes in civil society. As the epidemic (just as in the US) first was perceived as a 'gay disease', gay rights organizations were the first to mobilize communities in reaction to the epidemic. It was however inevitable that the Brazilian AIDS movement became embedded in a broad mobilization of civil society for a democratization of the political system after 20 years of military rule. Arguing that democracy is a process, not a condition, Terto Jr and García apply the concept of 'democratic citizenship' to analyse the deeper significance of embodied democratic rights in the context of Brazilian AIDS politics.

In Chapter 15 (AIDS and Civil Belongings: Disease Management and Political Change in Thailand and Laos) Chris Lyttleton analyses how political, cultural and biological belonging is re-shaped as a response to HIV/AIDS in Laos and Thailand. Using the term 'therapeutic citizenship', he argues that HIV plays a formative role in civil society, as the politics of disease management breeds new social collectivities and political change unforeseen during the early days of the epidemic. As examples of the role of civil society mobilization, the cases of Thailand and Laos present stark contrasts. Associated with other new social movements in an increasingly vivid Thai civil society, which has played a key role in the democratization process originating in the 1980s, AIDS activism is acting both in order to check and balance state power, and to enlarge a political and moral space in which people living with AIDS can be recognized and advocated. This process of mobilization is currently accelerating – in 2002 there were 400 groups in the country, while in 2006, there were 900 groups with more than 20 000 members. If the Thai movement is highly visible and active, AIDS activism in Laos provides a completely different story. Here, civic initiatives are met with severe hostility, and even repression, by the state, which Lyttleton argues 'is now best termed post-socialist, that is, an economically and socially capitalist state managed by a one party-regime that has "no intention of allowing liberal-democratic reforms"' (p. 266). In spite of this, there are civic initiatives related to AIDS, being part of an incipient civil society in Laos. The AIDS-related NGOs that exist in Laos do however come as part and parcel of international

aid (which the economy of Laos relies on heavily), rather than originating from initiatives by Lao citizens.

In Chapter 16 (Governing AIDS: Globalization, the State and Civil Society) we argue that the concept of 'governance', which highlights policy networks involving constellations of global, national and local actors, may be a fruitful approach for an improved understanding and analysis of politics in the new context of rapidly increasing globalization – if it is used in a cautious and critical way. While this approach emphasizes the global level of politics, several authors in this volume have put forth good theoretical arguments and empirical evidence highlighting that the state is still a crucial political level. However, the various cases of state politics discussed in this volume show that the contemporary state cannot be seen as *the* centre of politics – but rather as an important node in contemporary global networks of power. Further, there are strong reasons to argue that the political significance of civil society, on a national and global level, has increased in this new situation. A number of contributions in this volume have shown that any successful AIDS politics is dependent on the strength of civil society and the capacity and will of governments and other actors to interact with civic actors. For example, in both Brazil and South Africa, the state's challenge of the transnational pharmaceutical industry and the international patent regulations would not have been successful without support from civil society.

We also argue that an important lesson regarding the issue of democracy is that it is much more complex than what most policy makers are willing to admit. While it goes without saying that a democratic political response to HIV/AIDS is preferred by almost everyone (including the editors of this volume) in today's world, the history of successful AIDS politics shows that combining a forceful response to the disease with strong democratic rights may present a dilemma rather than an unambiguous solution. A review of successful political responses to AIDS both in the Global South and the Global North show that a number of states, among them Sweden, favoured interventionist strategies that clearly subordinated civil liberties to the 'collective good'. Still, international agencies based in the Global North most often make 'democratization from above' a condition for providing aid to AIDS in the Global South. This brings us to the final and perhaps most important conclusion: if it is beyond doubt that international aid to the Global South is a necessary component of a forceful global response to the challenge that AIDS presents to the contemporary world, several contributions in this volume present convincing evidence that such aid may do more harm than good if it is insensitive to national development and local initiatives and demands. This is however an under-researched issue that, considering the amount of money that is spent on aid, in the immediate future must be further investigated and analysed through social science research.

Finally, we would like to underline that all the chapters in this book are based on a crucial assumption, which may seem self-evident to some, but

unfortunately does not seem to guide all policy makers in the world facing different stages of 'AIDS crises': even though we may perceive HIV/AIDS as a disaster, it is not a natural disaster in the sense that its causes and development are external to human action. Although HIV/AIDS in its most basic definition represents biological processes that breaks down the human body and ultimately leads to death, the disease must also be understood as a social, economic, cultural and political phenomenon. Not just the consequences, but the causes and the development of the epidemic, have profound political dimensions – which also means that it is possible to do something about it.

## Note

1. At a late stage in the production of this book (December 2007), UNAIDS/WHO published a new assessment of the global number of people infected by HIV, a reduction to 33.2 million from the earlier estimate of 39.5 million. Most of the reduction is related to a radical reassessment of HIV prevalence levels by India, which together with revision for five Sub-Saharan African countries (Angola, Kenya, Mozambique, Nigeria and Zimbabwe) accounts for 70% of the reduction in HIV prevalence. It is only to be hoped that the new figures are more accurate – they are certainly good news. However, since the new estimates result from improved data and analyses, the UNAIDS revision does not affect the general conclusions drawn in this book.

## References

- Altman, D. (2001) *Global Sex*. Chicago: University of Chicago Press.
- Barnett, T. and Whiteside, A. (2006) *AIDS in the Twenty-First Century: Disease and Globalization*. Second Edition. Basingstoke: Palgrave Macmillan.
- Beck, U. (1999) *What is Globalization?* Cambridge: Polity Press.
- Follér, M. and Thörn, H. eds. (2005) *No Name Fever. AIDS in the Age of Globalization*. Lund: Studentlitteratur.
- Held, D., McGrew, A., Goldblatt, D. and Perraton, J. (1999), *Global Transformations: Politics, Economics and Culture*. Cambridge: Polity Press.
- Poku, N.K. (2005): *The Politics of Africa's AIDS Crisis*. Cambridge: Polity Press.
- Scholte, J.A. (2005) *Globalization: A Critical Introduction*. Second Edition. London: Macmillan.
- Thörn, H. (2006) *Anti-Apartheid and the Emergence of a Global Civil Society*. Basingstoke and New York: Palgrave Macmillan.
- UNAIDS (2007) *AIDS Epidemic Update: December 2007*. Geneva: UNAIDS/WHO.

# Index

- ABC (Abstain from sex before marriage, Be faithful and Condomize) 9, 92
- ABIA (Brazilian Interdisciplinary AIDS Association) 234–5, 244, 246
- accountability 7, 102, 108, 291  
internal 106  
external 107
- Achmat, Zackie 190
- ACT UP (AIDS Coalition to Unleash Power) 190–1, 285
- adult mortality 57
- 'African sexuality' 180, 290–1  
*see also* masculinity
- Agenda journal 181, 188–9, 192
- AIC (Aids Information Center) 91, 133
- aid *see* donors' and international aid
- AIDS/HIV  
activism 12, 98, 104, 108, 110, 112, 114, 116, 157, 177–8, 181, 191, 193, 201, 209, 227, 287  
community based 10, 24, 105, 167, 172, 199, 210–20, 243
- AIM (Integrated District Model) 135
- culture 237
- denial 8, 113, 115, 286
- dying from/living with 245
- endemic 30, 44
- feminism 144
- 'gay disease' 12, 184
- life cycle 27–8
- pandemic 30, 156, 229
- pathological harmony 34–5
- reproductive rate 34
- retrovirus 33
- stigma 8, 127–8, 136, 266
- vertical transmission 123  
*see also* HIV
- Ake, Claude 52
- Altman, Dennis 4–5, chapter 2, 277, 279, 282
- ANC (African National Congress) 40, 107, 113, 157, 163, 207  
Women's Section (League) 181–2, 192
- Angola 14, 53, 56, 58
- Annan, Kofi 141
- Anthias, Floya 146
- apartheid system 146, 171, 287  
collapse of the family 183–4
- APN (Asia–Pacific Positive Peoples Network) 268
- ART (Anti-retroviral therapy – or treatment) 6, 66, 77–8, 80–1, 124–5, 164, 170, 291
- ARV (Anti-retrovirals) 28, 34, 41–3, 79, 80, 111, 124, 127, 167–8, 171–2, 177, 201, 214, 225, 255, 258, 261–2, 268
- Baldwin, Peter 282–3
- Ballard, Richard 207–8
- Barnett, Tony 5, chapter 3, 56, 142, 278–9
- Bastos, Cristiana 11, 12, chapter 13, 281, 286
- Basu, Amrita 146
- Bateganya, Fred 6, 8, chapter 8, 281, 290
- Beetham, David 100
- Belarus 37
- Betinho (Herbert de Souza) 234, 244–5
- biomedical research, 235, 238  
*see also* medical science
- BJP (Bharatiya Janata Party, Indian People's Party) 43
- Bonin, Debbie 192
- Booth, David 278
- Botswana 31, 37, 41, 56, 58, 77, 145
- Bozzoli, Belinda 184, 187
- brain drain 77
- Brazil 11, 12, 13, 21, 24, 225–38, 242–53, 256, 281–2, 286, 290  
*abertura* (opening) 243  
biomedical creativity 233  
social sciences 233  
success story 11, 225, 229, 281
- Bretton Woods institutions 83  
conditionality 270, 287
- bureaucracy 100

- Burkina Faso, 258  
 Burundi 53, 91  
 Bush, George W. 291  
 Busse, Peter 181, 190  
 Butler, Judith 186  
 Byamugisha, Canon Gideon 116
- Cambodia 18, 21  
 Cardoso, Fernando Henrique 229,  
 238, 286  
 Cardoso, Ruth 229  
 CBO (Community Based Organization)  
 105  
 CCM (Country Coordinating  
 Mechanism) 92  
 Center for Strategic and International  
 Studies in the United States 17  
 Central African Republic 52  
 centralization 98  
*see also* state  
 Chad 53  
 Chazan, May 10, chapter 12, 285,  
 289–90  
 Chemical and Biological Arms Control  
 Institute 17  
 children 60, 145  
 China 23, 226  
 Chirambo, Kondwani 39–40  
 CIA (Central Intelligence Agency) 17,  
 39  
 citizenship  
   democratic 12  
   lack of 264  
   rights 244  
   therapeutic 12, 165, 172, 257–8,  
   264, 268, 271, 285  
   globalized 269  
 civil society 7, 8, 23, 80, 83, 100, 103,  
 114, 116–17, 207, 215, 225, 229,  
 238, 242–53, 256–7, 259–60, 265,  
 269, 284–8  
 class 4, 8, 60, 143, 152, 192, 206,  
 208–10, 288–90  
 Clinton Presidency 18  
 collective action 251  
 colonialism 50–1  
   legacy of 280, 283  
 Commission for Africa 97  
 communitarian explanations 203  
 community 215  
   leadership 136, 214  
 condom 80, 144, 150, 160, 162, 169,  
 183, 185–6, 235, 291  
 conflict 17, 19–20, 262, 266, 285  
 corruption 6, 22, 52, 72, 80, 93, 98,  
 280  
*see also* state  
 COSATU (Congress of South African  
 Trade Unions) 163  
   bed politics 184  
 countries  
   democratic 259  
   socialist 259  
 CRTA (Center of Reference and Training  
 for AIDS) 248  
 CSO (Civil Society Organization) 105,  
 109, 123, 133, 135–6  
 Cuba 23, 282  
 culture 129, 157, 159, 165, 168, 216,  
 288  
*see also* political culture and sexual  
 culture
- DACC (District AIDS Coordination  
 Committee) 106  
 DANIDA (Danish International  
 Development Agency) 91  
 Daniel, Herbert 234, 244, 246  
 democracy 5, 81, 107, 242, 282–4,  
 287–8  
   no party 108  
 democratization 2, 24, 117, 246, 252,  
 287–8  
   of information 245  
   re- 253  
   Third Wave 100  
 demographic impacts 71  
 de Waal, Alex 23, 35, 73, 80–1, 101  
 development 17  
 DFID (Department for International  
 Development) 83, 291  
 DHAC (District HIV/AIDS Committee)  
 106  
 Ditsie, Bev 189  
 DOT (Direct Observation Therapy)  
 172  
 donors, *see* international aid  
 Downer, Alexander 17  
 DRC (Democratic Republic of the  
 Congo) 20, 23, 52–3, 56, 91

- drugs  
 AZT (Azidothymidine) 233  
 Combid 255  
 Didanosine 261  
 Lamivudine 28, 126  
 Lopinavir/Ritonavir 255  
 Nevirapine 28, 111, 126–7, 201  
 Stavudine 28  
 Zidovudine 126  
*see also* pharmaceutical industry  
 drug users 24
- East Timor 22
- economy,  
 decline in economic activity 64–5  
 economic society, 100  
*see also* inequality, class, international  
 aid, racial capitalism
- educated cadres 63
- Egerö, Bertil 6, 7, chapter 5, 278–81,  
 291
- Egypt 51
- elections  
 free and fair 107
- electoral system 40
- embodied democratic rights 244
- empowerment 203, 232
- enabling environments 21
- Epprecht, Marc 180
- Epstein, Steve 232
- Ethiopia 53
- European Union 83
- Evans, Grant 267
- fascism 43
- Fassin, Eric 156
- FEDTRAW (Federation of Transvaal  
 Women) 181
- feminists 10, 151, 181, 187, 193  
 African 148  
 grassroots movement against  
 HIV/AIDS 144  
 health activists 141, 287  
 scholars 143  
*see also* gender
- Floyd, Liz 182
- Follér, Maj-Lis chapter 1, chapter 16
- Foucault, Michel 186
- Fourie, Peter 25
- France 124
- Freedom House 101
- FSAW (Federation of South African  
 Women) 187
- Fukuyama, Francis 265
- GAP (Governance and AIDS  
 Programme) 7
- García, Jonathan 11, 12, chapter 14,  
 285–6, 294
- GASA (Gay Association of South Africa)  
 178, 180, 189–90, 290
- Gauri, Varun 290
- Gay and Lesbian Archive 10
- gay  
 activists 287  
 organization 187  
 men 30  
 movement 178  
 rights 10, 178, 188
- gender 4, 7–10, 59–60, 141–53,  
 156–73, 177–93, 202–20, 286,  
 288–90  
 analysis 142  
 -based violence 145, 149, 185–6  
 division of labour 129  
 inequality 9, 141–2, 146, 185, 288–9  
 issue 148  
 neutral 135  
 politics 206, 208  
 sensitivity 7  
 roles 8, 131, 136  
*see also* ‘feminists’, ‘male’,  
 ‘masculinity’, ‘women’
- Gevisser, Marc 190
- GFATM (Global Fund for AIDS,  
 Tuberculosis and Malaria) 90–4,  
 258, 262, 267, 270, 291
- Ghana 49, 53, 77
- GLIA (Great Lakes Initiative on  
 AIDS) 91
- global  
 consciousness 229  
 expenditures 255  
 health politics 227–8  
 linkages 191, 193, 287
- global networks 293
- globalization 2, 7, 8, 19, 21, 83, 93,  
 142, 280–1, 293
- Gobodo-Madikizela, Pumla 152
- Goniwe, Mbulelo 157
- Gore, Al 18

- government 7, 87, 100, 112, 123, 261  
 governance 6, 7, 8, 13, 39, 41, 72,  
     97–102, 116, 118, 277–9, 283, 293  
 governability 6, 71–2, 279  
 Gramsci, Antonio 294  
 Grundfest-Schopfe, Brooke 180  
 Guan, Lee Hock 259, 266  
 Guinea-Bissau 53
- Haacker, Markus 77, 80  
 Haiti 18  
 Hammarskjöld, Mikael 6, 7, chapter 5,  
     278–81, 291  
 Hassim, Shireen 181–2, 185  
 health  
     as a collective right and responsibility  
       of the state 246  
     clinics 163–4  
     dual system 228  
     infrastructure 78  
     public system 236–7, 242, 244  
     workers 78, 82–3  
 Herbst, Jeffrey 52  
 HIV  
     prevalence 22, 55, 75, 78, 80, 89,  
       101, 111, 281  
     *see also* AIDS/HIV  
 Holbroke, Richard 18  
 homophobia 180  
     *see also* gay  
 household 60–1  
 human capacity  
     loss 63  
     planning 67  
 human rights 5, 104, 114–15, 143,  
     178, 181, 235–6, 244, 249, 261–2,  
     283, 286  
 human security 5, 19, 20, 24, 278  
 Hydén, Göran 99–100, 102, 112, 284
- IBASE (Instituto Brasileiro de Análises  
     Sócio-Econômicas) 244  
 IDASA (Institute for Democracy in South  
     Africa) 7, 102  
 identity 9, 52, 163, 165–8, 170–1, 205,  
     208–9, 213, 257–8, 263, 265, 268–9  
 IEC (Independent Electoral  
     Commission) 107  
 IFP (Inkatha Freedom Party) 40  
 IMF (International Monetary Fund) 83  
 India 31, 40, 43, 226
- Indonesia 24, 282  
 inequality 19, 141–3, 145–6, 152–3,  
     289–90  
     *see also* gender inequality *and* power  
     imbalances  
 Information Education and  
     Communication strategy 133  
 institutional memory loss 76  
 international aid 7, 13, 53, 87, 110,  
     123, 233–4, 258, 270, 281,  
     dependency on 79, 83, 93, 110,  
     266–7, 291–3  
 interventionist strategies 13, 282  
 intimate femicide 147  
 Irish Aid 91  
 ISER (Institute for Religious Studies)  
     244  
 Islamic regimes 24  
 Ivory Coast 53
- Jagwe-Wadda, Gabriel 6, 8, chapter 8,  
     281, 290  
 job seeking 119  
 Jones, Peris 7, chapter 7, 277–8, 282,  
     284, 288, 290  
 judicial system 100, 114
- Kaleeba, Noering 191  
*kanga* (traditional African cloth) 158  
 Kaunda, Kenneth 62  
 Kenya 14, 53, 60, 91, 136  
 Khong, Yuen 20  
 Khululeka (community based HIV men's  
     support group) 157, 167–9, 171–2  
 Kinsey, Alfred 186  
 Kirumira, Edward 6, 7, chapter 6,  
     281–2, 291–2  
 Kjaer, Anne Mette 278  
 Koffeld, Kjersti 7, chapter 7, 277–8,  
     282, 284, 288  
 Kyomuhendo, Swizen 6, 8, chapter 8,  
     281, 290
- Laos 12, 255–71, 285  
     post-socialist 266  
     Red Cross 267–8  
 Leclerc-Madlala, Suzanne 8, chapter 9,  
     288–90  
 lesbians 188  
 Lesotho 31, 35, 58, 145

- Leviathan* 50  
 Liberia 53  
 Lieberman, Evan S. 290  
 life expectancy 23, 58  
 LNP+ (Lao Network of People Living with HIV/AIDS) 259, 267–9  
 long wave event 32, 56  
 LUSEA (Lao Union of Science and Engineering Associations) 267  
 Lutaaya, Philly 116, 192  
 Lyttleton, Chris 12, chapter 15, 285, 287, 294
- MacFarlane, Neil 20  
 MAP (Multi-country HIV/AIDS Program for Africa) 89–90, 92  
 Malawi 58, 75–9, 83, 280–1  
 male  
   circumcision 165  
   faulting 136  
   health seeking 129, 164  
   initiation 165–6  
   ‘not allowed’ 132  
   involvement 125–7, 132, 134–6  
   sexuality 172  
 Mandela, Nelson 112, 115, 147, 182  
 Mandela, Winnie 146  
 managing the rules 99  
 Mann, Jonathan 234–5  
 masculinity 10  
   Zulu traditional 162–3  
   new/alternative 168–9, 171–2  
 Mbali, Mandisa 10, chapter 11, 287, 289–90  
 Mbeki, Thabo 8, 42, 112–13, 115, 147–8, 161–3, 286  
 McPherson, Malcolm 73  
 media 1, 133–4, 147, 156–62, 171, 202, 214, 233–4, 255, 286  
 medical science 285–6  
   *see also* biomedical research  
 Mellors, Shaun 181  
 military 5, 12, 17–18, 20–1, 30, 38–9, 50, 131, 243, 260  
 migrant labour 183  
 misogyny 159  
 mobilization 217  
 Mobutu Sese Seko Kuku wa za Banga 53  
 Mozambique 14, 58
- MSF (Médecins Sans Frontières) 164–6, 170, 261, 287  
 MTCT (Mother to Child Transmission of HIV) 66, 110–11, 114, 124  
   Prevention of (PMTCT) 123–36  
 Mthathi, Siphoh 143  
 Mthembu, Promise 184  
 Mugabe, Robert 41  
 multi-sectoral approach 7, 87, 103–4, 106, 116, 237, 243, 251  
 Museveni, Yoweri 8, 101, 106, 108–9, 112–13, 116–17, 282
- Namibia 145  
 NACOSA (National AIDS Convention of South Africa) 108  
 NACWOLA (National Community of Women Living with HIV/AIDS in Uganda) 105  
 NAPHA (National Access to Antiretroviral Programme for PLWHA) 261–2  
 Naruemon, Thabchumpon 259  
 National Coordination for Sexually Transmitted Diseases and AIDS 248–9  
 nationalism 146  
 neo-patrimonialism 98  
 new social movements, *see* social movements  
 NEPAD (New Partnership for Africa's Development) 97  
 NGO (Non-Governmental Organization) 81, 87, 104–6, 108–9, 214, 230, 233, 243, 250–2, 259–60, 263, 266–9, 285, 292  
   imperialism 287  
 Ngugi, Elisabeth 191  
 Nguyen, Vinh-Kim 257–8  
 Nigeria 14, 52–3  
 NIH (National Institute for Health) 124  
 Nkoli, Simon 180, 190, 290  
 Nkrumah, Kwame 49, 51  
 NORAD (Norwegian Agency for Development Cooperation) 291  
 NOW (Natal Organization of Women) 181  
 NPA (Non-Profit Association) 267  
 NRM (National Resistance Movement) 101, 108, 116

- NSF (National Strategic Framework for HIV/AIDS) 109
- Nyati, Cecil 190
- Nywangi, Phumzile 157, 165–6, 170
- OLGA (Organization of Lesbian and Gay Activists) 188
- openness 7, 89, 102, 115–16, 284
- Opesen, Chris Columbus 6, 8, chapter 8, 281, 290
- orphans 5, 23, 27, 29, 36, 41–3, 60, 101
- Ostergard, Robert 20
- Oxfam 287
- PAC (Provincial Aids Council) 105–6
- Papua New Guinea 22, 31
- Pasuk, Pongpaichit 260
- partnership 278
- participation 7, 102–3, 247
- patent regulations 13, 225, 236, 261
- patriarchy 136, 141, 151–2, 159, 187  
struggle against 9  
Zulu traditions 150
- Patterson, Amy 98, 100, 103, 112, 118
- PEPFAR (Presidential Emergency Program for AIDS Relief) 90–2, 291–2
- PHA (People with HIV network) 262, 264
- pharmaceutical industry 13, 200–1, 225, 228, 236, 238, 281, 286  
Abbot 255  
Boehringer Ingelheim Pharmaceutical Corporation 124  
Bristol-Myers Squibb 261  
GlaxoSmithKline 255  
*see also* drugs
- PLI (Philly Lutaaya Initiative) 87
- PLWHA (People Living With HIV/AIDS) 66, 105–6, 110, 114–17, 123, 127, 243–6, 256, 258–69
- Poku, Nana K. 6, chapter 4, 278, 280, 288–9
- Polanyi, Karl 43
- policies 7, 87, 98
- policy networks 99
- political opportunity structure 207
- political  
culture 6, 42, 216, 288  
leadership 102, 112, 116  
society 100  
will 113–14, 225, 294
- politics 1, 3, 20, 38, 41, 293  
of alliance 146  
sexualization of 156, 172
- population 59
- POWA (People Opposing Women Abuse) 158
- poverty 54, 97, 288
- power 284  
imbalances 185  
gender and global 143  
*see also* inequalities
- prevention 21, 23, 62, 80, 90, 111, 123, 144, 165, 189, 209, 227, 245, 256, 283
- private sector 81
- Progressive Women's Federation 152
- prostitution 115, 183–4  
*see also* sex workers
- public sector 73, 75–6, 80, 82, 99
- Putzel, James 112, 117, 282
- race issue 148, 290
- racial  
capitalism 171  
paternalism 159
- rape 145, 151–3, 159, 289  
anti-rape activists 158  
'burn the bitch' 159  
capital of the world 147
- Rau, Bill 78
- resource mobilization 206
- responsiveness 7, 102, 109, 112
- Rhodes, Roderick A. W 99, 278
- Richter, Marlis 143–4
- risk society 19
- Robins, Steven 9, chapter 10, 288, 290
- rule of law 7, 102, 114
- Russia 31, 37
- Rwanda 20, 53, 58, 91, 98
- SACP (South African Communist Party) 163
- same-sex marriage legislation 157
- SANAC (South African National AIDS Council) 103, 105–9
- security 5, 17, 27–8, 39, 41, 43, 53, 98, 278–9  
*see also* human security

- Sen, Amartya 23
- Senegal 21, 24, 53, 61
- sexual
- culture 10, 15, 157, 161
  - equality; between homosexuals and heterosexuals 156; between men and women 156
  - minorities 115
  - responsibility 157, 170–1
  - violence 9, 145, 148, 151, 159, 185, 192, 289
  - see also* gender
- sexuality 186
- politicization of 156, 172
- Sierra Leone 18, 52
- Smith, Charlene 147–8
- social
- capital 215, 265, 270
  - commitment 237
- inequalities 210
- movements 1, 10–12, 143, 156–7, 177, 199–201, 204–11, 219, 227, 230, 242–52, 260, 281, 284–7
  - science 2, 13, 81, 99, 142, 233, 277
  - theory 200, 204–6, 208, 219, 285
- solidarity 251
- Solomons 22
- Somalia 53, 81
- Sontag, Susan 20
- South Africa 7, 8, 10, 11, 13, 21, 23, 40–2, 53, 57, 77–8, 97–118, 124, 144–6, 156–73, 177–93, 199–220, 282, 286, 290, 293
- Institute for Strategic Studies 29
- South African Development Community 143
- SPEAK magazine 181, 184–5, 191
- staff impacts 74
- state
- activist 238
  - African 50–1, 280
  - capacity 72, 98, 100
  - constitution 114–15, 156, 237
  - independence 52
  - kleptocracy 53
  - militias 53
  - nation 280
  - node 294
  - political elite 52
  - failed 21, 24, 81
  - fragile 22, 29
  - hollow 6, 61, 65
  - structures 49
  - system 50
  - weak 6, 53–4
  - see also* corruption
- stigmatization 20, 87, 115, 261
- see also* AIDS/HIV stigma
- Strand, Per 283
- Strebel, Anna 183
- Sudan 51, 53
- support groups 260–2, 268
- survivalist initiatives 10, 200, 202–6, 209–10, 216, 218–20, 285, 289
- Swaziland 31, 56, 145
- Sweden 13, 77, 282, 293
- Switzerland 124
- symbolic actions 286
- TAC (Treatment Action Campaign) 10, 23–4, 42, 105, 114, 143, 156–7, 166, 172, 177, 199–202, 204, 208, 211, 214, 286–7
- Tanzania 91, 124
- TAP (Township AIDS Project) 185, 191
- TASO (The AIDS Support Organization) 91, 105, 116, 133
- Tenet, George 39
- Terto Jr, Veriano 11, 12, chapter 14, 285–6, 294
- Thailand 12, 21, 24, 28, 124, 255–271, 285–6
- Thörn, Håkan chapter 1, chapter 16
- TNP+ (coalition of Thai people living with HIV/AIDS) 256, 259, 261–6, 270
- transmitted resistance 28
- transparency 7, 62–3, 72, 83, 102, 108
- treatment 209
- activism 231, 235
  - Ante-Natal Care (ANC) 124–5, 130, 132, 136
  - coverage 111
  - Intra-Natal Care (INC) 124, 128, 130, 132, 136
  - Post-Natal Care (PNC) 124, 128, 130, 132, 136
  - see also* ART and drugs

- TRIPS (Trade-Related Aspects of Intellectual Property Rights) 238, 262
- Tsabalala-Msimang, Manto 183
- Turner, Thomas 53
- Tutu, Desmond 115
- UAC (Uganda AIDS Commission) 91, 103, 105, 107, 113, 116
- UACP (Uganda Aids Control Programme) 89, 104
- UDF (United Democratic Front) 181
- Uganda 7, 8, 20, 21, 24, 37, 53, 75–6, 78–80, 82, 87–94, 97–118, 123–36, 256, 280–2  
National Strategic Framework 93
- Ukraine 24, 31, 37, 282
- unemployment 168
- United Kingdom 28, 31, 77
- United Nations 18, 52  
CHGA (UN Commission on HIV/AIDS and Governance in Africa) 57–8  
General Assembly Special Session on HIV/AIDS 105  
Security Council 18  
UNAIDS (Joint UN Programme on HIV/AIDS) 6, 7, 30, 41–2, 80, 91, 98, 105, 111, 143, 146, 232, 255, 277  
UNDP (UN Development Programme) 5, 17, 82, 97–8, 100, 117  
Human Development Index 101  
WHO (World Health Organization) 111, 146, 227, 232, 234, 255, 277, 289
- Unified Health System (Sistema Único de Saúde) 246–7, 248
- United States of America 18, 28–9, 124, 230–1, 285  
USAID (US Agency for International Development) 91, 135
- urban–rural divide 214
- urbanization 131
- UWO (United Women's Organization) 181
- van der Merwe, Willem 159, 161
- VCT (Voluntary Counselling and Testing) 66, 124–5, 127, 136
- Vietnam 23
- voluntarism 203
- Walker, Cheryl 187, 189
- war on drugs 20
- war on terror 5, 30
- White, Luise 184
- Whiteside, Alan 56, 142
- WoMandla AIDS Network 149
- Woman's National Coalition 146, 182
- women 59, 105, 124, 141, 146, 164, 218–9  
movement 146–7, 149–53, 181–2, 189, 192  
oppression of 290  
sexuality 145
- Women's Equity Charter 146
- Women's Health Project 10
- World Bank 6, 22, 63, 72, 83, 91, 97, 248, 256, 262, 264–5, 271, 277, 284
- World Social Forum 1
- WTO (World Trade Organization) 83, 281
- Young, Crawford 53
- Yuval-Davis, Nira 146
- Zaire 53, 180
- Zambia 39, 58, 62, 77, 80, 82, 136, 145
- Zartman, William 53, 61
- Zimbabwe 14, 20, 23, 40–1, 51–3, 58, 145
- Zintle, Themba 183
- Zulness 162
- Zuma, Jacob 9, 10, 113, 150–3, 157–63, 171, 178, 192, 289
- Zwi, Antony 183