HIV/AIDS and Human Security in South Africa

Policy Seminar

Cape Town, South Africa
26 – 27 June 2006
1) INTRODUCTION


Building on recommendations from CCR’s May 2005 brainstorming workshop on human security and HIV/AIDS, the June 2006 policy seminar seeks to assess the relevance of this new concept to South Africa in the context of, or resulting from, the HIV/AIDS pandemic. The nexus between human security and HIV/AIDS is a unique challenge to contemporary African states and societies. African policymakers are often only marginally aware of the human security dimensions of HIV/AIDS. Moreover, human security is still an unwieldy concept that is difficult to implement and evaluate. The Cape Town seminar seeks to contribute to the development of views which are relevant to the AIDS crisis but which are also self-critical about the obstacles to delivering a human security dividend.

In order to stimulate a multidisciplinary, policy-relevant debate and discussion, academics and practitioners will present 12 papers at the meeting. As part of CCR’s aim to provide a platform for constructive exchange of views from a diverse group of actors; academics; policymakers; civil society representatives; donor partners and members of parliament will have the opportunity to interact with each other to shape future policy outcomes and to share research findings. The June seminar will bring together about 45 participants. Confirmed participants include: Ms Scholastica Kimayo, Resident Representative of the United Nations Development Programme (UNDP) in South Africa; Professor Nana Poku, formerly the research director of the UN Commission for HIV/AIDS and Governance (CHGA), Addis Ababa, and currently at Bradford University, the United Kingdom; and Professor Alan Whiteside, founder of the Health Economics and HIV/AIDS Research Division (HEARD) at University of KwaZulu-Natal, Durban. Mr Zackie Achmat, co-founder of the Treatment Action Campaign (TAC), will deliver the keynote address at the meeting. A report of the seminar proceedings will be produced; and an edited book, based on revised seminar papers, will be published in 2007.

The following seven themes will be the basis of presentations and discussions during the seminar:

1. HIV/AIDS and Human Security: From Theory to Practice;
2. Vulnerabilities, Poverty and Society;
3. Security Policy: HIV/AIDS, the Southern African Development Community (SADC) and the UN;

4. HIV/AIDS and Gender;
5. Politics and Governance Within the Context of HIV/AIDS;
6. Southern Africa’s Response: National Approaches to HIV/AIDS and Human Security; and

2) OBJECTIVES OF THE SEMINAR

The June 2006 seminar on human security and HIV/AIDS in South Africa seeks to make a unique contribution to emerging views on the impact of the pandemic. The Cape Town meeting seeks to answer - in concrete and specific terms - how HIV/AIDS is a human security issue, and perhaps more importantly, what human security means to contemporary Africa. The seminar will provide an analysis of the conceptual and practical underpinnings of human security and examine the economic, political and gendered dimensions of HIV/AIDS. Discussions will include a review of the new focus on HIV/AIDS from a “traditional” as well as a human security perspective. Participants will address how the consequences of HIV/AIDS interact with specific material and social aspects such as rural livelihoods and land reform; as well vulnerable groups such as South Africa’s prison population, orphans, and vulnerable children. The seminar will further reflect on the epidemic’s transformative influence on human rights norms and the role of popular movements in South Africa. Practitioners and scholars will also assess the evolving role of African actors and institutions in their response to HIV/AIDS in South Africa and Lesotho. Finally, in a bid to address the impact of HIV/AIDS on South African institutions, the Cape Town seminar will examine ways to mainstream HIV/AIDS in the workplace.

The seminar has four key objectives:

1. Interrogate the concept of human security by examining its conceptual and practical implications for HIV/AIDS in South Africa and the rest of Africa;
3. Enrich existing HIV/AIDS and security debates by integrating approaches from relevant social sciences with perspectives from policymakers, civil society, and the military; and
4. Assess the efforts made by African actors and institutions to respond to HIV/AIDS from a human security dimension.

3) BACKGROUND

Participants at CCR’s inaugural research workshop in May 2005 explored the relevance, scope and depth of a human security research agenda for HIV/AIDS in Africa. They provided concrete recommendations for the commissioning of research for CCR’s edited volume on HIV/AIDS and security in South Africa, and emphasised the need for holistic and multidisciplinary research. The workshop resulted in the following four main points:

1. CCR’s new research agenda should represent African perspectives on the pandemic and reflect upon the root causes and social construction of HIV/AIDS in Africa. Multiple factors including the legacy of poor health infrastructure and lack of social services; social constructions of gender and power relations; weak states and the economic marginalisation of developing countries; and patterns of mobility should frame research on the impact of HIV/AIDS reflecting the human security perspective;
2. There is already a sizeable literature that focuses on prevalence, incidence, morbidity and mortality within specific sectors (military, mobile populations and agricultural workers). There is a more urgent need to aggregate these analyses in order to develop a more comprehensive view of the impact of HIV/AIDS on South African society;
3. A useful policy and research contribution would be one that accounts for the transformative elements of the response to HIV/AIDS (a renewed focus on social capital, health and education, realigning social relations, shifts in gender inequality) as well as the resulting impact; and

4. Efforts made by African actors to control the pandemic and mitigate its impact should also be assessed (national actors, civil society, families and communities; and sub-regional and continental actors). The roles of the actors in managing HIV/AIDS, particularly in this period of transition (post-Cold War, post-apartheid) are critical. In addition, the perspectives, power and construction of these actors may also be altered because of the new emphasis on HIV/AIDS and other human security issues.

These issues are part of the principles of CCR’s work on HIV/AIDS and security. In November 2005, CCR commissioned 15 chapters for an edited volume, *HIV/AIDS and Human Security in South Africa*, which will address the human security dimensions of HIV/AIDS in South Africa.

4) **Seminar Themes**

The Cape Town seminar will focus on the following seven themes:

1. HIV/AIDS and Human Security: From Theory to Practice;
2. Vulnerabilities, Poverty and Society;
4. HIV/AIDS and Gender;
5. Politics and Governance Within the Context of HIV/AIDS;
6. Southern Africa’s Response: National Approaches to HIV/AIDS and Human Security; and

1. **HIV/AIDS and Human Security: From Theory to Practice**

We have entered the twenty-fifth year of the HIV/AIDS pandemic, yet, the long-term consequences of Africa’s AIDS epidemic remain unclear. The first epidemic of HIV-1 occurred in the 1970s in Central Africa. The disease later reached an expansive, continental level encompassing Southern, Eastern and West Africa in the 1980s. Southern Africa has become the epicentre of the pandemic: only 2 percent of the world’s population lives in this region, yet Southern Africans bear 30 percent of the global AIDS disease burden. Despite South Africa’s economy – which is the strongest on the continent– nearly half of HIV positive Southern Africans are South African. According to a national HIV survey conducted in 2005, 5.6 million South Africans were HIV positive by the end of 2003. In its June 2006 report to the UN General Assembly’s review of the 2001 Declaration of Commitment on HIV/AIDS, the Joint United Nations Programme for HIV/AIDS (UNAIDS) confirmed that the evidence from antenatal clinics and national surveys showed that between 4.9 and 6.1 million South Africans were living with the disease in 2004. South Africa’s death registration data shows a 40 percent increase in the total number of adult deaths in the past six years and among women between 20 and 49 years: a staggering increase in deaths of 150 percent.

---

The silent nature of HIV/AIDS – an epidemic that eclipses other contagious diseases because adults are particularly vulnerable – accounts for its exceptional capacity to ravage societies over the long-term. HIV is slow-acting and is therefore distinct from other plagues such as smallpox or influenza, which kill their hosts within weeks. The virus has a long incubation period of between 8 and 10 years before it causes AIDS. During this lengthy period, HIV is asymptomatic, unlike tuberculosis or syphilis. It is invisible, and therefore more easily multiplies among its human hosts, thus creating a dynamic of further infection and death, which may be difficult to intercept. Technical medical interventions of the same model as those used to address malaria or yellow fever are impotent. Moreover, a number of long-term consequences emanating from HIV/AIDS can lead to decade-long cycles. Two examples include the threat of viral resistance due to inadequate and poorly-managed antiretroviral (ARV) treatment and the orphaning of children.7

As a long-wave event, HIV has three consecutive waves or curves: one, prevalence; two, AIDS cases and deaths; and three, societal impact. There are six stages of these waves. Stages four to six would see AIDS spread into the general population and health services being overwhelmed; high levels of illness and death and major impacts on households; and loss of highly-skilled human resources which would weaken the public and private sectors.8 In 2006, Alan Whiteside noted that most countries have not yet reached these last stages of the HIV/AIDS epidemic. Yet, in March 2006, Peter Piot, the executive director of UNAIDS stated that HIV/AIDS "will transform some of the smaller countries, such as Lesotho, Swaziland, and Botswana, which have already lost 30-40 years of life expectancy, into 'un-developing' countries."9 While such statements are frequently brushed aside as alarmist and “gloom and doom,” they do reflect a reality that African policymakers must contend with: HIV/AIDS is a powerful phenomenon that must be urgently addressed to secure the future of the continent. The daunting challenge to policymakers is to deal with a threat that has innumerable and uncertain implications. One lens for ascertaining what is to come is the prism of human security.

The term “human security” was first used in a 1994 UN Human Development Report, and encompasses economic, food, health, environmental, personal, community, and political security. The African Union’s (AU) Common Defence Pact of 2004 defines human security as social, political, economic, military, and cultural conditions that protect and promote human life and dignity.10 Human security has often been cited as a “people-centred” framework which places individual life at its centre. This is a departure from traditional or state-centric security. It is commonly noted, however, that the security of the state – and its capacity to protect and promote the rights of the governed – is an important element of the overall human security framework. Indeed, some experts have cited human security as an articulation of the state’s “responsibility to protect”.

Nevertheless, human security is a contested concept. Often, experts have articulated a distinction between a narrow and a broad definition of the term. Narrowly, human security is centred on violent threats: human rights abuses; political repression; genocide; civil war; and attack from foreign state and non-state actors. A broader, and more complicated definition of

human security addresses non-violent threats as well: widespread diseases such as HIV/AIDS, malaria and tuberculosis; environmental degradation; and poverty, social exclusion and inequality. For security analysts, this broader vision of human security is difficult to define, implement and evaluate in practical and perhaps conceptual terms. Indeed, the direct causal links between threats such as disease and poverty and overall societal stability and security have not yet been comprehensively drawn. Issues such as HIV/AIDS illustrate this tension between theory and practice. Disenfranchisement and displacement are the causes as well as the consequences of Africa’s HIV epidemic. Are these human security issues that can be linked to HIV/AIDS and produce policy-relevant recommendations? In the end, is human security simply a laundry list of issues, which renders it impractical on the ground? How is this framework distinct from existing development, governance and security interventions?

Assessing the impact of HIV/AIDS and human security projects can lead to some answers. In the 2003 report, Human Security Now, the Commission on Human Security articulated human security as being concerned with “the individual and the community rather than the state.” Based on this definition, the UN Trust Fund for Human Security has sought to devise evaluation guidelines for human security projects. In the context of HIV/AIDS, a recent report by the Japan Centre for International Exchange (JCIE) noted several ways to identify human security within projects. Broadly, human security projects would empower communities by first, deepening people’s understanding of the root causes of their own vulnerability and second, strengthening the way people identify, create and access opportunities for influencing change. Human security approaches take on behaviour change in a novel way by broadly – through economic, social and political frameworks – addressing the way that formal government leaders as well as traditional leaders respond to claims for protection. Unfortunately, while development specialists frequently espouse “holistic approaches” to HIV/AIDS, the focus of these approaches tends to be on prevention, care, support and treatment. AIDS-related work has not yet begun seriously to tackle vulnerability by systematically addressing poverty, inequality, and food and water security, or broader questions of migration, education, gender inequality and environmental degradation.

2. Vulnerabilities, Poverty and Society

Human security is preoccupied with mitigating the impact on vulnerable populations, while empowering them to prevent and transcend future threats. UNDP’s human development index, established in 1990, ushered in some of this new thinking by challenging concepts of development and integrating health, education and social welfare into measurements for development. Still, human development is distinct from human security, which is more concerned with protecting and empowering the civil, political, economic, social and cultural rights of people. The chronically poor, who are Africa’s majority, are faced with long-term, endemic crises, which are beyond access to healthcare. Typically, adults are faced with basic challenges such as feeding their children. Human needs at the individual level are transferred to the community level. The causes of vulnerability to HIV go well beyond one sector such as health, but seep into issues such as the empowerment of women and girls; literacy and income-generation; sustainable access to water; opportunities for employment; and environmental protection. Experts have noted, for example, that prevention programmes would yield greater results if people had a feeling of efficacy and agency over their life-outcomes. In other words, empowered

---

communities stand a greater chance of circumventing the life cycle of HIV/AIDS. Consequently, human security measurements of the impact of AIDS would also address whether or not the pandemic is affecting people’s ability to claim civil, political, economic and social rights that reduce their own vulnerability. Indeed, while the term “empowerment” has often been over-used, in the vocabulary of human security it remains particularly relevant.

Without greater empowerment to reduce HIV prevalence, communities will continue to struggle with its impact. The HIV/AIDS pandemic is expected to limit economic growth, increase inequality, and reduce national wealth. Firms are expected to incur secondary costs resulting from AIDS such as higher wage bills because of increased employer contributions to pension, life and medical benefits, as well as increased training and replacement costs. Very little is known about the second order of the costs of AIDS because firms barely record their direct costs for healthcare. We can, however, estimate the cumulative costs by considering the toll of HIV/AIDS on productivity. Scholars have argued that because HIV/AIDS disproportionately impacts people in their most productive years, this group will be less likely to contribute to economic, social and human reproduction. They have suggested that a reduction in mortality could lead to major social and cultural transformations, which might include a reduction in the age of marriage, and an increased dependency ratio, as more children and older people are required to work.

Many scholars have also criticised the New Partnership for Africa’s Development (NEPAD) for not adequately addressing the interrelationship between the impact of HIV on development and its own goals for Africa’s renewal. The negative impact of HIV/AIDS on household income and consumption could slow economic growth. Indeed, due partly to AIDS, most sub-Saharan African countries will fail to achieve any of the UN’s Millennium Development Goals (MDGs) of 2000. It will not halve poverty and hunger; reverse the spread of HIV/AIDS, malaria and other diseases; ensure environmental sustainability; or reduce infant mortality. Furthermore, as governments contend with increasing demands on social and economic services while coping with weakened capacity due to slow growth, it is likely that the “developmental state” in South Africa may not be realised. The result could be increased vulnerability among the poor, who are dependent on the state’s capacity to deliver health, water, housing, and education services. Finally, AIDS may also widen income inequalities, eclipsing efforts on the part of well-intentioned leaders to generate economic growth and consolidate nascent democracies.

The impact of HIV/AIDS on livelihoods is a central feature of the concerns raised by experts. In 2004, about 5.3 percent of respondents to South Africa’s Human Sciences Research Council’s (HSRC) survey on HIV prevalence were heads of households where one member of their household was diagnosed as HIV positive. The HSRC reported that “this is equivalent to 676,306 households nationally, and that the majority of these households had lost a household member to HIV/AIDS in the last 12 months.” In the rural areas of Southern Africa, there is an urgent need to understand and respond to the realities of HIV/AIDS.

Ruth Hall has noted that these realities include the disruption of migration patterns and the remittance economy on which many rural households depend; a loss of cash income and assets; declining availability of labour for agricultural work; and changes in household formation. The epidemic has already had a severe impact on the land rights and livelihoods of people living in communal areas and on commercial farms. There is an urgent need to review what is known about the interaction of HIV/AIDS on the already tenuous economies of poor households in these two distinct sectors. Studies in South Africa and Lesotho have shown how changes in household

---

structure resulting from the interaction of migration and HIV-related morbidity and mortality have weakened people's rights to land. Specifically, the insecure rights that women typically have to land make them vulnerable to dispossession on the death of spouses and partners. However, this is not a linear process. Researchers have identified changes in social practices in response to the progression of the epidemic. Some traditional authorities have adopted new norms in the allocation of land to single women and to child-headed households. Yet overall, the picture is grim. For Southern African countries in which rural poverty is deeply entrenched, these developments underscore the need to secure land rights and support land-based livelihoods in the fight to mitigate the social impact of HIV/AIDS. This means that land and agricultural policies must start to factor in a rural population infected and affected by HIV.

An increasing – but long-delayed – concern for policymakers is the vulnerability of prison populations in South Africa to HIV/AIDS. While public health officials have spent the last twenty-five years addressing the vulnerability of the general population, prisoners have often remained marginalised. A report by the Johannesburg-based Centre for Policy Studies (CPS) in 2002 noted that due partly to HIV/AIDS, there has been an increase of 859 percent in natural deaths in South Africa's correctional services (prisons) since 1995. In South Africa's over-crowded correctional services, prisoners or "members" are exposed to HIV and other infectious diseases. Prolonged pre-trial detention; housing minors with adult prisoners; and the isolating environment of prisons, have often exacerbated HIV transmission. Moreover, due to a lack of access to adequate healthcare, opportunistic infections often go untreated and accelerate the onset of AIDS. The conditions of prisons, which are home to men and women in their most sexually-active years precipitate other behaviour such as substance-abuse and endemic sexual violence. Indeed, in South Africa's prisons, through acts of sexual violence known as "slow puncture," HIV-positive inmates deliberately infect fellow prisoners. Observers have noted that prisoners return to society, constituting a cycle of infection which is not separate from the general population. Furthermore, claims that prisoners are entitled to life-saving AIDS medicines have informed new thinking that the right to health cannot be diminished through incarceration. Indeed, recent efforts on the part of South Africa's Department of Correctional Services (DCS) to provide treatment for members with CD-4 cell counts below 200, reflect the emerging consensus that prisoners have the same right to treatment as the general population.

The HSRC's 2005 report estimates that “…there are a total of 2,531,810 orphans in South Africa in 2005, with 455,970 of them being maternal orphans, 1,745,715 paternal orphans and 330,125 double orphans." Experts have argued that the rising numbers in orphans will lead to increased levels of crime, prostitution and violence. Such claims suppose that children will be left to themselves because of the burden of AIDS on extended families. Certainly, the impact of HIV/AIDS on households and families is undermining the extended family. The evidence suggests, however, that orphans will remain in school based on their socio-economic backgrounds. Children from poor families, orphaned or not, generally share the same life-chances and opportunities for education. Nevertheless, a gendered analysis identifies immediate gaps in the safety-net. Orphans are more likely to remain with a surviving maternal figure in South Africa which further exacerbates the burden of the epidemic on women. While school enrollment remains the same in poor and non-poor households, available evidence suggests that a child who has lost her mother is less likely to stay in school.

The vulnerability of orphanhood and its relationship to the HIV/AIDS pandemic have led to some alarmist forecasts. AIDS orphans are typically cast as future AIDS-sufferers or criminals. Many of these concerns are still unsubstantiated. The evidence suggests that the majority of AIDS orphans are not automatically likely to become threats to society. Many of these children do experience lower levels of care, poor health and nutrition and added responsibilities, but these effects are more likely to be a direct result of the conditions of the communities they come from,”

23 HSRC, South African National HIV Prevalence, p.35.
than the fact that they have been orphaned by AIDS. Moreover, children tend to be orphaned during adolescence, and levels of fostering remain high in South Africa. Factors such as care and support, however, do play a critical role in recovery from orphanhood. More often, children who are deprived of the love and support of elders tend to withdraw internally, rather than express outward rage. Depression is an example of this type of withdrawal. Indeed, it is more likely that children orphaned by AIDS and de-socialised as result of weakened family structures will become passive, isolated and unproductive adults, rather than violent aggressors. The AIDS stigma - with its attendant ability to marginalise those intimately affected by the epidemic - may further exacerbate the isolation of AIDS orphans. Categorised as potential threats to society by policymakers, and ignored by over-extended care-givers, it is unlikely that these children will recover from the material and psychic damage wrought by AIDS.

3. Security Policy: HIV/AIDS, SADC, the AU and the UN

Experts have speculated that HIV/AIDS poses a unique threat to the world’s militaries. Paradoxically, this focus on defence forces has further “securitised” AIDS as a traditional security threat. Analysts have expounded on the potential impacts of HIV/AIDS in defence structures: a heavy toll on the decision-making command structure; rising costs in retraining highly-skilled personnel; delayed deployment to international peace operations; and competition for resources with the civilian sector in order to meet the demands of expensive HIV/AIDS treatment. An additional concern has included the vulnerability of peacekeepers to HIV within conflict zones and the risk of these troops spreading the virus among civilian populations at home and abroad.

SADC, along with four other African regional economic communities (RECs) - the Economic Community of West African States (ECOWAS), the Economic Community of Central African States (ECCAS), the Intergovernmental Authority on Development (IGAD), and the Arab Maghreb Union (AMU) - aims to operationalise its capacity for sub-regional peace support as part of the African Standby Force (ASF) to be established by 2010. The SADC standby brigade will be drawn from Southern African militaries, many of which have developed policies over a broad range of HIV/AIDS issues such as mandatory testing, voluntary counselling and the provision of treatment. These varied policies are still largely uncoordinated; effective only on various, but poorly-understood, levels; and are mainly under-resourced. During a seminar organised by CCR and the University of Namibia in Windhoek, Namibia in February 2006, Namibia’s Minister of Defence, Charles Namoloh, called for a major shift in SADC’s approach to addressing the impact of HIV/AIDS on security. He noted that the physical fitness of military personnel is central to deterrence and to ensuring security. Moreover, HIV/AIDS exacerbates the conditions for conflict in situations where civilian populations are displaced and rendered vulnerable to disease, hunger and poverty. The SADC Executive Secretary, Thomas Augusto Salomão, has also called for agreement among SADC’s 14 states on their HIV/AIDS management and mitigation strategies in the context of defence and security.

There is a dynamic rationale for “securitising” HIV/AIDS which is much more indirect. On a continent ravaged by malaria, tuberculosis, and several other diseases, HIV/AIDS seems to resemble other diseases of poverty and underdevelopment. Indeed, thousands of children die of

---

26 Hein Marias, Buckling: The Impact of AIDS in South Africa 2005, p.75.
29 CCR/UNAM, HIV/AIDS and Southern Africa’s Militaries.
malnutrition in Africa everyday. However, the long-term consequences of HIV/AIDS could have more far-reaching implications than other important pandemics. The UN High-Level Panel's 2004 report, A More Secure World: Our Shared Responsibility; and UN Secretary-General Kofi Annan’s March 2005 report, In Larger Freedom: Towards Development, Security, and Human Rights for All presented an opportunity to interrogate the relationship between non-traditional security issues such as poverty and health and collective international peace and security. HIV/AIDS raises the question of whether or not Africans will be able to contribute to, or enjoy, freedom from fear, want, and hunger. In effect, this question affects state-centric as well as human security.

Pieter Fourie has examined the 2004 UN report, “AIDS in Africa: Three Scenarios to 2025,” which describes three possible scenarios for Africa's future based on different types of global and African responses to HIV/AIDS. The most promising scenario, “Times for Transition,” offers a positive vision: dramatic pro-poor changes take place in global trade rules; broad partnerships are built between civil society and governments; and a focus on human security is at the heart of HIV/AIDS interventions. Cumulatively, predictable and sustainable resources fuel actions that lead to scaled-up delivery of AIDS drugs, and long-term capacity building is achieved in the health and social sectors. In this scenario, the number of Africans living with HIV/AIDS will be halved and antiretroviral therapy is made available to 70 percent of people living with HIV. In a future where HIV/AIDS has been tackled meaningfully, policy prescriptions would be translated into concerted and coordinated action. There are important lessons for South Africa in particular, and Africa in general, in addressing the impacts of HIV/AIDS on national and human security from this perspective.

4. HIV/AIDS and Gender

The UN reported in 2004 that for every 10 infected men in sub-Saharan Africa, there are on average 13 women living with HIV. The HSRC’s 2005 report on South Africa’s HIV prevalence and behaviour, noted that HIV prevalence peaks at 33.3 percent among South African women between 25 and 29 years. However rates of HIV do not peak until men reach their 30s and then at levels of about 23.3 percent. The HSRC’s population survey also found that 62.3 percent of women 25 years or younger were more likely to have had sex before their male counterparts. Gender is thus a significant factor in the transmission, management and impact of HIV/AIDS in South Africa. It is estimated, for example, that the risk for women of HIV infection from unprotected sex is at least twice that of men. It is obvious that while women’s vulnerability to HIV is biological, it also reflects wider social, sexual and economic vulnerability. However, while evidence clearly shows that girls and women are far more vulnerable to infection than men, this has not yet been adequately realised in policies seeking to counter the pandemic.

The vulnerability of women to HIV/AIDS is often exacerbated by the fact that many international donors overlook the realities of gender and poverty on the continent when implementing HIV/AIDS mitigation strategies. Abstinence until marriage, for example, is often promoted as the...
main criterion for young women to avoid HIV infection. While abstinence is a critical prevention strategy, it negates the fact that, for many adolescent girls, this is simply not an option. Often, girls are married at a young age, subject to sexual violence and are not in a position to negotiate with potential sexual partners who may be older men with more economic resources and social standing. These realities must be considered in any attempts to combat HIV/AIDS.

Furthermore, wars and other conflicts increase the vulnerability of women to HIV/AIDS, particularly through systematic rape and other war crimes. One of the most alarming aspects of recent armed conflicts in Africa is the deliberate targeting of civilians and the widespread use of rape as a tool of warfare. While not a phenomenon exclusive to Africa, recent armed conflicts in Sierra Leone and Sudan’s Darfur region have shown that militaries and armed militias sporadically appropriate HIV as a biological and psychological weapon. Furthermore, it has been revealed that during conflict and in post-conflict situations, the rate of HIV transmission often increases. Consequently, gender-based violence and armed conflict clearly exacerbate the spread of HIV/AIDS during peacekeeping operations and in the post-conflict phase.

5. Politics and Governance Within the Context of HIV/AIDS

Indeed the effect of HIV/AIDS on African citizens may manifest itself politically in two ways. Populations may succumb to feelings of powerlessness and hopelessness and stop participating in their political systems altogether. Theories of behaviour change—a burgeoning area in terms of understanding how to prevent or control HIV transmission—show that, if people feel trapped in their socio-economic circumstances, they are less likely to feel a personal motivation or sense of efficacy. An overall sense of malaise and fatalism could influence political agency. People may also be inclined to support any entity that promises the alleviation of the problem whether or not this entity is democratically-elected. Implementation of a human security framework and its focus on empowerment and protection could intercept this trajectory.

When foreign pharmaceutical companies took the South African government to court on the matter of importing cheaper generic drugs, a strategic and startling alliance emerged: the Treatment Action Campaign (TAC) supported the government and launched a wide-ranging global campaign to highlight the rights of poor people to treatment. TAC’s successful campaign to shame globalisation interests and the international pharmaceutical industry resulted in a change in policy and helped shape the discourse of treatment. Indeed, without TAC and international non-governmental organisations (NGOs) such as the US-based Partners in Health, it would be impossible to imagine an era in which the right to health has become a priority. TAC has forged alliances across a wide array of sectors including trade unions and religious institutions and rekindled a second “liberation struggle”. Its impact on raising public awareness and legal actions in pursuit of expanding treatment and care through the public health system has influenced current thinking about social change.

In a “new” South Africa, a progressive rights-based movement is inevitable. The South African constitution of 1996—perhaps the most liberal in the world—is the blueprint for this social movement. Yet, despite considerable challenges to promoting and protecting civil and political as well as social and economic rights, the question of health has tended to take centre stage. Some experts contend that health has become the major challenge to the state, suggesting that the discourse for political activism in contemporary South Africa emanates from the AIDS

38 For coverage of the debate on self-efficacy, see the literature on the rates of success of the Love Life Campaign, for example, D. Harrison, “LoveLife: Getting Them Young, Keeping Them Alive,” Mail and Guardian, Johannesburg, 26 August – 1 September 2005.
pandemic. South Africa’s AIDS debate has been dominated by complex issues of HIV transmission, stigma, testing, disclosure and access to treatment. Overwhelmingly, these issues have been framed from the perspective of human rights claims. This is the distinguishing feature of South Africa’s AIDS discourse, and consequently influences its human security paradigm. It was inevitable that AIDS activists sought protection of the right to health through the South African Constitution and that it was through this lens, that the right of access to treatment has been critical to the progressive realisation of the Bill of Rights.


One of the current challenges of the South African government is how best to develop its structures to offer more effective assistance in combating the HIV/AIDS pandemic. The South African National Defence Force (SANDF) has developed an HIV/AIDS intervention strategy with wide-ranging programmatic reach. The SANDF has openly stated that, if HIV/AIDS is not urgently addressed, the epidemic will have a negative impact on its combat readiness and the defence force will not be able to fulfill its mandate. While much research has focused on the social and economic impact of AIDS, the strategic implications of the security dimension of the disease have been under-researched. Research initiatives on the security dimension of AIDS require a fresh perspective on the knowledge gaps on HIV/AIDS in the military by examining the interaction between military programmes for the management and mitigation of HIV/AIDS and long term impacts for defence structures.

Under the direction and management of its health services wing - the South African Military Health Services (SAMHS) - the South African military has launched an HIV/AIDS education, prevention, and clinical research initiative with two major programmes. Masibambisane is a prevention campaign targeting SANDF management, troops and their families and communities. The programme promotes the SANDF’s HIV/AIDS management approach; fosters knowledge about prevention of HIV/AIDS and sexually-transmitted infections (STIs) through education and mass-marketing campaigns; cultivates a human rights-based approach towards support and care of HIV positive people; and promotes individual responsibility for staying HIV negative as well as voluntary counseling and testing. Specifically, Masibambisane implements an HIV-workplace programme to ensure adequate condom distribution, implement a peer-to-peer education initiative that emphasises awareness of HIV and STIs, and monitors and evaluates its own effectiveness. SAMHS also updates members of the military on HIV information and management policies, and coordinates the military’s response to HIV/AIDS. Going beyond HIV management, Project Phidisa is a SANDF-managed clinical research programme that seeks to generate new knowledge related to the challenges of management of antiretroviral (ARV) treatment. According to its website, one of Project Phidisa’s core objectives is to “answer research questions relevant to South Africa on the use of antiretroviral therapy in the military”. Participation in the Phidisa clinical trials is voluntary.

Six pilot sites in Pretoria/Tshwane, Mtubatuba; KwaZulu-Natal; Cape Town; Bloemfontein; Umtata and Phalaborwa will be equipped with the infrastructure to deliver HIV/AIDS support, care and antiretroviral treatment, and conduct clinical research. The first two pilot sites for implementation were at a military hospital in Tshwane and the sick bay at Mtubatuba.

---

In 2004, the average HIV/AIDS national prevalence rate in Lesotho was approximately 30 percent, and around 300,000 people were HIV-positive. Lesotho’s head of state, King Letsie III, declared HIV/AIDS to be a national disaster as early as 2000 and consequently, the government established a broad-based national AIDS commission. This body was established to coordinate the activities of faith-based organisations, women, the private sector, youth and those living with HIV/AIDS. The necessity for this initiative was clear in light of the magnitude of Lesotho’s HIV epidemic: it is estimated that approximately 70 people die of AIDS-related illness a day and that 60 percent of those infected with HIV are working adults. Two strategies for combating HIV/AIDS underpinned the policy process in Lesotho. First, individuals at every level of society should take personal responsibility to become “HIV-competent” and become aware of their rights and responsibilities in the context of HIV/AIDS prevention, treatment, care and support. Second, strategies should also involve preventing the pandemic from spreading, and helping HIV positive people live longer and better quality lives. Lesotho’s mitigation strategy also urges key stakeholders to “core-stream”. For example, all facets of the private sector are expected to establish adequate workplace policies over HIV/AIDS and implement non-discriminatory standards in recruitment. The concept of core-streaming would potentially make policies and intervention strategies more durable and relevant to the urgency of addressing the pandemic. This also involves ensuring the appropriate use of assets and a commitment to financial effectiveness and efficiency.

7. Mainstreaming HIV/AIDS in the Workplace

The impact of HIV/AIDS is wide-ranging. Currently, NGOs are at the centre of the private response by implementing AIDS-related development programmes. Community-based organisations (CBOs) on the other hand, have tended to implement social support programmes. Both these groups also suffer from the destabilising effects of HIV/AIDS. In many organisations, there is an over-reliance on individuals and personalities. From this perspective, the challenge of HIV/AIDS suggests that institutions will lose critical capacity if the vulnerability of staff members to the disease goes unaddressed. Moreover, along with the family and religious associations, the workplace remains a critical site for human relationships. Without attention to issues of equality and discrimination, avenues for addressing vulnerability will be missed. Questions such as how HIV/AIDS affects organisations and how NGOs can reduce the spread and impact of HIV on staff have largely been relegated to private discussions within organisations. Yet, important lessons can be shared among civil society actors.

8. Conclusion

It is becoming clearer to a number of people that HIV/AIDS is indeed a human security issue. The threatening nature of the pandemic is its reflection of seemingly unbreakable cycles of poverty, inequality, violence and insecurity. HIV/AIDS deaths have orphaned nearly 14 million African children. This is a graphic and poignant illustration of the way that the pandemic is altering the African family. While the pandemic is reaching a crest in much of Africa, prevalence levels are still increasing in Southern Africa. In the meantime, the tensions between mitigation and management are amplified. As governments increase access to AIDS treatment the concern that prevention is the best long-term cure has become more prominent. The first 25 years of the pandemic were focused on short-term medical solutions. Given the enormous burden of AIDS on families, communities and states, the next 25 years will be centred on identifying long-term strategies for addressing the human and financial costs of HIV/AIDS on development and democratisation in

Africa. Well-reasoned research and analyses that places human security at its core will be increasingly relevant. Moreover, as policymakers struggle with integrating HIV/AIDS into governance, development and security policies, new tools for measuring the societal impacts of AIDS and implementing the strategies for mitigating those impacts will be critical and timely. There is no better place to begin the development of these tools than South Africa.