Proceedings of
AIDS and Democracy in Southern Africa: Setting the Research Agenda, a workshop held in Cape Town, April 22-23, 2002

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Health Economics and HIV/AIDS Research Division (HEARD)
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Proceedings compiled by Ryann Manning from HEARD and Mary Caesar from Idasa, with help from Samantha Willan from HEARD, based on notes taken during the workshop.

AIDS and Democracy Workshop Proceedings
EXECUTIVE SUMMARY

This two-day workshop set out to consider the linkages between HIV/AIDS and democracy: how one affects the other, and how this relationship plays itself out in South and southern Africa. Among the key questions the workshop attempted to consider were:

- What are the implications of HIV/AIDS for democracy?
- How does democracy affect the spread of HIV/AIDS and the extent of its impacts? What type of democracy and what type of policies are best suited to responding to this epidemic?
- How do you sustain a democracy with severe decreases in life expectancy and extensive and rising mortality among citizens, civil servants and elected leaders?
- What does the 'orphan issue' mean for this country – South Africa – and the other countries in the region?

The presentations and discussions elicited a wealth of information – from new ideas to research findings seen in a new light – and were valuable in bringing together people from different disciplines and different perspectives to foster imaginative discussion and allow for cross-pollination of ideas. Unfortunately, they also raised many more questions than they answered. We ended in not such a different position than we began: with lots of theories, but not much concrete evidence of what is actually happening with regard to HIV/AIDS and democracy. There is clearly a need for much greater research on this topic, and the workshop has produced a momentous list of research gaps and suggestions from a multitude of topics and disciplines, ranging from electoral systems and representative institutions, to feelings of anomie, depression, and mistrust.

The following are short summaries of each of the topical sessions.

Elections and Voters

One of the ways in which people have predicted that HIV/AIDS will shape democracy is by affecting elections and voters. This session discussed a number of ways in which HIV/AIDS might weaken, complicate, or de-legitimise elections, or even change the balance of power and affect electoral outcomes. In particular, AIDS could reduce the capacity to hold free, fair and legitimate elections; could limit participation, particularly by those infected or affected by HIV/AIDS; and could shift power and affect electoral outcomes. The consensus seemed to be that South Africa's democracy – for a number of reasons – would be better able to withstand the impacts of HIV/AIDS than other countries in the region.

Representative Institutions

This session focused on two main themes related to HIV/AIDS and representative institutions: first, the impact of AIDS on these institutions, such as parliaments; and second, the response of these institutions to the epidemic, and their potential to serve as positive agents in the fight against the epidemic. Discussion highlighted a few likely

impacts on representative institution, including a loss of expertise and effectiveness, and a potential undermining of public faith. In terms of response, it seems representative institutions are not yet responding effectively to the epidemic, but do have the potential to do so effectively. The session also touched on particular considerations of provincial and local institutions, and the implications of HIV/AIDS on the balance of power between levels and branches of government.

Bureaucracy, Budgets, Taxes and Development

The first part of this session examined the links between budgets and other economic factors, good governance, and the process of building, consolidating, and sustaining a democracy, and considered how HIV/AIDS might impact these key factors. It was suggested that the epidemic might impact economic growth and development, shrink the tax base, reduce revenue, and thereby reduce the level of funds available for government spending, with possible implications for public satisfaction and the sustainability of democracy. The second part of the session examined what the South African government spend on HIV/AIDS through which budget mechanisms are used, and concluded that the government has significantly increased spending on HIV/AIDS in the recent budget cycle. This has been achieved largely through a new funding mechanism that channels money to provinces with the request – but no requirement – that it be spent on HIV/AIDS, thus giving more flexibility to provinces to decide how to spend that money.

Civil Society and Social Capital

This session examined the nature of civil society, social capital, and social cohesion, and how these can contribute to slowing the spread of HIV and mitigating the impact of the pandemic. It also considered how HIV/AIDS might impact on these three vital aspects of society. There was little consensus in this session: AIDS could weaken these three societal factors, or it could provide an incentive for social mobilisation and thereby strengthen them; similarly, some forms of civil society, social capital, and social cohesion can be instrumental to responding to HIV/AIDS, while other forms might be detrimental to a society. In general, everyone agreed that these concepts are vague and complex, and that it is important for us to develop a better understanding of what we mean by civil society, social capital and social cohesion, and of when these things are positive forces and when they can be negative.

Citizenship, Participation, Education and Human Rights

The discussion in this session was particularly rich and wide-ranging. Given the wide variety of topics discussed, it is difficult to draw these together into main conclusions or central ideas. There were more questions raised than answers offered on these complex issues. Does HIV/AIDS spur political participation or hinder it? How should human rights be understood, and how do they relate to HIV/AIDS? What are the psychological, cultural, and social factors that will slow this epidemic, and where do they come from? When we call for communities to respond, what does this mean? What about when communities respond in a destructive way?

Regional and Personal Security

This session considered briefly the well-documented conclusion that insecurity can contribute to the spread of HIV and exacerbate the impact of AIDS. It then discussed at length whether and to what extent the epidemic might undermine personal, national, regional and even global security. In particular, participants discussed the impact of AIDS on militaries and state security; on political stability, social tensions, and state strength and sustainability; and on crime. Overall, it seems the epidemic may feed on and exacerbate existing weaknesses or cleavages in society, potentially contributing to a vicious cycle between HIV and insecurity.

Suggested Research Topics

A list of ideas for future research in the area of HIV/AIDS and democracy, drawn from the workshop's discussions and presentations, completes these proceedings.

AIDS and Democracy Workshop Proceedings[1]
Day One

Introduction: HIV/AIDS and Democracy

For Southern Africa – and, for that matter, Africa as a whole – AIDS is being imposed on a continent already in crisis. Amidst the many challenges faced by African countries, AIDS has the potential to add to the devastation – or, alternatively, it could be used as an opportunity to create a more caring society. Some key questions for this workshop to consider are:

- What are the implications of HIV/AIDS for democracy?
- How does democracy affect the spread of HIV/AIDS and the extent of its impacts? What type of democracy and what type of policies are best suited to responding to this epidemic?
- How do you run a democracy with a severe decrease in life expectancy and extensive and rising mortality among your citizens?
- What does the 'orphan issue' mean for this country – South Africa – and the other countries in the region?

Session 1: Elections and Voters (Cherrel Africa, Idasa; Paul Graham, Idasa; Rob Dorrington, UCT; Claude Kabemba, EISA)

One of the ways in which people have predicted that HIV/AIDS might impact democracy is by affecting elections and voters. This session discussed a number of ways in which HIV/AIDS might weaken, complicate, or de-legitimise elections, or even change the balance of power and affect electoral outcomes. In particular, AIDS could reduce the capacity to hold free, fair and legitimate elections; could limit participation, particular by those infected or affected by HIV/AIDS; and could shift power and affect electoral outcomes. Although these impacts were discussed in the abstract, as possibilities for some hard-hit countries, the consensus seemed to be that South Africa's democracy – for a number of reasons – would be better able to withstand the impacts of HIV/AIDS than would other countries in the region.

The discussion also addressed the question of whether democracy is better suited to responding to HIV/AIDS, which many theorists have argued. A number of discussants expressed doubt that democracy will help combat the epidemic, noting that non-democratic states actually seem to be proving more successful in many cases. In particularly, the world's favourite "success stories" – Uganda, Thailand, and Senegal – are hardly the world's most democratic states. Alternatively, some point to countries with stable democracies – such as some Western nations – that have managed to stop the spread of HIV and to make AIDS a manageable condition. However, it is far from

[1] These proceedings are based on notes taken during the workshop by Mary Caesar of IDASA and Ryann Manning of HEARD, with the assistance of Samantha Willan of HEARD. They are an attempt to synthesize presentations and discussions without identifying the contributions of particular individuals, and in no way should be taken to represent the views of any individual conference participant, nor to represent a consensus or majority opinion of the participants as a group.

certain that it was the political system that was a successful determinant in managing the epidemic in those countries.

Elections and Voters

The first presenter looked at HIV infection and mortality rates from Stats SA and the Medical Research Council and election statistics from South Africa's Independent Electoral Commission, and examined some essential elements of elections. In considering electoral systems, he noted that the epidemic would have less of an effect on proportional representation systems than on constituency systems, with the latter burdened by turnover and increasing levels of by-elections. Under electoral administration, he predicted a loss of capacity to manage elections and greater difficulty in retaining trained temporary election workers due to AIDS, as well as likely damage to the accuracy and inclusiveness of voters rolls. In addition, he noted that there might be a potential for corruption in the exploitation of so-called 'ghost voters' not purged from the rolls upon their deaths. With regard to party support and competition, he argued that decreasing capacity due to AIDS could threaten, in particular, smaller or more poorly-resourced parties. Voter behaviour, in turn, might be impacted by parties' performance on AIDS, while turnout is likely to decrease and voter mobility to increase, complicating voter registration and election administration efforts. Election support programmes – such as voter education, election monitors, and dispute resolution – will all face declining capacity. Election outcomes, he argued, are unlikely to change substantially in South Africa, at least at a national and provincial level, with the possible exceptions of KwaZulu-Natal and the Western Cape. He predicted that the ANC – with its strongest constituency base among young, better educated, urban black voters – would be harder-hit by HIV than the other parties, and noted that the epidemic could shift power balances in KZN, the Western Cape, as well as at the municipal level countrywide. Such impacts are difficult, if not impossible, to predict.

Finally, the presenter concluded that some administrative and electoral systems will be better able than others to protect and promote democracy in a context of HIV/AIDS, and argued that those in South Africa were relatively promising, while others in the region would be significantly weaker. He also argued that the impact on parties and party support in South Africa will be "profound" and "unpredictable."

In a similar vein, a preliminary demographic analysis of the impact of the epidemic on South African voters showed surprisingly little change in the number of voters or the racial, age, or gender profiles of the voting public, either at the national or provincial levels. (This was in part a result of patterns of in-migration into South Africa.) The speaker concluded that, based on these demographic data, the epidemic was unlikely to have much impact on electoral outcomes. Other workshop attendees questioned the epidemiological models used and the demographic conclusions, and argued that the impact could be much greater. Someone noted that the impact might also be greater outside of South Africa, because of different migration patterns, and a net population decline is likely in Botswana, Swaziland, and Zimbabwe, among others. A final and important note is that these demographic figures only address changes in the numbers and profile of voters, and does not take into account the potential change in level of

participation in public life or the response to the psychological impact of AIDS, which were discussed later in the workshop.

Related to this issue of demographic transitions is whether and how AIDS might shift the balance of power. The discussion proposed that, in South Africa, the epidemic is likely to hit the ruling African National Congress (ANC)'s constituency harder than those of opposition parties, given the age, geographic, and socio-economic profile of the party and the profile of groups at higher risk of HIV infection. If this is true, than by-elections may occur disproportionately in ANC-held districts, to the benefit of opposition groups. Moreover, the balance of power may shift in particular localities, provinces, and – in the extreme case – nationally, putting different parties in power than might have been the case in the absence of HIV/AIDS. At the national level, a swing of 2.5 million voters would be needed to put a party other than the ANC in power, and 4 million cumulative deaths from AIDS are expected by 2009. This makes an AIDS-caused shift of power mathematically possible, although the panellists expressed doubt that the epidemic would hit ANC voters so disproportionately as to make it a reality.

One speaker noted that elsewhere in the region, particularly in Zimbabwe, Zambia, Ghana and Senegal, national elections are more closely contested than they are in South Africa and the balance of power may rest on a razor-thin margin. In these countries, assumedly, HIV/AIDS would have greater potential to shift that balance. The epidemic could even change the regional balance of power, another contributor noted, with Muslim nations – as well as Muslim populations within nations – much less hard-hit by HIV/AIDS than other nations and populations.

Electoral Systems

One possible impact identified by the panellists was on the frequency of by-elections in constituency-based (rather than "party list") systems, as AIDS-related death and illness will require more frequent replacement of representatives. It is possible that the age of elected officials may put them outside of the highest risk groups for the immediate future, but this will not be true indefinitely, and death rates are likely to be high in this group over the next ten to fifteen years

This would increase the cost of electoral administration, and – as turnout for by-elections worldwide is generally much lower than for main elections – might weaken officials' electoral mandates and undermine governmental legitimacy. In addition, one person noted that by-elections tend to favour opposition parties when the ruling party is very dominant, though discussion questioned whether this would apply in the South African context. Other speakers spoke in favour of by-elections, however, noting that they may actually strengthen democracy by sending frequent messages to government about how it is doing.

Access to polling stations was also cited as an area of concern, particularly elsewhere in the region, with one speaker noting that few electoral systems in southern Africa have evolved to meet the needs of growing numbers of HIV-positive voters. The question of access has also not begun to address the ways in which societies and communities may

organise themselves to cope with the demands of managing the epidemic, for which there are not yet comprehensive systems.

The session also discussed whether vote rigging would be likely to increase in a context of high AIDS-related mortality. One speaker noted the case of Zambia, where rumours tell of an effort to use dead voters to bolster party support, and suggested that this type of behaviour could become more widespread due to the HIV/AIDS epidemic. Others in the group questioned this, however, and argued that vote-rigging through the use of "ghost voters" required a high level of organisation and did not pose a significant threat to the legitimacy of elections.

Discussion also noted that single-issue voting may increase in the context of HIV/AIDS. Dissatisfaction among black voters in South Africa is already high, thanks especially to AIDS and economic issues, but there is not yet another viable option for many of these voters. If such an option emerged, asked one speaker, what would that mean for the ANC's dominance? Another potential effect of the epidemic noted in the discussion is an increase in voter apathy.

Finally, AIDS is thinning the ranks of current and future leaders, and one speaker noted that infected or at-risk leaders are not likely to groom replacements, thus resulting in a loss of skills and expertise and a gap in leadership.

Session 2: Representative Institutions (Anthony Butler, UCT; Lia Nijzink, Stellenbosch University; Kevin Kelly, Rhodes; Ebrahim Fakir, Idasa; Rose Smart, HIV/AIDS Consultant)

This session focused on two main themes related to HIV/AIDS and representative institutions: first, the impact of AIDS on these institutions, such as parliaments; and second, the response of these institutions to the epidemic, and their potential to serve as positive agents in the fight against the epidemic. Discussion highlighted a few likely impacts on representative institution, including a loss of expertise and effectiveness, and a potential undermining of public faith. In terms of response, it seems representative institutions are not yet responding strongly to the epidemic, but do have the potential to do so effectively. The session also touched on particular considerations of provincial and local institutions, and the implications of HIV/AIDS on the balance of power between levels and branches of government.

Impact of AIDS on Representative Institutions

According to one speaker, it is very difficult to track the impact of HIV/AIDS on legislatures at local, provincial, and national levels. All we can do is speculate, particularly about the likely rise in turnover of MPs and other elected officials and the implications of this for the legislative process. The speakers and ensuing discussion highlighted a few likely or certain impacts. For instance, rising turnover will impact on the "process of legislation" through a loss of expertise and effectiveness, and will also hurt administrative efficiency in driving policy implementation. One participant noted

that governments will be losing valuable and skilled employees as well as elected officials, and another queried rhetorically whether AIDS will impact entry-level staff – who are often directly responsible for the effectiveness of representative institutions – more than elected officials. Finally, someone suggested that a poor policy response by government to HIV/AIDS could have long-term consequences for representative institutions, such as undermining public faith in parliament or making people more reluctant to run for office.

Response of Representative Institutions – National and Regional

The SADC parliamentary forum was highlighted as a potential positive force around HIV/AIDS, with the potential to forge a broad coalition and encourage action by individual member parliaments. Currently, the forum has only gone so far as to push every parliament to institute an HIV/AIDS committee.

A review of parliamentary behaviour in southern Africa had some discouraging news for the involvement of parliaments as positive agents in the fight against HIV/AIDS. The study found that parliaments in southern Africa are not playing active roles as agents of transformation or in leading policy change, are not actively pursuing their oversight responsibilities, and are not doing enough to connect with public. Moreover, civil society groups are not turning to parliament as an avenue for change, but rather to the courts.

This current non-activity notwithstanding, the session identified a number of ways in which parliament could contribute to the fight against HIV/AIDS. One speaker suggested that, given the level of denial by heads of government, parliament could play a role in putting HIV/AIDS on the public agenda. For instance, parliament could use its lawmaking role to work proactively for HIV/AIDS policies; could encourage government to work with civil society and could help facilitate that relationship, as part of its responsibility to forge links with the public; and could actively utilise its oversight and accountability muscle to ensure the government implements the necessary HIV/AIDS policies.

Provincial and Local

The discussion highlighted a number of problems with local-level governance. For instance, there is much confusion around the new local government systems, and often the people involved – including elected officials and other government employees – do not understand how their own systems work. Confusion was also a problem at the level of district health management, where many officials did not know the procedures for spending money, acquiring needed drugs, etc.

Potentially, local governments could contribute substantially to the fight against HIV/AIDS. One speaker in particular argued that the response to HIV/AIDS needed to come from the local level. The "developmental functions" of local government – maximising social development, democratising development, integrating and co-ordinating, leading and learning – coincide well with AIDS-related policy needs.

Moreover, there already have been some strong local government responses to HIV/AIDS, ranging from leadership to advocacy and mobilisation, strengthening of community responses, and the promotion of social and economic development.

On the whole, however, local governments seem to not yet be engaging effectively with HIV/AIDS. One speaker proposed a number of barriers that are preventing this engagement, including competing transformation demands; severe capacity and resource constraints; a reluctance to take on functions that require substantial funding, a reallocation of resources or re-deployment of staff (particularly so-called "unfunded mandates"); and an inadequate understanding of HIV/AIDS among local officials.

In general, the speakers and discussants noted a need for more research on governmental responses to HIV/AIDS at the local level.

Intra-governmental Relations
The session also explored issues around HIV/AIDS and relations between levels and branches of government. In particular, it considered how these intra-governmental dynamics and systems might shape the government's response to HIV/AIDS, and how the epidemic, in turn, might affect those relations.

A number of questions arose concerning the evolving reality of the constitutionally-mandated separation of powers between branches and levels of government in South Africa. For instance, one speaker questioned how AIDS policy is managed by national, provincial and local systems of government, noting that the relationship is not hierarchical but in fact is rather unclear, and further complicated by the involvement of donors and NGOs. A theme of the discussion was that South Africa was seeing a centralisation of authority and a decentralisation of responsibility, with the national government shifting responsibility for service provision from national to the local or community level. Speakers questioned the wisdom and fairness of this trend. In addition, speakers wondered about the establishment of workable administrative systems, noting the local demarcation process and re-organisation of provincial and local systems of government as a particular challenge, with unique problems such as cross-border institutions which need to be addressed.

Some discussants suggested that the HIV/AIDS pandemic has the potential to test and clarify the relationship between national and provincial realms of government. At issue is whose responsibility HIV/AIDS, and whether provinces have a decision-making role or are free only to implement and administer policies based on strictures set by the national government. Programs for preventing mother-to-child transmission of HIV have been a highly-visible test case on the relative powers of provinces to make policy independently from the national government.

Other speakers concentrated on relationships between the legislative and executive branches of government, and called for an assumption of responsibility by MPs to raise the level of debate around HIV/AIDS and to place a greater emphasis on monitoring and evaluation of government policy. The legislature, others argued, should interrogate the

discrepancy between the so-called "premise" for government's AIDS policy – that HIV causes AIDS – and its actual HIV/AIDS policies, which seemed to lack some key prevention and treatment elements.

The issue of an independent judiciary also arose, and the questions now being played out in the Treatment Action Campaign's court case to force the government to provide nevirapine to prevent mother-to-child transmission of HIV. For instance, how far can – and should – the courts go in formulating policy? If the government hasn't lived up to a mandate that it has set for itself, is it role of court to comment on that? The case, speakers noted, would be precedent-setting in establishing the balance of power between courts and the executive, and in clarifying the rightful roles and responsibilities of each.

Other Topics
The session unearthed a number of other issues related to representative institutions. In particular, discussants pondered whether, if AIDS is a social crisis, we should persist with "business as usual" or deviate from systems that are not working to develop more effective alternatives.

The role of political parties was also discussed. It was suggested that parties are serving as barriers, preventing representative institutions from actually representing the needs of people. Local-level councillors, one person argued, will not take initiative around policy problems – including HIV/AIDS – unless they are sure they will be backed by the national government. Party caucuses, moreover, were identified as crucial to the relative effectiveness of parliament's standing committees.

Finally, the role of social struggle and mobilisation on moving policy was compared to the effectiveness of institutional engagement. In this way, the HIV/AIDS pandemic may hold lessons for democracy about the link between social mobilisation and institutional engagement, whether confrontational engagement is better able to enact change than cooperative engagement, and what the best tactic is to achieve policy change.

SESSION 3: Bureaucracy, Budgets, Taxes and Development (Murray Leibbrandt, SALDRU; Bob Mattes, DARU; Alison Hickey, Idasa; Hilary Southall, Statistics Council SA)

The first part of this session examined the links between budgets and other economic factors, good governance, and the process of building, consolidating, and sustaining a democracy, and considered how HIV/AIDS might impact these key factors. It was suggested that the epidemic might impact economic growth and development, shrink the tax base, reduce revenue, and thereby reduce the level of funds available for government spending, with possible implications for public satisfaction and the sustainability of democracy. The second part of the session examined what the South African government is spending on HIV/AIDS and what budgeting mechanisms are used, and concluded that the government has significantly increased spending on HIV/AIDS in the recent budget cycle. This was achieved largely through a new funding mechanism that channels money

to provinces with the request – but no requirement – that it be spent on HIV/AIDS, thus giving more flexibility to provinces to decide how to spend that money.

Structures of Democracy

To begin, the session dealt with some of the essential systems and structures of democracy, and explored the extent to which these could withstand the impact of the epidemic. The first of these structures discussed was a "democratic culture," and the first question raised was whether countries in Southern Africa truly have an internalised, consolidated democratic culture. In addition, the presenter suggested that levels of support for – and satisfaction with – democracy and democratic regimes may be influenced by people's experience of the pandemic. For instance, a government that is unable to respond effectively to the epidemic and to meet citizens' needs and demands may find its popular support waning. People may even begin to support non-democratic alternatives if they are perceived to be better suited to responding to the epidemic. Alternatively, a government that responds effectively may enjoy rising support, and even a more consolidated democracy. In addition, public debate can also serve as one avenue for public participation, and possibly as a sign of the degree of popular support for democracy. Participants argued that there has been very little debate in Southern Africa over how governments should respond to the epidemic, which could be a troubling sign of the strength of democracy in the region.

The second element of democracy discussed was effective institutions or state structures. Most measures of the strength of democracy include the presence of rules, resources, and capacity to govern effectively, and such structures may be vulnerable to the impact of HIV/AIDS. The third was bureaucratic structures, and the presenter discussed the role of institutional memory within these structures, and noted that a high turnover of civil servants as a result of HIV/AIDS may be detrimental to the effectiveness of governance and service delivery institutions. Systems to document functions, procedures, and other elements of institutional memory are essential to minimise this impact.

A fourth factor identified as contributing to the sustainability of democracy is economic growth and overall wealth. The strongest indicator of the extent of the national wealth is the GDP per capita, the presenter argued, and on this measure, the Southern African region is not fairing too well. In a context of high and rising expenditure related to HIV and AIDS, the region's economies, budgets, and, consequently, democratic institutions may be under strain. HIV/AIDS may pose some direct and particular challenges to government finances. For instance, the epidemic may decrease the tax base, thereby limiting further the funds available for government spending. At the same time, the epidemic could cause an increase in health sector expenditure, and will also impact other development sectors, such as housing and social welfare. Finally, the government's wage bill may increase as a result of the HIV/AIDS-related impacts.

The economic impact of AIDS was a topic of extensive discussion and debate. AIDS is considered by many to be an economic crisis, but an opposing view was raised by some discussants, suggesting that South Africa may not actually be worse off economically as a result of AIDS than it would have been otherwise. Further discussion noted that analysing

and understanding the impact of the epidemic, particularly the economic impact, is not as simple as with- and without-AIDS scenarios. For instance, though some may project the huge costs associated with AIDS, others argue that unemployment may decrease (though this is controversial and disputed). Finally, one discussant noted that the primary financial burden of HIV/AIDS will be carried by households, and that these costs are hard to predict or measure.

HIV/AIDS and the Budget

The second part of the session dealt more specifically with HIV/AIDS funding mechanisms and budgetary allocations. The presenter noted that a number of different funding mechanisms for HIV/AIDS currently exist: conditional grants to provinces for VCT, life skills education, and community and home-based care through the National Integrated Plan (NIP) special funds; money spent by the Department of Health's HIV/AIDS and STDs Directorate; allocations by provincial and local governments from their own budgets; and donor funds. In addition, the 2002 budget introduced a new funding mechanism, the Targeted Increase in Provincial Equitable Share, with which national channels extra money to the provinces and asks them to spend it on HIV/AIDS treatment and care.

In general, the presenter concluded that we see an increased commitment by government to addressing HIV and AIDS, at least financially, in the most recent budget, with spending on AIDS more than doubling from the 2001/2002 budget and rising substantially over the next three years. This increase was accomplished in large part through the new Targeted Increase mechanism, which will transfer large chunks of money to the provinces in the coming years (R400 million in 2002/2003, rising to R900 million in 2004/2005). Through this new mechanism, the national government has allocated more funds to the provinces, in the hope that those funds be spent on HIV/AIDS, but has also given the provinces more independence to decide how to spend that money. Unlike conditional grants, there is no requirement that provinces spend the targeted increase on HIV/AIDS, but there are also no burdensome requirements that slow expenditure and increase under-spending.

It was suggested that this new funding mechanism could be a way of side-stepping some of the political obstacles at the national level, particularly with regard to treatment for AIDS, and getting money to the provinces where it can be used as they see fit. This may have drawbacks as well, however, particularly with regard to provincial capacity and a lack of accountability on how these funds are spent. A distinction was made between having a lack of capacity to spend funds and a lack of funds to spend, and it was noted that there will inevitably be disparities in how these targeted HIV/AIDS funds are spent by different provinces, resulting from both differing priorities and differing capacity. It is possible that disparities in HIV/AIDS care will drive inter-provincial migration.

Further discussion noted some serious problems with budget process, particularly regarding a lack of transparency and broad participation. Parliament and the provincial legislatures are minimally, if at all, involved in the decision-making process, and have limited influence on budgetary priorities. This responsibility rests primarily with cabinet,

with treasury and the Department of Health making recommendations around HIV/AIDS and the budget.

Health Care Spending
The session also considered some factors that influence the nature and extent of health care spending. One participant noted that the amount of money a society spends on health care in the public sector is determined by government allocation and not by need. At a household level, however, spending is tied more closely to need, or at least, to illness; households will spend irrationally and even go into debt to provide some level of care for a dying member, even if that care has little health benefit. In addition, someone noted the difference between public and private health care in terms of how money is allocated, with the former concerned with profit and the latter with health outcomes (in the aggregate). Participants also noted a high level of inequity in health care in South Africa, where there has been a mushrooming of private health care since 1994. Finally, participants wondered what creates a healthy society, and suggested that sometimes there is a greater impact from clean water, better housing, and better nutrition than from any medical interventions.

Day Two

Session Four: Civil Society and Social Capital (Donald Skinner, ASRU/UCT; Alan Whiteside, HEARD; Adam Habib, UND; Kenneth Hlela, CPS; Samantha Willan, HEARD)

This session examined the nature of civil society, social capital, and social cohesion, and how these can contribute to slowing the spread of HIV and mitigating the impact of the pandemic. It also considered how HIV/AIDS might impact on these three vital aspects of society. There was little consensus in this session: AIDS could weaken these three societal factors, or it could provide an incentive for social mobilisation and thereby strengthen them; similarly, some forms of civil society, social capital, and social cohesion can be instrumental to responding to HIV/AIDS, while other forms might be detrimental to a society. In general, everyone agreed that these concepts are vague and complex, and that it is important for us to develop a better understanding of what we mean by civil society, social capital and social cohesion, and of when these things are positive forces and when they can be negative.

The Jaipur Paradigm and the role of social cohesion
The first presentation called for a holistic approach to the determinants of the epidemic. These determinants are traditionally considered to be of four types: biomedical; behavioural (particularly sexual, including sexual mixing patterns and condom use); micro-environmental (such as gender inequities and levels of violence in a society; and macro-environmental (such as wealth, income distribution, and culture). The presenter noted that almost all of the responses to the pandemic have focused on the first two types of determinants, by – for instance – treating STDs and promoting abstinence and condom use. He argued that we now need to focus on the micro- and macro-environments, and better understand the factors at these levels that help drive the epidemic.

The presenter then discussed the Jaipur Paradigm, a theoretical construct for explaining differences in how HIV epidemics progress in different countries and in different populations based on variations in wealth and social cohesion. Wealth is relatively straightforward, but social cohesion is a fuzzy concept, and can take very different forms in different societies. For instance, a high level of social control – such as that enforced by fundamentalist religious societies or militaristic regimes – can create a high level of social cohesion. Alternatively, however, a strong civil society and culture of cooperative action can create a different type of social cohesion, based on strong interpersonal trust and interdependence.

If countries are placed on a simple axis according to levels of social cohesion and wealth (or income), some conclusions can be made about their HIV/AIDS epidemics and the likely impact. Societies with high income and high social cohesion, for instance, generally have low levels of susceptibility and vulnerability to HIV. Countries with high income but low social cohesion, including Botswana and South Africa, experience high levels of susceptibility to HIV and medium levels of vulnerability to the impacts of AIDS. Low-income countries with high levels of social cohesion, such as India, experience medium levels of susceptibility and vulnerability. Finally, low-income countries with low social cohesion generally experience high levels of susceptibility and vulnerability.

Participants further unpacked the concepts of civil society and social capital, as well as the relationship between the two. The concept of social capital raised more questions than answers, particularly around how to construct social capital. One of the participants noted that the components of social capital include the size ('head count') and shape of civil society, and also the norms and values of society.

Civil society is generally understood as people coming together for a specific purposes and generally in the interest of the group. Civil society groups are not limited to formal NGOs, and also include school associations, church groups, and social clubs; in general, all types of associations to which people belong. If we assume that high levels of social control are undemocratic and – from a democratic perspective – undesirable, we see that the best way to strengthen social cohesion and hence help slow the epidemic (according to the Jaipur Paradigm) is probably to build a strong civil society.

Real-World Examples: HIV/AIDS and Civil Society in South Africa
To expand on this theme, one presenter described ongoing research exploring how the structure of two communities in KwaZulu-Natal affects how they deal with HIV/AIDS and how the epidemic is impacting them, particular with reference to levels of social capital and social coercion. The two communities are geographically very close, but they are quite different in how they relate to the outside world: one is fairly closed while the other is more open (i.e., has greater interaction with outside organisations and society). Both are under traditional leadership, and show that traditional leadership can create social capital and respond effectively to the epidemic given the appropriate context. The preliminary research findings suggest that it is easier to get assistance – such as

information and funding – to people in the more open community, while in the other community, any action strictly requires consent from the traditional leadership structures, which hinders efforts to respond to the epidemic. The presenter suggested that the two communities have different types of social capital: the closed community has *bonded social capital*, which is not productive, while the open community had more productive social capital which helps produce broader societal trust and cohesion.

The session also discussed more broadly the South African civil society and its impact on social cohesion. First, participants noted that South Africa has a relatively large civil society, with a large number of both small, community-based organisations (CBOs) and large non-governmental organisations (NGOs). One participant cited evidence that the sector employs more people than government and the mining sector, putting South Africa on par with industrialised societies in this respect. Discussants questioned whether this is tied to the high unemployment rate or, alternatively, to South Africa's form of political democracy. So-called 'third wave' democracies, including South Africa, have representative institutions coupled with neo-liberal economies, and evidence from many of these countries indicates a trend of centralisation of authority and decentralisation of responsibility, which may result in civil society organisations taking on service delivery that had previously been the responsibility of the state.

Understanding civil society means more than just conducting a 'head count' of the number of organisations, however, and the discussion brought up a number of issues relating to the nature of civil society in South Africa. For instance, participants noted the importance of gender equality in civil society, and noted that civil society and social capital by, for, and of men is not enough to help combat this epidemic. One participant noted that women are withdrawing from civil society and girl children are being withdrawn from schools as a result of AIDS, with terrible consequences for gender empowerment. Discussants also noted the importance of involving young people in civil society and in order to build future leadership, and pointed out that many of the young leaders will die of AIDS. Moreover, those that survive will have to live with the social and psychological scars of watching their peers and adult role models die of AIDS, with unknown implications for the quality of civil society and social capital. In addition, the concept of civil society cannot be separated from the adjective 'civil,' which relates to a value system, and it is important to consider what kind of groups contribute to or strengthen the society's value system and which type might detract from it.

The discussion also considered to what extent South Africa's civil society contributes to building social cohesion and social capital. Discussants questioned whether a society that has a large number of civil society organisations necessarily has a high level of social capital, and suggested that South Africa may be an example of a country with a strong civil society, but without the resultant social capital. They also asked more generally about how a society builds social capital, and what the forces in society are that destroys it. They noted that it is important to ask what kind of civil society agencies facilitate service delivery and social change, suggesting that such organisations are better able to create social capital, and wondered what the impact of role models might be in building social capital. More specifically, participants wondered how many of the existing

organisations are actually engaging with the micro and macro-level determinants of the HIV epidemic.

Discussants also noted that in South Africa, a strengthened civil society contributed to the fall of apartheid, and argued there are important lessons in the anti-apartheid movement for the AIDS movement. For instance, AIDS has the potential to fuel social mobilisation by providing an 'enemy' against which to organise. It seems that this is happening to some extent, with the creation of AIDS service organisations (ASO) and activist efforts. However, we must also wonder how strong and how sustainable these movements are in the face of the epidemic. An important question in this regard is to what extent AIDS will hamper the participation of individuals and undermine the functioning of civil society organisations, and what this might mean for development. Another important issue is the role of stigma and discrimination around HIV/AIDS, and participants questioned whether stigma might prevent communities from mobilising around this epidemic as they did to combat apartheid.

Session 5: Citizenship, Participation, Education and Human Rights (Samantha Fleming, Idasa; Donald Skinner, UCT; Christiaan Keulder, IPPR/Namibia; Mary Caesar, Idasa; Andy Dawes, UCT; Suzanne Leclerc-Madlala, UND)

The discussion in this session was particularly rich and wide-ranging. Given the wide variety of topics discussed, it is difficult to draw these together into main conclusions or central ideas. There were more questions raised than answers offered on these complex issues. Does HIV/AIDS spur political participation or hinder it? How should human rights be understood, and how do they relate to HIV/AIDS? What are the psychological, cultural, and social factors that will slow this epidemic, and where do they come from? When we call for communities to respond, what does this mean? What about when communities respond in a destructive way?

One theme that ran through much of the discussion was the need for a location-specific, community-specific perspective on HIV/AIDS and related issues, influencing prevention programs, treatment and care responses, and human rights. Speakers warned of the dangers of generalising across communities and even nations, which differ drastically in very fundamental ways. For instance, one speaker noted that the relationship between HIV/AIDS risk and political and civic participation in different regions could in fact be completely opposite one another. Meanwhile, the words used in AIDS advertisements have different significance in different cultural contexts and languages; for example, faithfulness in one language means not lying, and is not related to sexual monogamy. Human rights, it was argued, must also be understood within the local context, and it is essential to balance "universal" human rights with buy-in from the local communities, and to develop a true human rights culture.

AIDS and Participation

On the question of participation, a number of speakers argued that the HIV/AIDS epidemic may actually serve to spur civic and political participation. Given the popular

perception that the government is not doing enough about HIV/AIDS, one speaker noted, people are expressing a greater wish to get involved, with a mantra of, “if they can’t do it, I will.” During another session’s discussion, one speaker noted that citizen participation and civil society mobilisation could prove to be a silver lining to the AIDS epidemic, which might bring about, at last, the participation of citizens in health and development issues. Survey data, he argued, has showed high levels of volunteerism around HIV/AIDS, with many more people expressing the wish to get involved but lacking avenues to do so. There had been, he thought, a growth in the number of NGOs and community-based organizations, even in deep rural areas, in response to the AIDS epidemic.

On the other hand, AIDS was seen to impede or limit democratic participation – broadly defined, to include voting but also assorted community activities – in a number of ways. Illness, for example, may limit participation when individuals become too ill to vote or participate in any meaningful way, or when their caregivers become too burdened to participate themselves. Apathy is another potential limitation, when HIV/AIDS makes other priorities – such as political activity – seem less important. What are the incentives for an HIV-positive person to participate?, one speaker asked; if you are HIV-positive, why should you care about politics or civic responsibilities?

The case of AIDS orphans was raised as another instance in which AIDS may limit participation. Orphans and other children, who do not have birth certificates, a common problem in rural areas, may be effectively excluded from participation in society, including voting. AIDS orphans might be prevented from receiving an education because of illness or stigma around HIV/AIDS, while some may be too poor to attend school.

Human Rights

A number of issues around human rights and HIV/AIDS were discussed. Participants acknowledged a general acceptance that a human rights approach should be taken towards the epidemic, but several questioned the acceptance of a “one-size-fits-all” human rights framework, set internationally, without consideration of the local context. Some noted the need for ownership and broad buy-in by people and communities if they are to engage substantively with human rights principles, and questioned whether this human rights culture around HIV/AIDS really yet exists in most places.

Many speakers praised the South African human rights framework – both HIV/AIDS specific and more general – but questioned how it was experienced in reality on the ground. For instance, one person questioned how non-discrimination policies translate into practice, and whether legal remedies and other avenues for exercising and defending one’s rights were working effectively. Someone also questioned whether a focus on civil and political rights was to the detriment of social and economic rights, which are important for many, and especially for women.

More specifically, HIV/AIDS has the potential to undermine or jeopardise certain human rights. For instance, the potential for scape-goating of those seen to have driven epidemic and, in the future, of AIDS orphans seen as a burden on society, has serious consequences

for human rights. One speaker argued that AIDS contributes to a decline in personal and community security, a common response to which is to react with increased control, with serious implications for human rights. Another discussant noted that violations of human rights often emerge in very banal ways, and there is a need to start seeing these detailed decisions in a human rights perspective.

Human rights violations can also help drive the epidemic, the session noted. In particular, violence against women is an important factor in the spread of HIV/AIDS, and gender empowerment and the enforcement of rights for women and children are essential to slowing the epidemic.

The session also touched repeatedly on the need to balance rights on various fronts: rights with responsibilities; individual rights with community rights; and human rights with cultural practices, for instance. There was also a declaration of the limitations of rights, and the need to reopen debate on where rights begin and end. In South Africa, the constitution was acknowledged as a reference point to inform mobilisation around human rights, but the rights in the constitution must be understood and interpreted – especially now, in relation to HIV and AIDS – and someone must take the lead. In particular, the rights of women, children, and intellectual property rights were noted as directly linked to the issues around HIV/AIDS.

Finally, the question of civil disobedience to enforce or demand certain constitutional rights was discussed. The case was raised of doctors providing treatments secretly in defiance of government policy, and discussants wondered whether this was a new form of civil disobedience and asked what the repercussions would be for democracy.

Community Responses

Community responses to HIV/AIDS are generally considered essential to an effective HIV/AIDS response, but the session acknowledged that these are not always effective or even desirable. One of the session's speakers offered a description of two particular community "responses" that serve as a caution to any effort to relay responsibility for HIV/AIDS to communities and local government, as the South African government seems to be trying to do. One of these was the myth that sex with a virgin cures AIDS. A study in KwaZulu-Natal Province of South Africa found an increase in the rape of children, and concluded that the "virgin myth" is probably driving this increase, with about one-third of child sexual abuse in KwaZulu-Natal probably due to the virgin myth. Men, it seems, are men turning to this in desperation, and AIDS is giving rise to new form of criminality.

The second example of a community response with more nuanced implications for human rights is the renewed practice of virginity testing, which one speaker saw as people trying to find a way to reassert social control. Older women, it seems, are at the forefront of this movement. With grandmothers watching their children die, supporting increasing numbers of grandchildren, and absorbing the first wave of AIDS orphans, these women want to find a way to keep girls from getting pregnant, and contract HIV, in the first place. This has come into direct conflict with the government's gender

commission, which considers virginity testing to be a violation of human rights. From this has emerged a battle between the human rights enshrined in South Africa's constitution and the efforts of communities to use traditions to respond to this new scourge. Attempts to meet a compromise or mutual understanding are underway, but in the meantime, the example stands as a message about the complex relationships between individual and community rights, or between rights, culture and tradition, and the need to create a democratic culture with broad acceptance of human rights if these rights are to be realized.

Social Structures

The need for societal structures to provide control, support, leadership, and values, among other things, also arose as an important topic in this session. One discussant noted the dire consequences of a decline in traditional structures as a form of social control, which used to help prevent risky behaviour such as relationships between older men and young girls. As another speaker said, "We have lost the mechanisms and values of the old system and have the framework of a new system but not the mechanisms and the value system… we have the form but not the function." There is a need, the speaker argued, for South Africa to find the "substance" of its new society in order to build social cohesion, mechanisms for values and social control, and stem the HIV/AIDS epidemic. Looking more specifically and into the future, other participants pondered the role of traditional leadership and traditional knowledge systems in the fight against HIV/AIDS, as well as the role of traditional systems in the *spread* of HIV, such as by spreading the "virgin myth" through some traditional healers. These answers are not simple, one person noted, and traditional forms of authority are neither "good" nor "bad" for HIV/AIDS, but need to be assessed and integrated more effectively as appropriate.

Psychological & Cultural Factors

The session also touched on a number of psychological and cultural factors that can affect both civic participation and HIV/AIDS risk. Discussion focused on two of these: a culture of mistrust, which hinders prevention efforts; and a lack of hope, which can lead to anomie and make both civic participation and risk-prevention efforts less likely.

Trust is intimately linked to social cohesion, and is thereby believed to be essential to democracy. A lack of trust in a society makes many things more difficult, but in the context of HIV/AIDS particularly affects efforts to engender behaviour change. For instance, myths abound about condom provision, and many men in the South African community believe condoms are in fact spreading diseases. This suspicion around condoms is tied to social cohesion, argued one speaker, and is a problem beyond South Africa. Anecdotal evidence points to other types of "aberrant behaviour" growing out of mistrust, another speaker noted, and there is a need to better understand this if HIV/AIDS interventions are going to succeed.

A lack of hope, another common societal ailment, is also believed to both drive the HIV/AIDS epidemic and hinder civic participation, with implications for individuals, society and democracy. Lack of hope seems to combine with a lack of knowledge, for instance, to spur responses to HIV ranging from denial to the rape of virgins in search of a cure. Building knowledge, therefore, is not enough, and it is necessary to find a way to

build hope. One participant called for a better understanding of whether and how depression and anomie (or more generally, a lack of hope) drive the epidemic, whether and how they impact attitudes to democracy, and what the relevant interactions are at individual and interpersonal levels. He also queried what drove cooperative efforts to combat the epidemic, and how these could be fostered.

A study of young people in Namibia reinforced the arguments that hope is necessary to stem this epidemic, while anomie and a lack of hope can help drive it. The study combined figures on depression and HIV/AIDS risk behaviour with political variables, and found a strong correlation between depression and HIV risk behaviour. Knowledge, on the other hand, did not seem to correlate with risk behaviour at all. This suggests that an emphasis on building hope, rather than conveying knowledge, might be more effective in slowing the epidemic. Surprisingly, the study found that regions with the highest political participation also had the highest rates of depression, which makes the link to democracy a bit more complicated and obscure. This may, however, be a particular factor of the Namibian context, where low population density makes participation in civil society quite difficult and rare.

The session also raised the need to examine the nature of hopelessness (and hope) and its source. One pointed to the South African paradox where young white people are very hopeless while young black people are relatively hopeful, as proof that hope is not linked rationally to actual conditions and prospects. In addition, the importance was raised of understanding what is particular about the impact of HIV/AIDS that makes it different from just desperate and extreme poverty, which also leads to a sense of hopelessness. One speaker noted that in many cases, AIDS is imposing itself on top of a desperation born of poverty to cause a more severe sense of hopelessness.

This somewhat obvious role of HIV/AIDS in crushing hope was a theme of the discussion, which also questioned whether some well-intentioned interventions might actually be exacerbating this loss of hope. For instance, the dire predictions around orphans, which tells these children they are part of a damaged and dangerous group, are potentially very psychologically damaging. These mirror the predictions about apartheid's "lost generation," who were supposed to be ruined by the struggle but whose predicted psychological damage has seemed not to manifest itself in particularly antisocial behaviour.

Session 6: Regional and Personal Security (Chris Heyman, DFID; Martin Schonteich, ISS; Lindy Heinecken, Saldanha Military Academy; KC Goyer, UCT)

This session considered briefly the well-documented conclusion that a situation of insecurity can contribute to the spread of HIV and exacerbate the impact of AIDS, and then discussed at length whether and to what extent the epidemic might undermine personal, national, regional and even global security. In particular, participants discussed the impact of AIDS on militaries and state security; on political stability, social tensions, and state strength and sustainability; and on crime. Overall, it seems the epidemic may

feed on and exacerbate existing weaknesses or cleavages in society, potentially contributing to a vicious cycle between HIV and insecurity.

Insecurity Drives HIV/AIDS

The session dealt only briefly with the well-documented and common-sense links between situations of insecurity – particularly violent conflicts – and the spread of HIV. War helps spread HIV in a number of ways, including conflict-induced migration (i.e., refugees) and the collapse of service provision and social support. Women and children are particularly vulnerable during times of violent conflict, and can become victims of sexual exploitation – including the use of rape as a tool of war – or be forced to trade sex for money, food, or protection. The role of soldiers as a vector for the spread of HIV has also been well-documented. Soldiers are highly mobile, are often based far from home for extended periods, are likely to have access to multiple partners, and may have a certain "risk-taking" ethos. As a result, military bases attract sex workers, and many girls or women in areas where soldiers are deployed may turn to soldiers for relationships, material support, or protection.

HIV/AIDS Threatens Security

The session also discussed a number of ways in which the AIDS epidemic might begin to undermine peace and security, potentially contributing to a vicious cycle between HIV and insecurity.

Military

Armed forces are the first (external invasion) and last (internal civil strife) line of support called upon by the state, and the military is consequently an important institution in maintaining or creating state stability. HIV/AIDS poses a number of difficult questions for militaries and state security. Most obvious is the issue of HIV-positive soldiers. There is a great deal of speculation about HIV prevalence in the military. A number of studies have concluded that rates among soldiers are much higher than rates in the civilian population; however, in South Africa, this seems not to be the case, with the exception of certain specialised units. The South African military has opted to test soldiers for HIV at the time of employment, and to only accept HIV-negative recruits. This policy has implications for human rights and for the military's ability to recruit sufficient and quality personnel. It also does not eliminate HIV in the military, as many soldiers will contract the virus during their time in the force. One idea is to put soldiers on a rolling contract and test for HIV at the start of each contract; however, this will mean the loss of many skilled people and the associated investment in training.

The forces thus face the question of what to do with HIV-positive soldiers, who – for their own safety and the safety of their colleagues and local populations – the military does not want to deploy to "hardship" posts, such as peacekeeping missions. Instead, there is an effort to re-deploy HIV-positive individuals to support positions, but this is costly (retraining costs) and potentially unsustainable in the long as the numbers of HIV-positive soldiers continue to increase. Disruption of unit cohesion is also an issue, as re-calling personnel from deployment because of their HIV status or the development of AIDS-related illnesses may upset the cohesion of the group while engaging in operations. There has also been some speculation that HIV/AIDS might negatively affect military

discipline, with HIV-positive soldiers having less incentive to follow orders, but presenters argued that this depends on various factors including whether the individuals know their HIV status. Finally, a perception among military personnel – particularly those who are HIV-positive – that the state is not doing enough to help them deal with the impact of the epidemic can be highly problematic, and may even threaten democracy.

Political Instability and State Failure

HIV/AIDS may also contribute to political stability, social tension, and the weakening of states or even state failure. The pandemic has the potential to undermine states' ability to deliver services and govern effectively, leading to disillusionment on the part of citizens – perhaps particularly those affected by HIV/AIDS – and thereby weakening the states' mandates and stability. The epidemic will reduce capacity and complicate delivery in all spheres, including the criminal justice system, which probably will be already overwhelmed by rising levels of crime. AIDS-related illness and death among court officials, advocates, witnesses and defendants will slow judicial processes and hinder effective law enforcement and prosecution, which may lead to a decline in confidence in state criminal justice structures and a rise in vigilantism.

The epidemic may also have effects on society that have implications for political stability. For instance, stigma and discrimination around HIV/AIDS have already begun to infringe on civil and constitutional rights, a trend that could worsen if measures appropriate measures are not taken. The marginalisation of HIV-positive people, moreover, will mean that an increasing proportion of the population is marginalised – perhaps as high as one in four or one in three citizens – which could have serious implications for social and political stability, as well as the legitimacy of and support for democracy. In addition, because the epidemic affects different communities and societies differently – for instance, hitting urban areas in many countries much harder than rural areas, or affecting the Muslim community less than other groups – it may also change the balance of power within or between countries.

One presenter suggested that HIV/AIDS could spur increasingly harsh responses that lead, eventually, to fascist repression. She reviewed what she called "signposts for Fascism." The first of these is scape-goating, the hallmark of fascism and a distinct risk in an era of HIV/AIDS, where a particular group – such as commercial sex workers, women more generally, or foreign migrant workers – are blamed for the epidemic. The second "signpost" is resentment of the checks and balances within a system of separation of powers, and a resentment of stakeholder consultation. Such trends, she argued, were already evident in South Africa's response to AIDS. The third step to fascism is the use of military analogies, and she argued that referring to a 'war on AIDS' is problematic and may lead to extreme measures; policy suggestions already have included mandatory testing for HIV and criminalizing being HIV-positive. The final fascist sign is anti-intellectualism, to which efforts to crush internal disagreement within political parties may be a first step.

Crime
One presenter argued that the HIV/AIDS epidemic was going to lead inexorably toward an increase in crime in South Africa, with similar impacts likely in other countries in the region. Even without the AIDS epidemic, he argued, South Africa's disproportionately young population would cause a rise in crime over the next ten to fifteen years. Most crimes are committed by males 14 – 24 years old, and societies with large populations in this age group are likely to see rising crime rates. The HIV epidemic, in turn, will exacerbate this problem. The large number of AIDS orphans, for instance, represents a pool of vulnerable children who are more likely to become involved in criminal behaviour. Studies from various countries have found a correlation between orphan status and committing certain violent crimes, so a rising number of orphans would itself be likely to increase certain types of crimes. In addition, if the state proves unable to effectively manage and serve the orphan population, the epidemic may result in a group of children growing up without traditional supervision or sufficient socialisation. Moreover, the stigma of being an 'AIDS orphan' may lead to isolation and desperation, making anti-social or criminal behaviour even more likely. Meanwhile, as mentioned above, the epidemic will have a detrimental effect on the criminal justice system, just as that system is saddled with rising levels of crime. The failure of the state to respond effectively to crime and to protect its citizens' safety may in turn undermine faith in the state and in democracy.

Session 7: AIDS and Democracy: An Overview (Vincent Williams, SAMP/Idasa)[2]

HIV/AIDS and South African Democracy
Both of the final, 'summary' presenters related the fight against HIV/AIDS back to South Africa's history, political roots, and the anti-apartheid struggle. The first presenter contended that, within the southern African context, democracy was the most powerful tool for fighting HIV/AIDS, while social cohesion was limited and unlikely to stem the spread of HIV. When considering South Africa, he argued, one must take cognisance of the past, and in particular the history of institutionalised racial inequality and the complex racial analyses and conceptual frameworks that arose out of the anti-apartheid struggle and which still have great influence today. These complex issues around race, and their integral role in the liberation struggle, have created fertile ground for the spread of HIV, he said.

The politics of post-1994 South Africa, he said, are the politics of liberal representation founded on individualism and closely linked to neo-liberal economics. Social justice has been subjugated to these neo-liberal polices, most notably GEAR. The combination of racial complexities and this new era of politics has fundamentally weakened social cohesion, and undermined any hope of building it in South Africa. He argued that the key challenge is to put social justice back on the national agenda as a primary goal.

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[2] Because there were only two presenters for this session, their names are not listed in the interest of the anonymity of these proceedings and the agreement of all present that nothing said be attributable to individuals. Vincent Williams facilitated the discussion.

HIV/AIDS is an economic crisis, a crisis inter-linked with poverty, and fighting poverty is one and the same with fighting HIV/AIDS.

The second presenter relayed a powerful and controversial examination of what AIDS, and the government's troubled response to AIDS, has meant for South Africa's democracy. She noted that in 1994, democracy was seen as a grand new beginning, bringing with it hope, and the values of dignity, equality, ubuntu, and strong human rights. The government of post-1994 was expected to uphold democracy, to be accountable and transparent, but the presenter argued that it has failed its citizens with respect to HIV/AIDS. She read a letter to the editor from the February 10 issue of the Sunday Independent which facetiously gave thanks to HIV/AIDS and the ANC because, thanks to the epidemic and the government's poor response, South Africa will have a white government again soon. "AIDS will succeed where apartheid failed," it said.

She went on to outline ways in which AIDS has cast doubt on democratic norms and principles, on which she feels we must measure the strength of democracy. How, she asked, can we uphold the rule of law while the Minster of Health defies the Constitutional Court, even though we are told that an independent judiciary is cornerstone of democracy? (Subsequent discussions raised this issue and argued that, in fact, the government had a legitimate constitutional basis for challenging whether the court had the right to make policy.) How can we claim to support people living with HIV/AIDS when the president questions the link between HIV and AIDS? How can we create an independent scientific community when the government intimidates scientists and suppresses statistics? How can we cannot foster respect and dignity for all when the government denies AZT to citizens on the grounds that it is toxic, but government officials on medical aid schemes have access to – and utilise – such treatment? She also cited research by several NGOs and research institutions on current attitudes and perceptions about HIV/AIDS, which found that the government's flirtation with dissident theories has confused people about the epidemic and caused them to question HIV messages, stop taking antiretroviral treatment, etc.. President Mbeki, she argued, has created confusion on an issue where clarity and direction is both expected and crucial.

The presenter concluded by emphasizing the importance of a 'gendered analysis' of the epidemic and its impact. Women are carrying the primary burden of this epidemic: they are the key care-givers, their participation in civil society is declining, and girl children are leaving school. As a result, the epidemic has the potential to worsen the unequal position of women and reverse any progress on gender empowerment.

General Discussion
Participants discussed what makes HIV/AIDS unique, and different from any other disease or crisis faced before. Some characteristics mentioned are that HIV/AIDS has no cure, is sexually transmitted, and affects primarily the younger, economically-active, 'parent generation.' These factors result in a crisis with very particular psychological, political, and economic impacts, which seem to interact very closely with the factors essential to democracy and to what makes democracy unique – that it requires agency, requires citizens and not subjects, and is based on sense of empowerment. HIV/AIDS

‘attacks’ our society from every angle, aggravates existing crises, and undermines our attempts to address them, thereby ‘turbo-charging’ problems. Thus, it is not a question of whether there is an impact, but how large that impact will be.

Emphasis was placed on the importance of all citizens incorporating HIV/AIDS into their work, with participants arguing the need to incorporate HIV into programmes and internal policies, even in areas which have not previously addressed HIV/AIDS. An integrated response is not just necessary, they argued, but imperative. This includes integrating HIV/AIDS into the ‘development package’ of policies and interventions, though without abandoning other priorities.

Another general theme was the recognition that, to the extent democracies fail to respond effectively to this epidemic, there is a danger that non-democratic forces will step forward to propose alternatives and democracy will implode on itself. In addition, someone noted that democracy can be a double-edged sword. It can, for instance, cause a decline in traditional structures as a form of social control, which used restrict problematic behaviours. In addition, sending soldiers and civil servants to other countries to help build democracies can actually be a risk factor for the spread of HIV. In short, democracy may be desirable, but it could facilitate some of the problems around HIV/AIDS.

General Summary

The two-day workshop has elicited a wealth of information – from new ideas to research findings seen in a new light – and has been a valuable exercise in bringing together people from different disciplines and different perspectives to foster imaginative discussion and allow for cross-pollination of ideas. Unfortunately, we are not in such a different position than we were in the beginning: we still do not have much concrete evidence of what is actually happening with regard to HIV/AIDS and democracy. Perhaps we each have a wider perspective and a richer understanding than we did before, but there is still a need for substantive research.

Along this vein, this workshop has produced a momentous list of research gaps and suggestions for future research, with a multitude of topics and disciplines ranging from how electoral systems and representative institutions might be affected to how HIV/AIDS might interact with feelings of anomie, depression, and mistrust. We have also raised a number of questions around how our research – and this workshop – can make a difference to the epidemic; how it can be applied to the “real world.” As one participant pointed out, there is often a tension between the activist agenda and the research agenda, as well as the policy agenda, and we must find ways to reconcile these.

Next Steps

The participants discussed options for how to move this democracy and HIV/AIDS agenda forward. One of the workshop’s co-sponsors – the Democracy in Africa Research Unit (DARU) at UCT – is planning a working paper on the research agenda around HIV/AIDS and democracy, aimed first at the workshop participants, and also at other NGOs, researchers, and donors. In addition, these workshop proceedings will be

distributed internally and be available on the web, and a list of ongoing research and published papers will be distributed confidentially among participants.

A suggestion was made that individuals and organisations write opinion pieces for the popular press, in order to put these issues on the public and political agendas. In addition, people noted that we must find a way to access the government sector and get these ideas to the decision-makers therein. All participants were encouraged to follow up through own networks, to think, process, research and write in their own forums and manners, as well as to share future and ongoing research with one another.

Suggested Research Topics:

(Ideas drawn from the workshop's discussions and presentations)

Electoral Systems and Government Structures

- Will different electoral systems be impacted differently by HIV/AIDS and should we rethink current systems?
- The Medical Research Council mortality data and voter roll information would together be a rich source of information about AIDS mortality.
- What exactly will be the implications of AIDS for the costs of elections?
- Interaction of class variables (rather than race) with voter preference, and implications of HIV/AIDS. (Does the epidemic hit certain economic classes harder?)
- Do opposition parties do better in by-elections in a South African context?
- What is the impact of AIDS on legislatures? Not just MPs – is it affecting lower-level (but vital) staff members as well? Even harder?
- How will AIDS impact representative institutions? Greater impact on entry-level "staff" or on elected officials and what would be the consequences of each? Will there be a longer-term impact, such as discouraging people to run for office?
- Relationship between national and provincial structures. Issues around provincial capacity: how do we define 'capacity'? What is the role of provinces around HIV/AIDS, etc.
- Need for a systemic analysis (whole democratic system, nationally, regionally, globally) rather than (or in addition to) institution-specific analyses?

Civil and Community Structures, Social Cohesion, Social Capital

- Unpack concept of social cohesion. What types of social cohesion are desirable/undesirable? How does social cohesion interact with HIV/AIDS? Do we try to build social cohesion? How?
- Unpack concepts of civil society and social capital. What are the relationships between these two? Does one inevitably lead to the other?
- What type of civil society groups contribute to or strengthen a society's value system, and which detract from it?
- Unpack the nature of civil society: in South Africa, in the region, in particular geographic areas or particular communities. To what extent does civil society in a particular place contribute to building social cohesion and social capital?
- To what extent is civil society addressing the micro and macro-level determinants of the HIV/AIDS epidemic?
- Does AIDS have the potential to drive social mobilisation? Is it doing so? Might the epidemic actually help strengthen and consolidate democracy?
- Will AIDS hamper participation and undermine the functioning of civil society organisations? What does this mean for democracy? For development?
- If we are losing skilled people, how do we replace them? Are people worried about this? Trying to respond to this threat?
- What is the impact of the macro-economic policies on our social cohesion?
- What is role of traditional leadership/authorities and traditional knowledge systems in responding to epidemic? What is the role of traditional systems in the spread of

HIV? (For example, some traditional healers report that other traditional healers are spreading the "virgin myth".)

- More research on the impact of HIV/AIDS at a household level, given that this may be the greatest impact.
- How much donor funding is coming into the country and which organisations and programmes are being funded? How do civil society organisations, particularly CBOs, access funds? What challenges do they face?
- Analyse the donor funding for AIDS: which civil society organisations are receiving which portion and are these organisations involved in building social capital and/or contributing to long-term development? Is it true that a large amount of available resources are not actually reaching the organisations that build social cohesion?

Public Participation / Agenda-Setting

- What are the priorities determined by the people – care or treatment?
- Who determines the priorities and how? This is linked to people's participation in governing and, specifically, the budget.
- Are we seeing a new type of civil disobedience around HIV/AIDS, such as doctors providing treatments secretly in defiance of government policy? What does this mean for democracy?

AIDS Policy Making

- How is AIDS policy managed between national, provincial and local government, and what is the involvement of donors and NGOs? Need to examine how these levels interact and where AIDS policy should be organised?
- How does the national strategic plan on HIV/AIDS fit within other policy frameworks? What does it mean for different sectors?

Security Issues

- How do we keep the armed forces, as an institution, functioning in a context of HIV/AIDS? How should militaries manage members with HIV? How should testing be utilised?
- How vulnerable are the region's militaries to HIV/AIDS? How vulnerable is peace and security?
- How will the epidemic impact the capacity and efficacy of governing structures, and what does this mean for political stability? Does poor government performance affect disillusionment and desperation on part of citizens? Does it lead to violence or support for non-democratic regimes?
- How will AIDS affect the criminal justice system? What are the implications for crime?
- Need a study of HIV/AIDS in prisons nationally.
- What is the link between orphans and security? How do we manage the "orphan problem" in order to ensure security?
- What is the nature of crime? What drives it? How does it link with HIV/AIDS?
- What are the links between HIV/AIDS, marginalisation, and extremism, violence, and political instability?

- Might HIV/AIDS spur repressive responses and a shift to repressive, non-democratic, fascist regimes?
- To what extent has HIV/AIDS contributed to violent conflicts elsewhere in the region and the continent, such as Zimbabwe and the Congo?

Legal/Human Rights Issues

- If we agree that we should be taking a human rights approach, what does this mean in the South African (and other) context(s)? How do we apply the international framework and make it work for particular contexts?
- How do non-discrimination laws/policies translate into reality on the ground?
- Did we really build a human rights culture around HIV/AIDS? Is there buy-in into those human rights policies? Do people really understand these and how to implement them on the ground?
- There is a large focus on civil and political rights (confidentiality, equality, etc). How does that impact on social and economic rights? These are important, especially for women, who are the main caregivers. What structures do we put in place to ensure women can participate?

Psychological / Sociological Issues

- Psychological impact of AIDS: what happens when people have a sense that there is a problem and that they cannot do anything or only very little about it? What are the implications for participation in democracy and public life?
- Does anomie and depression help drive the epidemic? What are the interactions at an individual level?
- Are orientations to democracy of PWAs influenced by people around them: does the number of people around me feeling hopeless impact my attitude? lead to anomie?
- At an interpersonal level, what drives cooperative efforts?
- At an intergroup level, does privileging families with HIV/AIDS actually increase stigma/discrimination against those families? Are we hurting them by focusing on them?
- Issues of ideology and utopia: work was done with young people about their vision of the future. In 1992, AIDS wasn't on the map; in 1996, it was, but only a small bit. If we did this research again, what would we find now? How do young people see themselves and their society in the future?
- Lack of knowledge and lack of hope combine to drive responses ranging from denial to virgin rapes. Knowledge is not enough; what can we do to bring about "culture of hope"?
- Trust: there are anecdotes about aberrant behaviour, growing out of distrust. We need to better understand this anecdotal evidence; if it is true and all interventions are hitting this blockage, we need to better understand it.
- Hope and hopelessness: where do they come from, what drives them, how can we build hope? What is particular about the impact of HIV/AIDS that makes it different from just desperate and extreme poverty in terms of creating hopelessness?
- Need research on the decision-making process on whether to get tested for HIV.

Political Science Issues

- Qualitative research: how is AIDS affecting democratic norms and principles?
- How do we define democracy? How does democracy, so defined, interact with responses to HIV/AIDS?

Translating Research to Action

- How to move beyond research to contribute to the issues?
- Are there lessons for democracy from the case of HIV/AIDS, particularly around social mobilisation and institutional engagement. What are the links between these, and is confrontational engagement better able to enact change? And where do parties fit in – are they barriers to change?

Other

- A need for both broad, interdisciplinary research and deep, sector-specific research; both have value.
- Where has Mbeki's denial had an impact – which sectors of society does it reach/affect? To what extent does it reach to local level?
- What is particular about impact of HIV/AIDS that makes it different from just desperate and extreme poverty?
- Research shows a decline in Grade One enrolment. Where are these children who are not in school? What are the reasons for their absence? A response to this question may help us to restructure the education system so that no one falls through the gaps.
- Is there a way to access and utilise impact assessments conducted in some sectors (corporate sector, militaries, civil service) but not publicised and not allowed to be officially discussed, quoted, or distributed? A valuable source of information going unused.