Review of African Political Economy No. 86:483-486

ISSN 0305-6244

Editorial: Special Issue on AIDS

Carolyn Baylies & Janet Bujra

The spectre of AIDS is haunting Africa. If present trends continue, its impact on development and society will be devastating. This issue of ROAPE looks at some of the graphic realities of the situation as faced by those who must cope. It also explores the struggles and the debates around who might take responsibility – for delivering programmes of prevention and care, for making affordable drugs available to those in need and for dealing with the consequences of loss wreaked by the epidemic. If families bear the heaviest burden, what role do states, NGOs and international agencies have in managing the crisis and in averting the worst scenarios? These questions have to be considered in context. The epidemic comes at the worst possible time for Africa, already facing economic crisis and indebtedness, the deliberate down-sizing of national governments through externally-imposed neo-liberal policies, as well as riven by more armed conflicts than any other region of the world.

It is not surprising that African governments have often failed to fully acknowledge the enormity of the challenge which AIDS poses. But it is vital to recognise that this has frequently hampered the effective mobilisation of strategies for prevention, mitigation and support. The most recent example is President Thabo Mbeki's questioning of the link between HIV and AIDS and his thesis that it is poverty which propels the epidemic. Arguments about the linkage between HIV and AIDS are clearly related to the search for a cure or for effective prophylactics, and thereby not unimportant. But they divert attention from dealing with the current realities of a rising number of protracted deaths, particularly amongst the youngest, the fittest and most productive members of society. And whilst poverty may enhance vulnerability in several ways, it is not in itself the cause of the epidemic in Africa. Conversely poverty is everywhere deepened by the impact of AIDS.

AIDS cannot be sidelined. It is not a matter of marginal concern, nor merely a health issue. It is profoundly grounded in social behaviour and underwritten by social relations of inequality. Its impact is wide-ranging, threatening not just economic growth, but its very sustainability; undermining the integrity of affected households; dramatically lowering life expectancy; weakening the very social capital upon which international institutions increasingly place their faith; exposing the lack of government capacity – jeopardising the future.

AIDS is also a crisis reflecting patterns of inequality, both those operating on a global basis, as well as those internal to affected countries. The 'Statement of Concern on Women and HIV/AIDS', issued at the International Conference on HIV/AIDS in Durban in July 2000, draws particular attention to the significance of gender inequality for the course of the epidemic and its impact. AIDS also feeds on inequalities defined by class, generation, race, ethnicity and political power. It is this same array of factors which must be addressed in strategies aimed at limiting its further spread and fashioning means for social and economic recovery. AIDS is deeply embedded in the dynamics of political economy.

There are many facets to the question of HIV/AIDS in Africa. The articles in this volume touch only on some of them, but individually and collectively they point to the importance of situating the analysis of the epidemic and its effects into a framework of political economy. They thereby address the power relations which drive the epidemic, frustrate the possibility of alleviation, care and recovery – and operate not just to marginalise those with HIV or AIDS, but to relegate entire populations to a position of vulnerability. Unless able to step outside the system as privileged individuals, few have access even to basic care.

Among themes running through the articles in this issue are those relating to the way epidemic falls heavily on households. Rugalema details how many households are devastated by the effects of AIDS, and may disappear or become submerged into other households. AIDS is not like other disasters such as floods or drought, or even war. In these cases recovery can eventually be anticipated. AIDS is cumulative in its effects on households. Heterosexual and mother to child transmission often mean serial deaths within the same family. AIDS compromises future food security through deaths and the time taken up by care for the dying. By virtue of claiming adults in their prime, it leaves orphans stranded, sometimes with few resources to carry through to adulthood, and with elders having to shoulder parenting roles which they had assumed to be well past. The impact on households is all the greater following the collapse of health services and reduced accessibility to them, given the imposition of fees in the wake of structural adjustment conditionalities. As Soori Nnko and colleagues note for Tanzania, care is increasingly concentrated in the home and then made a virtue of through the promotion of home based care initiatives which enlist the compassion of 'community' members – in practice, almost invariably women. Women, families and poor people have no choice but to care for the sick, generally without additional resources, and often without the information or counselling which would allow them to extend life and relieve suffering, as well as protecting themselves and others from the further spread of infection. Even in this dire situation, carers do learn from their experience and could be a resource for others, if their knowledge were recognised.

Where medical facilities are more developed, as in the case of South Africa, questions emerge concerning the appropriateness of care. As Seidel shows, discourses around care which in the past represented victories against pressure from the global market, now operate in potentially counterproductive ways. Seidel looks specifically at the case of advice given to mothers about breastfeeding. Noting that health professionals often inhabit different social worlds from their clients and may hold unhelpful stereotypes about them (further distorted by the stigma conferred by AIDS), she analyses their resistance to acknowledging the serious risk which breastfeeding by mothers with HIV or AIDS poses to their children. The dilemma about what advice is appropriate may be even more acute in other countries with more limited access to powdered milk or clean water – or indeed where there is little testing of women and hence limited certainty about their HIV status.

Several of our contributors address the question of how the crisis of AIDS might be managed and who are the appropriate agents in this urgent task. The articles by Scott and Cheru (each with reference to Zambia) address strategies which both engage governments and attempt to fashion a broader, international endeavour in response to AIDS. Cheru discusses an international initiative for combining cancellation of debt with the building of a fund to finance AIDS initiatives. This incorporates means for ensuring that the funds are not hijacked by government and diverted towards other, perhaps more politically attractive (or more private) ends. The dangers of this

in situations where authoritarian state forms persist is evident. Scott is keen to promote the state as the most effective agency in addressing AIDS and delivering recovery plans. He reviews an earlier initiative in Zambia to confront the impact of drought, arguing that the state planning and multisectoral coordination that made this initiative so successful could be harnessed again for confronting AIDS. As Rugalema notes, there may be hazards in drawing parallels between the disasters of drought and AIDS. But the thesis does return us usefully to older debates about the efficacy of the 'developmentalist state', especially at a point when neo-liberalism has rendered such ideas anachronistic. Does AIDS present a challenge which cannot be addressed without rebuilding the state, or at least increasing its capacity to deliver basic health and education services to its citizens?

A third piece, by Gray and Smit, concurs with Cheru and Scott, in noting how initiatives at the national level are tightly constrained by global dynamics, whether operating through markets, donor agendas or the specific rules of engagement negotiated by the WTO or the IMF. Gray and Smit argue powerfully that the threat of AIDS must be addressed at a global level and that it is not unrealistic to demand a global response. However, there is also an underlying frustration detectable through all of this with how power relations, between, within and across nations, prevent the cries of those at the 'bottom' being heard and responded to. This is exemplified not just in practice, but also at the level of theoretical discourse.

Rugalema explicitly highlights the way in which the notion of 'coping' has been foisted on households and communities in accord with broader neo-liberal ideologies of self-help and individualistic solutions. Households are abandoned to cope, to get on with it, to bundle together their assets in anticipation of future disasters (of whatever sort) and develop effective strategies to deal with them. Nnko et al. describe just such outcomes. In a sense (and despite statistics showing sharp falls in life expectancy and a rising tide of funerals within so many communities) AIDS remains hidden within families and remote rural areas. Nor can it be so easily addressed, as famine might be, through short term deliveries of emergency relief. State aid, even international support, cannot transform behaviour at an intimate level, though it can mitigate the consequences of epidemic.

It is not unreasonable to point out that in Africa the terrain of poverty makes the provision of anti-retrovirals unaffordable, given the market control exerted by multinational drug companies. But it also has to be conceded that in some of the most severely affected countries the medical infrastructure is inadequate to the task of storing, appropriately dispensing and effectively monitoring the use of such drugs. There is also a clear prior need for sufficient testing facilities to diagnose HIV, for basic health care to ameliorate the effects of opportunistic infections, for enough food so that undernourishment does not make for greater vulnerability to infection. AIDS uncovers some very fundamental development issues which have to be tackled locally. Perhaps the task is just too great, and yet, as the contribution of Gray and Smit suggests, AIDS lays bare the need for global solutions – at the same time as disclosing how AIDS is a manifestation of global contradictions. Their query – 'Is a global welfare system [one which is] powerful enough to counter the oligopolists, any less fanciful than the ideal of 'Health for All'?' – deserves serious consideration.

There are other issues on the agenda of AIDS analysis and action that we have not had chance to engage with here – in particular the shift in AIDS discourse from a focus on those seen as vulnerable – especially women and young people, towards the powerful, who might be more effectively targeted as driving the epidemic. This

includes not only states, multinational drug companies and international financial institutions, but also men, whose behaviour is increasingly seen as a contributory factor in spreading AIDS. It also important to disclose the extent to which people in Africa are fighting back through organising themselves in the work of prevention and care. This is not just manifested in the work of indigenous NGOs, though some of them have developed impressive innovative approaches – it is also to be seen in small groups of activists in urban neighbourhoods and rural settings, who, despite their relative poverty, lack of skills and resources, nevertheless throw themselves into the struggle to avert disaster. We hope to extend our reach in a further issue of ROAPE to include these other agendas. This is a call for contributions. ■