Ideology's Role in AIDS Policies in Uganda and South Africa

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While analysts have focused largely on the role of political will to explain a government's willingness to implement effective AIDS policies, little research has explored the origins of that political will. I argue that, through a consideration of the ideological outlook of government officials, we can develop a more nuanced understanding of political will and the desire to implement certain types of policies. To demonstrate the importance of ideology, I examine two cases of national AIDS policies: Uganda, widely hailed for its pro-active response to the AIDS epidemic, and South Africa, largely vilified for its courting of AIDS dissidents. This research shows the importance of going beyond simple examinations of state capacity to reflect the underlying belief structures that make possible (or impossible) certain policy actions.

INTRODUCTION

In the pantheon of state responses to the AIDS epidemic, South Africa and Uganda stand at opposite ends of the spectrum. Uganda has received international accolades for its proactive response. Many consider the country a model for addressing the AIDS epidemic in resource-poor settings. South Africa, on the other hand, has received widespread condemnation. President Thabo Mbeki has openly questioned the connection between HIV and AIDS, and refused to provide antiretroviral drugs to HIV-positive pregnant women. His embrace of AIDS dissident scientists has provoked fierce and angry responses, and rates of HIV infection continue to climb.

What accounts for these vastly different responses? Many look to the existence of political will, but I argue this is incomplete. In this paper, I want to draw attention to a largely overlooked factor—ideology. I argue that the ideological commitments of the Ugandan and South African governments have led them to embrace or question, respectively, the role of the international community in crafting and implementing AIDS policies. Museveni's National Resistance Movement (NRM) places a high value on interdependence and connections with Western states, while the African National Congress (ANC) in South Africa under Mbeki's leadership has encouraged the active questioning of outside received wisdom. These ideologies are largely borne out of the historical circumstances out of which the respective political movements emerged.

Let me be explicit here. My argument is *not* that ideology and identity alone can explain the differences between these two African states on AIDS policies. Baldwin rightly notes that ideology cannot explain all aspects of a state's response to the AIDS epidemic.[1] However, ideology shapes institutions and guides policymakers in their perceptions of risk, vulnerability, and responsibility. Ideology colors how states see and use the policymaking tools available to them. It frames how states interpret problems and their responsibilities to address those problems. If we seek to understand why different states establish different institutions or perceive their role in combating the AIDS epidemic differently, then it make sense to pay attention to ideology. My aim here is to add another variable to the mix and move us beyond simplistic discussions of "political will" as the cause of successful or unsuccessful AIDS policies. We may not be able to export these ideologies to other countries, but understanding the

role of ideology in planning AIDS policies may help us craft more responsive policies that better reflect the political and social realities within a given state.

This paper proceeds in four sections. First, I briefly describe why political will offers an incomplete explanation. Second, I outline the AIDS epidemics and policy responses in Uganda and South Africa. Third, I describe the NRM's ideological commitments and how those were shaped by its historical origins. Finally, I examine how South African public health history shaped the ANC government's ideological outlook and AIDS policies.

THE INCOMPLETENESS OF POLITICAL WILL

When trying to understand the success or failure of AIDS policies in Africa, analysts often fall back on "political will." The failure to address AIDS aggressively in South Africa reflects the "absence of political will and ambivalence filtering down to provincial and local administrators," one article charged.[2] A recent editorial cited Mbeki for "provid[ing] no leadership, no political will to mobilize people and resources to address the fear that stalks the country."[3] The Durban Declaration, signed in the aftermath of Mbeki's controversial address to the 2000 International AIDS Conference, asserted that "reason, solidarity, political will, and courage" were the key ingredients in combating the epidemic.[4] Zachie Achmat, one of Mbeki's most vocal critics on AIDS policies, says that South African government officials lack the political will to confront the realities of the AIDS epidemic.[5]

On the other hand, many credit Uganda's successes in combating AIDS to the existence of political will. The director-general of Uganda's AIDS commission has argued that he received the resources necessary to confront AIDS because of Museveni's political will to address the epidemic.[6] Uganda's public information campaigns about AIDS worked because Museveni's political will gave the campaigns greater legitimacy and prominence.[7] President Bush has singled out Botswana, Senegal, and Uganda for successfully dealing with AIDS. What unites these countries, he says, is the demonstration of strong political will to confront the problem.[8]

It is not only journalists who emphasize the importance of political will in successfully dealing with the AIDS epidemic. Godbole and Mehendale, in their literature review of AIDS programs in India, single out the importance of increased political will for programmatic success in that country,[9] while Gow argues that the lack of political will in most African countries have hindered effective AIDS programming.[10] Price-Smith concludes that "the policy community …must marshal significant political will to deal with [disease proliferation] before it deteriorates much further." He then goes on to approvingly cite Uganda's experience with AIDS as evidence of the importance of political will.[11]

It is undeniable that governments cannot solve problems if they do not care about those problems in the first place. It is problematic, though, for analysts to stop at asserting the importance of political will without investigating its meanings or origins. The term "political will" itself is ambiguous, and its use as an explanation for policy outcomes borders on tautological. If success is the measure of political will, as it often is, then political will simply becomes a synonym for success—providing no insight into *why* success occurred. Political scientists may talk quite a bit about "political will" and "good governance," but they have done a poor job at defining or evaluating either.[12]

Political will is largely described as a dichotomous variable; either a leader has political will, or he or she lacks it. Such an understanding of political will blinds us to understanding the

origins of political will and the incentive structures that may encourage or discourage action on a particular issue.[13] What we call political will could instead be a move to shore up political support or a campaign ploy. That does not necessarily make that leader's policy actions better or worse, but it would be a mistake to conflate electoral and humanitarian motivations for pursuing particular policies.

Again, it is crucially important to emphasize that my argument is *not* that political will lacks any explanatory power. Understanding whether a government possesses the political will to address a particular issue can be a valuable tool in our analytical arsenal. However, political will on its own is often too blunt an instrument to be of value. It lacks the nuance necessary to understand how and why political will exists in certain instances and not in others, and often borders on tautology. If we want to understand the function of political will in a state's decision, or lack thereof, to implement particular AIDS policies, then we must interrogate the source of that will.

It is also important to highlight that my argument here is not necessarily causal. I do not assert that a particular ideology necessarily and automatically imbues a government with the political will to tackle the AIDS epidemic. I also do not argue that ideology will necessarily lead to the successful implementation of policies. A variety of institutional and political factors, both endogenous and exogenous to the state, can play intervening roles. My hope is instead to highlight the importance of an overlooked component of that political will. Given all the analyses of AIDS policies around the world, it is curious how little attention scholars and researchers have paid to something so basic to a state and its operations as ideology.

There must be something more at work, and this is where my discussion of ideology starts. Before delving into that topic, though, we must examine the contours of the AIDS epidemic and AIDS policies in Uganda and South Africa.

THE AIDS EPIDEMIC AND POLICY RESPONSE IN UGANDA AND SOUTH AFRICA

The first AIDS cases in Uganda were confirmed in 1982.[14] Prior to that discovery, reports spread through southeastern Uganda's Rakai District in the late 1970s about a new disease called "slim," named for its physical effects on its victims. As of December 2003, UNAIDS reports an adult HIV prevalence rate of 4.1 percent. This is a significant improvement over infection rates a decade ago, when the national infection rate was 14 percent and some areas had rates as high as 30 percent.[15]

In 1986, the NRM took control of Uganda, and Museveni became president. With adult HIV prevalence rates rapidly rising, Museveni made AIDS a national political issue. His Minister of Health publicly announced that AIDS was in Uganda during that year's World Health Assembly. Given that many countries tried to deny the existence of AIDS within their borders at this time, this represented an amazing admission. Museveni himself declared that it was the political duty of all Ugandans to prevent AIDS and encouraged what later became known as ABC—*a*bstain, *b*e faithful, and use a *c*ondom. That same year witnessed the development of the country's first AIDS Control Programme.

Uganda rapidly garnered a reputation as a leader in addressing the AIDS epidemic head on. In 1993, the Uganda AIDS Commission established its five goals for responding to the disease: stopping the spread of infection, mitigating adverse health and socioeconomic impacts, strengthening the national capacity to respond, establishing a national information base, and strengthening the country's research capacity.[16] This program, which remains the basis of the

country's AIDS programming to this day, explicitly recognizes the need to include all segments of Ugandan society while providing the Commission a firm location within the government.[17] The Commission's work actively included public health officials, government ministers, musicians, local and international NGOs, religious organizations, and the President himself.[18] In 1997, the government decentralized AIDS policymaking to allow local communities to generate their own programs. A lack of resources and personnel has prevented most localities from taking advantage of this, so most AIDS programming emanates from the national government.[19] It worked with the World Bank to secure loans specifically for AIDS programming, actively collaborated with the United Nations' AIDS programs, and hosted an international conference on AIDS in Africa in 1995. By and large, the international community largely sees Uganda as a success story[20]—a relatively poor country that marshaled the necessary resources to proactively address its AIDS epidemic.

South Africa also saw its first AIDS cases in 1982, though these were among gay White men. This fact initially gave the government some hope that the disease would be contained within a small segment of the population. The following year, though, the first AIDS cases emerged in South Africa's Black population. As of December 2003, the adult HIV prevalence rate in South Africa was 21.5 percent. In 1994, the year apartheid ended, the adult infection rate was 7.6 percent.[21]

Given the ideological outlook of apartheid, AIDS was quickly radicalized. The National Party undertook few serious efforts to combat AIDS, which it saw as solely a Black problem,[22] and the few efforts it did make were widely criticized for playing on racist stereotypes.[23] Some politicians even believed that AIDS would take care of the anti-apartheid movement.

Though the official government took little action on AIDS, the ANC initially took a number of proactive steps. In 1990, it held a meeting in Maputo to address the impact of HIV/AIDS. This was followed two years later by collaborations with the government on formulating a nationwide response to the disease upon apartheid's official demise and the eventual creation of the National AIDS Committee of South Africa in 1994. Within a few years, the new multiracial South African government instituted a five-year plan for combating AIDS founded upon prevention, treatment and support, human and legal rights, and monitoring and surveillance.[24]

Despite these promising moves, many analysts have noted a strong disconnect between policy development and implementation of those policies.[25] Butler notes that the ANC's 1994 AIDS plan overestimated the resources available. Instead of implementing aggressive AIDS programming, the government found itself embroiled in controversies over accounting irregularities for an anti-AIDS musical and its embrace of a locally-produced 'cure' for AIDS discovered to be toxic.[26] The government also found itself constrained by the civil service and promises it made in the negotiations to end apartheid.[27]

After Mbeki's election as president in 1999, the government's AIDS policies quickly became the subject of much controversy. His Presidential AIDS Advisory Panel included a number of so-called "AIDS dissidents." These scientists openly doubted the connections between HIV and AIDS, and argued that AIDS was a convenient political moniker for health problems that had long plagued Africa.[28] Health Minister Manto Msimang-Tshabalala's provocative statements discounting the effectiveness of antiretroviral drugs generated further negative attention.[29] The government strenuously resisted providing antiretroviral drugs to pregnant women to prevent mother-to-child transmission because it believed the drugs were toxic and inappropriate in the African context. It only reluctantly relented when the

Constitutional Court ruled that the Constitution required the government to provide the drugs.[30] Mbeki's speech to the 2000 International AIDS Conference in Durban and subsequent letter to world leaders were widely interpreted as symptomatic of his "AIDS denialism."[31]

If one looks at the actual text of Mbeki's speeches and writings on AIDS, it becomes clear that part of his aim is to reorient how the international community views AIDS. Instead of being simply a health problem, Mbeki wants to recast AIDS as a problem of poverty, underdevelopment, and inequality.[32] A number of scholars have recently come to Mbeki's defense by arguing that his AIDS policies are part of a larger project, and that we cannot paint them with the denialist brush.[33] These defenders rarely accept the policy outcomes from Mbeki's thinking, but they do want the international community to understand the origins of this thinking and are largely sympathetic to recasting AIDS as a socioeconomic *and* biomedical problem.

The important point to make, though, is that Mbeki's AIDS policies are not *perceived* by the international community as part of a larger worldview. Mbeki may want to draw attention to global inequality, but the international community *understands* his government's policies as failures that ignore the suffering of the five million HIV-positive South African adults. Mbeki is charged with lacking the political will to address the suffering of his citizenry—even though his political party dominates South African politics and will likely do so for a while, and even though Nelson Mandela himself has chastised Mbeki for his sluggish response to AIDS. Thus, we find a situation in which a leader with commanding political support and facing a large problem is seen by many around the world to lack the political will to do anything about that problem.

UGANDA, MUSEVENI, AND IDEOLOGY

The ideological outlook of the National Resistance Movement has been profoundly shaped by its history. This history and ideology, in turn, have played a large role in shaping the country's policies toward the AIDS epidemic. Parkhurst notes, "Uganda was able to design and implement a wide reaching and dynamic response to HIV/AIDS prevention which has, in many ways, both reflected and reinforced the larger political philosophy of the National Resistance Movement."[34] This section will detail why.

When Museveni assumed the presidency in 1986, Uganda was a devastated country. Despite having won its independence from Britain in 1962, the country experienced little political tranquility from that time. Fighting between the central government and regional political leaders over issues of autonomy and constitutional reform marked the first years of independence. In 1971, Idi Amin, a major general in the Ugandan army, led a coup while President Milton Obote was out of the country. By the end of the year, Amin consolidated his power and was firmly in control.

Amin's rule was highly coercive and personalistic, with all aspects of the government subject to his personal whims combined with his control and use of military force to enforce his rule (Chazan, Mortimer, Ravenhill & Rothchild, 1992: 147-148).[35] Amin instigated border clashes with neighboring Tanzania, and upset diplomatic relations with the United States and Israel. As part of an attempt to 'Africanize' the private sector, Amin expelled all 80,000 Asians from the country. Though Uganda did not have a large Asian population, the group was crucial to the country's economic base, and its removal devastated the national economy.[36] Amin claimed portions of western Kenya as his territory, and invaded Tanzania in 1977 to annex the

Kagera region. In response, the Tanzanian government invaded Uganda in 1978 and eventually forced Amin to flee the country.

In the chaos after Amin's ouster, Obote again assumed the presidency of Uganda through electoral fraud in 1980. Between 1980 and 1986, the country found itself torn apart by an insurgency led by Museveni's National Resistance Army (NRA) against the Obote regime.

The NRM's outlook was shaped by its unique history and experiences as an insurgent movement. They came to see the problems in Uganda as the result of overly centralized decision-making that ignored the needs and wishes of the general population. They also recognized the devastation caused to the country by blaming foreigners and implementing measures that actively discriminated against foreigners. Only through the involvement of people at the grassroots level, they argued, could Uganda find political stability.[37] They also blamed the chaos on multipartyism. Museveni and the NRM strongly believed in popular and parliamentary democracy,[38] but they argued that these institutions must be made appropriate for the African context. Uganda, they argued, lacked the culture of tolerance, rule of law, and constitutionalism necessary to make a multiparty democratic system work.[39] Museveni himself stated that the world needed to give Uganda space to make democracy work for its special circumstances and context.[40]

In crucial ways, the Movement system itself is derivative of the country's past. Museveni has often counterpoised the actions and beliefs of the NRM against the country's historical experiences with colonialism. This is especially true when it comes to political parties. Until recently, the Movement system allowed for no political parties; even the NRM was not considered a political party, since all Ugandans belonged to it. Museveni was adamant that political parties were inappropriate for Uganda because they promoted sectarianism. In a preindustrial society like Uganda, though, such divisions were arbitrary. In the NRM's eyes, the imposition of political partied by the British had exacerbated ethnic and religious splits in the country.[41] The NRM's outlook sought instead to avoid the political isolation of any relevant group.[42] Keeping parties out of the political system would keep such divisions at bay and allow all Ugandans to understand that they are all members of the same class.

This final point, that all Ugandans are members of the same class, repeatedly comes up in the NRM's political discussions. Colonialism and its subsequent economic impacts caused Africa to regress to being a one-class society. Almost all Africans, according to the NRM, were and still are peasants.[43] "Peasants are, very largely, illiterate people who depend on subsistence farming, as opposed to specialization and exchange, the crucial factors which bring about modernization, efficiency, and the flow of business."[44] This necessarily colors the political system, because the lack of an indigenous middle class meant that none of the groups within the society saw beyond its own narrow self-interest.[45] Political parties are simply the extension of economic competition and divisions among classes, but Uganda lacks the economic divisions that would give rise to partisan politics. Introducing political parties would therefore lead to more division and promoting narrow self-interest over the greater good. Campaigning in 2000, the NRM claimed that political parties arose in Britain because of economic competition, and that the British then imposed these same political divisions on Uganda. Since all Ugandans are peasants, though, they lack the economic distinctions that would make political parties salient. All Ugandans have similar interests, regardless of religion or ethnic background, because they are essentially the same economically.[46] Uganda's previous political problems could be traced back to previous national constitutions that failed to recognize the inappropriateness of political

parties.[47] Eliminating all political parties, therefore, was one more step in dismantling the colonial state.[48]

The removal of political parties would also force politicians to stand (and fall) on their merits. In the no-party democratic system, elections would be fought on personal merit.[49] Candidates and officeholders would be directly accountable to the electorate, and they could not hide behind the rhetoric of party officials. Once Uganda modernized and developed enough economically to allow for the emergence of genuinely distinct economic interests, multipartyism could re-emerge.[50]   Until that time, though, a no-party democracy would provide more responsive politicians and avoid artificial sectarian differences.

In January 2003, Museveni announced that he now supported multipartyism in Uganda. This was a dramatic shift; he had actively opposed a 2000 referendum on that very issue.[51] When asked to explain the change, he indicated that the economy was performing well enough now to handle competing political parties. In addition, he noted that many of Uganda's international donors had expressed a strong preference for multipartyism.[52] In July 2005, Ugandan voters overwhelmingly approved the shift to multipartyism. It is very telling that Museveni only moved to support multipartyism after international donors signaled their support of the change.

One of the hallmarks of the NRM is its belief in grassroots support. Ugandans responded to the NRM's insurgency against the Obote government in the early 1980s because they saw the NRM as promoting their interests. The average people wanted to see the restoration of democracy, personal freedom, and respect for constitutional government for all Ugandans—not just the government and economic elites. By fighting a "people's war," the NRM was able to prove to the people that this was their aim, too, and that supporting the NRM was the only tool for restoring these ideals.[53] The "people's war" necessarily involved the input of lots of different actors at different levels.[54] In this way, it was a concrete manifestation of the NRM's respect for democratic practices, the involvement of all segments of the population, and the ability of every Ugandan to meaningfully participate in the governing process.

Upon taking power, Museveni and the NRM linked the struggle against AIDS with the broader efforts at national reconstruction and democratization.[55] The country could not rebuild itself without Western economic assistance, and Western countries were anxious to find an "island of stability" in the midst of a chaotic region.[56] These two interests came together, with Western states offering Uganda large amounts of aid and Uganda eager to accept this aid. Many in the US government saw Museveni as a regional leader who would be a strong ally for US interests in the region. At the same time, the country was open to working with outsiders and groups outside the formal government to implement its policies, as the country's civil unrest had caused large numbers of professionals to flee.[57] The Ugandan government provided numerous opportunities for non-Ugandans to play key roles in the formulation of the national AIDS policy.[58] Perhaps more importantly, the government carefully crafted its AIDS policy rhetoric to match the changing demands and desires of the international community. The Ugandan government "shift[ed] working and naming to comply with interests of the more influential international donors of the time," even though the actual policies themselves may have shown little change.[59] Adopting the dominant rhetoric ensured that international aid for AIDS would be forthcoming. Outside economic assistance allowed the NRM government to quickly move toward putting the country on solid footing.

AIDS threatened an economic recovery, and Museveni directly addressed this. In a 1991 speech, he exhorted to his audience, "AIDS is fast becoming one of the many developmentally

linked infectious diseases; it is becoming a disease of backwardness, like all the other disease we have."[60] If the country failed to directly address the epidemic, then its hopes for recovery were nil. The government's AIDS policies sought to combine local and international knowledge. The government encouraged AIDS programs to combine traditional medical understandings with modern scientific methods.[61] This resonated with the government's reliance on outside experts to help with its national recovery project.

Uganda's status as a peasant nation even came up in the government's AIDS policies. Lieberman finds that higher levels of politically relevant ethnic diversity within a country negatively impact government responsiveness to AIDS.[62] When ethnic diversity is politically salient, the government often engages in "othering" the disease, assuming that it will only affect members of a particular group, sparing the "general population." Interestingly enough, the one outlier in Lieberman's study is Uganda—a county with very high levels of ethnic diversity but also very effective AIDS policies. He suggests that this may reflect Museveni's personal characteristics or uncertainty over which ethnic divides are relevant. Given the NRM's ideological affinity for seeing all Ugandans as members of the same class, Uganda's outlier status may demonstrate that the government has been able to use this "similarity of interests" argument to avoid having its AIDS policies falling victim to the blame game. Since all Ugandans are of the same class in the NRM ideology, there is no group to be the "other;" AIDS has the potential to affect everyone.

Actual policy decisions themselves often reflect the government's belief that all Ugandans are peasants. The country embraced the ABC method because peasants could not be trusted to use condoms reliably. "Please do not mislead our ignorant people. It is better you frighten them with the dangers of AIDS rather than lull them into a false sense of security. Condoms are not the way out in a population that is 90 percent peasant and largely illiterate."[63] This stance, finding a middle ground between the often-polarized debates over the role of condoms vis-à-vis abstinence in preventing the spread of AIDS, reflected the same pragmatism that the NRM had brought to government in other areas and encouraged the involvement of large swaths of the Ugandan populace. Christian churches play a large role in the lives of many Ugandans, and there was some initial fear that church leaders would refuse to participate in anti-AIDS programming that promoted condoms. The NRM's moderate approach, combined with Museveni's personal conservatism on social issues, reassured church leaders.[64]

This emphasis on community involvement also encouraged the Ugandan government to decentralize its AIDS programs. In 1996, Uganda adopted a policy of decentralization, whereby 65 percent of tax revenues remain at the sub-national level and those funds are used to implement locally-relevant policies.[65] In the case of AIDS, Local Councils (LCs) have used these funds to implement education programs, distribute condoms, and spread AIDS awareness messages through a wide variety of state, religious, and community-based channels. Mohiddin and Johnston, for example, cite Uganda's success in mitigating AIDS' impact, and note that the country's decentralization policy allowed local stakeholders to gain a sense of ownership and investment over these policies.[66] While decentralization has not always led to optimal policy implementation and some have questioned its efficacy at combating the spread of AIDS,[67] this policy is entirely consistent with the Ugandan government's ideological outlook.

These elements—the country's historical experiences with political parties, the emphasis on grassroots participation, the idea that all Ugandans were of the same class with similar interests, and the importance of integrating outside and local knowledge—shaped the NRM's political ideology and, consequently, its strategies for addressing AIDS. The NRM implemented

broad-based AIDS programming which drew on the strengths of many different aspects of Ugandan and international society and addressed the needs of large swaths of the population. Further, by emphasizing the similarities among all Ugandans, the government avoided having its AIDS policies mired down in accusations of blame and "othering."

IDEOLOGY, HISTORY, AND AIDS IN SOUTH AFRICA

Mbeki's AIDS policies have received worldwide condemnation for failing to adequately address the realities of the country's AIDS epidemic. While it may be tempting to vilify Mbeki and his government for failing to act aggressively, South Africa's AIDS policies must be seen within a larger historical and ideological context.

Public health and apartheid were inextricably linked. Relying on then-current scientific tropes linking hygiene and intelligence with race,[68] many of apartheid's earliest advocates justified their calls for the separation of the races by claiming it would promote everyone's health. Blacks were inherently dirty and disease-ridden, which meant Black bodies constituted a direct health threat to Whites.[69] Segregation of the races would prevent diseases from spreading into the White population. At the same time, apartheid's advocates argued, Blacks would be healthier because they would be removed from cities. Since Blacks lacked familiarity with modern civilization and the demands of city life, they quickly fell ill. The countryside, by contrast, was their "natural home," so removing Blacks from the city would simply allow them to return to where they should naturally be.[70]

The earliest moves toward government-sanctioned racial segregation were predicated on public health grounds. The Public Health Act of 1883 included a provision which allowed for establishing sanitary corridors to prevent the spread of an infectious disease. In 1899, government officials in the Cape Colony used this act to justify the removal of Blacks from Cape Town. With the outbreak of bubonic plague, leaders argued that removing Blacks from the city was the only way to protect the White population because Blacks were more inherently prone to contract the disease.[71] What made this action so significant was that this represented the first time that a government body in South Africa mandated racial separation. This was essentially the first movement toward apartheid, and it was explicitly justified on public health grounds.

Throughout the apartheid era, government officials repeatedly used public health arguments to justify their policies of separating the races and denying rights to non-white populations. This left a legacy that engendered mistrust of official government public health policies.[72] With AIDS' emergence, officials immediately latched onto racial stereotypes. Government officials paid little attention to the disease at first, as they assumed the disease would remain "contained" within the Black population and not threaten Whites. One parliamentarian even claimed that AIDS would wipe out the anti-apartheid movement and likened the result to receiving presents on Christmas.[73] Supporters of apartheid used the specter of AIDS to justify keeping Blacks off beaches and other public spaces.[74] AIDS, according to the apartheid government, proved that Blacks were dirty, hypersexualized beings who could not control their base urges. Some Black leaders fought back against these ideas, arguing that AIDS did not exist and that the government's calls for condom usage were a disguised attempt at population control and reduction.[75] AIDS was viewed as another attempt by the government to advance its racist aims under the guise of public health.

The South African response to AIDS is not simply deterministic function of its history with public health interventions. Over the past decade, the South African government has sough

to change the terms of engagement between Africa and the West. Mandela and Mbeki both came to office seeking to create a more just and humane world order that would better serve the interests of Africans and provide African states a place at the international table.[76] For Mbeki, this has primarily manifested itself through promoting the African Renaissance. First using the term in a speech in 1997 to potential foreign investors,[77] Mbeki has staked his legacy on the promotion of "African solutions to African problems." Instead of turning to the West to provide all the answer and solutions, Mbeki wants to encourage African states to use their indigenous capabilities to devise responses that better respond to the unique experiences of the continent.

The African Renaissance is reactions against the imposition of outside solutions on Africa without taking into account the continent's history and context. Johnson writes, "The advanced industrial countries are all too willing to play the role of missionary and step in to 'save' Africa. They promote aid, hand-outs, Western knowledge and technology, but are less willing to remove the structural barriers that contribute to inhibiting African countries from pursuing the sorts of policies that are similar to what many rich countries have used in previous decades to deal with the challenges of post-war destruction, foreign commercial competition, and popular demands for basic social services."[78] The government has promoted initiatives like the New Partnership for African Development to encourage intra-African government accountability and resolve conflicts without automatically appealing to Western states to come in and "fix" the continent.[79]

From the South African government's perspective, its AIDS policies and the African Renaissance are inextricably linked. "At a time when the AIDS pandemic had finally drawn the attention of the international community and was increasingly being defined by the international community, the South African government sought to develop a uniquely African response to the pandemic."[80] By and large, the South African government has sought to redefine AIDS. Instead of being simply a biomedical phenomenon, these policies seek to position AIDS as a disease of poverty and inequality;[81] therefore, in order to adequately address the African AIDS pandemic, policies must address the underlying poverty and inequality that put people in a position where they are exposed to this disease. Thus, African states needed to find their own solutions to the epidemic, and those solutions may not be the same as the ones promoted by the international community.

Mbeki's most controversial public pronouncements on AIDS policies have been those that sought to make the link between promoting the African Renaissance and addressing AIDS. In 1997, when Mbeki was Deputy President and head of the National AIDS Task Force, he championed a possible cure for AIDS called Virodene. Initial reports suggested that the drug, discovered by three scientists at the University of Pretoria, was remarkably effective at treating AIDS. As an added bonus, Virodene was relatively inexpensive. Perhaps most importantly, though, this potential breakthrough came about thanks to the work of African scientists working in Africa. Newspapers and politicians trumpeted that this represented a new dawn for African science. Unfortunately, later tests revealed that Virodene to be potentially toxic. The resulting outcry was intense, with all sides trading accusations of blame. The drug's supporters argued that Western pharmaceutical companies sabotaged Virodene because they feared that they would lose massive profits if an African company found a cure for AIDS. Western pharmaceutical companies had no interest in curing Africans, they argued, so it was up to African companies to find their own cures. Mbeki lashed out at his critics. He charged his opponents with "denying dying AIDS sufferers mercy treatment" and the Health Minister, Nkosazana Zuma, said that critics simply wanted ANC supporters to "die of AIDS."[82] He chastised Virodene's opponents

for not believing in African science and being in the pockets of Western pharmaceutical companies.[83]

Mbeki provoked intense international furor in 2000 when he stated during his opening address to the 13th International AIDS Conference being held in Durban, "The world's greatest killer, and greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty."[84] Reaction to this statement was swift and fierce. International press reports condemned Mbeki. Some delegates walked out. Within days, over 5000 scientists signed the Durban Declaration, which rebuffed Mbeki's speech. Parks Mankahlana, Mbeki's spokesperson, responded, "If the drafters of this declaration expect to give it to the President or the government, it will find its comfortable place among the dustbins in the office."[85]

Earlier that same year, Mbeki sent a letter to world leaders in an attempt to clarify his views on AIDS. In this letter, Mbeki sought to justify why AIDS policies in Africa differed from those in the rest of the world. He wrote,

> Again as you are aware, whereas in the West HIV/AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually.
>
> Accordingly, as Africans, we have to deal with this uniquely African catastrophe that:
> •contrary to the West, HIV/AIDS in Africa is heterosexually transmitted;
> •contrary to the West, where relatively few people have died from AIDS, itself a matter of serious concern, millions are said to have died in Africa; and
> •contrary to the West, where AIDS deaths are declining, even greater numbers of Africans are destined to die.
>
> It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV/AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical. Such proceeding would constitute a criminal betrayal of our responsibility to our own people.[86]

In neither his letter to fellow world leaders nor his address to the assembled delegates of the International AIDS Conference does Mbeki explicitly deny the link between HIV and AIDS, as many have accused him of doing. Instead, he sought to justify a policy approach that critically considered the Western experience with the epidemic. The contours of the AIDS epidemics in the West and in Africa are fundamentally different, Mbeki argues, and this requires that policymakers carefully consider which responses would be most appropriate for each unique context.

Mbeki again courted controversy when he appointed a number of so-called AIDS dissidents to his Presidential AIDS Advisory Panel. The dissidents deny the links between HIV and AIDS. What we call African AIDS, they argue, is the physical manifestation of global policies of inequality and underdevelopment. AIDS is simply a convenient political moniker to cover a wide range of diseases that have afflicted the continent for years and allows the international community to avoid analyzing its policies towards Africa. This panel was charged to develop a coherent national AIDS policy, but many charged that the AIDS dissidents hijacked the panel. As a result, Mbeki was labeled an AIDS denialist and charged with failing to understand the basic science of AIDS.

Gauri and Lieberman argue that notions of risk are socially constructed and mediated by previous conflicts within political society.[87] In South Africa, Blacks often saw AIDS as a plot

by Whites to control population, while many Whites saw AIDS as a Black and gay problem. Whites told Blacks that they could not control their urges and that they were inferior. This history of racialization led many in the Black community to look toward alternative theories about AIDS' origins. Western theories could not be trusted because their proponents were the same people blaming Blacks for AIDS' spread. A large enough segment of the population was suspicious about the origin of AIDS that the government felt free, and perhaps even duty-bound, to explore other ideas. Much of the rhetoric coming out of the dissident camps reinforces Mbeki's contentions that AIDS is essentially a disease of poverty. In their analysis of AIDS in Africa, Duesberg and his allies see diseases associated with poverty being renamed for political reasons.[88] Mbeki has argued that the spread of AIDS in Africa is directly linked to global policies that promote inequality and poverty in Africa.

CONCLUSION

Many have sought to understand why the Ugandan government's response to AIDS has been seen as so effective, while the South African government's response has largely been seen as haphazard at best. Often times, analyses chalk the relative success and failure of these two governments to political will—the personal characteristics that have made some leaders more interested in and responsive to concerns about the AIDS epidemic. I argue that political will in and of itself provide little in the way of explanatory power. Political will is important as an analytical tool (not to mention policy implementation)—but only if we understand the origins of that political will. Instead, I suggest that analysts should examine the histories and ideologies of the governments themselves. In Uganda, a history of civil war and international isolation combined with the government's need to reconstruct the country's political and economic infrastructure in the mid-1980s made the NRM more inclined to work with the international community on AIDS and see combating the disease as central to its political reconstruction projects. For South Africa, a history of public health interventions being used to justify racist actions and a desire to foster a new relationship between Africa and the West through the African Renaissance has encouraged the government to take a circumspect approach to embracing the suggesting of the international AIDS control regime.

I do not argue that ideology in and of itself can completely explain the differences in policy responses between Uganda and South Africa, or between any two given countries. My aim in this paper is to introduce a new, crucial variable to understanding why different governments respond in different ways to the challenges posed by the AIDS epidemic. By understanding the role of ideology and history, we can move beyond the simplistic dichotomy of political will/no political will in trying to formulate policy responses. Western policymakers cannot paint Africa with the same broad brush in offering policy suggestions, and those same policymakers must not silence the voices of those Africans who have first-hand experience working with AIDS in Africa.

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