

## **HIV/AIDS, DEMOCRACY AND GOVERNANCE IN SOUTH AFRICA**

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Six hundred people die from AIDS everyday in South African, 4 million are living with the virus, the first phase to roll out comprehensive treatment is only just being piloted; and yet the African National Congress (ANC) led government just won an overwhelming majority - what does this mean for the fledging democracy? This brief review shall consider two key areas of democracy and governance in South Africa and reflect upon the impact of HIV/AIDS; firstly the role and strength; effectiveness; and vulnerability of civil society; and secondly the recent elections, a key cornerstone of democratic systems.

When considering civil society in South Africa we recognise that HIV/AIDS has had both a mobilising and debilitating effect. In this discussion civil society is viewed as the space between the government and individual, which includes large NGO's through to small community groups. Social movements such as the Treatment Action Campaign (TAC) over the last few years have mobilised thousands of affected and infected citizens to protest against the governments inactions and lack of delivery of comprehensive treatment and care – through mass protest, civil disobedience, petitions and the courts. The groundswell of mobilisation and civil society commentary around the issue, since the late 1990's, has been both spectacular and effective. The proposed rollout of antiretroviral (ARV) treatment is a key political and social victory in South Africa, and mass mobilisation was pivotal in securing it. Even beyond this large, public mobilisation of civil society we are seeing community-based organisations responding to the epidemic. Women coming together to form community vegetable gardens to feed the hungry and sick, youth forming groups to undertake AIDS education and awareness campaigns. AIDS has created “a pillar” to organise around, and in the process has led to new organisations forming and strengthened old ones.

At the same time however, AIDS can, and is already beginning to, destroy this vibrant civil society. The reality that women bear the burden of care, and infection, creates an obvious barrier to women's participation in community and political activities. The poor also carry a disproportionate burden of the epidemic, and hence are further excluded. Work undertaken with NGO's in KwaZulu-Natal in 2002 reflected that NGO's are already seeing an impact among their leadership, staff and volunteers, with the associated impact of less delivery.

For many the results of the recent South African election were unexpected. They believed that some of the electorate would feel alienated from the ANC led government, given the number of people living with, and dying from AIDS. However, the third democratic election in April 2004, was won by the ANC with a majority of 69.68%, indicating an overwhelming mandate for the ANC. The first issue to consider when reflecting on the electoral process is whether capacity to vote is affected by HIV/AIDS. Measuring this is complex, however, one method is to look at registration figures, only approximately 70% of eligible voters registered, one does not know how much is due to apathy, deliberate boycott or incapacity due to AIDS illness. But, South Africa is at the early stage of the

epidemic and the worse is still to come, we can assume that the numbers unable to vote due to illness will increase, and that future participation will be further affected.

The large support for the ANC in the face of broad criticism of its policies, and hundreds of AIDS related deaths everyday is curious. Part of the support is as a result of the about turn which government made in late 2003 when it agreed, under pressure, to roll out ARV treatment. In addition, the support can be understood when one looks at work done by the Afrobarometer Survey, it has correlated people's experiences of personal loss from AIDS, with a person's political outlook on AIDS. The results showed that if one has experienced such a loss the issue becomes much more political. Prior to such a loss many citizens prioritise unemployment and more direct poverty issues as key concerns for the South African government to tackle. Noting that many South Africans have still not experienced a loss from AIDS, (since many AIDS related deaths are still undeclared) it becomes easier to understand that many do not see AIDS as a political issue, and therefore it has not yet affected voting patterns. This turns to the question of the next election when many more people will have experienced personal loss – this could mean that the ANC's hold on government may be under threat from AIDS.

Having established that HIV/AIDS is impacting upon democracy and governance in South Africa we need to consider the challenges this raises. HIV/AIDS can be a mobilising factor, but also has a destructive impact on civil society. The barriers that AIDS places on women's participation in social and political life are immense. A first and essential step is to address their marginalisation. This needs to be done through a number of mechanisms from addressing broad gender inequities, through to including comprehensive public sector care and support programmes, where the burden is carried by the state, and shared by men. Furthermore, the roll out of the comprehensive ARV programme is crucial. Indeed the provision of treatment will assist in decreasing the burden carried by women, if for no other reason than that there will be fewer people ill. In addition treatment will keep people healthy and alive for longer, which will mean citizens are able to continue participating in civil society.

A further challenge is presented by the ARV rollout in terms of policy development and implementation. Development work has shown that for programmes to have long-term sustainability, they must be developed in consultation with civil society, top down programmes seldom succeed. However, at present the South African government is not engaging with civil society around the vitally important questions of: prioritising who receives treatment; how to ensure adherence; and how to deliver the crucial social security net needed to support a successful rollout. These are complex questions, and if they are not addressed in an inclusive manner implementation will be met with hostility, and probable failure. Civil society is participating in the debates, but this is being done mainly in parallel to the government and not with it. It is imperative that activists, citizens and government engage on the issue of developing and implementing equitable programmes. Furthermore, the government needs to address the impact on its own staff and public sector delivery, in order to ensure that it successfully mitigates the impact, and has the capacity to deliver on policies and plans.

It is evident that the new democracy in South Africa is vulnerable to the impact of HIV/AIDS. At the same time that the epidemic has assisted in strengthening elements of civil society, it is leaving many, and in particular women, further alienated from social and political life. One of the main challenges is to ensure equitable comprehensive care and treatment, thereby increasing citizens capacity to participate. At the same time, the Government needs to meet the crucial challenge of inclusive engagement and accountability around policy development, if not the government's opportunity to create a social contract with civil society to address HIV/AIDS will be lost.