

Review of *The African State and the AIDS Crisis*, Edited by Amy S. Patterson; Ashgate Press, Aldershot (2005)

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Political scientists have been noticeably absent from much of the analysis of the AIDS crisis in Africa. Yet it is precisely actors within the political realm who decide how the epidemic is treated on the continent. Issues such as power, resources, ideology and institutions shape policy making on the pandemic, making the AIDS crisis itself intensely political.

Through the contribution of African, European and American scholars, this book examines the nexus between the African state and the varying responses to AIDS on the continent. This book examines the various issues in the international arena that impact upon the African states' capacity to respond to the epidemic, such as state dependency on donor resources; but also on internal issues which shape the way African states respond to AIDS, such as democratic and economic transitions, ideology, political culture, and state-civil society relations.

Many African nations are unfortunately seen to be corrupt, illegitimate and inefficient. Africa's dependence on loans, aid and export markets further constrains the power of African states. Given these limitations, how have African states acted within the international system, to influence global policies of AIDS?

In their chapter, Patterson and Cieminis argue that the African state's reliance on donors, international organizations, and international institutions have hindered Africa's ability to shape the process of building agreements on international actions, (such as the declaration of commitment on HIV/AIDS signed at the 2001 UN General Assembly Special Session on HIV/AIDS; and the Global Fund to Fight AIDS, Tuberculosis, and Malaria).

They argue that African states were compelled to support UN-directed HIV/AIDS programs because of their need for resources. Yet they also argue that it is too simplistic to conclude that African states have been weak participants in AIDS policy-making. Thanks to a growing international commitment to AIDS and the emergence of moral and political dialogue supporting treatment for people living with HIV/AIDS, they illustrate through their chapter that this has enabled African states to influence central aspects of the Declaration of Commitment (2001) and the Global Fund to reflect African preferences for AIDS policies.

Another key issue in relation to AIDS and the African state that Halbert and May address in their chapter, is the issue of intellectual property rights which protect Western pharmaceutical companies, but inhibit African states' access to patented life-saving drugs. The TRIPS agreement has language amenable to the creation of compulsory licences if there is a public health crisis. Compulsory licensing allows a country to require a patent owner to provide a licence to manufacture a product at a negotiated price. Without compulsory licensing, the patent owner retains a strict monopoly over the product until the patent expires and can charge monopoly prices.

The language in the TRIPS agreement has now been interpreted as providing the necessary legal framework for access to AIDS medications. At the 2001 meetings, the WTO issued the Doha Declaration on TRIPS and Public Health reasserting the rights of the developing countries to use parallel importation and compulsory licensing to provide AIDS medication in

times of health threats. The legal gains made during these negotiations have yet to be translated into access to medication however. It is estimated that of the 25 million people who are HIV positive in Africa, only 50,000 are receiving treatment.

Even after the Doha Declaration, international negotiators continue to debate the scope of patent protection. The US government continues to emphasize intellectual property rights in negotiations over medication. Even with creative programmes to increase the number of Africans receiving AIDS treatment, the supply of medicines remains limited by a discourse on Intellectual Property Rights that ignores the vast global and social inequalities between members of the WTO.

In the Doha negotiations, African states and numerous other developing countries began to reassert the need to balance private rights with public goods such as health, but there is still significant work to be done.

Despite a preference for the TRIPS agreement on the part of developed countries, Halbert and May demonstrate that a general acceptance of treatment as an important response to HIV/AIDS exists. Dedicated AIDS activists and health care professionals have successfully called attention to the systematic problems of world trade as related to intellectual property. While the Doha declaration was somewhat limited, it did establish the acceptability of cross-border trade in generics within certain constraints.

Access to treatment is slowly becoming a reality in Africa and it seems likely that the language of health care as a human right will continue to expand from HIV/AIDS to all life-threatening diseases.

The other chapters in this book address the question of how the political culture and system of governance of a particular state influences how that state responds to AIDS. Although governance across countries varies, there are commonalities among all of them. The African state has a hybrid nature, mixing informal and traditional institutions with the legal-regional structures found in the modern state. Bureaucratic institutions with formal rules endure (legacies of colonialism), but coexist with informal networks and customary law, which hold sway over issues of land ownership, marriage and rights of women and children. The expression of patriarchy in all these institutions is pervasive.

In her chapter concerning the AIDS crisis and patriarchy, Siplon illustrates that the disproportionate burden of infection rates of HIV on women and the differential impacts felt by women in AIDS-affected households, are not coincidental and due to the patriarchal systems within which they live. Political, economic and social systems that rob women of their power to make decisions regarding sexuality, reproduction, and the allocation of resources and that place control of these decisions with husbands and elder family members increase women's vulnerability to HIV.

She concludes that African states can and should play a major role in determining whether women and children will continue to bear the escalating burden brought on by HIV/AIDS. The cost of inaction is unacceptably high. It will be measured in the million's of women's and girls' lives lost or saved and in the death or survival of the families and societies that depend on them.

Eboko's chapter illustrates how the concept of 'political culture' (defined as the dynamic and heterogeneous ground of collective identities, ideologies, and historical pathways of different political forces) explains how the different historical paths of African States conditioned their political responses to AIDS, despite the overall spread of the disease on the continent.

He contends that the political cultures that explain the on-going social and political dynamics in the fight against AIDS are never fixed. They are rooted in the social and historical evolution of a particular country and the epidemiological, economic, political, social, and

health situation of a country in which AIDS exists. Political culture shapes the ways civil society may pressure state leaders to address HIV/AIDS or the political space that the state provides for AIDS associations to participate in policy making.

The relationship between civil society and the state is another issue that is addressed in this volume. Various obstacles present substantial challenges to domestic NGOs. They can often lack coordination and therefore duplicate their activities. They are also made more vulnerable by their dependence on foreign aid. These obstacles have prodded NGOs to find innovative ways of becoming more effective, such as Umbrella organisations for better coordination and finding their own sources of funding. It is unlikely for these initiatives to have a broad impact on society without the cooperation of government however. A government which passes laws to intimidate NGOs can severely compound the internal problems that an NGO community faces.

The level of democracy of a government affects the fight against AIDS, in that the formal implementation of national AIDS programs has often taken precedence over the mobilization of the concerned populations and the content of AIDS policies.

Political commitment or lack thereof is crucial to explain the trends of the epidemic. In the larger sense, the AIDS issue raises question about the place of Africa in the world. Africa's incomplete democratic transitions have contributed to AIDS policies that reflect the priorities of international donors, not affected populations. How AIDS is dealt with in different countries, will depend upon how states make use of available resources to address AIDS.

The concluding chapter stresses the importance of AIDS Governance, to take into account the limitation on resources and seek collaboration and consultation with NGOs on how best to allocate resources and formulate policy. Good governance implies a commitment to pursue long-term AIDS policies, incorporation of a gender approach into AIDS policies, inclusion of participatory and accountable decision-making processes, promotion of equity in health-care and the development of a human rights-based rationale for treatment.

Overall, the weakness of the African state in the international system has limited its ability to influence international actions on HIV AIDS and trade treaties on pharmaceutical products, but this book also demonstrates that the power of the African state in the international arena is more complex than it may initially appear. African states have found ways to resist the TRIPS agreement through developing their own generic drug manufacturing plants, or making plans to import from generic producers and more generally. African States have benefited from the realization among policy makers that in this era of globalization, disease, poverty, and instability in poor countries can impact on the security, economies, and the way of life of citizens in wealthy countries.

In a changing international environment African states need to plan for how HIV and AIDS will affect their governance. This means cooperation with civil society and incorporating a perspective on health that looks beyond national level policies to include the activities of states, international organisations and non-state actors.