'LIVE AND LET DIE' - A DECADE OF CONTESTATION OVER HIV/AIDS, HUMAN SECURITY AND GENDER IN SOUTH AFRICA

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[T]he poor ... wish that the dispute about the primacy of politics or science be put on the back-burner and that we proceed to address the needs and concerns of those suffering and dying.
(Mandela at the 13th UN AIDS Conference, Durban, 2000)

1.   INTRODUCTION

In an era of global interdependence a narrow realist focus on military threats to the state is no longer appropriate. In this context human or people's security is a promising concept, but it nevertheless co-exists uneasily with national security. Common problems demand common solutions and in that sense the HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) pandemic is the quintessential globalising issue. It is a complex transnational issue rooted in multi-faceted causes and exacerbating factors, spurred on by war, poverty, migration, urbanisation, changes in government policies, and also policies imposed by external organisations (Altman 2003:420). In most parts of the world, but especially in the developing world (sub-Saharan Africa in particular) the disease has rapidly spread to become a major health and humanitarian crisis of global proportions with severe socio-economic, developmental, human rights, ethical and security implications.

Comprehensive plans at the national level need to contend with the fact that, unlike traditional health risks such as cholera or malaria, the pandemic has placed a qualitatively different burden on political systems of governance, service-delivery, stability and social security. Meaningful solutions to the problem are fundamentally linked to the issue of identity and difference - in itself a fragmentary manifestation of globalisation. As the discussion later will show, the pandemic is particularly

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prevalent amongst the young and the female. For women and girls the interrelated nature of the problem is more salient, since their susceptibility to the disease is linked to their socio-cultural, biological, economic and political subordination within broader society. Dealing with HIV/AIDS is thus political in the sense that it deals with the authoritative allocation of resources (and values) - the notion of 'who gets what, when, how'.

HIV/AIDS in post-apartheid South Africa has served as a test case for this newly established democracy. It is a well-known fact that the politics of HIV/AIDS has created a deep-seated inability to accept differences of opinion and as a result debate has been limited. During the period 1994 to 2004, the debate moved away from its biomedical roots through problematising the origin of the disease (i.e. whether HIV causes AIDS) and controversial statements that violence and poverty are bigger killers than the disease itself. Such provocative questions have highlighted the multidimensional nature of the disease. In general such developments are welcomed, since they help to reorient funding priorities, which have for too long favoured the vested interests of the natural sciences at the expense of the social sciences. However, these benefits pale in comparison to the detrimental effects of ideological cleavages in this area. Fundamental human rights and material needs of vulnerable groups were sidelined in the political contestation between the ANC government and civil society groups about the 'right' to define the problem and the 'right' to set the agenda.

In this respect the article contends firstly that security as concept is contested, because the complex interdependence between the material and ideational or political aspects (i.e. security as discourse) is not sufficiently interrogated. The material dimension of security relates to everyday experiences of protection in both physical and normative senses. This entails on the one hand the absence of physical danger, bodily harm or the threat thereof and/or the meeting of basic needs in terms of food, shelter and clothing. But it also refers to the protection of core values which human beings hold dear. The other side of security relates to security as discourse. I define 'discourse' as the way actors and audiences generate and promote meanings and concepts and construct fields of knowledge through legitimating certain knowledge practices. In this regard the act of labelling someone or something a security threat depends on the power relations in a given context. Those who make the rules are in a position to control knowledge and resources thus rendering some secure and others insecure. This is in essence the political dimension of security thinking and security speech. The case of HIV/AIDS and gender in South Africa is a case in point.

Since issues of politics more often than not overshadow health-related basic needs, it is argued, secondly, that the context or culturally-specific character of the pandemic in relation to poverty, migration, local and global economies, gender, and war must be given more attention. What started as a biomedical and epidemio-logical research project, has shifted in recent years in sub-Saharan Africa to a recognition of HIV/AIDS as a complex and regionally-specific phenomenon rooted in a whole range of interrelated socio-political, economic and cultural factors. In an African context the message is clear - HIV and AIDS can only be meaningfully addressed if social, economic and gender inequities are acknowledged and addressed. The security of all identity groups is dependent upon how power is used by the state and non-state stakeholders in the pursuit of their interests.

The purpose of this research is therefore to show by means of an analysis of gender and HIV/AIDS how, over the last ten years of democracy, political aspects of security have dominated and subsumed the material facets of security in South Africa. However, the aim is not only to provide an overview of the trials and triumphs related to the battle against HIV/AIDS, but also to offer some descriptive and contextualised explanation and to assess its implications for future democratic consolidation. The significance of identity politics as both cause and solution is highlighted. The feminisation of HIV/AIDS can go a long way in addressing the lack of security and the fault lines in South Africa's democratisation process. At the heart of this lies the issue of how the South African democracy views citizenship.

The discussion begins with a theoretical survey of the views of key thinkers on the politicisation and/or securitisation of threats. The ambivalent political-normative and material natures of human security as well as its relationship with state security are analysed. This sets the stage for a discussion on the politics of labelling HIV/AIDS as a global human security threat. From there the contextualised link between HIV/AIDS and identity (gender) in South Africa is explored. The article concludes with a few recommendations regarding the implications of HIV/AIDS for democratic consolidation in South Africa.

2.   CONCEPTUALISING THE POLITICS OF SECURITY

Intellectuals operate in an environment where history, culture and identity shape what is deemed to be rational, appropriate and possible. Security thinking mirrors the turbulence of material and normative change in international politics and security. These ideas, in turn, potentially have the power to shape the intellectual and political agenda of the day.

Attempts to reconcile the ideational or discursive and material dimensions of security are complicated by the nature of the security concept itself. While there may at least be consensus that - in its simplest form - security is defined as being or feeling safe from harm or danger, the normative content of the concept leads it to be a contested concept. Security also implies freedom from threats to core values for both individuals and groups.

Against the backdrop of an expanded agenda of military and non-military threats as both a result of globalisation and/or the end of the Cold War, within and across the three dominant schools on security, namely the Realist, Copenhagen, and Critical Security schools, two interrelated issues have dominated the discourse: firstly, the analytical advantages and disadvantages of widening the security concept and secondly (but to a lesser extent), the political implications of such redefinition and the subsequent political role of security studies scholars (Eriksson 1999:311).

Some of the more traditional conceptualisations, such as that of Walt (1991) and Freedman (1998), have warned that a redefinition of security could undermine the core assumptions of the field of security. Traditionalists refute widening of the security concept as a purely political activity of advocacy which inhibits the concept's analytical usefulness (Eriksson 1999:313). Such denial of the political implications of this standpoint is in my view also a political choice. The choice of state-centrism over a broader and more inclusive conceptualisation is in essence a value statement.

The most significant contribution regarding an expanded security concept came from the Copenhagen School (notably Buzan 1991) and Wæver (Buzan, Wæver and De Wilde 1998). Buzan challenged the militaristic assumptions of strategic studies and proposed a multisectoral approach where security becomes dependent on political democracy and a culture of human rights; social and economic develop-ment; environmental sustainability; and military stability. In this reformulation the state however remains the key referent of security. This school has - through their use of the concept 'securitisation' - been much more explicit about acknowledging the political role of security analysts than the traditionalists. Securitisation is an extreme version of politicisation where the saliency of the existential threat requires special measures and justifies actions outside normal bounds of political procedure (Buzan et al. 1998:24-5). This could, however, prepare the way for a militarised mindset and a paranoid continuation of an 'us versus them' discourse - a situation in which AIDS sufferers could become even more demonised and stigmatised. The politics of security comes into play here, because we need to consider *who* actually has the power to declare something a security problem.

In terms of the polemic amongst the so-called 'wideners' and the traditionalists, new security thinking proposes a vertical expansion of the security concept to conceptually separate national/state security and the security of individuals at local, international and global levels. Since individuals face many threats which emanate either directly or indirectly from the state, Booth (see Wyn Jones 1999:118) argues that people and not states should be the referent object of security. For him security is absence of threats, and emancipation is absence of physical and human constraints - and therefore two sides of the same coin. The critical security school does not say that individuals are the *only* objects of security. Human, group or societal, global and feminist security conceptualisations all contribute towards a critical understanding of security. Of the three schools, Critical Security Studies is the most explicit about the importance of political advocacy in security discourse. The research agenda of this school is blatantly political in that it is openly prescriptive in seeking to deconstruct realism, state-centrism and militarism and replacing it with a reconstructed notion of emancipation and justice (Williams 1999:341-4).

3.   HUMAN SECURITY AND STATE SECURITY: FROM PRINCIPLE AND POWER TO PRAGMATISM

According to the human security approach in its critical understanding, people become the primary referent of security. The main point is to understand security comprehensively and holistically in terms of the real-life, everyday experience of human beings and their complex social and economic relations as they are embedded within global structures. Therefore, it becomes imperative to view security in terms of patterns of systemic inclusion and exclusion of people (Thomas 2002:115) - hence the link between insecurity, poverty, inequality, underdevelopment and abuse of human rights. The twin goals of 'freedom from want' and 'freedom from fear' thus underpin the core principles of meeting material needs and safeguarding life and human dignity.

The utility of 'human security' as analytical concept and policy tool is however questioned on the basis of three dilemmas, namely:
- disagreement about who should be the referent object of security (agency);
- a lack of consensus about the range of dimensions to be included under human security (the nature of threats); and
- difficulty in reconciling the material and political aspects of the human security concept.

Firstly, the dilemma of expanded agency means that - depending on the context - a number of referent objects could be at issue simultaneously. The fact that in practice one cannot separate individual security from group (i.e. ethnic or religious) or societal security, and that regime security and state security are also intertwined, makes for a complex analytical exercise. Furthermore, the concept 'global security' is advanced on the grounds that globalisation has brought new risks which affect everyone in this world (e.g. global warming, economic crises, poverty, and HIV/AIDS). Some qualification is however necessary. Many of the so-called threats are not new. In fact, the spreading of diseases such as bubonic plague and measles are precursors to today's problems. What are new, however, is the way we think about security (the discourse) in an age of interdependence and the methods we use to address these problems. In other words, the political aspects of security have changed with the growing acceptance that it is inappropriate that national sovereignty should deal with global threats.

Secondly, with respect to what sectors should be included or not there is no consensus.[2] New dimensions of security have also brought more (non-state) actors to the forefront as providers of security. For example, HIV/AIDS has opened up possibilities for non-governmental organisations (NGOs) to cooperate with both governments and international organisations, but ironically this development has also increased the proverbial turf wars.

Thirdly, human security as a concept is often criticised for being a security theory of everything and nothing - too broad to be meaningful for policy-makers (Paris 2001:92). Several authors suggested ways in which to overcome this problem[3]. The problem with such suggestions, however, is that convergence in practice often implies human security frameworks being co-opted into statist conceptualisations of risk.

This article supports the argument that the human security discourse is first and foremost a critical political project aimed at interrogating the sources of people's insecurity and the role of the state and other global governance structures in this regard. It evokes progressive values of human dignity and rights, equity and sus-tainability and as such this ethos makes it politically effective to promote collective action and also to serve as a category of research. The normative-ideological orientation imbues the concept with fluidity, to the extent that the United Nations Development Programme (UNDP) and the UN Commission on Human Security use it as a policy agenda and countries such as Norway and Canada adopted the

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[2]   See for instance Mahbub ul Haq's seven types of human security - economic, food, health, environmental, personal, community, and political security (Acharya 2001:444-6).
[3]   See, for instance, Liotta 2002:473-88.

human security doctrine as a set of values influencing foreign policy and state interest. However, political choice is not only influenced by morality, but also by circumstance, hence my stance that a critical anti-statist perspective which occupies the moral high ground is not sufficient. Finding the balance between principle, power and pragmatism therefore means that it is imperative to avoid prescribing a diverse and sometimes incompatible set of policy solutions to address the wide range of security threats in a specific locality.

Human and state security should thus be viewed as being complementary. Security between states is a necessary condition for the security of people, but at the same time individuals require protection from the arbitrary power of the state (United Nations Commission on Human Security 2003). In practice this means that both government and civil society must actively pursue the goals of the right to life and human dignity. The right to life, though widely considered to be a basic human right shared by all, does not simply imply the right to biological life. The right to a particular quality of life, of human dignity, forms an intrinsic part of what it means to be human. The state, then, has a moral obligation to safeguard these rights. In the words of Constitutional Court Judge Langa, "the state is a role model for our society. A culture of respect for human life and dignity, based on the values reflected in the constitution, has to be engendered and the state must take the lead" (Posel 2004:9). In the context of HIV/AIDS it means therefore that stigmatisation and marginalisation fundamentally infringe upon the right to quality of life.

4.   HIV/AIDS AS GLOBAL SECURITY THREAT: THE IMPLICATIONS OF LABELLING

In the year 2000, the UN Security Council adopted Resolution 1308 which links the spread of HIV/AIDS to the maintenance of global peace and security, particularly in peacekeeping operations. As such HIV/AIDS is a human security issue that simultaneously threatens human survival, socio-economic development, and political stability of entire nations (Kristoffersson 2000; Altman 2003:420-1; Fourie and Schönteich 2001:29). By 2001, at the UN General Assembly Special Session on AIDS (UNGASS), the reference to HIV/AIDS as a security issue had become commonplace and the creation of the Global Fund signified the break of HIV/AIDS with purely health issues. It had now been put on the agenda of governments as a whole (Altman 2003:425). A number of global initiatives were set in motion as a result of growing awareness about the pandemic. These include the Joint UN Pro-gramme on HIV/AIDS (UNAIDS) to coordinate UN, governmental, NGO and corporate projects; global AIDS conferences convened every two years; and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Mingst 2004:277).

By the end of 2001, according to UNAIDS estimates, 40 million people were living with HIV worldwide and about 25 million people had died from the disease. By mid-August 2004, global HIV infections were estimated at 58 476 515 million (**Mail & Guardian** 2004). The vast majority of HIV-infected people - about 95 per cent of the global total - live in the developing world. An estimated 28,1 million Africans were living with HIV at the end of 2001 (Van Rensburg et al. 2002:19). Sub-Saharan Africa accounts for 70 per cent of global HIV infections even though only 10 per cent of the world's population lives in the region (Fourie and Schönteich 2001:31). Southern Africa, which comprises a mere two per cent of the world's population, has 30 per cent of people globally living with HIV/AIDS (E-civicus 2004).

By the end of the year 2000, an estimated 4,7 million adults and children in South Africa were living with HIV/AIDS, more than in any other country in the world. By the end of 2003, South Africa was home to half of all HIV-positive people in Southern Africa, with five million people in South Africa living with the disease (Van Rensburg et al. 2002:20). Recent reports have indicated that almost half (46,2%) of patients in public and 36,6% in private hospitals are HIV positive, while 15% of health workers are also infected (Brits 2004:2).

The matter of HIV/AIDS statistics is a loaded issue. Apart from the difficulty in establishing accurate or reliable estimates of the global spread of the disease, the politics of playing with numbers often raises questions about whose interests are at stake. The implementation of global strategies to combat the pandemic then gets overshadowed by accusations that figures are being manipulated for the benefit of particular groups such as pharmaceutical companies. It is ironic that a few years ago UNAIDS was accused of underestimating the seriousness of the disease. Currently they are being accused of inflating figures, based on antenatal or community-based statistics which are notoriously unreliable. It is argued that the latter state of affairs channels resources away from other diseases.

As already mentioned, the act of labelling is essentially political in nature. The problem is that the HIV/AIDS issue has no name. It is a combination of human security threat, epidemic/pandemic, national crisis or emergency, existential risk or a situation of extreme vulnerability. As long as the label is contested, decision-makers will find it politically expedient not to act or to act when the crisis is far advanced (De Waal 2003:21). Failure of leadership to meet the demands of HIV-positive people for equitable treatment could polarise African societies further along economic lines and exacerbate political instability. To date very little research has been done on the governance implications of the HIV/AIDS pandemic

in Africa (De Waal 2003:1; Mattes 2003:1).[4] Such implications include the impact of decimation of the population and expertise in the civil service, turnout in elections, service-delivery and many more. The impact of HIV/AIDS on the moral fibre, human resources (e.g. armed forces), institutional capacity, and level of public participation of the unconsolidated democracies in Southern Africa, such as South Africa, will force governments to prioritise vigorously.

The ambivalent impact of politicisation/securitisation is clearly illustrated by this situation. On the one hand - in the words of Altman (2003:422) - it does "matter if HIV/AIDS is understood as a matter of security, rather than … health or development". The commonly used phrase of the 'war against AIDS' has particular awareness-raising qualities. It is precisely because of the politicisation of the pandemic that there is growing awareness globally of the inequities between rich and poor countries in health care related to AIDS and many other diseases (Geffen and Grebe 2004:26-7). It is important to bear in mind that how we conceptualise the pandemic will have a bearing on the extent of government's political commitment and willingness to commit resources. As a health issue it will be limited to one ministry, often without much political clout. But resource allocation will not go uncontested. Sceptics (Malan in Geffen and Grebe 2004:27) argue that AIDS statistics in Africa are hugely exaggerated. In his view the politicisation of AIDS is commandeering disproportionate amounts of limited health resources away from other diseases such as malaria.

On the other hand, equating HIV/AIDS plans with a 'war' could be counter-productive. Embracing a militarist attitude imbued with 'masculine' qualities of command, obedience, secrecy and decisive action will do little to change attitudes, behaviour (De Waal 2003:20) and most importantly, normative orientations. Advances made in terms of gender equity could then be threatened and women suffering from the disease could be even further demonised. Nevertheless, what this ambivalent situation does illustrate conclusively is that human security cannot exist in isolation. In the case of HIV/AIDS state security and human security are fundamentally related since the state is needed to implement comprehensive programmes of care and treatment and also monitor/control behavioural change in respect of sexual and gender violence.

At the intersection where the global and the local meet, it becomes evident how global discourse on Africa in respect of HIV/AIDS uses (or abuses) the material extensiveness of the pandemic on the continent to feed into global political stereotypes of Africa as the Dark Continent. Once again Africa is presented as

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[4]   See however the recent Idasa publication by Strode and Barrett Grant on "Understanding the institutional dynamics of South Africa's response to the HIV/AIDS pandemic" (2004).

homogeneous, savage, and out of control. As Caldwell (in Altman 2003:423) remarks: "[T]he only way [the millions who die] can be saved is by adopting a more 'moral' way of life, indeed a way of life that is not their morality." Arguments to this effect very often are deeply racist when they oversimplify or ignore the interplay of multiple identities in historical context. Controlled Western sexual behaviour and rampant lust in African cultures are juxtaposed (Crewe and Aggleton 2003:141). Such essentialising tendencies have a direct impact upon international funding patterns and the possibility of finding context-based solutions to the problem.

5.   HIV/AIDS, THE POLITICS OF IDENTITY, AND GENDER

Worldwide 48 per cent of the 40 million people living with HIV/AIDS are women. In 2001, women constituted 55 per cent of the 28,1 million people infected in sub-Saharan Africa (i.e. 13,3 million women compared with 10,9 million men) (Van Rensburg et al. 2002:20,24). By July 2002, the figure for sub-Saharan Africa stood - according to UNAIDS - at 58 per cent, African women between the ages of 15 and 19 are six times more likely to be HIV-positive than young men of the same ages (O'Sullivan 2000). According to the UNAIDS 2004 Report, the feminisation of AIDS is reflected in the fact that in South Africa and Zimbabwe more than 75% of HIV positive youth aged 15 to 24 are female (Ekambaram 2004). It is further estimated that 56% of all infected adults in South Africa are women (Van Rensburg et al. 2002:20). About one in four women (25%) attending antenatal clinics in South Africa are infected with HIV. This is about 10% of the entire population. Poor black women, aged 20 to 30 years, are the most vulnerable group in South Africa (Department of Health 2000:8).

Significantly, identity and difference in terms of economic status, geographic location (urban or rural), race, gender, age and access to education and information determine the level of vulnerability to the disease. Women make up 70% of the world's poor and because of HIV/AIDS there are many indicators that women's poverty is worsening. In South Africa, Labour Force Surveys show that unemployment has increased more for African women than for any other group. The poverty rate among female-headed households in 1995 was 60%, with unemployment for rural women 54% in 2001 (Govender 2004:13). Similarly it was found in the United States that African-American women are 23 times as likely to be infected as white women. Factors such as poverty and inadequate access to health care are cited, but interestingly in that community - due to high rates of HIV infection in the secret world of black gay and bisexual interactions - there are not enough men in the small pool of that segregated ethnic group. Hence women take more risks in

acquiring sexual partners (Younge 2004:20). This case once again illustrates the contextualised nature of the HIV/AIDS phenomenon.

One particularly serious concern is the link between HIV/AIDS and gender (domestic and sexual) violence (Jacobs 2003; Centre for the Study of Violence and Reconciliation 2001). Between one-fifth and a half of all girls and young women report that their first sexual encounter was forced (Piot and Thompson 2004:40). In many countries in sub-Saharan Africa, women risk discrimination and abuse if they disclose their HIV-positive status. Similarly, many of the factors fuelling the spread of HIV/AIDS in South Africa are related to pervasive poverty coupled with prevailing gender inequalities and patriarchal practices, as well as harmful cultural beliefs about masculinity and male sexual behaviour (Van Rensburg et al. 2002:28-45) - this, despite the progressive acknowledgement of women's rights on paper.

In view of the devastating statistics cited above it is clear that action against HIV/AIDS must confront gender inequality to avoid failure. A report of the UN Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa (2004) has identified prevention, education, violence, property and in-heritance rights, care-giving, and access to care and treatment as areas of urgent action. This drives home the fact that one needs to understand the social context influencing the insecurity of specific vulnerable groups better.

6.   HIV/AIDS AND GENDER IN SOUTH AFRICA: A DECADE OF TRIALS AND TRIUMPHS

Crewe (2000:27) reminds us that in 1994, South Africa was ready to deal with the epidemic. The infection rate was below five per cent; we had a committed govern-ment and a national plan with the buy-in of many civil society organisations; South Africa had a group of highly skilled AIDS specialists; we understood the links between poverty, migration, unemployment and AIDS; and we had the lessons from elsewhere in Africa to learn from. Curiously though, nine years later the plan was still unimplemented with a rift developing between government and NGOs, and execution hampered by provincial squabbling about ownership. During the late 1990s, political posturing became more and more the norm. In 1998, the AIDS advisory committee was fired; in 1999, government decided not to supply anti-retroviral (ARV) drugs to pregnant women and survivors of rape; and in 2000, President Mbeki created the National AIDS Council (Crewe 2000:32). The government's credibility in the global and national fight against HIV/AIDS has been seriously undermined by Mbeki's dissident views. Political wrangling and mudslinging followed after the report of the Medical Research Council in October 2001 had contradicted Mbeki's statement.

After several years of intransigence and excuses regarding lack of funds, logistics, toxicity of the drugs and dissident claims regarding the primary importance of nutrition and living conditions, Government finally, on 8 August 2003, announced its intention to develop a detailed operational plan for a national anti-retroviral AIDS treatment programme (Greenstein 2003:34).

The primary role played by political criteria in policy decisions becomes evident in the way in which Mbeki and other government officials consistently talked about HIV/AIDS in tandem with a denouncement of racism. In this regard Kistner [s.a.] draws attention to the fact that the power struggle or turf wars between Government and NGOs about who should set the agenda on HIV/AIDS translates into a much bigger concern, namely about intellectual space and who has the right to define the problem. This is a good example of how knowledge and power are related. In this 'contest', sadly though, the most vulnerable of all - women and children - find themselves homeless.

In view of the lack of strong leadership at national and substate levels, civil society organisations such as the Treatment Action Campaign (TAC), the AIDS Law Project and trade unions have played a highly successful role in placing the issue on the public agenda, especially relating to issues of affordable treatment for all people. In 2001, the TAC took the Government to court over their intransigence regarding the provision of anti-retroviral (ARV) drugs to pregnant women. The Government subsequently embarked on a pilot project of 18 sites nationally (Meerkotter 2002). The significance of the court ruling lies - according to Greenstein (2003:36) - in the fact that civil society, using the constitution, reinforced the notion of public accountability of Government to the most vulnerable and disadvantaged sectors of society. The TAC was furthermore instrumental in the granting of substantial reductions by pharmaceutical companies in the price of ARVs and other drugs; helped to educate the public about the politics of AIDS profiteering; and contributed towards the recognition that patent rights can no longer supersede the rights of human beings to access life-saving medicines (Msimang 2003:112). The TAC's campaign for the availability of ARV drugs is ongoing in view of the piecemeal and uneven implementation (roll out) across provinces. The target to place 53 000 people on ARV treatment by the end of March 2004 was subsequently shifted to the end of March 2005.

Such victories have enhanced the association's political standing as representative of a specific constituency, but it is not yet clear whether these initiatives have brought material gains in the matter of access. Ultimately, the success of the TAC is mainly determined by its ability to combine a constituency-based grassroots campaign with challenges from 'above' (through the courts and public lobbying,

both nationally and internationally) (Greenstein 2003:38). Local conditions, namely the saliency of the pandemic in South Africa and government's intransigence, certainly were used to their advantage.

According to Kenyon, Heywood and Conway (2001), failure to implement a human rights approach is the main reason for the increase in HIV/AIDS infections. Given the saliency of the problem in respect of women's and girls' vulnerability to the disease it is my contention that, although only one of many methods, a gender approach to the disease can go a long way in addressing the problem. However, as in many other areas such as development, environment, conflict and war, the mainstreaming of gender is a contentious issue in the face of strong cultural stereo-types and gender bias. In this respect, labels such as 'human' rights and 'human' security can become deliberate smokescreens for perpetuating the marginalising of certain groups in society. There is a real danger that collapsing femininity or masculinity into the term 'human' could conceal the gendered underpinnings of security and other practices. The term 'human' is presented as if it is gender neutral, but very often it is an expression of the masculine.

Neither the South African Government nor the majority of civil society stake-holders have given gender serious consideration in the promotion of human securi-ty in the context of HIV/AIDS. Although the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005 (Department of Health 2000:15) states that "[t]he vulnerable position of women in society shall be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent infection", it does not reflect a gender-sensitive response to the epidemic. The document furthermore glaringly omits any conceptualisation of domestic violence. Cabinet Statements on HIV/AIDS (17 April 2002, 8 August 2003) supported a comprehensive programme backed by a massive increase in resources (Republic of South Africa 2004:385), yet made no reference to women's particular vulnerability. The newly reconstituted South African National AIDS Council (SANAC) met on 1 November 2003. The new council boasts broader representation of civil society (with both men and women represented as sectors) and the representatives are chosen by the sectors themselves rather than being appointed by Government, as was the case previously. However, although a sectoral approach may facilitate representivity, it does not necessarily constitute a coordinated and systematic approach to HIV and AIDS. The Minister of Health, Tshabalala-Msimang (2001), stated that gender issues have been overlooked in the process of policy develop-ment and service implementation. By her own admission "[t]he results have been that the ability to address widespread gender problems remains limited. The understanding of our health workers of how gender norms affect their clients' health

and health seeking behaviour is low and this reduces the effectiveness of our responses and treatment."

In this regard gender - as referring to socially learned behaviour and expectations that distinguish between masculinity and femininity - may serve an integrative purpose across levels and dimensions. A feminist perspective extends the general arguments about the nature of society to the realm of security and reminds us that comprehensive security can only be achieved if the relations of domination and submission in all walks of life are eliminated and gender justice is achieved. While gender may not always be the most important factor, we can learn a lot from the interplay between gender and other objects of study within a particular framework. If gender is chosen as the unit of analysis in the human security discourse, it reveals a complex and fluctuating mix of interlinked gendered knowledge constructions and practices of security (e.g. gender and globalisation, violence, and health).

Gender mainstreaming within the HIV/AIDS debate still has a long way to go. Important work has already been done in recent years by the Global Coalition on Women and AIDS, the UN Development Fund for Women (UNIFEM), and the International Community of Women Living with HIV and AIDS (ICW) to mention but a few. However, it is imperative for the global women's movement to become more vocal on this issue.

In Africa, the New Partnership for Africa's Development (NEPAD) has so far treated HIV/AIDS as marginal to the mainstream discourse of African renewal (De Waal 2003:2-3). In South Africa, women in Parliament have been successful in passing gender-specific legislation on violence, abortion, customary marriage, child maintenance, sexual harassment, and maternity leave, but they have been less effective in traditional areas of defence expenditure and particularly in challenging the Government's HIV/AIDS policy (Lowe Morna 2003:31). During the April 2004 general elections, women's concerns were drowned out by the 'new' issues of high politics such as poverty, unemployment, education and HIV/AIDS. While most parties do mention gender in their manifestos, gender has been used largely to score points rather than to cooperate around issues of common concern. Interestingly, other issues of identity such as race and class were more important during the run up to the national elections (Robinson 2004:41). The South African Women's Budget Initiative initially made significant advances in promoting gender responsive budgeting in selected programmes, but in the 2000-2001 Budget gender-budgeting in South Africa came to an abrupt end. Similarly, the Joint Monitoring Committee (JMC) on the improvement of quality of life and status of women prioritised poverty, HIV/AIDS and violence in relation to sexual inequality, but Cabinet dragged its feet in finally accepting the JMC's recommendations in 2002.

Despite advances made by this committee in addressing the minority status of married women under customary law, in 2004 Parliament rushed through a version of the Communal Land Rights Bill, which formally vested chiefs with power over the land and thus effectively over the women who live on and work the land, thereby nullifying much of the JMC's pioneering work (Govender 2004:12-3). With regard to the NGO sector gender activists in the violence against women sector have been reluctant to engage with HIV/AIDS-related issues due to the often specialist nature of the medical debate on HIV/AIDS. Some organisations working on violence have not integrated gender into their HIV/AIDS work because of a reluctance to be labelled as feminist (Centre for the Study of Violence and Reconciliation 2001).

The strategy of the TAC - although effective in achieving its overall national objectives - is also not consistently and coherently informed by a feminist analysis of HIV/AIDS. As Msimang (2003:112) contends, their strategy is a classic 'woman as the vessel' argument, where the unfairness of not helping pregnant women to save their babies' lives is highlighted. Despite some advances where gender activists have pushed for continued administering of the drugs after the babies are born, a deeper feminist analysis of reproductive and sexual rights in the context of inequity is seriously lacking. The issue of mother to child transfer (MTCT) and the Government's slowness in making ARV drugs available to all pregnant women is clearly both a human rights and women's rights issue. Paradoxically progressive constitutional proclamations about human dignity, equality and non-sexism protect those who are HIV positive by law, yet the Government has been unable to protect its population against infection. Under international law, also, a right to make choices concerning reproduction gives rise to a corresponding duty on the part of the state to ensure that the right is realised (Berger 2001:167-8) and that protection and empowerment, the two core aspects of human security, are maintained in the case of the most vulnerable groups.

7.   CONCLUSION: DEMOCRACY AND HIV/AIDS IN PERSPECTIVE

Theoretically the article highlighted the political implications of security thinking. Specifically with regard to human security analytical and policy-related dilemmas were emphasised in order to show the ambivalence embedded in this concept. It was hypothesised that it is possible to reconcile the normative and material aspects of human security. One way in which human security scholars can mediate between human and state security is to integrate their critique of the silences in the security discourse with a reconstruction of the role of the state in promoting human security in an era of globalisation. As such, a critical analysis entails bringing the state back into the analysis of security and asking how the practices of the penetrated state

have responded to global human security issues related to gender and other forms of identity.

The global case of HIV/AIDS illustrates that national security and human security of necessity belong together. We need the state to implement comprehensive and holistic HIV/AIDS programmes. But by the same token, states will have to shed their traditional thinking on security. Government needs civil society organisations to help mobilise marginalised populations, but clear and unambiguous state leadership is required in making the private issue a matter of public concern. A gender perspective (the feminisation of the pandemic) can play a meaningful role in helping to bridge that divide. However, such a process will not go uncontested, as it involves a reconceptualisation of power in relational terms.

The main focus was also to illustrate how security came to have a certain political meaning in the context of HIV/AIDS in a democratic South Africa. The politics of HIV/AIDS in South Africa is fundamentally linked to the politics of identity, in particular gender and the threat to women's lives and dignity. The case of women's particular insecurity regarding HIV/AIDS reflects an unspoken but quite evident affirmation of women's status as second-class citizens. In this respect calls to merge the functions of the Public Protector, the Commission on Gender Equality and the Human Rights Commission to avoid duplication exposes the dangers of presuming the universality of human rights. Are women's rights truly considered to be human rights? This false universality reinforces the notion that affirmation of democratic values through separate institutions has become superfluous in South Africa's case. However, international experience (e.g. Canada) shows that in the absence of separate institutions focusing on gender, women's participation in politics has stagnated.

In line with the broader argument of linking more explicitly the political and material dimensions of security, in the case of women and HIV/AIDS, a balance needs to be found between strategic gender needs which are feminist in nature and practical or tactical women's needs grounded in women's everyday experiences of ostracisation as a result of the disease. Women's impoverishment and women's vulnerability to disease, amongst others, can only be addressed if gender power relations within their particular society are addressed. In practice this means that women must be seen as agents of change rather than as victims. This would entail establishing collaborative partnerships between Government and civil society, and particularly gender organisations. Gender mainstreaming in HIV/AIDS programmes must focus on addressing gender inequities through empowerment.

As a test case for democracy in South Africa, the handling of HIV/AIDS has clearly failed. The first five years signalled a general willingness to debate issues. This stands in sharp contrast to the second five years during which the political contestation and denialist attitudes regarding HIV/AIDS intensified. It is ironic that during President Mbeki's inauguration for a second term, he made no mention of HIV/AIDS in his celebration of ten years of democracy. In his silence, the President is forsaking his democratic obligation to lead.

Overall the trials and triumphs in the HIV/AIDS debate during the last decade reflect a picture of major legal shifts with important victories in terms of the Medical Schemes Bill and the Medicines Act. But with an apathetic leadership more interested in contesting science and statistics we now have a situation where the crisis of prevention is overtaking the crisis of treatment. (Seventy per cent of youth not infected indicate that they do not regard themselves as being at risk.)

With regard to the emphasis on contextualised analysis of human security phenomena, the notion of 'locationality' is useful in that it conceptualises 'who we are and where we come from' in a material and non-material sense as both a matter of culture, history, geography and values. South African leaders pride themselves on the unique democratic miracle, but fail to question the quality of the democracy when it comes to HIV/AIDS. Surely the right to life and dignity and the right to belong to a community are all the more significant given the country's pre-democratic legacy? It is this situation-based historical sensibility which is curiously lacking.

What we need in the aftermath of the ten year celebrations and euphoria is a committed leadership implementing a holistic plan, not only at national level, but particularly at the provincial and local government level. It is at the local level where women's votes will ultimately count. Leadership also entails cooperative partnerships between Government and the civil society contingent upon a deep understanding of local conditions. In the case of South Africa one needs to be cognisant of the connection between the deep cleavages from the apartheid past and the need for honest engagement with the ravages of HIV/AIDS in South Africa. The quality of our democracy depends on that.

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