

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

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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, government-led response to the disease which has led to a clear decline in the number of HIV-positive persons in the country. President Yoweri Museveni has actively encouraged collaboration with international donors and nongovernmental organizations, and international organizations frequently encourage developing nations to look to Uganda as a model for addressing the AIDS epidemic. South Africa, on the other hand, has received widespread condemnation for its “AIDS denialism.” 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 from the international community, and rates of HIV infection continue to climb.

What accounts for these vastly different responses? On first glance, one would imagine that South Africa would be better able to respond to the disease, with its relative wealth, well-developed infrastructure, and productive scientific and research community. Further, South Africa’s multiparty democracy would seem to encourage government accountability on an issue that affects so many South Africans. Instead, relatively poor Uganda, which did not even permit political parties to operate in elections until 2005, has apparently done a far better job. Some analysts have pointed toward Museveni’s political will and leadership, but this response does not advance our understanding very far.

In this paper, I want to draw attention to two closely related factors largely overlooked in the discussions around the differences in government AIDS policies between Uganda and South Africa—ideology and identity. 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, often known simply as the Movement) places a high value on interdependence and connections with Western states, while the African National Congress (ANC) in South Africa under the leadership of Thabo Mbeki has encouraged the active questioning of outsider received wisdom. These ideologies are largely borne out of the historical circumstances out of which the respective political movements (and subsequent governments) 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. 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 briefly outline the AIDS epidemics and policy responses in both Uganda and South Africa. Third, I describe the NRM’s ideological commitments and how those were shaped by its historical origins. Finally, I will examine how South African history, especially public health history, shaped the ANC government’s ideological outlook and AIDS policies.

I. 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 (Carroll 2003). A recent editorial charged South African President Thabo Mbeki with “provid[ing] no leadership, no political will to mobilize people and resources to address the fear that stalks the country” (O’Malley 2004). 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 (Sidley 2000: 67). Zachie Achmat, leader of the Treatment Action Campaign and one of Mbeki’s most vocal critics, says that South African government officials lack the political will to confront the realities of the AIDS epidemic (*Sunday Herald* 2004).

On the other hand, many credit Uganda’s successes in combating AIDS to the existence of political will. Dr. Omwony Ojwok, 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 (Russell 1998). Uganda’s public information campaigns about AIDS worked, many have argued, because Museveni’s political will gave the campaigns greater legitimacy and prominence (Mwaura n.d.). President Bush has singled out Botswana, Senegal, and Uganda as models for other African countries dealing with AIDS. What unites these countries and their successes is the demonstration of strong political will to confront the problem (Itano 2003).

It is not only journalists who emphasize the importance of political will in successfully dealing with the AIDS epidemic. Godbole and Mehendale (2005), in their literature review of

AIDS programs in India, single out the importance of increased political will for programmatic success in that country, while Gow (2002) argues that the lack of political will in most African countries has hindered effective AIDS programming. Steytler (2004) argues that the South African provinces that have implemented better AIDS programming did so because they had the political will to do so. Price-Smith (2001), in his comprehensive overview of the potential impact of disease proliferation on national development, concludes his book by arguing that “the policy community . . . must marshal significant political will to deal with the situation 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 (Price-Smith 2001: 179).

It is undeniable that governments cannot solve problems if they do not care about those problems in the first place. A lack of impetus for action undermines government efforts before they even start. What is problematic, though, is when analysts stop their investigations at the level of asserting that political will is important without investigating what that means or where it comes from. The term “political will” itself is ambiguous and misleading, and its use as an explanation for policy outcomes borders on tautological. It means nothing to say that a policy was successful because of the existence of sufficient political will, if we then turn around and define political will as contributing to successful policymaking. If success is the measure of political will, then political will simply becomes another way of describing success—and provides us with no further insight into *why* success occurred. We are left with arguing that a policy is successful because it is a success, and vice versa. Political scientists may talk quite a bit about “political will” and “good governance,” but they have done a poor job at defining those terms or providing clues as to how to measure them (Boone and Batsell 2001: 13).

A related problem emerges when we consider how “political will” is invoked in the explanations offered above. Political will is essentially described as a dichotomous variable—

either a leader has the political will to tackle the AIDS epidemic, or he or she does not. Such an understanding of political will blinds us to understanding the origins of political will or the incentive structures that may exist within a given state to express the political will to address an issue (Putzel 2004: 20). What we call political will could instead be a move to shore up political support or a campaign ploy. A leader's interest in pursuing a particular goal may have absolutely nothing to do with promoting positive social change. 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.

One must also bear in mind that leaders within a democratic political system cannot change policy on a whim to suit their own interests. While a leader may provide guidance, any policies must also go through some sort of legislative and/or judicial vetting process. It matters little if the president or prime minister of a particular democratic country wants to enact a certain policy if he or she cannot get the assent of the legislature. Even the most determined president can do little if the other branches of government will not provide support. Looking at the political will of a national leader, then, threatens to place too much on the shoulders of that leader without examining the broader political structures within which that leader operates.

Gauri and Lieberman clarify political will and good leadership by emphasizing command of public respect and visibility on timely political issues. Though they admit that this schema does not easily lend itself to empirical classifications, it provides a useful starting point. Using these characteristics, though, they find it difficult to ascribe South Africa's AIDS policy failures to a lack of political will or leadership. They note that Mbeki's two predecessors, F.W. de Klerk and Nelson Mandela, took little action on AIDS while they were in office—yet they are both Nobel Peace Prize winners. They clearly commanded (and continue to command) public respect and visibility on many issues. Further, “setting aside the issues of HIV/AIDS, it would be

difficult to describe Thabo Mbeki, the second president of post-apartheid South Africa, as being anything other than a widely respected leader who generally commands broad respect within his own society” (Gauri and Lieberman 2005: 42). By our general thinking about political will and political leadership, the leaders of the South African government in the past 15-20 years have possessed it in spades—yet their AIDS policies have fallen flat.

Again, let me be clear here. My argument is not that political will is unimportant. Instead, ascribing successful or unsuccessful AIDS policies to political will simply provides a starting point. To make the concept useful as a theoretical tool, one must go further to explore *why* that political will does or does not exist. Political will cannot simply be manufactured out of thin air, so it is crucial to understand its roots.

There must be something more at work, and this is where my discussion of ideology and identity comes into play. Before delving into that topic, though, we must take a step back and examine the contours of the AIDS epidemic and AIDS policies in both Uganda and South Africa.

II. The AIDS epidemic and policy responses in Uganda and South Africa

The first confirmed AIDS cases in Uganda were discovered in 1982, a year after the virus’ emergence in the United States (Uganda AIDS Commission n.d.). Prior to that discovery, though, reports spread through the Rakai District in southeastern Uganda about the emergence of a new disease called ‘slim,’ named for its physical effects on its victims. This was in the late 1970s, and slim’s emergence coincides with the movement of Tanzanian troops who entered Uganda to oust Idi Amin (Hooper 1999). 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 (UNAIDS 2004).

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. The new Minister of Health, Rukahana Ruguinda, publicly announced that AIDS was in Uganda during that year's World Health Assembly. Given that most countries tried to deny the existence of AIDS within their borders at this time, this represented a fundamental shift in governmental responses to AIDS. Museveni himself declared that it was the political duty of all Ugandans to prevent AIDS and encouraged what later became known as ABC—abstain, be faithful, and use a condom. That same year witnessed the development of the country's first AIDS Control Programme, targeted at preventing the spread of HIV and ensuring the safety of the blood supply. This program quickly spread to the military and through all parts of the national government.

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 and ameliorating the effects of the disease: stopping the spread of infection, mitigating the adverse health and socioeconomic impacts of AIDS, strengthening the national capacity to respond, establishing a national information base, and strengthen the national capacity to undertake its own relevant research on AIDS (Uganda AIDS Commission 1993). 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 in combating the disease while still providing a firm organization home for the Commission within the Ministry of Health (Putzel 2004). The Commission's work actively included public health officials, government ministers, musicians, local and international NGOs, religious organizations, and the President himself (Allen and Heald 2004: 1149). 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 (Garbus and Marseille 2003: 11-12). It worked with the World Bank to secure loans specifically targeted toward AIDS programming, actively collaborated with the United Nations' AIDS programs, and hosted an international conference on AIDS in Africa in 1995.

Recent articles have cast doubts on the extent and sources of the Ugandan government's success in addressing the AIDS epidemic (Parkhurst 2001, 2002). Regardless of the controversies about infection rates, the fact remains that the international community largely sees Uganda as a success story (Thompson 2003)—a relatively poor country that marshaled the necessary resources and proactively addressed an overwhelming disease 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 (UNAIDS 2004).

Given the ideological outlooks of apartheid, the disease immediately was imbued with racial connotations. The apartheid-era government of the National Party undertook few serious efforts to combat AIDS, which it saw as solely a Black problem (Schneider and Fassin 2002), and the few efforts it did make were widely criticized for playing on racist stereotypes (Van der Vliet 2001). 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 (Willan 2004: 109-110). Despite these promising moves, many analysts have noted a strong disconnect between the development of policy at the national level and the implementation of that policy at the local and provincial level (Willan 2004). Butler notes that the incoming ANC government's 1994 AIDS plan overestimated the resources available to the government. Instead of implementing aggressive AIDS programming, the government found itself embroiled in controversies over accounting irregularities for an anti-AIDS musical and its quick embrace of a locally-produced 'cure' for AIDS that turned out to be toxic (Butler 2005: 593-594). The government also found itself constrained by the civil service and promises it made in the negotiations to end apartheid (Johnson 2004).

After Thabo Mbeki's election as president in 1999, the government's AIDS policies quickly became the subject of much controversy. Mbeki's 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 (Youde 2005). Health Minister Dr. Manto Msimang-Tshabalala's provocative statements discounting the usefulness and effectiveness of antiretroviral drugs generated further negative attention to the government's AIDS policies (Butler 2005). 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" (Mbali 2004). In response, over 5000 scientists signed the Durban Declaration, which stated unequivocally that HIV is the cause of AIDS and that governments must take

aggressive action to combat AIDS' spread (Sidley 2000). In this same vein, the Constitutional Court handed the government a stinging defeat when it ordered the government to provide antiretroviral drugs to pregnant women to prevent mother-to-child transmission—a move the government had strenuously resisted because it believed the drugs were toxic and inappropriate in the African context (Willan 2004: 110). This lawsuit was instigated by the Treatment Action Campaign, a large civil society that has repeatedly criticized the government for its AIDS policies.

The South African government's response to AIDS repeatedly features programs rolled out with a great deal of fanfare initially. Soon, though, these plans fall victim to equivocation by government officials, a lack of staffing, and an absence of intensity in actually implementing programs (Butler 2005: 594). Most recently, the government announced a plan in 2003 to begin providing antiretroviral drugs to South Africans, but this program has come under intense criticism for its slow implementation and lack of clear direction from government officials about their commitment to the program (Gauri and Lieberman 2005: 16)

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 (Farmer 2001a). 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 (Butler 2005; Johnson 2004; Schneider and Fassin 2002). 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.

This section has provided just a very brief overview of the basic history of AIDS policies in both Uganda and South Africa. Uganda has widely been hailed by the international community as a success for decreasing its infection rates, while South Africa is perceived to be a failure in this regard. The next two sections explore how the government's ideological and identity perspectives contributed to their policy decisions.

III. Uganda, Museveni, and ideology

The ideological outlook of the National Resistance Movement (NRM) 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" (2001: 83). This section will detail why this is so.

When Yoweri Museveni assumed the presidency of Uganda 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 et al. 1992: 147-148). 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 (Watt et al. 1999: 39). Amin did not simply target those whom he saw as foreigners, though. An estimated 300,000 Ugandans were killed under Amin's orders, and his government was the target of a number of attempted coups. In 1976, he declared himself President-for-Life. 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. During this time, between 100,000 and 300,000 Ugandans died.

Museveni first came to national prominence after Amin's departure. He was named Minister of Defense, and later Vice-Chairman, in the interim regime, and stood for the presidency in 1980 as the candidate of the Ugandan Patriotic Movement. Museveni was widely considered the front-runner for the presidency, but he fled the country after Obote was declared the winner. Retreating to his grassroots supporters in rural areas, Museveni led the Popular Resistance Army, which first engaged government forces in February 1981. Later, the PRA merged with two other guerilla armies to form the National Resistance Army with Museveni as its leader.

The NRA's outlook, as well as that of its associated political movement, the National Resistance Movement (NRM), 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 (Furley and Katalikawe 1997: 255). They also blamed the chaos on multipartyism. Museveni and the NRM strongly believed in popular and parliamentary democracy (Kasfir 1998: 54-59), 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 (Mugaju 2000: 9). Museveni himself stated that the world needed to give Uganda space to make democracy work for its special circumstances and context (Museveni 1994: 8).

In crucial ways, the Movement system itself is derivative of the country's past. Museveni has often counterposed 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. He argued that political parties thrived on and promoted sectarianism. In a preindustrial society like Uganda, though, such divisions were arbitrary. In the NRM's eyes, the imposition of political parties by the British had exacerbated ethnic and religious splits between Catholics and Protestants or northern and southern Uganda (Tripp 2004: 15-16). The NRM's outlook sought instead to avoid the political isolation of any relevant group (Parkhurst 2001: 79). Keeping parties out of the political system would keep such divisions at bay and allow all Ugandans to understand that they are really 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 and deserves a significant amount of attention. Despite adopting a Marxist worldview in college (Oloka-Onyango 2004: 35), the world changed by the time Museveni came to power. Socialism was largely seen as discredited as a political ideology by 1986, but Western states had not yet started to impose democratic conditionalities on developing states (Ottaway 1999: 31). This ambiguous moment in world politics allowed Museveni to combine elements of socialist rhetoric and democratic practices—both of which fed into the NRM's insistence that Uganda was a one-class (not classless) society. In its 1986 manifesto, the NRM declared, "Uganda is a backward former colony of Britain" (NRM 1986: 1), and decried how British rule resulted in a national economy reliant upon non-essential agricultural exports, high rates of illiteracy, and low levels of economic development.

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 (NRM 2000: 5-6). Museveni declared that 92 percent of all Ugandans were peasants. "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" (Museveni 1997: 188). This necessarily colors the political system, because the lack of an indigenous middle class meant that no group in society saw beyond its own narrow self-interest (NRM 2000: 6). 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 just lead to more division and the promotion of narrow self-interest instead of considering 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 (NRM 2000: 70). Uganda's previous political problems could be traced back to previous national constitutions that failed to recognize the inappropriateness of political parties (Furley and Katalikawe 1997: 244-246). Eliminating all political parties, at least for the time being, was one more step in dismantling the colonial state (Museveni 1994: 2-3).

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 (Tripp 2004: 4-7). 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 (Tripp 2004: 7). Until that time, though, a no-party democracy would provide more responsive politicians and avoid artificial sectarian differences. The Movement system, as it was known, would allow Uganda to overcome the past political problems of unaccountable politicians and ignoring public interest.

In January 2003, Museveni announced a radical shift in his beliefs; he now supported multipartyism in Uganda. This was a dramatic shift, as he had actively opposed a 2000 referendum to allow for multiple political parties (IRIN Africa 2003). When asked to explain the change in his position, 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 (International Republican Institute n.d.). In July 2005, Ugandan voters overwhelmingly approved the shift to multipartyism, with 92 percent

voting in favor. It is very telling that Museveni only moved to support multipartyism after international donors signaled their support of the change (International Republican Institute n.d.).

One of the hallmarks of the NRM is its belief in grassroots support. Parties only represent the interests of the elites, whereas the NRM represented the interests and aspirations of all Ugandans (Tripp 2004: 15-16). Ugandans responded to the NRA's insurgency against the Obote government in the early 1980s because they saw the NRA 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 NRA was able to prove to the people that this was their aim, too, and that supporting the NRA was the only tool for restoring these ideals (Furley and Katalikawe 1997: 244-246). The “people's war” necessarily involved the input of lots of different actors at different levels (Parkhurst 2001: 79). 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.

The NRM came to power with an emphasis on avoiding the sectarianism that had previously divided the country and a great respect for grassroots democracy. At the same time, it faced a devastated country. Civil wars and insurgencies had plagued the country off and on for nearly 20 years. The policies of Amin and Obote essentially wiped out the economy, with almost no foreign aid or foreign investment coming into the country by 1986. To add to the economic and political problems, this new disease called AIDS threatened the country. In the previous four years, the Obote government did nothing to combat the disease or raise awareness.

Upon taking power, Museveni and the NRM linked the struggle against AIDS with the broader efforts at national reconstruction and democratization (De Waal 2003: 21). 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 (Hauser 1999: 633-634). These two interests came together, with Western states offering Uganda large amounts of aid and Uganda eager to accept and use 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 the country (Hauser 1999: 632-633). The Ugandan government provided numerous opportunities for non-Ugandans to play key roles in the formulation of the national AIDS policy (Parkhurst 2005: 578). 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 (Parkhurst 2005: 581, 582). 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” (1991 [2000]: 248). Not only did the AIDS epidemic threaten Uganda’s economic reconstruction, but it also demonstrated to the rest of the world that Uganda was a poor, unstable country not worthy of investment or respect.

Just as the NRM combined aspects of socialism and democracy in its ideological outlook, the government’s AIDS policies sought to combine local and international knowledge. The

government encouraged AIDS programs to combine traditional medical understandings of healing with modern scientific methods (Museveni 1991 [2000]: 255-256). 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 (2005) finds that higher levels of politically relevant ethnic diversity within a country negatively impact government responsiveness to AIDS. When ethnic diversity is politically salient, the government (and the populace) often engages in 'othering' the disease, assuming that it will only affect members of a particular ethnic group and will not spread to the 'general population.' Interestingly enough, the one outlier in Lieberman's study is Uganda—a country with very high levels of ethnic diversity but also very effective AIDS policies. He suggests that this may reflect Museveni's personal characteristics or questions 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 had to embrace the ABC method—combining abstinence education with condom promotion—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" (Museveni 1991 [2000]: 252). 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 (Putzel 2004: 27).

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 was able to avoid having its AIDS policies mired down in accusations of blame and the 'othering' of the disease.

IV. Ideology, history, and AIDS in South Africa

President Thabo 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 and easy to vilify Mbeki and his government for their failure to act aggressively against the disease, South Africa's AIDS policies must be seen within a larger history and ideological context.

Public health and apartheid were inextricably linked. Relying on the then-current tropes of scientific racism that linked hygiene and intelligence with race (Dubow 1995), many of apartheid's earliest advocates predicated their calls for the separation of the races on the grounds that this would promote the health of all South Africans. Blacks were inherently dirty and disease-ridden, which in turn meant that Black bodies themselves constituted a direct health

threat to whites (Lund 2003). Segregation of the races was the only way to prevent diseases from spreading into the white population. At the same time, apartheid's advocates argued, Blacks would be healthier because they could be treated by their own health care system and removed from the cities. According to this theory, often referred to as the "dressed native" hypothesis, Blacks lacked familiarity with modern civilization and the demands of living in a city, so they quickly fell ill. The countryside, by contrast, was the 'natural home' for Blacks, so removing Blacks from the city would simply allow them to return to where they should naturally be (Packard and Epstein 1991: 771-772).

The earliest moves toward government-sanctioned racial segregation in South Africa were predicated on public health grounds. In 1883, the Public Health Act included a provision which allowed for the establishment of sanitary corridors and quarantines 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 a bubonic plague epidemic, leaders argued that removing Blacks from the city was the only way to protect the white population, as Blacks were more inherently prone to contract and spread the disease¹ (Swanson 1977). What made this action so significant was that this represented the first time that a government body in South Africa had condoned the separation of races. 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 pronouncements on public health issues (Parkhurst and Lush 2004: 1919).

¹ Of course, by removing Blacks from the city and forcing them into small reserves with no health or sanitation facilities, bubonic plague quickly spread. White officials took this as proof that Blacks were inherently more disease-prone, even though mortality rates for bubonic plague were far higher for Whites (Swanson 1977).

With the emergence of AIDS in 1982, officials immediately latched onto the same racial prejudices and stereotypes that befell previous outbreaks. 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 South African Member of Parliament went so far as to claim that AIDS would essentially wipe out the anti-apartheid movement and likened the result to receiving presents on Christmas Day (Republic of South Africa 1990: 9797). Supporters of apartheid used the specter of AIDS to justify keeping Blacks off beaches and other public spaces (United Press International 1988). Early government-sponsored AIDS campaigns were roundly criticized for their racist assumptions about hygiene and sexual behavior (Schneider and Fassin 2002: S49; Van der Vliet 2001). 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 (Parkhurst and Lush 2004). Among many older people, they recalled earlier attempts by the apartheid government to institutionalize control of African fertility through both legal and illegal means (Zwi 1993). AIDS, then, was viewed as another attempt by the government to advance its racist aims under the guise of public health.

Initially, it appeared that the ANC would take an active role in aggressively combating AIDS. As early as 1990, ANC leaders held meetings with a wide variety of government and nongovernmental actors in an attempt to formulate an effective response to the burgeoning epidemic (Johnson 2004: 113-114). Upon the ANC’s ascendance to power in 1994’s multiracial elections, though, these early efforts fell victim to an entrenched civil service bureaucracy hostile to the implementation of the program and the desire to alter relations between Africa and the West (Johnson 2005).

Now is an appropriate time to remind ourselves that South African AIDS policies go beyond just the actions of Thabo Mbeki. While Mbeki is frequently vilified for his actions, we must remember that inaction on AIDS has been a hallmark of South African governments for the last 20 years. Nelson Mandela has become a forceful advocate for AIDS programming today and a vocal critic of Mbeki's AIDS policies, but Mandela's own record on AIDS policies during his presidency was not significantly better. The same racism that kept the apartheid government from implementing effective AIDS programs has led the post-apartheid governments to take a tentative, cautious approach to the disease.

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 sought 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. This would allow African states to take a place at the international table (Johnson 2005: 317). For Mbeki, this has primarily manifested itself through his promotion of the African Renaissance. First using the term in a speech in 1997 to potential foreign investors (Mbeki 1997), 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 to these problems that better respond to the unique experiences of the continent.

The African Renaissance is a reaction 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 has used in previous decades to deal with the challenges of post-war destruction, foreign commercial competition, and popular demands for basic social services” (2005: 319-320). The government has promoted initiatives like NEPAD, the New Partnership for African Development, to encourage intra-African government accountability and a continent-wide initiative to resolve conflicts without automatically appealing to the United Nations or Western states to come in and ‘fix’ the continent (Hope 2005).

From the South African government’s perspective, its AIDS policies and its promotion of 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” (Johnson 2005: 320). 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 (Farmer 2001b); 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 important for

Mbeki and his fellow supporters of Virodene, though, was the fact that this potential breakthrough came about thanks to the work of African scientists working in Africa. Indigenous knowledge found a cure. Newspapers and politicians trumpeted that this represented a new dawn for African science. Unfortunately, later tests revealed that Virodene was not a cure for AIDS and may in fact exacerbate AIDS symptoms. The resulting outcry was intense, with all sides trading accusations about negligence and possible financial gains. Mbeki and his allies in the government, though, argued that the failure of Virodene to live up to its promise reflected the power of Western-based pharmaceutical companies who 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 himself lashed out at his critics who claimed that financial interests drove his support for Virodene². Instead, he said that Virodene's critics were "denying dying AIDS sufferers mercy treatment" and the Health Minister, Nkosazana Zuma, said that critics simply wanted ANC supporters to "die of AIDS" (Beresford 1998: 14). He chastised Virodene's opponents for not believing in African science and being in the pockets of Western pharmaceutical companies (Power 2003: 58).

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" (Mbeki 2000b). Reaction to this statement was swift and fierce. Mbeki was condemned in press reports around the world. Some delegates walked out of the conference. Within days, over 5000 scientists had signed the Durban Declaration which rebuffed Mbeki's speech and asserted that the time for debate about AIDS was over. Parks Mankahlana, Mbeki's

² Some have suggested that the discoverers of Virodene gave the ANC stock in their company in exchange for approval of additional trials (Daley 2000).

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” (Agence France-Presse 2000).

Earlier that same year, Mbeki sent a letter to world leaders in an attempt to clarify his views on AIDS. In this letter, which resulted in a great deal of negative international press coverage, Mbeki sought to justify why policies addressing the AIDS epidemic 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 (Mbeki 2000a).

In neither his letter to fellow world leaders nor his address to the assembled delegates of the International AIDS Conference does Mbeki come out and say that there is no 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, such as Peter Duesberg,

David Rasnick, and Harvey Bialy, deny the links between HIV and AIDS. They largely claim that AIDS in the West is due to repeated exposure to harmful drugs. In Africa, on the other hand, AIDS is simply a convenient political moniker used to cover a wide range of diseases that have afflicted the continent for years. What we call African AIDS, they argue, is the physical manifestation of global policies of inequality and underdevelopment.

This panel was charged to develop a coherent national AIDS policy, but many charged that the panel would be ineffective because some members did not even believe that HIV causes AIDS. As a result, Mbeki was labeled an AIDS denialist and charged with failing to understand the basic science of AIDS. It is indeed true that the panel failed to produce a coherent policy, and its suggested scientific experiments have largely gone nowhere. From Mbeki's perspective, though, including AIDS dissidents on his panel was an attempt to explore all facets of AIDS. The panel was a success because it incorporated many different views and allowed each side to negotiate with the other.

Gauri and Lieberman (2005) argue that notions of risk are socially constructed and mediated by previous conflicts within political society. 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 the origins of AIDS. 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 (Duesberg 2000). Mbeki has argued that the spread of AIDS in Africa is directly linked to global policies that promote inequality and poverty in Africa.

Thus, we can see that South Africa's history and its government ideological inclination toward promoting the ideas of the African Renaissance have directly contributed to the country's AIDS policies. Mbeki is not ignoring AIDS; he's trying to redefine what it means. It is certainly legitimate to question whether a disease that has afflicted over 20 percent of a country's adult population is the best arena in which to take a stand against the rest of the world, but it is important not to caricature Mbeki's views.

V. 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 provides 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 offer that analysts should examine the histories and identities of the governments themselves to understand how these bodies view the AIDS epidemic. 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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