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HIV/AIDS AS A NATIONAL SECURITY ISSUE IN SOUTH AFRICA: 1998 – 2009.

by

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TABLE OF CONTENTS

CHAPTER 1.

INTRODUCTION

1. IDENTIFICATION OF THE RESEARCH THEME.

The incidence of HIV/Aids has become one of the current global issues, not only in the individual and social context but within the broader security context, with some suggesting that it is a global emergency or has become a threat to national security in some countries. Marais (2005:89) asserts that HIV/Aids is arguably an even greater threat to security than terrorism, with the effect of destabilizing the social and economic order to the extent that the very survival of entire nations is at stake.

HIV is a virus discovered or isolated in the early 1970's by a French scientist. It destroys blood cells leading to an incurable state of health called the Acquired Immuno Deficiency Syndrome (Aids). Before its isolation it is believed to have killed many people without detection as it manifests itself in a range of opportunistic illnesses that have assumed unprecedented proportions in the last and current decades. Given the global scale of the disease and its general impact on humanity, many questions have arisen as to the degree of attention that it should receive from international organisations and national governments against the background of other equally or more important national priorities.

In response to HIV/Aids and other social challenges the United Nations (UN) has broadened its mandate by capacitating agencies such as the UN Development Agency (UNDP), World Health Organisation (WHO) and Food and Agriculture Organisation (FAO) to deal with threats to human survival other than wars. The UN has formulated a comprehensive response to the AIDS pandemic that includes food security and improved health care.

On national level, the extent and implications of HIV/Aids infections on national security is increasingly emphasized. Mathur (1996:305) defines

national security as the ability of a nation to protect its internal values from external threats. Lippman in Ayoob (1995:5) states that a nation is secure to the extent to which it is not in danger of having to sacrifice its core values if it wishes to avoid war and is able, if challenged, to maintain them by victory in such a war. Clearly the foregoing definitions tend to emphasize a military point of view of security and defence against external rather than internal threats.

The post-Cold War definition of national security has broadened to include various sources of threat to security. Buzan (1991:112) argues that following the end of the Cold War two aspects in particular were increasingly debated. Firstly there was a view that sources of threats to security were seen not as only military but also political, economic, societal and environmental. Mutimer (1999:77) adds that the demise of the Soviet threat facilitated a re-thinking of the concept of security. Secondly the referent object of security moved from the state to the individual in many interpretations. This is where the issue of health (HIV/Aids) also becomes relevant as deteriorating socio-economic conditions can become a security issue that may eventually have serious implications as it results in the disintegration of the fabric of society.

It is this emphasis on the security of the individual that makes the threat to survival a security issue not only to the individual but the state whose survival depends on, among others, an able workforce and security structures. Marais (2005:20) argues that the gradual securitization of the development discourse generally dates back to the 1990s, but the process accelerated after the terror attacks of September 11, 2001. HIV/Aids has also followed this pattern.

In the case of strong states, national security still tends to be viewed primarily in terms of external threats although not only military, while in weak states only the physical base of the state may at times be sufficiently well-defined to identify national security. Job (1992:12) speaks in terms of the security and insecurity dilemma. In this theory the security dilemma for the typical Third World state arises in meeting internal rather than external threats and for typical Third World citizens could even involve seeking protection from their own state institutions.

This study seeks to address the impact of HIV/Aids in South Africa specifically and to determine whether it poses a threat to national security or not. The extent of HIV/Aids in South Africa and its security and socio-economic impact, as well as policy responses by the government will, amongst others, be assessed.

2. LITERATURE SURVEY.

HIV/Aids as a global phenomenon, and its consequences, also for international security, have been covered relatively extensively by UN Agencies such as the UN Development Programme and UNAids. Available statistics show that sub-Saharan Africa continues to be the worst affected region, with Aids the leading cause of death. Additionally, Southern Africa continues to bear a disproportionate share of the global burden of HIV: 35 percent of HIV infections and 38 percent of Aids deaths in 2007 occurred in this region. Women, bearers of children, account for half of all people living with HIV worldwide and nearly 60 percent of HIV infections are in sub-Saharan Africa. In South Africa women reportedly account for approximately 55 percent of HIV positive people, (UNDP, 2008).

No place on earth is untouched by HIV/Aids but what is evident is that some parts are worse affected than others. Political and cultural stereotypes may be responsible for the rapid spread of HIV/Aids in Africa. Gould (1993:72) argues that the politicians in a number of African countries deliberately under-report the degree of the severity of the pandemic out of a sense of shame that such a disease is a sign of backwardness. The United States National Intelligence Council 2000 (Marais, 2005:89) has warned that the economic and demographic impact of Aids would undermine civil society, hamper the evolution of sound political and economic institutions and intensify the struggle for power and resources, including in Africa. It is therefore in this light that from the 1990s the highlighting of Aids as a global and national security threat has become prominent.

National security in its pre- and post-Cold War context, has also received coverage in the writings of, among others Buzan (1991), Job (1992), Mutimer (1999) and Ayoob (1995). However, although HIV/Aids in South Africa has been the subject matter of various official and secondary sources for instance UNDP, 2008 Annual Report; UNDP, *1994 Human Development Report*; UNAIDS, *Joint United Nations Programme on HIV/Aids, 2004*; Actuarial Society of South Africa, *Impact of HIV Aids (2005*); Pharaoh, *Aids, Security and Governance in Southern Africa (2003)*; Human Sciences Research Council, *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey (2005*); and Institute for Security Studies, *Aids, Security and Governance in Southern Africa (2003*), the security implications have not been spelt out in any detail. A need has arisen for more extensive research on the impact of the incidence on the security apparatus and the nation as a whole.

3. FORMULATION AND DEMARCATION OF THE RESEARCH PROBLEM.

The main research problem being addressed is whether HIV/Aids has already reached the level of a national security threat in South Africa based on the available data and literature? Following from this, a number of sub-research questions can be formulated.

What is the extent of, and what are the socio-economic implications of HIV/Aids in South Africa? This entails an examination of the impact of the incidence on various sectors of society.

In addition concern arises as to whether the military, given the debilitating effect of the incidence of HIV/ Aids is in a position to perform its core functions. If the police are equally affected, who does the state entrust with the maintenance of law and order?

A further subsidiary question is whether the official views and responses indicate that Aids is being treated as a serious threat in South Africa? It is

clear that the incidence of HIV/Aids cannot be viewed as an ordinary phenomenon that requires a single or narrow policy response in South Africa.

Following from the above the research is based on the following assumptions:

- The extent and socio-economic implications of HIV/Aids in South Africa results in it being not only a threat to individual security, but also to national security.

- Given the prevalence of HIV/Aids in the security forces, this has implications for military preparedness and specifically for deployment in peace support operations.

- There has been no consistent indication that the South African government has sufficiently viewed HIV/Aids as a security threat in South Africa.

The study of the impact of HIV/Aids on South Africa and its security implications covers the time period 1994 to 2009 with projections into the future. The period covered is punctuated by the changes in the political environment and changes in administration and different policy responses to the incidence. In addition, global responses to and inter-governmental cooperation on HIV/Aids have increased since the 1990s.

4. METHODOLOGY.

The study is descriptive and analytical and the theoretical framework is primarily based on the post-Cold War broadened concept of national security which incorporates a broader spectrum of threats and referent objects. The criteria for what constitutes a threat to national security and the characteristics of national security in developing countries is specifically included as the latter is relevant to the South African case study in particular.

The study makes use of both primary and secondary sources focusing on HIV/Aids. Primary sources include the RSA, *2008 Annual Report on Health*; Actuarial Society of South Africa, *Impact of HIV Aids.* 2005; RSA, *White Paper on National Defence*, 1996; RSA, Government Communication and Information System Government (GCIS) Website; UNDP, *2008 Annual Report*; UNDP, *1994 Human Development Report*; and UNAids, *Joint United Nations Programme on HIV/Aids*. The idea is to reflect on the policy environment and security ethos in South Africa and to broadly reflect on the official and global approaches to HIV/Aids. Secondary sources dealing with HIV/Aids include Pharaoh, R. *Aids, Security and Governance in Southern Africa (2003*); Marais (2005), Gould (1993), Ankrah (1993), Bennell (2005), De Jong (2003) Weinrich and Benn 2004, Welbourne and Hoare (2008), Whiteside and Wilkins (1995) Whiteside and Sunter (2000), etc. A number of contemporary sources are used to illustrate the extent and implications of the pandemic for the security of South Africa.

Secondary sources focusing on the traditional and modern definition of security include Ayoob (1995), Buzan (1991), Hough (2003), Job (1992), Mathur (1996) and Mutimer (1999). The above literature endeavours to broadly define the concept of national security both from a traditional and modern perspective.

5. STRUCTURE OF THE RESEARCH.

Chapter One: Introduction.

Chapter one introduces the study and its objectives. The justification for the study is provided as well as the parameters within which the study will be undertaken.

Chapter Two: The concept of national security and the global issue of HIV/Aids.

In this chapter the concept of national security is discussed starting with the traditional views followed by the post-Cold War views that highlight the shift in national security thinking to include a range of non-military issues. Threat perception and the criteria for assessing when an issue constitutes a threat to national security, are also discussed. In the last part of this chapter HIV/Aids as a global issue is briefly discussed, as this impacts on the national dimensions as well.

Chapter Three: National security in the RSA and the extent of HIV/Aids.

This chapter briefly discusses the nature and extent of HIV/Aids in South Africa by analysing the existing data. In addition chapter three discusses the South African approach to national security.

Chapter Four: Implications of HIV/Aids in the RSA.

Chapter four highlights the impact of the HIV/Aids pandemic on the socio-economic system in South Africa and specifically also on the military.

Chapter Five: Official and other perceptions of HIV/Aids in the RSA.

In chapter five an analysis of the official South Africa views on HIV/Aids is firstly presented. A brief comparison is made between the previous administration and the current one with the new political leadership at the helm of the Department of Health. The 2007-2011 South African National Aids Council (SANAC) Strategic Plan is analysed in greater detail. The views of pressure groups and international organisations such as the Treatment Action Campaign (TAC), People living with HIV, WHO and UNAids regarding the seriousness and implications of HIV/Aids for South Africa, are assessed.

Chapter Six: Evaluation.

In this chapter a brief summary of the study is provided, followed by an evaluation of the assumptions formulated in the introductory chapter. This is followed by a brief conclusion.

CHAPTER 2

THE CONCEPT OF NATIONAL SECURITY AND THE GLOBAL ISSUE OF HIV/AIDS.

1. INTRODUCTION

This chapter discusses the concept of national security starting with the traditional views followed by the post -Cold War views that seek to highlight the shift in national security thinking that includes a range of non-military issues. In addition, the criteria for determining when an issue becomes a threat to national security and threat perception are discussed. The last part of the chapter briefly discusses HIV/Aids as a global issue, with specific reference to its security implications.

2. NATIONAL SECURITY: A CONCEPTUAL FRAMEWORK.

Traditional views on security tended to focus on external military threats specifically, and this clearly manifested itself in the Western concept of security in the Cold War period. As a result of this focus on external threats countries tended to invest a great deal in military power and military research to match or even surpass competitor's capabilities often to the exclusion of other threats to humanity. Following is an examination of the notion of national security within the context of traditional thinking and how it gradually changed its traditional focus to include a range of other elements as well.

2.1 Traditional views of national security.

National security refers to the ability of the state to provide adequate security to its citizenry in all forms. Pick (1974:15) argues that security is an essential precondition of an ordered human existence. Governments must provide a secure environment which would allow people to pursue their economic and social goals without undue anxiety. Traditionally security was seen primarily in terms of national power by both policy-makers and strategists. Mandel

(1994:21) describes the concept of national security as entailing the pursuit of psychological and physical safety, which is largely the responsibility of national governments to prevent direct threats primarily from abroad from endangering the survival of these regimes, their citizenry, or ways of life. Louw (1978:10) defines national security as the condition of freedom from external physical threat which a nation-state enjoys. Louw adds that although moral and ideological threats should be included, it is really physical violence which is generally perceived as the ultimate leverage against a state and therefore as the real and tangible danger to its survival.

The pre-occupation with external military threats in the Cold War period to national security, resulted in the North Atlantic Treaty Organization (NATO) being established to be followed by the signing of the Warsaw Pact as a counter-force to the Western military threat. This bears testimony to the fact that military threats traditionally receive priority in national security planning as the use of force can bring about swift and unexpected changes. Mathur (1996:305) argues that national security does not depend only on an army, a navy and air force but also on a sound economy, civil liberties and human freedoms. Hence the security field was to witness a major shift in the definition of what constitutes a threat to the survival of nations and individuals.

2.2 Post- Cold War definitions of security.

Post-Cold War views on national security tended to emphasize non-military threats in addition to military threats and placed increasing emphasis on the individual as a referent object of security. In the case of Third World countries, these views focused on internal threats specifically. Hough (2004:2) notes that in view of the reduced prevalence of interstate war it has become a matter of contention among theorists whether the traditional emphasis on military threats to the security of states should be maintained or whether security should be widened.

2.2.1 Broadening of the national security agenda.

Clearly the post-Cold war era meant that especially interstate military threats declined in relevance while some security theorists viewed military tools as less useful to advance security within states and to deepen cooperation within states. Consequently, the demise of the Soviet threat facilitated a re-thinking of the concept of security to include or place greater emphasis on non-military threats to security such as the environment, disease, human rights issues and the movement of people across international borders.

Mathur (1996:305) defines national security in the post Cold War period as the ability of a nation to protect its internal values from external threats and includes preserving the territorial integrity of the country against external threats or aggression; preservation of the constitutional and political order; maintenance and development of the economic system; promotion of core values; protection of legitimate national interests and internal values, and preservation and protection of a plural multi-religious society. He adds that a nation is secure to the extent to which it is not in danger of having to sacrifice core values, if it wishes to avoid war and is able, if challenged, to maintain them by victory in such a war. This argument marks a significant shift in the concept of national security.

Buzan (1991:87) argues that, two aspects in particular were increasingly debated: firstly the sources of threats to security, which were seen as not only military but also political, economic, societal and environmental. Secondly the referent object of security moved from the state to the individual in many interpretations. Currently, states are confronted by a range of challenges of a non-military nature that threaten the very existence of those societies and the governments that preside over them.

The security relevance of such challenges is but one cause of the broadening of the security definition post-Cold War. For instance Snyder (2008:60) contends that in the globalized setting security and insecurity are no longer considered as conditioned only upon geopolitics and military strength, but

also on social, economic, environmental, moral and cultural issues. Furthermore health threats should also be considered as representing a more prominent insecurity than ever. Health security entails protection against illness, disability and avoidable death, (Snyder, 2008:74).

In defining the notion of security Booth (1991:33) states that in seeking to preserve their own sovereignty and security, states will behave in such a way as to prevent threats from any one expansionist center of power from dominating the system (or sub-system). Like the other security theorists Booth identifies the five dimensions of security as military, political, economic, societal and environmental. In this model, military security concerns the two-level interplay of the armed offensive and defensive capabilities of states, while political security concerns the organizational stability of states, systems of government and the ideologies that give them legitimacy. In addition economic security, according to Booth, concerns access to the resources, finance and markets necessary to sustain acceptable levels of welfare and state power. Furthermore societal security concerns the sustainability, within acceptable conditions for evolution, of traditional patterns of language, culture and both religious and national identity customs.

Snyder (2008:67) specifically mentions climate change as a source of insecurity and states that climate change has the distinction of being transformed into a security issue even before it left the scientific laboratories. In addition the relation between environmental degradation, scarcity and armed conflicts, either in the form of civil war or inter-group violence, is well documented as communities start to jostle for scarce resources such as water, resulting in conflicts. Water as a resource may be used as means to military ends and as both an offensive and defensive weapon. He adds that in recent years this geo-politicisation of water has led to a stronger, and indeed more alarmist, rendering of the instrumentalization of water. Snyder (2008: 65-73) goes on to mention other non-military security challenges such as migration, energy, transnational organized crime, narcotics trafficking, human trafficking and arms trafficking.

Mandel (1991: 21) states that there is indeed reason to believe that post-Cold War security may be more difficult to achieve than in the past and thus the concerted security and safety may still permit widespread national fears to flourish. While in the past some considered national security to focus simply on protecting the state, after the Cold War expectations of what needs protection and security have clearly broadened.

2.2.2. National security and threats to the individual

Arguably, although individual security is important and threats to individual security could subsequently become threats to national security, such as Aids, national security is still more important that individual security. This is the case because without national security there would be no individual security. The role of the state is to provide rapid responses to potential threats to individuals before they escalate to the level of national security threats.

Describing individual security as a societal problem Buzan (1996:36) notes that security for individuals cannot be defined as easily as other societal values. The factors involved – life, health, status, wealth, freedom – are far more complicated and many of them cannot be replaced if lost. In addition different aspects of individual security are frequently contradictory for example protection from crime versus erosion of civil liberties - and plagued by the difficulty of distinguishing between objective and subjective evaluation. Snyder (2008:63) adds that in the developing world the causes of insecurity range from disease, hunger, unemployment, social conflicts to crime and political repression. The individual in this scheme of things may either be affected by security or insecurity on a personal, sub-group or the interpersonal level.

Buzan (1991:42) notes that in terms of the relationship between individual security and the state, national security may be viewed within the framework of minimal and maximal state models. In this regard he asserts that the minimal state model assumes a low level of disharmony between state and individual interests. In this context the state should be responsive to individual interests except for the restraints imposed in pursuit of civil order and external

defense. Most established democracies would be seen in this light as the interaction with individuals would be governed by people centered legislation based on a constitutional order and a bill of rights. Human rights would be the order of the day in such states and conflicts between the individual and the state is a rare phenomenon as those who exercise power are the products of democratic processes.

On the relationship between the state and the individual Snyder (2008:64-65) speaks of societal insecurity which, in his view, involves threats to the fundamental make-up of a society and he goes on to mention values, traditions, customs, language religion and ethnicity. Indeed, in many Third World countries these values are mainly the causes of tension among individuals and between individuals and the state. In an attempt to protect such values one social group may, in one way or another, threaten the other group in the same society and in response to that the state may overstress or manipulate power in the name of national security. In addition, skewed wealth distribution of state resources along ethnic lines in many developing countries has commonly been the cause for a competition for power by one group and can lead to tension between individuals and the state.

Buzan (1991:43) argues that “in the maximal state model internal security becomes a natural and expected dimension, and there is no necessary striving to harmonize state and individual interests.” However limits to the conflict between state and citizens do of course exist and obligations for efficiency and credible governance require that even extreme maximal and despotic states pay some attention to the needs of the people. One could add that both on the theoretical and practical levels states that fail to observe certain limits and ensure an acceptable level of harmony, risk eroding legitimacy, regression into civil war, or loss of international credibility. In addition it is common knowledge that governments find it difficult to meet every contingency which might arise. This may necessarily be the case because the extension of social and economic security or lack thereof has too frequently resulted in conditions of insecurity and instability as seen recently when the world experienced riots related to food prices.

2.2.3 The issue of securitization.

The list of sources of threats to national security could even be longer but the danger lies in turning every phenomenon into a security issue, commonly known as securitization of issues. Buzan (1998:141) argues that because international threats are so ambiguous, and because knowledge of them is limited, the national security policy-making process is necessarily a highly imperfect art. On the domestic front, Mutimer (1999: 43) states that "in some interpretations security is viewed in the widest possible sense, and with individuals rather than states the referent object." In this view security is seen as meaning the absence of threats and not only war, but also poverty, lack of education and oppression, are for instance viewed as threats or constraints. Mutimer adds that true security is therefore provided by emancipation. The problem with securitization is that low politics may rise to prominence in the absence of major high politics threats.

Defining security too broadly, for example to involve long-term environmental issues such as demographic trends or climatic change, is seen by some writers as diluting the essential nature of the concept. For these analysts, Job (1992:16) adds, all such security concerns, if they actually do come to matter, will amount to short-term political-military considerations. On this issue Snyder (2008:75) argues that the securitization of health suggest that health gets the same prioritization as defence and military investments in the concept of state security. In addition, the elevation of health security shows the interrelationship between the concepts of human security and national security in the sense that in some cases the former is not possible without the latter.

Developing or Third World countries have manifested specific characteristics of national security, and this has led to a theory of Third World security being developed. This is broadly discussed in the next section.

2.3. Third world national security.

The level of national security is determined by the political context in which the state operates and the resources at its disposal. Ayoob (1995:21) argues, for instance, that the lack of attention to security, which should be considered the major variable determining Third World state behavior both domestically and externally, are not difficult to decipher. Moreover what may be seen as a major threat to national security in one state may not be so in a different state or region, depending on a range of issues. For instance sustained mass demonstrations in autocratic states could be seen as a threat to national security and the reaction could be disproportionately brutal in the name of national cohesion, while the same actions could be viewed as legal instruments in a democratic state. Until recently Third World countries tended to invest in defense to the detriment of other values and national priorities, oblivious to the fact that the importance of security relates to what the level of security should be in a state and what other competing equally important national interests are there.

Ayoob (1995:4) contends that although there is an obvious relationship between power and security, for most Third World states power is used an instrument to attain national security which is the ultimate goal of the state. He adds that this argument is predicated on two factors namely the early stage of establishing a state in which Third World states find themselves and their late entry into the system of states in which they form the weak, intruder majority in the international system. Buzan (1991:97) claims that the distinction between weak and strong states is vital to any analysis of national security and for this reason the concept of weak or strong states will refer to the degree of socio-political cohesion. Many Third World countries lack the capacity to withstand challenges to their sovereignty and the political and socio-economic order and the capacity to exert pressure on other states in the multilateral arena.

While the concept of weak or strong powers refers to the traditional distinction among states in respect of their military and economic capability in relation to

each other, Hough (2003:3) argues that the distinction between the different manifestations of national security in strong and weak states laid the foundation for the concept of Third World security. “The security dilemma for the weak state revolves around domestic threats rather than external threats and could even include citizens seeking protection from their own state institutions.” Job (1992:14) contends that the following general characteristics of Third World national security concerns emphasize the primarily domestic origins of insecurity:

- There is often no single nation within the Third World state but rather various competing communal groups;
- Regimes tend to lack popular legitimacy as they often represent the interests of an elite or of a specific ethnic or social group;
- The state does not have the institutional capacity to maintain peace and order; and
- Threats are perceived to be from and to the regime in power.

Ayoob (1995:4) concurs that: “in most Third World states there are competing locations of authority, these are usually weaker than the state in terms of coercive capacity but equal to or stronger than the state in terms of political legitimacy in the view of large segments of the states’ population.” Such a situation, Ayoob adds, reflects a lack of adequate stateness – defined as a balance of coercive capacity, infrastructural power and unconditional legitimacy on the part of Third World states. In such circumstances where real stateness lacks, states may have a limited and questionable political order both on domestic and international levels.

However, Zacarias (1999:140) contradicts Buzan and argues that Buzan’s argument (of strong and weak states) raises a number of questions, one is whether it makes any sense to define the concept of national security in such a rigid and narrow manner, denying the countries of the Third World from aspiring to it in the short term. Zacarias adds: “The flaw in the argument arises from the fact that Buzan works with a very rigid concept of nation which is far removed from the reality of the present world. He seems to rely upon the

notion that ethnic, linguistic and cultural affinity leads to a greater socio-political cohesion, hence to a greater security… Buzan's criteria leads inevitably to the conclusion that there can be no security in the Third World until nation states or strong states are formed. However in Africa nation states such as South Africa enjoy better levels of security than nation states such as Somalia." (Zacarius, 1999:141 – 142).

It is in the context of the above and the paradigm shift on security that an attempt is made to locate the impact of the HIV/Aids within the current concept of national security and to determine whether it is indeed a national security issue in the case of South Africa. However it is appropriate to discuss the criteria for threats to national security first in order to develop some guide-lines and a framework for threat assessment.

3. CRITERIA FOR THREATS TO NATIONAL SECURITY.

It has been mentioned that determining what constitutes a threat to national security should pass through a rigorous test and a complicated set of criteria. Buzan (1998:140) notes that threats in the international arena involve a host of complex factors which make their probability and possible impact highly uncertain. The argument goes on to say that a number of states may be bureaucratically much better equipped to be sensitive to military threats than they are to environmental ones. Also complicating the threat analyses situation may be the propensity of those overseeing national security to always think in worst terms of seeing danger or risk where there is none in the first place or at least very limited to warrant action**.**

Snyder (2008:2) notes that the realist focus on military threats to the state emanating from outside of its borders is no longer sufficient as a means of determining what or who is being secured, what these threats look like and from where they originate. The question of what constitutes a threat is inextricably linked to the vulnerability of a state to the threat.

Buzan (1998:137) states that in identifying national security threats one should take into account the type of threat and the intensity of a threat (proximity, probability of occurrence, specificity, consequences and historical setting). Hough (2000:42) adds that "Threats have to be defined as capabilities multiplied by intentions, probability, consequences and time-span. If either one is lacking, or very distant, there is no real threat." However the UN Secretary General noted in 2003 that in today's world, any threat to one is truly a threat to all. "This principle, once applied to military attacks by one state against another, should be extended to all categories of threats we face." (UN: 2004).

The assessments of threats are often complicated by the historical dimension. For example one historic aspect of a threat may influence how the state reacts to a threat. The 11 September 2001 attacks in the United States of America (US) may determine the level of force to use and the speed to move with in the event of similar threats in future. Setting the threshold too high to determine threats to national security may create shortcomings in the system and result in passivity on the part of security policy makers. Lowering the threshold risks securitization of all the national phenomena and developments, to the detriment of those in power. In that scheme of things serious security issues may be overshadowed by dedication of time to minor issues that may unnecessarily use state resources. Buzan (1999:138) puts it that such an approach easily distracts attention and may lead to erroneous judgements where some categories of threats may take more precedence than they objectively deserve.

In view of the above, threats to access to basic needs such as sufficient nutrition and basic healthcare, may not necessarily be threats to national security. However given the intensity of a threat, threats to individual security such as high crime levels or a collapsed healthcare system, can eventually become real threats to national security. It is therefore in this context that an examination of the extent and impact of HIV/Aids on national security in South Africa is undertaken.

4. HIV/AIDS AS A GLOBAL ISSUE.

There is no doubt that natural causes constitute the highest percentage of deaths around the world. Many people in the developing world die from both communicable and non-communicable diseases which may be avoidable or reduced with well thought-out political interventions. As Snyder (2008:74) puts it to ensure the rights and dignity of the individual and to secure national, regional and global stability a people-centered view of security is important. He adds that critical to individual security is health security which is inextricably linked to the other categories that characterize it namely, economic, food, environmental, personal, community and political security.

Hence, the human security concept identifies three broad health challenges that are closely linked to human security: global infectious diseases, poverty-related threats, and violence and crisis. Baylis et al (2008:349) claims that the World Health Organization (WHO) has already warned that the seven infectious diseases that have been the causes of the highest number of deaths at the beginning of the 21st century will continue to be a threat for some time. However there should be criteria to underscore threats posed by such diseases as HIV/Aids and tuberculosis, food-borne illnesses and avian influenza to health security.

According to Snyder (2008:75-76) these criteria include “the scale of the disease burden in the present and in the future , the urgency for action, the depth and extent of the impact on society and lastly the interdependencies that can create ripple effects that extend beyond the particular diseases, persons or locations.”

Baylis et al (2008:349) notes social and economic costs of the HIV/Aids disease are taking a huge toll on humanity. In addition there is a significant decline of economic growth in Africa as a result of the pandemic.

The HIV – 1 and HIV – 2 viruses were identified in 1982 and 1985, respectively, as a result of extensive research in virology. The period from 1981 to 1986 saw the outbreak of the disease in several widely differing groups, “the development of public alarm and social stigmatisation” and a lack of scientific certainty about the nature of the disease, (Herdt et al 1992:42). It can even be argued that on the policy side there was relatively little official action but, behind the scenes there was considerable openness to new policy actors and the establishment of a new policy community around the disease.

4.1 Global extent of HIV/Aids.

Since its isolation HIV/Aids is now the leading cause of death in sub-Saharan Africa and the fourth biggest killer in the world. The World Bank (2004:236) claims that HIV/Aids has become the leading cause of adult deaths in Africa. The impact is severe in the demographic, the economic and the social spheres. As De Jong (2003:4) puts it, five million people (around the world) were infected by the virus in 2002 alone, and deaths from HIV will continue to rise over at least the next ten years. In addition, statistics have shown that the HIV pandemic has spared no region of the world.

In 2004 the following HIV/Aids statistics relating to the global pandemic were published:

- over 22 million have died from Aids;
- over 42 million people are living with HIV/Aids, and 74 percent of these infected people live in sub-Saharan Africa;
- between five to six million urgently need antiretroviral treatment due to the seriousness of their illness;
- over 19 million women are living with HIV/Aids;
- there are 14 000 new infections every day (95 percent in developing countries). HIV is a disease of young people with half of the five million new infections each year occurring among people ages 15 to 24; and

- the UN estimates that, currently, there are 14 million Aids orphans and that by 2010 there will be 25 million, (Until There is a Cure Foundation: 2004).

Four years later UNAids (2008) published a global summary of the Aids epidemic as follows:

- Number of people living with HIV in 2007
  Total - 33 million (30-36 million)
  Adults - 30. 8 million (28.2 -34.0 million)
  Women - 15.5 million (14.2 -16.9 million)
  Children under 15 yrs. - 2.0 million (1.9 – 2.3 million)
- People newly infected with HIV 2007
  Total – 2.7million (2.2 – 3.2)
  Adults 2.3 million (1.9 – 2.8 million)
  Children under 15 yrs 370 000 (330 000 – 410 000)
- Aids deaths in 2007
  Total 2.0 million (1.8 – 2.3 million)
  Adults 1.8 million (1.6 -2.1 million)
  Children under 15 yrs 270 000 (250 000 – 290 000).

Statistics show that sub-Saharan Africa continues to be the worst affected region, with HIV/Aids the leading cause of death. In 2004 it was estimated that between 11, 7 and 18, 8 million people in the region were living with HIV (SADC HIV and AIDS Database: 2004). Furthermore, Southern Africa continues to bear a disproportionate share of the global burden of HIV: 35 percent of HIV infections and 38 percent of Aids deaths in 2007 occurred in this region. The combined population of the SADC Member States is about four percent of the world population, yet globally the region accounts for more than 37 percent of the people living with HIV/Aids. Women, bearers of children, account for half of all people living with HIV worldwide and nearly 60 percent of HIV infections are in sub-Saharan Africa. In South Africa women reportedly account for approximately 55 percent of HIV positive people, (UNDP, 2008).

It should again be mentioned that sub-Saharan region is not the only region of the world with relatively high rates of HIV/Aids. Bazergan (2004:1) claims for instance that some 6.5 million people are believed to be living with HIV/Aids in South and Southeast Asia. In addition it is estimated that India could have as many as 20-25 million HIV/Aids cases by 2010, a figure that the Indian authorities dispute. China is believed to be another time bomb as all its provinces are reported to have registered high numbers of HIV/Aids cases. For example between 1999 and 2001, the number of cases officially reported by the Russian Federation increased sixteen-fold, while the actual number is estimated to be fourteen times higher than reported, (UNAids:2004). According to the figures published in 2007 by the World Bank the disease in Eastern Europe and Central Asia registered astonishing levels, (UNDP:2008)

4.2 Global responses and views.

In response to the HIV/Aids incidence that has threatened to annihilate humanity since the 1980s, the United Nations (UN) and the global community designed and adopted various strategies. Fleming *et al* (1988: xxv) state that "during 1987 we saw an extraordinary and unprecedented global mobilisation of resources to prevent and control HIV infection and Aids". As early as 1987 the World Summit of Health Ministers on Aids was held in London and drew 148 countries. The Summit established political consensus on the need for urgent national and international action on Aids which also set out a broad framework for Aids prevention in which education and information were given the central emphasis.

As a result, a number of countries affected by the pandemic have developed national strategic plans and policies and programmes aimed at preventing the spread of HIV/Aids, mitigating its impact and providing care and support to those living with the disease. Snyder (2008:75) argues that a security approach to health entails ensuring that health security is a public good equally accessible to all and such an approach consists of two critical elements namely empowerment and protection. The first element, according

to him, constitutes strategies that would enhance the capacity of individuals and communities to assume responsibility for their own health, while protection comprises strategies that would promote the three institutional pillars of society, namely to prevent, monitor and anticipate health threats.

Drawing from this argument the world is much better equipped today than it would have been twenty years ago to deal with the scourge of Aids. However AIDS Bulletin (2004:25) asserts that according to the WHO the failure to deliver antiretroviral (ARV) treatment for Aids to the millions of people who need it, is a global health emergency.

The experience of the WHO is that medicine to treat people for a dollar or even less a day are available but the challenge is that the medicines are not getting to the people who need them. To reverse this situation, it seems, urgent action is needed. As a result as early as the year 2003, the WHO announced that it would work with UNAids and other partners to develop the emergency measures and will use the rapid response skills learnt in responding to the complex emergencies and conflict situations around the world. However the deployment of such emergency response teams would be based on appeals from governments with the highest HIV/Aids rates. UNAids has worked to keep the epidemic at the forefront of international political attention through the collection and compilation of data on HIV prevalence, by consistently monitoring and publicizing the status of the global response or lack thereof to this crisis, (UNAids: 2004)

The slow response to the HIV/Aids pandemic led the Secretary General of the UN to remark in December 2003 that the dangers of the inadequate preventive action are powerfully illustrated by the HIV/Aids epidemic. In the face of a lamentably slow and ineffective global response, the disease had killed 20 million people in as many years and it continues to spread. He added that “tragically, the worst is yet to come.” (UN: 2004).

Although HIV/Aids as a global phenomenon, and its consequences, also for international security, have been covered quite extensively in UN Agencies

such as the UN Development Programme and UNAids, with the latter running a US $60 million budget to coordinate actions in the affected countries, very little difference is observed on the ground. Furthermore Marais (2005:89) has warned that the economic and demographic impact of Aids would undermine civil society, hamper the evolution of sound political and economic institutions and intensify the struggle for power and resources. It is therefore in this light that from the 1990s the highlighting of Aids as a global and national security threat has increased.

5. CONCLUSION

In this chapter the concept of national security was dealt with broadly by firstly discussing traditional views on national security. This was followed by a discussion on post-Cold War views that represent a paradigm shift in national security thinking, including the broadening of the national security agenda to include non-military threats, threats to the individual and the problem of securitizing a myriad of threats in the name of national security. In addition the security of Third World countries as opposed to developed states, was discussed.

The criteria for determining threats to national security including the threat threshold concept, have also been included. Having discussed the criteria, an overview of the extent and global impact of HIV/Aids, was provided with specific reference to the sub-Saharan region.

Against this background the next chapter briefly discusses the South African approach to national security and its security ethos and the extent, nature and causes of HIV/Aids in South Africa.

CHAPTER 3

NATIONAL SECURITY IN THE REPUBLIC OF SOUTH AFRICA AND THE EXTENT, NATURE AND CAUSES OF HIV/AIDS.

1. INTRODUCTION

This chapter seeks to examine South Africa's national security framework and its approach to national security. Furthermore it discusses the extent, nature and causes of HIV/Aids in South Africa by analysing data, covering the period 1990 onwards, followed by a comparison of the data from official South African government sources, UN sources and some unofficial views. In addition a discussion on the causes of the pandemic in the sub- Sahara region, Southern Africa and South Africa follows. Lastly, projections of the extent of the pandemic are made with a view to assess whether the policy responses in South Africa are adequate.

The principal objective in this part of the study is to illustrate how a disease such as HIV/Aids could be located within the broader definition of threats to both individual and national security, and within the broader security approach adopted in South Africa.

2. NATIONAL SECURITY IN SOUTH AFRICA.

In line with the post-Cold War thinking on national security, South Africa's national security policy has broadened to include a range of dimensions. Koetje (1999:2) views national security as an interactive and integrative system consisting of the individual as the irreducible basis unit. It's added that this unit is connected both to the state and the international political system through civil society. The South African White Paper on Defence (1996:2) states that South Africa's policy has broadened to incorporate political, economic, social and environmental matters. At the heart of this new

approach is a paramount concern with the security of people. It is added that "the Government of National Unity recognises that the greatest threats to the South African people are socio-economic problems like poverty, unemployment, poor education, the lack of housing and the absence of adequate social services, as well as the high level of crime and violence."

The White Paper on Intelligence (1996:3) adds that national security should be understood in comprehensive terms to include the military, political, economic, social, technological and environmental dimensions. Consistent with this philosophy the new thinking on security has the following key features, among others, which should form an integral part of the philosophical outlook on intelligence:

- Security is conceived as a holistic phenomenon and incorporates political, social and economic and environmental issues.
- The objectives of security policy go beyond achieving an absence of war to encompass the pursuit of democracy, sustainable economic development and social justice.

Addressing the International Intelligence Review Agencies on 2 October 2006, the then South African Minister of Intelligence emphasized the importance and inter-connectedness between security and development when he said that "we will not benefit from security without development: we will not benefit from development without security; and we will not benefit from either without a respect for human rights." (RSA Government, 2006a).

From the above discussion it is clear that the approach in the White Papers on Defence and Intelligence, was in line with post-Cold War thinking on national security. The inclusion of the developmental aspects of security in South Africa, has proven the point that following the end of the Cold War, national security has broadened to include other aspects considered critical for the security of individuals and states.

The following section examines the extent of HIV/Aids in South Africa, starting with the official South African statistics, UN statistics and unofficial statistics. The aim is to demonstrate the different approaches that add to the complexity of identifying the problem of HIV/Aids in South Africa. At the end of the section certain comparisons between the statistics are drawn to provide an overview of the extent of the pandemic in the country. A brief comparison of the situation in South Africa compared to other countries in Southern Africa will also be made later in this chapter.

3. THE EXTENT AND NATURE OF HIV/AIDS IN SOUTH AFRICA.

There is no doubt that the HIV/Aids epidemic continues to undermine the social and economic gains which were achieved after the democratic elections of 1994. In this section the extent of HIV/Aids in South Africa, its nature and its prevalence among different segments of the population since the 1990s are, amongst others, assessed.

3.1. Official South African statistics.

The Strategic Plan of the South African Department of Health for 2007-2011 notes that there are geographic variations with some provinces more severely affected by HIV/Aids than others. These differences also reflect background socio-economic conditions as demonstrated by the district level HIV surveillance data in the Western Cape Province. It was noted that in the Western Cape in 2005, the average was the lowest in the country at 15.7 percent, but the two metropole health areas of Khayelitsha and Gugulethu/ Nyanga registered prevalence rates of 33.0 percent and 29.0 percent respectively, high above the national average, (RSA Department of Health, 2008a).

In, South Africa, a country with a population of around forty seven million (47 million) people, it was estimated that one in four people were infected with HIV in 2004. In 2005 about 5.54 million people were estimated to be living with HIV in South Africa, with 18.8 percent of the adult population (15-49

years) and about 12 percent of the general population affected, (RSA Department of Health, 2008a).

The South African Department of Health claimed in 2007 that the HIV data from antenatal clinics in South Africa suggested that the country's epidemic might be stabilizing, but it added, there is no evidence yet of major changes in HIV-related behaviour, (RSA Department of Health, 2008a). Presenting her Budget Vote in Parliament in June 2008 the then Health Minister revealed that the prevalence of HIV/Aids among pregnant women aged between 15 and 19 in South Africa had continued to decrease over the past two years. She added that:

> The 2007 survey shows that HIV prevalence has decreased from an estimated 29.2 percent in 2006 to 28 percent in 2007… HIV prevalence in the 15 to 19 age group dropped from 13. 7 in 2006 to 12.9 percent in 2007, while a decrease was observed in the 25 to 29 year age group from 38.7 percent in 2006 to 37.9 percent in 2007….The HIV prevalence rate in the 20 to 24 age group stabilised between 2006 and 2007.
>
> Taken together, these figures do indeed suggest that we have a trend of decreasing prevalence overall and in the younger age cohort and this trend is in line with the predictions of the United Nations AIDS agency Spectrum model." (RSA Department of Health, 2008c).

3.2 United Nations HIV/Aids statistics on South Africa.

The UNAids Global Aids Report of 2008 states that Southern Africa continues to bear a disproportionate share of the global burden of HIV: 35 percent of HIV infections and 38 percent of Aids deaths in 2007 occurred in this region, and South Africa claimed a bigger stake in that percentage. The Report continues to state that an estimated 5.7 million (4.9 million – 6.6 million) South Africans are living with the HIV epidemic, a figure that is close to the official

South African statistics above. According to the UNAids report of 2008 of the three million people on anti-retroviral (ARV) treatment worldwide by 2007, South Africa accounted for close to 429 000, up from only 55 000 in 2004 while close to 160 000 HIV-positive people who also had Tuberculosis (TB) received TB and HIV treatment in 2007. This shows a slight improvement but only in terms of access to treatment and not the real extent of disease in the country.

In Southern Africa countries, including South Africa, where HIV prevalence is extremely high, the probability that a sexual partner is infected with HIV is around one in four to six, making it extremely risky to have unprotected sex with anyone whose HIV status is unknown, (UNAids, 2008). The WHO reported in 2008 that the percentage of HIV positive women accessing ARV treatment to reduce the risk of mother-to-child transmission of HIV in South Africa also increased from 15 percent in 2004 to about 60 percent in 2007, (WHO, 2008).

The Southern Africa region is the epicentre of the HIV/Aids pandemic with the UNAids estimating in 2007 that the region accounted for 35 percent of the entire world living with HIV and almost a third of all new HIV infections and Aids death. This is exacerbated by the fact that four countries bordering South Africa namely Botswana, Lesotho, Swaziland and Zimbabwe reportedly have a 30 percent national adult HIV prevalence, (UNDP, 2008:8). Moreover, UNAids estimated in 2008 that 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007 which resulted in an estimated 22 million people living with HIV in sub-Saharan Africa region alone, (UNDP, 2008:8).

3.3. Unofficial statistics and views

The HIV infection rate was to increase exponentially across all the provinces in South Africa in the 1990s. By way of illustration Marais (2000:6) noted the following HIV prevalence in South Africa:

1990 - 0.76 percent

1991 - 1.49 percent
1992 - 2.69 percent
1993 - 4.69 percent
1994 - 7.57 percent
1995 - 10.44 percent
1996 - 14.07 percent
1997 - 16.01 percent
1998 - 22. 8 percent

The US National Intelligence Council in 2000, as cited by Marais (2005:89) warned that the economic and demographic impact of Aids would undermine civil society, hamper the evolution of sound political and economic institutions and intensify the struggle for power and resources. According to Fourie (2006:1) by 2003 out of an official population of just over 43 million, 5.3 million South Africans were HIV-positive; and 5.1 million of these people were economically active (that is between the ages of 15 and 49 years, representing 21, 5 percent of the adult (sexually active) population.

In addition to the above figures, it would be prudent to examine the statistics that are presented by various pressure groups to draw comparisons before conclusions can be made. In June 2006 a South Africa citizen was afforded an opportunity to address a UN Conference on Aids and called on the African leaders gathered at the UN in New York to protect and promote the human rights of all people in vulnerable groups – particularly women and girls. This arose out of concern that already by 2006 women accounted for 77 percent of new HIV infections (SouthAfrica.Info, 2008). Moreover, in the South African situation the Treatment Action Campaign (TAC) reports that in 2008 AIDS deaths registered 370, 000 and the number is expected to increase to 400, 000 by the year 2011. It is added that by the end of 2008 about 524, 000 people required treatment but were not receiving it, (TAC, 2008:2).

By June 2008 cumulative Aids deaths stood at 2, 5 million in South Africa and the Life Expectancy would be 50 years by 2015, (Actuarial Society of South Africa, 2009). According to the HSRC Household Survey, people living in rural

and urban informal settlements seem to be at the highest risk for HIV infection and Aids. (HSRC, 2006). While the impact of the pandemic is understood to be huge, the veracity of the above figures has not been tested.

3.4 Comparison and analysis of statistics

All indications in the statistics point to the fact that there has indeed been an increase of HIV/Aids infections in South Africa since the 1990s. The official statistics indicate that the increase in the rate of HIV infections has manifested itself in a range of opportunistic illnesses, the leading of which is tuberculosis. The official South African Government view has been that there is a need to develop a comprehensive response to the HIV/Aids pandemic. Currently the causes of death, which should be the most important indicators of the pandemic's trend, are not indicated on the death certificates. On the other hand interest groups continue to allege that there is a significant rise in the death of South Africans as a result of HIV/Aids.

While a degree of openness has been witnessed on the part of the unofficial sources and the UN, this is contrasted to the government's reluctance to openly acknowledge that the increase of TB cases and resultant deaths are related to HIV/Aids. This situation therefore paints a skewed picture where there is barely an explanation presented by policy makers as to why there is a sudden increase of deaths between the age 15 -49, the majority of cases either as a result of TB or pneumonia.

In addition, while there is a degree of congruence in the unofficial statistics that the HIV/Aids prevalence rate in South Africa has increased since the 1990s, it is not clear how the data was collected. Some sources rely on government data and attempt to contextualise and interpret this while some have relied on surveys to come to their conclusions. Even the UN data collection has largely relied on government sources such as the primary healthcare institutions visited by pregnant women and where babies are born.

Furthermore while some unofficial data may be credible, the ways in which the statistics are presented raises a number of questions, with some policy makers alleging that the pharmaceutical companies are behind the campaign by some Non-Governmental Organisations (NGOs) to paint a dismal picture of the HIV/Aids pandemic with the sole view of making profits from the HIV/Aids crisis.

In the next section the causes of the HIV/Aids pandemic in South Africa are discussed, against the background of the situation in the sub-Sahara African region and the Southern African region.

4. THE CAUSES OF THE HIV/AIDS PANDEMIC IN SOUTH AFRICA.

The patterns and the forms of HIV transmission among the countries of the Southern African region have much in common. The countries of the region and the wider continent cooperate in a number of areas, including on HIV/Aids where a regional policy framework has been put in place to ensure harmonisation of policy among member states. It would therefore be difficult to conduct a study on South Africa in isolation.

Accordingly it is important for the HIV/Aids prevalence in the country to be viewed in the continental and regional context.

4.1 Sub-Saharan region

In sub-Sahara Africa there are various strains of the disease but some of the factors below are believed to be leading causes of the pandemic. In 2008 UNAids estimated that over 42 million people are living with HIV/Aids world-wide, and about half of these infected people live in sub-Sahara Africa. Additionally sub-Saharan Africa's epidemics vary significantly from country to country in both scale and scope. Accordingly many governments have devised strategies in response to the pandemic, but poverty and lack of resources have become the main constraints in rolling back the HIV/Aids pandemic.

The HIV/Aids pandemic in many countries is relatively low or commonly found in groups with a particularly high risk such as homosexuals, commercial sex workers and drug consumers. However in sub-Saharan Africa heterosexual intercourse remains the epidemic's driving force. UN General Assembly President Jan Eliasson remarked at the UN Aids Conference on 02 June 2006 that the face of the pandemic had increasingly become young, poor and female – yet only one in five young women knew how to prevent HIV transmission, and fewer than one in ten HIV-positive pregnant women were receiving antiretroviral treatment (SouthAfrica.info: 2008). While the UNAids 2008 Report on the Global Aids Epidemic claims the recent epidemiological evidence has revealed the region's epidemic as being more diverse than previously thought.

The WHO (2008:14) notes that sex work is an important factor in many of West Africa's HIV epidemics. In addition a number of different factors have been suggested to explain the patterns of the pandemic including poverty and economic marginalisation, poor nutrition, opportunistic infection, migration, sexual networking and patterns of sexual contact, armed conflict and gender inequality.

As Stover et al (2008:2) argue that access to treatment and care in the developing world, including many countries in sub-Saharan Africa, was limited by the complexity of early treatment regimes, and by a lack of capacity to implement treatment programs even if drug costs were greatly reduced. The UNDP has claimed that countries emerging from conflict or humanitarian crisis often face conditions that can facilitate the spread of HIV, including significant population movements, lack of health and social services, and gender based violence, (UNDP, 2008).

The impact of HIV/Aids in sub-Saharan countries is equally felt in all sectors including the military as Kenya's Deputy Chief of General Staff recently claimed that "the scourge is taking its toll on the armed forces and we need to act from within" (Bazergan, 2004:2). It's added that more recently soldiers

have been added to the list as both a high risk and a key bridging group, a channel for spreading the virus into the wider population. This is so because of troop deployment in conflict ridden countries and demobilisation of armies into the population after the end of the conflict with devastating impact and consequences.

As regards the gender impact of the epidemic the 2004 UNAids Report reveals that nowhere is the epidemic's feminization more apparent than in sub-Saharan Africa where 57 percent of adults infected are women and 75 percent of young people infected are women and girls. The Report adds that several factors are responsible for this pattern, for instance young African women get involved with much older partners who may have had numerous relationships before and may be HIV-positive. This situation may make it difficult for African women to negotiate condom use especially in cases of sexual violence.

4.2 Southern African region

Although there are various causes of the spread of HIV/Aids in different countries in the Southern African region, the common denominators include poverty, population mobility, and lack of education, stigma and discrimination. (Gie 1993:09) adds that poverty does not operate on its own as a risk factor for infection with HIV. Its effect needs to be understood within a socio-epidemiological context. It works through a myriad of interrelations, including unequal income distribution. The 2008 UNAids Report states that in Southern African region women are disproportionally affected when compared to men with marked differences between the sexes in HIV prevalence especially among young people, (UNAids, 2008).

Halperin et al (2001:13) mentions economic inequalities between men and women as promoting transactional sex coupled by the relatively poor public health education and inadequate public health system. According to a recent study in Botswana and Swaziland, women who lack sufficient food are 70 percent less likely to perceive personal control in sexual relationships, 50

percent more likely to engage in intergenerational sex, 80 percent more likely to engage in survival sex, and 70 percent more likely to have unprotected sex than women receiving adequate nutrition, (UNAids 2008).

According to the WHO (2008:2) sex work plays an important, but less central, role in HIV transmission in Southern Africa, where exceptionally high prevalence results in substantial HIV transmission during sexual intercourse that has nothing to do with sex work. However the WHO adds that recent studies suggest that unprotected anal sex between men is probably a factor in the epidemics in some southern African countries including Zambia where one in three surveyed men who have sex with men, tested HIV-positive. According to the Southern African Development Community (SADC) the reasons why the epidemic has spread so fast in the SADC region, include poverty, population mobility, and stigma and discrimination while it is estimated that seven percent of all the HIV transmissions in the region are as a result of mother to child transmission which is largely responsible for child mortality in the region (SADC Fact Sheet – HIV and Aids in SADC, 2004:1).

As a result of this impact of the disease the SADC member states agreed in 2003 in Maseru on a Declaration to redouble efforts in the following areas:

- Prevention and Social Mobilisation.
- Improving Care, Support and Treatment.
- Accelerating Development and Mitigating the Impact of HIV and Aids.
- Intensifying Resource Mobilisation. (SADC Fact Sheet – HIV and Aids in SADC, 2004:1).

4.3 South Africa

It should be noted that one of the possible causes of the increase of the HIV/Aids disease in South Africa, was the lack of a credible, concrete and coordinated national policy response to the pandemic. Having focused on the statistics on HIV/Aids extent in the country, it is also worth noting the findings

of a study undertaken by the Human Sciences Research Council (HSRC), in 2005 which included the following: (HSRC, 2005)

- South Africans suffer from a false sense of security regarding HIV/Aids;
- the stigma attached to HIV/Aids is becoming less of a factor in South Africa;
- there is an increased risk of contracting HIV during pregnancy;
- periodic HIV testing is crucial to HIV/Aids prevention and treatment;
- HIV prevalence among children is significant, and affected both by prolonged breastfeeding of infants and poor supervision of children;
- sex at a young age, high partner turnover and concurrent sexual partnerships are significant factors in HIV transmission in South Africa; and
- safe male circumcision offers significant, but not complete, protection.

The socio-economic conditions in South Africa resulted in mass urbanisation, resulting in splitting families with breadwinners engaging in extra-marital affairs. Even the UN Security Council in its Resolution 1308 of July 2000 recognised that the HIV/Aids pandemic is “exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions and reduced access to medical care.” (Bazergan, 2004:1).

In 2007 the South African Department of Health noted that the South African HIV/Aids epidemic is defined as a generalised one, with the ability to propagate on its own in the general population if unchecked. In addition women’s economic dependency puts them in a vulnerable position as they fear the implications of ending a relationship more than contracting HIV. The Department of Health also noted in 2007 that whilst the immediate determinant of the spread of HIV relates to behaviours such as unprotected sexual intercourse, multiple sexual partnerships, and some biological factors

such as sexually transmitted infections, the fundamental drivers of this epidemic in South Africa are the deep rooted institutional problems of poverty, underdevelopment, and the low status of women, including gender-based violence in society. (RSA Department of Health, 2008a).

In South Africa many people remain sceptical about the demographic impact of the disease as a result of the long period between infection with the HIV virus and the resultant death due to Aids-related illnesses. Whiteside and Wilkins (1995:9) speak of the incubation period which in the African experience, including South Africa, can be between six to eight years. The fact that in South Africa HIV/Aids testing is not compulsory, exacerbates the HIV/Aids situation as during the incubation period the individual gets infected and is infective, but can work and function in society. This may happen both knowingly and unknowingly to the people affected. In addition the disease is extremely fatal if it is characterised by a latent period in adults.

Fourie (2006:32) notes that migrant labourers are separated from their families for long periods of time, are prone to visit prostitutes or have multiple sexual partners, become HIV-positive and then return to their primary sexual partners to spread the virus in those communities. UNAids (2006:7) reports that mobile individuals would include informal traders, sex workers, domestic workers, cross-border mobility, seasonal agriculture workers, migrant workers (mine-workers, construction workers, and soldiers) , long distance truck, bus and taxi drivers, travelling sales persons and business travellers. South Africa also has a sizeable percentage of these categories and therefore it could be argued that they contribute to the spread of HIV/Aids.

Weinreich and Benn (2004:22) contend that in the cities the extended family no longer exists or is unable to function, so that traditional behaviour patterns and social control mechanisms are less active. Additionally, in South Africa migration and the related life in single-sex hostels and disruption of families, represent an essential factor in promoting the spread of HIV. It should be noted that the patterns of migration have changed lately from being male dominated to include females, many of whom are independent bread-winners.

Brocklehurst et al (2002:7) state that use of antiretroviral drugs, obstetric practices including caesarean delivery, and safe infant feeding practices can reduce transmission to very low levels. Further causes regarding the spread of HIV/Aids in South Africa may include clinical factors as the Department of Health noted in 2008 that whilst the pandemic is spread predominantly through unprotected sexual intercourse, other modes of infection remain important. It was stated that mother to child HIV transmission occurs among approximately one third of babies of HIV positive mothers if there is no medical intervention.

In addition blood transfusion has become another factor as the risk of HIV transmission through infected donor blood remains high. However donor and biological screening procedures allow for the risk of HIV transmission through blood donation to be contained. Such procedures are followed rigorously in South Africa and risk is estimated to be very low – 1:400 000. (Heyns and Swanevelder, 2005:23).

In healthcare settings HIV can be transmitted between patients and health care workers in both directions through blood on sharp instruments, and may also be transmitted between patients through re-use of contaminated instruments. Infection through blood can also occur in a wide range of institutional settings and in emergency situations where people are injured. (Colvin: 2005:11). Moreover Intravenous drug use (IDU) has long been recognised as a high risk practice for HIV transmission, as needles and syringes may be shared between users. The extent of intravenous drug use in South Africa is under-researched, mainly because of the legal environment and stigma associated with this behaviour. According to UNAids in regions where HIV occurs amongst intravenous drug users, prevalence is very high. (UNAids, 2006).

Having provided a broad overview of the causes of the HIV/Aids pandemic in the sub-Saharan region, the Southern African region and South Africa, some projections of the spread of the pandemic in South Africa can be presented.

5. PROJECTIONS OF THE HIV/AIDS PANDEMIC IN SOUTH AFRICA .

Clearly any phenomenon in society that arguably constitutes a threat to survival needs closer examination by analysing the existing data and making certain forecasts. As far back as 2000 Marais (2000:6) quoted the President of the South African Medical Research Council as saying that “there is no economic recovery without tackling Aids. If we don’t stop Aids there will be no African renaissance”. It should be noted that as HIV/Aids continues to ravage not only the South African society but the rest of the region and the world its effects may become increasingly visible, resulting in individuals adopting more cautious sexual behaviour patterns.

It could be argued that previously the numbers of Aids deaths used to lag significantly behind the numbers of HIV-positive people but now they continue to rise considerably. Whiteside and Sunter predicted in 2000 that the number of HIV positive people in South Africa would rise towards 2010 to just over six million, the incidence would remain high and would be offset by the rising number of Aids deaths. It was added that the number of orphans in South Africa was forecast to reach close to two million by 2010. KwaZulu-Natal was forecast to reach 450 000 orphans by 2010. (Whiteside and Sunter, 2000: 70-74).

Having shown the pattern of HIV/Aids infections in South Africa it is worth mentioning that although still prevalent, the HIV/Aids stigma appears to be declining in South Africa as shown by the findings of the 2005 national HIV/Aids household survey, when compared to the 2002 survey. (Shisana et al, 2005). According to the 2008 UNAids Report South Africa is considered one of the three countries in Southern Africa along with Malawi and Zambia where the prevalence of HIV/Aids has stabilised. The report acknowledged the efforts being made in the area of prevention, noting that some 96 percent of South African schools were providing life skills based HIV education in the last academic year, (UNAids Report, 2008). However there is no evidence to suggest that there are major changes in HIV related behaviour.

A survey conducted by the HSRC in 2008 recommended that there is a need for targeted interventions programmes particularly in KwaZulu Natal and Mpumalanga and the need to help people to have pregnancy without necessarily risking HIV. In addition the survey recommended that in order to reverse the prevalence there is an urgent need to address high sexual partner turnover and intergenerational sex by changing community norms and to implement provider- initiated routine HIV testing in all health care facilities. (HSRC: 2008).

The South African National Aids Council of the Department of Health adopted a National Strategic Plan (NSP: 2007 – 2011), as previously noted, that seeks to cut back the rate of HIV/Aids infections by 50 percent by 2011 in order to reduce the impact of HIV/Aids on individuals, families, communities and society. In addition it aims to expand access to appropriate treatment, care and support to 80 percent of all people diagnosed with HIV. In this regard the objective is to provide an appropriate package in order to reduce morbidity and mortality as well as other effects of HIV/Aids, (RSA Department of Health: 2008a).

6. CONCLUSION

In this chapter, official South African national security views were broadly described. It is evident that that security thinking has broadened in line with post-Cold war views of security, to include aspects such as socio-economic challenges.

The examination of the national security assumptions in South Africa was followed by a study of the extent of HIV/Aids in South Africa and some reference to the extent in the Southern African region. Subsequently an examination of the causes of HIV/Aids in the sub-Saharan region and the Southern African region with a particular focus on South Africa, was undertaken. The Southern Africa region was included because South Africa is inextricably linked to a region that is equally affected by the disease. In

addition, diseases such as HIV/Aids know no borders and trans-boundary activities in the region mean that the entire region faces common socio-economic challenges.

Against the background of the current official security thinking in South Africa and of the extent of HIV/Aids in South Africa, the next chapter provides an analysis of the implications of HIV/Aids for the country. A sector by sector analysis will be conducted to illustrate how each is affected and the implications this has for national security specifically.

CHAPTER 4

THE IMPLICATIONS OF HIV/AIDS IN SOUTH AFRICA.

1. INTRODUCTION.

In chapter four the discussion focuses on the impact of the HIV/Aids pandemic on the socio-economic system in South Africa and specifically on the military establishment.

The socio-economic costs of HIV/Aids are indeed huge and hard to imagine as the disease continues to decimate the economically productive sectors of society. For instance South African Department of Health National Strategic Plan for 2007-2011 notes that HIV and Aids are one of the major challenges facing South Africa. It is added that some two decades since the introduction of this disease in the general population, the epidemiological situation is characterised by very large numbers of people living with HIV with a disproportionate effect on particular sectors of society, namely young women, the poor as well as those living in underdeveloped areas in the country. This results in a complicated health situation with effects that have implications for individuals, households, communities and states, (RSA Department of Health, 2008a).

2. THE SOCIO-ECONOMIC IMPACT OF HIV/AIDS IN SOUTH AFRICA.

In the following section the socioe-conomic impact of HIV/Aids is examined in detail. The section will focus on poverty and demographics; the impact of HIV/Aids on the health system; education; human rights; private sector and labour; markets; and food security. The aim is to demonstrate the severity of the disease in key specific sectors and the main impact on each of the sectors.

2.1 Poverty and demographics.

The socio-economic impact of HIV/Aids in South Africa continues to worsen and add to the developmental challenges that the country is facing. Whiteside and Sunter (2000:89) note that the infected individual requires medical care and possibly special foods, thus increasing demands on household resources. It is added that if the infected person is an adult, illness and death reduce the household capacity, resulting in a decline in household income. Pharaoh (2006:35) also contends that in addition to losses in income, spending on health care and transport is likely to increase as individuals seek treatment for either the virus or the opportunistic infections associated with it. Families will also eventually have to pay for a funeral, which may be extremely expensive.

There is a conspicuous link between HIV/Aids and deepening levels of poverty. As Gumedze (2004:185) notes that through its presence, HIV/Aids generates poverty, thus affecting the population at large and in particular the citizens' right to development. The little resources that may be at the disposal of the South African families go towards treating the effects of HIV/Aids. Clearly HIV/Aids which kills wage earners and leaving families with huge wage bills for funerals worsens the situation of the poor people in South Africa As Ankrah (1993:2) claims that the HIV/Aids epidemic has caused adverse psychological and economic consequences leading to change in the family structure, and thus disturbed the capacity of the nuclear and extended family to respond to the needs of members afflicted by HIV/Aids.

Most positive mothers who do not know their status transmit the HIV virus to their unborn babies during delivery or even breastfeeding. Logically a number of HIV children develop Aids and die at a young age which results in high rates of infant and child mortality rates. SouthAfrica.info (2005) reports that according the HSRC 2005 findings most of the HIV-positive children aged 2-4 years are likely to have been infected through mother-to-child transmission or during prolonged breastfeeding. "Other findings suggested that South African

children are left unsupervised for much of the time, including going to and from school and being sent on errands alone – practices which could expose children to sexual abuse," (SouthAfrican.info, 2005).

As the US National Intelligence Council warns, the economic and demographic impact of Aids would undermine civil society, hamper the evolution of sound political and economic institutions and intensify the struggle for power and resources, (Marais 2000:89). Whiteside and Sunter (2000:73) add that Aids is a demographic issue because it affects the major demographic processes of mortality and fertility. Furthermore the accumulation of mortality and fertility effects lead to changes in the other demographic indicators such as population growth and size.

UNAids defines an orphan as a child below the age of 15 who has lost either their mother or both parents. Johnson and Dorrington (2001:7) argue that a distinction should be made in the case of South African HIV/Aids orphans. There are orphans that are HIV positive as a result of having been infected by their mothers and orphans that are not infected with HIV, but whose mothers died either from Aids or other causes while HIV positive. Due to the heightening devastating impact of HIV/Aids on families in South Africa there has been a high proportion of children who are not continuously cared for by either parent and a very high rate of children cared for by their relatives. Pharaoh (2006:32) notes that as caregivers become ill and die, children are sent to live with relatives or are left to raise younger siblings. It is added that children may have to go and live with relatives, live in child headed households or be left to fend for themselves in precarious circumstances.

2.2 HIV/Aids impact on the health system.

One noticeable effect of the HIV/Aids pandemic on the health system is the higher government expenditure on public health services coupled with increased private sector demand for health service. Accordingly, in South Africa a considerable amount of resources go towards the treatment of opportunistic ailments mainly caused by HIV/Aids which puts a huge strain on

the health sector. All South Africans are entitled to health care and in the case of pregnant mothers and children under the age of six, this service is free, (RSA Department of Health, 2008a).

In June 2004 the Joint (UN) Programme on Aids (UNAids) released a report that notes that as a result of HIV/Aids South Africa would gradually experience lower worker income and increased demand for health services from both the private and public sector. The report revealed that the public sector was then spending between R3000 and R4000 per Aids patient per year. This would result in annual increases in health spending in excess of R4 billion by 2008. This makes it difficult for the Government to prioritise childhood illnesses, malaria and other incurable diseases. It can be added that another notable effect of HIV/Aids is its resultant reduced life expectancy which leads to people saving less and depletes investments as people look for medical aid outside the public health sector.

The well-off in South Africa are in a better position compared to the poor as they can travel in pursuit of better medical care with most of them belonging to medical schemes. In some rural areas of South Africa people can barely afford bus/taxi fares to the nearest healthcare centre. It could be added that in certain cases the healthcare centres may be inaccessible because of the lack of road infrastructure and in many instances they lack stock. It should also be noted that poorer families are forced to buy insurance policies to be able to bury the deceased, which takes from the little income of the poorer households in South Africa. Welbourne and Hoare (2008:40) claim that a vicious circle develops: the poor have less access to treatment and care in the event of chronic sickness; they lose their already low incomes and thus have less access to resources which further increase their risk of HIV infection.

Stover and Bertozzi (2008) put it that HIV/Aids is catastrophic both from a public health perspective and in terms of its impact on economic and social stability in many of the most affected nations, including virtually all of southern Africa. HIV/Aids results in premature mortality and manifests itself in a string of diseases such as certain types of cancer, tuberculosis and pneumonia.

Whiteside and Wilkins (1995:4) report that the relationship between TB and HIV is particularly worrying. The incidence of TB is rising rapidly as a result of HIV infection, and this is a public health problem.

2.3 HIV/Aids impact on education

Obviously the loss of productive members in communities results in increasing number of orphans and child headed families and the deteriorating quality of schooling and education. Child headed families may produce anti-social members of society who have no courage to go to school as a result of lack of parental guidance. Pharaoh (2006:36) adds that in the absence of adult role models, socialisation may be poor. Whiteside and Sunter (2000:80) claim that South Africa is witnessing the emergence of child headed household and most noticeably the conversion of facilities designed for early childhood education into *de facto* residential homes. It is added that by 2010 Kwa-Zulu Natal alone could have around 500 000 orphans from 65 000 by the year 2000.

Richter (2006:2) notes that in households affected by HIV/Aids the school attendance of children drops off because their labour is required for subsistence activities and the money earmarked for school expenses is used for basic necessities, medication and health services. It could be added that children from HIV/Aids affected families could be forced by stigmatisation and social and other psychological factors to stay away from school rather than endure ridicule by educators and peers.

Pharaoh (2006:36) concurs with the above assertion that in many cases this results in children dropping out of school in order to search for work. It is added that this HIV/Aids situation may force children to commit crime or join gangs as a means of survival or sense of belonging, creating an extremely risky environment for the youth as regards the possibility of HIV/Aids infection. As a result, a poorly educated and illiterate population contributes to the failure of HIV prevention and health promotion campaigns, (Whiteside and Wilkins, 1995). In addition, educationally challenged families find it difficult to

break the cycle of poverty and vulnerability which further increases the pandemic.

In South Africa the teaching fraternity is equally affected. The high rate of sickness among teachers in various provinces in South Africa leaves children unattended. According to a 2005 study of HIV prevalence among educators conducted by the Human Sciences Research Council (HSRC), approximately 4000 teachers died of Aids-related complications in 2004, and 12.7 percent are HIV-positive. According to the study, infection rates were the highest in KwaZulu Natal (21.8 percent), Mpumalanga (19.1 percent) and Eastern Cape (13.8 percent), where the pilot project on prevention, care and treatment is being rolled out, (HSRC: 2005).

Bennell (2005:1) notes that teacher HIV prevalence was projected to increase from 12.5 percent in 2000 to 30 percent by 2015 and annual mortality rates are projected to increase eightfold - from 0.5 percent to 4.0 percent during the same period. It is added that the population-based testing shows that the HIV prevalence among teachers was 12.7 percent in 2004. However, using more recent trend data on HIV prevalence, in 2005 Shisana and Rehle (2005:37) estimated that the HIV prevalence rate among teachers will decline very gradually to 11.5 percent by 2015 from a peak of 13.5 percent in 2004 and 2005.

Baxen and Breidlid (2004:16) claim that teachers are affected by the HIV/Aids pandemic in a number of ways. It is argued that “on one level they are, of course, affected by their students’ infection and by the spread of the disease in their communities. On another level, they themselves may be at risk of infection, or they may indeed be living with HIV/Aids”.

As Pharaoh (2006:32) contends that as large numbers of teachers and other civil servants become ill and die, the reach and capacity of government institutions are reduced and government spending potentially becomes diverted to attendant health related issues as a result of the HIV/Aids

epidemic. As Piot (2000:2177) puts it, unlike most other infectious diseases, HIV also affects the educated and skilled, further worsening the economic impact with the result of wiping out decades of investments in education and human resource development. According to The Times (01 September 2009) between 35 and 40 members of only one teachers' union are dying every month - most of them from Aids-related illnesses. This shocking figure was released on 31 August 2009 by the South African National Teachers' Union, which has only 28000 members - a small fraction of the estimated 386 000 teachers in the country.

This situation further worsens the already wanting quality of education in the country and further contributes to the high failure rate. The Department of Education's Director-General remarked on 31 August 2009 that "we do know that in the region of 15000 teachers leave the profession every year; some of these are resignations and some of them deaths. Some of the deaths we know are attributable to HIV-Aids," (The Times 01 September 2009). However the Director-General denied that there was a crisis in education as a result of HIV/Aids.

This high HIV/Aids rate in the education sector is further compounded by the working conditions of teachers who work in outlying cities with no accessible medical facilities in their communities in most instances. There may be promising predictions about the HIV/Aids infection and prevalence among teachers, as Shisana and Rehle asserted earlier, but there remains concern that little behaviour change among teachers is visible.

2.4 HIV/AIDS impact on human rights.

Traditionally HIV/Aids used to be seen as a health issue but that was to change with time. Gumedze (2004:184) puts it currently the issue of HIV/Aids has widely been accepted to also be a human rights issue, which affects a plethora of human rights in a number of ways including the right to health. It could be argued that the best approach to discuss the human rights aspect of HIV/Aids is to examine the impact of stigmatisation of the disease. Scientists

argue that Aids is the most stigmatised disease in human history in spite of the fact that it is not as contagious as some other illnesses. Delivering a judgement on the case of Hoffmann v South African Airways, Justice Ngcobo said that:

> People who are living with HIV constitute a minority. Society has responded to their plight with intense prejudice. They have been subjected to systemic disadvantage and discrimination. They have been stigmatised and marginalised. As the present case demonstrates, they have been denied employment because of their HIV positive status without regard to their ability to perform the duties of the position from which they have been excluded. Society's response to them has forced many of them not to reveal their HIV status for fear of prejudice….

Clearly the impact of the HIV/Aids also has implications for the law and the best way to address stigmatisation is to enact the right legislation. As Cameron (2005:39) puts it that the struggle is in essence a struggle to normalise the disease by liberating it from the clutches of blame and condemnation that inhibit rational and compassionate treatment of its physiological and social manifestations.

It could be added that fighting stigmatisation requires a two pronged approach that is to fight against unfair discrimination and to educate those living with HIV about the evils of stigmatising themselves through withdrawal from social activities and disentitlement. Cameron (2005:42) further argues that the pursuit of health goals led to misconceptions and paradoxes. For instance protecting the rights of those living with HIV could be seen as a passive approach against the fight against HIV/Aids while some would view it as complimentary to the HIV/Aids combat.

At this stage in the evolution of the South African democracy it is only the Employment Equity Act which distinctly refers to HIV and Aids and the fact that no unfair discrimination should be visited on the employee on the basis of

HIV status. HIV testing without Labour Court authorisation is prohibited (RSA Department of Health: 2003). This remains the case in South African law.

2.5 HIV/Aids impact on the private sector and labour.

The impact of HIV/Aids on the workforce in South Africa has resulted in huge losses. Industries spend huge resources in awareness campaigns, and medical cover and bills for employees. According to Vass (2008:3) only 17 percent of small companies had an HIV/Aids policy while 96 percent of large corporates and 64 percent of medium-sized companies had an HIV/Aids policy. This emerged after a study conducted in 2004 on the HIV/Aids policy in the workplace in South Africa. It is added that the fact that Aids policy exists in a company shows a written commitment on the part of the company although it may not be a reflection of effective governance. It does, to an extent, reflect a move towards the management of HIV/Aids and its impact in the workplace. However the implementation of such policies is costly especially to smaller and emerging companies, (Vass, 2008:3). This is even compounded by the fact that there is no legislative framework in South Africa to enforce the development of HIV/Aids policy at the workplace in the private sector. In the public sector the Department of Defence revealed in its 2007/2008 Annual Report that it had reviewed its employment policies and practices to ensure that these do not discriminate against employees on the basis of their HIV status in line with Public Service Regulations of 2001. (RSA Department of Defence, 2008b).

In addition industries employ and train personnel who, in many instances, are lost to the Aids and HIV pandemic. Sick workers are less productive at work and cannot carry out the more demanding physical jobs and their morale is low, (Whiteside and Sunter, 2000:100). While the government and the private sector are battling to ward off the effects of HIV/Aids new challenges also continue to emerge. Given the impact of the pandemic on the labour force the economically active population will be the worst affected with infection rates forecast to reach shocking levels over a period of time. Whiteside and Sunter (2000:102) mention absenteeism from work as another consequence as

experienced workers take time off due to ill health or in some instances to take care of sick family members.

Fourie (2006:2) argues that South Africa is already battling with a skills shortage, which will be exacerbated by the Aids epidemic, raising remuneration and replacements costs for companies. As Pharaoh (2006:31) states HIV/Aids strikes hardest at the most productive members of society. It's added that as skills levels and productivity decline, businesses face increasing costs associated with recruiting and training workers to replace those who have become ill or died as a result of HIV/Aids. Whiteside and Wilkins (1995:12) add that increased sick leave and deaths in sectors may have implications for the production process, particularly in sectors with high levels of infection or reliance on key employees. Whiteside and Sunter (2000:99) conclude that the most noticeable effects of the pandemic in South Africa include low levels of productivity and increased costs and loss of customers. As a result of this situation there is need for HIV/Aids to be made part and parcel of management planning and decision making processes.

Truck drivers were identified as one of the economic sectors to be highly affected by HIV/Aids, as a result of their mobility and long absence from their immediate families. Drimie (2002:110) predicted the economic consequences of HIV/Aids which suggested that the sector that would be hardest hit would be mining, followed closely by transportation and storage, and that about 27 percent of current mine workers and 22 percent of all transport and storage workers would die of Aids by 2005. Consistent with this projection it was reported in 2007 that "The epidemic (in mining) is extremely severe, it's worse than any of us admit to, there are a lot of undiagnosed cases that don't get reported," (Reuters 18 July 2007). It was added that the problem emerged 21 years ago when 18,450 South African workers of Anglo mines tested positive for the virus. Anglo is the world's fourth largest mining group.

Furthermore, Benchmarks Foundation estimates that about 16 – 30 percent of mineworkers in South Africa are infected with HIV/Aids, a problem which, according to experts, has yet to receive adequate attention. Experts also say

stereotyping, stigmatization and discrimination are common in many mines, with sufferers being treated with a lack of compassion, (stayhealthynews.com:2008). The acting Minister of the Department of Minerals and Energy remarked on 21 November 2006 that on that occasion they were witnessing the second HIV/Aids Summit being held under the auspices of the mining industry Tripartite HIV/Aids Committee. This high level committee comprised the state, labour and employers. It is committed to combating the HIV and Aids epidemic in the mining industry and the surrounding communities, (RSA Department of Minerals and Energy, 2006c). The South African Chamber of Mines states that sub-Saharan Africa, and Southern Africa, in particular, have a much higher rate of HIV/Aids infections than other parts of the world, making it a challenge through-out the region, (Mining Weekly, 2009).

In addition UNAids (2008) states that as a result of HIV/Aids the pool of skilled workers continue to dwindle resulting in higher wage bills to lure workers from the limited pool available. Fourie (2006:2) argues that South Africa is already battling with a skills shortage, which will be exacerbated by the Aids epidemic, raising remuneration and replacements costs for companies. Drimie (2002:11) notes that one of the principal impacts of the HIV/Aids on economy and particularly labour, is the lower smaller force coupled with lower labour productivity through absenteeism and illness and lower labour income as workers bear some of the Aids-related costs.

Whiteside and Sunter (2000:67) argue that as a result of the impact of HIV/Aids on society there will be two mechanisms at work: Firstly South Africa is more dependent on skilled labour than other countries in the region, and the skills base is extremely small. The second mechanism is that South Africans have more interaction with, and expectation of service from their government than is the case in the rest Africa. It could be added that HIV/Aids may drain household income as illness forces workers or family members to give up work in order to provide care.

2.6 HIV/Aids impact on markets.

There are indications that the production and consumption levels of economies are also affected. “Over the next 10 years HIV/Aids may reduce the size of consumer markets through increased mortality, and will certainly slow in spending” Parker (2003:12). Foreign investors are already showing signs of disinvesting in South Africa in particular because of the fears of the impact of the pandemic on labour and incomes. Weinreich and Benn (2003:40) agree and argue that countries with a high HIV prevalence are less attractive for investors which hinders economic growth and results in job losses.

Loans taken by the sick from the companies remain unpaid when a worker dies of HIV/Aids leaving a huge debt to the companies. This issue remains the major concern of the South African markets as it has a chain effect on companies and insurance companies in the same way. Whiteside and Sunter (2000:105) argue that the HIV/Aids pandemic could reduce the number of potential customers, making markets that are relatively saturated and which depend critically on population growth, the most vulnerable.

2.7 HIV/Aids impact on food security: agriculture and land use.

While the government and the private sector are battling to ward off the effects of HIV/Aids new challenges also continue to emerge. Le Roux and Kagee (2007:12) note that in South Africa food security in HIV/Aids-affected households is acute as it is often the adults, who are typically the breadwinners, who suffer from Aids-related illnesses or die, leaving the household with insufficient means for providing food or shelter.

It was mentioned above that the high death rate due to HIV/Aids has implications for production processes. The agricultural sector is affected to the extent that current projections show that the country may suffer food shortages as a result of the impact of HIV/Aids on the farming community. African economies including South Africa’s, are largely agrarian as agriculture

accounts for high levels of employment throughout the continent. Consequently loss of employees especially at key times during the year could have a huge impact on output in this particular sector. The HSRC (2003) argues that HIV/Aids not only affects the productivity of the infected, it also diverts the labour of the extended family away from productive activities as they take care of the sick. In 2007 SADC piloted a project that revealed that the impact of HIV/Aids on food security and agriculture is significant and cuts across household livelihood assets. It is added that HIV/Aids can contribute to a household's descent into poverty and increase the proportion of households that are chronically poor.

According to the findings of a study commissioned by the Southern African Regional Office of the Food and Agricultural Organisation (FAO) of the UN in 2003 the use of agricultural land in South Africa continues to decline, as a result of the sickness and death from HIV/Aids related illnesses. It is added that in Kwa-Zulu Natal fields were often sown but only partially so as the young and elderly were left with limited human resources due to HIV/Aids. Where production might have been sufficient to meet household needs before the onset of HIV/Aids and left a surplus for cash sale, the level of production now fell below what was necessary for household needs, (HSRC, 2003).

Another factor relevant to food security in South Africa is the fact that when fathers and husbands die of HIV/Aids related illness or suffer any death, women and children remain particularly vulnerable as their land rights are often under threat because of rural power relationships. Although most of the South African population do not rely on land as a means of survival, the effects on those who live from agricultural production could be adverse. According to Drimie (2002:13) the major impact on agriculture includes serious depletion of human resources, diversions of capital from agriculture, loss of farm and non-farm income and other psycho-social impacts that affect productivity.

To be effective HIV/Aids policy responses need to be informed by greater understanding of the vulnerability of households and communities, (SADC,

2007). Driemie (2002:13) notes that the adverse effects of HIV/Aids on the agricultural sector can however be largely invisible. In addition the impact of HIV/Aids on agriculture, both commercial and subsistence, is often difficult to distinguish from factors such as drought, civil war and other shocks and crises.

Having discussed the impact of HIV/Aids pandemic in various sectors, the following section focus on the military. The aim is to demonstrate HIV infection patterns and the impact of the pandemic on the military establishment in South Africa.

3. HIV/AIDS PREVALENCE AND THE IMPACT ON THE MILITARY.

This section is divided into two parts, namely HIV/Aids prevalence in the military, and the actual effects on the organisation itself and its ability to deliver on its mandate.

3.1 The prevalence of HIV/Aids in the military establishment.

Pharaoh and Schonteich (2003:5) argue that the impact of HIV/Aids on civilian populations lies in the high rates of sexual interaction between military and civilian populations, whether through commercial sex, or in rape as a weapon of war. In the case of the South African military there may be various reasons for high HIV/Aids rate. It may be as a result of the general pattern of HIV/Aids infections in the country and affecting all the sectors including the military, or as a result of the working conditions of the military that include service in outlying areas away from the families and foreign deployments on peace-keeping missions.

The Deputy Defence Minister had acknowledged in June 2001 that the threat of HIV/Aids for South African security and the readiness of the South African National Defence Force (SANDF) was real. She added that South Africa's HIV/Aids strategy had been developed along the lines of the National Aids Plan, while taking into account the special environment in which soldiers work.

"We have permission to conduct comprehensive health assessments, to ensure readiness for deployment." In the same vein the Deputy Defence Minister had added that "We are ready to support South Africa's goal of promoting peace, democracy and good governance in the continent. We are ready to continue to support the United Nations (UN), through MONUC deployments, to sustain the stability of Democratic Republic of Congo (DRC)," (RSA Department of Defence, 2001c).

De Jong and Visser (2006: 1-2) list a number of factors that increase soldier's HIV vulnerability which include their unique vulnerability profile as risk takers; posting soldiers far from their families for long time periods; relative young age of soldiers; risk taking attitudes as part of the military culture; sexual risk practices; and exposure to disrupted environments during deployment. As a result, as peacekeepers, the military personnel may face a higher than average risk of exposure to, not only HIV/Aids, but to other sexually transmitted diseases as well.

In his 2002 Budget Vote speech the then Minister of Defence stated that the HIV/Aids rate stood at 23 percent in the military contrary to claims by the media that it was as high as 40 percent. The 2002 official figure was considered by the opposition parties and civil society to form a serious threat to the ability of the military to perform its duties, the core of which is to uphold national security. It was argued then that if the trend were to continue there would be serious security implications for the country as it could be exposed to both internal and external threats, (RSA Government, 2002b).

In 2004 Loubser put the HIV infection rate in the military at between 40 and 90 percent in some military units. It was added that a published Comprehensive Health Assessment exercise in units frequently deployed by the SANDF, placed the HIV infection rate in the region of 20 percent, a rate in parity with that of the civilian populations. One interesting finding of this assessment was that the highest infection rate was among the 25 to 33 year age bracket with an estimated half being in the full time force, (Loubser, 2004).

In 2004 Independent On-Line (IOL) reported that the combat readiness of the SANDF was under threat, with the latest results of an Aids project showing that an overwhelming 89 percent of those soldiers who volunteered for testing were HIV-positive. It was added that the SANDF was also losing at least 400 000 working days a year because of the disease. In the first six months of the project 1 089 soldiers volunteered to be tested, of whom 947 were found to be HIV-positive. The average age of the sample was 34, and 60 percent of volunteers were married, (IOL, 2004).

A 2006 study commissioned by the DoD found that sexual risk behaviour remained high (32 percent), with clear indications that it was associated with higher risk for STIs and HIV; knowledge of condom use remains very poor; with no sign of improvement in five years; knowledge of self protection when assisting an injured person who is bleeding remains low (50 percent); with no sign of improvement over the five years since 2001; and disturbing levels of stigmatising attitudes towards people living with HIV and Aids (ranging from 37 – 55 percent), (RSA Department of Defence: 2006b).

The prevalence of HIV in the SANDF was estimated by the Department of Defence at 21-25 percent in 2006, out of a total of about 73 000 members. The South African Government allocated 1.5 percent of the Gross Domestic Product (GDP) for military expenditure in 2005 and a sizeable percentage went to the HIV/Aids combat programmes. (RSA Department of Defence, 2006b).

It has often been suggested that HIV prevalence in the SANDF was abnormally high, between 50 percent and 70 percent, while official figures portray an estimate of 23 percent. Associated Press recently reported that across Africa "hospital wards are filling with military casualties. The cause: not another African conflict--but Aids." More deadly than any of the continent's wars, the disease is threatening the operations of the SANDF, an organization that plays a vital peacekeeping role throughout Africa. (Pambazuka, 2008).

3.2 The impact of HIV/Aids on the military establishment.

In his 2007 State of the Nation Address former President Mbeki said that "if HIV/Aids is allowed to continue unabated in the military, it will inevitably have a negative impact on the national security and the operational capability of the SANDF." (RSA Government: 2007). Realising the impact of the HIV/Aids pandemic in the military the DOD developed a comprehensive approach known as 'Masibambisane' whose objectives is to provide "comprehensive multi-professional, multi layered, military specific response to reduce the impact of HIV/Aids on the operational capability of the DoD and all its officials, dependents and its approved clientele." (RSA Department of Defence, 2008b).

The high incidence of HIV in the military led to the exclusion of HIV positive citizens from joining the military service. (Polity.org.za, 2007). The Aids Law Project (ALP), acting on behalf of the South African Security Forces Union (SASFU), in mid-May 2008 challenged the SANDF policies on HIV testing with regards to employment, deployment, promotions and transfer, stating that the policies discriminated against HIV-positive members. In its statement SASFU said that:

> Over the years the SANDF has justified its HIV testing policy and its implementation on such grounds as, the military has a duty to protect the Republic, there is a need to keep HIV prevalence low in the military, people living with HIV are medically unsuitable and unable to withstand stress, physical exercise, adverse climatic conditions, etc. Foreign deployment conditions are too harsh for people living with HIV, HIV-positive members pose a risk to others they need to comply with the United Nations regulations with regard to deployment of peacekeepers, (Polity.org.za, 2008).

It should be noted that the HIV testing policy was mainly implemented through the comprehensive health assessment, an annual medical examination, which included physical, mental and audiometric tests to determine levels of

fitness, (RSA Department of Defence, 2008b). The Constitutional Court in May 2008 ruled that the DoD policy of excluding HIV positive people from joining the military service was unconstitutional. “The SA National Defence Force (SANDF) on 16 May 2008 conceded in the Pretoria High Court that its policies preventing HIV positive people from employment, foreign deployment and promotion in the armed forces, were unconstitutional”. The SANDF agreed to formulate a new health classification policy within six months, (Polity.org.za, 2008). General Shoke remarked in September 2008 that the DoD would table a new HIV/Aids policy that would govern military operations soon, following the High Court ruling in 2008, (Polity.org.za:2008). The revised policy has not been released to the public to date.

In yet another acknowledgement and acceptance of the high HIV/Aids rate in the military, the SANDF announced the establishment of a new centre which is meant to “serve primarily as an international resource outlet for the latest information and research on HIV and Aids, it will also allow medical practitioners and researchers to access new developments in international disease research”, (The Citizen: 2009). The SANDF indicated that the center would hopefully bring change in the fight against HIV/Aids in the military.

4. CONCLUSION

Chapter four dealt with the implications of HIV/Aids by discussing its impact on various sectors in South Africa. These included the socio-economic impact which was further divided into health, education, human rights, industries labour, and the security impact with specific reference to the South African military.

The examination of the military was done with a view to assess its readiness in view of the rate of HIV infection in its ranks. The government has also acknowledged the challenges of health, particularly the impact of HIV/Aids on SANDF. This was evidenced by the year on year increase in the budget for HIV/Aids programmes; the establishment of centres for HIV/Aids; and the

revision of policy to ensure that the SANDF's responses to the pandemic are effective and are compliant with the provisions of the Constitution. However the fact that the government has failed to supply the latest official statistics on whether the pandemic in the military is lowering or increasing, left many unofficial sources to present speculative figures of HIV/Aids rate in the military. According to the official sources the overall rate of HIV/Aids hovers around 23 percent, a figure that was first released in 2002 by the Minister of Defence.

Having made an assessment of the impact of the HIV/Aids pandemic in key sectors in South Africa, the next chapter will focus on the official South Africa views on HIV/Aids. A brief comparison will be made between the previous administration and the current one with the new political leadership at the helm of the Department of Health. The 2007-2011 South African National Aids Council (SANAC) Strategic Plan is also analysed. The views of pressure groups such as the TAC, People living with HIV, regarding the seriousness and implications of HIV/Aids for South Africa, are also assessed.

CHAPTER 5.

OFFICIAL AND CIVIL SOCIETY PERCEPTIONS OF HIV/AIDS IN SOUTH AFRICA.

1. INTRODUCTION

Having discussed the implications of HIV/Aids in various sections of the South African society, chapter five firstly presents an overview of the official South African views on HIV/Aids. A brief comparison is made between the previous administration and the current one with the new Minister at the helm of the Department of Health, the new Chairperson of SANAC and the 2007-2011 Strategic Plan. Secondly, the views of pressure groups such as the TAC, People living with HIV, regarding the seriousness and implications of HIV/Aids for the country, are discussed.

The purpose of this is to reflect on the policy shifts from 1998 to 2009 as a result of the changes in leadership in government and the pressure exerted by the pressure groups on Government to review policy responses that were perceived to be ineffective. These perceptions and responses are among the factors that are relevant in assessing to what extent HIV/Aids is viewed as a national security issue in South Africa.

2. OFFICIAL SOUTH AFRICAN PERCEPTIONS.

It has become apparent that HIV/Aids receives major attention in the world and is treated as a special issue rather than as just another disease that can be added to the long list of health problems afflicting the developing world, particularly sub-Saharan Africa. As Gumedze (2004:183) claims, the fact that HIV/Aids is considered a state of emergency in Africa, calls for drastic steps to be taken by African leaders in addressing the pandemic in their respective territories. It's added that "African states need to understand the enormity of HIV/Aids in Africa and its bedevilling implications to the continent as a whole." It should be noted that these assertions were made against the backdrop of

the vacillations by the African leadership, and South Africa in particular regarding the HIV/Aids pandemic and its extent and impact on the country as a whole.

The first sub-section here focuses on the official South African responses to HIV/Aids from the period 1998 - 2002 and the second sub-section focuses on the period 2003 - 2009.

2.1. The period 1998 – 2002.

Evidently, a public health response alone is insufficient to deal with the debilitating pandemic of HIV/Aids. Political leadership at the highest levels is needed to mobilize a multi-sectoral response to the impact of HIV/Aids on educational systems, industry, agriculture, the military and other sectors. (Cohen in Science Magazine, 2000)

Fourie (2006:3) states that in South Africa whatever the government policies that might have been introduced to combat HIV and Aids since the 1980s, the statistics cited earlier and the continuous, exponential rise in HIV infections in the country throughout the 1990s to the present, demonstrate that the policy response has been a failure. This was compounded by the perception that the Mbeki administration was not serious about effective policy interventions in the battle against Aids.

Former President Mbeki, in an address to the National Council of Provinces in 1999 stated that “There also exists a large volume of scientific literature alleging that, among other things, the toxicity of this drug (AZT) is such that it is in fact a danger to health. These are matters of great concern to the Government as it would be irresponsible for us not to heed the dire warnings which medical researchers have been making.” (RSA,1999).

Mbeki’s letter to world leaders on Aids in Africa of 3 April 2000 also set the tone for the South African government approach to HIV/Aids:

> Toward the end of last year, speaking in our national parliament, I said that I had asked our Minister of Health to look into various controversies taking place among scientists on HIV/Aids and the toxicity of a particular anti-retroviral drug.
>
> In response to this, among other things, the Minister is working to put together an international panel of scientists to discuss all these issues in as transparent a setting as possible.
>
> As you know, Aids in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.
>
> 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. (RSA, 2000b).

Mbeki added that it is obvious that whatever lessons Africans had to 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. He contended that:

> Such proceeding would constitute a criminal betrayal of our responsibility to our own people. It was for this reason that I spoke, as I did in our parliament, in the manner in which I have indicated.
>
> I am convinced that our urgent task is to respond to the specific threat that faces us as Africans. We will not eschew this obligation in favour of the comfort of the recitation of a

> catechism that may very well be a correct response to the specific manifestation of Aids in the West, (RSA, 2000b).

Speaking on the occasion of the Defence Budget Vote on 07 April 2000 the then Defence Minister Nozizwe Madlala Routledge indicated that HIV/Aids was a strategic and security issue for the SANDF. The Deputy Minister of Defence added that “it must receive high priority and attention. We are fighting to break the silence around this issue. We must create the environment for soldiers to speak out. We must encourage voluntary testing and peer support. We must identify soldiers who are prepared to declare their HIV status.” (RSA, 2000a).

In addition, addressing the International Aids Conference on 09 July 2000, Mbeki remarked that a sustained public awareness campaign encouraging safe sex and the use of condoms; a better focused program targeted at the reduction and elimination of poverty and the improvement of the nutritional standards of our people; a concerted fight against the so-called opportunistic diseases, including TB and all sexually transmitted diseases; a humane response to people living with HIV and Aids as well as the orphans in society; contributing to the international effort to develop an Aids vaccine; and further research on anti-retroviral drugs, were urgently required. He added that “You will see from that plan, together with the work that has been going on, that there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of HIV-Aids.” (RSA:2000c). Of importance is the fact that at that stage the efficacy and provision of anti-retrovirals to infected people was still being researched which attracted much criticism against the Mbeki administration.

The perception of a lack of political will to effectively deal with HIV was exacerbated by the remarks of Mbeki's spokesperson, Parks Mankahlana that providing treatment to infected pregnant women worried the government because of the number of surviving orphans this policy would create. "A country like ours has to deal with that. That mother is going to die, and that HIV-negative child will be an orphan. That child must be brought up. Who's

going to bring the child up? It's the state, That's resources, you see?" (Cohen in Science Magazine, 2000).

The Mail and Guardian reported on 06 February 2000 that Mbeki had accused the Central Intelligence Agency (CIA) of being part of a "conspiracy to promote the view that HIV causes Aids," It was added that Mbeki also thought that the CIA was working covertly alongside the big US pharmaceutical manufacturers to undermine him because, by questioning the link between HIV and Aids, he was thought to pose a risk to the profits of drug companies manufacturing anti-retroviral treatment, (Mail and Guardian, 06 February 2000).

It could be argued that on the cost aspect of the drugs, the South African government was probably correct in its argument. As Cameron (2005:40) claims, Aids became clinically manageable only for those who had money to afford the high cost of medication. It is added that corporations holding the patent rights to the drugs were bent on maximising profits, even if adopting that approach meant their making huge profits left millions of poor people unnecessarily dying because they could not afford their patented medication.

What could have worsened the situation in South Africa was an interview with Time Magazine in September 2000 where Mbeki was asked: "Are you prepared to acknowledge that there is a link between HIV and Aids?" He responded that: "No, I am saying that you cannot attribute immune deficiency solely and exclusively to a virus. There may very well be a virus … If the scientists ... say this virus is part of the variety of things from which people acquire immune deficiency, I have no problem with that. The problem is that once you say immune deficiency is acquired from that virus your response will be anti-retroviral drugs.'" (Cohen in Science Magazine, 2000).

It is these kinds of pronouncements that led to Mbeki becoming the target of international criticism. As Cameron (2005:44) notes that while Mbeki has never publicly stated that he believes that HIV is not the cause of Aids, he has never publicly said that he accepts it is. Nor has he ever unequivocally renounced those medical dissidents who claim to have influenced his thinking

against conventional scientific approaches to the causes and treatment of Aids.

However Mbeki did mention in his State of the Nation address in 2001 that “In addition to the continuing campaign against Aids, a more comprehensive approach to the health challenge in our country will be adopted to ensure an effective response to all infectious diseases, including malaria, tuberculosis, S.T.Ds, cholera, and hepatitis.” (RSA, 2001e). Again in his State of the Nation address on 08 February 2002 Mbeki remarked “With regard to AIDS in particular, our focus remains: a massive prevention campaign directed at ensuring that the high rates of awareness translate into a change in lifestyles; care for the affected and infected; treatment of all diseases including those associated with AIDS; and research into a vaccine….” (RSA, 2002a).

It should be noted that the official report by Mbeki's Presidential Aids Advisory Panel was made public on April 4, 2001. Releasing the report the then Health Minister Dr. Manto Tshabalala-Msimang in her media statement stated, that “pending the outcome of further research, the debates of the panel have not provided grounds for Government to depart from its current approach to the HIV/Aids problem, which is rooted in the premise that HIV causes Aids...." (RSA, 2001a). The Health Minister added that the global search for answers to the many complex questions would continue and, as government they believed, it had been enriched and promoted by the research projects defined through the process of debate in the Presidential Aids Advisory Panel, which was partly what caused concern on the part of the pressure groups in South Africa that the South African Government was questioning the mainstream conclusions of scientific work on HIV/Aids.

In September 2003, The Washington Post reported Mbeki as saying, "Personally, I don't know anybody who has died of Aids," Mbeki added when asked whether he knew anyone with HIV, "I really, honestly don't". The statement was sharply criticised by opposition politicians and Aids activists alike with the latter claiming that Mr Mbeki was "living in his own world", (The Washington Post, 2003).

Clearly the period 1999-2003 was characterised by policy inconsistencies on the part of the Government as various contradictory statements surfaced. This clearly placed the Government in the spotlight and drew not only local but also international criticism. While it was acknowledged that South Africa had the broadest response programme to the pandemic around the world the statements by its leadership and particularly Mbeki, tended to overshadow the strides the government was making in the fight against HIV/Aids.

These policy contradictions were to lessen following the government's turn about on the provision of antiretroviral treatment in 2003, and the intensified campaign in the fight against HIV/Aids by other government cluster Ministers. Accordingly the next section will primarily focus on the period 2003 -2009 to demonstrate how the government's policy shift evolved together with the joint campaign with civil society against the spread of the HIV/Aids pandemic in the country.

2.2 The period 2003-2009.

In November 2003 the Cabinet announced its approval of the SA National Department of Health's Operational Plan for Comprehensive HIV and Aids Care, Management and Treatment for South Africa. The plan aims to accomplish two interrelated goals, namely to provide comprehensive care and treatment for people living with HIV and Aids, and to facilitate the strengthening of the national health system in South Africa. (RSA Department of Health: 2003).

The announcement that South Africa's government would roll out a comprehensive anti-retroviral treatment program by the end of September 2003 was viewed as a major step in the right direction for the estimated 5 million South Africans living with HIV/Aids. It was also a step forward for the more than half-a-million South Africans that needed immediate access to antiretroviral therapy.

In May 2005 the former Minister of Intelligence Services, Ronnie Kasrils remarked that “security threats do not respect national boundaries – from invasion, war and conflict within states they extend to poverty, infectious diseases and environmental degradation.” (RSA, 2005b). The government’s position on security was also clearly articulated by the Director-General of the then Department of Foreign Affairs in June 2005 in stating that “The fact that they (communicable diseases) claim lives of large numbers of our people is a consequence of both the excessively priced medicines and the inadequate health infrastructure of most of our countries. To compound the problem is the HIV/AIDS pandemic, which poses a serious security threat, particularly in sub-Saharan Africa….” (Gould, 2005).

The increased attention paid by the South African government to HIV/Aids, pointed to the seriousness of the scourge and its possibly devastating consequences if no policy interventions were made. While there is no clear policy position as to whether the Aids pandemic is considered a national security issue in South Africa it is accepted that it is unofficially a national emergency that threatens to disintegrate the very fabric of society.

Accordingly, chief government spokesman Themba Maseko commented in August 2006 that: “The programme of government is based on the belief that HIV does cause AIDS. The nature of this pandemic requires that we act together and spread a message of hope and unity to all South Africans. In this regard, the deputy president, as chairperson of SANAC was mandated to take concrete steps to strengthen SANAC, which is the embodiment of the national partnership against HIV and AIDS.”

Under the leadership of the then Deputy President, Phumzile Mlambo Ngcuka SANAC set new targets and a new policy orientation was adopted. For instance under her leadership in 2007 SANAC committed, among others, to: (RSA Government, 2007a).

- Reduce the national HIV incidence rate by 50 percent by 2011

- Provide an appropriate package of treatment, care and support services to 80 percent of HIV positive people and their families by 2011 to reduce the impact of HIV.
- Create a social environment that encourages many people to test voluntarily for HIV.

Speaking at the opening of the third South African Aids conference, in June 2007, Mlambo-Ngcuka commented that the Government had restructured and reinvigorated SANAC and adopted the National Strategic Plan or (NSP) for HIV/Aids and Sexually Transmitted Infections (STIs) for 2007-11. This strategy would promote a shared scientific knowledge and integrated approaches to the management of HIV and Aids and its impact on the continent, (RSA Government, 2007a).

However it seems that the interventions by the RSA government are not adequate if not ineffective. According to the current Health Minister Dr Motsoaledi, South Africa wanted to reach 80 percent of the people who needed treatment with ARVs by 2011. That would mean 2.3 million people. At the moment, there are 700 000 people on ARVs and the country “is already feeling the weight.” Unfortunately it is only 50 percent of the number that has been targeted. (Health 24.com, 16 September 2009). Addressing a SANAC Conference on 11 September 2009, the Health Minister, Dr Aron Motsoaledi commented that “It’s not a secret that we didn’t do well (referring to the fight against Aids). If the scourge of HIV and TB is a snake the head is South Africa… I have met several leaders in Africa and they say that if South Africa doesn’t wake up to fight this epidemic the whole continent will go down.” (Health 24.com, 16 September 2009).

As a result of the policy contradictions at the highest levels of government on the issue of HIV/Aids different voices were heard from various quarters in the country. Pressure groups would not leave the government unchallenged on its HIV/Aids policies and Mbeki’s views, which resulted in bitter public spats between the government and some civil society groups. Accordingly the next

section discusses some of the civil society views including some views of opposition political parties on the HIV/Aids pandemic in South Africa.

3. CIVIL SOCIETY VIEWS.

Researchers and academics have commented extensively about the South African government approach and response to the HIV/Aids pandemic. For instance Rupiya (2006:13) argues that many sub-Saharan countries have declared HIV/Aids a national emergency in a bid to start manufacturing generic Aids drugs under the World Trade Organisation (WTO). In South Africa it is not clear as to why the pandemic is not officially declared a national emergency. This, in spite of the tremendous pressure exerted by interest groups and non-governmental organisations (NGOs). It may either be for political reasons or the fact that civil society does not speak with one voice.

Pan African Congress (PAC) spokesperson and practising medical practitioner at a public health facility at the time, Dr Costa Gazi remarked in March 2000 that:

> I have suggested that one rationale for refusing women AZT is that the government does not know what to do with the Aids orphans. If it refuses anti-retroviral drugs to pregnant women then many of those children will die before they are seven and the country won't have so many orphans. Tshabalala-Msimang (former Health Minister) said that these remarks were insulting and defamatory. In fact I think that as Zuma always said cost is the real reason behind the refusal. It does not fit in with the GEAR policy which demands an immediate reduction in social expenditure. The government is frightened that if it starts to provide anti-retroviral drugs to pregnant women it won't be long before women who have been raped will demand them — and then the 4 million or so who are HIV positive but who cannot afford the drugs. There's no way the government's economic

> policy can accommodate such expenditure." (The Citizen, 03 March 2000)

In response to the Presidential spokesperson's remarks in 2000 about the costs of antiretroviral drugs, TAC's Mark Heywood admitted that, although the drugs were expensive their introduction "will not be easy" the two organisations (TAC and People Living with HIV) believe South Africa cannot afford the social costs of not doing so. "It is more cost effective to manage HIV properly than to let people get sick and die." (Center for the Study of Aids: 2000). According to the Congress of the South African Trade Unions (COSATU) "increased generic production for sub-Saharan Africa is also likely to result in economies of scale which will reduce costs, insulate anti-retroviral therapy from currency fluctuations, stimulate the local pharmaceutical industry and provide jobs". (Center for the Study of Aids: 2000).

United Democratic Movement (UDM) leader Bantu Holomisa said in a statement that Mbeki's letter to the Health Minister in 2001 regarding the HIV/Aids disease "should serve as the final verdict on his incompetence and incapability to look after the best interests of the country". It was added that Mbeki's latest comments on HIV and Aids were "conclusive proof" that he did not deserve to lead South Africa. Holomisa added that "The fact is that HIV/Aids is a major cause of death in SA", (News24, 10 September 2001).

Following the conclusion of the international conference on Aids in Durban in 2000 COSATU and TAC resolved to table a national HIV/Aids treatment plan in the National Economic, Development and Labour Council (NEDLAC). This move would allow COSATU to declare a dispute with government and business should no agreement be reached in NEDLAC on the implementation of the treatment plan, (Center for the Study of Aids, 2000).

On 21 March 2003, 200 HIV/Aids activists marched to the Sharpeville police station to lay charges of manslaughter against Health Minister Manto Tshabalala-Msimang, for not rolling out antiretroviral treatment, and against Trade and Industry Minister Alec Erwin, who had blocked the production of generic drugs in South Africa, (CBS News, 21 March 2003).

It was the beginning of a civil disobedience campaign, entitled "Dying for Treatment", that was in many ways reminiscent of the anti-apartheid struggle. On 25 March 2003, protestors disrupted a speech by Tshabalala-Msimang in Cape Town. The TAC also picketed outside the new R26-million magistrate's court complex in Khayelitsha, which Mbeki was opening, (Health24: 2003).

In response to Mbeki's remarks that he did not know of anyone who had died of HIV/Aids in South Africa, the TAC claimed that "as usual it looks like Mr Mbeki is not living in the real South Africa" As president Mr Mbeki is the first citizen of South Africa, so he should be aware of this crisis," (BBC News Online, 26 September 2003).

In response to the ANC letter penned by Mbeki in October 2004, Democratic Alliance Health Spokesperson Ryan Coetzee claimed in an open letter to Mbeki that "Millions of people in our country are HIV-positive and hundreds of thousands are dying each year, according to all the best estimates. What I pray, therefore, is that one day you will discover inside yourself the intellect, courage and humanity to hear and understand the meaning of HIV/Aids in South Africa today, which clearly you do not," (News24, 20 October 2004).

In 2005 the Center for the Study of Aids reported that "unfortunately, 2005 has been another bad year for HIV/AIDS in South Africa – thanks to Health Minister Dr Manto Tshabalala-Msimang and her bizarre supporting cast of oddball connections with their props of garlic, beetroot, olive oil and vitamin concoctions". In a clear indication that government's dilly-dallying about Aids was no longer going to be tolerated, COSATU Secretary General Zwelinzima Vavi accused Mbeki and Tshabalala-Msimang of "betraying our people and our struggle" for failing to provide leadership on HIV. (Center for the Study of Aids, 2005).

In a letter from the TAC General Secretary to Tshabalala-Msimang in response to an invitation to join a country delegation in 2006 to the UN General Assembly Special Session (UNGASS) on HIV/Aids, the Secretary General of TAC stated that TAC decided to decline the invitation for the following reasons:

- The way that the government has handled this UNGASS review process is unsatisfactory. I do not feel that Civil Society has been adequately respected in the process. The issue began with the way in which the South African report has been developed, with very little civil society input…
- A civil society selected for its favour with government is not, by definition, civil society. Within the UNGASS process, civil society input is paramount.
- The entire process for selecting and then announcing the delegation has been unsatisfactory, as the media and partners both here and abroad have observed with outrage. For TAC to now attend within this delegation lends respectability to a process that we feel has mostly been unilateral and non-transparent…. (TAC, 2006).

The above correspondence between the TAC and the Health Ministry was yet another indication of the lack of cooperation and acrimony that existed between civil society groups and the government in the fight against the HIV/Aids disease.

In addition in highlighting its legal victory in 2006 the TAC welcomed the judgment handed down on 28 August 2006 in the Durban High Court by Judge Nicholson. The court found that the state is in contempt of court for failing to implement the interim execution order of Judge Pillay. Judge Pillay had granted the state leave to appeal in the Durban Westville Prison matter, but he also ordered government, while the appeal was being heard, to provide treatment to prisoners and to set out in an affidavit how it intended to do so by no later than 14 August 2006, (Afrika News Update, 2006).

Furthermore, the TAC endorsed Judge Nicholson's strong statement on the state's contempt of court and indicated that the judgment was what the TAC had always maintained: “HIV/AIDS is a crisis of governance. The 1,000 new HIV infections and more than 900 AIDS deaths daily is in large part a result of the failure of leadership. The government is now attempting to undermine the judicial system in the same way that it has destroyed the integrity of

independent statutory bodies such as the Medicines Control Council, the Medical Research Council and the Health Professions Council of South Africa." (Afrika News Update, 2006).

Following an announcement in December 2006 by the Government of the new plan to fight HIV/Aids, TAC's Mark Heywood remarked that "Government is saying at the highest level, apart perhaps from the president, that HIV is an emergency, that it's a priority, that we need to scale up our treatment services for people, that we need to prevent HIV infections. That type of language is a language on which it's possible to work with government." (BBC, 01 December 2006).

The debate on HIV/Aids was to follow long after Mbeki's administration had left office. For example the Young Communist League believes that, in order to hold Mbeki accountable, they should explore one or all of the following options.

- set up a state-led judicial commission with prosecutorial powers to determine whether Mbeki is guilty of mass killing; or
- convene a commission on HIV/Aids similar to the Truth and Reconciliation Commission through which victims and perpetrators will receive their respective justice through forgiveness and remorse. (Politics Web: 2009).

In the same context the YCL Secretary General wrote that: "Mbeki denied pregnant mothers antiretroviral drugs, which could have prolonged their lives and reduced mother-to-child transmission. Mbeki cast doubt on the [scientifically established] link between HIV and Aids. He made a mockery of our country and failed to provide sound political guidance to a nation in distress". (Politics Web, 2009).

From the year 2005 there was a marked decline in confrontation between Government and civil society groups as a result of the cooperation pledged by the Government within the context of SANAC. Indeed the period 2007 to 2009 saw accelerated cooperation between Government and civil society that

earned the former Health Minister Babara Horgan and the current Health Minister accolades for their leadership and commitment in the fight against HIV/Aids.

4. CONCLUSION

Chapter five considered official South African views on and responses to HIV/Aids from the period 1999 – 2002; the South African Government's policy shift on HIV/Aids from 2003 onwards; and SANAC's new leadership from 2005 onwards; as well as civil society perceptions created by official responses to HIV/Aids. It was noted that there had been policy shifts during the periods covered and these were strengthened by the change of political leadership and the pressure that was brought to bear by, among others, civil society.

In addition it was shown that while there was commitment on the part of Government to fight the HIV/Aids pandemic, controversial statements by senior Government officials did not help much in the fight against the pandemic. However it became apparent that over time, given the pressure exerted by civil society groups through court challenges and public demonstrations, the Government took more effective measures that clearly demonstrated its renewed commitment to the fight against HIV/Aids. The government's commitment was further strengthened by the change of political leadership from 2005 onwards, a period during which deepened cooperation was witnessed between the Government and civil society in the fight against HIV/Aids.

CHAPTER 6
EVALUATION.

1. SUMMARY

The main research problem that was addressed in the study was whether HIV/Aids has already reached the level of a national security threat in South Africa, based on the available data and literature. Following from this, a number of sub-research questions were formulated namely, what is the extent of, and what are the socio-economic implications of Aids in South Africa? This entailed an examination of the impact of HIV/Aids on various sectors of society. In addition, concern arose as to whether the military, given the debilitating effect of the incidence of HIV/Aids, is in a position to perform its core functions.

The concept of national security was dealt with broadly by firstly discussing traditional views on national security. This was followed by a discussion on post-Cold War views that represent a paradigm shift in national security thinking, including the broadening of the national security agenda to include non-military threats; threats to the individual; and the problem of securitising a myriad of threats in the name of national security. In addition the security of Third World countries as opposed to developed states, was discussed. The criteria for determining threats to national security including the threat threshold concept, were also presented. Having discussed these criteria, an overview of the extent and global impact of HIV/Aids, was provided with specific reference to the sub-Saharan region.

Official South African national security views were subsequently broadly described. It is evident that that security thinking has broadened in line with post-Cold war views of security, to include aspects such as socio-economic challenges. The examination of the national security assumptions in South Africa was followed by a study of the extent of HIV/Aids in South Africa and some reference to the extent in the Southern African region. Subsequently an examination of the causes of HIV/Aids in the sub-Saharan region and the

Southern African region with a particular focus on South Africa, was undertaken. The Southern Africa region was included because South Africa is inextricably linked to a region that is equally affected by the disease. In addition, diseases such as HIV/Aids know no borders and trans-boundary activities in the region mean that the entire region faces common socio-economic challenges.

The implications of HIV/Aids for South Africa were dealt with by discussing its impact on various sectors in South Africa. These included the socio-economic impact which was further divided into health, education, human rights, industries and labour, markets, and the impact on the South African military establishment.

The examination of the military establishment was done with a view to assess its readiness to perform its core functions in view of the rate of HIV infection in the military. The South African government has acknowledged the challenges of health, including the impact of HIV/Aids on the SANDF. This is clear from the year-on-year increase in the budget for HIV/Aids programmes; the establishment of centres for HIV/Aids; and the revision of policy to ensure that the SANDF's responses to the pandemic are effective and are compliant with the provisions of the Constitution. However the fact that the government has failed to supply recent official statistics on whether the pandemic in the military is reducing or increasing, resulted in unofficial sources presenting speculative figures regarding the HIV/Aids rate in the military.

Official South African responses to HIV/Aids during the period 1999 – 2002; the government's policy shift on HIV/Aids from 2003 onwards; SANAC's new leadership from 2005 to 2009; and perceptions created by official responses to HIV/Aids, were finally addressed. Following this, it was noted that there had been dramatic policy shifts on HIV/Aids by the government during the periods covered that were to be strengthened by the change of political leadership in SANAC in 2005 and the pressure that was brought to bear by civil society on the government in this regard.

2. TESTING OF ASSUMPTIONS ON WHICH THE STUDY WAS BASED.

2.1 Assumption: "The extent and socio-economic implications of HIV/Aids in South Africa results in it being not only a threat to individual security, but also to national security."

The increased international focus on HIV/Aids in the context of security, signals a shift from the traditional understanding of security as the absence of armed conflict to a wider definition of human security, which encompasses the fundamental conditions for people to live safe, secure, healthy and productive lives. Mutimer (1999:77) contends that the demise of the Soviet threat facilitated a re-thinking of the concept of security. Secondly the referent object of security moved from the state to the individual in many interpretations. In addition, in its 1994 Human Development Report, the UNDP states that one of the important aspects of human security is safety from such chronic threats as hunger, disease and repression, (UNDP, 1994). Furthermore the UN Security Council debated the impact of HIV/Aids and security in Africa in 2000, (UNDP, 2002).

There is a strong correlation between insecurity in all its forms, and HIV/Aids. As the millennium unfolds, the impact of HIV/Aids on international, national and community security has become significant. The HIV/Aids war is claiming not only human lives, but destroying structures of governance that ensure basic security, (UNAids, 2002). The incidence of HIV/Aids has become one of the current global issues, not only in the individual and social context, but within the broader security context with some suggesting that it is a national emergency and a threat to national security. Altman in Marais (2005:89) asserts that HIV/Aids is arguably an even greater threat to security than other diseases, with the effort of destabilizing the social and economic order to the extent that the very survival of entire nations is at stake.

HIV/Aids is obviously a threat to individual and societal security, and it does have an impact on the economy, work force, wage earners and bread

winners. Indeed there is a strong correlation between insecurity in all its forms, and HIV/Aids. As the millennium unfolds, the impact of HIV/Aids on international, national and community security has become significant. The HIV/Aids war is claiming not only human lives, but destroying structures of governance that ensure basic security, (UNAids, 2002).

However it seems that although HIV/Aids is of national security concern in South Africa specifically, it is not yet a direct threat to national security compared, for example, to violent crime. Additionally official statements also do not, at this stage, seem to view it as a national security threat. It should be noted though that the grave socio-economic effects of the HIV/Aids pandemic on individual security and civil society views, may be an indication that HIV/Aids could be seen as a national security issue in various quarters in South Africa. However given a lack of sufficient evidence, including explicit admission by the political leadership that HIV/Aids currently forms a major threat to security in South Africa, the above assumption can only be partially verified.

2.2. Assumption: “Given the prevalence of HIV/Aids in the South African military establishment, this has implications for military preparedness and specifically for deployment in peace support operations.”

De Jong and Visser (2006: 1-2) list a number of factors that increase soldier’s HIV vulnerability which include their unique vulnerability profile as risk takers; posting soldiers far from their families for long time periods; relative young age of soldiers; risk taking attitudes as part of the military culture; sexual risk practices; and exposure to disrupted environments during deployment. As a result, as peacekeepers, the military personnel may face a higher than average risk of exposure to, not only HIV/Aids, but to other sexually transmitted diseases as well.

As early as June 2001, South African Deputy Defence Minister, Nozizwe Madlala Routledge had acknowledged that the threat of HIV/Aids to South African security and the readiness of the SANDF was real. She added that

South Africa's HIV/Aids strategy had been developed along the lines of the National Aids Plan, while taking into account the special environment in which soldiers work. "We have permission to conduct comprehensive health assessments, to ensure readiness for deployment," (RSA Government**,** 2001b).

To demonstrate the extent and impact of the pandemic in the SANDF the South African Department of Defence estimated that HIV/Aids among active soldiers stood at 21-25 percent in 2006, out of a total of about 73 000 members, (RSA Department of Defence, 2006b).

Realising the impact of the HIV/Aids pandemic former President Mbeki remarked in his 2007 State of the Nation Address that "if HIV/Aids is allowed to continue unabated in the military, it will inevitably have a negative impact on the national security and the operational capability of the SANDF," (RSA Government, 2007b). This statement is an admission that the prevalence of HIV/Aids in the security forces has, indeed, implications for military preparedness and specifically for deployment in peace support operations.

The policy adopted by the SANDF initially barring HIV positive members from foreign deployments may have resulted from the realisation that there could be grave security implications for the SANDF should its brigades be manned by a high number of HIV positive personnel who would themselves need medical treatment while deployed. However the fact that the Constitutional Court in May 2008 ruled that the DoD policy of excluding HIV positive people from joining the military service was unconstitutional, does not negate or trivialise the impact of HIV/Aids on the military establishment. "The SA National Defence Force (SANDF) on 16 May 2008 conceded in the Pretoria High Court that its policies preventing HIV positive people from employment, foreign deployment and promotion in the armed forces, were unconstitutional," (Polity.org.za, 2008).

As for the international policy on HIV/Aids the UN General Assembly special session on HIV/Aids on 27 June 2001 adopted a declaration of commitment

which calls on all UN agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/Aids prevention, care and awareness elements into their plans and programmes and provide HIV/Aids awareness and training to their personnel. This includes making accessible HIV/Aids related services to all UN missions' personnel through interventions like awareness raising, peer education, voluntary confidential counselling and testing (VCCT) and working with external partners, (UNAMID, 2007).

While the UN does not require an HIV test, a thorough pre-deployment medical test is supposed to exclude those showing signs of active disease, including clinical symptoms of HIV/Aids. Furthermore, although the UN sets the minimum medical standards, such pre-deployment health assessments are the responsibility of troop-contributing countries, (Bazergan, 2004). It should be added that mandatory pre-deployment HIV testing is a controversial and polarising issue. Respect for human rights has become the critical international framework for the response to HIV/Aids and has led to a strong emphasis on informed voluntary consent and counselling, a position considered by some analysts to be counter-productive in combating the epidemic, (Bazergan, 2004). The UN programmes on HIV/Aids mean that there is no discrimination against personnel in foreign deployments on the basis of someone's HIV/Aids status as such. It should be added though that there are other troops contributing countries doing compulsory HIV/Aids screening before deployments abroad.

The reality remains that any military with an HIV/Aids incidence rate as high as 23 percent, such as the SANDF, in addition to other health and personnel challenges, is less prepared to participate in peace support operations as military personnel with HIV would need specialised and regular treatment that would not be available in certain countries, other than the UN health services. This situation therefore has the potential to blight South Africa's commitment to support long-term peace missions abroad, in line with its foreign policy.

The assumption as formulated above can therefore be verified based on evidence that suggests that the HIV/Aids prevalence in the South African military constitutes a threat to the military readiness for, among others, peace support operations.

2.3. Assumption: “There has been no consistent indication that the South African government has sufficiently viewed HIV/Aids as a security threat in South Africa.”

It emerged that under Mbeki’s leadership from 1999 to 2003 there were puzzling statements that led to a number of policy contradictions on HIV/Aids. For instance, in response to Mbeki’ remarks that he did not know of anyone who had died of HIV/Aids in South Africa the TAC claimed that "as usual it looks like Mr Mbeki is not living in the real South Africa. As President Mr Mbeki is the first citizen of South Africa, so he should be aware of this crisis," (BBC News Online, 26 September 2003). This was in spite of the existence of the government’s stated policy on HIV/Aids that encouraged people to, amongst others, abstain from sex before marriage or have one partner. The confusion started when Mbeki questioned the link between the HIV virus and Aids, and his association with what was considered dissidents scientists on HIV/Aids.

The situation worsened when the then Health Minister Dr Tshabalala Msimang emphasised diet over treatment in the fight against the HIV/Aids pandemic. However there was an admission by Mbeki in his 2007 State of the Nation Address that if there are no drastic policy interventions, HIV/Aids could pose a threat to national security. In addition, a number of previous court rulings have indicated the seriousness of the disease.

In the midst of these policy contradictions and deepening confusion in the country, civil society was, throughout these years, unrelenting in its calls for government leadership in the fight against HIV/Aids and the provision of anti-retrovirals to pregnant mothers and infected people. Civil society, represented

by trade unions, pressure groups and political parties, long acknowledged that HIV/Aids, if not given proper attention, would become a national crisis. For example in 2001 the DA called on the government to declare the HIV/Aids pandemic a national emergency to allow the country to manufacture generic drugs for HIV positive patients, (RSA, 2001d). In addition Cameron (2005:44) notes that while Mbeki has never publicly stated that he believes that HIV is not the cause of Aids, he has never publicly said that he accepts it is.

The public spats between government and civil society formations and the legal battles over the HIV/Aids pandemic in South Africa was a clear indication that there was no common ground on HIV/Aids to take the nation forward in combating the pandemic.

There has, therefore, been no consistent indication that the South African government has sufficiently viewed HIV/Aids as a security threat in South Africa, especially under the Mbeki administration, except to some extent in the military context. Therefore, based on the evidence available, the above assumption can be verified.

3. CONCLUSION

Burgess contends that in the globalized setting, security and insecurity are no longer considered as conditioned only upon geopolitics and military strength, but also on social, economic, environmental, moral and cultural issues. Furthermore health threats should also be considered as representing a more prominent threat to security than ever. Health security entails protection against illness, disability and avoidable death (Burgess, 2008:60). The inclusion of the whole range of social ills however amounts to securitization which can mean broadening the definition of security to include all problem issues.

Nevertheless, security and insecurity should no longer be considered as geopolitics and military strength only but includes threats such as diseases. A nation that lacks a healthy population is a vulnerable nation. Lack of good

health in the form of pandemic diseases such as HIV/Aids in South Africa also has a potential to threaten posterity. The severity of the disease is especially problematic in the military establishment whose principal task it is to protect the interests of the state, including its citizens.

SUMMARY

TOPIC: AIDS AS A NATIONAL SECURITY ISSUE IN SOUTH AFRICA: 1998– 2009.

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STUDY LEADER : PROF. M. HOUGH

The main research problem that was addressed in the study was whether HIV/Aids has already reached the level of a national security threat in South Africa based on the available data and literature.

The concept of national security was dealt with broadly by firstly discussing traditional views on national security. This was followed by a discussion on post-Cold War views that represent a paradigm shift in national security thinking, including the broadening of the national security agenda to include non-military threats; threats to the individual; and the problem of securitising a myriad of threats in the name of national security. The criteria for determining threats to national security including the threat threshold concept, were also presented. Having discussed these criteria, an overview of the extent and global impact of HIV/Aids, was provided with specific reference to the sub-Saharan region.

Official South African national security views were subsequently broadly described. It is evident that that security thinking has broadened in line with post-Cold war views of security, to include aspects such as socio-economic challenges. Following this was a study of the extent of HIV/Aids in South Africa and some reference to the extent in the Southern African region. Subsequently an examination of the causes of HIV/Aids in the sub-Saharan

region and the Southern African region with a particular focus on South Africa, was undertaken.

The implications of HIV/Aids for South Africa were dealt with in detail by discussing its impact on various sectors in South Africa. These included the socio-economic impact which was further divided into health, education, human rights, industries and labour, markets, and the impact on the South African military establishment.

The examination of the military establishment was done with a view to assess its readiness to perform its core functions in view of the rate of HIV infection in the military. Official South African responses to HIV/Aids during the period 1999 – 2002; the government's policy shift on HIV/Aids from 2003 onwards; South African National Aids Council's (SANAC) new leadership from 2005 to 2009; and perceptions created by official responses to HIV/Aids, were finally addressed.

From the study it emerged that security and insecurity should no longer be considered as geopolitics and military strength only but includes threats such as diseases. A nation that lacks a healthy population is a vulnerable nation. Lack of good health in the form of pandemic diseases like HIV/Aids in South Africa also has a potential to threaten posterity.

OPSOMMING

ONDERWERP: VIGS AS 'N NASIONALE VEILIGHEIDSKWESSIE IN SUID-AFRIKA: 1998-2009

DEAR: THEMBELA OSMOND NGCULU

GRAAD: MAGISTER IN VEILIGHEIDSTUDIES

DEPARTMENT : POLITIEKE WETENSKAPPE, UNIVERSITEIT VAN PRETORIA

STUDIELEIER: PROF. M. HOUGH

Die belangrikste navorsingsprobleem wat in die studie aangespreek is, is of MIV/Vigs reeds die vlak van 'n nasionale veiligheidsbedreiging in Suid-Afrika bereik het.

Die nasionale veiligheidskonsep is in die breë behandel deur eers tradisionele beskouings daaroor te bespreek. Dit is gevolg deur 'n bespreking van na-Koue Oorlogse sienings wat 'n paradigmaverskuiwing in denke oor nasionale veiligheid verteenwoordig en die verbreding van die nasionale veiligheidsagenda om nie-militêre bedreigings, en bedreigings vir die individu in te sluit, behels. Die maatstawwe vir die bepaling van bedreigings vir nasionale veiligheid insluitende die bedreigingsdrumpelkonsep is ook bespreek. Na 'n bespreking van hierdie maatstawwe is 'n oorsig van die omvang en effek van MIV/Vigs met spesifieke verwysing na die sub-Saharastreek, gegee.

Amptelike Suid-Afrikaanse nasionale veiligheidsbeskouings is daarna in breë trekke beskryf. Dit is duidelik dat veiligheidsdenke verbreed het ooreenkomstig na-Koue Oorlogse sienings oor veiligheid om aspekte soos sosio-ekonomiese uitdagings in te sluit. 'n Studie van die omvang van MIV/Vigs in Suid-Afrika en verwysings na die omvang daarvan in Suider-

Afrika het daarop gevolg. ‘n Ondersoek na die oorsake van MIV/Vigs in die sub-Saharastreek en in Suider-Afrika is daarna gedoen, met spesifieke fokus op Suid-Afrika.

Die implikasies van MIV/Vigs vir Suid-Afrika is in besonderhede behandel deur die uitwerking daarvan op verskeie sektore in Suid-Afrika te bespreek. Hierdie sektore het die sosio-ekonomiese uitwerking, wat verder verdeel is in gesondheid, onderwys, menseregte, nywerhede en arbeid, markte, en die uitwerking op die Suid-Afrikaanse Weermag ingesluit.

Die Weermag is ondersoek met die oog daarop om sy gereedheid om kernfunksies te vervul in die lig van die omvang van MIV-infeksies in die militêre omgewing te evalueer. Amptelike Suid-Afrikaanse reaksies op MIV/Vigs gedurende die 1999-2000 tydperk; die regering se beleidsverandering vanaf 2003; die Suid-Afrikaanse Nasionale Vigsraad se nuwe leierskap van 2005 tot 2009; en reaksies en waarnemings van die burgerlike samelewing wat deur amptelike standpunte oor MIV/Vigs geskep is, is ten slotte aangespreek.

Die studie het getoon dat veiligheid en onveiligheid nie langer beskou moet word as beperk tot geopolitiek en militêre mag nie, maar dat dit bedreigings soos siektes insluit. ‘n Nasie sonder ‘n gesonde bevolking is ‘n kwesbare nasie. ‘n Gebrek aan goeie gesondheid in die vorm van siektes soos MIV/Vigs in Suid-Afrika kan ook die nageslag bedreig.

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