

**Centre for the Study of Globalisation and Regionalisation  
University of Warwick, U.K.**

**CSGR/UNDP Conference  
5<sup>th</sup> - 6<sup>th</sup> November 2007**

**Governance of HIV/AIDS Responses  
Making Participation and Accountability Count**

## **NGOs IN HIV/AIDS RESPONSES IN AFRICA**

### **A Comparison of the Cameroonian and South African Cases**

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This paper aims to examine the constraints of the current national governance of HIV/AIDS responses in Africa with a view to contributing to the understanding of the place and role of NGOs, through data collected in Cameroon and South Africa. Currently, NGO responses to the HIV/AIDS epidemic occupy an important place among the cases defended both locally and internationally concerning Africa. The fight for the control of the HIV/AIDS epidemic has become an important objective for development actors. They consider HIV/AIDS responses and development strategies as interdependent. The degradation of the public health level and the increase of health inequalities are obvious for health policy researchers and NGO actors involved on a daily basis. The World Health Organization (WHO) estimates that approximately two billion people still do not have access to essential drugs. The African continent gives this case all of its symbolic meaning in that it is more exposed to the medical deficit, lack of access to drugs and health care than the rest of the world, while being more susceptible to world epidemics.

However, according to the “access-to-drugs” militants, if health problems result partly from inherent structural deficiencies in African countries, they also arise from the nature of international economic and political relations (Didier Fassin: 2001). Militant literature in the North agrees that these problems intrinsically result from the imbalances in the world economic order. The rules of the World Trade Organization (WTO) that govern international trade as well as the economic actors’ choices on health areas penalise the

poorest populations in Africa. Pharmaceutical firms are continuing their profit logic by increasing the cost of drugs thereby blocking generic production, and by neglecting research on the diseases that kill the most people in poor countries. At the same time, African States seem to be in rout. They leave an important place to collective actors who are engulfed by mobilising NGO response mechanisms to the HIV/AIDS epidemic. How do NGOs contribute to HIV/AIDS responses? How is their action defined? Which resources do they mobilise? What are the limitations of their action?

### **I – Practices Focused on the Prevention of the New Infections and the Assumption of Responsibility by People Living with HIV**

Antiretroviral treatments made important progress on a worldwide scale, making it possible today to stop the evolution of the virus in humans. But, it still cannot cure HIV infection. Moreover, access to antiretroviral drugs is an ideal that meets resistance in the African context of economic crisis and in people who must always take the treatments. From this point of view, prevention of the sexually transmittable infections related to HIV/AIDS still constitutes the main activity of NGOs intervening in the HIV/AIDS epidemic in Africa.

The objective of all preventive techniques is to modify behaviours and attitudes which worsen the risks of contamination. At the Chris Hani Baragwanath hospital in Soweto, epidemiologists estimate for example that the public does not seem to be up to date with the current basic means of prevention. However, in Soweto, a township marked by severe individual poverty and the deep absence of the State, prevention can constitute the principal means to protect people from HIV/AIDS infections. People do not accept the reality and socio-medical modes of representations of the epidemic. They are influenced by certain political discourses, socio-cultural practices and conservative religious issues; all of which convey practices and information contrary to the prevention of a rather sexual epidemic. Today, every one knows the strong influence of these elements on the social and collective imaginary of African populations. The HIV/AIDS epidemic is still

surrounded by medical and social practices founded on lies, hypocrisy and fear of the real diagnosis: "people never die from the HIV/AIDS but rather from other diseases, often related to continuations in sorcery". When medical diagnosis indicates the presence of the AIDS virus, people interpret it as evidence of witchcraft. It appears difficult for medical practitioners to "argue the truth on the AIDS virus to the patient, even less so to his family". The truth is reconstituted by the simple suspicion of the actual patient on his body and those which surround him. The social imaginary finds refuge in metaphysical explanations, refusing to believe in the reality of the HIV/AIDS epidemic. The medical world is also under pressure and under social influence. Certain doctors refuse to tell the truth about an apocalyptic epidemic of which they do not manage to control the health care costs.

To convince the public opinion and political decision makers, some NGOs working with people living with HIV/AIDS such as AFASO, AFSU and Colibri in Cameroon, organise prevention campaigns with their infected members. Infected people testify openly in public. The objective of these public presentations is to give a real face to the HIV/AIDS and to people who carry it. In Cameroon, fighting hypocrisy and deception as regards the AIDS virus is mainly the work of the GTZ. This German technical co-operation agency simply encouraged the creation of associations of people living with HIV/AIDS in Cameroon, using the network of people who were already known to the GTZ. Today, all Cameroonian provinces have associations of people living with HIV/AIDS: "The stories of People living with HIV/AIDS who are gathered together in associations, as a priority, target two things: they wish to expose the epidemic horror by shocking with dreadful and unbearable images; they also want to challenge the public opinion and the public authorities on the disaster of a disease that disfigures and generates enormous death". Elsewhere, Sarah de Haro notes: "it was necessary to testify to counter prejudices. Infected individuals came together as an association to overcome their isolation and be able to look after themselves better, but also to inform the general population. These stories found various forms according to the countries, contexts and associations "(Sarah de Haro: 2003).

In this report, prevention campaigns confront objective epidemiological realities with the need to create political speeches and social practices legitimised by the society to which these campaigns are addressed: "The international context and the local contingencies meet, for each country, a conjunction of factors which explain why certain results as regards prevention are so weak" (Fred Eboko: 2001). By privileging a targeted and personalised communication, NGO actors induce considerable effects. They conceive messages in tune with the preoccupations of the concerned groups.

In an association like AFSU, people perceive such objectives in two main activities: speaking time for women with HIV/AIDS and convivial moments during meals. During these activities, people living with HIV/AIDS speak about their treatments and raise questions related to their experience of the disease. These stories inform the public. The initiators of these interactive activities want to lead women living with HIV/AIDS to share their daily experiences by bringing them together around meals. In Africa, the meal is an important communitarian moment, a symbol of fraternal support. In this context, prevention messages become part of the daily life of the populations concerned. As such, from now on, in a context where the HIV/AIDS epidemic has become a collective disease, we ought to assimilate message to living space.

Public awareness campaigns frequently make use of the famous artistic qualities of certain individuals living with HIV/AIDS, deeply adulated by the young public, as a support of communication. Non-infected famous artists often participate in HIV/AIDS campaigns. Patrick Labesse stresses that "many artists of the South like Césaria Evora or Youssou N'dour put their popularity in the service of human causes, organising concerts and collections in favour of education, health and culture". Angelica Kidjo, famous Beninese singer declared: "with song, we can touch more people than with speeches".

However, prevention campaigns sometimes suffer from the limits induced by counter-results. They present the HIV/AIDS epidemic as a fatal disease, without hope of cure. In doing so, they support the construction of myths and prejudices which encourage the belief in a mystical disease. At the Chris Hani Baragwanath hospital in Soweto, certain medical actors assimilate people living with HIV/AIDS with those dying: "they are going

to join the next door cemetery”. Moreover, NGO campaigns invite people to use condoms without giving them the means of accepting it socially and of acquiring it at lower cost. The majority of people living with HIV/AIDS whom we have met so far at Chris Hani Baragwanath do not have the means to buy condoms, nor the courage to seek it in a pharmacy, taking into account the embarrassment often associated with sex and sexual life. Both Cameroon and South Africa are in serious need of free condom distribution. In the great hospital complex of Chris Hani Baragwanath, it is not easy to find condoms. For these reasons, several patients underline that they use condoms only occasionally, i.e. when they have any. In addition, the religious elite, exercising great influence on individual choices in Cameroon advises people for example against the use of condoms in the name of “abstinence before marriage and fidelity in marriage”. Lastly, these campaigns generally do not inform on the disease itself but, rather, on its symptoms. As such, they give rise to individuals withdrawing and being stigmatised, where such individuals might show external signs comparable to the presence of the AIDS virus. The physical symptoms displayed by individuals could bring them to become exposed as HIV/AIDS infected and thereby discriminated against. In this context, the HIV/AIDS epidemic very rapidly became a disease of shame. In South Africa, many people living with HIV/AIDS take antidepressants to fight the slimming.

Apart from prevention, it is also interesting to take a look at health care for people living with HIV/AIDS. Health care represents a large stake for NGO actors. Indisputably, public institutions are disarmed by the HIV/AIDS epidemic. They cannot ensure quality public services to people living with HIV/AIDS. Moreover, public actors regularly underline the noted delinquescence of the State in Africa, and its incapacity to deal with social issues resulting from the HIV/AIDS epidemic. In the case of South Africa, NGO actors experience great difficulty in having public actors agree that the HIV/AIDS epidemic is a real challenge for the public authorities.

Today in Africa, beyond the issue of HIV/AIDS, research shows that the place of public health service users raises much questioning. We took part in several investigations in public and private hospitals in Niger, Burkina Faso, Cameroon and South Africa, during

which we noted that, generally, health structures are not adapted to the new challenges caused by the important number of HIV/AIDS infections. In Chris Hani Baragwanath hospital, for example, the person in charge of HIV/AIDS services has a small office hidden under a staircase. As such, the need for medical care and ancillary medical, social, psychological and material support that cannot be provided by public health structures are dealt with by NGO health centres. They deliver community actions in proximity by activating traditional community solidarity. These forms of nursing also engage the population itself, according to its own aspirations and its socio-cultural expectations regarding health. NGO offers vary according to the local contexts, social categories, needs and means of infected persons. All NGOs interviewed during the course of this research offer support to people living with HIV/AIDS. They have listening centres, with the presence of doctors and nurses, supported by Community pharmacists and consultants in Human Rights: "the AIDS epidemic cannot be treated like a disease: it is also a source of anguish, social problems and exclusion. It amplifies the problems of poverty and malnutrition found in many countries of Africa" (Sarah de Haro: 2003). For this reason, NGOs direct their mode of action towards multidimensional nursing: defence of peoples' rights, pleading for access to drugs, medical and psychosocial follow-up, nutritional council and food support, installation of income-generating activities etc.

Lastly, the access to treatment policies that were previously relegated to second place in HIV/AIDS responses in Africa, today appear up-front in response strategies to HIV/AIDS. Some think that focussing only on prevention led to failure, if taking into account the important development of the epidemic. Others esteem that looking exclusively at prevention amounts to forgetting the patients.

## **II – Practices Focused on the Continued Mobilisation of Human Rights Discourse**

Militant discourses on HIV/AIDS mobilisations, as well as on NGO activities as regards public institutions and political actors, very often have recourse to human rights concepts. The media in both the North and the South supported this view. They gave wide publicity

to the mobilisation of the Treatment Action Campaign (TAC) in post-apartheid South Africa. By making the mechanisms and fundamental tools of the economic, social and cultural rights issues fit into social concerns on the HIV/AIDS epidemic, activists would like to use human rights as a complete set of "absolute, real and universal rights". They manage to oppose it to public institutions. The general social movement rhetoric reveals that social fights are mainly addressed at the public institutions they fight. As such, in their responses to the HIV/AIDS epidemic, they condemn two entities: local states and global governance. Local states might be responsible for the current tendencies of HIV/AIDS in Africa due to their inertia in fighting against the epidemic. Global governance responsibility is due to drugs distribution policies, capitalist protocols of the WTO and to the policies of pharmaceutical firms that limit access to drugs in Southern countries: Africa, Latin America and Asia.

Several activists, including TAC representatives, evoke the role and successive victories of TAC militancy. It is founded on the mobilisation of human rights tools and mechanisms. According to representatives of the REDS (*Réseau Ethique Droit et Sida*), militant approaches to human rights constitute one of the best means of defending all of the political and social claims dependent on the HIV/AIDS epidemic in Africa. It is necessary to adapt human rights tools and mechanisms to epidemic responses so as to fight political contradictions, social inequalities, discrimination against people living with HIV/AIDS, capitalist economic power and the financial interests of pharmaceutical lobbies. NGO leaders who address the question in this direction insist on the fact that good governance and democratising normative values and ideals seem to be the "fraternal twins" of international political ethics. For several activists we met in Cameroon and South Africa, and even for several political actors (despite the usual confrontation between social movements and governmental institutions), the South African Constitution is the most progressive in the world. It explicitly protects socio-economic rights like the right to health care, the right to sexual equality and non-discrimination based on sexual orientation.



However, human rights approach in the responses of NGOs to the HIV/AIDS epidemic, also give rise to criticism. These approaches are criticised by the Marxists conceptions of social movements. Marxist critics, mobilised by certain militants in denouncing capitalism and the neo-liberal order, paradoxically present civil society and, thus, social movements as an aggregation of heterogeneous personal interests. In fact, civil society seems to be the extension of the middle-class (Hugues Portelli: 1972). We will get back to this when we look at the limitations and tensions observed in the mobilisation of NGOs for the HIV/AIDS epidemic. The tensions caused by the way NGOs manage and distribute available drugs, consolidate these criticisms. NGO actors gradually seem to develop paradoxical "criminalisation" companies in this sphere of activity. They sometimes look like they are trying to reproduce public governance attitudes: using NGO activism for personal advancement, competition between associations, redistribution of "clients" or of advantages relating to associative militancy, inequalities in the emergency of access to drugs etc. This reveals a certain "subscription logic" which could, like NGO leaders, share militant privileges and benefits in a restricted circle of friends. This context could also be understood by a more in-depth analysis of the implication, positioning, leadership and types of legitimacies mobilised by the influential actors within the NGO movement.

Nevertheless, several NGOs try to avoid the effects of Marxist critics. They denounce the profit logic and capitalist tendencies that negatively influence the distribution and drug access policies in the South. They assert an equitable world by constructing a "sustainable people-centered economy". The examples of the TAC, SWAA and REDS contradict individualistic human rights criticism by affirming a universal mobilisation of access to drugs. These militants hold a discourse and approach based on socio-economic rights for two reasons:

Firstly, they want to fight the pharmaceutical industry and the governments of developing countries by over-using human rights approaches, the effectiveness of which was confirmed in the mobilisations that led to the termination of authoritarian regimes in Africa and Latin America.

Secondly, they intend to represent the communities of victims whose defence requires mobilising a humanitarian speech and approach which is founded specifically on basic rights. In addition, they insist on the rights of health and free speech with a view to asserting vigorously the pain of people living with HIV/AIDS. Activists on the edge of the local, national, regional and international scenes continue to use such a discourse to obtain the universal distribution of treatments and to militate for their availability in Africa.

It is also possible to seek this dynamic elsewhere. Jürgen Habermas, for example, tries to understand human rights discourses and mobilisation approaches through social movement responses, although he prefers to use the civil society concept. Habermas tries to reconcile tensions and conflicts between governmental institutions and social movements. Governmental institutions constitute and protect the public domain; social movements mobilise human rights approaches to denounce injustice related to the actions and practices of governmental institutions. The world of NGOs as a means of denunciation and protest and consisting of heterogeneous actors, is in fact an excellent example of Habermas conception (Jürgen Habermas: 1997). According to him, communication in civil society would maintain the public domain. Thus, maintaining the public domain supposes (paradoxically?) the protection and promotion by civil society of the rights of free speech, expression and opinion. NGO actors use precisely these rights to assert the right to health. Human rights discourses and approaches function on the communicating vessels principle. NGO actors defend and promote political and civil rights like the rights to free speech and opinion while they fight for economic, social and cultural rights such as the right to access HIV/AIDS treatments. This was seen in the denunciations, vehement contestations and non-violent actions they organised on several occasions in South Africa.

In addition, human rights approaches to the HIV/AIDS epidemic allow NGO actors to promote other rights relating to HIV/AIDS orphans, children living with HIV/AIDS, women living with HIV/AIDS and Gays and Lesbians. It is sometimes easy to identify connections between the fight against the HIV/AIDS epidemic and homosexual activism.

### **III - With the Protection of Stigmatised Categories Having an Important Place**

Homosexual activism in the different fights against HIV/AIDS in Africa could be viewed in a strange light by African observers and activists. In Africa, homosexuality continues to be perceived as a foreign phenomenon. This type of activism as found in the responses of NGOs towards the HIV/AIDS epidemic, with the public demonstrations of the first gay and lesbian associations could also reinforce historical perspectives on the creation of anti HIV/AIDS militant areas, in two ways. First, certain fights against HIV/AIDS consist of militant movements with an activism potentially based on the patients' rights, including the respect and recognition of their sexual orientation. This concerns the protection of the most vulnerable social categories such as women, infected or affected children, HIV/AIDS orphans and homosexuals. Secondly, the most virulent demonstrations against HIV/AIDS are in fact led by homosexuals. They were organised already very early in community NGOs. In this light, in Africa, homosexual claims progressively clung to HIV/AIDS mobilisations. As such, responses to the HIV/AIDS epidemic should necessarily take into account a certain number of political strategies able to mitigate the sexual stigmatisation effects. Our investigations confirm this postulate by specifically showing that homosexuals became very active in the fight against HIV/AIDS. They would also give visibility to their cause by fighting the HIV/AIDS epidemic. Indeed, in Africa, responses to the HIV/AIDS epidemic were not always connected with homosexual claims while in the first years, the HIV/AIDS epidemic was linked to homosexual practices. When the headlines of newspapers announced the first HIV/AIDS victims, it presented the epidemic like a homosexual disease. It looked like an imperceptible and originally new disease. People – emotionally and shockingly – called it a "homosexual plague". It spread panic within the homosexual community whose members organised mutual aid and support networks to fight homophobic prejudice. In South Africa, where homosexuality was known, it was possible to meet homosexuals at the Gay Association of South Africa (GASA).

As Paul Benkimoun indicated, the place of the homosexual movement within the activist movement against HIV/AIDS had important consequences on the very active formation of NGOs responding to the HIV/AIDS epidemic (Paul Benkimoun: 2002). "Non-homosexual" South-African and Cameroonian militants who met in France, Cameroon, South Africa and during the 2007 World Social Forum in Nairobi, confirm the strong place of the homosexual movement in HIV/AIDS responses. Activist movements in the first fight against HIV/AIDS are conceived like a homosexual movement. A considerable number of patients were recognised as being infected due to homosexual practices. By integrating HIV/AIDS response networks, homosexuals wanted to understand what was involved with this new disease, the object of various homophobic interpretations. They also wanted to contain the homophobia started by media representations which generally associated HIV/AIDS to a "natural pathology" resulting from gay sexuality. These concerns continue to play an important role in NGO responses to the HIV/AIDS epidemic in Africa. NGO responses associate homosexuals and heterosexuals, infected or not, in a fight against discrimination based on sexual practices and serological statute.

One of the Cameroonian militants we met during the 2007 World Social Forum in Nairobi explained that he had been contacted by an American homosexual activist who suggested that he led certain actions for homosexual people in his country. He "naturally was afraid" by this sort of project because, according to him, "in Cameroon, homosexuality is not yet socially allowed". I verified this claim while in Kenya, host country of the 2007 World Social Forum. The main homosexual organisations do not favour public demonstrations that are considered too visible. They abstain from using established militancy. In Africa, gay and lesbian sexuality is generally still regarded as an infringement to the social order. Evelyne Ankumah shows that the President of Zimbabwe and his Home Affairs Ministry encourage homosexual discriminations in Zimbabwean legislation. After a Zimbabwean citizen complained to the African Commission on Human and Peoples' Rights, later to withdraw his complaint, the Commission declared through one of its reporters: "Because of the noxious nature of homosexuality, the commission seizes this occasion to make a statement on the question. Although homosexuality and lesbianism became important in certain parts of the world, it

is not the same thing in Africa. Homosexuality is an offence to dignity and morality in Africa; it is incompatible with the positive African values "(Jean Didier Boukongou: 2006). At the beginning of the epidemic, fundamentalist monks insisted on the fact that HIV/AIDS looks like "the price to pay for the homosexual sin", preserving homosexuality as "an evil". In this political context, the response method of NGOs to HIV/AIDS appears as an important alternative to protect and promote gay and lesbian rights. Mobilising on the account of HIV/AIDS could also serve the cause in recognising sexual orientation.

The overlap between the homosexual movement and activism against HIV/AIDS, partly explains the assertion of Kenyan homosexual groups, during the workshops on HIV/AIDS responses at the 2007 World Social Forum in Nairobi. It enables one to partly understand the leadership of Zackie Achmat who became a symbolic militant of homosexual rights at national and international levels. It could also explain why Judge Edwin Cameron was one of the most enthusiastic partisans of a broader HIV/AIDS treatment access in South Africa and of a Constitution including non-discrimination based on HIV status and sexual orientation. Moreover, the emergence of homosexual activist movements, combined with other militant mobilisations such as the response to HIV/AIDS and the fight against apartheid in South Africa, all based on human rights, is precisely what made it possible for these activists to form broad alliances. This is the case of the mobilisation of specific actors for homosexual causes and HIV/AIDS responses: political areas, intellectual circles, labour-union movements, business environment, social forums, media networks, etc.

#### **IV- But with Difficulty in Internal NGO Transformations in Power Entrepreneurship**

Two types of legitimacies seem to clash in NGO responses to the HIV/AIDS epidemic in Africa: one is founded on the "scientific expertise" of militants and the other on a series of proximity considerations with the disease: a sort of patients' expertise.

The first issue that could also be referred to as a "legitimacy expertise", is justified by scientific knowledge. Certain militants avail themselves to consolidate their legitimacy by speaking about HIV/AIDS responses at national and international forums. This legitimacy is also significant in the roles and functions of individuals in NGOs. It makes it also possible to define typical profiles of NGO leaders. In general, doctors create and direct the fight against the HIV/AIDS epidemic, while lawyers, promote and defend human rights. But in the responses to the HIV/AIDS epidemic by NGOs, it is necessary to be attentive to the overlap of two scientific determinants, particularly because of the complexity of the stakes involved as regards the epidemic and its consequences. Medical practitioners are challenged by the medical stakes of the HIV/AIDS epidemic. They generally formulate medical and therapeutic responses. They thus create NGOs geared towards medical care and prevention. Lawyers on the other hand are worried about the protection and defence of the rights of HIV/AIDS victims, particularly the right to access drugs. They also promote certain rights to access care and fight against discrimination related to the serological status. This is the case of human rights firms in Cameroon (REDS) and South Africa (TAC). The discourse of Albertine Ndouma can also be referred to in this regard. Albertine is a Cameroonian lawyer, activist and HIV/AIDS NGO leader. She is strongly against WTO agreements that limit generic drugs production that could lower HIV/AIDS drugs costs.

Fred Eboko speaks about "bio-power" to evoke the place of medical practitioners in the first NGO mobilisations against the HIV/AIDS epidemic in Cameroon. But, according to my observations, such expertise exceeds the only biomedical framework. Expert legitimacy refers to the image that certain specialists associate with the TAC. In the international arena, the TAC symbolises a certain export of militant expertise. This is also linked to the profile of TAC activists, formed by intellectual elite of former ANC militants and homosexual movements, reconverted after long years of fighting against apartheid. Moreover, the rhetoric of the TAC is very often articulated around "medical apartheid". It means to denounce the immense proportion of the South African population which is excluded from the treatments for income-related reasons. In this case, the standard profiles are those of Zachie Achmat and Edwin Cameron. The first is an

anthropologist and university professor who has been leading the TAC since its creation, while the second is an eminent lawyer, activist and Judge in the South African Constitutional Court. Judge Edwin Cameron and his TAC militant friends have also been involved in adapting South Africa patent law in order to import HIV/AIDS treatments at very low cost, by copying and producing the drugs already available. Moreover, during the Pretoria lawsuit, the TAC, thanks to its legal expertise, offered its services as "an *amicus curiae*" to the ANC government in order to deal with the 32 pharmaceutical firms that instituted legal proceeding against the South African government.

The second type of legitimacy is known as "Community expertise". It is the case of all NGO militants who look at the psychosocial and social aspects of HIV/AIDS. They take care of people living with HIV/AIDS, orphans and children of HIV/AIDS victims. In this regard, it is interesting to see the way in which those who care invest in HIV/AIDS responses by creating and promoting their own initiatives. Many infected or affected people lead some HIV/AIDS responses, following the slogan "Let's be sero-concerned". It is the case of NAPWA representatives. They vigorously criticise "the too technical character of the debates on treatment whereas people, under-informed on therapeutic protocols, are bursting".

However, tensions within the militant HIV/AIDS movement do not result exclusively from the confrontation between these two types of legitimacies. Such tensions also come from leadership assertions at local and continental levels related to symbolic and material resources, resulting from national, continental or global HIV/AIDS activism. Some tensions are updated by the logics of regional regroupings, and alliances are set according to participation in international forums. They highlight a militant restructuring in terms of geography, linguistic legacies, main organisations and partners, more or less charismatic personalities, etc. Our observations in South Africa clarify the cleavage between the TAC as an association enjoying expert legitimacy, and NAPWA that claims activism on behalf of patients. Outside South Africa, we can also perceive the hegemony of the TAC in the rest of Africa. There are tendencies towards militant and intellectual expertise associated

with South African activists (those of the TAC in particular) and community orientations through recourse to solidarity with traditional African forms, as observed in Cameroon.

Another form of distinction between TAC activism and that of other African associations, Cameroon in particular, is grafted on the experience, professionalism and radicalism of the TAC. Cameroonian militants are confronted with a political system that is still authoritarian to a greater or lesser extent, without long term views on social policies. The TAC enjoys a political and social context favourable to public demonstration. In addition, the TAC's expertise is also the result of a long historical construction, a painful combination of discussions between homosexual claims and the long political struggles against apartheid. The TAC does not miss an opportunity to show its militant capacity, as was the case when it made a political issue of the HIV/AIDS epidemic against Thabo Mbeki's government.

The hegemony of the TAC in HIV/AIDS responses in Africa is sometimes comparable with the political positioning of the South African State on the continent. South Africa seems to be aware of a certain political, economic and intellectual role in Africa.

But South African hegemony in the field of HIV/AIDS responses, denounced by certain African associations, seems to be related to the leadership of the TAC. Such hegemony must be moderate: it seems that many African militants, French-speaking in particular, never interact with the TAC. They ignore the activities of the TAC, except in the case of national fights to access treatments. Moreover, the TAC is not very present in the mobilisations against HIV/AIDS in the rest of Africa. It did not propose any activity during the 2007 World Social Forum that was held for the first time in Africa. It was represented by two activists responsible for international campaigns. The main TAC leader, Zachie Achmat, did not attend the 2007 World Social Forum, even if he is very much connected to international HIV/AIDS networks. It seems that the TAC does not show much interest in African mobilisation although, at the same time, it says that it speaks "in the name of African people living with HIV/AIDS and access to African drugs". This situation exposes the TAC to criticism by limiting the African continent to a South African reality.



The tensions are inherent to multiple actors operating on the same object. Today, in South Africa, we can perceive conflicts between HIV/AIDS organisations. This is also the case in Cameroon. Today's division is very clear between activist movements claiming community expertise and mobilising for the rights and support of people living with HIV/AIDS, and the movements resulting from scientific expertise, preoccupied with international campaigns to access treatment. The first type of movements is represented by community structures that are trying to establish hegemony on the local and national scenes, being satisfied with the day to day accompaniment of patients. The second is focused on international environment. These movements adopt an expert position based on lobbying and the mobilisation of legal instruments. In the case of the responses of South African NGOs to HIV/AIDS, it is possible to evoke the opposition built around the ANC government, to show some divisions related to militant action. But, it seems difficult to support the idea that the TAC is closer to the ANC than another South African organisation (Helen Zuern: 2006). In Toronto, for example, during the 2006 world conference on HIV/AIDS epidemic, NAPWA activists rigorously denounced the vandalism caused by TAC militants who ransacked the stand of South African Ministry of Health. TAC militants disputed the legitimacy of the Ministry of Health to partake in the conference, due to her inertia in the management of HIV/AIDS in South Africa.

Certain observers, marked by the general idea of South African exceptionalism, try to legitimise at the very least the imagined conflict between South African HIV/AIDS NGOs and the remainder of African NGOs. They often forget two other important areas of tensions: the battle between donors for their visibility, and the conflicts between recipients to collect the financial resources increasingly available in the international arena. The competition between bilateral co-operation agencies or large Western NGOs, each wanting to secure collaboration with specific local "customers", reinforces the suspicion and tensions between Southern NGOs. They want to secure the loyalty of the financing programmes induced by their co-operation with foreign organisations (Fred Eboko: 2003).

## **Conclusion**

The participation of NGOs in HIV/AIDS epidemic responses is a certainty. It can be seen everywhere in Africa with more or less mitigated results according to the national socio-political contexts and specific socio-cultural determinants of these countries. NGO responses to HIV/AIDS are different to those of national public institutions. In this way, the dynamics of NGOs reflect the social realities of individuals and their relationship to the body and health so as to induce adequate HIV/AIDS responses. They question the basic social systems, while articulating – with health concerns – other aspects of social life. They invent preventive mechanisms as well as individual (and collective) health care methods for people living with HIV/AIDS. They fight the injustice committed by public administrations and the capitalistic greed of pharmaceutical firms by mobilising human rights discourses and approaches; they are concerned with discrimination related to the social categories most exposed to the HIV/AIDS epidemic: HIV/AIDS orphans, children of HIV/AIDS victims, as well as women and homosexuals among others.

Yet, NGO responses to the HIV/AIDS epidemic are still limited by other phenomena such as the existing tensions of legitimacy that are blocking NGO action, the authoritative regulation affecting NGOs in the Southern countries that are divided between the requirements of emerging States subject of the rule of law and the political nostalgia of authoritative practices.

However, Article 71 of the Charter of the United Nations defines “NGO” explicitly as representing the actors who take part in development, independently from States that are the major traditional actors of international relations. But, in Cameroon for example, NGO activities are governed by two laws: Act n°90/053 of 19 December 1990 on associative freedoms and Act n°99/014 of 22 December 1999 governing non-governmental organisations. The Act of 1999 compared to that of 1990 seems rather to limit the scope of rights linked to associative rights: "this double terminology, used to name a by-law which was still common until the adoption of a law in 1999, informs

especially of the presence and implication of the different social categories found in the field of HIV/AIDS in Cameroon" (Fred Eboko: 2003).

This controversy clarifies the blur that limits the action of HIV/AIDS associations in Cameroon, while revealing the will of the political elite to control these associative responses. Political actors fear that, benefiting from freedom of association, promoters of associative initiatives assert themselves in competition with public institutions that were not able to control their activities. The State and its representatives make use of this controversy in refusing to collaborate with rather competing and even obscuring actors on the international scene.

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