

3· Mobilizing and mediating global medicine and health citizenship: the politics of AIDS knowledge production in rural South Africa¹

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Introduction

In recent years a number of observers have written about the dramatic expansion of antiretroviral therapy (ART) in Africa and elsewhere in the global South. Nguyen (2005), for example, describes ‘antiretroviral globalisation’ in Africa as an intervention on a scale similar to that of colonialism. Global biomedical interventions in the time of AIDS have extended their reach on a dramatic scale. Similarly, AIDS activists in South Africa and Brazil have become part of a global health movement that has introduced new ideas about rights to healthcare as well as new forms of health citizenship (Robins 2004).

This chapter is concerned with how these global biomedical interventions are mediated by a group of AIDS activists in the rural villages of Lusikisiki District in the Eastern Cape Province, South Africa. It focuses on how AIDS activists, as ‘true believers’ in AIDS science and medicine, seek to ‘convert’ rural villagers into acceptance of the fundamentals of AIDS science through recourse to rhetorical strategies that are not that dissimilar to those deployed by Christian missionaries (Niezen 1997; Turner 1992). Similar to the missionaries before them, AIDS activists, and health professionals, have had to resort to persuasive arguments, rhetoric and translations that resonate with or challenge local idioms and discourses on illness and healing.

Although the global expansion of biomedicine in the developing South has been taking place for decades, the ‘antiretroviral (ARV) revolution’ and HIV/AIDS prevention programmes have dramatically extended their reach. This has been facilitated through the massive injections of resources from international agencies such as the Global Fund, the President’s Emergency Plan for AIDS Relief (PEPFAR), the Gates and Clinton Foundations, the World Health Organization (WHO), the World Bank, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and many others. In addition to the infusion of these global health resources, there has been a dramatic expansion of NGOs, CBOs

and globally connected health social movements, such as South Africa's Treatment Action Campaign (TAC). These social movements, together with NGO allies such as Médecins Sans Frontières (MSF, Doctors without Borders), mediate these new biomedical technologies and forms of health citizenship in ways that can, under certain conditions, contribute towards the promotion of innovative forms of agency, citizenship and solidarity (Robins 2004, 2006). But this is clearly not a seamless narrative of scientific and biomedical progress and citizen empowerment. The case study discussed in this chapter suggests that activist mediators of AIDS knowledge regularly encounter small acts of resistance in their daily attempts to disseminate scientific facts and medical solutions. The study highlights the forms of friction encountered when global processes land in local spaces.

The 'conversion' of people living with AIDS into activists and 'true believers' of modern science and medicine is often understood as evidence of the empowering and redemptive consequences of access to biomedical knowledge, technologies and resources. Alongside this heroic and emancipatory narrative of the progress of biomedicine and science in Africa, there is of course considerable evidence of colonial legacies of distrust and scepticism of scientific expertise (Robins 2004; Steinberg 2008; Cassidy and Leach, this volume). There is also the phenomenon of contemporary forms of globalized technocratization and medicalization that are generating their own resistances as part of emergent regional modernities and nationalist politics (Cassidy and Leach, this volume). These responses include nationalist assertions of post-colonial sovereignty in the face of the expanding reach of transnational health programmes, donors and NGOs. Such a response was evident in South Africa, where former President Mbeki and his health minister sought to contest AIDS science orthodoxy and promote 'African solutions' to HIV. It has also been evident in the Zimbabwean and Sudanese governments' harassment and expulsion of Western NGOs involved in medical and humanitarian aid. This diversity of reactions to modern medicine has been very evident in responses to HIV programmes throughout the global South. Rather than focusing on governmental responses, however, this chapter is particularly concerned with the responses of AIDS activists, citizens and 'targets' of these global health programmes.

The chapter is divided into two sections. The first provides background on the global and national dimensions of AIDS politics and programmes in South Africa. The second provides an ethnographic perspective on the everyday experiences, interactions and rhetorical strategies of community-based AIDS activists involved in treatment literacy and HIV

prevention programmes in a rural village in the Eastern Cape Province. This case study suggests that global health programmes, and their local NGO and activist mediators, often encounter considerable contestation from national state actors, who may view such donor-driven programmes as challenges to national sovereignty, as well as from village-level actors, who may subscribe to alternative conceptions of illness and healing. The chapter's conclusion draws attention to both the limits and possibilities of these grassroots activist mediations and translations of global health messages, practices and technologies.

Global health and AIDS activism in South Africa

In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was launched as a private-public partnership that aimed at financing treatment programmes to fight these three killer diseases. A year later, in October 2003, following almost five years of concerted AIDS activism, the South African government finally agreed to provide free ART to the five to six million people living with HIV who could require treatment within the public health system. By then there had been drastic reductions in ARV prices, again largely due to activist pressure. Responding to this shift in the government's AIDS treatment policy, the GFATM agreed to provide R430 million over five years to support the Western Cape Province's Department of Health in its ARV roll-out programme. The highly successful MSF-Western Cape Department of Health ART programme established in Khayelitsha in Cape Town in 2001 was one of the first recipients of this donor funding. By June 2006, over 20,000 people were receiving ART treatment in the Western Cape Province, and by 2008 over 350,000 people were on ARVs in South Africa's public health system.²

Although donors such as the GFATM contributed significantly towards funding the South African national ART programme, which is now one of the largest in the world, the Department of Health has never been reliant on this donor funding. Unlike the situation in many other African countries, there have been no signs of financial dependency in terms of the relationship between international donors and the South African state. If anything, donors have operated in South Africa under conditions determined largely by the South African government. The South African National AIDS Council (SANAC) was meant to regulate relationships between donors, civil society and the state. Owing to the ongoing tensions resulting from former president Mbeki's dissident position on AIDS, SANAC remained ineffectual and paralysed until quite recently. By 2009 the dissident position articulated by former presi-