Complications of the South African Response to HIV

A qualitative content analysis of President Mbeki’s years of HIV resistance

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Abstract:

This paper presents the results of a study which overviews the policy failure in South Africa during Thabo Mbeki’s presidential period. The research aimed to analyze how anti-colonial theories and past experiences have influenced President Thabo Mbeki’s political statements in HIV policies. Combining President Mbeki’s distancing from Western medicines, an ineffective infrastructure, and a push towards African Renaissance, this report reveals how apartheid history and anti-Western perceptions influenced the opinion of Mbeki as well as the conditions for policy development, which ultimately delayed the introduction of anti-retroviral medicines.
1. INTRODUCTION

Despite acquired immune deficiency syndrome (AIDS) and the pathogen equivalent, human immunodeficiency virus (HIV), being one of the greatest killers of today, it was only discovered and medically defined in 1983 (Nunn et al., 2012). Approximately a quarter of a century later, AIDS-related illnesses have claimed more than thirty-nine million lives throughout the world. Most of those affected with HIV currently live in Southern Africa and account for around 70% of AIDS-related deaths per year. Given the fact that only 10% of the world population is found in sub-Saharan Africa, these numbers are quite shocking (UNAIDS, 2014). Although advanced medical research has helped prolong many lives, the treatment and prevention of this disease differs worldwide given the divergent ways in which governments around the world have approached the epidemic. Variations can therefore be found within sub-Saharan countries with regards to the prevalence and progress of the epidemic, where countries like South Africa currently have the highest HIV prevalence in the world (Kim, 2015: 199-200).

This research study will look further into the case of South Africa, where an estimated 6 million people are currently living with HIV/AIDS - one of the most affected areas in the world. South Africa is also ranked number one in regard to annual deaths from AIDS per year at approximately 140,000 causalities (UNAIDS, 2014). The impact of the HIV epidemic is not solely found in the public health sector, but can be seen throughout society and development in South Africa. Therefore, there is clearly a need to address the role of the South African government’s response to the epidemic. In South Africa, the governmental response during Thabo Mbeki’s presidential decade (1999-2008) has differed from Western countries in implementing medicines such as anti-retroviral treatments to combat the spread of HIV infections. As a result, South Africa has been criticized globally for their failure to respond to the epidemic (Campbell et al., 2005: 810). For this reason, there clearly is a need to address the role of the South African government’s response to the HIV epidemic during a critical time period – Thabo Mbeki’s presidential decade.

Due to the effect that the HIV epidemic has had on a wide majority of South Africans during the early 2000’s, this research will explore how anti-colonial theories and past
experiences influenced President Mbeki’s political statements on HIV/AIDS. Indeed, the question remains why the South African government differed from Western approaches on HIV preventative medicines for over a decade and in order to better understand the reasoning behind Mbeki’s actions, two political statements towards HIV prevention and policy will be examined using post colonialism. With the use of post-colonialism, the present research study will critically analyse statements made by South African President Thabo Mbeki in order to further understand factors that can explain Mbeki’s arguments regarding AIDS (LaCapra, 1991: 14). Although there are many factors that can influence the spread of HIV, the political and social influences of President Mbeki during the early stages of his presidency will be the main focus of this research paper. In order to better examine President Mbeki’s reaction to anti-retroviral medicines and Western influences, this study will utilize postcolonial theory.

1.1 PURPOSE

This present study attempts to uncover how colonial history and anti-Western perceptions influenced Mbeki’s attitude towards AIDS policies and medicines. The purpose of this study is therefore to explore the reasoning behind the failed AIDS policies in South Africa by presenting and analyzing two of President Thabo Mbeki’s statements to world leaders in response to HIV/AIDS prevention in the year 2000 (Kim, 2015, p.200). This study hopes to gain a deeper understanding of President Mbeki’s actions towards HIV medicines and policy with the use of postcolonial theory. The aim of the paper is not to discipline or condemn the actions done by President Mbeki; it is an effort to comprehend the reasoning of the South African political response during his presidential period (Fassin, 2007: 13).

This study will answer the following questions:
- How are President Mbeki’s arguments on the HIV/AIDS epidemic in South Africa expressed?
- What factors can help to explain President Mbeki’s arguments towards HIV/AIDS policy?
1.2 CENTRAL CONCEPTS

**HIV/AIDS**: The first emergence of the HIV infection in the 1980’s was mainly among homosexual men in developed countries, with a few cases also found in developing countries. HIV is a virus that gradually attacks the immune system, making it harder for HIV positive bodies to fight off infections and diseases. Once a person’s HIV infection becomes advanced and the immune system is too weak to fight off infections, the last stage of the HIV infection becomes acquired immune deficiency syndrome (National Institute of Allergy and Infectious Diseases, 2012). When speaking of the epidemic, HIV epidemic or AIDS epidemic will be used interchangeably.

**Dissident**: A person or persons who actively contests established policies, doctrines, or institutions. In this particular case, AIDS dissidents have questioned the scientific communities cause and effect relationship between HIV and AIDS and/or the research and medicines used in combating AIDS (McGreal, 2007).

**ART/ARVs**: Anti-retroviral therapy (ART) is the combination of anti-retroviral (ARV) drugs that suppresses the multiplication and progression of HIV disease. ARVs can help prevent transmission from HIV positive persons along with those at substantial risk, in order to enjoy healthy lives (World Health Organization, 2016).

1.3 DISPOSITION

This research paper will first consist of a background in which the post-apartheid AIDS policies and Mbeki’s presidential HIV programs will be briefly outlined and discussed. The study will then speak of Previous research on the topic of AIDS policy analysis and President Mbeki’s statements will then be analyzed. In the third section, the theoretical framework of post colonialism will be highlighted in order to transition into method and design of this qualitative content analysis study. Empirics summarizing Mbeki’s two speeches along with the coding process will follow and present the final results. A thorough analysis of the gathered empirical research will capture the final results of my studies. The research paper will then conclude by summarizing the findings and calling for further research.
2. BACKGROUND

The background section briefly discusses the post-apartheid AIDS policies and programs implemented during Nelson Mandela and Thabo Mbeki’s presidential period. The unstable political and institutional systems further preventing AIDS policies are then discussed and concluded with previous research on Mbeki’s presidential period of HIV policies.

2.1 POST-APARTHEID HIV POLICIES

The “new” post-apartheid South Africa democratically voted the African National Congress (ANC) in 1994 after the control of a racist and discriminatory apartheid rule. Apartheid was a system of racial segregation in South Africa coming from the Afrikaans word for “separateness.” The white-ruled National Party remained in power from 1948 to 1994 with political, economic, and racial discrimination against nonwhites (Bickford-Smith, 2006: 11-14). During the apartheid regime, little attention was paid to produce a clear AIDS agenda since it mostly favored the white minority, who were not major victims of the epidemic. The majority of South Africans affected by AIDS were therefore ignored due to their race and class. As the new democratic ANC took power, a new stance towards the AIDS pandemic was taken and change was underway (Nattrass, 2005: 35).

New AIDS policies were preliminarily drafted prior to the regime transition in 1994, with the first two post-apartheid Health Ministers beginning discussions in 1991 with the apartheid government’s Department of Health. Following these discussions, a conference was held in 1992 with over 450 people from the ANC and the apartheid Department of Health in order to discuss the lingering AIDS threat. As a result, the National AIDS Committee of South Africa (NACOSA) was formed in an attempt to address and propose new AIDS policies and plans (Schneider, 1998). NACOSA proposed a National AIDS Plan with a multi-sectored structure of departments (Health, Welfare, Education, and Defense) and an established joint network at the national and provincial levels (Kim, 2015: 201-202). The National AIDS Plan took into account the necessity of addressing socioeconomic factors in relation to the spread of HIV/AIDS and therefore proposed a commitment that extended beyond the health sector. The cause and impact of AIDS therefore required the commitment and
involvement by the government, private sector, nongovernmental organizations (NGOs), and community-based organizations (White Paper, 1997).

Under Nelson Mandela, the new government in 1994 seemed more receptive to the demands of South Africans by developing nationwide AIDS policies. Nelson Mandela prompted the national government to adopt the National AIDS plan by personally presenting a national sense of urgency and commitment to the AIDS epidemic (Nattrass, 2005: 39). This National AIDS Plan was used as a framework for a nationwide fight against HIV/AIDS through emphasizing the need for equal access to health care following the large disparities between races due to past apartheid policies (African National Congress, 1994). In addition, a pilot project for the use of the first anti-retroviral drugs was initiated in July 1998 in five sites in Gauteng province, South Africa. The anti-retroviral drugs, Zidovudine and Nevirapine, had been internationally recommended and clinically proven to be effective in halting the development of the HIV virus. The World Health Organization endorsed the effectiveness by stating that it could reduce the risk of mother-to-child-transmission of HIV from 30% to 13% (Willan, 2004). The progressive AIDS policies at this time in South Africa were therefore often seen as promising with the new ANC government having set up innovative frameworks, concrete structures, encouraging research programs and supportive health care professionals (Schneider, 1998).

2.2 MBeki’s Preventative HIV Programs

The seemingly optimistic HIV policies implemented during the post-apartheid period had high hopes for success; however, the policies proved to be difficult for the South African government to develop and implement. South Africa was in an unstable political and institutional system following the long years of apartheid, which resulted in a rattled administrative as well as a dysfunctional health care infrastructure. The new democratically elected ANC worked closely with the apartheid government for five years following election in a quasi-federal system, in an attempt to ease the ANC into the bureaucratic and health care systems. The power struggle between the old and new government made it hard to implement proper AIDS policies since many were unwilling to help coordinate new AIDS policies. The quasi-federal system therefore created major inequalities in human resources, technological capacities, and resource
distribution as a direct result of racial discrimination from the previous years of apartheid. Many jobs and resources held unclear responsibilities and made the implementation of successful AIDS programs unmanageable. Post-apartheid health care infrastructure proved to be difficult to balance after apartheid structures prioritized mainly white health care systems. The inequality of apartheid was deep-rooted within the health care system, which affected the black majority, consequently the major victims of HIV/AIDS (Youde, 2007: 78-82). Mbeki’s presidential cabinet was therefore run on a flawed system of providing inadequate care for the majority of AIDS victims within South Africa. The racially inequitable distribution of health care could therefore prove to be a major challenge in attempting to make HIV policies work throughout the country (Kim, 2015: 209-211).

As President Mbeki assumed office in 1999, the anti-retroviral medicines tested for mother-to-child-transmission in Gauteng were withdrawn. The resistance towards the reversal of anti-retroviral treatment was met with much criticism domestically, from civil society organizations like Treatment Action Campaign, and internationally, from Western governments and the World Health Organization (Fourie, 2006: 127-128). Following the withdrawal of anti-retroviral medicines, Mantombazana Tshabalala-Msimang elected under Mbeki’s presidential cabinet was given the nickname “Dr. Beetroot” for announcing that garlic, lemon, beetroot and other root vegetables could serve as a viable alternative to ARV’s (McNeil, 2016). The Health Minister also promoted the South African medicine Virodene - an industrial solvent-based drug produced by three scientists at the University of Pretoria. The release and support of the medicine by Tshabalala-Msimang as well as President Mbeki prompted much public attention in the 1990s and 2000s. In unorthodox move, the three scientists behind Virodene at the University of Pretoria conducted research on human subjects without clearance to do so. In addition, the Medicines Control Council (MCC) refused to approve Virodene for claiming that the drug caused severe liver damage and was suggested to have further triggered the spread of the HIV virus. Mbeki strongly opposed the decision by claiming that the MCC refused to certify an African science product and even fired Professor Peter Folb, head of the MCC at the time (Nattrass, 2005: 3-4).
The government-led commitment to AIDS policies and programs failed to produce the hoped outcomes, which in turn resulted in one of the largest national HIV/AIDS epidemics in the world (Kim, 2015: 202). Seeing as South Africa has been known as one of the exemplary cases of AIDS policy failures, much previous research has been made in relation to public policies, domestic power relations, poverty, educational opportunities, gender inequalities, and social norms that have contributed to the spread of HIV. Despite many years of research and progress with the diagnosis and treatment of the disease, deep-rooted gender inequalities continue to spread and increase the HIV/AIDS pandemic. Research has shown that societal stigma and discrimination against people associated with the disease often make it hard for many South Africans to access proper care and treatment that is available to them (Fritz, 2011). The focus of previous research has however lacked proper examination into the behavioral aspects of Mbeki’s presidency to determine the reasoning behind his statements and positions.

During Mbeki’s presidency, two of his major points to preventing the spread of AIDS were through condom use and preventing poverty. Traditional preventative programs for the spread of HIV have concentrated on behavioural marketing such as the ABC method of advocating abstinence, faithfulness, and condom use. Although the HIV/AIDS epidemic in South Africa initially affected predominantly males, today more than half of the people living with HIV are female. This can be largely linked to the fact that HIV transmissions spread rapidly through heterosexual marriages in Sub-Saharan Africa. The widening gender gap in the prevalence of HIV/AIDS in Sub-Saharan Africa can be linked to factors made up of biological, cultural, economic, social, and psychological reasons (Doyal, 2013: 85-89). Given the circumstances however, research has pointed out that many women infected with HIV are not socially or economically in a position to abstain from sex, rely on fidelity, or argue for condom use (Stangl and Nyblade, 2007). Gender gaps and inequalities are prevalent within South Africa with unequal economic opportunities, control of resources, power positions and political voice, ultimately aiding the spread of HIV diseases. These gender inequalities and are often more exacerbated in poverty making access to schooling or income a top priority, while sexual education and HIV prevention programs are often lacking (Doyal, 2013: 59).
By making use of the facts at hand, further research into the reasoning behind President Thabo Mbeki’s behavior towards scientifically proven Western medicines and programs from a postcolonial standpoint was lacking. Tensions were so sharp between scientific conformity and AIDS dissidents that the examination and analysis of the discourses and positions of South African President Mbeki and his presidential cabinet seems to be limited (Fassin, 2007: 12-13). One research study called the *Obstacles to the Response to HIV/AIDS in South Africa: Historical Legacies in Perception and Policy Environment in 1994-2006* by Young Soo Kim examines the role of leadership and policy environment under the Mandela and Mbeki presidencies. The study focuses on the introduction of anti-retroviral treatments (ART) and attempts to connect the preventative medicine to Mbeki’s perception of colonialism and apartheid. Kim finds that the policy failure is due to both the historical legacy of President Mbeki’s negativity towards Western medicines and influences and also the failed policy environment left after the apartheid era. The poor administration, bureaucratic system and unbalanced health care infrastructure made it hard for the ANC to build up a proper AIDS program. Kim concludes that President Mbeki’s denial of orthodox science in relation to ARVs prevented the South African government from adapting proper preventative transmission programs until 2006. In doing so, the political movement of African Renaissance is seen as the main drive towards South Africa’s Western resistance of HIV preventative medicines (Kim, 2015: 212).

### 3. THEORETICAL FRAMEWORK

#### 3.1 POST COLONIALISM

Postcolonial theory addresses the issues of power, politics, religion, economics, and culture in relation to colonial hegemony - Western colonizers controlling those who are colonized. Many postcolonial critics often look at literature written by colonial powers as well as the colonized. Rather than glorifying European explorations, postcolonial criticism often narrates the destructive and negative effects caused by colonial rule (Englebert, 2000: 9-11). Post colonialism is therefore a response to the
consequences of economic and human exploitation of colonial rule and progressively promotes a distancing from Western exploitation (Loomba, 2005: 25-26).

Postcolonial criticism questions the idea of Western history as being the dominant forms of knowledge production by attempting to move away from “first world” perspectives. The terms first, second, third, and fourth world are often critiqued as reinforcing the overpowering dominance of the Western first-world status. The third world is therefore often exploited for its raw materials and labor, favoring the ever-expanding first world (Loomba, 2005: 28-32). Postcolonial theory therefore sees our present world as a direct result of colonialism that still affects many countries economically and culturally. Although the current globalized society differs from the colonial era economically, politically, and culturally, our world is still influenced and shaped by the past (Eriksson et al., 2011, p.16). Frantz Fanon is seen as the founding father to the postcolonial school of thought in his famous study of the problems associated with colonialism and Europe. He asked questions such as how are cultural identities shaped in the global society? How are racist stereotypes created and maintained? And what possibilities are there to go beyond the Western worlds’ perspective in order to create alternative identities and strategies separated from Western modernization (Eriksson et al., 2011: 14-16).

Many influential and popular works within the literary canon are often criticized as being harsh towards non-Western cultures. Authors within this canon include Joseph Conrad’s book Heart of Darkness, which is often seen as a successful critique of colonial behaviors. However, postcolonial theorists often see this work as Europeans defining Africans as barbaric savages living in pre-historic time (Wesley, 2015: 24-26). Questions often used by this school of thought are how different groups are described or treated in Western eyes, what the text reveals about the politics of anti-colonialist resistance, and what the text uncovers about the cultural difference in shaping our view of the world. The postcolonial school of thought often emphasizes moving away from Western powers and colonial rule, in an attempt to better appreciate rebuilding of their own nations (LaCapra, 1991: 14-15). In the article Medicines and Colonisation, author Frantz Fanon speaks of the difficulty of the colonized trusting health care professionals and institutions of the colonizing party. The colonized often refuse help from the colonizing hospitals and doctors, not due to
the fear of cities, distance, or shame from family members, but often due to the fear of the whites - of the conqueror. The reluctance towards the European doctors was said to be due to having to face both a technician and a colonizer. The refusal of medical treatments are therefore not a refusal of life from the colonized victim, it represents the mistrust towards the colonizing doctor or technician. The colonial doctor can therefore represent the South African resistance of distancing from colonial powers (Fanon, 1965: 122-126). Focusing on Africa, the postcolonial dilemma mentioned in Kwame Anthony Appiah’s *In my Father’s House* refers to the colonial construction of the term Africa and the geopolitical building of nations. Many countries within the continent were violently forced to construct the colonial cultures, languages, and borders (Eriksson, Thörn and Baaz, 2011: 27). This theory will therefore be applied during the empirical data analysis in an attempt to critically analyze the themes and categories that describe Mbeki’s arguments towards the HIV epidemic and consequently the Western world. The use of postcolonial theory in President Mbeki’s speeches will also help to gain a critical perspective into the latent and manifest references within the analyzed material (Casanova, 1965: 33). Through combining the theory of post colonialism with African Renaissance, questions will be raised, statements will be picked, and angles will be chosen based upon their relevance to post-colonial implications and Western resistance.

In order to properly understand and analyze President Mbeki’s views on the South African HIV epidemic, the theoretical use of post colonialism will be applied to the anti-colonial movement of African Renaissance. African Renaissance is a political movement with postcolonial influences – often resisting from colonial and Western rule. African Renaissance therefore often leads to a heightened drive towards nationalism within the colonized countries (Youde, 2007: 78-80). Postcolonial theory is therefore a scientific theory in which the political movement of African Renaissance can be applied and understood. Both theories come from the same theoretical background, yet the African Renaissance focuses on a political movement while postcolonial theory invites a more scientifically based theoretical argument (Englebert, 2000: 11-12). Postcolonial theory is therefore relevant when examining Mbeki’s two statements to the Western world. In order to better examine, explain, and understand President Mbeki’s statements towards HIV preventative treatments and policies, postcolonial theory will be applied to the empirical data.
3.2 AFRICAN RENAISSANCE

Under the beginning of the 21st century, President Mbeki was seen as the main driver and originator of reawakening Africa into a political African Renaissance. Renaissance often refers to the 14th to 16th century revival of classic art and literature, yet the word also implies any comparable revival. African Renaissance, in political and economic terms, often implies attracting foreign investments and thousands of talented Africans back to a diplomatic, stable, and market-oriented continent (Louw, 2000). As a result, the drive towards an African Renaissance influenced the South African Department of Foreign Affairs to create The African Renaissance and International Co-operation Fund Act in 2000. The Act promoted and enhanced international co-operation with the African continent and the commitment of African Renaissance in all of South Africa’s human endeavors; political, economic, technological, cultural, environmental and social sectors. The Act proactively identified and funded projects and programs within South Africa that followed the vision of African Renaissance – the idea of improving the “quality of life for all Africa and her people” (Department of Foreign Affairs, 2004: 1). According to the Department of Foreign Affairs, the African Renaissance embraces the rich and diverse history of cultures in Africa while attempting to provide a framework for a modern Africa to emerge as a significant global partner (Department of Foreign Affairs, 2004: 1-2).

In this case, the call for an African Renaissance within South Africa is the African political form of resisting colonial rule and its influences. The Dutch East India Company in the 17th century established a permanent settlement at what is now known as Cape Town, South Africa. From then on, both British and Dutch rule over the majority of South Africa has exploited South African culture, religion, languages, and minerals (gold, diamonds, coal, and other natural resources) (Louw, 2000). African Renaissance is not a new idea however, and much of its underlying themes and ideas have been promoted by some of Africa’s most prominent scholars The African Renaissance calls for Africa’s rebirth and freedom from colonialism – demanding for Black sovereignty and independence. The reawakening of Africa therefore calls for a cultural, economic and political rebirth of Africa. In order to
accomplish this goal, a common emphasis is placed on self-reliance, responsibility, and a belief in Africa’s ability to control its own destiny (Youde, 2007: 78).

President Mbeki first publicly used the postcolonial term in 1997 during a conference where he encouraged the use of potential investors to encourage Africa to be an important player on the world stage (Youde, 2007: 76). President Mbeki spoke of the “African Renaissance” as an opportunity for Africans to end poverty and underdevelopment in order to build a better life for the “ordinary” people of Africa whilst challenging Western conventional wisdom about Africa (Ibid, 2007: 79). Mbeki’s referred back to the idea of African Renaissance in his famous politically-driven speech “I am an African,” in which he describes rebuilding Africa to achieve economic, scientific, and cultural revival. Mbeki encouraged African intellectuals to use their knowledge to take pride and help their heritage grow stronger by stating, “I am convinced that a great burden rests on the shoulders of Africa’s intelligentsia to help us to achieve these objectives” (Cossa, 2008: 35). It is often mentioned that when Africans overcome their differences and unite, that is when an African Renaissance can truly form (Ibid, 2008: 35). As mentioned previously, the political movement of African Renaissance will be applied and understood in the two statements with the use of the scientific theory of post-colonialism. The African Renaissance will therefore be used to further understand the complexity of postcolonial factors in a political African movement.

4. METHODOLOGY AND MATERIALS

The following section will detail the present study’s methodology and materials. The design of the study will then be detailed as well as methodology applied to the research topic. The methodological process is therefore a tool used to analyze and observe the data collected (Bjereld, Bemker och Hinnfors. 2009: 106-107).

4.1 DESIGN

Using postcolonial theory, this study will examine the most influential reasoning(s) behind President Mbeki’s arguments towards AIDS policies and influences (Kim, 2015: 212). In order to identify the overarching themes and influences in Thabo
Mbeki’s two speeches, the present study will make use of qualitative content analysis. This aim of this study will therefore be to further understand the reasoning behind Mbeki’s actions as South Africa’s president by coding, recording and categorizing Mbeki’s Letter to World Leaders in April 2000 and Opening Speech at the Durban AIDS Conference in July 2000.

Qualitative content analysis is a research method using a systematic classification process of coding and identifying themes or patterns and creating a subjective analysis of selected texts. It goes beyond coding and finding themes by allowing researchers to find a social truth in a subjective, yet scientific matter. In this case, inductive category application will be used. By examining the text, theoretically formulated categories from a post-colonial standpoint will be created in order to analyze, describe and categorize the text. Every category is manually given definitions and coding rules to determine exactly under which circumstances a text can fit into a category. The overall process of identifying, coding, and categorizing overall themes and patterns within the empirical material will be used to eventually conclude the final interpretations of the results and quantitative steps of analysis by checking the number of occurrences of each category (Bergström, Boréus, 2005: 46-50).

4.2 MATERIALS

This study will make use of two statements made by President Thabo Mbeki in April and July 2000. The first statement, Letter to World Leaders, was sent to United States President Bill Clinton, United Nations Secretary-General Kofi Annan and other world leaders in April 2000 while the second statement being analyzed is President Mbeki’s Opening Speech at the Durban AIDS Conference in July 2000. In order to code and operationalize the material, qualitative research analysis and a table describing the categorical data will be used (Bergström, Boréus, 2005: 48-49). This data will then be analyzed for its content by identifying and counting the most frequent and reoccurring themes in Mbeki’s two analyzed statements. The specific timeframe emphasizes Mbeki’s first years in office during a very critical time for AIDS prevention as HIV prevalence figures had risen from approximately 1% in 1980 to over 20% in 2000 (Kim, 2015: 202). The timeframe also includes the year in which South Africa hosted the global AIDS conference in Durban, which proved to be a pivotal year for Mbeki’s views on HIV to be heard worldwide (Public Broadcasting Service, 2006).
timeframe therefore attempts to understand the speeches made before and during the National AIDS Conference in Durban in April and July 2000. The reasoning behind the selection of these two speeches is that both speeches were publically addressed to influential world leaders in mostly Western countries.

4.3 METHODOLOGICAL PROCESS

During the research process, the first step in preparing the material for qualitative content analysis is to organize the data. When transcribing the letter and speech, three main questions will be used in order to break down the data: (1) should all the questions or only the main questions from the interview be transcribed; (2) should the articulations be transcribed in a summary or literally; and (3) should background observations (pauses, sounds, behaviors, etc.) be transcribed in the text or not? In this research study, I chose to identify the main expressions and statements of the speeches, record in summary, and take insight to the time, place and underlying messages of the speeches. The parts of the communication from which inferences will be made are thus aimed more at the aspects of the communicator. Therefore conventional content analysis (also known as inductive category development) will be used to analyze the data, in which codes are defined throughout the data analysis of the text. Each speech will be read from beginning to end and summarized. Next, each speech will be read carefully, highlighting texts that appeared to describe an expressive reaction or discontent towards Western powers. The theme used here might be found in a single word, sentence, or several paragraphs in the text. Beside every highlighted text a keyword or phrase that captured a reaction or resistance to Western powers and colonialism was written in the margin. Working through the text, the third step will be to develop categories and a coding scheme. The coding scheme is the analysis instrument that says what will be noted in the material. In order to produce a coding scheme, the researcher will have to take a stance to what words, themes, or arguments that will be counted into the codes (Bergström, Boréus, 2005: 48-51). Category definitions will then be defined by combining previous academically defined definitions with current ideologies. Once both speeches have been coded, the coded data will be examined. Some codes will be split into subcategories while others are combined during this process. Definitions for each category, subcategory, and code will then be developed (Hsieh, 2005: 1280-1281).
It is important to note that in the process of feedback loops and re-categorizing the data, the definitions stated will be created through a thorough analysis of the data. The categories are therefore created after reading through the text multiple times and in the process creating multiple categories that could then be shaped and formed after their connection to one another. As a result, the definitions are analyzed and evaluated creating a normative perspective on the classifications. The empirical data gathered are therefore the main categories and sub-categories, while the definitions are included in the analysis (Ritche et al., 2014: 386-387). In order to better understand the examples chosen to the categories however, the normative descriptions will be stated.

4.4 CATEGORY ASSIGNMENT

In order to better examine Mbeki’s speeches and due to the fact that not much similar research has been done, the categories and coding schemes will be produced from analyzing the data. The categories chosen will be the most prominent topics used within Mbeki’s speeches that follow a post-colonial or anti-Western standpoint. The preliminary theory used here will be that of post colonialism in order to better understand Mbeki’s outlook on HIV policies and consequently Western influences. Since post colonialism focuses on questioning and criticizing Western colonial rule, the chosen topics and categories from the speeches will be based off of communicative reaction or dissatisfaction towards Western powers and colonialism (Eriksson, Thörn and Baaz, 2011: 13). During this research study, the call for an African Renaissance such as advocating for African solutions or uniquely African AIDS problems will also be highlighted. The use of African Renaissance will be used to help understand the African context to the post-colonial theory. Categories will therefore be picked and defined based on their relevance to post-colonial theory. It is important to note however, that the use of post-colonial theory and African Renaissance does not warrant approval into the political movement category of African Renaissance. When attempting to place a single unit of text into a category, it was important to note that in qualitative content analysis, a text could be assigned to multiple categories. In some cases for example, an underlying message of African Renaissance and Western resistance may be found in the same text, causing that specific section to be placed into multiple categories (Bergström, Boréus, 2005: 66, 76-77).
4.5 VALIDITY, RELIABILITY, AND VALIDATION

In order to properly ensure consistency of coding, the text was examined and coded several times in order to create as concise categories as possible. New themes and concepts were continuously added and checked in order to further proof the coding manual. After the coding rules and definitions were applied to the first statement made by President Mbeki to World Leaders in April 2000, the same process was done with the next speech. It is important to remember that the definitions of categories can be misinterpreted since can languages be ambiguous, which can affect the validity of the research. Since these categories are formed from the researchers own opinion and only two sample texts, it is also often hard to generalize. The reliability of the study’s findings can therefore differ if repeated again since the definitions gathered express my own judgment of what the definitions ought to be. Lastly, validation is a concern focused on how well participants’ meanings have been understood and recorded. Through using theory triangulation, the precision and clarity of the research findings can be improved. In this study, the use theoretical perspective used will be that of post-colonialism and therefore that should be taken into account when analyzing the data (Ritche et al., 2014: 354-359).

4.6 LIMITATIONS

As a human coder, a challenge faced can be that a complete understanding of the context cannot be fully achieved by the researcher, which can result in failing to identify key categories. In turn, this can result in findings that do not accurately represent the data since every researcher’s reporting of data may differ and therefore affect the reliability. Researchers may also be subject to fatigue and coding rules changing over time, which can lead to inconsistency. Due to this, the coding was rechecked for consistency after coding both of Mbeki’s statements. The different text interpretations were put into the above named categories, which were constantly formed and revised within the process of feedback loops (Bergström, Boréus, 2005: 65-67). The positive with using qualitative content analysis, however, is that it can often study emotions and motivations, as well as establishing the causes of certain behaviors. Qualitative content analysis does not calculate or produce statistical significance; it uncovers patterns, categories, and themes that are important to social reality. Qualitative analysis differs from a quantitative approach by focusing on the
unique themes and meanings behind the phenomena’s rather than the statistical significance of text occurrence. After making sense of the themes and categories identified, inferences and conclusions can then be made from the collected data (Mayring, 2000: 5-8).

5. MBEKI’S STATEMENTS

The following section will present President Mbeki’s two statements beginning with a brief overview of the Letter to World Leaders and Opening Speech at the Durban Conference. The empirical category assignment results will then be presented and discussed.

5.1 INTRODUCTION OF MBEKI’S STATEMENTS

As the country saw its HIV infection rates continue to increase, academics, activists, and other governments progressively questioned South Africa’s response to the epidemic. In an attempt to correct misrepresentations of South Africa’s government, the country hosted the 13th International AIDS Conference in the summer of 2000. At the International AIDS Conference, President Mbeki held an opening speech detailing the HIV policies and procedures currently held by the South African government. Prior to the AIDS conference, Mbeki attempted to calm confusion over his AIDS beliefs by writing a letter addressed to multiple world leaders (Youde, 2007: 87-88). The so-called “Letter to World Leaders” presented Thabo Mbeki’s views and response as well as the future of HIV/AIDS in South Africa by defending their domestic AIDS policies. The letter recalls the actions his government has done to fight AIDS, yet reminds the world that the African epidemic is quite different from the Western one (Public Broadcasting Service, 2006). In an effort to understand the two statements as well as to grasp the reasoning behind President Mbeki’s thinking, a brief summary of the Letter to World Leaders and the Opening Speech at the Durban Conference will follow below.

5.1.1 Letter to World Leaders April 2000

The Letter to World Leaders sent out by President Thabo Mbeki in April 2000 wanted to inform the world of the work being done in South Africa to combat the HIV/AIDS epidemic. President Thabo Mbeki speaks of the urgency of the epidemic while stating
that the major campaign in the fight against AIDS in South Africa is the encouragement for safe sex, condom use and the elimination of poverty. This builds up to Mbeki’s central argument that Western knowledge on HIV/AIDS would be illogical to use in Africa. The knowledge and strategies of the AIDS epidemic from the West cannot be oversimplified to meet the African reality since it is an exclusive threat that “faces us as Africans” (Public Broadcasting Service, 2006). The correct Western response of medicines and public policies will therefore not be able to produce the same success to fight the specific AIDS epidemic of Africa. Consequently, Mbeki states that the organized campaign by some nationally and internationally of condemning South Africa for the criminal abandonment of HIV/AIDS epidemic is not acceptable. Mbeki finalizes his letter by stating that it is crucial that the Western allies aid South Africa in their fight against HIV/AIDS, instead of opposing and condemning them (Public Broadcasting Service, 2006).

5.1.2 Opening Speech at the Durban Conference July 2000

Mbeki starts his speech by mentioning that the participants are gathered in Africa for the first time in the history of the International AIDS Conferences and involves the participants in recounting the apartheid past. He mentions that South Africa is subsequently a country in which freedom and democracy are a new gift for many – merely six years old. The participants at the conference are thus the midwives of the brand new, non-racial, non-sexist, and democratic South Africa. After recalling the past, Mbeki transitions into declaring his main argument and thesis in fighting HIV/AIDS – the fight against extreme poverty. He emphasizes the differences in life expectancy worldwide compared to Africa in relation to the effect that infectious disease has on malnutrition in poor countries. Poverty is therefore a desperate and pressing reason to combat HIV/AIDS as it attacks those with already lowered immune systems from malnutrition. The South African campaign against AIDS will thus be focused on encouraging safe sex and condom use, fighting opportunistic diseases, and eliminating poverty. He ends his speech by emphasizing that we, as Africans, are confident in the ability of the International AIDS Conference to be messengers of hope and produce important work for all people suffering due to HIV and AIDS, hoping that the issue of poverty will be raised throughout the international convention (African National Congress, 2000).
5.2 CATEGORY ASSIGNMENTS

Before delving into the analysis of the speeches, a coding process was necessary to facilitate appropriate and effective analyses of the text (Bergström, Borèus, 2005: 48). The relevant parts relating to post-colonial theory within the two statements was noted, coded and categorized during the process of reading Mbeki’s Letter to World Leaders and Opening Speech at Durban Conference. The categories were therefore sculpted and created following the assessment of Mbeki’s statements. By working through the text, the main categories that I have highlighted and created through the process of feedback loops have been the feelings and expressions of Nationalism, Western Influences, Past Experiences, and AIDS Facts. In order to display the diversity of the qualitative categories, Table 1 in the appendix outlines the main categories, sub-categories and their definitions. The section below outlines in more detail the complexity of each category and examples of President Mbeki’s statements that were considered and accepted into the categories. In an effort to better generalize the data, only the main categories and the most utilized sub-categories are mentioned in order to further examine the most prominent post-colonial factors and themes while analyzing Mbeki’s two statements. The categories described will be a combination of categories and quotes gathered from both of President Mbeki’s statements and definitions and interpretations made from the researchers own perspective. A thorough analysis of the most prominent theme or category will then be described following the introduction of the main categories.

5.2.1 Overview of the Four Main Categories

Within the first main category of Nationalism, three sub-categories emerged – African Way, Public Opinion, and African Renaissance, as shown in Table 1 of the appendix. The first sub-category, African Way, lead to the description of distancing from Western countries by describing Africa as separate. One example can be found in the Letter to World Leaders where Mbeki describes the differences between Western countries’ response to HIV/AIDS and the “uniquely African catastrophe” (Public Broadcasting Service, 2006). By working through the text, one impression made to suit this sub-category is that the African way of fighting this war on HIV/AIDS is through combating disease and poverty. In the sub-category Public Opinion, Mbeki speaks of the “will of the great majority of our people” in electing him as president
and his leadership therefore consisting of reiterating the thoughts of the South African society (Public Broadcasting Service, 2006). The AIDS issue is therefore not just a political issue facing the government; it engulfs the whole of South Africa and its citizens. This notion of a united South Africa facing the HIV epidemic together thus emphasizes the use of political ends to fuel nationalism. The final category in nationalism is the referral to African Renaissance. The referral to African Renaissance within the speeches could range from subtle innuendoes such as African countries having the competency to gather accurate statistics about their own countries, to specifically naming “we, as Africans” as being able to find their own solutions to the AIDS epidemic. In conclusion, all three sub-categories highlight different latent and manifested statements of nationalism within President Mbeki’s Letter to World Leaders and Opening Speech. The main category, Nationalism, is therefore accentuated by President Mbeki’s solidarity with the idea of a united African front separated from Western powers. It also emphasizes hegemonic ideas about AIDS in understanding the policies in South Africa during Thabo Mbeki’s presidential period (African National Congress, 2000), (Public Broadcasting Service, 2006).

The second main category formulated through qualitative content analysis of Mbeki’s to statements is Western Influences. In this category, three sub-categories, Demanding, Resisting, and Non-Interference, were created. Of these three, the two most dominant are presented. The first sub-category, Demanding, focuses on the influences of foreign pressures on South Africa to act even if they are at times unwilling. Demands include Mbeki stating in his Letter to World Leaders that Western countries have been demanding that the South African government provide anti-retroviral drugs. Demands from the West to influence South Africa’s current pharmaceutical HIV programs could therefore be taken as a demand for Western dominance over South Africa (Youde, 2007: 78). Similar to African Renaissance, the second sub-category created is Resisting. This category highlights the importance of Mbeki’s solidarity with the idea of a united African front against Western countries. Statements that fit this category include Mbeki’s solidarity in understanding the African AIDS epidemic as separate from the Western one, and therefore a comprehensive African AIDS approach does not necessarily involve Western medicines such as ARVs (Public Broadcasting Service, 2006).
Past experiences made up the third category, with two sub-categories of Apartheid and Colonialism. The first category of Apartheid describes the references made to Apartheid or past Western experiences. In the Opening Speech at the AIDS conference, Mbeki mentions that many South Africans have been killed, incarcerated, and discredited in the years of the racist apartheid regime. Mbeki therefore states that South Africa should have a right to defend their own campaign against HIV/AIDS without the imposition of Western tyrannical forces (African National Congress, 2000). Demands from the West to influence South Africa’s political platform could in this way be seen as a reference to past colonial dominance over South Africa. Western countries demands to influence South Africa’s political platform could in this way be seen as a reference to past colonial dominance over South Africa. The final main category created through analyzing President Thabo Mbeki’s statements is AIDS facts. Within this category, the sub-categories of Frightening, Shaming and Misleading were created. The most prominent sub-category used was Shaming. Shaming produced the description of instilling a guilty conscience into the West to encourage them to help more. Shame is spoken towards the Western countries for not helping enough and assuming that the Western medicines they provide will have an impact on this uniquely African epidemic. In addition, in the Letter to World Leaders, Mbeki finalizes his letter by fearing for the day in which the Western forces and Catholicism forces books, knowledge, and their authors to be burned for those that oppose their powerful reigning Western force. The direct referencing to colonizing powers such as apartheid can therefore be seen as a tool to directly shame and condemn Western countries for their over involvement in the South African AIDS epidemic (Public Broadcasting Service, 2006).

Throughout the coding process, specific words or phrases relating to Nationalism, Western Influences, Past Experiences and AIDS Facts were highlighted and noted. By working through the two texts multiple times, the main factors that reappeared were references to Nationalism and Western Influences. In the first text, Letter to World Leaders in April 2000, the four categories Nationalism, Western Influences, Past Experiences, and AIDS Facts were tallied after prevalence. Nationalism totaled at 19 times while Western Influences came in at 14, along with Past Experiences at 10, and AIDS Facts with 4. In the second text, Opening Speech at the Durban Conference in July 2000, the same four categories were used in qualitative content analysis and
measured. Nationalism tallied 10 times, Western Influences 7 times, Past Experiences 6 times, and AIDS Facts 9 times. By adding these numbers together, it became evident that the overall themes used to describe Mbeki’s statements were mainly fitting into the category of Nationalism. The result therefore shows that nationalism is the most prominent theme in Mbeki’s statements towards HIV/AIDS and needs to be looked into further detail in order to understand the reasoning behind President Mbeki’s nationalistic drive.

6. ANALYSIS AND DISCUSSION

Knowing that the fight against HIV/AIDS is the main topic in both of Mbeki’s statements, I assumed that this would be spoken of in great detail in President Mbeki’s Letter to World Leaders and Opening Speech at the AIDS Conference. The main tone held throughout the speeches, however, represented a more nationalistic overview. By using the information gathered through qualitative content analysis, my studies show that Nationalism, and more specifically the sub-category African Renaissance, proved to be the most prominent theme in Mbeki’s statements regarding HIV/AIDS in South Africa. A thorough analysis detailing the arguments presented by President Mbeki on the HIV/AIDS epidemic, along with the nationalistic theme in both of Mbeki’s statements, will be presented. The historical and socio-political settings, including African Renaissance, which could have influenced Mbeki’s actions and statements towards HIV/AIDS policies, will also be presented as factors to further explain Mbeki’s arguments.

6.1. UNDERSTANDING NATONALISM IN MBEKI’S TWO STATEMENTS

In the Letter to World Leaders, President Mbeki’s statements overwhelmingly carried a nationalistic theme. The letter starts off by outlining the harsh reality of HIV prevalence and incidence rates, urgently calling for major action against the disease. Setting this dramatic tone, the tasks and achievements of the Ministerial Task Force Against HIV/AIDS, the Partnership Against AIDS, as well as the National AIDS Council are presented in an effort to reinforce the excessive work done by South Africa’s government (Public Broadcasting Service, 2006). This political patriotism can be further connected to the Opening Speech where Mbeki speaks of the tasks accomplished within his presidential period. Addressing the issue of foreign nations
and their involvement in South Africa’s political affairs, Mbeki confronts skepticism by outlining the promising AIDS policies and plans that was created by the South African government by stating:

“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”


Stating that there is no hesitation on the work the South African government can and has accomplished further emphasizes the patriotic unity of the country. Furthermore, Mbeki mentioning in his speech that South Africa’s national AIDS plan had been disrupted to the participates at the conference, further emphasizes the idea that South Africa has control over its AIDS epidemic (African National Congress, 2000).

Rebuilding and heightening the South African nation can therefore be seen as a reason behind Mbeki’s glorification of South Africa’s efforts to calm the AIDS epidemic. South Africa has thus taken many necessary steps in solving the AIDS epidemic and Mbeki uses this sense of nationalism in order to distance the government from Western powers and their Western solutions.

The denial of Western solutions and medicines is further portrayed in Mbeki’s letter by stating that demands had been made by foreign countries on South Africa’s public health system to provide anti-retroviral drugs. Mbeki states that the South African government will research more into the use of anti-retroviral medicines yet the appointed health minister will look further into the “toxicity” of one particular Western anti-retroviral (African National Congress, 2000). Relating back to post colonialism and more specifically the political movement of African Renaissance, this tense distancing from Western medicines can be supported as the president’s call towards an African Renaissance. This African reawakening can be seen in Mbeki’s resistance from the West by further pushing for an African remedy to the AIDS epidemic (Kim, 2015: 212). President Mbeki electing and promoting a health minister that advocated for the use of the South African lethal industrial solvent Virodene while demoting highly successful Western anti-retroviral drugs such as Nepravine,
further imposes Mbeki’s drive towards finding African solutions to treat HIV (Nattrass, 2005: 3-4).

As statistics are detailed in the Letter to World Leaders, Mbeki continues his distancing from the West and stress on nationalism by speaking of the uniquely African catastrophe that, contrary to the West, has affected and continues to affect millions. The Western experience of treating the AIDS epidemic, as Mbeki states, would therefore be absurd and illogical to use on the African reality. Stressing the need to use an African approach to combating the African AIDS epidemic further emphasizes the distancing of Mbeki and the South African government from further involvement with Western countries (Kim, 2015: 211-212). According to Mbeki, he is convinced that the urgent task that faces the epidemic is to respond to the specific threat that faces “us as Africans” (Public Broadcasting Service, 2006). This, in turn, is one of Mbeki’s most direct references to connecting the AIDS pandemic to the African Renaissance. The level of distrust for Western governments and their treatments towards HIV/AIDS can therefore be translated back to Frantz Fanon’s article *Medicines and Colonialism*, in which Fanon writes of the distrust between the doctor-patient relationship in a colonialized society. According to this postcolonial article, difficulties often arise between the colonized being able to trust the health care professionals as well as the institutions of the colonizing party. In using this theory, it becomes evident that one reasoning behind President Mbeki ignoring Western medicines can be related back to the hesitancy towards colonial powers (Fanon, 1965: 121-128).

Continuing on with the Opening Speech at the International AIDS Conference, the speech reflects on the apartheid past and encourages, like in the previous Letter to World Leaders, Africans to overcome their problems together. Further explaining that we, as Africans, are a country and continent driven by courage and hope and Africans will therefore not accept the cruel conviction of AIDS. The use of the word “we” is found in almost every sentence when referring to the AIDS epidemic in South Africa and this sense of nationalism is projected throughout both statements (African National Congress, 2000). Throughout the Letter to World Leaders and the Opening Speech, Mbeki focuses on using the word “we” while describing South Africans and Africans alike. The letter was never asked upon by the powerful government officials
receiving the letter, yet Mbeki seemed to see the importance of informing other world leaders about what we, as South Africans, were doing to combat the HIV/AIDS epidemic. This word can therefore be seen as a unifying drive towards finding a South African cure to AIDS and ultimately expressing to the Western countries receiving the letter and/or attending the AIDS conference that South Africans are capable of handling themselves following many years of colonial rule. This in turn can be seen as an underlying political drive towards an African Renaissance. Looking further into the text, Mbeki does not want to “condemn our own people to death,” he wants to use nationalism as a tool to inspire South Africans to find a cure to their own problems, without Western help (Public Broadcasting Service, 2006). It is important to note however, that in context of African Renaissance, “our own people” could mean South Africans or Africans alike.

Concluding the Opening Speech at the Durban Conference, the use of the word “we” when speaking of the South African government and Africans is used to finalize the speech. Mbeki speaks of the confidence he has in the foreign government officials gathered at the conference to work towards a unifying and important goal to combat the epidemic, an epidemic that we, as Africans place close to their hearts. The speech reflects on the apartheid past and encourages, like in the previous Letter to World Leaders, Africans to overcome their problems together. Further explaining that we, as Africans, are a country and continent driven by courage and hope and Africans will therefore not accept the cruel conviction of AIDS (African National Congress, 2000). Mbeki therefore starts and ends the speech with using the word “we,” in an attempt to unite Africans towards their own cure and fight against HIV/AIDS. Throughout Mbeki’s speech the doubt he places on Western influences and medicines becomes evident while often referring back to the work done by South Africa and Africans as a form of distancing Africa from anti-retroviral medicines. The nationalistic drive to encourage South Africans to overcome obstacles together cannot be explained however, without African Renaissance.

6.2 AFRICAN RENAISSANCE

As determined through the speeches, President Mbeki held the pursuit of an African Renaissance for South Africa. By using African Renaissance as a nationalistic tool, Mbeki shaped South African discourses surrounding AIDS in Africa. This deliberate
defiance of Western scientific knowledge and anti-retroviral medicines to combat AIDS was overlooked in an attempt to call for the continent of Africa to find its own solutions to African problems (Youde, 2007: 79-80).

In this respect, Mbeki’s political background as a revolutionary could be one reason behind influencing his drive and utterance for an African Renaissance. Thabo Mbeki was a prominent figure in the fight against the apartheid regime, where the white minority ruled over the majority of oppressed South Africans for decades. Conventional Western medicines, such as ARVs, could therefore be seen as a Western tool for political influence over the newly appointed ANC. Coming out of apartheid, the over involvement of Western powers in South Africa’s AIDS policies through encouraging and often demanding the use of anti-retroviral medicines could therefore be threatening to the newly democratic country. As Kim mentions in the Obstacles to the Reponse to HIV/AIDS in South Africa, the use of Western science and medicines on the AIDS epidemic in South Africa could be used to obtain economic benefits through pharmaceutical companies. According to this explanation, Thabo Mbeki was attempting to uncover AIDS conspiracies to prevent Western political advances (Kim, 2015: 199-200). Even Health Minister Tshabalala-Msimang spoke out in November 2000 stating that the pharmaceutical industry along with those invested in the industry fueled the propaganda that ARV’s actually work. The views of Mbeki and the members of his government are more than just ignorance or a simple rejection of the disease’s existence; the policies are intentionally crafted to create a new and unique African response to the South African AIDS epidemic (Youde, 2007: 78-80). The distrust between the colonial rule of the past apartheid government could therefore be a determining factor that lead to Mbeki’s distancing from Western medicines and influences.

The push for African medicines and innovations in the face of criticism continued to be reflected throughout Mbeki’s presidency by promoting the harmful drug Virodene. Virodene, as mentioned previously in the background, showed a clear push for African medicines to be approved despite the ill-practice and medicinal disapproval from the Medicines Control Council of South Africa. The leader of the Democratic Alliance, Tony Leon, critiqued Mebki for being consumed with finding “African solutions to every problem that he supports snake-oil cures and quackery like
Virodene” (Youde, 2007: 78-82). Virodene therefore further highlights Mbeki’s drive towards African medicines and findings in his holistic vision towards an African Renaissance. One thought behind this action could be that coming out of Apartheid and succeeding Nelson Mandela, Mbeki wanted to keep the future bright and saw HIV/AIDS as a threat to the new South Africa. The use of African Renaissance could therefore be used as a tool in strengthening South Africa from colonist rule by separating the uniquely African HIV epidemic from the Western epidemic. By implementing the African Renaissance and International Co-operation Fund Act in 2000, the South African government during Mbeki’s presidency could therefore push for African innovations and products to be brought to the South African market. This included giving grants to companies that further emphasized African heritage by making use of African products or South African people (Department of Foreign Affairs, 2004: 1). Given the circumstances, the push for the product Virodene by President Mbeki gives further proof that Mbeki was influenced by the African Renaissance in relation to AIDS policies and medicines.

The use of relating HIV to a uniquely African epidemic was also prominent throughout Mbeki’s Letter to World Leaders and Opening Speech, often blaming the African AIDS epidemic on poverty (African National Congress, 2000), (Public Broadcasting Service, 2006). By connecting decreased life expectancy and opportunistic diseases on poverty, Mbeki shames the West for not giving enough aid and doubting the fact that AIDS can be linked to poverty. This shame is further projected as Mbeki continues his speech with “as an African,” he believes that everyone should tolerate and respect everyone’s point of view while discussing AIDS. By categorizing the HIV/AIDS epidemic as an African epidemic that is accentuated in the face of poverty, the main task in combating HIV is therefore turned to tackling poverty. The national plan confronting the challenge of HIV and AIDS therefore aims to decrease poverty, encourage safe sex, and contribute to finding an AIDS vaccine. The main reason put forth by Mbeki of inviting international experts was to analyze existing AIDS knowledge, yet Mbeki was confronted with harsh criticism characterized as “a criminal abandonment of the fight against HIV/AIDS” (African National Congress, 2000). Mbeki therefore wanted to make sure that the South African political AIDS policy was not further criticized by uniting South Africans through nationalism and shaming the West for critiquing their policies.
When analyzing the Letter to World Leaders and Opening Speech at the AIDS Conference, the results of this study concludes that nationalism and African Renaissance could help to explain President Mbeki’s arguments towards HIV/AIDS policies. The tense distancing from Western medicines and theories by President Mbeki was expressed during his patriotic reinforcement of the excessive work done by South Africa’s government, finding African solutions to HIV, the level of distrust between the colonized and colonizing forces, and uniting South Africans and Africans with the use of partisan words such as “we.”

7. CONCLUSION

In South Africa, the lack of political response has been displayed through President Mbeki’s decade of calling for African solutions to African problems. With over six million currently living with HIV, South Africa has the highest HIV prevalence in the world and the AIDS epidemic has been said to be directly impacted due to variations of different governments globally having distinctive approaches to HIV treatment and prevention (Kim, 2015: 199-201). This present study aimed to uncover how past experiences and anti-Western perceptions influenced President Mbeki’s actions towards HIV medicines and policy. With the use of qualitative content analysis, the reasoning behind the failed AIDS policies in South Africa was presented and analyzed through President Thabo Mbeki’s Letter to World Leaders and the Opening Speech at the Durban AIDS Conference.

From a postcolonial perspective, the first research question raised read as following: How are President Mbeki’s arguments on the HIV/AIDS epidemic in South Africa expressed? With the use of the two presidential statements, the researcher concluded that the four main categories found through qualitative content analysis was that of Nationalism, Western Influences, Past Experiences, and AIDS Facts. Examples from these categories include President Mbeki stating that demands were made towards the South African government to provide anti-retroviral medicines (African National Congress, 2000). The greatest focus in this research study was placed on the category Nationalism due to the empirical data pointing to this category as being the most prominent theme in Mbeki’s statements towards HIV/AIDS. The arguments towards
the AIDS epidemic from the category of nationalism were therefore shown throughout both of his speeches in both latent and manifested statements. President Mbeki expressed views on fighting the uniquely African epidemic through confronting the war on poverty as well as expressing the successes of the South African AIDS policies and plans (Public Broadcasting Service, 2006). The notion of a unified South Africa tackling the HIV epidemic as one emphasized President Mbeki’s expressions to fuel nationalism. The use of nationalism therefore aided in resisting Western medicines and theories through Mbeki’s statements of finding African solutions to HIV, distrusting the colonized and colonizing forces, and uniting all Africans in the fight against HIV.

The second research question answered through qualitative content analysis stated: What factors can help to explain President Mbeki’s arguments towards HIV/AIDS policy? The factors found to have shaped President Mbeki’s arguments were taken from the political movement of African Renaissance. One reason found to have influenced Mbeki’s statements towards an African Renaissance was his political background as a revolutionary during the apartheid era. Distancing from colonial rule can therefore be explained through Mbeki’s past experiences as a national leader and activist towards the oppressive apartheid rule (Kim, 2015: 199-200). A second reasoning found was the distrust between the colonizers and the colonized nation (Fanon, 1965: 126). An example proved to be the use of Western science and medicines to obtain economic benefits within pharmaceutical companies (Youde, 2007: 78-80). One thought behind this action could be that coming out of Apartheid and succeeding Nelson Mandela, Mbeki wanted to keep the future bright and saw HIV/AIDS as a threat to the new South Africa. The African Renaissance has therefore been used a tool to separate the African epidemic from the Western and gain a sense of nationalism.

The use of postcolonial theory helped to comprehend and scientifically test the President Mbeki’s arguments towards HIV/AIDS policies. African Renaissance was the most important theme throughout Mbeki’s speeches, which was found to be due to Mbeki’s negative perception of colonialism and of past experiences such as apartheid. This was further reinforced with the political movement African Renaissance in which Mbeki often referred back to nationalistic themes within his two statements.
Mbeki’s speech at the July 9th AIDS conference exposes his theory on AIDS in more direct detail and conviction while the Letter to World Leaders highlights South Africa’s accomplishments globally. In both letters, Mbeki follows the postcolonial school of thought by emphasizing the work done by South Africa and on treating the uniquely African catastrophe by “us, as Africans”. The world’s biggest killer, extreme poverty, is repeated once again to conclude the speech and bring solidarity towards all world leaders fighting to end the AIDS epidemic. According to Mbeki, Africa needed to reflect the continent’s unique needs and be able to find solutions to their own problems, which ultimately lead to Mbeki’s drive towards an African Renaissance.

The full explanation behind the political dynamics in South Africa cannot be fully understood, however, without explaining the historical legacies and institutional terrain on which Mbeki’s leadership was built. As mentioned previously, the political and institutional factors are therefore taken into consideration in order to understand what has prevented or promoted the implementation of Western HIV policy influences. The conditional factors in which Mbeki’s leadership are embedded within the uncoordinated administrative systems and impractical health care infrastructures as a direct result of apartheid are critical to understanding Mbeki’s actions towards HIV policies. In order to gain a more comprehensive analysis of the factors which influenced Thabo Mbeki’s actions towards HIV policies within South Africa, researching more into the institutional terrain that hindered AIDS implementation could be necessary. In doing so, one would be able to delve into more aspects that influenced President Mbeki’s AIDS policies during his presidential period. Researching into the domestic power relations, educational opportunities, social norms, and deep-rooted gender inequalities are also conditional factors, which could have influenced the spread of HIV or even influenced Mbeki’s views on HIV during his presidential period.
References:


# APPENDIX:

## TABLE 1:

<table>
<thead>
<tr>
<th>Main Categories</th>
<th>Sub-Categories</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nationalism</strong></td>
<td>1. African “Way”</td>
<td>1. Distancing from Western countries by describing Africa as separate. Mbeki mentioning that things are done differently in Africa</td>
</tr>
<tr>
<td></td>
<td>2. Public Opinion</td>
<td>2. Influencing and reinforcing nationalistic thoughts by referring to the masses or society of South Africa</td>
</tr>
<tr>
<td></td>
<td>3. African Renaissance</td>
<td>3. Rebuilding Africa to achieve economic, scientific, and cultural revival without the help of Western or outside aid</td>
</tr>
<tr>
<td><strong>Western Influences</strong></td>
<td>1. Demanding</td>
<td>1. Western countries and representatives pressuring South Africa to act even if they are at times unwilling</td>
</tr>
<tr>
<td></td>
<td>2. Resisting</td>
<td>2. Attitudes or negative statements towards the West. Alternatively, condemning Western countries for their actions towards South Africa</td>
</tr>
<tr>
<td></td>
<td>3. Non-Interference</td>
<td>3. Remarks made to international countries to not interfere in South African affairs</td>
</tr>
<tr>
<td><strong>Past Experiences</strong></td>
<td>1. Apartheid</td>
<td>1. References made to Apartheid or past Western experiences</td>
</tr>
<tr>
<td></td>
<td>2. Colonialism</td>
<td>2. References to colonial powers pressuring power relations by demanding South Africa to change</td>
</tr>
<tr>
<td><strong>AIDS Facts</strong></td>
<td>1. Frightening</td>
<td>1. Alarming facts of HIV incidence made about Africa or South Africa</td>
</tr>
<tr>
<td></td>
<td>2. Shaming</td>
<td>2. Instilling a guilty conscience into the West to encourage to help more in Africa</td>
</tr>
<tr>
<td></td>
<td>3. Misleading</td>
<td>3. Mention of poverty or misrepresented link between AIDS and poverty</td>
</tr>
</tbody>
</table>