



# **AIDS AND SOCIETY IN SOUTH AFRICA**

**BUILDING A COMMUNITY OF PRACTICE**



**Rockefeller  
Brothers Fund**  
Philanthropy for an Interdependent World

**A POLICY AND RESEARCH SEMINAR ORGANISED BY**  
THE CENTRE FOR CONFLICT RESOLUTION, CAPE TOWN, AND THE ROCKEFELLER BROTHERS FUND (RBF), NEW YORK, UNITED STATES  
27 - 28 MARCH 2006, HÔTEL LE VENDÔME, CAPE TOWN, SOUTH AFRICA

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## About the Organisers

### The Centre for Conflict Resolution

The Centre for Conflict Resolution is affiliated to the University of Cape Town (UCT), South Africa. The organisation has wide-ranging experience in conflict intervention in the Western Cape and southern Africa, and is working increasingly on a pan-continental basis to strengthen the conflict management capacity of Africa's regional organisations, as well as on policy research on South Africa's role in Africa; the role of the United Nations (UN) in Africa; African Union (AU)/New Partnership for Africa's Development (NEPAD) relations; and HIV/AIDS and security.

### The Rockefeller Brothers Fund

The New York-based Rockefeller Brothers Fund (RBF) has been engaged in grant-making in South Africa since the mid-1960s. The fund's initial focus was on promoting human rights and supporting the anti-apartheid movement; more recently, the organisation has focused on improving basic education and assisting children affected by the devastating HIV/AIDS pandemic. In addition, the RBF is exploring linkages between HIV/AIDS and its other substantive concerns: democratic practice; sustainable development; and peace and security.

## About the Rapporteurs

Ms Angela Ndinga-Muvumba and Dr Helen Scanlon are Senior Researchers at the Centre for Conflict Resolution, Cape Town.

# Executive Summary

The Centre for Conflict Resolution (CCR) in Cape Town, South Africa, and the Rockefeller Brothers Fund (RBF) in New York, United States, co-hosted a policy and research seminar in Cape Town on “AIDS and Society: Building a Community of Practice” on 27 and 28 March 2006. The intention of this seminar was to develop and disseminate new knowledge on the impact of HIV/AIDS in South Africa in the three key areas of:

- Democratic practice;
- Sustainable development; and
- Peace and security.

Similar meetings had been organised with the RBF by the Institute for Democracy in South Africa (IDASA) in Tshwane (Pretoria), South Africa, in 2005, and by the University of KwaZulu-Natal’s Health Economics and HIV/AIDS and Research Division (HEARD) in Durban, South Africa, in 2003.

The Cape Town seminar aimed to strengthen South Africa’s research network in the field of the societal impact of HIV/AIDS. The meeting investigated the emerging debates on the influence of the pandemic on South African society through a multi-disciplinary approach. Participants addressed common methodological issues, located research gaps, assessed policy impact, and identified potential topics for future collaboration. This report is a summary of the discussions and recommendations from the Cape Town seminar, the working papers of RBF-supported research actors, and additional research. The views reflected in this report are not necessarily those of the RBF.

The Cape Town seminar created a forum for about 20 RBF grantees working in one of three HIV/AIDS research areas in South Africa: democratic practice; sustainable development; and peace and security. These organisations include the:

- Centre for Conflict Resolution (CCR), Cape Town
- Centre for Policy Studies (CPS), Johannesburg
- Centre for the Study of Violence and Reconciliation (CSVR), Johannesburg and Cape Town
- Civil Society Prison Reform Initiative (CSPRI) at the University of the Western Cape, Bellville
- Democracy in Africa Research Unit (DARU) at the Centre for Social Science Research (CSSR), University of Cape Town, Cape Town
- Department of Environmental Sciences, Rhodes University, Grahamstown
- Health, Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, Durban
- Human Sciences Research Council (HSRC), Tshwane
- Isandla Institute, Cape Town
- Institute of Behavioural Sciences, Colorado, United States, with the Centre for African Ecology at the School of Animal, Plant and Environmental Sciences, University of the Witwatersrand, Johannesburg
- Institute for Democracy in South Africa (IDASA), Tshwane
- Institute for Security Studies (ISS), Tshwane, and
- Pugwash Conferences on Science and World Affairs, Tshwane

HIV/AIDS is currently the greatest cause of death among adults between the ages of 15 and 49 in South Africa. There continues to be an alarming increase in prevalence rates among 15-24-year-olds in South Africa, predominantly among women. In 2005, an estimated 5.5 million people were living with HIV in South Africa and an average of 1,000 AIDS deaths occurred in the country each day. Based on studies of women attending antenatal clinics, the South African Department of Health estimated that 29.5 percent of pregnant women were living with HIV in 2004. KwaZulu-Natal, Gauteng and Mpumalanga were the three provinces in South Africa that recorded the highest HIV rates. The social, political and economic consequences of South Africa's AIDS epidemic have serious implications for both the region and the continent. The long-term impacts of the pandemic incorporate a multiplicity of issues, including political participation, rural livelihoods, gender-based violence and the future capacity of the South African National Defence Force (SANDF), all of which are of central concern to long-term policy planning and implementation in the country.

Analysts have argued that the HIV/AIDS epidemic is a "lentivirus" - that is, a "long wave" event which comes in a series of four waves:

- The first wave is the initial infection by the virus;
- The second wave is the development of opportunistic diseases;
- The third wave is AIDS illness and then death;
- The fourth and final wave strikes at societies and economies from the community to the international level.

According to the Joint United Nations Programme for HIV/AIDS (UNAIDS), many of those countries most highly affected by HIV/AIDS have yet to hit the peak of the third wave, and none has advanced significantly into the fourth. Currently, it is estimated that South Africa is 25 years into a 50- to 120-year cycle. The pandemic will therefore shape its society for many years to come.

Concerns over the long-term impact of HIV/AIDS on society are incorporated into the RBF's three key research areas in South Africa: democratic practice; sustainable development; and peace and security. Researchers in this area have identified a number of significant areas that should be addressed to further the development of studies in this field.



*From left: Brig-Gen Jeffrey Tshabalala, Umtfo Swaziland Defence Force, Mbabane; Ms Kholadi Tlabela, Human Sciences Research Council, Tshwane; Dr Adekeye Adebajo, Centre for Conflict Resolution, Cape Town*



*From left: Ms Selma Walters, Centre for Conflict Resolution, Cape Town; Mr Stephen Heintz, Rockefeller Brothers Fund, New York; Ms Jill Merkel, Centre for Conflict Resolution, Cape Town; Ms Lone Spanner, Royal Danish Embassy, Tshwane*



## Research and Policy on HIV/AIDS and Society

The establishment of a “community of practice” among South African research organisations involved in the study of HIV/AIDS and society is an emerging concept in a new research area. This community of practice involves a small number of academics, activists and analysts from a wide array of disciplines and perspectives. University-based research institutions and non-governmental organisations (NGOs) are currently focusing on the areas of:

- Economics and development;
- Governance and democratisation;
- Law and justice;
- The environment and agriculture; and
- Peace, security and stability.

An exchange of research methodologies on the impact of HIV/AIDS between analysts in these fields is thus needed to strengthen understandings of the multi-layered effect of the pandemic. Emerging data has revealed that HIV/AIDS poses a number of complex challenges in South Africa, and existing research is only beginning to scratch the surface.

Researchers in the field have already attempted to undertake assessments of the social consequences of HIV in areas such as the impact of the pandemic on orphaning, and the depletion of household assets and resources. Data is generally collated through economic indicators; household and population-based surveys; the monitoring of specific sites such as antenatal clinics; interviews with key actors; public policies; and the evaluation of societal issues such as levels of crime. Researchers have then attempted to measure the effect of the pandemic in broader terms by examining changes at the community, municipal, provincial and national levels. However, the evidence or outcomes from these studies are also influenced by other variables. Poverty, inequality, urbanisation and land scarcity are all significant “co-factors” in the societal impact of HIV/AIDS in South Africa. Human behaviour is also difficult to isolate from other social factors, but must also be measured in some way. Thus, comparison among different cases must take into account the nuances of circumstances that may be key to understanding the specific characteristics, scope and impact of the epidemic in South Africa. Therefore, to enable a clear and reflective comprehension of the trajectory of HIV/AIDS in South Africa, more extensive and systematic research is required.

There are already a number of established working relationships between research institutions within this field, but these currently are largely informal. Participants envisaged that through wider interactions, researchers would be able to network within and beyond the RBF network. Deeper analyses are urgently needed of the impact of HIV/AIDS on democratic practice incorporating the areas of political participation; social service delivery; and the pandemic’s effect on local and national government. Further research on the environmental dimensions of the HIV/AIDS pandemic and studies of livelihood and socio-economic impacts of, and responses to, HIV/AIDS also need to be conducted. Stronger evidence-based approaches that examine the impact of HIV/AIDS on the security sector should examine the scope and impact of HIV/AIDS programmes on security institutions such as the police and the military. New knowledge and efforts to enrich existing analyses will be possible through stronger collaboration within, and beyond, the existing research community. Researchers working in the area of HIV/AIDS and society commonly express the need to produce and analyse new data on the impact of the pandemic. The challenge of working in this field is to generate analyses which move beyond anecdotal reporting, employ accurate data and information, and provide comparative perspectives.

A number of research bodies have noted that there appears to be a considerable amount of duplication in the research and policy agendas of actors involved in the study of HIV/AIDS. This overlap is in part a result of a lack of co-ordination and information-sharing among different organisations and may, in part, be shaped by competition for limited resources between organisations. Participants at the Cape Town seminar identified some of the challenges for extending the community of practice. These are often related to limited financial and human resources, which is a consequence of the current funding environment. Competition exists both within and between NGOs due to limited funding. It was further noted that the struggle for resources needs to be overcome in order to promote collaboration and to strengthen research.

Research into HIV/AIDS and society is also subject to specific challenges related to the political sensitivity surrounding HIV/AIDS within government institutions in South Africa. The research community is often faced with practical challenges to accessing data on the actual rates of HIV infection and AIDS-related mortality. Part of the difficulty with accessing accurate quantitative data for analytical purposes often stems from the reluctance of various state institutions to share certain types of information. It has also been noted that current ways of collating data on prevalence rates in South Africa are repeatedly proving inadequate because they are often uneven. A further challenge posed in this research area is that civil society is often part of an oppositional culture to the state and, as such, tends to adopt an adversarial approach to government. It has been shown elsewhere that a strong and vibrant civil society can play a vital role in slowing the epidemic and mitigating its impact. It is important that the widespread perception of the state as an oppositional actor to be confronted is overcome so that NGOs ultimately provide useful inputs on policies for the benefit of those for whom they are intended. Furthermore, it should be noted that while NGOs are meant to serve as representatives of their communities, currently they often maintain positions distant from those they are claiming to represent.

## Key Recommendations

Early findings within the area of democratic practice suggest that South Africa's 47 million citizens are aware of HIV/AIDS as a political and social issue and that the epidemic is affecting political parties. At the same time, it is possible that governance structures at the local level are adapting or creating mechanisms to address the impact of HIV/AIDS. Researchers working on sustainable development issues are examining the impact of the epidemic on agriculture, as well as diets at the household level. Their findings could identify ways in which future HIV/AIDS interventions could use the environment to protect vulnerable populations from the effects of the pandemic. While it is true that the pandemic has not "hollowed-out" the peace and security sector, the South African military's operational capability - particularly as South Africa deploys peacekeepers to Burundi, the Democratic Republic of the Congo (DRC), and Sudan - prison governance and the impact on the police sector are under-researched. Researchers are aware that a dearth of literature on prisons, police and armies presents unique problems for HIV-mitigation. The police services, for example, are grossly under-resourced in the area of HIV/AIDS prevention.

Critical at this juncture are new measures in four important areas:

- Enhancing the AIDS and society research agenda;
- Policy impact;
- Strengthening of collaborative networks; and
- Building capacity.

The discussions at the Cape Town seminar resulted in 12 key recommendations:

## Enhancing the research agenda

1. The HIV/AIDS pandemic is an urgent crisis, albeit a long-term one. Efforts should therefore be made to develop studies which are commensurate with the urgency and the long-term lifecycle of the pandemic. In the meantime, the research community is seeking ways to devise more relevant research methodologies and to provide timely and useful evidence for policy development. Previous studies and engagement with data from a wide variety of sources have yielded only preliminary findings. Further research should engage multi-disciplinary approaches and build on existing studies.
2. New research should attempt to measure other factors influencing the impact of the pandemic by employing strategic case selection; devising alternative measurements to account for wider societal factors in the spread of HIV; and employing multivariate statistical analysis. It was also suggested that researchers should explore more than one case study in order to enable better comparative insights.
3. The research community has identified a number of methodological “dilemmas” which are unique to HIV/AIDS and society due to its distinctive and sensitive nature. Researchers should share ideas on ways to design research questions, analyse data and, ultimately, devise policy recommendations.

## Policy impact

4. Institutions must ensure that their research findings impact on the lives of the people they are intended to help - those living with and affected by HIV/AIDS - in order to improve the quality of their lives and those of their families now and in the future.
5. The network of researchers in the field of HIV/AIDS and society must develop a better understanding of the institutional terrain in South Africa and where opportunities for interventions exist. Both local and national governments are often perceived to be monolithic, but the task for researchers is to find inroads so that research can make an impact on policymakers.
6. Research findings should be brought to the attention of the South African parliament and other key policy-makers, and these relationships should be both ongoing and enduring. Some members of the RBF network have more experience in policy influence or advocacy. These experiences should be shared in order to grow research impact in a comprehensive and sustainable manner.
7. An institutional actor delegated to support advocacy and the dissemination of research findings might assist the growth of the research community. This actor could be situated within an organisation and also help to co-ordinate individual projects in the area of HIV/AIDS and society.

## Networking and co-operation

8. While collaboration between those researching in the field of HIV/AIDS and society exists on a collegial *ad hoc* basis, this has yet to be formalised at the institutional level; this process needs to be encouraged to advance the promotion of quality research on HIV/AIDS.

9. Competition between those institutions working in this field can promote valuable research, and is somewhat inevitable due to limitations of funding, but it is imperative that institutions avoid duplicating the work of others.
10. Those RBF grantees which have similar research areas should pursue ongoing dialogues on the progress of their research and, to the extent possible, involve each other in information-sharing and research and policy seminars.

## Building capacity

11. The issue of capacity-building is often identified as a priority among research institutions and is often seen as the answer to any problem. However, there is a need to investigate and define the specific capacity needed in order to realise this goal.
12. Finally, there is currently a lack of emerging black researchers from historically-disadvantaged communities in the field of HIV/AIDS, and institutions need to invest in this area to encourage the next generation to contribute to work in this field.



Ms Mary Caesar Katsenga, Institute for Democracy in South Africa, Johannesburg



**TOP:** Mr Malachia Matoho, Centre for Policy Studies, Johannesburg;



**ABOVE:** Dr Robert Mattes, Centre for Social Science Research, Cape Town

# 1. Introduction

**The Centre for Conflict Resolution (CCR) in Cape Town, South Africa, and the Rockefeller Brothers Fund (RBF), New York, United States, co-hosted a policy and research seminar on “AIDS and Society: Building a Community of Practice” on 27 and 28 March 2006.**

Similar meetings had been organised with the RBF and the Institute for Democracy in South Africa (IDASA) in Tshwane (Pretoria), South Africa, in 2005, and with the University of KwaZulu-Natal's Health Economics and HIV/AIDS and Research Division (HEARD) in Durban, South Africa, in 2003. The intention of the Cape Town seminar was to develop and disseminate new knowledge on the societal impact of HIV/AIDS in South Africa in the three key areas of:

- Democratic practice;
- Sustainable development; and
- Peace and security.

The meeting also set out to strengthen South Africa's HIV/AIDS research network.

The Cape Town seminar created a forum for about 20 RBF grantees working in one of three HIV/AIDS research areas in South Africa: democratic practice; sustainable development; and peace and security. These organisations include the:

- Centre for Conflict Resolution (CCR), Cape Town;
- Centre for Policy Studies (CPS), Johannesburg;
- Centre for the Study of Violence and Reconciliation (CSVR), Johannesburg and Cape Town;
- Civil Society Prison Reform Initiative (CSPRI) at the University of the Western Cape, Bellville;
- Democracy in Africa Research Unit (DARU) at the Centre for Social Science Research (CSSR), University of Cape Town, Cape Town;
- Department of Environmental Sciences, Rhodes University, Grahamstown;
- Health, Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, Durban;
- Human Sciences Research Council (HSRC), Tshwane;
- Isandla Institute, Cape Town;
- Institute of Behavioural Sciences, Colorado, United States, with the Centre for African Ecology at the School of Animal, Plant and Environmental Sciences, University of the Witwatersrand, Johannesburg;
- Institute for Democracy in South Africa (IDASA), Tshwane;
- Institute for Security Studies (ISS), Tshwane; and
- Pugwash Conferences on Science and World Affairs, Tshwane.

Mr Stephen Heintz, President of the RBF, and Dr Richard Rockefeller, both trustees of the fund; and Ms Marnie Pillsbury, Director of the David Rockefeller Fund, also participated in the seminar. Professor Alan Whiteside, who founded HEARD at the University of KwaZulu-Natal, delivered the opening address. Brigadier-General Jeffrey Tshabalala, Deputy Commander of the Umbutfo Swaziland Defence Force, and Captain Winnie Mavuso, HIV/AIDS Co-ordinator for the South African Police Services (SAPS) in Johannesburg, South Africa, also contributed to the seminar.

## 1.1. Objectives and Seminar Themes

The primary objective of the Cape Town seminar was to identify common issues and concerns among researchers working in the field of HIV/AIDS and society, including methodology, areas of possible collaboration, and policy impact and research gaps. The four key aims of the March 2006 meeting were to:

- Promote a research agenda for an inclusive response to HIV/AIDS in South Africa;
- Disseminate and generate new knowledge on the impact of HIV/AIDS on democratic practice, sustainable development and peace and security;
- Devise strategies geared toward strengthening this embryonic research area; and
- Facilitate the development of policy recommendations for South African actors to respond to the societal impacts resulting from the HIV/AIDS pandemic.

The seminar's discussions focused mainly on the following five themes:

- Building a Community of Practice of AIDS and Society in South Africa: Research Findings;
- Toward a Common Research Agenda: Gaps and Opportunities;
- Lessons Learned: Research Approaches and Methodologies;
- Addressing the Pandemic: Advocacy Strategies and Policy Impact; and
- Building Capacity: Enhancing the Network of South African Researchers.

This report is a summary of the discussions and recommendations from the Cape Town seminar; the working papers of RBF-supported research actors; and additional research. The views reflected in this report are not necessarily those of the RBF.



**ABOVE:** From left: Prof Marie Muller, University of Pretoria, Tshwane; Dr Sarah Kaschula, Rhodes University, Grahamstown; Mr Wayne Twine, Wits Rural Facility, Johannesburg; Mr Stephen Heintz, Rockefeller Brothers Fund, New York



**LEFT:** Prof Julia Sloth-Nielsen, left, University of the Western Cape, Bellville; Dr Martin Rupiya, Institute for Security Studies, Tshwane

**FAR LEFT:** Prof Alan Whiteside, University of KwaZulu-Natal, Durban

## 2. Background

**The first outbreak of the HIV is thought to have occurred in the 1970s in Central Africa and spread into the rest of Africa at epidemic levels in the 1980s. Thirty years later, southern Africa has become the epicentre of the pandemic: only two percent of the world's population live in this region, yet southern Africans bear 30 percent of the global AIDS disease burden.<sup>1</sup>**

Moreover, between 1990 and 2000, South Africa's national adult HIV-prevalence rose from less than one percent to about 18 percent.<sup>2</sup> Scholars and analysts have generated a variety of theories on why South Africa has the highest number of People Living with HIV/AIDS (PLWA) in the world. A central theme of many of these theories is the structural root causes of the HIV/AIDS epidemic.

The anthropology, epidemiology and political economy of South Africa can help map the many conditions that have precipitated its AIDS emergency. First, HIV relies on its host population's mobility. High levels of mobility between rural and urban populations, both during and after apartheid, are thought to have played a central role in South Africa's HIV/AIDS epidemic. It is thus not surprising that HIV is concentrated among KwaZulu-Natal's densely rural, yet highly mobile population. Migration to Durban and along truck routes across South Africa's borders into Swaziland and Mozambique have been deemed to be key factors in accelerating the spread of the virus. Second, South Africa's epidemic was heterogeneous: unlike epidemics in Thailand or Senegal, the virus became entrenched within the general population early on. Yet, the black population – 80 percent of South Africa's 47 million citizens – was not targeted for prevention programmes by the apartheid government. By 1987, screenings showed that HIV infection among South Africa's black population was eight times higher than its white population, and was doubling every six months.<sup>3</sup> Epidemiologists have noted that the "C" sub-type of the HI-virus – which came from parts of Central Africa and other countries in southern Africa – was prevalent among pregnant women in Soweto in the early 1990s.<sup>4</sup> Third, higher rates of sexually-transmitted infections (STIs) have been shown to correlate with accelerated rates of HIV-transmission. In South Africa's poorly-resourced communities, primary healthcare had been ignored by the apartheid government and has shown little improvement in the post-apartheid era. Nonetheless, untreated STIs have been identified as increasing susceptibility to HIV. In places like the West Rand's Carletonville mining area, STIs have been shown to be heavily concentrated among the poor.

Finally, analysts have isolated gender relations as having played an essential role in exacerbating the epidemic. Gendered socio-economic, legal, cultural and political factors have influenced the impact of HIV/AIDS: indeed, today, AIDS has become "feminised" as a disease that affects more women than men in South Africa. The reasons for this are multi-faceted, though the legacy of apartheid is clearly a primary factor. The history of both migrancy and a legislative system which often forced women to be materially and legally dependent on men in the urban areas reconstructed gender relations in the region. The post-apartheid era has not yet eradicated some of these inequalities, nor have we witnessed an era of change in sexual identities despite legislative pronouncements to enforce gender equality. In contemporary South Africa, the country's dire economic and

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<sup>1</sup> John Iliffe, *The African AIDS Epidemic: A History* (Oxford: James Currey, 2006), p.33.

<sup>2</sup> *AIDS Epidemic Update 2005*, report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), published by UNAIDS and WHO, December 2005, p.21.

<sup>3</sup> John Iliffe, *The African AIDS Epidemic*, p. 44.

<sup>4</sup> John Iliffe, *The African AIDS Epidemic*, p. 44.

social circumstances in which unemployment is estimated, in some surveys, to be as high as 40 percent, have exacerbated feelings of powerlessness within many communities and, in turn, increased the prevalence of substance abuse, sexual violence and the transmission of HIV.

## 2.1. The Societal Impact of HIV/AIDS

Since the discovery of HIV/AIDS more than 25 years ago, it has been increasingly acknowledged that the pandemic is more than simply a health issue. HIV/AIDS also has developmental, governance and security implications. The social and economic consequences of South Africa's AIDS epidemic have vast implications for the country, the region and the continent. Based on studies of women attending antenatal clinics, the South African Department of Health estimated in 2004 that 29.5 percent of pregnant women were living with HIV. KwaZulu-Natal, Gauteng and Mpumalanga were the three provinces in South Africa that recorded the highest HIV rates.<sup>5</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS) has further revealed that the rates of HIV infection are growing fastest in provinces linked by major transport routes to Malawi, South Africa and Zimbabwe. The long-term consequences of HIV/AIDS on South Africa's political, economic and social life are thus factors that clearly need to be addressed. Many concerns exist over the relationship between the impact of HIV/AIDS and long-term policy planning in the country.

The human face of AIDS-related mortality is often hidden by statistics. Yet, anticipation of the overall impact of HIV is fuelled by a rising tide of AIDS deaths in South African society. For example, a report by the Johannesburg-based Centre for Policy Studies (CPS) in 2002 noted that, due partly to HIV/AIDS, there has been an increase of 859 percent in natural deaths in South Africa's correctional services (prisons) since 1995.<sup>6</sup> Analysts also noted in 2004 that South Africa's death registration data showed a 40 percent increase in the total number of adult deaths in the past six years among women between 20 and 49 years - a staggering increase in deaths of 150 percent.<sup>7</sup> In 2005, an estimated 1,000 AIDS deaths occurred in the country on average each day.<sup>8</sup>

The continuing high level of HIV/AIDS prevalence in South Africa reflects the urgent need to investigate and promote new knowledge about the nature of the epidemic. The challenges of containing HIV/AIDS are linked to addressing inequality and poverty as well as extending AIDS education and prevention campaigns. Concurrently, the socio-economic, political and security impacts of the epidemic in South Africa remain critical to understanding how to control HIV/AIDS and to prevent its negative, long-term consequences. A central concern for researchers has been the depletion in human capital: since HIV/AIDS strikes people in their most productive years, their demise could translate into a reduction in production at all levels of society. Consequently, researchers have frequently asked: "What does it mean for a developing, democratising country if it is losing people to feed, care for and support their children; till the land; invest in businesses; teach in schools; nurse and doctor the sick; protect communities; and govern?"

Many of the early alarmist predictions made by researchers on the impact of the pandemic talked of societal breakdown, increased conflict and hordes of alienated and anti-social orphans fuelling crime. These predictions

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5 Sarah Boseley, 'Aids Pandemic Spreading to Every Corner of Globe, says UN', *The Guardian* (London), 31 May 2006.

6 Johannes J Fagan, interview, 21 February 2002, cited in *Combating HIV/AIDS in South Africa's Prisons*, report by the Centre for Policy Studies (CPS), published by CPS, Policy Brief 25, July 2002.

7 Debbie Bradshaw, et al. 'Unabated Rise in Number of Adult Deaths in South Africa', *South African Medical Journal*, 94, 4, 2004, pp.278-279, cited in *AIDS Epidemic Update, December 2004*, report of UNAIDS and WHO, published by UNAIDS and WHO, UNAIDS/04.45E, December 2004, p.25.

8 Avert, *South Africa HIV/AIDS Statistics* (available at <http://www.avert.org/safricats.htm> : accessed 10 June 2006).



have so far proved to be inaccurate. Nonetheless, as explained earlier, the epidemic is a "lentivirus" – that is, a long-term event that comes in a series of four waves:

- The first wave is the initial infection by the virus;
- The second wave is the development of opportunistic diseases;
- The third wave is AIDS illness and then death; and
- The fourth and final wave strikes at societies and economies from the community to the international level.<sup>9</sup>

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), many of the countries most highly affected by HIV/AIDS have yet to reach the peak of the third wave, and none has advanced significantly into the fourth.<sup>10</sup> Currently, it is estimated that South Africa is 25 years into a 50- to 120-year cycle. As several experts have noted, the pandemic will thus influence how societies develop and communities survive for many decades to come.<sup>11</sup> AIDS and society research encompasses a number of broad concepts but seeks to explore the links between the pandemic, poverty, food insecurity, governance and peace and security – in essence, the research tries to analyse the multiple-layered impact of HIV/AIDS on society.

## 2.2. South Africa's HIV/AIDS and Society Research Agenda

In a bid to deepen the understanding of the societal impact of HIV/AIDS, the Cape Town meeting provided a platform to generate perspectives on this important topic. These concerns about the long-term impact of HIV/AIDS on society are incorporated into the RBF's three key research areas in South Africa: democratic practice; sustainable development; and peace and security.

South Africa's AIDS and society research community has identified a number of questions related to governance, development and security. Analysts have questioned how HIV/AIDS could potentially influence citizen participation in the electoral process or affect weak governance institutions. The chronically poor, who form the majority of South Africa's population of 47 million, are faced with long-term, endemic crises well beyond HIV/AIDS. Yet, the first casualties to AIDS are households which are forced to divert their scarce resources to the treatment of HIV, and, in rural areas, are less able to continue agricultural activities. The security sector or "uniformed services" (the military, police and correctional services and their members) are also affected by HIV/AIDS as the disease depletes their respective forces, diminishes the human resource pool for new recruits, and requires new resources for HIV/AIDS management and mitigation programmes. Of central concern to long-term policy planning and implementation are unexamined issues related to the relationship between:

- Rising numbers of orphans and crime;
- Rural livelihoods and income-generation;
- Elections and political participation;
- Violence and its impact on police services;
- Service-delivery at the local level; and
- Deployment and capacity of the military.

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9 *Report On the Global AIDS Epidemic*. Report of UNAIDS, published by UNAIDS, UNAIDS/06.20E, May 2006, p.80.

10 *ibid.*

11 Nana Poku and Alan Whiteside, "25 Years of Living with HIV/AIDS: Challenges and Prospects", *International Affairs*, 82, 1 (March 2006), p.251.

Yet, existing research on these issues remains scarce and uneven. Developing research approaches to enable the examination of the societal impact of HIV/AIDS raises a number of complex questions. The fact that the pandemic is a new social phenomenon - one that is still unravelling and in its early stages - poses unique challenges. Research institutions seeking to measure the impact of HIV/AIDS need to address the transformations of the epidemic itself. AIDS first grew in the general population, for example, but has, over time, become particularly entrenched among the poorest and most marginal sectors of society. Researchers are, therefore, now required to devise questions based on the most recent evidence of the scale and dimensions of the HIV/AIDS epidemic in South Africa and beyond. This data has often been accrued in the form of economic indicators; census data; household and population-based surveys; monitoring at specific sites such as antenatal clinics; interviews with key actors; public policies; and data on societal issues such as levels of crime. By undertaking assessments of the social consequences of HIV - for example, through assessing the impact of orphaning; depletion in household incomes; or increase in deaths - researchers have sought to measure the effect of the pandemic in broader terms, such as by examining changes in governance. The ultimate aim of the research community in South Africa is to devise enough cases based on these types of methodologies in order to gauge broader understandings of the pandemic.<sup>12</sup>

The challenge, however, is that HIV/AIDS and socio-economic, political and cultural dynamics vary greatly across South Africa. This means that case studies may not always be easily comparable. However, because the HIV/AIDS pandemic is an urgent crisis - albeit a long-term one - the research community is seeking ways to devise more immediate research methodologies and to provide timely and useful evidence for policy development. Participants at the Cape Town meeting highlighted the need to strengthen the response to HIV/AIDS. The RBF network of researchers attending the Cape Town meeting agreed that undertaking timely research interventions is critical. Further new research should, however, aim to be as accurate as possible by trying to account for other factors influencing the spread of the pandemic through strategic case selection; devising separate measurements for other factors; employing multivariate statistical analysis; and mainstreaming HIV/AIDS into other disciplines.



**ABOVE:** Seminar group working on the theme, "Democratic Practice"  
**TOP RIGHT:** From left: Dr Martin Rupiye, Institute for Security Studies, Tshwane; Brig-Gen Jeffrey Tshabalala, Umbutfo Swaziland Defence Force, Swaziland; Ms Lone Spanner, Royal Danish Embassy, Tshwane; Dr Adekeye Adebajo, Centre for Conflict Resolution, Cape Town  
**RIGHT:** Dr Chris Landsberg, Centre for Policy Studies, Johannesburg

<sup>12</sup> This discussion on research methodologies is based on the presentation by Robert Mattes, "Lessons Learned About the Impact of AIDS on Society (and Society's Response): Research Approaches and Methodologies", during the Centre for Conflict Resolution (CCR) and Rockefeller Brothers Fund (RBF) policy and research workshop, *HIV/AIDS and Society: A Community of Practice*, Cape Town, South Africa, 26 - 28 March 2006.

### 3. HIV/AIDS and Democratic Practice

**Researchers focusing on HIV/AIDS and democratic practice issues often note that democratic governance incorporates three main components: material welfare; constitutional procedurals; and autonomy from external control.<sup>13</sup> There has been some speculation that in order to curb the HIV/AIDS pandemic and to diminish its impact, factors such as social cohesion and a strong civil society can help.<sup>14</sup>**

The link between governance and HIV/AIDS was acknowledged, to some degree, by the five-member United Nations (UN) Security Council's passing of Resolution 1308 in July 2000 and through the adoption of the Millennium Development Goals (MDGs) by the then 191-member UN General Assembly in the same year.<sup>15</sup> Nonetheless, six years on, only a few countries have met the targets laid down to counter the pandemic, and South Africa is struggling to fulfil its obligations in terms of HIV prevention, treatment, care and support.

To date, many of the studies in the area of democratic practice have largely been speculative, with most predicting that HIV/AIDS will inevitably impact on the long-term sustainability of democracy through its impact on government capacity, the ability to sustain free and fair elections and electoral systems, and, ultimately, national security. As a result of the apparent link between HIV/AIDS and governance, research questions in the area of "democratic practice" often centre on how processes of governance are increasingly directly or indirectly affected by the HIV/AIDS pandemic. A common thread in studies of democratic practice in South Africa is the fact that the government, at both the local and national level, still perceives HIV/AIDS as primarily a health issue, thereby often overlooking its wider societal implications. Experts have noted that the dominant approach to public policy and HIV in South Africa has focused on the medical aspects of the pandemic. Policies on HIV are therefore often not developed in tandem with wider development frameworks.<sup>16</sup>

For the most part, local governments in South Africa are still failing to respond adequately to, and to comprehend, the societal impact of HIV/AIDS. Further, the impact of HIV/AIDS on public services and the overall efficiency of service delivery within the democratic system pose a serious challenge and require further research. It has been widely recognised that local government in South Africa is hampered by capacity constraints; the lack of technical expertise; inadequate managerial skills; fraud; and corruption. Developing the means and ability to address capacity, expertise and skills in order to fight HIV/AIDS and to deliver efficient government services are thus factors that must still be properly acknowledged.

To date, few empirical studies have been undertaken to verify an actual link between AIDS and the destabilisation of political establishments and democratic governance. A number of research projects within this thematic area are still in the early stages of research and there remains a dearth of primary research on the topic of HIV/AIDS, governance and democracy. Nonetheless, new data on the wider relationship between HIV/AIDS and governance issues is slowly emerging. A number of RBF grantees are currently engaged in this

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13 Cited in Samantha Willan, "HIV/AIDS, Democracy and Governance in South Africa," published by Justice Africa, HIV/AIDS Papers (May 2004), p.4 (available at [http://www.justiceafrica.org/wp-content/uploads/2006/07/Willan\\_HIVAIDSDemocracyandGovernance.pdf](http://www.justiceafrica.org/wp-content/uploads/2006/07/Willan_HIVAIDSDemocracyandGovernance.pdf); accessed 1 August 2006).

14 "AIDS and Democracy: What Do We Know? A Literature Review Update," unpublished paper by the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, presented by HEARD at the conference *Democracy, Governance and HIV/AIDS in Africa Roundtable*, Tshwane, South Africa, 19 and 20 July 2004.

15 See UN Resolution 1308 (2000) S/RES/1308 (2000) and the Millennium Development Goals (available at <http://www.un.org/millenniumgoals/>; accessed 7 July 2006).

16 Alex De Waal, "How Will HIV/AIDS Transform African Governance?", *African Affairs*, 102 (2003), p.1.



Ms Angela Ndinga-Muvumba, Centre for Conflict Resolution, Cape Town



From left: Dr Sarah Kaschula, Rhodes University, Grahamstown; Prof Charlie Shackleton, Rhodes University, Grahamstown; Mr Stephen Heintz, Rockefeller Brothers Fund, New York

research, investigating themes such as the implications of HIV/AIDS for urban development and participation in governance institutions. The nature of vulnerability in urban contexts and among particular demographic groups, and the way HIV/AIDS manifests in particular urban localities, are all further areas of concern.

### 3.1. Democratic Practice Research Institutions

#### Centre for Policy Studies, Johannesburg

The Centre for Policy Studies (CPS) in Johannesburg has directed its research into examining the perceptions and responses to HIV/AIDS at the level of local government within the Ekurhuleni municipality.<sup>17</sup> Research conducted by CPS has thus far confirmed that the impact of HIV/AIDS on service delivery is shaped by existing challenges caused by poverty, gender inequality and poor access to health services. Additionally, CPS' research has shown that, for any service delivery or local policy interventions to be effective, they would have to be designed and tailored to have multi-sectoral impact. This research reveals that the HIV/AIDS pandemic affects local governments and local communities most severely. Local leaders are challenged with both stemming the direct and indirect impact of the pandemic, while simultaneously designing effective interventions.

A central question identified by CPS is the impact of the disease on younger populations in the long-term as they are disproportionately affected by the virus but are critical to local forums and public life. Statistically, young adults, particularly women, are the hardest hit by the pandemic. CPS notes that local forums have emerged as the best platforms for citizens to participate in the policy-making process. Yet, young people rarely participate in politics in general and in policymaking forums in particular. Local governments must develop strategies to encourage South Africa's youth to use policymaking platforms to fight the pandemic. Consequently, there is still a gap in the role of civil society in democratic governance, and, in particular, in how to design governance initiatives in response to HIV/AIDS.

#### Democracy in Africa Research Unit, Cape Town

The Democracy in Africa Research Unit (DARU), based at the University of Cape Town's Centre for Social Science Research, is investigating how HIV/AIDS could potentially affect citizen participation in electoral

<sup>17</sup> "Local Government and HIV/AIDS: (Looking at HIV/AIDS as a Governance Issue - Rather than a Health Issue: How this Pandemic Affects Service Delivery at Local Government Level and Responses by Local Governments on the HIV/AIDS Pandemic): Ekurhuleni Metropolitan as a Case Study", unpublished workshop paper prepared by the Centre for Policy Studies (CPS) for the CCR and RBF policy and research workshop, HIV/AIDS and Society.

processes.<sup>18</sup> A common perception among many analysts is that HIV/AIDS negatively affects the development of democratic governance. This assumption emanates from the idea that the institutional cost of HIV/AIDS-related deaths within governance structures will be high and will, in turn, decrease the level of knowledge and skills in already weak structures. This situation is compounded by the reduction of the participation of citizens already alienated by electoral processes. DARU's African Legislatures Project has examined the link between staff turnover in local government and its impact on delivery of social services, as well as on the greater frequency of bi-elections as a result of deaths at local council level. A further contention, addressed by DARU and others, is the assumption that strong democratic institutions are better placed to respond effectively to HIV/AIDS.

DARU has suggested that some of the difficulties experienced in accessing data in this area can, to some degree, be overcome by gathering proxy data. For instance, researchers often use HIV-prevalence rates when estimates of accumulated AIDS mortality would be more useful. DARU cautions that the use of proxy data must be explained and presented in a transparent fashion, particularly since statistics produced in this way can potentially generate an inaccurate bias in research results. Official data may also be subject to inaccuracies and inconsistencies, which means that researchers and policymakers should consider all of these factors when interpreting research results. Therefore, the development of systematic tools that move beyond reliance on unverifiable and anecdotal evidence remains critical to this research community.

## Health, Economics and HIV/AIDS Research Division, Durban

The Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal has conducted research into the impact of HIV/AIDS on local level governance and democracy through a study of the eThekweni municipality.<sup>19</sup> Their findings note a clear increase in the visibility of the pandemic in the labour force, as a direct consequence of the post-apartheid restructuring process. Restructured departments were larger, with greater staffing needs. They were therefore more affected by HIV/AIDS-related illness and deaths. This awareness has led to an improved response to the pandemic within the municipality, and HEARD has revealed that, as a result, an Inter-departmental AIDS Forum has been established. Nonetheless, the HEARD study found that despite municipality interventions, HIV/AIDS was still viewed principally as a health problem and had not been fully integrated into planning and operations. This is a consequence of the reliance on outdated conceptions of HIV/AIDS within local government, which needs to be both acknowledged and addressed.

## Institute for Democracy in South Africa, Tshwane

The Institute for Democracy in South Africa (IDASA) has undertaken a study of the impact of HIV/AIDS on democratic consolidation. This project drew data from South Africa's Independent Electoral Commission (IEC), citizen surveys, the Afrobarometer Project, and co-operated with the Johannesburg-based Electoral Institute of Southern Africa (EISA). The project's findings are captured in the book *HIV/AIDS and Democratic Governance in South Africa*, published in 2005.<sup>20</sup> One of the most shocking findings of the study is that increases in mortality rates of up to 300 percent in some areas – particularly among women between 30 and 39 years – suggest that AIDS is killing more South African voters than anticipated, and at alarming rates. The study also assessed various electoral

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18 'HIV/AIDS and Democratic Governance', unpublished working paper prepared by Democracy in Africa Research Unit (DARU), Centre for Social Science Research (CSSR), University of Cape Town, for the CCR and RBF policy and research workshop. *HIV/AIDS and Society*.

19 'AIDS and Society: Building a Community of Practice', unpublished working paper prepared by the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, for the CCR and RBF policy and research workshop. *HIV/AIDS and Society*.

20 Per Strand, Khabele Matlosa, Ann Strode and Kondwani Chirambo, *HIV/AIDS and Democratic Governance in South Africa: Illustrating the Impact on Electoral Processes* (Pretoria: Institute for Democracy in South Africa [IDASA], 2005), pp.3-5.

systems and found that “first-past-the-post” models, whereby the death of a parliamentarian requires a by-election, are very costly. In the context of HIV/AIDS and South Africa – which has a hybrid system of “first-past-the-post” and proportional representation – this raises important questions for long-term electoral sustainability. IDASA notes that the effect of illness, combined with AIDS deaths, has an adverse impact on governance institutions. For example, the IEC, which relies on public service workers, is vulnerable to the loss of experienced staff and a skills shortage. IDASA’s analysis of the Afrobarometer’s public opinion data also provides interesting assessments. Researchers found that, in general, the public in many southern African countries such as South Africa, are increasingly aware of HIV/AIDS as a political and social problem. Yet, it is not clear whether the pandemic is affecting public opinion. South Africans were more likely, however, to prioritise HIV/AIDS in their demands on government. Further, political parties in South Africa reported that the epidemic is creating a need to replace members due to illness and death; accommodate the increasing demand for officials to attend funerals; and guard against the loss of experienced, intellectual vanguards.

## Isandla Institute, Cape Town

The Isandla Institute launched its project entitled “HIV/AIDS and/in the City” in April 2005.<sup>21</sup> The project’s focus is the Cape Town municipality. The impetus for the institute’s research activities is the observation that many South African municipalities and city governments focus on the pandemic’s health implications and respond to these implications at the individual level. Moreover, with the end of apartheid and democratic elections, most of South Africa’s municipalities were focused on the complex tensions and expectations of the transition. Citizens as well as national and provincial government actors have also placed pressure on municipalities to deliver social services. Researchers suggest that, given these high expectations, and limited resources and capacity constraints to meet these pressures, municipalities have not been able to prioritise HIV/AIDS beyond the health sector. The project therefore seeks to assess and understand the specific factors in urban localities that contribute to (or possibly hinder) the spread of HIV and influence the coping capabilities of individuals, households, communities and institutions when affected by HIV/AIDS. The project’s researchers underscore the importance of exploring the development dimensions of HIV/AIDS and their methodologies will place a special emphasis on local factors and conditions in Cape Town. Finally, the Isandla Institute hopes to facilitate the conception of an HIV/AIDS Strategy and Action Plan with Cape Town’s municipal leaders.

## Gaps and Opportunities

The organisations working in the area of HIV/AIDS and democratic practice issues have already established a tentative network of researchers. Since 2004, HEARD, IDASA, DARU and CPS have worked on various aspects of governance and HIV/AIDS issues. These actors have also interacted with the Institute for Security Studies in Tshwane. Such consultations are largely *ad hoc*, and collaboration frequently relies on historical ties between institutions and individual working relationships. The changing landscape of AIDS and society research, particularly in the area of democratic practice, however, requires more strategic and concrete links which could enable more sustainable programmes and build greater capacity. Deeper engagement should be cultivated, particularly in the context of soliciting resources and sharing information and skills. IDASA has identified the need for researchers to deal with competing interests and to address the role of external partnerships. Researchers working in the democratic practice area have been engaged in this field somewhat longer than others, and can provide expertise on interacting with government officials to other research fields.

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21 “HIV/AIDS in the City”, unpublished working paper prepared by the Isandla Institute, for the CCR and RBF policy and research workshop, *HIV/AIDS and Society*.

## 4. HIV/AIDS and Sustainable Development

**The need for sustainable development and ensuring that developmental planning both creates economic growth and safeguards the environment for future generations is a key factor in the fight against HIV/AIDS in South Africa.**

The recognition of the effects of the HIV/AIDS pandemic on the ability for sustainable development incorporates an acknowledgement of a broad range of livelihood, urban development, land reform, economic and development issues. This involves investigating the impact of the pandemic on households and food security, as well as on land reform projects at the community level. A number of analysts have noted that factors such as the human resource implications of the epidemic present a challenge to development, which African states need to confront in order to ensure sustainable development.<sup>22</sup>

Attempts to address HIV/AIDS in South Africa are currently challenged by the legacy of vast socio-economic disparities created by apartheid. Since the African National Congress (ANC) came to power in 1994, scarce resources have meant that a higher priority has been placed on unifying the country's previously racially fragmented economic and welfare system, apparently at the expense of ensuring a coherent approach to confronting HIV/AIDS. The link between HIV/AIDS and socio-economic circumstances has been well established. Issues of food security and access to land are vital to combating the pandemic successfully.<sup>23</sup> During the sharp increase and spread of HIV into the general populace in sub-Saharan Africa between 1988 and 1998, approximately 30 percent of the population was malnourished.<sup>24</sup> This situation was exacerbated by the disproportionate impact of the pandemic on women. According to UNAIDS, up to 60 percent of the time that women and girls used to spend doing housework or gardening is now used for caring for people with HIV/AIDS, thus undermining the ability of poor households to grow food for consumption or sale.<sup>25</sup>

South Africa currently has no national food security and nutrition survey linked to indicators of HIV/AIDS, despite the fact that the epidemic has catapulted food security and nutrition concerns to the forefront of development issues. The scale of the pandemic necessitates the development of realistic and comprehensive indicators over food security but there currently remains a dearth of quality research in the areas of dietary and environmental sustainability. The central concern running through most studies on sustainable development and HIV/AIDS is that many South African households are already preoccupied with the challenges of living below the poverty line. The majority of these households do not have access to adequate services and often struggle to survive on limited or restricted incomes and diets. The societal impact of HIV/AIDS is still unclear, though it is relevant that HIV/AIDS affects households which are already the most vulnerable to poor dietary diversity. Research in this area may assist in locating a profile of food security responses to HIV/AIDS. The studies of the organisations engaged in investigating the links between the pandemic and sustainable development is generally in the early stage, and, as a result, there are currently only tentative findings.

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22 Nicolí Nattrass, *The Moral Economy of Aids in South Africa* (Cambridge: Cambridge University Press, 2004), pp.34-40.

23 For more information on some of these issues see Regional Network on *HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL)* and the *International Food Policy Research Institute (IFPRI)*, *HIV/AIDS, Land-Based Livelihoods, and Land Reform in South Africa*, a report of the Human Sciences Research Council (HSRC), University of Fort Hare, University of KwaZulu-Natal, and Nkuzi Development Association and submitted to the Department of Land Affairs, South Africa, January 2006 (available at <http://www.ifpri.org/renewal/pdf/HIVLandReformSA.pdf> ; accessed 12 September 2006).

24 Cited in Nicolí Nattrass, *Aids And Human Security In Southern Africa*, working paper published by the Centre of Social Science Research, Number 18, November 2002, p.4.

25 *Action on Women, Girls and HIV/AIDS: Southern Africa*, report published by UNAIDS (available at [http://womenandaids.unaids.org/documents/factsheet\\_general.pdf](http://womenandaids.unaids.org/documents/factsheet_general.pdf) ; accessed 7 July 2006).

Nonetheless, the results gathered to date suggest that the relationships between household experience due to adult mortality, household food insecurity and access to natural resources and sustainable development are multi-layered and will require further examination.

Researchers investigating the impact of HIV/AIDS on sustainable development face a number of constraints. Several organisations have indicated a willingness to bolster their training and capacity needs through collaborations with other research institutions. The Tshwane-based Human Sciences Research Council has noted that it is critical to “homogenise” methods and research approaches. A lack of an integrated response has often hindered the possibilities for collaborative research programmes with other disciplines or sectors. Ensuring that all research teams have a coherent and consistent understanding of research skills and knowledge about sustainable development issues will be necessary for future collaborations.

## 4.1 Sustainable Development Research Institutions

### Human Sciences Research Council, Tshwane

The Human Sciences Research Council, the University of Fort Hare and the University of KwaZulu-Natal have been conducting a study into land reform and HIV/AIDS through a series of case studies in the provinces of Limpopo, Eastern Cape and KwaZulu-Natal.<sup>26</sup> Their research tries to assess how HIV/AIDS impacts on rural livelihoods and on South Africa’s land reform programme. The particular case studies were chosen due to the large rural, poor populations in these areas who will be the most marked beneficiaries of land reform. These were also identified as areas with the largest numbers of black households engaged in agriculture. HSRC’s study



**ABOVE:** From left: Ms Lia Nijzink, Democracy in Africa Research Unit, Cape Town; Dr Richard Rockefeller, Rockefeller Brothers Fund, New York; Captain Winnie Mavuso, South African Police Services, Johannesburg

**TOP RIGHT:** From left: Dr Per Strand, Democracy in Africa Research Unit, Cape Town; Dr Martin Rupiya, Institute for Security Studies, Tshwane

**RIGHT:** From left: Ms Miriam von Donk, Isandla Institute, Cape Town; Dr Robert Mattes, Centre for Social Science Research, Cape Town; Dr Per Strand, University of Cape Town, Cape Town

26 ‘HIV/AIDS, Land-Based Livelihoods, and Land Reform in South Africa’, unpublished working paper published by the Human Sciences Research Council (HSRC), University of Fort Hare, University of KwaZulu-Natal, and Nkuzi Development Association, for the CCR and RBF policy and research workshop, HIV/AIDS and Society.



is designed to investigate how land reform can mitigate the impact of the HIV/AIDS pandemic on rural households. The study has so far found that, in contrast to earlier studies in this area, HIV/AIDS is currently not showing a visible impact on land reform projects. The suggested reason for this diversity is that the earlier studies only examined HIV/AIDS-affected households, and thus over-attributed tenure insecurity to HIV/AIDS. This discrepancy should inform future projects which need to be more inclusive of the wider community.

## Institute of Behavioural Sciences, Colorado, United States, and the University of the Witwatersrand, Johannesburg

The Institute of Behavioural Sciences, University of Colorado at Boulder, United States, and the Centre for African Ecology of the School of Animal, Plant and Environmental, Sciences at the University of the Witwatersrand are currently engaged in a joint study.<sup>27</sup> The collaborative study interrogates the effect of morbidity on household economies and analyses factors related to food security in households affected by HIV/AIDS-related deaths. The research contributes to the understanding of, and response to, the impact of HIV/AIDS through exploring the role of the environment in making less vulnerable HIV/AIDS-impacted households, especially those headed by the elderly. Based on preliminary research, the institute has noted the role that research can play in understandings of the potential significance of the natural environment in sustaining HIV/AIDS-impacted households. Future HIV/AIDS interventions could support low-input agriculture and the cultivation of indigenous crops and wild herbs.

Some of the challenges identified by the study in terms of data collection included the difficulty in quantifying wild food consumption and how to develop methodologies that accurately measure how much is being eaten, by whom and under what circumstances. Further questions were raised over the use of resources by vulnerable groups and how to diversify the assessments of HIV/AIDS and food security to move beyond the household to the broader natural environment, which is the reality for people living in rural areas. The need to map changes in dietary diversity profiles against long-wave HIV/AIDS impacts was also noted.



Seminar group working on the theme, "Sustainable Development"



From left: Dr Pieter Fourie, University of Johannesburg, Johannesburg; Ms Nancy Muirhead, Rockefeller Brothers Fund, New York; Mr Ricardo Jacobs, Surplus Peoples Project, Cape Town

<sup>27</sup> "Elderly-headed Households and Food Security in Rural South Africa - The Role of the Local Environment", unpublished working paper published by the Institute of Behavioural Sciences (IBS), University of Colorado at Boulder, US, and the Centre for African Ecology, School of Animal, Plant and Environmental Sciences at the University of the Witwatersrand, for the CCR and RBF policy and research workshop, HIV/AIDS and Society.

## Rhodes University's Department of Environmental Sciences, Grahamstown

In the area of sustainable development, the contribution of wild foods to food security has been largely peripheral to discussions of food security.<sup>28</sup> This has been the subject of a study by Rhodes University's Department of Environmental Sciences. This project has set out to examine dietary diversity, especially in HIV/AIDS-affected households. The department's study is designed to categorise food types and, within this model, to incorporate wild foods and the full range of food sources consumed over the course of a twenty-four hour period. The survey was conducted to try to capture the basis of access to food eaten outside the home, through analysing a cross-sectional study of a population over the course of a year at the household and individual sub-sample levels. Thus, the impact of HIV/AIDS is traced first, through investigating a cross-section of the rural community, and, second, through an examination of food diaries and dietary diversity scores as indicators of household wellness. Rhodes University has also identified the need for research and interventions that are focused spatially; investigate consumption outside the household; are temporally sensitive through recognition of vulnerable seasons; are sensitive to vulnerabilities such as age, gender and class; and incorporate a full range of dietary access types such as those purchased, cultivated or collected.

Rhodes University has established relationships with other actors working in the field of sustainable development in order to generate collaborations in demographic and health population research studies. While these collaborations have proved to be beneficial, they have often failed to acknowledge the need to develop enhanced food security indicators; more livelihoods-based research; and stronger methods for dissemination and policy development. If these issues are not identified and incorporated into international donor agendas, the efficacy of researchers working on the ground will be reduced. Furthermore, while non-governmental organisations (NGOs) may be strategic allies, they are often distant from research initiatives. Ensuring local government involvement in analysing these issues also presents a major challenge.

## Gaps and Opportunities

An opportunity for further collaboration in the field of sustainable development includes the forging of relationships with the Southern African Development Community (SADC) to develop a regional environmental ten-country study.<sup>29</sup> This could explore educational responses to environmental degradation; the impact of heightened poverty; and HIV/AIDS and other health risks in southern Africa. Research findings for this project would assist SADC policymakers to develop approaches on education for sustainable development in the context of risk and vulnerability; and, in turn, extend relationships with academic institutions that are conducting studies related to this issue area. Rhodes University is actively involved in training and collaboration with post-graduate students at universities in a range of disciplines. The University of Colorado/University of the Witwatersrand study points out that since HIV/AIDS affects such a range of areas, there are unique opportunities for research collaborations and the development of innovative methodologies and comparative studies.

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28 "Wild Natural Resource Use and Household Food Security Responses to HIV/AIDS", unpublished working paper prepared by the Department of Environmental Sciences, Rhodes University, for the CCR and RBF policy and research workshop, *HIV/AIDS and Society*.

29 The Southern African Development Community (SADC) currently comprises 14 member states, namely Angola, Botswana, the Democratic Republic of the Congo (DRC), Lesotho, Malawi, Mauritius, Madagascar, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The SADC region has a population of about 125 million.

## 5. HIV/AIDS and Peace and Security

**In recent years, researchers in the field of HIV/AIDS have increasingly suggested that the pandemic will lead to government crises and, consequently, the disease poses a threat to national, regional and international peace and security. Traditionally, security has been conceived in terms of military security and the defence of the state, but this has been progressively challenged in light of the potential two-fold impact of HIV/AIDS.**

First, through the pandemic's effects on the economy, politics and, more broadly, society, HIV/AIDS is deemed to pose a threat to both future stability and democratic governance. Second, conditions of conflict have been shown to exacerbate the vulnerability of both civilian and military populations to HIV/AIDS. Within the field of peace and security, the concept of human security, which emphasises the link between what UN Secretary-General Kofi Annan described as "freedom from fear" and "freedom from want", has also achieved increasing resonance.<sup>30</sup> This idea encompasses a variety of security concerns that include poverty, health, inequality, education and "good governance", in addition to issues of conflict and war. As such, human security recognises the interdependence of development, security and governance, and is thus predicated on the idea that military structures should support development and stability. In order to achieve this, addressing the HIV/AIDS pandemic is seen as a primary concern.<sup>31</sup>

Since 2000, a number of international initiatives by the United Nations, such as Security Council Resolutions 1308 and 1325, specifically identified the HIV/AIDS pandemic as a threat to international security.<sup>32</sup> Nonetheless, persuading governments to recognise the danger posed by the disease to national security, particularly in South Africa, has been challenging. To date, traditional security structures such as defence ministries and military command structures have been reluctant to engage with external actors on the security threat posed by HIV/AIDS. Current research indicates that there is insufficient HIV/AIDS policy responsiveness in the peace and security sector. While the South African security sector has put in place programmes and policies to manage HIV/AIDS, these programmes are still in their early stages. Thus, researchers have asserted the need to articulate clearly the security dimensions of the HIV pandemic and to develop concrete proposals which can be implemented across a broad range of government institutions.

Information on the impact of HIV/AIDS on the military, police and prisons is limited in South Africa, largely due to its political sensitivity. Specific areas of concern for researchers include the fact that members of the security sector or "uniformed services" are thought to be affected by this disease and that defence structures will be constrained by HIV/AIDS. The South African National Defence Force (SANDF) has an official infection rate of 23 percent, while estimates in SADC militaries range from less than 10 percent to 40 percent.<sup>33</sup> This, in turn, not

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30 *In Larger Freedom: Towards Development, Security and Human Rights For All*, report of the UN Secretary-General; follow-up to the outcome of the Millennium Summit, 21 March 2005, A/59/2005.

31 Centre for Conflict Resolution (CCR). *HIV/AIDS and Human Security: An Agenda for Africa*. Addis Ababa, Ethiopia, 9 and 10 September 2005 (available at <http://ccrweb.ccruct.ac.za> : accessed 19 June 2006).

32 UN Security Council Resolution 1308 (2000) S/RES/1308 (2000); and UN Security Council Resolution on Women Peace and Security S/RES/1325 (2000).

33 See *HIV/AIDS and Southern Africa's Militaries*. Windhoek, Namibia, 9 and 10 February 2006 (available at <http://ccrweb.ccruct.ac.za> : accessed 19 June 2006), and Laurie Garret. *HIV and National Security: Where are the Links?*, report published by the Council on Foreign Relations (2005); *Impact of HIV/AIDS on Military Forces: Sub-Saharan Africa*, report published by the Armed Forces Medical Intelligence Centre, Washington, DC: Defence Intelligence Agency, DIH8172-00, (2000); and *HIV/AIDS, Security and Democracy*, seminar report published by the Netherlands Ministry of Foreign Affairs in co-operation with Harvard University, the Netherlands Institute of International Relations, Clingendael, the Social Science Research Council and co-sponsored by UNAIDS, Clingendael Institute, The Hague, 4 May 2005.

only depletes forces, but also diminishes the human resource pool for new recruits. The issue of HIV/AIDS in militaries in Africa is nonetheless an area that continues to be sensitive and often off-limits to researchers. This may be attributed to a number of factors, including the need to maintain national security and, therefore, unwillingness to reveal information that reflects negatively on human resource levels. Other factors include the fact that earlier research presented prevalence rates as an unprecedented threat to defence structures, which fuelled perceptions of military personnel as vectors for the spread of HIV/AIDS. All of this proved damaging to the image of the defence forces. As a result, a significant part of the data on the security impact of HIV/AIDS has been anecdotal and unverifiable. As noted in the March 2006 *HIV/AIDS and Security: Fact, Fiction, and Evidence* report by the London School of Economics (LSE) and UNAIDS, there has been a large amount of literature based on loosely interpreted data in this field.<sup>34</sup>

A lack of resources appears to be an important constraint in expanding research in the area of peace and security, as well as to engaging policymakers and, thus, influencing HIV/AIDS interventions. Budgetary limitations have also influenced the number of countries targeted in research studies. This is of particular significance considering the fluidity of migratory patterns in southern Africa in both the civilian and, especially, the military populations. Further, within the South African Police Services (SAPS), a minimal budget has been allocated for the management of HIV/AIDS and, despite the development of an HIV/AIDS policy by the SAPS, only limited resources have been distributed for its implementation.

Another significant impediment to research in this area is ensuring open dialogue between policymakers, civil society and academics who often tend to adopt opposing positions. Since examining military issues is a sensitive issue, civil society and academic researchers need to devise measures to build confidence with policymakers. A further obstacle to research is that, as an emerging area, there is a dearth of literature on HIV/AIDS and peace and security issues. While it is clear that HIV/AIDS affects defence structures, the patterns of impact are still unclear. The response of defence forces to HIV/AIDS is therefore an important factor for future research. Furthermore, the range of defence structures in southern Africa, which span both existing armies and those of former liberation movements, may be important factors in understanding the transmission and impact of HIV/AIDS.

## 5.1 Peace and Security Research Institutions

### Centre for Conflict Resolution, Cape Town

The Centre for Conflict Resolution (CCR) has identified that new research demonstrates that HIV/AIDS is not a direct causal factor of state insecurity in Africa.<sup>35</sup> High prevalence rates are also not explicit proof of a military's incapacity to carry out its operations. CCR has noted that patterns of HIV transmission; levels of prevalence, morbidity and mortality; and long-term impact will vary according to a number of factors, including age, rank, type of recruitment, gender, income, employment/deployment, geographic location, social relations, culture and the types of HIV/AIDS prevention, treatment, care and support programmes. These factors must be considered in order to reflect variances among populations and sub-populations within defence forces. HIV needs to be examined from a multi-disciplinary perspective that bridges the gap between medical assessments, theory and social reality.

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<sup>34</sup> Tony Barnett and Gwyn Prins, *HIV/AIDS and Security: Fact, Fiction and Evidence - A Report to UNAIDS*, *International Affairs* 82, 1 (March 2006).

<sup>35</sup> *HIV/AIDS and Security Project: From Moralising To Preventive Action*, unpublished working paper prepared by CCR for the CCR and RBF policy and research workshop, HIV/AIDS and Society.

CCR has also noted that there is a deficit of knowledge among researchers in a number of key areas which include military health medicine, the roles and functions of peacekeepers, and the politics of HIV/AIDS management within governments. The lack of research into these issues has influenced the ability to devise strategic plans for tackling the pandemic within national defence forces.

## Institute for Security Studies, Tshwane

The Institute for Security Studies (ISS) is conducting its research into the impact of the HIV/AIDS pandemic on armed forces in southern Africa, with a particular focus on Botswana, Swaziland and Zambia.<sup>36</sup> ISS is examining the links between existing national HIV/AIDS policies and strategies within the security sector, as well as comparing institutional responses and their efficacy.

ISS has discovered that, although the majority of southern African militaries have draft policies in place to address HIV/AIDS across sectors, these have often not been finalised. Wider and longer-term research is needed to track the impact of the pandemic on the armed services, especially among militaries that have already participated in research studies. As part of their research, ISS has nurtured contacts with militaries, in particular, in the SADC region. Nonetheless, key challenges have been posed by the breadth of the study in light of time constraints as well as the political sensitivity of the subject.

## Civil Society Prison Reform Initiative, Cape Town

The Civil Society Prison Reform Initiative (CSPRI) and the Department of Economic and Management Sciences at the University of the Western Cape are conducting research into both “democratic practice” and “peace and security” concurrently through their investigation of the impact of HIV/AIDS on prison governance in South Africa.<sup>37</sup> Information on this subject is scarce, particularly with reference to the impact of HIV/AIDS on prison staff. Accessing records in this area also poses challenges for researchers, who commonly have to confront the disquiet generated by HIV/AIDS research among government institutions. South Africa’s Department of Correctional Services (DCS) is currently finalising its HIV/AIDS policy for prisoners, and it is hoped that this may encourage more transparency in future.

Due to the sensitive nature of the topic of prison governance, the CSPRI study has faced numerous challenges. These range from securing the approval of the DCS to conduct the research, as well as overcoming the absence of any significant literature on the topic. International literature on prisons and HIV/AIDS is essentially focused on the effect of the pandemic on prisoners, particularly intravenous drug-users, and the literature tends to neglect the broader aspects of its impact on governance issues. CSPRI has also identified as an area of future research the dearth of studies on HIV infections among prison staff.

## Centre for the Study of Violence and Reconciliation, Johannesburg

The Centre for the Study of Violence and Reconciliation (CSVr) has been conducting research into the impact of HIV/AIDS on the South African Police Service (SAPS) in order to contribute to knowledge about how the

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36 “*HIV/AIDS in the Militaries of Southern Africa*,” unpublished working paper prepared by the Institute for Security Studies (ISS) for the CCR and RBF policy and research workshop. HIV/AIDS and Society.

37 “*Impact Assessment on the Effects of HIV/AIDS on Prison Governance in South Africa*,” unpublished working paper prepared by the Civil Society Prison Reform Initiative (CSPRI) for the CCR and RBF policy and research workshop. HIV/AIDS and Society.



**TOP:** Seminar group working on the theme, "Peace and Security"  
**ABOVE:** Ms Kholadi Tlabela, Human Sciences Research Council, Tshwane  
**RIGHT:** From left: Prof Charlie Shackleton, Rhodes University, Grahamstown; Dr Helen Scanlon, Centre for Conflict Resolution, Cape Town

pandemic is impacting on police officials in the Johannesburg policing area.<sup>38</sup> To date, there has been a negligible amount of research into the impact of HIV/AIDS on the policing sector and it is often difficult for analysts to gain access to the police force. Even where access is gained, dissemination of research findings is often limited, due to the fear by the SAPS of negative perceptions being generated about this public institution.

The CSVR's research has found that there is a lack of adequate trained personnel in place within the police service to address the HIV/AIDS pandemic. For example, in the Johannesburg Policing Area, there is only one trained social worker responsible for co-ordinating peer educators, organising workshops, training, counselling and dispensing of HIV/AIDS-related literature and condoms among 21 police stations and 6,500 police officials. Most alarmingly, CSVR notes that in South Africa, more than two-thirds of police officials and close to half of police commanders surveyed have never attended HIV/AIDS-related training. Case studies produced by CSVR reveal a high level of fear of unfair discrimination and stigmatisation among police officials living with HIV/AIDS.

## Pugwash Conferences on Science and World Affairs, Tshwane

The South African branch of Pugwash, based at the University of Pretoria, is engaged in examining the links between HIV/AIDS and global security and, in conjunction with other Pugwash actors, has held a series of workshops on the relationship between the pandemic and security. These gatherings have addressed a variety of issues such as the:

<sup>38</sup> "Impact of HIV/AIDS in the South African Police Service: The Case of Johannesburg Policing Area", unpublished working paper prepared by the Centre for the Study of Violence and Reconciliation (CSVR) for the CCR and RBF policy and research workshop, HIV/AIDS and Society.

- Virology of HIV and its projected impact on societies;
- Relationship between the epidemic and social forces;
- Role of states in protecting citizens from HIV;
- Ethical and moral dilemmas posed by HIV/AIDS;
- Impact of HIV within militaries and the security sector; and
- Role of leadership in addressing the pandemic.<sup>39</sup>

The dire health situation in many developing countries necessitates a focus on diseases beyond HIV/AIDS alone. Advocacy strategies should therefore concentrate on the right of access to healthcare in the developing world, and there is a need to broaden understandings of the threat that infectious diseases - including tuberculosis (TB) and multi-drug-resistant strains of both TB and HIV/AIDS - pose to global security. The role of sexual violence in the spread of the HIV/AIDS in a number of countries, most notably South Africa, is also an important area of study. A wider investigation into the "social construction" of sexuality and its relation to the spread of the disease is also needed.

## Gaps and Opportunities

A number of research institutions working in the area of HIV/AIDS and peace and security have developed inter-disciplinary studies that involve research by economists, political scientists, anthropologists and historians. CCR, for example, is currently undertaking a multi-disciplinary edited volume involving a number of contributions by researchers from the inter-disciplinary field of HIV and society in examining the human security dimensions of HIV/AIDS in South Africa.<sup>40</sup> This type of collaboration could and should be enhanced and expanded.

More collaboration between organisations is important in this regard. The advocacy work for the policing research by CSVr, for example, has been limited to the Johannesburg Policing Area. While preliminary results have been discussed with the Johannesburg police and a number of initiatives have emerged as a consequence, the spatial impact of this work could be extended. Results from the Johannesburg policing project could be used more broadly to demonstrate how such research could be of benefit to the SAPS, its members and the broader South African society. While the research by ISS currently focuses on militaries in southern Africa through examining the policies of Botswana, Zambia and Swaziland, these case studies could be expanded to take into account the remaining 11 SADC countries. Further, there are opportunities to take these research initiatives outside southern Africa to inform other regional security and economic communities, such as the Economic Community of West African States (ECOWAS), or the Intergovernmental Authority on Development (IGAD), as well as the African Union (AU), which is in the process of establishing an African Standby Force (ASF) of five sub-regional brigades by 2010. This will be the focus of CCR's work between 2006 and 2008.

Since the South African National Defence Force and other militaries in the region have increased their efforts to address HIV/AIDS and other diseases, research into these structures may yield data on the most effective tools created locally to address the pandemic. These tools could illustrate the way in which these institutions are evolving as a result of HIV/AIDS. More broadly, new research findings can contribute to the response to, and understanding of, the security and governance impact of HIV/AIDS through the provision of information which could facilitate civil society's participation in legislative and policy debates on this subject.

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39 "The Ethical Dimensions of HIV/AIDS", report published by the Pugwash Conferences on Science and World Affairs, Number 310, 3rd Pugwash Workshop on Science, Ethics and Society, 2005.

40 Angela Ndinga-Muvumba and Robyn Pharaoh (eds), *HIV/AIDS and Human Security in South Africa*, a project of CCR (forthcoming 2007).

## 6. Policy Impact, Advocacy and Dissemination of Research

**Research within the field of HIV/AIDS and society can contribute to understandings of the impact of the disease by outlining the long-term and far-reaching consequences of the pandemic in South Africa. This, in turn, can help identify current policy gaps and assist in the development of situation-based policy options. The RBF network is a helpful forum strategically to identify areas of research in this emerging field.**

There are numerous opportunities to expand research initiatives and to ensure better dissemination of results. Advocacy and the distribution of research findings can be facilitated through a variety of means such as publications, meetings, policy seminars and stakeholder forums. The most popular method of dissemination of research output is generally through publications, though this method also has its limitations. To date, the academic research community has often not been effective at advocacy and outreach. Academics often present work in formats and forums that are not always accessible to policymakers. This is often due to time constraints: thorough data collection and its interpretation are fairly time-consuming and the results are therefore not always readily available to flow into advocacy and policymaking mechanisms. Nonetheless, precise academic research is important in ensuring quality policy interventions. Collaboration between researchers and NGOs that have experience and expertise in outreach work that is directed at policymakers in government, state institutions, and/or global governance actors could enhance the policy impact of this research. In addition, policy-focused working papers, and occasional papers, could allow for initial findings to be shared promptly with the broader policy and research community for discussion and criticism without the delays imposed by the peer review process, which is important for longer-term academic research.

The RBF network could facilitate the development of new methods to aid dissemination and advocacy, as well as to provide a forum to share strategies with other partners. There is also scope for developing new methodologies for distributing research findings. A shared database of researchers and practitioners working on HIV/AIDS and issues relating to the impact of the pandemic on society, for example, could facilitate future collaboration and extend the research community. Certain successes can already be detected within this research community. ISS, for example, has successfully secured the support of participating research teams - some of whom are from within military personnel in southern Africa - in ensuring wide distribution of its published materials.

Of course, most RBF grantees still face daunting challenges in demonstrating to policymakers that HIV/AIDS is more than a health issue. In addressing this goal, researchers must deepen their own understanding of policy processes and the practical constraints of policymakers, instead of simply being critical of government institutions. This could be assisted by research bodies allowing policymakers the scope to contribute to the development of research agendas by identifying their own concerns early in the process. The HSRC's project, for example, has achieved some success in its research through involving policymaker stakeholders at both the national and provincial levels. Nevertheless, it would be premature to assess how the South African government will react to the HSRC's findings and engage with the project in the long-term. The impact of research on practice can also be enhanced through allowing policymakers and practitioners to publish their own "lessons learned" alongside academic work.



The impact of research on HIV/AIDS and society could also be improved by hosting more forums in which the similar concerns of NGOs and intervention-based organisations, and those doing research can be discussed. Greater collaboration among RBF grantees from various parts of South Africa could deepen the scope of research in this critical area. This could be achieved, for example, by organisations hosting one another as researchers and/or hosting public forums for discussion and debate. Donors could also improve the impact of this research by prioritising the gaps in existing research instead of merely funding new projects. This could create more incentives for collaboration among organisations in this field.

To date, researchers, civil society communities and policymakers have often failed to communicate effectively and have sometimes adopted adversarial positions. This, in turn, often generates suspicion from the government over why it should share information with external researchers and can create barriers for researchers wishing to influence policy. Researchers should take more seriously the importance of engaging with policymakers on issues that will provide constructive solutions to the challenges of mitigating the direct and indirect impacts of HIV/AIDS. Consultation with, and advice from, professionals experienced in government policy development is vital for generating useful and timely knowledge. However, it has often proved difficult to maintain a balance between facilitating thorough debates while presenting a clear, unified message to policy-makers. One potential way of reaching policymakers may be through the development of detailed impact studies. This could be further facilitated through creating a “tool-kit” for key policymakers to assist them in understanding how to measure impact and develop indicators for monitoring HIV/AIDS in their own organisations.

There currently exist a number of opportunities to widen and strengthen research and advocacy in the area of HIV/AIDS and society. Through building a community of practice, RBF’s grantees are seeking to grow a network which can contribute to understanding the long-term impact of the pandemic, as well as devise practical strategies for the mitigation of HIV/AIDS in South Africa.



Ms Lone Spanner, Royal Danish Embassy, Tshwane, left; Dr Per Strand, Democracy in Africa Research Unit, Cape Town



Ms Kholadi Tlabela, Human Sciences Research Council, Tshwane, left; Dr Sarah Kaschula, Rhodes University, Grahamstown

## 7. Conclusion and Key Recommendations

**The first 25 years of the HIV/AIDS pandemic have been largely focused on bio-medical research. Gradually, social science researchers, donors, policymakers and activists have recognised that HIV/AIDS is more than simply a health issue and that the pandemic has developmental, governance and security implications.**

It is clear that social factors such as mobility, poverty, gender inequality and political instability explain the inter-related conditions that have precipitated South Africa's AIDS emergency. As these conditions become more delineated, it is obvious that a multi-disciplinary approach is needed to address both the causes and consequences of HIV/AIDS. The RBF network of researchers gathered in Cape Town in June 2006 sought to share new knowledge about the impact of AIDS on democratic practice; sustainable development; and peace and security in South Africa. A number of insights are currently guiding this research community. These include the view that the pandemic is a "long wave" event, and that South Africa is potentially only 25 years into a 50- to 120-year cycle. HIV/AIDS will thus influence how South African society develops and its communities survive for many decades to come.

Early findings within the area of democratic practice suggest that South Africa's 47 million citizens are aware of HIV/AIDS as a political and social issue and that the epidemic is affecting political parties. At the same time, it is possible that governance structures at the local level are adapting or creating mechanisms to address the impact of HIV/AIDS. Researchers working on sustainable development issues are examining the impact of the epidemic on agriculture as well as diets at the household level. Their findings could identify ways in which future HIV/AIDS interventions could use the environment to protect vulnerable populations from the effects of the pandemic. While it is true that the pandemic has not "hollowed-out" the peace and security sector, the South African military's operational capability - particularly as South Africa deploys peacekeepers to Burundi, the Democratic Republic of the Congo (DRC), and Sudan - prison governance and the impact on the police sector are under-researched. Researchers are aware that a dearth of literature on prisons, police and armies presents unique problems for HIV-mitigation. The police services, for example, are grossly under-resourced in the area of HIV/AIDS prevention. The establishment of a "community of practice" among South African research organisations involved in the study of HIV/AIDS and society is thus an emerging concept in a new research area. At this stage, new measures are critical in four important areas: enhancing the AIDS and society research agenda; policy impact; strengthening of collaborative networks; and building capacity.

The discussions at the Cape Town seminar resulted in 12 key recommendations in the four areas of:

- Enhancing the AIDS and society research agenda;
- Policy impact;
- Strengthening of collaborative networks; and
- Building capacity.

## Enhancing the research agenda

1. The HIV/AIDS pandemic is an urgent crisis - albeit a long-term one. Efforts should therefore be made to develop studies which are commensurate with the urgency, and the long-term lifecycle of the pandemic. In the meantime, the research community is seeking ways to devise more relevant research methodologies and to provide timely and useful evidence for policy development. Previous studies and engagement with data from a wide variety of sources have yielded only preliminary findings. Further research should engage multi-disciplinary approaches and build on existing studies.
2. New research should attempt to measure other factors influencing the impact of the pandemic by employing strategic case selection; devising alternative measurements to account for wider societal factors in the spread of HIV; and employing multivariate statistical analysis. It was also suggested that researchers should explore more than one case study in order to enable better comparative insights.
3. The research community has identified a number of methodological "dilemmas" which are unique to HIV/AIDS and society due to its distinctive and sensitive nature. Researchers should share ideas on ways to design research questions; analyse data; and, ultimately, devise policy recommendations.

## Policy impact

4. Institutions must ensure that their research findings impact on the lives of the people they are intended to help - those living with and affected by HIV/AIDS - in order to improve the quality of their lives and those of their families now and in the future.
5. The network of researchers in the field of HIV/AIDS and society must develop a better understanding of the institutional terrain in South Africa and where opportunities for interventions exist. Both local and national governments are often perceived to be monolithic, but the task for researchers is to find inroads so that research can make an impact on policymakers.
6. Research findings should be brought to the attention of the South African parliament and other key policymakers, and these relationships should be both ongoing and enduring. Some members of the RBF network have more experience in policy influence or advocacy. These experiences should be shared in order to grow research impact in a comprehensive and sustainable manner.
7. An institutional actor delegated to support advocacy and the dissemination of research findings might assist the growth of the research community. This actor could be situated within an organisation and also help to co-ordinate individual projects in the area of HIV/AIDS and society.

## Networking and co-operation

8. While collaboration between those researching in the field of HIV/AIDS and society exists on a collegial *ad hoc* basis, this has yet to be formalised at the institutional level; this process needs to be encouraged to advance the promotion of quality research on HIV/AIDS.

9. Competition between those institutions working in this field can promote valuable research, and is somewhat inevitable due to limitations of funding, but it is imperative that institutions avoid duplicating the work of others.
10. Those RBF grantees which have similar research areas should pursue ongoing dialogues on the progress of their research and involve each other, to the extent possible, in information-sharing and research and policy seminars.

## Building capacity

11. The issue of capacity-building is often identified as a priority among research institutions and is often seen as the answer to any problem. However, there is a need to investigate and define the specific capacity needed in order to realise this goal.
12. Finally, there is currently a lack of emerging black researchers from historically-disadvantaged communities in the field of HIV/AIDS, and institutions need to invest in this area to encourage the next generation to contribute to work in this field.



*From left: Capt Winnie Mavuso, South African Police Services, Johannesburg; Dr Richard Rockefeller, Rockefeller Brothers Fund, New York; Prof Gwyn Prins, London School of Economics, London; Amanda Dissel, Centre for the Study of Violence and Reconciliation, Johannesburg*



*Ms Angela Ndinga-Muvumba, Centre for Conflict Resolution, Cape Town, left; Prof Gwyn Prins, London School of Economics, London*

# Annex I

## Agenda

### Welcome and Opening: 26 March 2006

18h00–20h00 Reception and Dinner

#### Welcome

Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution (CCR), Cape Town

Mr Stephen B Heintz, President, Rockefeller Brothers Fund (RBF), New York

#### Opening Address

Professor Alan Whiteside, Health Economics and HIV/AIDS and Research Division (HEARD), University of KwaZulu-Natal, Durban

### Day One: 27 March 2006

Facilitator, Ms Angela Ndinga-Muvumba, Centre for Conflict Resolution (CCR), Cape Town

#### 09h00–10h00 Session I: The Community of Practice: AIDS and Society in South Africa

Professor Alan Whiteside, Health Economics and HIV/AIDS and Research Division (HEARD), University of KwaZulu-Natal, Durban

Dr Chris Landsberg, Centre for Policy Studies (CPS), Johannesburg

10h00–0h15 Coffee Break

#### 10h15–12h30 Session II: Working Group Sessions: Research Findings, Gaps and Opportunities

##### Working Groups

1. Sustainable Development
2. Democratic Practice
3. Peace and Security

12h30 -13h30	Lunch
13h30–15h00	<b>Session III: AIDS and Society in South Africa: Research Findings</b>  Reports from Working Groups <ol style="list-style-type: none"> <li>1. Sustainable Development</li> <li>2. Democratic Practice</li> <li>3. Peace and Security</li> </ol>
15h00–16h30	<b>Session IV: Toward a Common Research Agenda: Gaps and Opportunities</b>  Reports from Working Groups <ol style="list-style-type: none"> <li>1. Sustainable Development</li> <li>2. Democratic Practice</li> <li>3. Peace and Security</li> </ol>
16h30 - 16h45	Coffee Break
16h45–17h45	<b>Session V: Lessons Learned: Research Approaches and Methodologies</b>  Dr Robert Mattes, Centre for Social Science Research (CSSR), University of Cape Town, Cape Town
Day Two:	28 March 2006
09h00-10h00	<b>Session VI: Addressing the Pandemic: Advocacy Strategies and Policy Impact</b>  Professor Gwyn Prins, Columbia University, New York, and London School of Economics, London  Ms Angela Ndinga-Muvumba, Centre for Conflict Resolution (CCR), Cape Town
10h00-11h00	<b>Session VII: Extending the Community: Future Collaboration</b>  Dr Martin Rupiya, Institute for Security Studies (ISS), Tshwane  Professor Julia Sloth-Nielsen, Law Faculty, University of the Western Cape, Bellville

11h00 -11h15      Coffee Break

**11h15–12h15      Session VIII: Building Capacity: Enhancing the Network of South African Researchers**

Ms Mary Caesar Katsenga, Institute for Democracy in South Africa (IDASA), Tshwane

Mr Themba Masuku, Centre for the Study of Violence and Reconciliation (CSV),  
Johannesburg

12h15 -13h15      Lunch

**13h15–14h00      Session IX: Rapporteurs Report and the Way Forward**

Chair: Mr Stephen B Heintz, President, Rockefeller Brothers Fund (RBF), New York

Ms Angela Ndinga-Muvumba, Centre for Conflict Resolution (CCR), Cape Town

Dr Helen Scanlon, Centre for Conflict Resolution (CCR), Cape Town



Participants of the policy and research seminar, *Aids and Society: Building a Community of Practice*, held at Hotel le Vendome, Cape Town, South Africa, 26 to 28 March 2006

# Annex II

## List of Participants

1. Dr Adekeye Adebajo  
Centre for Conflict Resolution  
Cape Town
2. Ms Jessica Bailey  
Rockefeller Brothers Fund  
New York
3. Ms Amanda Dissel  
Centre for the Study of Violence and Reconciliation  
Johannesburg
4. Dr Pieter Fourie  
University of Johannesburg  
Johannesburg
5. Mr Stephen Heintz  
Rockefeller Brothers Fund  
New York
6. Mr Ricardo Jacobs  
Surplus Peoples Project  
Cape Town
7. Dr Sarah Kaschula  
Rhodes University  
Grahamstown
8. Ms Mary Caesar Katsenga  
Institute for Democracy in South Africa  
Tshwane
9. Dr Chris Landsberg  
Centre for Policy Studies  
Johannesburg
10. Mr Len le Roux  
Institute for Security Studies  
Tshwane
11. Mr Bernard Likalimba  
Institute for Democracy in South Africa  
Tshwane
12. Mr Themba Masuku  
Centre for the Study of Violence and Reconciliation  
Johannesburg
13. Mr Malachia Matoho  
Centre for Policy Studies  
Johannesburg
14. Dr Robert Mattes  
Centre for Social Science Research  
University of Cape Town  
Cape Town
15. Capt Winnie Mavuso  
South African Police Services  
Johannesburg
16. Ms Nancy Muirhead  
Rockefeller Brothers Fund  
New York
17. Prof Marie Muller  
University of Pretoria (Pugwash Conferences on Science and World Affairs)  
Tshwane
18. Ms Angela Ndinga-Muvumba  
Centre for Conflict Resolution  
Cape Town
19. Mr Maanda David Nelufule  
University of KwaZulu-Natal  
Durban



- |   |  |
|---|--|
| <p>20. Ms Lia Nijzink<br/>Democracy in Africa Research Unit<br/>University of Cape Town<br/>Cape Town</p> | <p>30. Dr Per Strand<br/>Democracy in Africa Research Unit<br/>University of Cape Town<br/>Cape Town</p> |
| <p>21. Ms Marnie Pillsbury<br/>David Rockefeller Fund<br/>New York</p>                                    | <p>31. Prof Chris Tapcott<br/>University of the Western Cape<br/>Cape Town</p>                           |
| <p>22. Prof Gwyn Prins<br/>London School of Economics<br/>London</p>                                      | <p>32. Ms Kholadi Tlabela<br/>Human Sciences Research Council<br/>Tshwane</p>                            |
| <p>23. Dr Richard Rockefeller<br/>Rockefeller Brothers Fund<br/>New York</p>                              | <p>33. Brig-Gen Jeffrey Tshabalala<br/>Umbutfo Swaziland Defence Force<br/>Mbabane</p>                   |
| <p>24. Ms Karen Ross<br/>Wilderness Foundation<br/>Cape Town</p>  | <p>34. Mr Wayne Twine<br/>Wits Rural Facility<br/>Johannesburg</p>                                       |
| <p>25. Dr Martin Rupiya<br/>Institute for Security Studies<br/>Tshwane</p>                                | <p>35. Ms Mirjam van Donk<br/>Isandla Institute<br/>Cape Town</p>  |
| <p>26. Dr Helen Scanlon<br/>Centre for Conflict Resolution<br/>Cape Town</p>                              | <p>36. Prof Alan Whiteside<br/>University of KwaZulu-Natal<br/>Durban</p>                                |
| <p>27. Prof Charlie Shackleton<br/>Rhodes University<br/>Grahamstown</p>                                  | <p><b>Conference Team</b></p>  |
| <p>28. Prof Julia Sloth-Nielsen<br/>University of Western Cape<br/>Bellville</p>                          | <p>37. Ms Selma Walters<br/>Centre for Conflict Resolution<br/>Cape Town</p>                             |
| <p>29. Ms Lone Spanner<br/>Royal Danish Embassy<br/>Tshwane</p>   | <p>38. Ms Jill Merckel<br/>Centre for Conflict Resolution<br/>Cape Town</p>                              |

# Annex III

## List of Acronyms

Acronyms	Full Title
AIDS	Acquired Immune Deficiency Syndrome
ASF	African Standby Force
AU	African Union
CCR	Centre for Conflict Resolution
CPS	Centre for Policy Studies
CSPRI	Civil Society Prison Reform Initiative
CSSR	Centre for Social Science Research
CSVR	Centre for the Study of Violence and Reconciliation
DARU	Democracy in Africa Research Unit
DFID	Department for International Development
DRC	Democratic Republic of the Congo
ECOWAS	Economic Community of West African States
HEARD	Health Economics and Research Division
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IDASA	Institute for Democracy in South Africa
IGAD	Intergovernmental Authority on Development
ISS	Institute for Security Studies
NEPAD	New Partnership for Africa's Development
NGOs	Non-Governmental Organisations
RBF	Rockefeller Brothers Fund
RECs	Regional Economic Communities
SADC	Southern African Development Community
SAMHS	South African Military Health Services
SANDF	South African National Defence Force
SAPS	South African Police Service
UCT	University of Cape Town
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

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### THE NEW PARTNERSHIP FOR AFRICA'S SECURITY

THE UNITED NATIONS, REGIONAL ORGANISATIONS AND FUTURE SECURITY THREATS IN AFRICA

The inter-related and vexing issues of political instability in Africa and international security were specifically focused on at this policy seminar, held from 21 – 23 May 2004 in Claremont, Cape Town.



### SOUTH AFRICA IN AFRICA

THE POST-APARTHEID DECADE

The role that South Africa has played on the African continent and the challenges that persist in South Africa's domestic transformation 10 years into democracy were assessed at this meeting in Stellenbosch, Cape Town, from 29 July - 1 August 2004.



### THE AU/NEPAD AND AFRICA'S EVOLVING GOVERNANCE AND SECURITY ARCHITECTURE

The state of governance and security in Africa under the AU and NEPAD were analysed and assessed at this policy advisory group meeting in Misty Hills, Johannesburg, on 11 and 12 December 2004.



### A MORE SECURE CONTINENT

AFRICAN PERSPECTIVES ON THE UN HIGH-LEVEL PANEL REPORT, A MORE SECURE WORLD: OUR SHARED RESPONSIBILITY

African perspectives on the United Nations' (UN) High-Level Panel report on Threats, Challenges and Change were considered at this policy advisory group meeting in Somerset West, Cape Town, on 23 and 24 April 2005.



### WHITHER SADC?

SOUTHERN AFRICA'S POST-APARTHEID SECURITY AGENDA

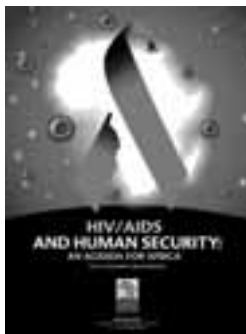
The role and capacity of South Africa as Chair of the Southern African Development Community's (SADC) Organ on Politics, Defence and Security (OPDS) were focused on at this meeting in Oudekraal, Cape Town, on 18 and 19 June 2005.



### BUILDING AN AFRICAN UNION FOR THE 21ST CENTURY

RELATIONS WITH REGIONAL ECONOMIC COMMUNITIES (RECS), NEPAD AND CIVIL SOCIETY

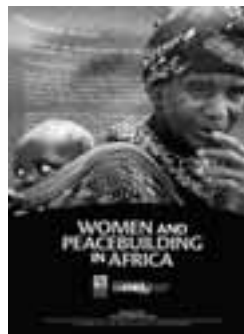
This seminar in Cape Town from 20 – 22 August 2005 made policy recommendations on how the AU's institutions, including NEPAD, could achieve their aims and objectives.



## **HIV/AIDS AND HUMAN SECURITY:**

**AN AGENDA FOR AFRICA**

The links between human security and the HIV/AIDS pandemic in Africa, and the potential role of African leadership in addressing this crisis were analysed at this policy advisory group meeting in Addis Ababa, Ethiopia, on 9 and 10 September 2005.



## **WOMEN AND PEACEBUILDING IN AFRICA**

This meeting, held in Cape Town on 27 and 28 October 2005, reviewed the progress of the implementation of UN Security Council Resolution 1325 in Africa in the five years since its adoption by the United Nations in 2000.



## **THE PEACE-BUILDING ROLE OF CIVIL SOCIETY IN SOUTHERN AFRICA**

This meeting, held at the Maseru Sun, Lesotho, on 14 and 15 October 2005, explores civil society in relation to southern Africa, democratic governance, its nexus with government, and draws on comparative experiences in peacebuilding.



## **HIV/AIDS AND MILITARIES IN SOUTHERN AFRICA**

This two-day policy advisory group seminar in Windhoek, Namibia, on 9 and 10 February 2006 examined ways of supporting and strengthening the government of Namibia's role as chair of the SADC Organ.

## Notes

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