

UNIVERSITY OF OKLAHOMA  
GRADUATE COLLEGE

PRESIDENTIAL DISCOURSE ON HIV/AIDS IN POST-APARTHEID SOUTH  
AFRICA

A THESIS  
SUBMITTED TO THE GRADUATE FACULTY  
in partial fulfillment of the requirements for the  
Degree of  
MASTER OF ARTS IN INTERNATIONAL STUDIES

By

NIKKE DEYEAR  
Norman, Oklahoma  
2016

PRESIDENTIAL DISCOURSE ON HIV/AIDS IN POST-APARTHEID SOUTH  
AFRICA

A THESIS APPROVED FOR THE  
DEPARTMENT OF INTERNATIONAL AND AREA STUDIES

BY

---

Dr. Noah Theriault, Chair

---

Dr. Rebecca Cruise

---

Dr. Andreana Prichard

© Copyright by NIKKE DEYEAR 2016  
All Rights Reserved.

## Table of Contents

List of Tables .....	vi
Abstract.....	vii
Introduction .....	1
Research Question .....	7
Thesis.....	8
Methodology.....	9
Purpose .....	10
Chapter One: The Global Context of HIV/AIDS in Southern Africa .....	12
Uganda’s Role in Developing AIDS Policy.....	13
Social Context and Grassroots Action.....	18
Foreign Intervention: Donors and NGOs .....	20
Construction of the African in AIDS Talk .....	23
Conclusion .....	25
Chapter Two: Nelson Mandela.....	28
Methodology.....	29
Results .....	30
Discussion.....	33
Breakdown of Civil Society Partnership .....	34
Mandela’s Absence and Evolution.....	37
Reconstruction Policies .....	41
Mandela Administration Failures .....	43
Conclusion .....	46

Chapter Three: Thabo Mbeki .....	49
Methodology.....	50
Results.....	51
Discussion.....	54
Legacies of Racism and the African Renaissance .....	56
Poverty and Disease .....	60
AIDS Denialism: The Mbeki Administration .....	61
AZT/ARV Battle and Government Control .....	65
Conclusion.....	68
Chapter Four: Kgalema Motlanthe and Jacob Zuma.....	70
Methodology.....	71
Results.....	72
Discussion.....	74
Targeted Goals.....	77
Openness and Individual Responsibility .....	78
New Policies and Interventions .....	81
Controversies and Barriers .....	82
Conclusion.....	83
Conclusion: Political Leadership and Health Programs.....	85
References .....	88
Appendix A: Nelson Mandela Speech Catalog .....	100
Appendix B: Thabo Mbeki Speech Catalog.....	103
Appendix C: Kgalema Motlanthe and Jacob Zuma Speech Catalog .....	119

## **List of Tables**

Table 1 Speech category results for President Nelson Mandela .....	30
Table 2 Coding analysis results for speeches given by President .....	31
Table 3 Speech category results for Thabo Mbeki .....	51
Table 4 Coding results for speeches given by President Thabo Mbeki .....	52
Table 5 Speech category results for Kgalema Motlanthe and .....	72
Table 6 Coding results for speeches given by President Jacob Zuma.....	73

## **Abstract**

This project analyzes the public discourse of three heads of South Africa on the spread of HIV/AIDS in the post-apartheid era. Each of these individuals – Nelson Mandela, Thabo Mbeki, and Jacob Zuma – exemplify the historical, political, and social factors that shaped their opinions and actions and ultimately their public discussion of AIDS. By looking at the way they publicly discuss HIV/AIDS through coding analysis of speeches they gave during their presidency, I argue that the way these individuals discussed the HIV/AIDS issue exemplified the issues most important to them as individuals rather than adequately addressing the spread of HIV. Analysis of the frequency with which each president spoke about AIDS and the way they framed AIDS in their speeches shows that leadership through vocal support of HIV/AIDS programming through public discourse combined with successful policy implementation was absent until President Jacob Zuma took office in 2009.

## Introduction

AIDS scholars and policymakers focus on the role of political leadership as one factor present in successful HIV prevention programs. Senegal, Uganda, Thailand, and Brazil are often referred to as successful stories of AIDS programs in outcomes for comprehensive response to national AIDS epidemics that results in lower rates of HIV. In contrast, South Africa has received international attention for the national government's poor response to the growing HIV/AIDS epidemic within their country. Despite being a developing nation with one of the worst HIV epidemics in one of the hardest hit regions of the world, South Africa's national response has been criticized by international policymakers, scholars, and activists for being characterized by silence, denial, stigma, and lack of policy implementation. Though scholars vary in their use of terms and definitions, most agree that one element of policy environments that leads to successful AIDS outcomes is the role of individuals at the highest levels of government in supporting and advocating for AIDS policy programs.

In the early 2000s, international policymakers, scholars, and AIDS advocates paid growing attention towards the role of political leadership, or political commitment, in shaping the outcomes of HIV/AIDS management efforts in sub-Saharan Africa.<sup>1</sup> The following quote from an editorial in *The Lancet* exemplifies this emphasis on political leadership as an indicator of successful AIDS interventions:

---

<sup>1</sup> Catherine Campbell, "Community Mobilization Supplementary Issue: Political will, traditional leaders and the fight against HIV/AIDS: a South African case study," *AIDS care* 22 (2010): 1637.



Perhaps the most important factor [in changing the epidemic's course] is the willingness of political leaders to acknowledge the crisis and implement needed interventions swiftly, even in the face of political opposition. Where there has been responsive political leadership, as in Uganda, Thailand, and Cambodia, the course of epidemics has been changed and millions of lives saved. In other areas, where political leaders have been slow to act effectively, the virus continues to spread unchecked. (Block quotation from the Lancet not one but many" article) Political leadership meaning also local governments like Campbell studies. However, it is the focus on national governments that occupies the policy goals of the WHO and UNAIDS.<sup>2</sup>

-*The Lancet*, 2004

Evidence from Uganda, Senegal, Thailand, and Brazil “suggests that well-informed interventions on the part of the national governments can significantly reduce the spread of HIV, prolong the lives of those infected, and mitigate its impact on society at large.”<sup>3</sup> The hallmark of Brazil’s successful national approach to HIV prevention was the government’s ARV program, which allowed universal free access to life-saving drugs for HIV positive persons.<sup>4</sup> In Thailand, HIV prevention surveillance and campaigns were part of the national agenda by the year 1990; prevention messages were conducted throughout media outlets all across the country.<sup>5</sup> In Uganda, President Yoweri Museveni took a personal role in vocally supporting AIDS programs, resulting in nation-wide prevention and education campaigns. Though there were a multitude of factors contributing to and shaping policy response and implementation in these countries, the

---

<sup>2</sup> “HIV/AIDS: not one epidemic but many,” *The Lancet* 364 (2004): 1-2.

<sup>3</sup> Jacob Bor, “The political economy of AIDS leadership in developing countries: An exploratory analysis,” *Social Science and Medicine* 64 (2007): 1585.

<sup>4</sup> V. Oliveira-Cruz, J Kowalski, and B. McPake, “The Brazilian HIV/AIDS “success story” – can others do it?” *Tropical Medicine and International Health* 9 (2004): 292-297.

<sup>5</sup> Witmut Phoolcharoen, “HIV/AIDS Prevention in Thailand: Success and Challenges,” *Science* 280 (1998): 1873-1874.

role of the national government in supporting and conducting AIDS programs is a shared factor among states with successful HIV/AIDS interventions.

In contrast, there are a number of states criticized for their lack of national response to HIV/AIDS prevention and programming. Early on in Zimbabwe's epidemic, the Zimbabwean Minister of Health ordered physicians in the country not to identify AIDS as a cause of death.<sup>6</sup> President Ronald Reagan in the United States was notorious for his ambivalent stance on AIDS: after years of silence, never mentioning HIV or AIDS in public, he failed to fully implement the policy recommendation of his own hand-picked committee, preferring to let his successors deal with the stigmatizing issues of HIV/AIDS in order to appease his conservative constituency.<sup>7</sup> High levels of social and political freedoms in the United States that allow for civil society mobilization, freedom of speech, and freedom of the press were able to overcome the national government's lack of response, but the established democratic government finally did respond to its constituents. That is not the case for many countries in the hardest hit areas of the world, particularly developing countries such as South Africa, which has one of the worst AIDS epidemics of any country in the world and only in recent years has finally been able to see lowering HIV rates. Perhaps one of the reasons for the slow response has been a lack of national government commitment to AIDS as a policy issue: South Africa has been criticized heavily in the past for the response to AIDS from its highest leaders in government, particularly President Thabo Mbeki.

Parkhurst and Lush analyze the policy environments and government structures that impede or expedite implementation of HIV prevention by comparing case studies

---

<sup>6</sup> Bor, "The political economy of AIDS," 1585.

<sup>7</sup> "More missed chances: President Ronald Reagan leaves tough decisions on AIDS to his successors," *Nature* 334 (1988): 457.

from South Africa and Uganda.<sup>8</sup> One of the four contributing factors of policy environments they name is the role of political leadership. President Thabo Mbeki of South Africa and President Yoweri Museveni of Uganda are often contrasted as two examples of political leadership on opposite ends of the spectrum in terms of what we might call positive and negative responses.<sup>9</sup> They say that political leadership is an important factor in supporting and sustaining HIV/AIDS interventions, particularly in sub-Saharan Africa. In South Africa, Schneider and Stein suggest that a lack of political will may be partly responsible for the lack of policy implementation exhibited by the South African government in the first decade and a half after the fall of apartheid: in other words, during the administration's of the first two South African presidents.<sup>10</sup> Parkhurst and Lush argue that the administrations of Mandela and Mbeki were marked by scandal, mismanagement, and low policy prioritization of HIV prevention, whereas Museveni's administration focused heavily on open discussions of AIDS, encouraging local action, and implementing large-scale education campaigns.<sup>11</sup>

Despite consensus on the need for strong political leadership or commitment and national government response to HIV/AIDS, determining how to identify positive political leadership and where it is present is a challenge amidst the multitude of political and policy factors that both shape and make up AIDS policy environments in different countries. Jacob Bor suggests that the leaders of states where HIV rates were brought under control were similar in that they are praised for the political leadership

---

<sup>8</sup> Parkhurst, Justin O. and Louisiana Lush. "The political environment of HIV: lessons from comparison of Uganda and South Africa." *Social Science and Medicine* 59 (2004): 1913-1924.

<sup>9</sup> Helen Schneider and Joanne Stein, "Implementing AIDS policy in post-apartheid South Africa," *Social Science and Medicine* 52 (2001): 723-731.

<sup>10</sup> *Ibid*, 723.

<sup>11</sup> Parkhurst and Lush, "The political environment of HIV," 1917.

and commitment of the national government. However, he says this concept of “political commitment” that so many talk about, call for, and praise is an under-theorized concept.<sup>12</sup> He proposes a definition for political commitment: “the extent to which top-level government leaders support AIDS as a priority on the national agenda.”<sup>13</sup> His study measures political commitment and finds that freedom of the press, low inequality, and high AIDS rates are all signs of “political commitment.” He says political commitment is distinct from other government responses such as policy measures, and from epidemiological outcomes, which are determined by a range of factors outside of government control.

South Africa is often singled out for its poor state response, in contrast to the countries listed above.<sup>14</sup> President Museveni of Uganda is praised for his frank and open discussion of AIDS, personal acknowledgement of HIV and support for prevention programs, and characterized by an administration that conducted successful policy implementation. Even the health minister of Uganda took to the streets to hand out condoms. Though difficult to define and even more difficult to measure, political commitment from heads of state has the ability to educate the public, alleviate stigma, and generate an “environment conducive to civil society initiatives and, ultimately, behavior change.”<sup>15</sup> Governments have the capacity to allocate resources, create national programs, appeal for international funding, and supply medical resources, and subsidize drugs like ARV. Productive dialogue at the highest levels of government is at

---

<sup>12</sup> Bor, “The political economy of AIDS,” 1585.

<sup>13</sup> Ibid.

<sup>14</sup> Catherine Boone and Jake Batsell, “Politics and AIDS in Africa: Research Agendas in Political Science and International Relations,” *Africa Today* 48 (2001): 3-33; Parkhurst and Lush, “The political environment of HIV”; Catherine Campbell, “Community Mobilization Supplementary Issue: Political will, traditional leaders and the fight against HIV/AIDS: a South African case study,” *AIDS care* 22 (2010): 1637

<sup>15</sup> Catherine Boone and Jake Batsell, “Politics and AIDS in Africa: Research Agendas in Political Science and International Relations,” *Africa Today* 48 (2001): 3-33.

least one factor in shaping the right combination of policy and political factors to produce epidemiological results in the spread of HIV.<sup>16</sup> Scholars and policymakers encourage open discussion and dialogue, like that embraced by President Museveni, and comprehensive policy action as at least two factors that separate positive national response from government responses that are lacking, or altogether nonexistent.

In South Africa, where the reputation of state leaders is one of denial, silence, and in one case tragic misguidance, looking at exactly what political leaders did or did not say about AIDS in the public sphere may help broader fields of scholarship to determine what actions or rhetoric is required from state leaders to meet policy recommendations for political commitment, and how that action and rhetoric then interact with the broader context in which political leaders operate in order to influence policy implementation and ultimately epidemiological change. Political leaders do not exist in a vacuum and are both influenced by and exemplify the broader issues that affect the AIDS environment. Any significant government response must be coupled with large-scale societal mobilization against AIDS, and the relationship between rhetoric, policy, implementation, and epidemiological outcome is complicated and reciprocal in nature. Political institutions, economic incentives, social constraints, and the historical environment in which a government exists all shape the capacity of leaders to act.<sup>17</sup> Grappling with the challenge of defining what a positive national government response with strong political leadership means, how to identify it, and ultimately how to compare it, has been a focus of a number of the scholars listed above. The role of the heads of state in personally advocating for AIDS-related policy

---

<sup>16</sup> Richard A. Fredland, "A Sea Change in Responding to the AIDS Epidemic: Leadership is awakened," *International Relations* 15 (2001); 89-101.

<sup>17</sup> *Ibid.*

measures and outcomes is an important factor in overall AIDS programs outcomes when it exists alongside subsequent policy and action. This thesis attempts to analyze the ways that leaders of South Africa have personally acknowledged and advocated for AIDS as a national policy priority compared to the political and policy environments in which they operated and how factors affecting the social, economic, and political context of South Africa in the post-apartheid era may have been exemplified through the words and actions of these leaders.

### **Research Question**

This project seeks to answer the question, “How did the presidents of South Africa publicly discuss HIV/AIDS in post-apartheid South Africa?” In answering this question, I want to know, “How did South African presidents use their political platform to address HIV/AIDS? How did their policies and administrative actions match their rhetoric about HIV/AIDS?” Overall, “What can we determine about political commitment from South African heads of state by analyzing their public discourse on HIV?” I analyze the HIV/AIDS discussions of the four presidents of South Africa – Nelson Mandela from 1994-1999, Thabo Mbeki from 1999-2008, Kgalema Motlanthe briefly from 2008-2009, and Jacob Zuma from 2009-present – to see how they discuss AIDS goals and programs, and how their words interact with the policies and actions of their administrations and the existing landscape of AIDS in South Africa.

In this project, the basis of my question stems from the international recommendations from policy experts and scholars that strong national government response and political leadership is necessary for positive HIV/AIDS management program outcomes. In the case of HIV/AIDS, a lack of concern, a failure to speak

openly about the truth of AIDS, or a tendency to wrap HIV up in shrouds of shameful sexuality, exploitation by Westerners, or a product of poverty rather than biomechanical transmission creates further social barriers to preventing and eliminating HIV. My question also intersects with questions like, “how do political leaders exemplify the broader political, social, and economic environments in which they operate?” South Africa’s long history of apartheid and colonial rule also leads to questions such as, “How were South Africa’s presidents impacted by legacies of colonialism, racism, and the African Renaissance and how did that impact their attitude towards HIV/AIDS and response to AIDS programs?” AIDS in Africa exists in the context of HIV Exceptionalism, NGO governance, UNAIDS infiltration, and the creation of “African illness” through lasting patterns of associating African bodies with dehumanizing images of disease, darkness, and objects of knowledge. Understanding where these patterns come from and how they manifest in HIV/AIDS is critical to understanding how an individual South African president responds in the post-apartheid intellectual environment.

### **Thesis**

I argue that an analysis of their public speeches supports criticism that the first presidents of South Africa did not discuss HIV/AIDS as a policy priority in the public sphere due to a breakdown between policy, rhetoric, and program implementation, until Jacob Zuma took office. In the first two presidential administrations, AIDS issues were marred by silence, stigma, and denialism, and even when substantial discussion of AIDS was evident through verbal rhetoric, policies failed to be implemented by the administrations. Only when Mbeki resigned and Kgalema Motlanthe assumed office for

the interim period before President Zuma took over did South Africa begin to see strong, concerted political leadership on AIDS that promoted open discussions, cooperation, and practical prevention programs.

President Mandela's powerful leadership was weakened in the areas of HIV/AIDS by a reluctance of the president to speak openly about sexual transmission and HIV testing. As a result, HIV continued to increase throughout the 1990s and national programs were never fully established or implemented. President Mbeki used his political platform to openly question the connection between HIV and AIDS and overshadow HIV prevention discussions with discussions on poverty, oppression, and racism. His administration was a tragic circumstance where South Africa had a comprehensive AIDS plan on paper, but a complete lack of implementation efforts and a misguided leadership towards AIDS denialism, costing thousands of lives. President Motlanthe helped usher in the transition to President Zuma's administration where South African AIDS policies were finally fully implemented, aided by Zuma's open discussion of HIV, strong language, and promotion of cooperation across sectors.

### **Methodology**

I use qualitative coding analysis to examine sets of speeches given by the four different past and current presidents of South Africa given while they were in office. Speeches given by Nelson Mandela are archived through the official historic site in his memory. Speeches given by Thabo Mbeki, along with supplementary speeches given by Nelson Mandela, Jacob Zuma, and Kgalema Motlanthe, are archived through the Department of International Relations and Cooperation of the Republic of South Africa. Speeches given by current president Jacob Zuma are available for public access through



the main South African government website, along with official national AIDS policies and programs. All of these sources, in addition to foundations and government publications that contain statements, etc. will be used as supplementary information. However, the primary analysis and coding will be completed with the speeches.

Questions I will look at as I conduct my analysis will be the following: how a president most frequently contextualized AIDS in his discussions of the epidemic; how frequently a president brought up AIDS in his speeches; how his discussion of HIV/AIDS changed or remained the same over time; whether addressing AIDS became more or less common during his presidency (or remained the same); what type of language was used to discuss HIV/AIDS; what other issues were discussed in speeches primarily about AIDS; what other organizations or entities were addressed in conjunction with HIV/AIDS; whether or not a president made mention of biological methods of transmission or concurrent partnerships; who a president was typically addressing when discussing AIDS and whether or not their language or discussion changed depending on the audience; in addition to any other themes or patterns that may emerge during analysis.

### **Purpose**

South Africa has one of the worst AIDS epidemics in the world, exacerbated by years of colonialism and oppression. It is well established that Mandela and Mbeki both fell short of their potential to be leaders on HIV/AIDS, for different reasons. I intervene in the literature by providing a more detailed analysis of what that leadership did look like, and why it failed. Based on my analysis, I support critics who argue that Mandela was often silent about AIDS and avoided stigmatizing issues when he did discuss it in

favor of easier topics like the effect of HIV on children. I also support widespread opinions that Mbeki failed miserably as a leader on HIV/AIDS by steering his country in the wrong direction and being directly responsible for loss of life. However, I disagree with suggestions that Zuma's personal actions undermine his administration's success on HIV/AIDS due to the overwhelmingly positive way he responded to AIDS in his public discussions of AIDS. My analysis offers a more detailed picture of exactly what South African presidents said about AIDS, how they said it, when they said it, and how often. Based on the correlation between leadership visible through verbal platforms like speeches and the policy implementation of these administrations, this project also contributes to the notion that strong political leadership from a head of state, like that provided by President Museveni of Uganda, is a contributing factor to successful HIV/AIDS programs. This information is a valuable tool going forward to prepare the international for future health catastrophes of this scale.

## **Chapter One: The Global Context of HIV/AIDS in Southern Africa**

This chapter discusses some of the major themes of scholarly discussion around HIV/AIDS interventions in Africa, with particular emphasis on southern Africa and the role of Ugandan case studies in informing policy recommendations. This literature is important to understand because it contributes to our analysis of how and why South African leaders may have acted and spoken, given not only the domestic, but the international environments that shaped their leadership. By exploring the successes and failures of AIDS policy in southern Africa over the years, I also seek to give validity to the notion that it is significant to explore the ways specific South African leaders spoke about and discussed HIV/AIDS. What literature tells us is this: 1) countries must have ownership of HIV/AIDS programs in order for them to be as effective as possible, 2) the social context of southern Africa is a more important factor than economic factors in informing political responses, 3) foreign actors and aid have complicated AIDS programs and health systems in Africa, and 4) political leadership between national and international leaders is compromised by existing stereotypes of black Africans.

These factors inform my discussion of South African political leaders and give contextual background to the international environment of AIDS as it exists in sub-Saharan Africa. Discussion of successful AIDS programs in Uganda from 1986-1998 provides examples for policy measures that worked, and showcases the importance of the political and social context of the areas in which AIDS policies are implemented. Comparing the political response of Uganda and South African to the HIV/AIDS crisis is an illuminating way to identify those areas in which each country excelled or lacked, and engage with analysis of why South Africa had such little success in containing their

own epidemic. A look into the role that politics played requires engagement with how the global political sphere of AIDS developed in the 1990s and early 2000s, and ultimately how South African presidents may have exemplified these factors in their public discussion of AIDS.

### **Uganda's Role in Developing AIDS Policy**

Health policy literature often cites Uganda as an outstanding success story of HIV prevention programs<sup>18</sup>. Uganda's early creation of a national AIDS program gave the country an opportunity to identify and address the growing spread of HIV in a time period where many surrounding countries in the region were still several years behind a unified response. Thus, Uganda became a model for AIDS interventions in sub-Saharan Africa, and a considerable amount of policy recommendations encouraged other African states to study Uganda as an example from which to establish their own national programs.<sup>19</sup> In the late 1990s and early 2000s, delegates from Malawi, Botswana, Zambia, Rwanda, South Africa, Tanzania, and as far away as Bangladesh and India all sent delegates to Uganda to speak with those working in the HIV/AIDS field.<sup>20</sup> Scholars often cite one statistic in particular from an antenatal clinic in the urban site Mbarara, where early surveillance programs set up by the national government were able to track HIV prevalence rates from 1992 to 1998. The reports from the Ugandan Ministry of Health's AIDS Control Programme (ACP) showed an HIV prevalence rate of 30.2% in 1992 that decreased to 10.9% in 1998. Though this data only captures the HIV *prevalence* rate of recently pregnant women in one urban antenatal site, rather than

---

<sup>18</sup> A number of scholars, global agency policy reviews, and politicians cite the successes of Uganda in identifying and targeting AIDS. Examples of these scholars are referenced throughout this document, such as Epstein, 2007; Pisani, 2008; Parkhurst, 2001, 2002; Benton, 2015; Katz and Low-Beer, 2008; Green, Halperin, Nantuyila, and Hogle, 2006; Piot, 2005.

<sup>19</sup> Parkhurst, Justin O., "The Ugandan Success Story? Evidence and Claims of HIV-1 Prevention," *The Lancet* 360(2002):78-80.

<sup>20</sup> Parkhurst, Justin O., "The Crisis of AIDS and the Politics of Response: The Case of Uganda," *International Relations* 15(2001): 69.

HIV *incidence* among a wider demographic, other data in the coming years supported Uganda's claim that its HIV rate was indeed declining.<sup>21</sup>

Literature analyzing Uganda's HIV/AIDS programs lists a number of factors that may have contributed to the successful decline of HIV through this time period. No one particular policy implemented leads directly to positive results; rather, it is likely the combination of factors that existed in Uganda including written policy, along with the social and political context under which such policy was implemented. Uganda established its national AIDS Control Programme (ACP) in 1986, one of the first of its kind in Africa.<sup>22</sup> Government documents list the following programs and interventions as positive policy measures implemented, or in some cases encouraged, by the national government: creation of epidemiological surveillance; national blood transfusion services to monitor the safety of the blood supply; provision of HIV/AIDS education; and large-scale social marketing to promote the use of condoms and control other STDs, which heighten the risk of contracting HIV.<sup>23</sup>

While these policies created substantive government action, it was the environment into which they were implemented, both politically and socially, that created an ultimately effective response. First, Uganda established a national AIDS program in the years before international agencies intervened on a large scale and pressured governments to adopt international best practices as part of their own domestic policy. Though they operated with technical assistance from the World Health

---

<sup>21</sup> While many scholars question the validity of surveillance data as representative of the entire population of Uganda, and others have used the data to make misleading statements about the overall decline in HIV throughout the country, most, if not all, scholars seem to agree that Uganda did experience a successful decline, even if such decline was often overplayed by the Ugandan government and exaggerated in policy reports.

<sup>22</sup> Ministry of Health Republic of Uganda, "AIDS Control Programme," <http://health.go.ug/programs/aids-control-program>.

<sup>23</sup> Parkhurst, "The Crisis of AIDS," 73;

Organization (WHO) in the early years,<sup>24</sup> the Ugandan government had ownership of its AIDS policies, even where they existed under the involvement of civil society actors. This is crucial for the effectiveness of creating, implementing, and monitoring AIDS programs.<sup>25</sup> Second, President Museveni provided the backbone of strong political leadership HIV/AIDS programs. Not only did President Museveni make AIDS a political priority, but he used every opportunity to discuss the importance of HIV prevention and encouraged members of his staff to do the same.<sup>26</sup> His open dialogue may have, in turn, affected a third area of socializing context to AIDS policy: an “open approach.” Various scholars, including the Ugandan government itself, described this element of “openness,” though there seems to be no one specific definition for the phenomenon.<sup>27</sup> Rather, a combination of open dialogue by political leaders led to a decrease in stigma, which in turn resulted in open dialogue among communities.

In addition, Uganda engaged positively with civil society actors, going so far as to create the Uganda AIDS Commission in 1992 to act as the coordinating body for the variety of AIDS organizations operating around the country. This is closely related to a fourth political inclination, which was to recognize the role of NGOs in providing treatment and prevention and encourage them to do so. Like many developing countries, Uganda lacked the health system infrastructure to provide adequate services to the

---

<sup>24</sup> Ministry of Health, “AIDS Control Programme.”

<sup>25</sup> Kelly Morris, “The Effect of HIV/AIDS on International Health,” *The Lancet* 8(2008): 468-469.

<sup>26</sup> Justin O. Parkhurst and Louisiana Lush, “The political environment of HIV: lessons from a comparison of Uganda and South Africa,” *Social Science & Medicine* 59(2004): 1918; Yoweri Museveni, “Think Positively!” *World Health* 51 (1998): 9.

<sup>27</sup> Parkhurst, “The Crisis of AIDS,” 7-80; Joseph Tumushabe, “The Politics of HIV/AIDS in Uganda,” *United Nations Research Institute for Social Development, Social Policy and Development Programme Paper Number 28*, 2006; Epstein, *The Invisible Cure*; Ministry of Health, “AIDS Control Programme.”

majority of the population, especially in the wake of civil conflict.<sup>28</sup> The government relied on NGOs to supplement health infrastructure where it was lacking in the country, while maintaining oversight and accountability for these organizations. Finally, though the national government had a strong political leadership to target AIDS, they did not push one particular method of prevention or treatment over another. Rather, they encouraged local actors to act according to their own community's needs.<sup>29</sup> This allowed a diversity of methods and practices to emerge across the HIV programming landscape, all designed to target the particular needs of each community. Religious organizations, local NGOs, and other community actors all had the latitude to act appropriately within their locales, while receiving support from the national government.

Such policy is impossible to recreate in South Africa. Many scholars and policymakers have attempted to translate Uganda's success into policy measures for other countries, specifically those in the eastern and southern regions of Africa. South Africa is among the list of nations who sought recommendations from those who were working on HIV/AIDS in Uganda. Though South Africa and Uganda share many commonalities – histories of civil conflict, political upheavals around the same time as a devastating AIDS crisis reached its peak, social restructuring in the wake of colonization – replicating the landscape of policies from one country to another is just as problematic as transferring international policy recommendation to the domestic realm. What is more important to analyze and understand is the social and political

---

<sup>28</sup> Parkhurst and Lush, "The political environment of HIV," 1922; Emmanuel Ablo and Ritva Reinikka, *Do Budgets Really Matter? Evidence From Public Spending on Education and Health in Uganda*, Washington: The World Bank, 1998.

<sup>29</sup> Parkhurst and Lush, "The political environment of HIV."

context in which AIDS programs can succeed. Tailoring interventions and policy measures to those specific needs and barriers of a nation, and more realistically to each different community, seems a more effective alternative than trying to replicate policy that simply might not work in a different environment.

However, global AIDS policy has changed considerably since the creation of Uganda's national program in 1986. Many of these lessons have been applied to international policy, and enough time has passed in the last thirty years for scholars to open up the academic realm for discussion of the potential negative impacts of some early AIDS policy. A number of scholars have joined the debate to voice concerns over the sometimes-negative impacts of early policies, the evolution of HIV exceptionalism, and the complex issues of foreign aid and interventions. Somewhere along the way, scholars like Helen Epstein claimed that the successful programs implemented in Uganda were overshadowed and buried by the influx of international policy and best practices.<sup>30</sup> Instead of carefully focusing on what worked in Uganda and how those programs may or may not transfer to other African states, international government organizations, foreign NGOs, and foreign donors all became bigger players in the global AIDS industry and placed pressure on countries to conform to international standards and practices.

The reality is that the commonly lauded decline of the HIV rate in Uganda occurred somewhere between 1986 and 1998<sup>31</sup> before international AIDS policy became the huge global industry it is today. I mark 1996 as a turning point in the

---

<sup>30</sup> Helen Epstein, *The Invisible Cure: Why We Are Losing the Fight Against AIDS in Africa*, New York: Picador, 2007.

<sup>31</sup> Keeping in mind possible inflation of HIV estimates at the beginning of Uganda's national AIDS programs and exaggeration of declining HIV prevalence, literature still supports this claim (though it is more significant in some areas of the country than in others).



international efforts to target HIV/AIDS due to the creation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) that led to the development of AIDS as an international priority coming into the turn of the century. While the political leadership of AIDS in Uganda may have offered helpful lessons to South Africa, and a framework of political success to reference, it operated without the international pressures, resources, and complications that appeared shortly after Nelson Mandela took up the South African presidency in 1994. The international AIDS landscape was growing and changing just as South Africa was reentering the international community after years of being a pariah.

### **Social Context and Grassroots Action**

Over the years, AIDS interventions have expanded to include a variety of other social and health causes. The link between HIV/AIDS and poverty, gender inequality, and prenatal care are among the most common economic and social factors linked to AIDS.<sup>32</sup> Defining these societal ills as the root cause of the spread of HIV in Africa became a common rhetoric for global agencies like the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the early 2000s.<sup>33</sup> These agencies advocated for a greater diversity of approaches to combating AIDS that included programs targeting poverty, women's rights, and anti-discrimination. In addition, UNAIDS emphasized the need for state governments to take a strong leadership on HIV and create national AIDS programs to address coordinate health interventions. Scholarly discourse supported the

---

<sup>32</sup> Eileen Stillwaggon, *AIDS the Ecology of Poverty*. Oxford: Oxford University Press; Anatole Menon-Johansson, "Good Governance and Good Health: The Role of Societal Structures in the HIV Pandemic," *BMC International Health and Human Rights* 5(2005): 4.

<sup>33</sup> James D. Shelton, Michael M Cassell, and Jacob Adetunji, "Is poverty or wealth at the root of AIDS?" *The Lancet* 366(2005): 1057-1058; Peter Piot, Robert Greener, and Sarah Russell, "Squaring the Circle: AIDS, Poverty, and Human Development," *PLoS Medicine* 4(2007): 1571-1575; UNAIDS. *AIDS Epidemic Update December 2005*, Geneva 05.19E.

notion that low levels of governance contributed to higher HIV rates.<sup>34</sup> As a result, UNAIDS programs stressed the need to support state governments, providing best practice policy recommendations and taking action to encourage African leaders to address the growing AIDS crisis.<sup>35</sup>

While a connection between other economic and social factors and the spread of HIV certainly exists, global pressure to address those issues rather than focusing on the specific needs of a country created more barriers to effective policy. International focus on diverse interventions created the landscape for HIV exceptionalism and put more emphasis on implementing international policy standards at the domestic level than on creating specific policy measures for individual state needs. According to one study by Nicoli Nattrass, the social context of southern Africa was far more important than economic factors in determining HIV rates.<sup>36</sup> That literature supports ideas from biologists and epidemiologists like Elizabeth Pisani, Helen Epstein, and James Chin, who accused the UN of focusing too much on the poverty connection to HIV and avoiding more effective discussions of risky sexual behaviors.<sup>37</sup> Rather, international pressure focused on governments taking on a variety of AIDS programs and preventions into their national agenda based off of global policy recommendations, rather than building policy from the grassroots level up.

---

<sup>34</sup> Menon-Johansson, "Good Governance," 4.

<sup>35</sup> Peter Piot worked with then Vice President of the United States Al Gore and World Bank President James Wolfenson to frame HIV/AIDS as a global security threat. The result was the addition of HIV/AIDS to the UN Security Council agenda and the mobilization of some African state leaders who responded better to the security rhetoric than the development/poverty relationship.

<sup>36</sup> Nicoli Nattrass, "Poverty, Sex, and HIV," *AIDS Behavior* 13(2009): 833-840.

<sup>37</sup> Pisani, *The Wisdom of Whores*; Epstein, *The Invisible Cure*; James Chin, *The AIDS Pandemic: The Collision of Epidemiology with Political Correctness*, Oxford: Radcliffe Publishing.

While President Museveni contributed to the success of Uganda's declining HIV rates by voicing political leadership, he did so through the context of his country's unique social and political atmosphere. Global organizations and actors like UNAIDS and Peter Piot advocated for the same kind of strong national response from other African nations, hoping to replicate a similar decline in HIV in countries like South Africa. But political leadership alone was not what made Museveni successful: rather, it was the combination of his vocal discussion of AIDS with the existing environment that identified and encouraged policies that would uniquely work for Uganda. Policy transfer from the international to domestic level goes through a unique, complex process in every country,<sup>38</sup> and must conform or adapt to domestic culture and norms in order to be adequately accepted.<sup>39</sup> South Africa's social context in the post-apartheid era included strong leftover bureaucratic systems from an oppressive and discriminatory regime, suspicion of Westerners and Western ideals, and an economy devastated from years of civil conflict. Universal blue prints for political leadership on AIDS are unlikely to be successful,<sup>40</sup> so leadership that responds to international pressure rather than domestic need is also likely to fail.

### **Foreign Intervention: Donors and NGOs**

One side effect of international attention of AIDS in Africa is the development of HIV exceptionalism. Global AIDS policy has existed for enough time that scholars like Adia Benton have had the opportunity to analyze the effect of early exceptionalist policies on the regions and countries they aimed to assist. International activists and

---

<sup>38</sup> Parkhurst and Lush, "The political environment of HIV," 1913.

<sup>39</sup> Amitav Acharya, "How Ideas Spread: Whose Norms Matter? Norm Localization and Institutional Change in Asian Regionalism," *International Organization* 58(2004): 239-275.

<sup>40</sup> Parkhurst and Lush, "The political environment of HIV," 1922.

actors propagated the idea that AIDS was exceptional is its severity, lasting impact, and challenge it posed to health institutions,<sup>41</sup> requiring a unique response to match the unique disease.<sup>42</sup> Benton describes HIV policy in Sierra Leone as both vertical in funding structure and horizontal in methodology,<sup>43</sup> referring to the wide range of on the ground approaches addressing HIV combined with the more top-down approaches to funding of AIDS programs. The result is an influx of foreign AIDS NGOs and programs operating in multiple sectors, but under their own isolated funding structures.

There are two particular negative effects of exceptionalist systems that are common throughout parts of sub-Saharan Africa and are patterns that also impact the history of the South African AIDS landscape. The first is the influx of donor funding into sub-Saharan Africa that is earmarked for AIDS and requires organizations to meet certain grant standards or outcomes in order to continue receiving money. Huge amounts of funding often exceed the national health budget in areas where AIDS accounts for only a fraction of the total public health burden,<sup>44</sup> and can shift funding and attention away from other health and development causes like water sanitation and malaria.<sup>45</sup> Displacement effects, in addition to the instability of international funding, can cause NGO workers to place more time and attention meeting donor requirements than in forming and implementing effective AIDS programs.<sup>46</sup> The oversaturation of AIDS work also creates an economy of suffering for those with HIV in countries where

---

<sup>41</sup> Peter Piot, “Why AIDS is Exceptional,” speech given at the London School of Economics, 2005.

<sup>42</sup> Adia Benton, *HIV Exceptionalism Development Through Disease in Sierra Leone*, Minneapolis: University of Minnesota Press, 2015. Kindle Edition, Location 255.

<sup>43</sup> Benton, *HIV Exceptionalism*.

<sup>44</sup> Benton, *HIV Exceptionalism*; Jeremy Shiffman, “Has donor prioritization of HIV/AIDS displaced aid for other health issues?” *Health and Policy Planning* 23(2008): 95-100.

<sup>45</sup> Shiffman, “Has donor prioritization of HIV/AIDS displaced aid?”

<sup>46</sup> N. Simon Morfit, “‘AIDS is Money’: How Donor Preferences Reconfigure Local Realities,” *World Development* 39 (2011): 64-76.

the HIV rate is a small percentage of the total population,<sup>47</sup> or results in duplicated efforts that create new forms of inefficiencies.<sup>48</sup>

A second result of HIV exceptionalism is the perpetuation of NGO governance. Anthropologist Ruth J. Prince describes this process as the gradual reliance on NGOs for public health programs, weakening state authority and creating an often unorganized, unmonitored system of health services.<sup>49</sup> In some cases NGOs are an important piece of the landscape for providing health services in countries whose health systems are too weak to provide adequate care for all members of society; however, repeated rhetoric of inefficient, corrupt, or ill-equipped African states removes local autonomy in favor of international actors and entities that are often Western in nature. For example, in Uganda, the national government encouraged NGOs and other civil society members to participate in AIDS care because they were often able to reach segments of the population that the post-civil conflict national government could not.<sup>50</sup> However, in places like South Africa, foreign NGOs respond more to international sources of aid than to local observations to inform their work, and threaten the authority of the state to the point that it creates conflict, further stalling effective treatment and prevention. In South Africa especially, the importance placed on foreign NGOs rather than on state capacity reaffirms existing beliefs about the role of international players in perpetuating long-standing stereotypes of African health, sexuality, and autonomy.

---

<sup>47</sup> Benton, *HIV Exceptionalism*.

<sup>48</sup> Kelly Morris, "The Effect of HIV/AIDS on International Health," *The Lancet* 8 (468-469).

<sup>49</sup> Ruth J. Prince, "Situating the Health and Public in Africa," in *Making and Unmaking Public Health in Africa*, ed by Ruth J. Prince and Rebecca Marsland, p. 45-47.

<sup>50</sup> Parkhurst, "The Crisis of AIDS," p. 76-79.

## Construction of the African in AIDS Talk

The relationship between international agencies, HIV/AIDS, and stereotypes of Africans that emerged in the colonial era is important to understand because it exists as an underlying factor in discussions of HIV/AIDS. For one, fear of perpetuating stereotypes leads foreign policymakers to encourage less effective forms of prevention methods.<sup>51</sup> In addition, the sexual transmission of HIV/AIDS connects to colonial representation of Africa bodies and sexuality. That connection creates stigma<sup>52</sup>, denial, and conspiracy theories among members of South African society, where relations with the international community were tenuous and strained for many years following apartheid.<sup>53</sup> Nelson Mandela felt the affects of stigma towards public discussion of AIDS and responded with silence for many years at the beginning of his presidency.<sup>54</sup> Other African leaders also found it difficult to discuss the connection between sex and HIV.<sup>55</sup> Long-standing relics of African stereotypes have been well documented by the literature;<sup>56</sup> in fact, many scholars are aware that even discussing such stereotypes confirms their existence, rather than breaking them down.<sup>57</sup> Such fear is valid, considering the impact of such constructions on the social consciousness of South African societies; however, the fear of perpetuating those stereotypes does two things:

---

<sup>51</sup> Pisani, *The Wisdom of Whores*; Epstein, *The Invisible Cure*.

<sup>52</sup> Nelson Mandela

<sup>53</sup> Parkhurst and Lush, "The political environment of AIDS."

<sup>54</sup> Pieter Fourie, *The Political Management of HIV and AIDS in South Africa*.

<sup>55</sup> In her book, *The Wisdom of Whores*, Elizabeth Pisani recounts a speech made by Kofi Annan about the importance of African leaders speaking out about AIDS. However, in his speech, he was also unable to mention the word "sex" or the impact of sexual behavior on the spread of HIV.

<sup>56</sup> Sander L. Gilman, "The Hottentot and the Prostitute: Toward an Iconography of Female Sexuality," in *Difference and Pathology*, p. 76-108; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991.

<sup>57</sup> Rachel Jewkes, "Beyond Stigma: Social Responses to HIV in South Africa," *The Lancet* 368(2006): 430-431; Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*, Durham: Duke University press, 2012.

1) lets them continue to exist by avoiding discussing them and 2) prevents us from having real conversations about HIV that lead to practical, effective policies.<sup>58</sup>

The way African voices have been obfuscated in history by Western historical accounts continues to influence misconceptions of the continent, discussions of “otherness,” and treatment of the African continent as a monolithic entity. When it comes to AIDS, these patterns resurface because of the correlation of HIV with sex. The image of African bodies as over-sexualized, or over-erogenous, developed during the imperial era: Megan Vaughan explores how descriptions of African bodies led to the treatment of diseases experienced by Africans as somehow innately “African.”<sup>59</sup> As African scholars have revitalized African voices in historical literature, and pointed out the blatant ethnocentrism and racism of those accounts, those discussing Africa in any context – scholars, activists, politicians, journalists – are aware of the connection that could be made between what they say and historically problematic rhetoric. The problem is if people are afraid of talking about sex in Africa, AIDS cannot be adequately addressed. Instead of breaking down African stereotypes and discussing the issue head-on, the global governing bodies of AIDS (UNAIDS, PEPFAR, Global Fund, WHO) have preferred to discuss AIDS as a product of poverty (as mentioned above).<sup>60</sup> Avoiding the science of AIDS does nothing to create effective policy and lets those problematic constructs continue to exist: treating the sexual component of HIV transmission as taboo implies a judgment of “good” and “bad” sexual behaviors. Rather

---

<sup>58</sup> Epstein, *The Invisible Cure*; Pisani, *The Wisdom of Whores*.

<sup>59</sup> Vaughan, *Curing Their Ills*.

<sup>60</sup> Elizabeth Pisani tells a story of being asked to write a piece for the popular journal *The Economist* on AIDS in Africa. She submitted an article about how normative sexual practices in parts of southern and eastern Africa, including having a younger sexual debut and more long-term concurrent sexual partnerships than other parts of the world (in which condoms are rarely used) contributed to the rapid way the HIV virus spread. The piece was never published. When she questioned the editor, they told Pisani that to say Africans had more sex than Asians, Europeans, or Americans was racist.

than treating normative practices in southern Africa as culturally informed, global policy chose for many years to focus on other factors. The defensive, and somewhat extreme, response of state leaders like Thabo Mbeki to organizations like UNAIDS and the U.S. funded Presidents Emergency Plan for AIDS Relief (PEPFAR) that perpetuate, rather than unpack, existing constructions of the “black African” seems more the product of an individual growing up under histories of oppression rather than the erratic behavior of one person.

### **Conclusion**

These themes emerge in the rhetoric that South African presidents use to talk about AIDS. Barriers created on by international mechanisms like these manifest in specific beliefs that are perpetuated by Mandela, Mbeki, and Zuma to varying degrees. The vocal political influence of presidents can be an important factor in addressing AIDS, as we observed in Uganda; however, such leadership only becomes successful when the language it portrays adequately addresses or interacts with the social and political context of the country in question.<sup>61</sup> Museveni’s political action on AIDS was not successful just because he simply voiced his support; rather, he responded to the specific political and social context that existed in Uganda in a way that allowed for the breakdown of Uganda’s biggest barriers to AIDS work.<sup>62</sup> In South Africa, rather than breaking down some of the biggest barriers – stigma, denial, and sexual behaviors - these three leaders (and Kgalema Motlanthe briefly) encouraged and solidified them.

Understanding how global politicians, activists, and scholars have talked about HIV/AIDS in Africa helps to explain why three presidents of a country with one of the

---

<sup>61</sup> Nattrass, “Poverty, Sex, and HIV.”

<sup>62</sup> In Uganda at the beginning of the 1986 national AIDS program, those barriers included low bureaucratic and health system infrastructure. Parkhurst and Lush, “The political environment of HIV.”



highest HIV rates in the world did a poor job of leading their country's response to the epidemic. Global organizations exist for good reason and have a place in supporting governments to devise AIDS programs in their countries by coordinating multilateral efforts where they exist, give a soundboard for international policy, and provide a venue through which community AIDS organizations can reach international channels and resources. But to have a largely Western-run global AIDS industry with a problematic organizational system intervene domestically with a stock set of "best practices" into a country like South Africa is likely to be unsuccessful. To do so ignores the historical context of South African society, the cultural context of South African sexual practices, and the political context of a country that was, and in many ways still is, recovering from complete upheaval. It also encourages a top-down model: instead of creating venues through which South African state and community leaders can access resources from the international community, the international community is deciding for South Africa what they need and want for their AIDS programs.

What the next few chapters will seek to address is the role of South African state leaders amidst the complex and often competing elements of the AIDS industry. South Africa continues to endure one of the most damaging and persistent HIV/AIDS epidemics in the world. Existing literature suggests a number of theories on why AIDS became such a problem in South Africa. Like other scholars, I suggest that a large portion of the unorganized and apathetic response to HIV/AIDS, and lack of strong national policy or policy implementation, stems directly from the way that state leaders in South Africa responded to the crisis. However, rather than just look at policy or action items, I seek to analyze the rhetoric that the first three state leaders of South

Africa – Nelson Mandela, Thabo Mbeki, and Jacob Zuma – use to discuss HIV/AIDS and how that might be interacting with the social, political, historic, and economic realities of HIV/AIDS in South Africa.

## Chapter Two: Nelson Mandela

While Mandela's speeches indicate his understanding of the HIV/AIDS epidemic in South Africa and highlight an evolution of discussion that foreshadow his later advocacy work, the South Africa administration between 1994 and 1999 was marked by a National AIDS Plan that went beyond the capacity of the government to handle, a deep divide between civil society, and an increasingly defensive and monopolistic ANC government. Mandela's absent vocal presence helped to intensify the failures of his administration to adequately address HIV/AIDS. When Nelson Mandela took over as president of the newly democratic government of South Africa, the estimated HIV prevalence was about 5% among women attending antenatal clinics, likely higher, and it "was clear AIDS was going to be a massive epidemic of heterosexually transmitted disease."<sup>63</sup> However, despite consensus within the African National Congress (ANC) on the importance of HIV, there seemed to be deep-rooted, defensive, psychological denial about it.<sup>64</sup>

While Mandela spoke about AIDS as early as 1992, discussing the social conditions that led to HIV infection, asking for an end to stigma, and encouraging condom use, he had other concerns during his presidency and neglected acting as a political leader for AIDS. During an interview with BBC, he indicated regrets that he had not done more, saying he "had not the time to concentrate on the issue."<sup>65</sup> What civil society actors sought from the president was "something very specific...his

---

<sup>63</sup> Breslow, "Nelson Mandela's Mixed Legacy on HIV/AIDS," 2013.

<sup>64</sup> Ibid.

<sup>65</sup> Sarah Boseley, "How Nelson Mandela changed the Aids agenda in South Africa," *The Guardian*, December 6, 2013.

personal presence, his voice, his leadership on AIDS,”<sup>66</sup> something Mandela never gave during his term despite his later advocacy work. The following chapter analyzes Nelson Mandela’s speeches from May 10, 1994 when he took office to June 14, 1999 when his term ended. Despite frequent mention of the social and economic contexts of HIV in South Africa, indicating his understanding of the epidemic, Mandela rarely spoke publicly about AIDS over the course of his presidency and instead left AIDS leadership to his administration, resulting in a breakdown of cooperation between the ANC government and civil society.

### **Methodology**

Data was collected from archived documents under the South African government’s official Nelson Mandela website. All documents used here are speeches, messages, and statements issued by the Office of the President from the date of his appointment on May 10, 1994 to his last day in office on June 14, 1999. While there are many more speeches archived before and after these dates, this project looks specifically at Mandela’s vocal presence on HIV/AIDS during the course of his presidency in South Africa. After collecting all speeches during this time period, I used a basic “search” function to look for mentions of “HIV” or “AIDS” and separated speeches according to whether or not they contained either of these terms. Speeches not containing “AIDS” or “HIV” were not included in the data set for coding, but were read and commented upon for background and context. Speeches that did contain either of these terms were then read and analyzed for audience, date, topic, and number of times “HIV” or “AIDS” was mentioned. I further separated those speeches whose main topic

---

<sup>66</sup> Breslow, “Nelson Mandela’s Mixed Legacy on HIV/AIDS,” 2013.

was HIV/AIDS so there were three different categories of speeches: those whose main topic was AIDS, those that used the term “HIV” or “AIDS” at least once, and those that did not contain any mention of “HIV” or “AIDS.” Speeches that were originally in Afrikaans were both translated and searched with the Afrikaans translation of “HIV/AIDS,” which is “MIV/vigs.” None of these speeches contained mention of either term and were therefore added to the final category of speeches. Table 1 provides an overview of the speeches separated into these three categories. Columns one and two were analyzed using open coding. Those whose main topic was AIDS were coded for specific terms according to the results of the open coding major theme categories. These specific terms were created based on the major categories, in addition to terms that indicate specificity of Mandela’s language.

### Results

Table 1 provides the results of categorization by number and percentage from the year 1994 to 1999. While the percentage of speeches mentioning AIDS is relatively high, the total number of speeches given that mention AIDS increased significantly in

Year	Speeches with "AIDS" or "HIV"	Speeches with AIDS as Main Topic	Total Speeches	Percent Mentioning "AIDS" or "HIV"
1994	5	1	48	10.42%
1995	2	1	118	1.69%
1996	1	0	148	0.67%
1997	7	2	136	5.15%
1998	13	1	133	9.77%
1999	9	1	56	16.07%

the years 1997, 1998, and 1999 towards the end of Mandela’s term in office. The majority of these speeches mentioned HIV/AIDS just once, either in passing or as a part of the

**Table 1 Speech category results for President Nelson Mandela** name of a government program, specifically the Partnership Against AIDS. Of the thirty-seven speeches that

mentioned “AIDS” or “HIV” in this time period, AIDS was the main topic of six of them (See Appendix A for a complete overview of initial analysis). Coding for these speeches was based off of the context in which they were mentioned. Table 2 shows the major coding analysis results: there are five major categories with a total of twenty-five subcategories that appeared as the most common contexts in which Mandela discussed the thirty-seven speeches mentioning AIDS:

Major Category	Related Subcategories
Responsibility	National cooperation, international assistance, community actors, responsibility to act, commitment to fighting AIDS
Economic Development	Development issues, legacy of apartheid and oppression, newly found freedom, democratic approach to poverty, growth of the state
Epidemiology	Sexual behavior, condom usage, infection of HIV, contraction of virus, spread of HIV across demographics
Victims	Impact on children, creation of AIDS orphans, youth issues, struggle of victims, care needed to support PWA
Social Patterns	Silence surrounding AIDS, discrimination of PWA, support needed for persons affected by AIDS, rights of PWA, violence and conflicts conflating HIV
Programs	Prevention, awareness, challenge of AIDS, collective need to combat AIDS, increasing access to resources

**Table 2 Coding analysis results for speeches given by President Nelson Mandela**

Responsibility, Economic Development, Epidemiology, Victims, Social Patterns, and Programs.

While Mandela addressed the appropriate social and economic mechanisms intertwining with AIDS and often used encouraging rhetoric, his wording became more specific over the years of his presidency and he spoke more clearly about the issues of transmission and prevention. Overall, Mandela typically added in a mention of AIDS as part of a list of social or economic ills, and typically in relation to youth. Words most often used when AIDS was only a brief mention during the speech were “scourge,” “challenge,” or “struggle.” Wording was vague and typically referred to the negative

way that AIDS impacted young people in particular, or its ability to hinder progress on reconstruction and development efforts. Mandela's use of strong language drastically increased during and after 1997. While some HIV/AIDS advocates have pointed to the 1997 speech at the World Economic Forum on AIDS as the turning point for Mandela's vocal leadership, I found the December 1, 1998 speech at World AIDS Day to be a more compelling turn of language for Mandela. It was in this speech that Mandela first publicly spoke of and advocated for sexual behavior change with specific wording about sex and condoms:

Because this disease is so new, and because it spreads mainly through sex, prevention requires of us that we speak of it in a way that our traditions, our cultures, and our religions provide little guidance.

We must repeat over and over again our appeal to young people to abstain from sex as long as possible. If you do decided to engage in sex, then use a condom.

We must repeat over and over again our appeal to all men and women to be faithful to one another, but otherwise to use condoms.

It is possible for any of us to be infected for eight years without knowing it, and therefore to pass on the infection to others without knowing it.

-Nelson Mandela, Address on World AIDS Day December 1,  
1998, Mtubatuba

This language is in direct contrast to the type of vague wording present in his earlier speeches, like the one given on World AIDS Day in 1994 challenging youth and adults to "make lifestyle choices which help to combat this epidemic."

After 1997, he became increasingly vocal about the need to address silence and stigma and even spoke about the social barriers that exist that prevent more open discussion of AIDS, as exemplified in this excerpt from his 1998 speech on World AIDS Day: "...because [HIV] spreads mainly through sex, prevention requires of us that we speak of it in a way that our traditions, our cultures, and our religions provide little guidance." His discussion of AIDS programming changed from general mentions

of the existence of such programs, to an increase in specificity about actors and types of programs. In his March 8, 1999 address at the “On the Right Track” campaign Mandela encouraged “communities to deal with the issues at a grassroots level” and asked for communities to develop “sustainable forms of community care” and partner with “government, NGOs, welfare organizations, the private sectors, communities, and individuals” to work on awareness in his July 5, 1997 speech at his birthday celebration for children with life-threatening diseases. A focus on prevention also increased throughout this time period: Mandela said the word “prevention” once between 1994 and 1997 and then four times in one speech in 1998. Though the majority of his language, and the infrequency of his AIDS discussion, supports critical claims that Mandela largely ignored AIDS throughout his presidency, the later years of his term are marked by a change towards more direct discussion of HIV/AIDS.

### **Discussion**

Nelson Mandela’s public discourse on AIDS reflects his administration’s breakdown of AIDS programs while simultaneously demonstrating his own person evolution towards taking HIV/AIDS more seriously. While much of Mandela’s AIDS discussions in the later years of his presidency addressed epidemiology and stigmatization, his lack of vocal presence at the beginning of his term is more profound than what he actually says in his speeches. Mandela’s administration was characterized by division between civil society and the newly formed ANC-backed government and set the stage for contradictory and confusing policies later in South Africa’s political response, mainly under Thabo Mbeki.<sup>67</sup> His focus on children, emphasis on

---

<sup>67</sup> Anthony Butler, “South Africa’s HIV/AIDS Policy, 1994-2004: How Can It Be Explained?” *African Affairs*, 104(2005): 591-614.



international partnership, and support for AIDS victims foreshadowed his later advocacy and activism. However, such advocacy and leadership was absent during his presidency, despite his often on-point language. The Mandela administration's action towards AIDS was characterized by a deepening divide between civil society and government and a national AIDS program that was beyond the capacity of the newly formed bureaucracy. Mandela's personal lack of leadership on AIDS in favor of reconstruction and reconciliation policies deepened that divide.

#### *Breakdown of Civil Society Partnership*

The first major category Mandela used to contextualize the AIDS epidemic in South Africa was 'Responsibility,' describing the actors and entities he called upon to take action against the AIDS campaign. Mandela often singled out "youth" as a demographic of people who were not only more likely to be victims of HIV/AIDS, but who therefore required special mobilization against AIDS. Even in his earliest AIDS speech on December 1, 1994 Mandela used phrases discussing the need to "co-operate as a nation in addressing this most pressing problem" and described the AIDS campaign as the "task of all of us." On December 1995 he sought to "urge all South Africans to participate actively" in events promoting awareness and support for AIDS victims. In both speeches on World AIDS Day in 1994 and 1995, Mandela referenced the need to cooperate with the international community, and listed national actors such as "young and old, government and community organizations, religious and traditional institutions, cultural and sporting bodies" without providing specificity as to what their role would be. However, these two speeches are the only AIDS topic speeches for these two years, and he only mentioned "AIDS" or "HIV" once in an official speech during 1996.

Mandela's vocal adulation of partnerships with civil society masked the underlying tensions that were growing through these years between the ANC-backed administration and the community of civil society actors. His lack of consistent presence on AIDS exemplified the emptiness of government promises to cooperate with local actors. In 1992, the Networking HIV & AIDS Community of South Africa (NACOSA)<sup>68</sup> worked to put together a National AIDS Plan (NAP) that ready for rollout by the time Mandela took office in 1994.<sup>69</sup> All major political parties, civil society actors, and big businesses worked together to create a plan that moved away from a health policy only approach and was instead based on a human rights approach. It met all of the standards of an ideal national plan according to the World Health Organization's (WHO) Global AIDS Programme (GAP) and had the support of all major actors. However, there were two major problems with the plan: it was ineffective in terms of absolute numbers,<sup>70</sup> and it severely overestimated the capacity of the newly formed government.<sup>71</sup>

Theoretically, all the ingredients were present for an effective approach to the HIV epidemic, but tension between civil society and the government grew throughout Mandela's term until partnership reached a complete breakdown at the end of 1998 and into the Mbeki administration. The ANC's formal commitment to the partnership towards a rights-based, social contextualization of AIDS was there, and is evident in

---

<sup>68</sup> NACOSA was formed in 1991 and is a network of over 1,500 civil society organizations dedicated to HIV, AIDS, and TB in South Africa. See <http://www.nacosa.org.za/about/>.

<sup>69</sup> Pieter Fourie, *The Political Management of HIV and AIDS in South Africa*, New York: Palgrave Macmillan, 2006, p. 106.

<sup>70</sup> HIV infection rates skyrocketed during this time period, despite the supposedly ideal National AIDS Plan (see UNAIDS reports from 1996-1999 and Fourie, 2006, p. 109).

<sup>71</sup> Helen Schneider, "On the fault-line: the politics of AIDS policy in contemporary South Africa," *African Studies*, 61(2002): 146.

Mandela's speech when he discusses AIDS during this period. His 1994 and 1995 speeches call upon the nation to "work together" to address AIDS and claims a successful campaign "will depend on the input of all sectors of society." However, the actions of the ANC government and the rest of Mandela's administration told a different story. While Mandela's vocal support for partnership across sectors matched the NAP, policy makers felt it was clear that the national government would take the lead. The NAP was devised during a time period where there was still an ideological struggle between those who wished to hold on to some of the apartheid-era structures and those who wished to form a wholly new nation.<sup>72</sup> Strong national control over programming is exactly the opposite of what scholars like Justin Parkhurst and Louisiana Lush say worked for Uganda's AIDS program: while President Yoweri Museveni took a strong political leadership role on bringing awareness to AIDS, his administration encouraged local actors to provide services to their communities as they saw fit.<sup>73</sup> As Fourie points out, "the primary sexual nature of HIV transmission means that any grand societal behavior modification needs to happen at the individual, coital level, and no government can realistically or successfully take overall responsibility for individuals' sexual behavior."<sup>74</sup> As AIDS activist and judge on the Constitutional Court of South Africa Justice Edwin Cameron said, what civil society wanted was not a "framework for governmental action," but President Mandela's "personal presence."<sup>75</sup>

---

<sup>72</sup> Fourie, *The Political Management of HIV*, 2006.

<sup>73</sup> Justin O. Parkhurst and Louisiana Lush, "The political environment of HIV: lessons from a comparison of Uganda and South Africa," *Social Science and Medicine* 59(2004): 1913-1924.

<sup>74</sup> Fourie, *The Political Management of HIV* 2006, 114.

<sup>75</sup> Jason M. Breslow, "Nelson Mandela's Mixed Legacy on AIDS," *Frontline* December 6, 2013, retrieved from <http://www.pbs.org/wgbh/frontline/article/nelson-mandelas-mixed-legacy-on-hiv-aids/>.

What began as a partnership between all actors soon turned into a zero-sum political alliance either for or against the new ANC government.

This ideological divide between the new government's efforts to eradicate the racism of the apartheid era and anyone who questioned their methods resulted in a waste of human capital, largely in the civil society sector. The sunset clause allowed civil society workers to not lose their jobs, a fact that might have been a huge asset to the new government as they could draw upon existing expertise and human capital leftover from the old NP regime. However, Fourie says that many of these workers were unsure of their own positions in the new governments, leading to low morale or blatant unwillingness to train or work with new employees under the ANC.<sup>76</sup> The unwillingness of the ANC government to embrace anything representing the old regime resulted in a waste of human capital and resources. For example, the government discarded ready-made AIDS clinics existing in urban, mostly-white areas called ATICS that might have provided experience and resources for prevention and treatment had they not been all but abandoned. And yet despite this waste of resources, the new government simply did not have the capacity to fulfill the implementation of what was outlined in the NAP: civil society was essentially paralyzed, and provincial governments were left in a policy vacuum with low budgets and an incapability of spending the AIDS funds that they did have.<sup>77</sup>

#### *Mandela's Absence and Evolution*

Mandela's lack of vocal leadership at the beginning of his term served to intensify the barriers to effective AIDS programming and further ostracize the

---

<sup>76</sup> Fourie, *The Political Management of HIV*, 2006, 115.

<sup>77</sup> Fourie, *The Political Management of HIV*, 2006, 116.

government from civil society actors and AIDS activists. As Justice Edwin Cameron said, the framework and formal commitment of the government was there: what was missing was “vocal and concerted political leadership” that could only come from the President.<sup>78</sup> This was particularly evident in the first three years of Mandela’s term in office. Rather than situating the NAP within the office of the president, the ANC established an HIV, AIDS, and STD Directorate inside the National Department of Health, undermining the fundamental goal of the NAP to situate AIDS within human rights and economic development.<sup>79</sup> Mandela’s lack of involvement reflects this: because his office did not coordinate the NAP, he didn’t have to be involved. It was the Minister of Health who took that role, while Mandela focused on the Reconstruction and Development Programme (RDP) and establishing a tenuous peace. Mandela only spoke about AIDS, even briefly mentioning it, ten times between 1994 and 1996 out of 314 speeches. Most of his language was shrouded in vague mentions of the role his government was taking and encouraging tag lines like “we must all join hands” that were more likely political than evidence of any real ownership of AIDS advocacy.

One example of the disconnect between President Mandela’s words in his speeches and his lack of substantial action is his frequent mention of the Partnership Against AIDS program. The ANC government established the Partnership Against AIDS with other member groups of the nation, such as religious institutions, trade unions, business, and civil society. The hope was that the Partnership would revitalize the cooperation originally imagined in the National AIDS Plan.<sup>80</sup> Mandela was

---

<sup>78</sup> Breslow, “Nelson Mandela’s Mixed Legacy on AIDs,” *Frontline* 2013.

<sup>79</sup> Fourie, *The Political Management of HIV*, 2006.

<sup>80</sup> Fourie, *The Political Management of AIDS*, 2006.

scheduled to speak at the opening on October 9, 1998 but at the last minute asked Mbeki to stand in for him. Mbeki's cold, distant speech and strict reliance on the teleprompter came off insincere and drew criticism from the media. Furthermore, activists saw this as proof that Mandela, and his administration, were not taking AIDS seriously, despite their political moves. What was intended to strengthen the flailing relationship with civil society instead became a PR disaster and alienated AIDS activists further.

While Mandela's perceived lack of involvement deepened the divide between government and civil society, I note a change in Mandela's discourse towards the responsibility of AIDS actors, including his own government, in the later years of his presidency. By 1997, Mandela's language began to change: he spoke more consistently about not just the responsibility of different entities to act, but also on their failure to do so. His rhetoric at the beginning of his term addressed all of the right issues without challenging the lack of action as sternly as he perhaps should have, using phrases like, "people use this day to re-affirm their commitment and dedication" against AIDS, a phrase that offers little in the way of defining what that commitment or dedication might look like. However, by the 1998 speech given on World AIDS Day, he called upon leaders to set an example, and asked his audience, "are we doing enough?" He even went so far as to admit in 1997 at the World Economic Forum on AIDS, "political commitment has been lacking" in some cases and that "responses by individual countries to date has fallen short of what is needed." This perspective is absent in his earlier speeches and emphasizes Mandela's growing shift towards taking leadership on AIDS more seriously. His speeches that only contain brief mentions of AIDS indicate

this pattern as well: in a September 17, 1994 speech in Namaqualand after the African National Congress victory, Mandela mentions AIDS as an example of an issue that the Ministry of Health started a program to address and commends the government for allocating funds for the progression of such action. This exact wording appeared just one month previously in his August 18, 1994 speech during the President's Budget Debate. His lip service to AIDS is vague and nonspecific. However, by April 30, 1999 at the end of his term, even short mentions of AIDS comes within the context of battling long-term symptoms of a legacy of oppression and alongside issues such as "crime," "unemployment," "bring[ing] clean water to those who still lack it," and bolstering education for children.

This connection between HIV/AIDS and children is one that repeatedly appeared in Mandela's speeches throughout his presidency and highlights one aspect of his dialogue that he did indeed act upon. Nelson Mandela vocalized particular concern to the way that AIDS impacted children and created a society of AIDS orphans. While injection drug users and men who have sex with men (MSM) were not the primary demographic affected by HIV infection at this point in South Africa, it is much easier for a politician to garner support for AIDS through the imagery of suffering children. Elizabeth Pisani discussed this pattern at a 2010 TEDTalk where she displayed two images on her projection screen, one of a pamphlet entitled "Make the World a Better Place for Children" with the tagline "Save the Children" and another with the same formatting, but a different center picture and the title "Make the World a Better Place for Junkies" and the tagline "Save the Junkies."<sup>81</sup> Pisani's humorous point resonates

---

<sup>81</sup> Elizabeth Pisani, "Sex, drugs, and HIV – let's get rational," TED Talk, TED2010, Long Beach, February 2010.

with the actions of national politicians like Mandela as well as with the global politicians of organizations like UNAIDS, groups which likely alter their imagery and presentation of HIV/AIDS to garner support and funding from donors and constituents. However, Mandela's focus on the impact of HIV on children was not another political ploy – in 1995 he founded the Nelson Mandela Children's Fund to address the needs of young people facing joblessness, homelessness, and poverty – and directed a large portion of its funds to AIDS orphans.<sup>82</sup> While his administration continued to create divisions between ANC supporters, the media, and civil society, Mandela carried over his work for children affected by AIDS well into retirement.

#### *Reconstruction Policies*

The overlap between the NAP and reconstruction policies of the Mandela administration was clear not only in written doctrine, but also in the way that Mandela contextualized much of his AIDS discussion. Rather than being an asset to effective work, the integration of the NAP with the ideals and goals of the Reconstruction and Development Program (RDP) detracted from the efficiency of both program.<sup>83</sup> The overlap between these two was so stark that the ANC's National Health Plan saw approaching the NAP within the context of the RDP was the only way to sufficiently tackle AIDS.<sup>84</sup> In a 2006 interview, Mandela's wife Graça Machel said that during his presidency, her husband was focused on keeping the country's tenuous peace, and AIDS was simply a problem he knew existed, but could not afford the time to address amidst all of the other issues plaguing the new democracy. This focus on reconciliation,

---

<sup>82</sup> SAinfo reporter, "My son died of AIDS: Mandela," *SouthAfrica.info* retrieved from <http://www.southafrica.info/mandela/mandela-son.htm#.WAFlyLwrLu1>.

<sup>83</sup> Fourie, *The Political Management of HIV*, 2006.

<sup>84</sup> *Ibid*, 110.



unity, and reconstruction in the new, post-apartheid society was Mandela's primary focus, and is evident in the way that he often spoke of AIDS, when he did speak of it.

Addressing the economic context of AIDS was Mandela's most common way of framing AIDS when he was merely mentioning it in a speech of another topic. During his presidency, President Mandela was faced with rebuilding a nation that had been socially, economically, and politically torn apart by apartheid.<sup>85</sup> His preoccupation with these issues is evident by his contextualization of AIDS as on par with other social and economic issues, and by his description of the AIDS epidemic as a hindrance to the progress of reconstruction and development. For example, at the opening of Parliament in 1996 President Mandela says, "All the objectives we outline here, will not be possible to attain, if the AIDS epidemic is not brought under control." This is common phrasing for many of the speeches from 1994-1996 that only mention AIDS once or twice.

In his December 1, 1994 speech on World AIDS Day, Mandela equates AIDS to a lasting effect of the legacy of apartheid and connects it to other issues like homelessness, lack of healthcare, and bad living conditions. After 1997, when his wording changed to become more direct and specific, Mandela used the economic context to equate AIDS to other economic problems like unemployment and directly equated the epidemic to a "loss of 1 percent of our potential GDP" in an August 7, 1998 speech to the National Council of Provinces. The barriers that AIDS created to nation growth was likely a large reason Mandela had a change of heart towards taking a

---

<sup>85</sup> For example, at his inauguration speech in Pretoria on May 10, 1994, resident Mandela focused on healing the wounds of apartheid and rebuilding a new nation free of sexism, racism, and based upon unity and democracy. He said, "We must therefore act together as a united people, for national reconciliation, for nation building, for the birth of a new world."

stronger political stance towards the end of his term, as the epidemic's growing consequences threatened everything he had worked for not only during his presidency, but in the years of advocacy and civil rights movements before the fall of apartheid. In his last speech about AIDS in 1999, Mandela stated that AIDS was "eroding the fabric of our society, and jeopardizing the reconstruction and development of our country." In this way, Mandela's wording was very much a reflection of his administration's priorities at this time.

#### *Mandela Administration Failures*

Mandela's lack of political voice on AIDS, the abandonment of fundamental ideals set forth by the original NAP, and the focus of the ANC government on reconstruction led to several scandals during this time period was marked by a complete divide between civil society and government by the end of Mandela's term. First, in 1996 the government appointed playwright Mbongeni Ngema to write a musical spreading AIDS awareness, particularly to young people. The show, *Sarafina II*, was the sequel to Ngema's previous show, *Sarafina!*, that highlighted the injustices of apartheid. However, the appointment was criticized by civil society and the media for two reasons: first, NGOs and local advocacy and awareness organizations were not consulted on the appointment, nor on the content of the show and found much of it to be problematic; second, the government's appointment of Ngema did not follow proper protocol and used an enormous sum of health spending. During this year, Mandela mentioned AIDS only once, and in context of *Sarafina II*. His silence speaks to the level of controversy that the play brought to AIDS discussions and the extent to which the government

became embroiled in a kind of “AIDS orthodoxy” where any criticism to their approach was declared racist or disloyal.<sup>86</sup>

The move away from the proposed partnership between civil society and government was furthered during the Virodene scandal of 1997. AIDS policy was further racialized and politicized when scientists at the University of Pretoria developed a ‘miracle cure’ drug called Virodene that received high praise from the government. Deputy President Thabo Mbeki even went so far as to advocate for the rushed approval of the drug, rather than waiting for proper testing by the Medical Control Council (MCC). A fierce media debate broke out with opposition criticizing the government for acting in a field where they don’t belong - biomedical science - and the government accused those who criticized their actions of being racist and “wanting black people to die”.<sup>87</sup> The MCC eventually declared Virodene unfit for human consumption, but the damage to the civil society-government relationship was already done.

One final tipping point for partnership between civil society and the ANC government came when the Mandela administration took a stance against providing AZT for HIV positive mothers. In the speeches analyzed, Mandela never discusses ARV drugs directly, an oversight that seems more than coincidental given the centrality of ARV in treatment and prevention programs. However, his silence is possibly due to the controversy surrounding this case in particular. In 1998, the administration announced it would not provide AZT to HIV-positive mothers to prevent mother to child transmission (MTCT), citing the exorbitant cost and later questioning the health

---

<sup>86</sup> Fourie, *The Political Management of AIDS*, 2006, 124. Health Minister Zuma was particularly defensive on this front, which spoke volumes to the extent of the divide due to her standing as a senior official within the administration.

<sup>87</sup> Fourie, *The Political Management of HIV*, 2006.

and safety of the drug.<sup>88</sup> This was the same year the Partnership Against AIDS was initiated in October, intended to bolster and renew cooperation. However, the timing had the opposite effect and in December, activists formed the Treatment Action Campaign (TAC), a watchdog organizations for the treatment of Persons With AIDS (PWAs).<sup>89</sup> None of what Mandela says in his speeches reflects this controversy, underlining his removal from such involvement.

Finally, in April of 1999 the Mandela administration chose to make AIDS notifiable, contrary to the original concepts of the NAP and the desires of civil society actors. In 1996, AIDS advocates and scholars jeered at Director-General of Health Dr. Olive Shisana for expressing her unhappiness with the secrecy surrounding AIDS: activists saw this position as insensitivity towards PWA, further stigmatizing AIDS and driving it underground. Experts cautioned the government on making AIDS notifiable and the AIDS Advisory Council<sup>90</sup> requested a meeting with senior officials to clarify the government's position before its April 1999 statement. The government responded by disbanding the group without warning and going ahead with its announcement.<sup>91</sup> Therefore, by the end of President Mandela's term, and despite his vocal encouragement of cooperation and support, government relations with civil society, the media, scholars, and international experts were dissolving. This turmoil set the stage for the controversy and international criticism of Thabo Mbeki's presidency.

on AIDS reflects his administration's breakdown of AIDS programs while simultaneously demonstrating his own person evolution towards taking HIV/AIDS

---

<sup>88</sup> These claims were made despite economic proof that the cost was more than worth the trade-off for the backend costs of healthcare for those infections that would occur otherwise, and despite proper medical testing and approval.

<sup>89</sup> Fourie, *The Political Management of HIV*, 2006.

<sup>90</sup> This body was originally established by the former NP government in 1985.

<sup>91</sup> Fourie, *The Political Management of HIV*, 2006, p. 132-133.

more seriously. While much of Mandela's AIDS discussions in the later years of his presidency addressed epidemiology and stigmatization, his lack of vocal presence at the beginning of his term is more profound than what he actually says in his speeches. Mandela's administration was characterized by division between civil society and the newly formed ANC-backed government and set the stage for contradictory and confusing policies later in South Africa's political response, mainly under Thabo Mbeki.<sup>92</sup> His focus on children, emphasis on international partnership, and support for AIDS victims foreshadowed his later advocacy and activism. However, such advocacy and leadership was absent during his presidency, despite his often on-point language. The Mandela administration's action towards AIDS was characterized by a deepening divide between civil society and government and a national AIDS program that was beyond the capacity of the newly formed bureaucracy. Mandela's personal lack of leadership on AIDS in favor of reconstruction and reconciliation policies deepened that divide.

### **Conclusion**

Mandela's speeches discussed the desire to cooperate with other actors in society that did not match his actions or the actions of his administration. His frequent framing of AIDS as an economic issue impacting the efforts of reconstruction were a product of the connection between the National AIDS Plan and the RDP. Finally, the infrequency of his speeches in the first three years of his presidency reflect his lack of involvement in his government's AIDS programs. However, the evolution towards speaking more freely against stigmatization and sexual behavior, and his focus on

---

<sup>92</sup> Anthony Butler, "South Africa's HIV/AIDS Policy, 1994-2004: How Can It Be Explained?" *African Affairs*, 104(2005): 591-614.

children impacted by AIDS, foreshadow Mandela's later work as a global voice for HIV/AIDS. While he was in office, there were simply too many other things he was focused on and AIDS fell out of the agenda. Mandela's greatest legacy to AIDS came after he left the presidential office. While perhaps his greatest failure was his inaction on AIDS during his term as president, admirers and critics suggest that he spent the years of his retirement making up for it.<sup>93</sup> At the International AIDS Conference in Durban in 2000 Mandela made a landmark speech calling all actors to set aside their feuds and focus on saving the millions of lives that were being lost. He publicly stood up to the Mbeki government's persistent stance of denial by funding ARV programs and HIV research under the banner of his third organization, The Nelson Mandela Foundation<sup>94</sup>, publicly donning the controversial "HIV positive" T-shirt, and visiting famous AIDS activist Zackie Achmat. He and his wife, Graça Machel gave his Robben Island prison number, 46664, to their organization supporting AIDS awareness through huge international concerts. As Mandela grew older, he gave up all engagements except those where he was invited to speak about AIDS.<sup>95</sup> In 2005, his last surviving son, Makagatho, passed away from AIDS complications and Mandela chose to publicly acknowledge that his son had AIDS. He called for a normalization of the disease that would breakdown stigma and allow AIDS to be more effectively targeted, prevented, and treated. Both UNAIDS director Peter Piot and the South Africa based TAC praised Mandela for his courage and leadership in speaking out.<sup>96</sup> Mandela may have been able

---

<sup>93</sup> Breslow, "Nelson Mandela's Mixed Legacy on HIV/AIDS," 2013.

<sup>94</sup> See The Nelson Mandela Foundation at <https://www.nelsonmandela.org/> and Candace Y.A. Montague, "Three Ways Nelson Mandela Fought AIDS," *The Body*, December 6, 2013 retrieved from <http://www.thebody.com/content/73431/three-ways-nelson-mandela-fought-aids.html>.

<sup>95</sup> Breslow, 2013.

<sup>96</sup> SAinfo reporter, "My son died of AIDS: Mandela."

to blunt the spread of HIV in South Africa had these actions come years earlier while he was president. However, the legacy of the great man who became a figurehead of the anti-apartheid movement continued his advocacy for human rights and dignity well into his retirement and up until his death in 2013.

## Chapter Three: Thabo Mbeki

Mbeki used his platform as the political leader of the Republic of South Africa to openly question the connection between HIV and AIDS, challenge the effectiveness of ARVs, and distort issues of HIV transmission and prevention with issues of poverty and racism. At the beginning of his term in office, Mbeki drew such huge international backlash for his association with AIDS dissidents that he largely withdrew his public debate of HIV/AIDS. This pattern is reflected in the speeches analyzed in this project: at the beginning of his term, Mbeki mentioned HIV/AIDS in roughly a third of his overall speeches. That percentage gradually decreased throughout his presidency. In 2006, only 6% of his speeches contained any mention of AIDS at all. Despite inheriting a fairly substantial health infrastructure from the apartheid regime<sup>97</sup>, and sustaining considerable progress towards the end of Mandela's administration, the Mbeki administration fell drastically short of its implementation goals. By 2003, South Africa had issued a well-developed, comprehensive AIDS plan; however, during Mbeki's term, it was never fully implemented.<sup>98</sup>

Instead, Mbeki maintained an unhealthy level of control of his government and staff, with a tendency to accuse his critics of racism. Reports of people in Mbeki's administration who disagreed with Mbeki, but felt they could not come forward was evidence of a fear-driven leadership<sup>99</sup>: Mbeki advocated freedom of speech on one hand, in order to encourage acceptance of his and others' controversial beliefs, but created an environment where no one in his administration could come forward for fear

---

<sup>97</sup> Justin O. Parkhurst and Louisiana Lush, "The political environment of HIV: lessons from a comparison of Uganda and South Africa," *Social Science & Medicine* 59(2004): 1918; Yoweri Museveni, "Think Positively!" *World Health* 51 (1998): 9.

<sup>98</sup> Michael Specter, "The Denialists: the dangerous attacks on the consensus about HIV and AIDS," *The New Yorker*,

<sup>99</sup> Chris McGreal, "How Mbeki Stoked South Africa's AIDS catastrophe," *The Guardian*, June 11, 2001. Retrieved from <https://www.theguardian.com/world/2001/jun/12/aids.chrismcgreal>.



of being called a racist. International organizations like the World Bank, United Nations, and the Joint United Nations Programme on HIV and AIDS (UNAIDS) lauded the role of President Yoweri Museveni for his strong political leadership on AIDS and encouraged other heads of state to do the same. Unfortunately, in South Africa, that leadership steered people in the wrong direction; Thabo Mbeki is perhaps the most “unforgivable” example of misguided leadership.<sup>100</sup> Instead of focusing on community programs, and using his political platform to spread messages about prevention, stigmatization of AIDS victims, and treatment programs, Mbeki focuses on “politics and the injustices done to Africans.”<sup>101</sup> While issues of poverty and racism deserve attention of their own in our discourse, and certainly intersect with the spread of HIV, Mbeki allowed them to overshadow the need for open discussion of HIV transmission causing a neglect of AIDS program implementation.

### **Methodology**

In this chapter I explain the analysis of 541 speeches given by President Thabo Mbeki while he was in office. Speeches in this data set came from two different online archived sources: the Department of International Relations and Cooperation of the Republic of South Africa archived presidential speeches and the University of South Africa’s Thabo Mbeki African Leadership Institute speech archive.<sup>102</sup> Many of the speeches are present in both of these archives, but several were only present in one so both archives were used to pool together the largest and most complete dataset possible. Other primary sources from Thabo Mbeki were also used as supplements to the speech

---

<sup>100</sup> Elizabeth Pisani, *The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS*, London: Granta Books, 2008. Kindle Edition, p. 147-148.

<sup>101</sup> Specter, “The Denialists,” *The New Yorker*, 2007.

<sup>102</sup> See <http://www.dirco.gov.za/docs/speeches/mbeki.htm> and <http://www.unisa.ac.za/default.asp?Cmd=ViewContent&ContentID=25064>.

analysis: the infamous 2000 letter written to heads of state, the document titled “Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth, and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African, scholarly articles authored or co-authored by Mbeki, and newspaper articles with comments by the former president after his resignation from office were all used to contribute to analysis, but were not part of the methodology used solely for speeches. First, speeches were categorized according to whether or not they contained the word “AIDS” or “HIV.” Then, speeches that did contain mention of HIV/AIDS were cataloged and analyzed for number of HIV/AIDS mentions, subject, themes, contextualization, etc. (see Appendix B). Those speeches that either contained more than one mention of HIV/AIDS or had AIDS as the main subject were coded for major theme categories. Other primary sources

Year	Speeches with "AIDS" or "HIV"	Speeches with AIDS as Main Topic	Total Speeches	Percent Mentioning "AIDS" or "HIV"
1999	13	1	40	32.50%
2000	20	2	67	29.90%
2001	12	0	53	22.60%
2002	10	0	53	18.90%
2003	12	0	68	17.60%
2004	10	0	50	20.00%
2005	6	0	54	11.10%
2006	3	0	49	6.10%
2007	5	0	54	9.30%
2008	7	0	53	13.20%

**Table 3 Speech category results for Thabo Mbeki**

that were mentioned above and supplementary secondary sources provided context to the results of coding.<sup>103</sup>

## Results

At the beginning of his presidential term, Thabo Mbeki frequently discussed or mentioned HIV/AIDS as a part of his speeches, and to multiple audiences. For the first

<sup>103</sup> A similar study was undertaken by Theodore Sheckels in “The Rhetoric of Thabo Mbeki on HIV/AIDS: Strategic Scapegoating.” Sheckels approaches his study from the perspective of a communications scholar and focuses on specific rhetoric devices and constructs, including Mbeki’s speeches before he took office in 1999. He argues that Mbeki creates a drama through his discussion on AIDS in an attempt to unite a Black majority against “The West.” According to Sheckels, Mbeki’s rhetoric evolves quickly during his time as a public leader and is arguably sincere, angry, and shrewd. For more, see Theodore Sheckels, “The Rhetoric of Thabo Mbeki on HIV/AIDS: Strategic Scapegoating,” *Howard Journal of Communications*, 15 (2004): 69-82.

three years, about a third of Mbeki’s speeches included some sort of mention of the AIDS crisis. However, the percentage of speeches that include mention of AIDS or HIV gradually decreased throughout the first half of his term before sharply decreasing in 2006, going from 20% of speeches including a mention of AIDs to 11% (See Table 3). He only mentions HIV/AIDS three times in 2006, according to the catalog of speeches I analyzed. One of those was a quotation from someone else he

Major Category	Related Subcategories
African Renaissance	Apartheid, African history, global inequalities, racism, African nationalism
Poverty	Development needs, poverty due to oppression, poverty caused by HIV, poverty as number one African killer
Social Issues	Women's rights, violence and conflict, sexual violence, religion and culture, improved life for all
Actors	International agencies, community partners, national government, communities of scientists
Public Health	Other diseases, AIDS programs, ARVs and ARV programs, condom usage, safe sex and abstinence

**Table 4 Coding results for speeches given by President Thabo Mbeki**

claimed to be portraying “Afro-pessimism” and another was a mention of HIV/AIDS in passing among a list of “modern challenges.” The only substantial discussion of AIDS in 2006 was the State of the Nation

address, in which he commends the government’s national AIDS plan and ARV program. He does not resume discussion of AIDS until 2007, when he is addressing the 52<sup>nd</sup> ANC National Conference and says that over 300,000 people are now on ARVs, commending the Government’s Comprehensive Plan to combat HIV once again. The last four years of his presidency contain dramatically fewer mentions or discussions of HIV/AIDS. As we will see in the discussion, his absence of political rhetoric supports existing criticism of Mbeki’s personal leadership on the AIDS issue and is likely reflective of Mbeki’s own testament that he stopped his public discussion of the issue

after receiving so much criticism in earlier years for the way he and his administration handled HIV/AIDS in South Africa.

Coding analysis of the ninety-eight speeches that include a mention of HIV/AIDS reveals that there were five main ways Mbeki contextualized or discussed AIDS: through themes and issues of an African Renaissance, as an issue of poverty, under the umbrella or related to other social problems, contextualized through the specific actors associated with HIV/AIDS and its programs, and as a public health issue (See Table 4). The most common way of discussing HIV/AIDS was through issues relating to the idea of an African Renaissance, often in the context of legacies of oppression, racism, apartheid, and the sexual construction of African bodies through historical Western rhetoric. These issues also related to concepts of global inequality and continued African oppression in international politics and often take the place of discussion of the actual virus, how it spreads, or what programs are necessary and appropriate to combat AIDS. The second most common way of discussing HIV/AIDS is as an issue of extreme poverty, which overlaps to some extent with the first category because Mbeki often discussion of South African poverty as 1) a result of years of oppression and apartheid and 2) a common tactic of the West to paint Africa in a negative light.

Results of qualitative analysis support the criticism of scholars, political leaders, and activists that Mbeki used his leadership to question the relationship between HIV and AIDS and encourage suspicion of international best practices in his first years of office, distracting from the issues of HIV transmission, prevention, and support for local community programs. In the last half of his presidency, the decrease in HIV/AIDS

mentions reflects Mbeki's gradual reticence on AIDS after the strong criticism of his support for AIDS dissidents and controversial beliefs about the effectiveness and safety of ARVs in the early 2000s. My analysis of supports previous arguments that instead of offering clear leadership through his public discussion of AIDS, Mbeki was consumed with issues of race, legacies of colonialism and "sexual shame" he associated with the epidemic.<sup>104</sup><sup>105</sup> Speech analysis therefore shows an absence of leadership and a presence of confusing ideas and discussions that distract from effective AIDS program implementation.

### **Discussion**

The most well known piece of the Mbeki administration in South Africa is the engagement of the federal government with theories of AIDS denialism. Though Mbeki was a highly educated South African, leading the country with the worst HIV epidemic in the world, he consistently questioned whether or not HIV caused AIDS and entertained small offshoot groups of scientists whose theories of HIV and AIDS were discredited by the scientific community. Mbeki's public questioning of AIDS impacted the way South Africans discussed AIDS: rather than having open and honest conversations about the impact and transmission of HIV that was present in Uganda, some South Africans took Mbeki's stance as evidence that they need not be as concerned about spreading HIV.<sup>106</sup> Mbeki's administration, and several written

---

<sup>104</sup> Chris McGreal, "Mbeki admits he is still AIDS dissident six years on," *The Guardian* 2007, retrieved from <https://www.theguardian.com/world/2007/nov/06/southafrica.aids>.

<sup>105</sup> At the end of his term in office, after Mbeki had largely stopped publicly discussing AIDS, he told a reporter that he allowed HIV/AIDS to consume him because of the way that it was presented as a major killer on the African continent, when in reality that major killer is poverty, not AIDS.<sup>105</sup> Such discussion is problematic coming from a political leader because it leads people to question scientific knowledge of HIV/AIDS and makes prevention programs more difficult to effectively implement.

<sup>106</sup> See Helen Epstein, *The Invisible Cure* for examples of conversations about HIV that existed during Uganda's epidemic; in Paul Zietz, "Lessons from South Africa's experience of HIV/AIDS," *The Lancet* 370 (2007): 19-20, for example, Zietz found that several men he spoke to said they saw no reason to wear a condom because President Mbeki said that HIV did not cause AIDS.

documents by Mbeki, often referred to the fact that HIV causes AIDS as a “theory.”<sup>107</sup> Even after he stopped his public discussions of AIDS, Mbeki and his administration made it clear through their actions that they still considered HIV to be only one cause of AIDS, AZT and other ARVs to be toxic, and Western remedies to HIV/AIDS to be inapplicable to African countries.

On paper, South Africa had compiled one of the most robust national AIDS programs in the world, according to the standards and best practices set by international organizations like The Joint Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The government created several bureaucratic structures to deal with the problem of AIDS on multiple levels of the government: The South African National AIDS Council (SANAC), the interdepartmental committee on AIDS (IDC), the health ministers of each of the nine provinces (MinMECs), a committee consisting of all provincial heads of health (the Provincial Health Restructuring Committee (PHRC), provincial AIDS councils (PACs), a Directors-General forum, along with the Department of Health’s HIV, AIDS, and STD directorate.<sup>108</sup> However, in implementation, the AIDS program was riddled with contradictions and inefficiencies. For example, SANAC’s purpose was to draw together AIDS experts from multiple sectors and disciplines, including civil society actors. The national government selected all members: scientists, clinicians, and pharmaceutical company representatives were largely absent, and the AIDS Consortium – a network representing 200 NGOs – was entirely excluded.<sup>109</sup>

---

<sup>107</sup> Elaine Epstein, “The AIDS Rebel,” *State of Denial PBS*, aired September 16, 2003. Retrieved from <http://www.pbs.org/pov/stateofdenial/the-aids-rebel/>.

<sup>108</sup> Pieter Fourie, *The Political Management of HIV and AIDS in South Africa*, New York: Palgrave Macmillan, 2006, p. 145.

<sup>109</sup> *Ibid.*, 141.

Implementation of AIDS programs during the Mbeki administration failed to reach its full potential due to inefficiencies and the control of the national government administration, and fueled by Mbeki's own denialism of AIDS. There was plenty of funding earmarked for South Africa's AIDS plan, but lack of implementation combined with Mbeki's own skepticism deepened many of the social barriers South Africa faced.<sup>110</sup> The national government, led by Mbeki, often pitted its own actions and motivations against organization they should have been partners with, especially the South African Communist Party (SACP) and Congress of South African Trade Unions (COSATU),<sup>111</sup> making it difficult for provincial and local levels of government to respond to AIDS. Lacking sufficient resources, an independent evaluation system, and inter-provincial communication, the provincial governments that often carried the brunt of implementation lacked the capacity to utilize federal grants and create sustainable and efficient programs.<sup>112</sup> The next section discusses the results of coding analysis to show that Mbeki's public discussion of AIDS reflects his administration's inefficiency, focus on poverty and racism, and lack of implementation for policies towards AIDS prevention and treatment.

### *Legacies of Racism and the African Renaissance*

One of the most frequently mentioned categories used to contextualize AIDS was the African Renaissance, which included the subcategories of apartheid, African history, global inequalities, racism, and collective African nationalism. Mbeki's seemingly outrageous and illogical stance on HIV/AIDS seems less irrational in light of

---

<sup>110</sup> Gwen Thompkins, "AIDS Crisis Politicized in South Africa as Graves Fill," *NPR Morning Edition*, September 19, 2007, retrieved from <http://www.npr.org/templates/story/story.php?storyId=14370270>.

<sup>111</sup> Fourie, *The Political Management of HIV/AIDS in South Africa*, 2006 p. 157.

<sup>112</sup> *Ibid*, 144

Mbeki's own personal experience as a boy growing up under apartheid rule and as a young man studying in exile in London.<sup>113</sup> What might seem dangerously irrational might in fact be driven by a set of preoccupations that are worth noting and opening up for international debate.<sup>114</sup> Much of these preoccupations derive from centuries of racism and ethnocentrism towards Africans, culminating for Mbeki in the oppression of apartheid and the existing inequalities between the Global North and the Global South. In his earliest speech on AIDS on December 1, 1999 on World AIDS Day, Mbeki's speech sounds more like one of his predecessor's: he focuses on asking the people of his nation to "[be] faithful to their partners or by always using a condom if they are sexually active," "to educate each other about the danger of HIV/AIDS", and "for every one of us to play an active part" in forming effective AIDS programs. However, in the middle of his speech, he states, "There can be no talk of an African Renaissance, if AIDS is at the door of our continent." This somewhat foreshadows the preoccupation Mbeki would begin to have about the connection of HIV/AIDS and legacies of racism.

Mbeki's personal beliefs about the connection of HIV/AIDS and legacies of Western oppression and domination often overshadowed opportunities to discuss HIV in the open and honest manner he asked his country for in his first World AIDS Day speech above. For example, the next year on June 16, 2000 Mbeki quoted and attacked a journalist for writing that HIV was primarily spread by heterosexual means in South Africa, spurred by "men's attitudes towards women" and said we would not begin to understand the spread of HIV until we understood the religion, tradition, and "culture in

---

<sup>113</sup> Ibid, 159

<sup>114</sup> Helen Scheider and Didier Fassin, "Denial and defiance: a socio-political analysis of AIDS in South Africa," *AIDS* 16 (2002): S45-S51.



which rape is endemic,” also citing that one in two women in South Africa would statistically be raped in their lifetime. Mbeki was indignant at the journalist’s remarks:

Recently, I read an article by a white South African journalist which argued that the culture, religion and traditions of the Africans made all African men instinctively and inherently rapist. In case I get accused of misrepresenting the journalist, let me quote directly from the relevant article. "Here, (in South Africa), (HIV) is spread primarily by heterosexual sex - spurred by men's attitude towards women. We won't end this epidemic until we understand the role of tradition and religion - and of a culture in which rape is endemic and has become a prime means of transmitting the disease, to young women as well as children." Among other untruthful and preposterous things, the journalist claimed that, because of the predilection of African men to rape, determined by their tradition, religion and culture, one out of every two women in our country would be raped at least once during their lifetime. This article was an intensely passionate argument for the provision of AZT and other anti-retroviral drugs by our public health system, among other things to enable these drugs to be prescribed to rape victims.

-Thabo Mbeki, Speech at Youth Conference on Nation Building, June  
16, 2000

Mbeki tends to interpret everything as an attack on the people of Africa as inherently violent, overly sexual, and of a more primitive culture. His outrage is justified in the hundreds of years that Western culture has constructed an image of the black African as an “Other,” finding preoccupation in the objectification of the body, the social and cultural origins of disease in Africa, and creating the “Other” as “sick,” “impaired,” and “diseased.”<sup>115</sup> However, it also becomes a distraction to discussing the spread and prevention of HIV and the legitimate issues that influence the rapid spread of the disease through South Africa. In this example, these are the only times Mbeki mentions HIV/AIDS. A few lines later, he says that no one is a natural carrier of HIV when they are born. Nowhere does he address whether or not AZT needs to be provided to women

---

<sup>115</sup> Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991.

and why, distinguish between racist generalizations and legitimate concerns about the rate of sexual assault in South Africa, or discuss HIV at all apart from its use as a tool here for stereotyping South Africans.

Mbeki does something similar just a few months later when a journalist criticizes his AIDS policies, specifically his administration's refusal to allow ARVs to be readily accessible to the population and desiring instead to rely on "African solutions." Mbeki does not address HIV or AIDS at all in his rebuttal, but instead focuses on the journalist's words as reminiscent of a "racism that has defined us who are African and black as primitive, pagan, slaves to the most irrational superstitions and inherently prone to brute violence." In the following years, Mbeki drastically reduces the number of times he mentions HIV/AIDS in public speeches. However, he addresses HIV/AIDS within the context of global inequalities at the General Assembly of the United Nations in New York on September 12, 2002 and again at the Conference of the Non-Aligned Movement on February 24, 2003, asking for equal access to global markets and criticizing positive outlooks on globalization as the creation of "global village," saying instead "we live in two villages, one rich and getting richer, and the other poor and getting poorer." As late as 2006, when Mbeki only gives three speeches with any mention of HIV or AIDS at all, he again attacked an author for "Afro-pessimism," glossing over the mention of AIDS to instead focus on what he calls the "renewed vigor among Western scholars to assert that African states are ineluctably unable to bring about the kind of change required to improve the lives of ordinary Africans." While those patterns of "otherization" and victimization do occur, focusing

solely on their existence instead of ways to combat them in context of HIV/AIDS and find workable solutions continued to be a hallmark of Mbeki's leadership.

### *Poverty and Disease*

However, the most frequent way that Mbeki contextualized HIV/AIDS was as a “disease of poverty,” and often listed it among other diseases and social ills. Focusing on the ills of poverty was a central focus of the Mbeki administration and he frequently discussed poverty and related issues in his public speeches. For example in a speech that does not directly mention HIV or AIDS on April 5, 2002, Mbeki called on a “comprehensive programme aimed at the reduction and eradication of poverty” and stated that the country was burdened by a “whole range of diseases of poverty.” Earlier that year, on January 6, 2002, Mbeki stated that the “conditions of poverty and underdevelopment produce the debilitation and the decimation of our people through poor health” exacerbated by a lack of health infrastructure and leading to the correlation of AIDS with the African continent. He then said that the people of the world needed to meet this challenge [AIDS] urgently, along with “other diseases such as malaria, tuberculosis, sexually transmitted diseases, and others.” Mbeki listed AIDS among similar diseases and issues of poverty often when he mentioned AIDS just once during a speech. In 2005 at the Conference at the Association of African Universities on February 2, Mbeki listed AIDS among “diseases of poverty”; Likewise on June 16, 2006 he asked youth to combat modern challenges of poverty, including HIV/AIDS.

While issues of poverty are intertwined with those individuals most at risk for contracting HIV, focusing solely on poverty detracts from issues of prevention and

transmission.<sup>116</sup> The category Public Health was used to contextualize AIDS within other health concerns, like the diseases listed above, and to place AIDS within other health programs or discuss those programs which would be necessary to apply to HIV/AIDS. In his first speech on AIDS in 1999 on World AIDS Day, Mbeki gives attention to issues of safe sex, condom usage, “breaking the silence” about stigma, and working together as community member to devise efficient AIDS programs. However, such discussion of condoms and safe sex is largely absent from the rest of the speeches he gives throughout his term. There are a few mentions of safe sex and condom usage in the following years: for example, on April 27, 2003 he calls on his people to fight AIDS by practicing “abstinence, being faithful, and using a condom.” He mentions specific prevention practices one more time on August 9, 2007 when he urges families to educate young women on “teenage pregnancy, safe sex, and condoms.”

#### *AIDS Denialism: The Mbeki Administration*

Though suspicions of Mbeki’s personal denialist beliefs about AIDS surface in the first year of his presidency and even in the years before he was elected, there were three main incidents in the year 2000 that ignited furious reproach to the South African leader from all around the world: first, Mbeki assembled a panel of scientific experts on AIDS – the Presidential Advisory Panel on AIDS – that included several known AIDS dissidents; second, a letter leaked to the Washington Post from Thabo Mbeki to several world leaders revealed the worrying ideas of the South African president; and third, the president’s speech at the 13<sup>th</sup> International AIDS Council in Durban openly questioned HIV in the midst of a national catastrophe and in front of world leaders from all over

---

<sup>116</sup> See case studies from Uganda per Helen Epstein; Elisabeth Pisani in *The Wisdom of Whores*; and Barton Gellman on CNN, Aired July 11, 2000 at 7:31 a.m. E.T., retrieved from <http://transcripts.cnn.com/TRANSCRIPTS/0007/11/ee.04.html>.

the globe. When news first leaked of Mbeki's association with AIDS dissidents, scientists and community leaders worried that such misguided leadership would result in South Africans continuing risky behavior under the belief that HIV did not really cause AIDS after all.<sup>117</sup> At the Presidential Advisory Panel on AIDS, half of the scientists present did not believe that HIV caused AIDS<sup>118</sup> and the president openly acknowledged their standing in the scientific community and defended both his own actions and theirs:

There is an approach which asks why is this President of South Africa trying to give legitimacy to discredited scientists, because after all, all the questions of science concerning this matter had been resolved by the year 1984. I don't know of any science that gets resolved in that manner with a cut-off year beyond which science does not develop any further. It sounds like a biblical absolute truth and I do not imagine that science consists of biblical absolute truths.

-Thabo Mbeki, Remarks at the First Meeting of the Presidential  
Advisory Panel on AIDS, Pretoria, May 6, 2000

These remarks were combined with even more troubling ones at the 13<sup>th</sup> International AIDS Conference, where Mbeki used his platform for addressing HIV/AIDS to instead focus on extreme poverty as the number one killer of South Africans. Out of context and in isolation, his comments were not all immediately harmful; however, put together, and at a conference designated to tackling the spread of HIV, his statements were extremely misguided and concerning:

...I believe that we should speak to one another honestly and frankly, with sufficient tolerance to respect everybody's point of view, with sufficient tolerance to allow all voices to be heard...

---

<sup>117</sup> Rachel Swarns, "South Africa in a Furor Over Advice About AIDS," *The New York Times*, March 19, 2000, retrieved from <http://www.nytimes.com/2000/03/19/world/south-africa-in-a-furor-over-advice-about-aids.html>.

<sup>118</sup> Pat Sidley, "Mbeki appoints team to look at cause of AIDS" *British Medical Journal*, 320 (2000): 1291, retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1127296/>.

... What I hear being said repeatedly, stridently, angrily, is - do not ask any questions!...

...it seemed to me that we could not blame everything on a single virus...

...are safe sex, condoms, and anti-retroviral drugs a sufficient response to the health catastrophe we face?...

The world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty.

-Thabo Mbeki, Speech at the Opening Session of the 13<sup>th</sup> International AIDS Conference, Durban, July 9, 2000

Instead of focusing on implementation of successful AIDS programs, collective action, and prevention of HIV, Mbeki sought to once again question the international attention on HIV/AIDS. After receiving global backlash, the president's spokesman defended Mbeki's speech by saying that the administration would not say conventional thinking was right or wrong until all the questions about AIDS had been answered.<sup>119</sup> In April of 2000, a letter written by Mbeki and sent to major heads of state around the world, including the U.S. President Bill Clinton, surfaced and once again illuminated Mbeki's misunderstanding of the science of HIV. In one section of the letter, he compares the condemnation of AIDS dissidents to the tyranny of apartheid:

It is suggested, for instance, that there are some scientists who are "dangerous and discredited," with whom nobody, including ourselves, should communicate or interact. In an earlier period in human history, these would be heretics that would be burnt at the stake! Not long ago, in our own country, people were killed, tortured, imprisoned, and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited. We are now being asked to do precisely the same thing that the racist apartheid regime we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.

---

<sup>119</sup> Swarns, "South Africa in a Furor," *The New York Times*, 2000.

-Thabo Mbeki, April 2000

Mbeki's continued denialism enticed fear from scientists, doctors, and other AIDS worker and advocates in the international community, who all feared that denying or doubting the cause of AIDS would lead to fewer blood screening, lower levels of condom usage, and insufficient methods of mother-to-child transmission prevention, costing countless lives.<sup>120</sup>

While Mandela's administration focused on nation-building and political reconciliation, Mbeki's focused on providing "a better life for all";<sup>121</sup> however, while Mandela did not approach the AIDS issue much publicly, his words evolved throughout his presidency to become more targeted towards issues of prevention and awareness and increased in frequency and urgency. Mbeki's words, meanwhile, openly contradicted existing beliefs about AIDS and only rarely even mentioned issues of prevention. After the international backlash he experienced in 2000, Mbeki stopped his public discussions of AIDS;<sup>122</sup> however, that did not stop his Minister of Health from continuing to question ARVs, the cause of AIDS, and to continue prescribing remedies such as olive oil and lemons to HIV positive persons.<sup>123</sup> Doctors, global activists, and AIDS experts were terrified that Mbeki's open questioning of the HIV-AIDS connection would undermine all of the work these individuals had made towards tackling HIV up until this point.<sup>124</sup> Critics suggested that questioning the link would undermine the efforts for

---

<sup>120</sup> "Durban Declaration," *Nature* 406 (2000): 15-16; in fact, scientists and doctors were so concerned that they came together to sign the Durban Declaration in protest before the 13<sup>th</sup> International AIDS Conference

<sup>121</sup> Fourie, *The Political Management of HIV/AIDS*, 2006, p. 147.

<sup>122</sup> Specter, "The Denialists," *The New Yorker*, 2007.

<sup>123</sup> Van der Vliet in Fourie, *The Political Management of HIV/AIDS*, 2006, 158. Mbeki's lack of action to silence or correct his Minister of Health, Tshabalala-Mismang, who received just as much criticism and backlash, was confirmation that Mbeki agreed with her policies.

<sup>124</sup> They were right to be concerned: in 2007, a group of Harvard scientists conducted a study to estimate the number of lives lost in South Africa due to the government's refusal to make ARVs widely available. They number they estimated was over 330,000

condom usage and make it more difficult to persuade people to get tested.<sup>125</sup> During his administration, Mbeki's rhetoric reflects the misguided action of his government towards implementing AIDS programs and his own personal confusion of the cause of AIDS and preoccupation with the related issues of poverty and racism.

#### *AZT/ARV Battle and Government Control*

This distrust of Western entities and medicine led to one of the most tragic effects of the Mbeki administration: the prevention of access to ARVs and AZT to pregnant mothers. Mbeki's administration was marked by "unprecedented involvement of the government in drug trials."<sup>126</sup> Specifically, Mbeki and his administration pushed for finding an "African" cure to AIDS, at the detriment of the health of persons living with HIV/AIDS and often leading to confusing information being distributed to the public. Anyone who questioned these policies, however, was accused of being racist and opposing the ANC-led government. The exorbitant cost of ARVs when they first hit the market made them unattainable for many developing countries to access. Under the Mandela administration, the South African government passed the Medicines Act of 1997, which would allow the national government to import cheaper, generic ARVs to avoid the cost of patented drugs mostly sold from huge, U.S.-based pharmaceutical companies.<sup>127</sup> After the World Trade Organization (WTO) TRIPS rules allowed the act to be legal the U.S.-based Pharmaceutical Manufacturers' Association (PhrMA) took the South African government to court. PhrMA finally dropped the case in 2001, but the

---

between 2000 and 2005. See Pride Chigwedere, et al, "Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa," *Epidemiology and Social Science*, 49 (2008): 410-415.

<sup>125</sup> Chris McGreal, "How Mbeki Stoked South Africa's AIDS catastrophe," *The Guardian*, June 11, 2001 retrieved from <https://www.theguardian.com/world/2001/jun/12/aids.chrismcgreall>

<sup>126</sup> Ibid.

<sup>127</sup> Fourie, *The Political Management of HIV*, 2006, 148.



victory was short-lived: South African health minister Dr. Manto Tshabalala-Msimang announced at a press conference following PhrMA's announcement that the drugs were too expensive to import or to manufacture locally.<sup>128</sup>

Instead, Mbeki and his administration, particularly Minister Tshabalala-Msimang, advocated alternative methods of treatment and allowed individuals and companies with unscientifically proven methods of treatment to operate within South Africa. When the Mbeki administration refused to provide access for AZT and Nevirapine, two drugs shown to be successful in preventing mother-to-child transmission (MTCT), about 22% of pregnant women in South Africa were HIV-positive.<sup>129</sup> Rather than using the large foreign donations earmarked for AZT and other ARVs to provide drugs to the hundreds of the thousands of people living with AIDS in South Africa, Mbeki and Tshabalala-Msimang continually called ARVs "damaging," "toxic," and "poison."<sup>130</sup> Tshabalala-Msimang drew international backlash when she advocated for the use of beetroot, olive oil, garlic, lemons, and African potatoes instead of ARVs for treatment of AIDs.<sup>131</sup> Entrepreneurs such as Matthias Rath, who advocated for large amounts of vitamin-pills instead of ARVs, were encouraged by the government and allowed to insert themselves into the economy by exploiting post-colonial anxieties and distrust of Western or global organizations.<sup>132</sup> The irony is that, while not rich, South Africa's economy was one of the largest in the region and was one

---

<sup>128</sup> Ibid, 149.

<sup>129</sup> Tony Karon, "Why South African Questions the Link Between HIV and AIDS," *TIME*, April 21, 2000, retrieved from <http://content.time.com/time/arts/article/0,8599,43510,00.html>.

<sup>130</sup> Michael Specter, "The Denialists: the dangerous attacks on the consensus about H.I.V. and A.I.D.S." *The New Yorker*, March 12, 2007, retrieved from <http://www.newyorker.com/magazine/2007/03/12/the-denialists>.

<sup>131</sup> Ibid.

<sup>132</sup> Ben Goldacre, "The man who sold out medicine," *WIRED* June 3, 2009, retrieved from <http://www.wired.co.uk/article/the-man-who-sold-out-medicine>.

of the few on the continent who could genuinely afford to administer ARVs to its people.<sup>133</sup>

The consequences of the government's anti-ARV policies were two-fold: one, anyone who criticized the government's policies were met with accusations of racism and disloyalty, and two, hundreds of thousands of people lost their lives. Mbeki attacked those who criticized his government's AIDS policy by saying they were "waging a campaign of intellectual intimidation and terrorism."<sup>134</sup> Tshabalala-Msimang's Deputy Health Minister, Nozizwe Madlala-Routledge was told to stop speaking about AIDS after she disagreed with the health minister about appropriate treatment for AIDS.<sup>135</sup> She was fired in August of 2007: Mbeki's reasoning was that she was not a "team player."<sup>136</sup> Another troubling episode of government control over AIDS policies occurred earlier, in 2001, when the health minister of the Mpumalanga province ordered volunteer rape counselors out of the hospitals because they were trying to overthrow the government by offering ARVs to rape victims.<sup>137</sup> This all occurred while the national government had earmarked funds for ARVs, had a strong national AIDS program on paper, and had a number of bureaucratic entities established for the specific purpose of addressing HIV/AIDS. On paper, South Africa's policies outlined specific goals and programs, but the government's well-known suspicion of ARVs and of the cause of AIDS, combined with controlling actions such as those listed above left little attention for implementation.

---

<sup>133</sup> Specter, "The Denialists," *The New Yorker*, 2007.

<sup>134</sup> "Analysis: Mbeki and the AIDS skeptics," *BBC NEWS*, April 20, 2000 retrieved from <http://news.bbc.co.uk/2/hi/africa/720995.stm>.

<sup>135</sup> Specter, "The Denialist," *The New Yorker*, 2007.

<sup>136</sup> Gwen Thompkins, "AIDS Crisis Politicized in South Africa as Graves Fill," *NPR Morning Edition*, September 19, 2007.

<sup>137</sup> Chris McGreal, "How Mbeki Stoked South Africa's AIDS catastrophe," *The Guardian*, June 11, 2001

The more dangerous side effect of the government's denial and control over the AIDS agenda was the number of lives lost to AIDS during the Mbeki years. Zackie Achmat, one of South Africa's most visible AIDS activists, told NPR he had witnessed people take the last money they had and go buy a bottle of olive oil on the recommendations of Tshabalala-Msimang, only to drink it and get worse diarrhea.<sup>138</sup> In 2008, a group of scientists of out Harvard conducted a study in which they estimated that the South African government could have prevented over 365,000 deaths due to AIDS if it had made ARVs publicly available.<sup>139</sup> Even after South Africa finally launched their MTCT program in 2003, they only had about 23% coverage for pregnant mothers, which compared poorly to neighbors Botswana and Namibia.<sup>140</sup> In their conclusion, the Harvard scientist reflect on the ability of a small group of individuals to ultimately determine access to appropriate public health<sup>141</sup>, a thought which seems particularly relevant to the Mbeki administration and the years of AIDS denialism. After years of noticeable silence on AIDS, in a speech on December 16, 2007 Mbeki announced that the government AIDS plan would continue and that 300,000 people were already on ARVs.

### **Conclusion**

The early years of the Mbeki administration was colored by questioning the cause of AIDS, challenging the efficacy of ARVs, and arguing that poverty was a more important task for the national government. All together, Mbeki's message to his people

---

<sup>138</sup> Thompkins, "AIDS Crisis," *NPR*, 2007.

<sup>139</sup> Pride Chigwedere, et al, "Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa," *Epidemiology and Social Science*, 49 (2008): 410-415.

<sup>140</sup> Sarah Boseley, "Mbeki AIDS policy 'led to 330,000 deaths,'" *The Guardian*, November 26, 2008, retrieved from <https://www.theguardian.com/world/2008/nov/27/south-africa-aids-mbeki>.

<sup>141</sup> Chigwedere, "Estimating the Lost Benefits," *Epidemiology and Social Science*, 2008.

was this: AIDS is a disease of poverty, intertwined with racism, oppression, and stereotypes of the African. After intense international backlash, Mbeki ceased much of his public discussions of AIDS and limited his public speeches to commended the national government for its work, listing AIDS among other ills such as poverty, women's issues, and other diseases, and paying lip service to the "scourge" of AIDS. After Mbeki resigned from the presidency in 2008, his successor, Kgalema Motlanthe, acted on the first day in office to remove Tshabalala-Msimang from her position as Health Minister and replace her with Barbara Hogan and the era of denialism in South Africa was officially over.<sup>142</sup>

Mbeki used his political platform to openly question the connection between HIV and AIDS and challenge the effectiveness of ARVs, spending more time discussing issues of poverty and racism than issues of prevention and treatment. Though he mentioned AIDS more frequently than his predecessor, he spent less time discussing issues of transmission, discrimination, and community action. The result was a government internationally criticized for its denialist policies, and a bleak time period for the South African AIDS crisis. Though South Africa possessed the health infrastructure, and the national AIDS plan necessary for a successful AIDS program, the government under Mbeki showed no particular vigor for implementing its policies. Though these issues differ from those afflicting the Mandela administration, the result is similar: a lack of appropriate AIDS care encouraged by a lack of political leadership from the nation's president.

---

<sup>142</sup> Celia Dugger, "Study Cites Toll of AIDS Policy in South Africa," *The New York Times*, November 25, 2008, retrieved from [http://www.nytimes.com/2008/11/26/world/africa/26aids.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2008/11/26/world/africa/26aids.html?pagewanted=all&_r=0).

## Chapter Four: Kgalema Motlanthe and Jacob Zuma

Analysis of President Jacob Zuma's speeches discussing AIDS indicates that despite his faults as an individual, he openly acknowledged HIV and spoke about specific policy goals and implementation outcomes on AIDS programs, and matched his verbal claims to tangible policies. During Zuma's presidency, massive national government campaigns against AIDS, with specific goals, have been successful in turning the tide against the disease. When Thabo Mbeki resigned from office in 2008, Kgalema Motlanthe stepped in as interim president, amidst the worst political crisis in South Africa since apartheid.<sup>143</sup> There were 6 million people living with HIV in South Africa, more than in any other country in the world.<sup>144</sup> Motlanthe's first action item included removing Dr. Tshabalala-Msimang from office as Minister of Health and replacing her with the more orthodox Barbara Hogan, signaling the end of AIDS denialism in South Africa.<sup>145</sup> When Jacob Zuma assumed the presidency in the following year, research indicated that, worldwide, AIDS was declining.<sup>146</sup> However, despite his involvement in controversies surrounding his personal life, Zuma was an advocate for healthcare revitalization and bolstered HIV/AIDS programs even before he was officially in office, and made health a key part of his agenda as presidency.<sup>147</sup>

In this chapter I analyze speeches given by President Jacob Zuma up to the present day to argue that more than any other president of South Africa, Zuma provided

---

<sup>143</sup> Rachel Stevenson, "Kgalema Motlanthe elected as South African president," *The Guardian*, September 25, 2008, retrieved from <https://www.theguardian.com/world/2008/sep/25/southafrica.mbeki1>.

<sup>144</sup> Ibid.

<sup>145</sup> "New President will fight AIDS with science," *The Scotsman*, September 25, 2008, retrieved from <http://www.scotsman.com/news/new-president-will-fight-aids-with-science-1-1134736>.

<sup>146</sup> Jeremy Laurance, "Aids: the pandemic is officially in decline; UN and World Health Organization hail steep fall in number of new HIV infections UN says sex education programmes are the key to success," *The Independent*, November 25, 2009.

<sup>147</sup> Mary Alexander, "Motlanthe to be acting president," *Media Club South Africa*, September 23, 2008, retrieved from <http://www.mediaclubsouthafrica.com/democracy/740-motlanthe-to-be-acting-president>.

strong leadership on AIDS by promoting open discussion, encouraging cooperation across sectors, and encouraging all individuals to take responsibility for their role in prevention the spread of HIV. As noted in Chapter One, Uganda’s AIDS programs are often used as an example of successful interventions, largely due to the attitude of the national government in involving all sectors of society and to President Museveni’s personal advocacy for proactive commitment to prevention.<sup>148</sup> More than any other individual discussed in this project, Zuma emulates these principles of strong leadership in South Africa. He targeted specific groups of the community for their role in addressing AIDS, discussed specific goals and details how to achieve them, acknowledged the severity of the disease, and encouraged continued action even when his administration reached its goals.

### **Methodology**

Speeches from both Kgalema Motlanthe’s and Jacob Zuma’s term in office came from archives available through the South African Department of International Relations and Cooperation website in addition to the Office of the President archives. These speeches were collected and separated by year; data included nineteen speeches from former President Motlanthe and 895 speeches from President Zuma (See Table 5). All speeches were converted to the same format and a search function was used to find all speeches containing any mention of the word “AIDS” or “HIV.” In some cases, speeches contained in the initial set were archived in a language other than English. Rather than risk error, these speeches were simply removed from analysis. Those speeches that did not contain mention of “AIDS” or “HIV” were separated and read for

---

<sup>148</sup> Edward C. Green, Vinand Nantuyla, Rand Stoneburner, and John Stover, “What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response,” *U.S. Agency for International Development* edited by Janice A. Hogle, Washington, D.C. September 2002, p. 3-4.

supplementary information but were not a part of coding analysis. Speeches that did contain mention of “AIDS” or “HIV” were read for initial analysis and inventory (see Appendix C) and then read a second time using open coding techniques whereby I documented the ways that each president contextualized HIV/AIDS and what topics

Year	Speeches with "AIDS" or "HIV"	Speeches with AIDS as Main Topic	Total Speeches	Percent Mentioning "AIDS" or "HIV"
2008 (M)	1	0	12	8.30%
2009 (M)	1	0	7	14.20%
2009 (Z)	14	2	96	14.60%
2010	18	1	152	11.80%
2011	10	2	133	7.50%
2012	17	0	127	13.40%
2013	15	2	118	12.70%
2014	17	0	85	20.00%
2015	10	0	108	9.30%
2016	7	0	76	9.20%

**Table 5 Speech category results for Kgalema Motlanthe and Jacob Zuma**

they used to discuss HIV/AIDS. Then I analyzed the speeches a third time looking for ways to categorize each mention of HIV/AIDS into a specific theme. During my fourth analysis, I marked each mention of HIV/AIDS into

the category it belonged to in order to see which categories were most frequently used. Due to the small selection of speeches from Motlanthe and the infrequency with which he mentions AIDS, analysis was only completed for speeches given by President Zuma.

**Results**

Table 6 shows the results of my coding analysis: Jacob Zuma used five main categories to contextualize HIV/AIDS during his speeches: Goals, Victims, Actors and Cooperation, Health Programs, and Barriers. These main categories included thirty-one subcategories. While some sub-categories may overlap with each other depending on the perspective of the reader, I relied on the frequency of which each theme was mentioned and the context in which it emerged to ensure that these categories were

representative of distinct ideas. While the percentage of Zuma’s speeches that included a mention of “HIV” or “AIDS” was not high, he gave seven speeches between 2009 and 2013 that were focused on HIV/AIDS and related issues, far more than previous sections of this study found with other South African presidents. Zuma’s speeches that included “HIV” or “AIDS”

often repeated themselves each year: President Zuma gives speeches at the same events each year and several of them almost always contain issues of HIV/AIDS. For example, his speeches at National Women’s

Major Category	Related Subcategories
Goals	Increased life expectancy, increased ARV access, decreased infection rates, decreased mother-to-child transmission rates, increased male circumcision, decreased maternal and child mortality
Victims	Impact on families, youth and students, pregnant women, children and orphans, elderly and older persons, severity of epidemic
Actors and Cooperation	Individual responsibility, multi-sector actors, openness and transparency, coordinated government response, implementation, international support, unity and togetherness
Health Programs	Prevention, testing campaigns, education campaigns, general awareness, hospital and clinic construction, TB co-infection and merging
Barriers	Stigma, women's issues and violence, child abuse, poverty and inequality, lacking healthcare resources, other diseases

**Table 6 Coding results for speeches given by President Jacob Zuma**

Celebrations, National Youth Day, the State of the Nation Address, and events in December for World AIDS Day, older persons, and orphans were frequent events where the president discussed HIV/AIDS.

There is a clear evolution in Zuma’s messages over the year about HIV/AIDS from the time he took office and announced a massive mobilization campaign for AIDS efforts and the present day, where the government has been internationally lauded for its efforts on HIV/AIDS. In the last three years of his presidency, Zuma speaks less frequently about AIDS and has not devoted an entire speech to the topic since 2013. However, when he does mention AIDS it is often in context of commending the



government, its partners, and the South African people for their work in combatting the epidemic. For example in his 2016 State of the Nation address, Zuma said that the turnaround of AIDS policy in 2009 resulted in “healthier and longer lives” for those infected but also called for action to “revive prevention campaigns.” This focus on action and clear plans is common throughout the speeches I analyzed. From one of his earliest speeches on AIDS on October 29 of 2009, Zuma was clear about confronting “denials and stigma attached to the epidemic” and asked all partners not to “lose sight of the key target we set ourselves in our national strategic plan.” Besides discussing specific goals, Zuma frequently targets demographics for their responsibility in combating AIDS, asking for “mass mobilization and social engagement” and reminding every South African of both their risk and responsibility. The next section discusses the results of coding analysis in relation to the actions and policy implementation of the Zuma administration.

### **Discussion**

Overall, analysis of Zuma’s words revealed intentional goals, policy, and implementation initiated by the Zuma administration. The kind of specific wording used to describe AIDS policy goals and strategies was absent from previous presidents’ message on AIDS. Through his speeches, Zuma communicated clear ideas about the policy priorities of his administration and continued to encourage their implementation. His claim of success is supported by statistics of lower mother-to-child transmission rates, lower infection rates, lower AIDS deaths, increased ARV programs, and increased HIV testing. Because of the tangible results of the Zuma administration’s AIDS policies, Zuma’s rhetoric evolves through the course of time from the beginning

of his presidency to include remarks like the following that commend the performance of the government and South African people:

With regards to health care, we are really happy with the strides we are making in the fight against HIV and AIDS, especially the decrease of the transmission of HIV from mother to child from 3.5 percent to 2.7 percent since 2010.

This has effectively saved the lives of more than 100,000 babies. Also impressive is the report on dramatic outcomes in the HIV Counseling and testing campaign.

The percentage of people tested for HIV has increased from 55% in 2009 to 64% in 2012, giving us a figure of 17.4 million people.

-President Jacob Zuma, August 3, 2012

This was just three years after taking office, and the Zuma administration had already begun to see results from their efforts. By stating specific goals and outlining clear expectations for AIDS programs, Zuma plays a stronger leadership role in AIDS than previous presidents.

Analysis of Zuma's speeches reveal that he repeatedly discusses the same topics, reiterating the clear message he presents about AIDS and suggesting that Zuma's policies are focused on specific measures rather than vague concepts. One of Zuma's main goals, evident throughout his many public speeches, is to increase life expectancy of the average South African. Because HIV/AIDS and TB are leading causes of death in South Africa, Zuma frequently focuses on strengthening overall health programs and health infrastructure, with particular focus on maternal and child mortality and mother-to-child transmission. In comparison to previous presidents, Zuma more openly discusses the lack of progress made by the government thus far, discusses the lack of hospitals, clinics, and health resources more readily, frequently commends the work of specific groups of non-government community members, focuses on education in schools, discusses the connection between HIV and TB in informing policy,

acknowledges the role of the elderly in taking on the burden of AIDS, and more frequently discusses AIDS cooperation at the African Union level. His focus on discussing specific issues in the public sphere is a stronger example of leadership than previous presidents. Clear examples of where the government will work, how they will work, what they will work on, and how they will interact with other partners is a sign of intentional action at the national level.

Zuma's speeches show an AIDS leadership focused on encouraging individual responsibility for action, providing specific venues for action, promoting openness, and setting an example for cooperation with community and international partners. On October 29, 2009, Zuma stated, "all South Africans must know that they are at risk and must take informed decisions to reduce their vulnerability to infection." Just a few months later on December 1, 2009, Zuma detailed specific mobilization programs including nationwide testing campaigns, ARV access to infants and individuals with CD4 counts of 350, and expansion of HIV/AIDS services across the country. In the same speech, he made the following statement:

I am making arrangements for my own test. I have taken HIV tests before, and I know my status. I will do another test soon as part of this new campaign. I urge you to start planning for your own tests.

-President Jacob Zuma, December 1, 2009

Finally, Zuma asks specific communities for their work on AIDS and thanks them for their efforts, including the National House of Traditional Leaders, religious leaders, youth and students, and sports institutions. All of these set clear precedent for actions expected of government, civil society, and South Africans as a whole.

### *Targeted Goals*

The most frequent way that Zuma contextualized HIV/AIDS was through specific goals of AIDS policy. This meant repeated statements of what those goals were and how the country was or was not achieving them. The main goals of Zuma's administration were the following: increased life expectancy, increased access to ARVs, decreased infection rates, decreased mother-to-child transmission, increased rates of male circumcision, and decreased child and maternal mortality. All of these goals were clearly stated in early speeches, then appeared in recurring statements about progress, and then were used as examples of success once they were achieved. Zuma's policy priorities also seemed to be informed by scientific research. For example, Zuma focused heavily on prevention campaigns towards in recent years, once many of the above goals had been addressed. Prevention among youth is perhaps one of the reasons that South Africa did not see a larger decline in HIV rates after stabilization: a 2008 study found that when comparing Ugandan youth to South African youth, there was no significant discrepancy in risky behaviors or number of partners, but that youth in South Africa were more likely to report sex without a condom, and young women were more likely to report sex with member of older age groups.<sup>149</sup> One of the social patterns that exacerbate HIV risk for young women is a pattern of age-disparate, transactional relationships between young women and older men, often as a way to increase economic freedoms.<sup>150</sup> Zuma spent a significant time reaching out to youth specifically during his speeches and calling for women's issues to be addressed alongside AIDS

---

<sup>149</sup> Itamar Katz and Daniel Low-Beer, "Why Has HIV Stabilized in South Africa, Yet Not Declined Further? Age and Sexual Behavior Patterns Among Youth," *Sexually Transmitted Diseases* 35 (2008): 837-842.

<sup>150</sup> Brendan Maughan-Brown, Meredith Evans, Gavin George, "Sexual Behavior of Men and Women within Age-Disparate Partnerships in South Africa: Implications for Young Women's HIV Risk," *PLoS ONE* 11 (2016): 1-16.

issues. The connection between what current research said and how Zuma's government responded displays a productive role of the government encouraged by Zuma's leadership.

When Zuma took office in 2009, research began to suggest a decline in HIV rates;<sup>151</sup> however, Zuma's speeches do not indicate he let that make him complacent. On the contrary, Zuma's early speeches are full of strong wording about the severity of AIDS and the need for everyone to address it. Even four years into his term, he began one of his discussions on AIDS with the following:

Let me begin by underlining that it is of critical importance for the African Union to prioritize women and child health. Discussing the matter at this highest level of African leadership indicates the seriousness with which Africa regards women's health and well being.

-President Jacob Zuma, January 27, 2013

Here, Zuma is discussing the role of the African Union in AIDS issues, but leadership is established here with strong wording about the severity of the issue and focus on specific members of the community. Zuma also focuses on large testing campaigns, which he participates in himself. Encouraging HIV testing was a productive move for the government when many people still did not know their status and had never been provided access to an HIV test before.<sup>152</sup>

### *Openness and Individual Responsibility*

Another way that Zuma contextualized HIV/AIDS through his speeches was in regards to specific actors, and in encouraging partnerships and cooperation across multiple sectors. He did so by stating the responsibility of every individual to protect

---

<sup>151</sup> Quarraisha Abdoool Karim, et al, "Stabilizing HIV prevalence masks high HIV incidence rates among rural and urban women in KwaZulu-Natal, South Africa," *International Journal of Epidemiology* 40 (2011): 922-930.

<sup>152</sup> Karim, "Stabilizing HIV prevalence," *International Journal of Epidemiology* 40 (2011): 927.

herself and know their status, and by emulating policies of openness about HIV in order to promote successful partnerships. He was right to do so: unlike other parts of the world where the highest HIV rates exist within high risk groups such as men who have sex with men (MSM) and sex workers, risk in South African exists among the general population.<sup>153</sup> In 2009 Zuma announced that he would personally take an HIV test (see speech quoted above December 1, 2009) and in 2010 discloses his results.<sup>154</sup> Though he is careful to state that he does not pressure anyone to do the same in disclosing their results, the statement was a remarkable move away from the attitude of stigma surrounding AIDS and demonstrated a conscious effort on Zuma's part to address the issue of normalization.<sup>155</sup> This one move was more reminiscent of the successful leadership of Ugandan President Yoweri Museveni and his attitude of constant and candid discussions of HIV/AIDS.<sup>156</sup> Announcing his own HIV test was also an official break from the policies of Thabo Mbeki and the years of failure to provide access to ARVs.<sup>157</sup>

Zuma often target specific demographics of people for their role in supporting AIDS work; in doing so, he encourages everyone to take responsibility for preventing the spread of HIV and ownership of AIDS programs. The following is an excerpt from a speech Zuma gave at the launch of the national School Health Program:

Figures from the 2010 Antenatal HIV prevalence survey showed

---

<sup>153</sup> Katz and Low-Beer, "Why Has HIV Stabilized in South Africa?" *Sexually Transmitted Diseases*, 867.

<sup>154</sup> "Jacob Zuma breaks taboo disclosing HIV results," *The Telegraph* April 25, 2010, retrieved from <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/southafrica/7632729/Jacob-Zuma-breaks-taboo-disclosing-HIV-test-results.html>.

<sup>155</sup> Tabela Timse, "Zuma reveals his HIV status," *Mail and Guardian* April 26, 2010, retrieved from <http://mg.co.za/article/2010-04-26-zuma-reveals-his-hiv-status>.

<sup>156</sup> Edward C. Green, Vinand Nantuyla, Rand Stoneburner, and John Stover, "What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response," *U.S. Agency for International Development* edited by Janice A. Hogle, Washington, D.C. September 2002, p. 3-4.

<sup>157</sup> Timse, "Zuma reveals his HIV status," *Mail and Guardian*.

that more than a fifth of pregnant young women between 15 and 24 years of age were HIV infected, as were 9.4% of girls who were pregnant.

Thus we have an obligation both to educate our learners on how to prevent HIV infection, and also to ensure that those who are infected are identified and receive the treatment, care and support which they require. It is a painful reality of the times we live in.

We wish to emphasize that the package of sexual and reproductive health services will be provided by a professional nurse in a one-on-one private and confidential consultation. What government is doing, is making the service available to the learners when needed, with the support of parents.

These services will be made available after consultation with the school community led by the school governing body. We urge parents and communities to give the intervention a chance. It is important for the children and for the community at large.

-President Jacob Zuma, October 11, 2012

Zuma calls for specific individuals to answer the call for responsibility and gives examples of how to intervene. Here, he speaks directly to parents of students and asks for community support in implementing these education programs. Zuma does this with multiple groups of the community, much more so than did either Mandela or Mbeki. On September 3, 2013, Zuma congratulates cooperation between business, labor, government, sports, entertainment, and nonprofit sectors in addressing AIDS, and even thanks the media for their role in curtailing corruption. One group that did not appear as a part of previous presidents' discussion of AIDS is the National House of Traditional Leaders. Zuma pays particular attention to garnering the support of this group and commending them for their work, saying their "contribution to the fight against HIV and AIDS is also laudable" (February 27, 2014). Reaching out to the group of society is an example of where Zuma was able to foster support for AIDS work where it was needed and bridge cultural gaps. In pre-colonial society the men of the Zulu tribe underwent circumcision rituals during adolescence. Male circumcision provides a

degree of protection against the transmission of HIV<sup>158</sup> and has begun to grow on the national government's AIDS plan in recent years. However, some communities still practiced traditional methods of circumcision, when safer methods were available and desirable in prevention practices. By reaching out to traditional leaders, Zuma encouraged a partnership between traditional and national leadership.

### *New Policies and Interventions*

Zuma's administration differed from its predecessors by focusing on strengthening implementation and overall healthcare. One of the most notable flaws of the Mandela and Mbeki administrations was the failure to implement what was otherwise a strong national AIDS plan on paper. Mbeki frequently mentioned South Africa's international recognition for its comprehensive AIDS program; however, his administration was never able to fully implement its written policies. On the other hand, Zuma's administration created a new health initiative with strong monitoring and reporting mechanisms and Zuma continually brought up new directives in his speeches. For example, on September 18, 2012, Zuma announces a government initiative to merge technology and AIDS programs by developing a diagnostic instrument for HIV/AIDS on smartphones. In 2014, he frequently commends the work of the government but reminds his audience not to become complacent in their success but to continue working towards an AIDS free generation. This focus on continued strength and effort was absent from previous administrations.

One specific way the government addressed overall healthcare is with the launch of Operation Phakisa in 2014. This program, while not designed to target HIV/AIDS

---

<sup>158</sup> Bertran Auvert, Dirk Taljaard, Emmanuel Lagarde, Joëlle Sobngwi-Tambekou, Rémi Sitta, and Adrian Puren, "Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANSR 1265 Trial," *PLoS Medicine* 2 (2005): 1112-1122.



specifically, has specific goals for increasing health capacity that will ensure the AIDS efforts of the past several years will continue to flourish.<sup>159</sup> The government also has plans to provide state-owned ARVs through its new pharmaceutical branch, Ketlaphela. Originally conceptualized in 2007, Ketlaphela launched in 2015 with the goal of providing ARVs to the South African population by 2019.<sup>160</sup> The implementation of this program, whether it will be successful or not, is a strong move by the government to further decrease the cost of ARV therapy. After a long battle with ARV access in South Africa, lower production costs have finally made ARVs somewhat affordable; however, they are still too expensive for the average South African. Scaling up ARV access has been one of the hallmarks of the Zuma administration's action on HIV/AIDS. President Zuma announced this phase of government intervention during his 2016 state of nation address and said it would be for the 2016-2017 fiscal year.<sup>161</sup> Clear policy initiatives by the national government establish a correlation between the strong verbal leadership present in Zuma's speeches and actions taken by his government.

### *Controversies and Barriers*

Despite the progress of Zuma's administration in HIV/AIDS work and the strong leadership Zuma gives to the AIDS issue, he has often come under attack for undermining his own policies by controversies surrounding his personal life. Jacob Zuma is a well-known polygamist who has been married six times and confirmed on

---

<sup>159</sup> Operation Phakisa, "Operation Phakisa and the ideal clinic realization and maintenance lab," Department of Planning, Monitoring, and Evaluation Republic of South Africa, retrieved from <http://www.operationphakisa.gov.za/operations/healthlab/pages/default.aspx>.

<sup>160</sup> Ina Skosana, "New state-run pharmaceutical company to produce ARVs by 2019," *Bhekisisa: Center for Health Journalism* February 17, 2016, retrieved from <http://bhekisisa.org/article/2016-02-17-new-state-run-pharmaceutical-company-to-produce-arvs-by-2019>.

<sup>161</sup> "Government establishes pharmaceutical company," *SANews* February 11, 2016, retrieved from <http://www.sanews.gov.za/south-africa/government-establishes-pharmaceutical-company>.

several occasions to have had extramarital affairs and fathered children out of wedlock.<sup>162</sup> In 2006 while on trial for rape allegations, Zuma stated that he knowingly had unprotected sex with an HIV positive individual, but showered afterward to prevent infection. This statement has come back to haunt him on several occasions, including just recently amidst renewed condemnation of Thabo Mbeki's denialist policies.<sup>163</sup> Though polygamy in itself is not a risky behavior for the spread of HIV so long as the individuals involved practice safe sex, many critics have pointed out that Zuma's actions undermine government programs promoting condom usage and faithfulness. Overall, however, I believe Zuma's actions do not compare to those of Thabo Mbeki's in terms of hurting the progress of HIV/AIDS programs and his examples of open testing and responsibility for action overcome these unfortunate shortcomings.

### **Conclusion**

Because of his focus on clear strategies, open discussion, and shared responsibility for the prevention of HIV infection, analysis of his speeches indicated that Zuma provided substantial leadership on HIV/AIDS. By matching his verbal agenda to the tangible policies of his government, Zuma also established credibility and saw successful outcomes to many government-initiated plans. Zuma's leadership on HIV/AIDS is more reminiscent to the positive aspects of Uganda's President Museveni's leadership than any previous South African leader<sup>164</sup>, and continues to have similar successes. President Museveni encouraged open discussion of AIDS and ended

---

<sup>162</sup> "South Africa's President Jacob Zuma – a profile," *BBC News* April 1, 2016, retrieved from <http://www.bbc.com/news/world-africa-17450447>.

<sup>163</sup> Ibid.

<sup>164</sup> Gary Slutkin, et al, "How Uganda Reversed Its HIV Epidemic," *AIDS Behavior* 10 (2006): 351-361.

all of his speeches with a note on HIV/AIDS as a matter of policy.<sup>165</sup> His leadership is often recognized as one of the reasons Uganda was able to reverse its AIDS epidemic in the early years of the outbreak. There is evidence to support the claims that in South Africa there are fewer babies testing HIV positive, increased life expectancy, decreased HIV infection rate, decreased AIDS deaths, more people on ARVs and more people being tested and receiving counseling since Zuma took office.<sup>166</sup> In a message to the 2016 International AIDS Conference in Durban, Zuma thanked UNAIDS for its support, commended government efforts in establishing clear national goals in 2009 and following through with implementation, but continued to advocate for an AIDS free generation despite the success seen thus far.<sup>167</sup> Recently, Kgalema Motlanthe contributed to the UNAIDS report saying that one of the biggest achievements of South African Aids policy to date was the long-awaited convergence of national government and civil sector cooperation and goals, something that had been long missing. He says because of this, despite the work to be done, the foundation for success is secured.<sup>168</sup> Analysis of his wording suggests that Zuma contributed to that foundation by creating cooperation and leadership on AIDS.

---

<sup>165</sup> Ibid, 358

<sup>166</sup> Kate Wilkinson, "Has Jacob Zuma hurt the fight against HIV/AIDS more than Thabo Mbeki?" *AfricaCheck* September 23, 2014, retrieved from <https://africacheck.org/reports/has-jacob-zuma-hurt-the-fight-against-aids-more-than-mbeki/>.

<sup>167</sup> Office of the Presidency, "President Jacob Zuma welcomes delegates to the International AIDS Conference," South African Government, July 17, 2016, retrieved from <http://www.gov.za/speeches/president-jacob-zuma-welcomes-delegates-international-aids-conference-17-jul-2016-0000>.

<sup>168</sup> Joint United Nations Programme on HIV/AIDS, *How AIDS Changed Everything*, 2015, Geneva.

## **Conclusion: Political Leadership and Health Programs**

The analysis of leadership these three presidents provided on HIV/AIDS illustrates the way that specific individuals exemplify the political, social, economic, and historical environments in which they operate, ultimately affecting HIV prevention and policy outcomes. This evidence supports criticism that South Africa's first two leaders failed to provide leadership with specific focus and direction on HIV/AIDS, promote openness and de-stigmatization through both word and action, encourage HIV testing, contextualize HIV/AIDS within specific health goals that all individuals are responsible for, and support their rhetoric on AIDS programs with substantive program implementation and partnerships with civil society. Though causation is difficult to prove in a scenario like this where there are so many factors, it is interesting to note that President Zuma's speeches contained many of the elements that some experts suggest political leaders adopt from President Museveni's example: candid discussions of HIV transmission, repeated messages of awareness, education, and prevention, and targeted efforts to include all sectors of society in the fight against AIDS.

While President Mandela often contextualized AIDS within women's issues, children's issues, and efforts to work together, he spoke about AIDS so infrequently and did so little in the way of action to support his words that his discussions of AIDS had no real substance to them. Instead, Mandela's verbal political commitment on AIDS was mainly confined to last-minute awareness of AIDS orphans towards the end of his term. After retirement, Mandela made up for his lack of political concern about AIDS during his presidency by devoting much of his time and money to AIDS advocacy and awareness. Mandela even proved to be a crucial player in verbally confronting Thabo

Mbeki's dangerous denialist policies at the International AIDS Conference in Durban, where then President Mbeki questioned the connection between HIV and AIDS and suggested that South Africans would do better to focus solely on poverty to eradicate the disease. Mbeki's discussions on AIDS were largely redirected conversations that instead addressed long-standing issues of racism, oppression, and global inequalities and did little to advocate for HIV prevention or strengthen AIDS program implementation. Rarely did Mbeki call for cooperation across sectors; when he did, he made it clear that the national government would take the leading role in developing AIDS programs. After international backlash, Mbeki retreated from discussions of AIDS almost entirely. Only, unlike Mandela, his silence was not indicative of a lack of action, but of severely misguided action by his health minister operating within a controlling administration.

Though he is not the ideal candidate for a role model of HIV prevention practices, Jacob Zuma has done far more, both through his administration and through his personal advocacy, to eradicate HIV in South Africa. He did so using specific language for targeted goals and programs, open dialogue about the risk that all South Africans have for contracting HIV, normalization of the disease by offering up his own HIV test results, and continued efforts to maintain progress by asking for partnerships across the country in all areas of health. The language these individuals used is strongly correlated to the policies their governments were able to implement during their time in office. All of these presidents were influenced by international pressures in different ways: Mandela was hyper-aware of the reputation he needed to rebuild for South Africa emerging from years under oppressive rule and shied away from discussions of sexually

transmitted diseases for fear of tarnishing that new reputation; Mbeki was personally affronted by global inequalities and persistent narratives about Africans being unable to help themselves, and took international advice on best practices for AIDS programs as a new form of Western oppression; Zuma harnessed international support by using it to strengthen bilateral relationships and international advocacy within the borders of South Africa. Despite making decisions under their own sovereignty, these individual leaders were all impacted by the global response to AIDS, and they allowed their personal leadership on AIDS to be influenced by it.

## References

- Abdool Karim, Quarraisha, Ayesha BM Kharsany, Janet A. Frohlich, Lise Werner, May Mashego, Mukelisiwe Mlotshwa, Bernadette T. Madlala, Fanelesibonge Ntombela, and Salim S. Abdool Karim. "Stabilizing HIV prevalence masks high HIV incidence rates amongst rural and urban women in KwaZulu-Natal, South Africa." *International Journal of Epidemiology* 40 (2011): 922-930.
- Ablo, Emmanuel and Ritva Reinikka. *Do Budgets Really Matter? Evidence From Public Spending on Education and Health in Uganda*. Washington: The World Bank, 1998.
- Acharya, Amitav. "How Ideas Spread: Whose Norms Matter? Norm Localization and Institutional Change in Asian Regionalism." *International Organization* 58 (2004): 239-275.
- "AIDS Control Program." *Ministry of Health Republic of Uganda*. 2016. Retrieved from <http://health.go.ug/programs/aids-control-program>.
- Alexander, Mary. "Motlanthe to be acting president." *Media Club South Africa*, September 23, 2008. Retrieved from <http://www.mediaclubsouthafrica.com/democracy/740motlanthe-to-be-acting-president>.
- Asiimwe-Okiror, Godwil, Alex A. Opio, Joshua Musinguzi, Elizabeth Madraa, George Tembo, and Michel Caraël. "Change in sexual behaviour and decline in HIV infection among young pregnant women in urban Uganda." *AIDS* 11 (1997): 1757-1763.
- Auvert, Bertran, Dirk Taljaard, Emmanuel Lagarde, Joëlle Sobngwi-Tambekou, Rémi Sitta, and Adrian Puren. "Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial." *PLoS Medicine* 2 (2005): 1112-1122.
- Baylies, Carolyn. "Cultural Hazards Facing Young People in the Era of HIV/AIDS: Specificity and Change," in *The Political Economy of AIDS in Africa*, edited by Nana K. Poku and Alan Whiteside. Burlington: Ashgate Publishing Company, 2004.

- BBC. "Analysis: Mbeki and the AIDS skeptics." *BBC NEWS*, April 20, 2000. Retrieved from <http://news.bbc.co.uk/2/hi/africa/720995.stm>.
- Benton, Aida. *HIV Exceptionalism: Development through Disease in Sierra Leone*. Minneapolis: University of Minnesota Press, 2015.
- Boone, Catherine and Jake Batsell. "Politics and AIDS in Africa: Research Agendas in Political Science and International Relations." *Africa Today* 48 (2001): 3-33.
- Booth, Karen M. *Local women, global science: Fighting AIDS in Kenya*. Bloomington: Indiana University Press, 2004.
- Bor, Jacob. "The political economy of AIDS leadership in developing countries: An exploratory analysis." *Social Science and Medicine* 64 (2007): 1585-1599.
- Boseley, Sarah. "How Nelson Mandela changed the AIDS Agenda in South Africa." *The Guardian*, December 6, 2013. Retrieved from <https://www.theguardian.com/world/2013/dec/06/nelson-mandela-aids-south-africa>.
- Boseley, Sarah. "Mbeki AIDS policy 'led to 330,000 deaths.'" *The Guardian*, November 26, 2008. Retrieved from <https://www.theguardian.com/world/2008/nov/27/southafrica-aids-mbeki>.
- Breslow, Jason M. "Nelson Mandela's Mixed Legacy on HIV/AIDS." *PBS: Frontline*, December 6, 2013, accessed September 21, 2016. Retrieved from <http://www.pbs.org/wgbh/frontline/article/nelson-mandelas-mixed-legacy-on-hivaids/>.
- Butler, Anthony. "South Africa's AIDS Policy, 1994-2004: How Can It Be Explained?" *African Affairs* 104 (2005): 591-614.
- Butler, Declan. "South African government rejects AZT Advice." *Nature* 403(2000): 692.
- Caldwell, John C. "Rethinking the African AIDS Epidemic." *Population and Development Review*. 26 (2000): 117-135.
- Campbell, Catherine. "Community Mobilization Supplementary Issue: Political will, traditional leaders and the fight against HIV/AIDS: a South African case study." *AIDS care* 22 (2010): 1637-1643.
- Campbell, Catherine, Morten Skovdal, Claudius Madanhire, Owen Mugurungi, Simon



- Gregson, and Constance Nyamukapa. “‘We the AIDS People...’ How Antiretroviral Therapy Enables Zimbabweans Living with HIV/AIDS to Cope With Stigma.” *American Journal of Public Health* 101 (2011): 1004-1010.
- “Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the Africa.”
- Chigwedere, Pride, George R. Seage, Sofia Gruskin, Tun-Hou Lee, and M. Essex. “Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa.” *Acquired Immune Deficiency Syndrome* 49 (2008): 410-415.
- Chin, James. *The AIDS Pandemic: The Collision of Epidemiology with Political Correctness*. Oxford: Radcliffe Publishing, 2006.
- CNN. Transcript from interview with Barton Gellman. Aired July 11, 2000 at 7:31 a.m. E.T. Retrieved from <http://transcripts.cnn.com/TRANSCRIPTS/0007/11/ee.04.html>.
- Crais, Clifton and Pamela Scully. *Sara Baartman and the Hottentot Venus: A Ghost Story and A Biography*. Princeton: Princeton University Press, 2009.
- Curtis, Tom. “The Origins of AIDS: A Startling New Theory Attempts to Answer the Question ‘Was It an Act of God or an Act of Man?’” *Rolling Stones* 626 (1992): 54-59, 61, 106, and 108.
- Department of International Relations and Cooperation. “Addresses and Speeches by President of South Africa Mr. Jacob Zuma.” Republic of South Africa. Last updated December 8, 2016. <http://www.dirco.gov.za/docs/speeches/jzuma.html>.
- Department of International Relations and Cooperation. “Speeches by the Former Deputy President of South Africa – Mr. KP Motlanthe.” Republic of South Africa. Last updated June 3, 2016. <http://www.dirco.gov.za/docs/speeches/motlanthe.html>.
- Department of International Relations and Cooperation. “Speeches by the Former President of South Africa – Mr. TM Mbeki.” Republic of South Africa. Last updated June 3, 2016 <http://www.dirco.gov.za/docs/speeches/mbeki.htm>.
- Department of International Relations and Cooperation: Nelson Rolihlahla Mandela.

- “Speeches and messages by Nelson Rolihlahla Mandela.” Republic of South Africa [http://www.mandela.gov.za/mandela\\_speeches/index.html](http://www.mandela.gov.za/mandela_speeches/index.html).
- Dugger, Celia. “Study Cites Toll of AIDS Policy in South Africa.” *The New York Times*, November 25, 2008. Retrieved from <http://www.nytimes.com/2008/11/26/world/africa/26aids.html?pagewanted=a&r=0>.
- “Durban Declaration.” *Nature* 406 (2000): 15-16.
- Epstein, Elaine. “The AIDS Rebel.” *State of Denial PBS*, aired September 16, 2003. Retrieved from <http://www.pbs.org/pov/stateofdenial/the-aids-rebel/>.
- Epstein, Helen. *The Invisible Cure*. New York: Picador, 2007.
- Epstein, Helen and Kristen Ashburn. “Why is AIDS Worse in Africa?” *Discover Magazine*, February 05, 2004, accessed August 12, 2016 <http://discovermagazine.com/2004/feb/why-aids-worse-in-africa>.
- Fourie, Pieter. *The Political Management of HIV and AIDS in South Africa: one burden too many?* New York: Palgrave Macmillan, 2006.
- Fredland, Richard A. “A Sea Change in Responding to the AIDS Epidemic: Leadership is Awakened.” *International Relations* 15 (2001): 89-101.
- Gilman, Sander L. “The Hottentot and the Prostitute: Toward an Iconography of Female Sexuality.” In *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness*, 76-108. Ithaca: Cornell University Press, 1985.
- Goldacre, Ben. “The man who sold out medicine.” *WIRED* June 3, 2009. Retrieved from <http://www.wired.co.uk/article/the-man-who-sold-out-medicine>.
- “Government establishes pharmaceutical company.” *SAnews* February 11, 2016. Retrieved from <http://www.sanews.gov.za/south-africa/government-establishes-pharmaceutical-company>.
- Green, Edward C. *Rethinking AIDS prevention: learning from successes in developing countries*. Westport: Praeger Publishers, 2003.
- Green, Edward, Vinand Nantulya, Rand Stoneburner, and John Stover. “What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response.” Edited by Janice A. Hogle. U.S. Agency for International Development. *Project Lessons Learned*, September 2002.

- Gumede, William Mervin. "Thabo Mbeki." *TIME*, April 18 2005, accessed August 3, 2016. Retrieved from [http://content.time.com/time/specials/packages/article/0,28804,1972656\\_197291\\_1973013,00.html](http://content.time.com/time/specials/packages/article/0,28804,1972656_197291_1973013,00.html).
- Gumede, William Mervin. *Thabo Mbeki and the Battle for the Soul of the ANC*. Cape Town: Zebra Press, 2005.
- Halperin, Daniel T. and Helen Epstein. "Why is HIV Prevalence So Severe in Southern Africa?" *The Southern African Journal of HIV Medicine* March (2007): 19-25.
- "HIV/AIDS: not one epidemic but many." *The Lancet* 364 (2004); 1-2.
- "Jacob Zuma breaks taboo disclosing HIV results." *The Telegraph* April 25, 2010. Retrieved from <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/southafrica/7632729/Jacob-Zuma-breaks-taboo-disclosing-HIV-test-results.html>.
- Jewkes, Rachel. "Beyond Stigma: Social Responses to HIV in South Africa." *The Lancet* 368 (2006): 430-431.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). *AIDS by the Numbers: UNAIDS 2016* (Geneva: United Nations, 2016). Available from data.unaids.org.
- Joint United Nations Programme on HIV/AIDS. *How AIDS Changed Everything*, 2015, Geneva.
- Joint United Nations Programme on HIV/AIDS. *The UNAIDS Report*. 1999. UNAIDS 99.29/E, Geneva.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). *AIDS Epidemic Update December 1998*. Available from data.unaids.org.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). *AIDS Epidemic Update December 2004*. (Geneva: United Nations, 2004). Available from data.unaids.org.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). *AIDS Epidemic Update*. (Geneva: United Nations, 2007). UNAIDS/07.27E/JC1322E. Available from data.unaids.org.

- Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). *AIDS Epidemic Update*. (Geneva: United Nations, 2009). UNAIDS/09.36E/JC1700E. Available from data.unaids.org.
- Kaleeba, N., S. Kalibala, M. Kaseje, P. Ssebhanja, S. Anderson, E. Van Praag, G. Tembo, and E. Katabira. "Participatory evaluation of counseling, medical, and social services of the AIDS Support Organisation (TASO) in Uganda." *AIDS Care* 9.1(1997): 13-26.
- Karon, Tony. "Why South African Questions the Link Between HIV and AIDS." *TIME*, April 21, 2000. Retrieved from <http://content.time.com/time/arts/article/0,8599,43510,00.html>.
- Katz, Itamar and Daniel Low-Beer. "Why Has HIV Stabilized in South Africa, Yet Not Declined Further? Age and Sexual Behavior Patterns Among Youth." *Sexually Transmitted Diseases* 35 (2008): 837-842.
- Laurance, Jeremy. "AIDS: the pandemic is officially in decline; UN and World Health Organization hail steep fall in number of new HIV infections UN says sex education programmes are the key to success." *The Independent*, November 25, 2009.
- Lewis, Paul. "U.N. Agencies to Combine Efforts Against AIDS." *The New York Times*, January 23, 1994.
- Livingston, Julie. *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham: Duke University Press, 2012.
- Marris, Martina and Helen Epstein. "Role of concurrency in generalized HIV epidemics." *The Lancet* 378(2011): 1843-1844.
- Maughan-Brown, Brendan, Meredith Evans, and Gavin George. "Sexual Behavior of Men and Women within Age-Disparate Partnerships in South Africa: Implications for Young Women's HIV Risk." *PLoS ONE* 11 (2016): 1-16.
- McGreal, Chris. "How Mbeki Stoked South Africa's AIDS Catastrophe." *The Guardian*, June 11, 2001. Retrieved from <https://www.theguardian.com/world/2001/jun/12/aids.chrismcgreal>.
- Meinert, Lotte. "Regimes of Homework in AIDS Care: Questions of Responsibility and the Imagination of Lives in Uganda," in *Making and Unmaking Public Health in*

- Africa: Ethnographic and Historical Perspectives*, edited by Ruth J. Prince and Rebecca Marsland. Athens: Ohio University Press, 2014.
- Menon-Johansson, Anatole. "Good Governance and Good Health: The Role of Society Structures in the HIV Pandemic." *BMC International Health and Human Rights* 5 (2005): 4.
- Montague, Candace Y.A. "Three Ways Nelson Mandela Fought AIDS." *The Body*, December 6, 2013. Retrieved from [http://www.thebody.com/content/73431/three-ways\\_nelson-mandela-fought-aids.html](http://www.thebody.com/content/73431/three-ways_nelson-mandela-fought-aids.html).
- "More missed chances: President Ronald Reagan leaves tough decisions on AIDS to his successors." *Nature* 334 (1988): 457.
- Morfit, Simon N. "'AIDS is Money': How Donor Preferences Reconfigure Local Realities." *World Development* 39 (2011): 64-76.
- Morris, Kelly. "The effect of HIV/AIDS on international health." *The Lancet* 8 (2008): 468-469.
- Morris, Martina and Mirjam Kretzschmar. "Concurrent partnerships and the spread of HIV." *AIDS* 11(1997): 641-648.
- Museveni, Yoweri. "Think Positively!" *World Health* 51 (1998): 9.
- NACOSA: Collectively Turning the Tide on HIV, AIDS, and TB. "About." Last modified 2016 <http://www.nacosa.org.za/about/>.
- Natrass, Nicoli. "Poverty, Sex, and HIV." *AIDS Behavior* 13 (2009): 833-840.
- Nelson Mandela Foundation. "Dialogue and Advocacy." Accessed October 9, 2016. <https://www.nelsonmandela.org/landing/life-and-times>.
- "New President will fight AIDS with science." *The Scotsman*, September 25, 2008. Retrieved from [http://www.scotsman.com/news/new-president-will-fight-aids-with-science\\_1-1134736](http://www.scotsman.com/news/new-president-will-fight-aids-with-science_1-1134736).
- Office of the Presidency. "President Jacob Zuma welcomes delegates to the International AIDS Conference." South African Government, July 17, 2016. Retrieved from [http://www.gov.za/speeches/president-jacob-zuma\\_welcomes\\_delegatesinternational-aids-conference-17-jul-2016-0000](http://www.gov.za/speeches/president-jacob-zuma_welcomes_delegatesinternational-aids-conference-17-jul-2016-0000).

- Oliveira-Cruz, V., J. Kowalski, and B. McPake. “The Brazilian HIV/AIDS “success story” – can others do it?” *Tropical Medicine and International Health* 9 (2004): 292-297.
- Operation Phakisa, “Operation Phakisa and the ideal clinic realization and maintenance lab,” Department of Planning, Monitoring, and Evaluation Republic of South Africa. <http://www.operationphakisa.gov.za/operations/healthlab/pages/default.aspx>.
- Parkhurst, Justin O. “The Ugandan success story? Evidence and claims of HIV-1 prevention.” *The Lancet* 360 (2002): 78-80.
- Parkhurst, Justin O. “The Crisis of AIDS and the Politics of Response: The Case of Uganda.” *International Relations* 15 (2001): 69-87.
- Parkhurst, Justin O. and Louisiana Lush. “The political environment of HIV: lessons from comparison of Uganda and South Africa.” *Social Science and Medicine* 59 (2004): 1913-1924.
- Phoolcharoen, Witmut. “HIV/AIDS Prevention in Thailand: Success and Challenges.” *Science* 280 (1998): 1873-1874.
- Piot, Peter. “Why AIDS is Exceptional.” Speech given at the London School of Economics, 2005.
- Piot, Peter, Robert Greener, and Sarah Russell. “Squaring the Circle: AIDS, Poverty, and Human Development.” *PLoS Medicine* 4 (2007): 1571-1575.
- Pisani, Elizabeth. “Sex, drugs, and HIV – let’s get rational.” TED Talk, *TED2010*, Long Beach, February 2010.
- Pisani, Elizabeth. *The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS*. London: Granta Books, 2008.
- Prince, Ruth J. “Navigating ‘Global Health’ in and East African City,” in *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*, edited by Ruth J. Prince and Rebecca Marsland. Athens: Ohio University Press, 2014.
- Prince, Ruth J. “Situating Health and the Public in Africa: Historical and Anthropological Perspectives,” in *Making and Unmaking Public Health in*

- Africa: Ethnographic and Historical Perspectives*, edited by Ruth J. Prince and Rebecca Marsland. Athens: Ohio University Press, 2014.
- Republic of South Africa. "Speeches." Accessed November 27, 2016. <http://www.gov.za/speeches>.
- SAinfo reporter. "My son died of AIDS: Mandela." *SouthAfrica.info* Retrieved from <http://www.southafrica.info/mandela/mandela-son.htm#.WAFlyLwrLu1>.
- SAinfo reporter. "Nkosi Johnson's enduring legacy." *SouthAfrica.info* November 30, 2012. Retrieved from <http://www.southafrica.info/about/health/nkosi-johnson011205.htm#ixzz2NWF97uen>.
- Schneider, Helen. "On the fault-line: the politics of AIDS policy in contemporary South Africa." *African Studies* 61 (2002): 145-167.
- Schneider, Helen and Didier Fassin. "Denial and defiance: a socio-political analysis of AIDS in South Africa." *AIDS* 16 (2002): S45-S51.
- Schneider, Helen and Joanne Stein. "Implementing AIDS policy in post-apartheid South Africa." *Social Science and Medicine* 52 (2001): 723-731.
- Sheckels, Theodore. "The Rhetoric of Thabo Mbeki on HIV/AIDS: Strategic Scapegoating." *Howard Journal of Communications* 15 (2004): 69-82.
- Shelton, James D., Michael M. Cassell, and Jacob Adetunji. "Is poverty or wealth at the root of HIV?" *The Lancet* 366(2005): 1057-1058.
- Shiffman, Jeremy. "Has donor prioritization of HIV/AIDS displaced aid for other health issues?" *Health Policy and Planning* 23 (2008): 95
- Sidley, Pat "Mbeki appoints team to look at cause of AIDS." *British Medical Journal*, 320 (2000): 1291. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1127296/>.
- Skosana, Ina. "New state-run pharmaceutical company to produce ARVs by 2019." *Bhekisisa: Center for Health Journalism* February 17, 2016. Retrieved from <http://bhekisisa.org/article/2016-02-17-new-state-run-pharmaceutical-company-to-produce-arvs-by-2019>.
- Slutkin, Gary, Sam Okware, Warren Naamara, Don Sutherland, Donna Flanagan, Michel Caraël, Erik Blas, Paul Delay, Daniel Tarantola. "How Uganda Reversed Its HIV Epidemic." *AIDS Behavior* 10 (2006): 351-361.

- “South Africa’s President Jacob Zuma – a profile.” *BBC News* April 1, 2016. Retrieved from <http://www.bbc.com/news/world-africa-17450447>.
- Specter, Michael. “The Denialists: the dangerous attacks on the consensus about HIV and AIDS.” *The New Yorker*, March 12, 2007. Retrieved from <http://www.newyorker.com/magazine/2007/03/12/the-denialists>.
- Staff Reporter. “Ministry refuses anti-HIV drug discount.” *Mail & Guardian*, May 7, 1999, accessed August 3, 2016. Retrieved from <http://mg.co.za/article/1999-05-07ministry-refuses-anti-hiv-drug-discount>.
- Stevenson, Rachel. “Kgalema Motlanthe elected as South African president.” *The Guardian*, September 25, 2008. Retrieved from <https://www.theguardian.com/world/2008/sep/25/southafrica.mbeki1>.
- Stillwaggon, Eileen. *AIDS and the Ecology of Poverty*. Oxford: Oxford University Press, 2005.
- Stoneburner, Rand L. and Daniel Low-Beer. “Population-Level HIV Declines and Behavioral Risk Avoidance in Uganda.” *Science* 403(2004): 714-718.
- Swarns, Rachel. “South Africa in a Furor Over Advice About AIDS.” *The New York Times*, March 19, 2000. Retrieved from <http://www.nytimes.com/2000/03/19/world/south-africa-in-a-furor-over-advice-about-aids.html>.
- Taylor, Ian. “The HIV/AIDS Pandemic in Botswana: Implications for the ‘African Miracle,’” in *The Political Economy of AIDS in Africa*, edited by Nana K. Poku and Alan Whiteside. Burlington: Ashgate Publishing Company, 2004.
- The World Bank: The International Bank for Reconstruction and Development. “Confronting AIDS: Public Priorities in a Global Epidemic.” New York: Oxford University Press, 1997.
- Thompkins, Gwen. “AIDS Crisis Politicized in South Africa as Graves Fill.” *NPR Morning Edition*, September 19, 2007. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=14370270>.
- Timse, Tabelo. “Zuma reveals his HIV status.” *Mail and Guardian* April 26, 2010. Retrieved from <http://mg.co.za/article/2010-04-26-zuma-reveals-his-hiv-status>.



- Tumushabe, Joseph. "The Politics of HIV/AIDS in Uganda." *United Nations Research Institute for Social Development. Social Policy and Development Programme Paper Number 28*, 2006.
- UNAIDS. *AIDS Epidemic Update December 2005*. Geneva 05.19E.
- "U.S. and 37 Other Press U.N. to Unify Battle Against AIDS." *New York Times*, May 12, 1993.
- Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. Malden: Polity Press, 2007. Kindle Edition.
- Webb, Douglas. "Legitimate Actors? The Future Roles for NGOs Against HIV/AIDS in Sub-Saharan Africa," in *The Political Economy of AIDS in Africa*, edited by Nana K. Poku and Alan Whiteside. Burlington: Ashgate Publishing Company, 2004.
- Were, Beatrice. "The destructive strings of U.S. aid." *The New York Times*, December 15, 2005, accessed August 3, 2016. Retrieved from [http://www.nytimes.com/2005/12/15/opinion/the-destructive-strings-of-us-aid.html?\\_r=0](http://www.nytimes.com/2005/12/15/opinion/the-destructive-strings-of-us-aid.html?_r=0).
- Whiteside, Alan. "Responding to AIDS in Crisis Situations," in *The Political Economy of AIDS in Africa*, edited by Nana K. Poku and Alan Whiteside. Burlington: Ashgate Publishing Company, 2004.
- Whiteside, Alan, Robert Mattes, Samantha Willan, and Ryann Manning. "What People Really Believe About HIV/AIDS in Southern Africa," in *The Political Economy of AIDS in Africa*, edited by Nana K. Poku and Alan Whiteside. Burlington: Ashgate Publishing Company, 2004.
- Wilkinson, Kate. "Has Jacob Zuma hurt the fight against HIV/AIDS more than Thabo Mbeki?" *AfricaCheck* September 23, 2014. Retrieved from <https://africacheck.org/reports/has-jacob-zuma-hurt-the-fight-against-aids-more-than-mbeki/>.
- Wilson, Sven. "Does Health Aid Reduce Mortality?" *AidData.org Brief 6: Health Aid Effectiveness*, 1-4.
- World Bank. *Confronting AIDS: Public Priorities in a Global Epidemic*. Revised Edition. New York: Oxford University Press, 1999.

Zietz, Paul. "Lessons from South Africa's experience of HIV/AIDS." *The Lancet* 370 (2007): 19-20.

## Appendix A: Nelson Mandela Speech Catalog

Speech	Date	Audience/Occasion	Topic	Length (in word count)	"AIDS" or "HIV" mentions	Notes
94.06.1	6/16/94	Address on Soweto uprising anniversary	Recovery from apartheid	2,209	1	AIDS connected to youth issues, police violence, and reconciliation
94.08.2	8/18/94	President's Budget Debate	Reconstruction & Development	3,915	1	Connected to reconstruction issues
94.09.3	9/17/94	ANC Rally in Namaqualand	Reconstruction & Development	1,165	1	Brief mention among other social problems
94.09.4	9/17/94	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE
94.12.5	12/1/94	Message by the President on World AIDS Day	AIDS	372	13	Emphasis on family and youth; no mention of sexual behavior or high risk groups
95.12.1	12/1/95	Message by the President on World AIDS Day on Facebook	AIDS	434	12	Emphasis on working together, unity, and responsibility of the community
95.12.2	12/7/95	Address to COSAS at Wits University	Education under reconstruction programs	1,122	1	Connected AIDS to youth problems
96.02.1	2/9/96	Address to the opening of Parliament in Cape Town	State of the nation	6,468	2	Connects AIDS to hindrance of peace and reconstruction
97.02.1	2/3/97	Address at the World Economic Forum Session on HIV/AIDS	AIDS	1,114	18	Considered a turning point in Mandela's approach to AIDS; no mention of transmission
97.02.2	2/7/97	Address at the opening of Parliament	State of the nation	6,131	1	Mentions UNAIDS and references Sarafina II
97.05.3	5/27/97	State banquet for President Yoweri Museveni of Uganda	Museveni's work	714	1	Commends Museveni for his work on HIV/AIDS
97.07.4	7/4/97	Sponsors of his birthday for children with life threatening diseases	Children's diseases	736	8	Emphasis on care, compassion, and love; connect HIV/AIDS in children with sexual abuse and exploitation
97.07.5	7/11/97	Lecture at Oxford	Islamic studies connection to Africa	3,665	1	Mentions AIDS along with poverty, ecological disease, and underdevelopment
97.08.6	8/31/97	Message to Her Majesty Queen Elizabeth II	Condolences on the death of Princess Diana	168	1	Mentions the Princess's work with HIV positive children

97.12.7	12/16/97	Report on the 50th anniversary of the ANC	ANC and politics	23,821	1	Mentions HIV/AIDS in a list of various social and economic issues
98.07.1	7/16/98	Mandela's 80th birthday party at Kruger National Park	Children's issues	928	1	Refers to HIV/AIDS as a "struggle"
98.08.2	8/7/98	Address at the National Council of Provinces	Local government involvement and responsibility	3,316	3	Calls "AIDS" a "killer," says we are not doing enough, connects HIV/AIDS with growing orphan population
98.09.3	9/2/98	Address at the convention for Non-Aligned Countries in Durban	Development, peace, violence	3,300	1	Calls AIDS violent, uses the term "which kills"
98.09.4	9/21/98	Address at the 53rd session of the United Nations General Assembly in New York City	Global wealth disparity	2,541	1	Connects AIDS to an issue faced by the Global South and lacking resources
98.10.5	10/13/98	Address on Rural anti-poverty program	Peace and progress	1,384	1	Mentions the launch of the Partnership Against "AIDS"
98.10.6	10/14/98	Address on the Municipal Infrastructure Programme in the Free State	Government capacity	1,272	1	Connects HIV/AIDS to "challenges" and "working together"
98.10.7	10/22/98	Opening address at Morals Summit	National religious forum, progress, reconstruction	1,252	1	Mentions the Partnership Against "AIDS"
98.10.8	10/26/98	36th annual world boxing convention	Reconstruction	713	1	Invites WBC to use its voice to help combat AIDS
98.10.9	10/30/98	Address of the President at Jobs Summit	Social problems	709	1	Mentions Partnership Against "AIDS," says we must "join hands," calls AIDS a "challenge"
98.11.10	11/26/98	Foreign Correspondence Association	Unity and interdependence	1,377	1	Mentions Partnership Against "AIDS" and calls for "sectorial alliances"
98.12.11	12/1/98	World AIDS Day at Mtubatuba	AIDS	1,143	26	Piot present, stresses breaking the silence, urges all sectors of the community to get involved, turning point on addressing sexual transmission
98.12.12	12/13/98	50th Anniversary of the World Council of Churches	Human rights	1,391	1	Says South Africa has the highest HIV incidence in the world, connects HIV/AIDS to poverty, disease,

						and development
98.12.13	12/31/98	New Year's Message	Progress	419	1	Mentions Partnership Against "AIDS" and civil society
99.01.1	1/29/99	Address at the World Economic Forum	Global economic development	2,105	2	Mentions Partnership Against "AIDS" and Mbeki's leadership
99.02.2	2/5/99	Opening of Parliament	Socio-economic change and reconciliation	6,933	2	Mentions HIV/AIDS in line with youth programs and Condom Week, mentions AIDS Awareness Camp
99.03.3	3/3/99	President's Budget Debate	Political allocation of resources	1,498	4	Mentions AIDS as an exception to avoiding specific issues because of its severity, connects HIV/AIDS to pregnant mothers, mentions Partnership Against "AIDS"
99.03.4	3/8/99	Welcoming the "On the Right Track" train	AIDS	543	13	Urges society to break silence and stigma, connects HIV/AIDS with undermining development progress, calls for grassroots movements
99.03.5	3/27/99	African Renaissance Festival in Durban	African Renaissance, reconstruction, and peace	953	2	Mentions efforts and the Partnership Against "AIDS"
99.04.6	4/27/99	Freedom Day Utmata	Progress and development	1,599	3	Mentions Partnership Against "AIDS," calls for breaking silence, calls AIDS a "scourge," connects HIV/AIDS to prejudice and calls for action from all sectors of society
99.04.7	4/30/99	Accepting Honorary Doctorate in Moscow	Legacy of apartheid on education	969	1	Connects AIDS to legacy of oppression, calls AIDS a "scourge" and "challenge"
99.04.8	4/30/99	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE
99.05.9	5/3/99	National Assembly of Hungary	Cooperation and conflict	987	1	Lists HIV/AIDS among weaknesses and problems

## Appendix B: Thabo Mbeki Speech Catalog

Speech	Date	Audience/Occasion	Topic	Length (in word count)	"AIDS" or "HIV" mentions	Notes
99.06.1	6/16/99	Inauguration	Progress of South Africa	UNKNOWN	1	Said, "There can be no moment of relaxation while the number of those affected by HIV-AIDS continue to expand at an alarming rate."
99.06.2	6/25/99	Opening of Parliament	Matters of State	5,596	4	Calls to intensify government efforts to "confront the scourge of HIV/AIDS," calls for renewed strength to partnerships, ensure education campaigns are leading to behavior change, and provide support to victims, especially orphans. Announces the President's Award for Community Initiative to a group that worked on HIV/AIDS
99.07.3	7/4/99	Southern Africa World Economic Forum	Southern African development		2	HIV/AIDS contextualized as a social problem, along with landmines, crime, and corruption, then again as a social problem, along with crime and corruption that the region will address in terms of budget.
99.08.4	8/9/99	National Women's Day	Women's rights and gender equality, abuse and violence	777	3	Says women are affected the worst by the "scourge" of HIV/ AIDS. Also again calls for intensifying efforts against AIDS, ensuring public education programs are effective, and increasing support of victims and orphans.
99.09.5	9/10/99	Opening of 7th All Africa Games	Youth issues		1	Mentions wanting development for youth to create a sound mind in a sound body, which means we need to work against the "scourge" of HIV/AIDS

99.09.6	9/23/99	Address at Non-Aligned Movement at UN in NY	Global power inequality, development issues	1,451	1	Listed among poverty, drug abuse, transnational crime, famine, terrorism, environmental degradation, landmines, proliferation of small arms, violence, and crime. As threats facing the people.
99.10.7	10/11/99	Launch of African Renaissance Institute Pretoria	Legacy of colonialism, peace, security, democracy	2,544	1	"Confront the scourge of AIDS"
99.10.8	10/28/99	Address to National Council of Provinces, Cape Town	Reconstruction and social ills	2,325	2	Mentions along with rape/violence as barriers to a humane and caring society. Calls it "scourge of AIDS." Says AZT is a threat to health, as evidenced by research available on the Internet and legal cases pending in the UK and US that the drug is harmful to health.
99.11.9	11/9/99	Address at Commonwealth Business Forum, Johannesburg	Global inequality, development	1,532	1	Mentions alongside malaria, TB, clean water, and environmental protection as responsibilities the government has to its people.
99.11.10	11/19/99	Millennium Debate at Joint Houses of Parliament Cape Town	Development, African Renaissance, African marginalization	2,893	1	Mentioned alongside poverty, TB, malaria, and violent crime
99.12.11	12/1/99	World AIDS Day	AIDS	884	16	Calls for condom usage, says young people are worst affected, AIDS is a barrier to African Renaissance, calls for collective global effort, welcomes community initiatives
99.12.12	12/6/99	Biennial Meeting of the Association for the Development of Education in Africa Johannesburg	Development, education, legacy of African oppression	1,454	1	Says it is an area of concern that requires urgent attention. The Education for All and the ADEA meetings will be working on it
99.12.13	12/31/99	New Years TV and Radio Message	Peace and Development for Africa	761	1	Mentioned as the "AIDS epidemic," which many Africans fall victim to, along with other diseases and poverty

00.01.1	1/11/00	Statement at the Centenary Synod of the Ethiopian Episcopal Church	African history and development		1	We must work together as a united front to combat AIDS, TB, malaria, and sexually transmitted disease that take away so many African lives
00.02.2	2/4/00	Opening of Parliament	State of the Nation	6,091	7	Once as "National AIDS Council" once as "international AIDS Conference," and once as "Partnership Against AIDS," two are mentioned as a part of a quote of racism from a former white mine worker, and the last two say that the Ministry of Health is working on it and we should strengthen our anti-AIDS education
00.02.3	2/10/00	Response to the Debate on the State of the Nation Address, National Assembly Cape Town	Racism and social divide	2,011	1	Mentioned as part of a national agenda that calls for the efforts of all people
00.02.4	2/27/00	Opening of the Phoenix Settlement	Racism, apartheid, inequality, development		1	A clinic, along with an HIV/AIDS clinic and a youth center has been constructed in the Phoenix development - a fact that Mbeki says makes it a shining example.
00.03.5	3/31/00	Toast at Banquet for President Alpha Omar Konare of Mali	Collective African development	669	1	Mentioned alongside malaria, TB, and STDs as public health issues whose resources are diverted
00.04.6	4/4/00	Africa-EU Summit		2,300	1	Says a fight against poverty is also a fight against AIDS, malaria, TB, and STDs
00.05.7	5/5/00	Opening of Zimbabwe Trade Fair	African Development	2,476	1	Calls to enhance cooperation in the health field, including AIDS, malaria, TB, and STDS



00.05.8	5/6/00	First Meeting of the Presidential Advisory Panel on AIDS	AIDS		22	<p>Questions the jump from HIV affecting homosexual populations only, in both Africa and the West, to what it is at present day and questions mainstream scientific ideas about HIV, transmission, and the HIV-AIDS connection.</p> <p>Addresses head-on the fact that people have questioned his actions and suggests people opposed to his methods of searching for answers are betraying the people. Does not downplay the millions of lives lost, but asks why the same treatment is not given to other sexually transmitted diseases. Contains elements of exceptionalism, saying we must respond to the catastrophe with something other than routine.</p>
00.05.9	5/22/00	Remarks at the beginning of U.S. visit	Global inequality, African development		1	<p>Says we require collective action to address human threats such as underdevelopment, poverty, diseases like AIDS, TB, and malaria, violent conflicts, and wars.</p>
00.05.10	5/23/00	Oliver Tambo lecture at Georgetown University	Oliver Tambo's life, African history and development		1	<p>Calls AIDS a "frightening incidence" and wraps it in context of hopeless lack of infrastructure for water, education, health, and underdevelopment, which results in lack of ability to generate capital for growth.</p>
00.05.11	5/23/00	Address at Howard University	African history, renaissance, empowerment		1	<p>Says as a continent "we are no longer vulnerable to curable diseases" and find ways to reverse the "debilitating trend" of diseases like TB, malaria, and AIDS</p>

00.06.12	6/16/00	Speech at Youth Conference on Nation Building	Youth issues and nation building		2	Quotes a journalist who made a statement about the transmission of HIV in South Africa due to cultural norms that allow for rape to be endemic and spurred by men's attitudes towards women. Mbeki lashes out at the undertones of racism, and mentions that the journalist is pushing for AZT for rape victims. Mbeki contextualizes the entrenched racism as something youth need to find ways to combat, since no one, black or white, is a natural and original carrier of HIV when they are born.
00.07.13	7/9/00	Speech at the Opening Session of the 13th Annual AIDS conference	AIDS		25	Calls poverty the world's biggest killer and asks that all opinions about AIDS be heard; calls for international cooperation but mentions global inequity, the developing world as oppressed by the north. Openly addresses accusations to his government and claims they have not ignored the problem. Calls for ARV research, but not implementation.
00.07.14	7/12/00	Keynote Address to National General Council			1	He says the nation will continue to inspire the world by becoming a "winning nation" despite people from their own country trying to paint the nation in poor light, including having the highest AIDS rate in the world - so is he denying this is true?
00.08.15	8/11/00	Oliver Tambo Lecture- second National Institute for Economic Policy			1	This is the speech where Mbeki attacks a white politician who criticized him for wanting to find African solutions to problems, even if it meant denying facts about AIDS in favor of snake oil and

						quackery - Mbeki attacks the individual as a racist and his comments as racism, but does not address the actual AIDS issue other than to say that black medicine is more than just superstition.
00.10.16	10/24/00	Notes for an address to the annual convention of the South African Chamber of Commerce	Peace and stability, development		1	Calls HIV a health challenge, and says we should do what we can to impact people's lives positively
00.10.17	10/25/00	Notes of an address to the Christian World Community	African Peace and Conflict		1	AIDS is mentioned along with health issues, military coups in Ivory Coast, war in Congo and Angola, as obstacles to overcome across Africa.
00.11.18	11/7/00	110th Annual General Meeting of Chamber of Mines	South African history, racism, social divide, and development		1	HIV/AIDS mentioned as part of the struggle against poverty.
00.12.19	12/7/00	Conclusion of Local Government Elections, Pretoria	ANC Victory and platforms	1,192	1	Says the elections show people have elected for the available of health care to all, including a victory over poverty, malaria, TB, STDs, cholera, malnutrition, and AIDS
00.12.20	12/14/00	Address at the University of the State Bahia Brazil		2,542	1	References AIDS as a legacy of the "Slave Ship" alongside TB, Malaria
01.01.1	1/9/01	Address at working visit of Prime Minister Yoshiro Mori of Japan	Transnational relations, peace in Africa		1	Mentioned as part of a list of assistance and support received from Japan - assists in combating HIV/AIDS
01.02.2	2/9/01	Opening of Parliament	State of the Nation	6,689	2	Mentioned as part of targeted action from the social sector program, along with housing, water, sanitation, health, pension payouts, household food security, nutrition, poverty alleviation, Home Affairs services, education, sports, culture.

01.03.3	3/14/01	Response to Parliamentary Questions at National Assembly		2,862	7	He is asked if he is going to declare AIDS a state of emergency so that South Africa can obtain cheaper, generic drugs under WTO protocol and he says it isn't necessary
01.06.4	6/13/01	Speech at Glasgow Caledonian University Scotland	Poverty, development, social programs	3,167	1	Says we need to use technology to create a society that not only increases wealth, but tackles poverty, in which it will also tackle preventable diseases like AIDS, Malaria, and TB AMONGST THE POOR
01.06.5	6/13/01	Address at Scottish Parliament	Scottish influence in Africa, development	2,239	1	Mentioned in the context of poverty, where millions of Africans are prevented from reaching their full potential by HIV/AIDS, TB, Malaria, and other diseases
01.06.6	6/21/01	Speech at the Occasion of the Consideration of the Budget of the Presidency	State of the Nation, fiscal priorities	5,001	1	Mentioned as an infectious disease and an "urgent matter" that the government must attend to
01.10.7	10/2/01	Speech at United Nations University	African history, international relations, peace, development, inequality		1	HIV/AIDS contextualized as a public health issue along with TB, malaria, and communicable diseases
01.10.8	10/31/01	Address on Joint Sitting of National Assembly and National Council on New Partnership for Africa's Development	African development	3,364	1	In context of human programs, says we need a "multipronged" strategy for communicable diseases like AIDS, TB, and malaria
01.11.9	11/10/01	56th Debate of UN General Assembly, New York	Global peace, security, and cooperation	1,871	1	Mentioned in context of the Global Fund, along with TB and Malaria
01.11.10	11/19/01	Address at National Health Summit	Health in Africa, poverty, development	2,678	1	Says like the rest of Africa, South Africa is plagued by diseases associated with development and poverty like Malaria and TB

01.12.11	12/11/01	Address at Tsinghua University in Beijing	Transnational cooperation, human development	3,684	1	In context of poverty and human development, says the Human Resources Development initiative includes a multi-pronged approach to communicable diseases like AIDS, TB, and malaria
01.12.12	12/28/01	New Years Message	African peace, development, and cooperation	1,193	1	Mentioned in particular in the context of continued health programs; goes on to talk about the continued left and corruption within the health system making it more difficult to carry out the tasks.
02.01.1	1/6/02	Occasion of Year 90 of ANC	State of South Africa		1	Says the country is seen as synonymous with AIDS because of poverty and underdevelopment, and lack of health infrastructure necessary to combat it.
02.02.2	2/8/02	State of the Nation Address, Joint Houses of Parliament	State of the Nation	8,219	11	Saying an effective AIDS campaign is a neglected pillar, along with the fact that HIV/AIDS overshadows some of the other progress happening in the country.. Another, he says particular attention will be devoted to health, including AIDS. Says government attention towards AIDS is aimed at 1) prevention campaigns where awareness turns to behavior change, 2) care for those affected, 3) treatment for AIDS and other diseases, and 4) research into vaccine. Says poverty reduction and nutrition are important components of the plan.
02.03.3	3/8/02	Address at Presidential Sports Awards	Social and economic development and sports		1	Says sports can heighten HIV/AIDS awareness between addressing and supporting other social and economic development causes.

02.05.4	5/13/02	Address at University of Oslo	New Partnership, African development and cooperation	3,739	1	Mentioned in the context of education, technical training, food security, and adequate health services especially AIDS, malaria, TB, and other communicable diseases
02.06.5	6/16/02	National Youth Day Celebrations	Youth issues, African legacy	1,582	1	Says youth must be active participants in the community, caring for those who are aged, disabled, and suffering from HIV/AIDS
02.06.6	6/18/02	Occasion of the Budget Vote of the Presidency	State of the Nation, poverty and development, social programs	5,533	2	Commend National Youth Committee for their work helping those afflicted with HIV/AIDS, calls health, including AIDS, a central matter to governance.
02.07.7	7/9/02	Launch of the African Union	African history, development, legacy of oppression and racism	1,652	1	In the context of TB and malaria as a poverty and underdevelopment issue.
02.09.8	9/12/02	UN General Assembly, New York	African development, global inequality	1,519	1	Context of human resources development and capacity building, "communicable diseases" like AIDS, malaria, and TB
02.12.9	12/16/02	Address at the Opening of the 51st National Conference of the ANC	State of the Nation		2	Says poverty, TB, AIDS, and infectious disease reflect racial bias and imbalance. Also comments on the movement to end poverty and underdevelopment, which includes TB, AIDS, and malaria along with other infectious diseases.
02.12.10	12/20/02	Closing of the 51st National Conference of ANC	State of Nation		1	Contextualized with TB, malaria, and overall health. Mentioned in a list of things that the ANC has successfully set policies for.
03.02.1	2/14/03	State of Nation Address	State of Nation	9,493	1	Seems to mention TB as the number one killer, but does not draw the connection to AIDS - calls for improve government implementation of programs in

						cooperation with SANAC, including implementing decisions of Constitutional Court
03.02.2	2/24/03	Opening of The XIII Summit Conference of the Non-Aligned Movement	Globalization, African development	1,864	1	Mentioned under reference to global inequality, as African's had to rely on international aid even while contending with burden of disease, like AIDS, which causes suffering and death
03.03.4	3/11/03	National Assembly of Botswana, Gaborone	African history, cooperation, development	3,047	1	Calls for cooperation and sharing to address disease like AIDS that affect this [southern] region as well as the rest of the continent
03.04.5	4/27/03	Freedom Day	South African development	2,147	2	Freedom day intensified health directives, which strengthen programs for AIDS, TB, and malaria. Says government will continue to implement its plans, but calls on all people to act responsibly and respond to call to be abstinent, remain faithful, and use a condom.
03.05.6	5/5/03	Responses to Questions from MPs in the National Assembly	Social development, local government, bureaucracy		2	Says that we need to fight poverty and the impact of HIV/AIDS, which is why the National Development agency transferred to the Department of Social Development
03.06.7	6/16/03	Youth Day Rally, Witbank	Youth issues, social programs, crime and violence	2,350	1	Continue the struggle for the development of our youth, free from AIDS
03.06.8	6/18/03	Budget Vote Speech, Cape Town	State of the Nation	4,924	1	Says the Deputy President will speak about the issues the Presidency deals with, including AIDS
03.07.9	7/8/03	Conference of the South African Christian Leaders Assembly	Social challenges, legacy of racism and apartheid		1	Says AIDS is a challenge reflective of South Africa's past - including housing shortages, crime, poverty and illnesses such as AIDS and TB.

03.09.10	9/19/03	National Council of Provinces	Democracy, heritage, media relations	1,840	1	Acknowledging health care workers who provide excellent care, especially to those with AIDS (Batho Pele-People)
03.09.11	9/29/03	Speech at Tacad III Summit	Transnational cooperation, platform issues	910	1	Health as a priority issue, of which AIDS, TB, and malaria are big components
03.12.12	12/1/03	Opening of General Assembly of the World Veterans Foundation	Peace and security, African stability	1,497	1	Says it is World AIDS Day, which reminds us of the lack of health and incidence of poverty in Africa and around the world, connects to access to clean water, calls AIDS a "Syndrome"
03.12.13	12/2/03	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE	DUPLICATE
04.02.1	2/6/04	State of Nation Address	State of Nation	6,588	1	Burden of disease, including AIDS, continues to impact the country
04.02.2	2/11/04	Response to Debate on the State of the Nation Address	State of the Nation, debate, national divide	3,404	1	Issues everyone can agree are problems, including poverty, unemployment, crime, health including AIDS, education, training, economic growth, development, housing corruption.
04.04.3	4/16/04	Statement at election victory of ANC party	State of the Nation, ANC		1	Says that people have voted for the ANC because they are confident the party will address the struggle against crime, diseases such as AIDS, TB, malaria, diabetes, and others, and the abuse of children, women, and the elderly
04.05.3	5/21/04	State of Nation Address to Parliament	State of the nation, social programs, development, etc.	5,558	1	Promoting better health programs, Comprehensive Plan on HIV and AIDS to create 113 facilities and treat 53,000 people, and to strengthen the Khomanani home based care program
04.06.4	6/23/04	The 2004 Budget Vote	State of the nation, etc.		2	Part of South African National AIDS Council and Partnership Against AIDS. Says the government has emphasized care and support for AIDS



						victims ("those afflicted") through the partnership and continues to pool together resources and programs for a united response. Encourages all sectors to be involved in developing programs and sharing information.
04.06.5	6/24/04	Response to the Debate on the Presidency Budget Vote No 1	State of the Nation, poverty alleviation	2,579	1	Seems like a random comment, but says the Minister of Health will respond to the proposal to make AIDS a notifiable disease at the appropriate time
04.06.6	6/27/04	Nehawu 7th National Congress			1	Contextualized within poverty and the need to provide basic healthcare. Says TB, malaria, AIDS, malnutrition, diabetes, and cholera, compounded by lack of resources, affect quality of life.
04.09.7	9/29/04	National Conference South African Local Government Association			1	Quotes Prime Minister Tony Blair and interprets it as the British Labour Party's intention to confront and breakdown legacies of apartheid and oppression.
04.11.8	11/4/04	Association of Commonwealth Universities/Mandela-Rhodes Foundation and Africa Leadership Award			1	Quotes declaration issued by the Association of African Universities that states its efforts to target poverty, hunger, and disease. With respect to HIV/AIDS in particular, which universities should be at the forefront of in terms of education and research, and acknowledges the solution might be in Africa.
04.12.9	12/8/04	Official opening of Nelson Mandela Academic Hospital			1	Speaking about the need to address the health needs of the country, AIDS is among a list of other diseases and illnesses.

05.02.1	2/11/05	Address at the Second Joint Sitting of the Third Democratic Parliament Cape Town		8,934	2	Will continue addressing health by promotion of healthy lifestyle, increased focus on AIDS, TB, and malaria, and increase standard of living amongst the poorest; special mention of AIDS says government program is among best in the world, combining awareness, treatment, and home-based care with vigor.
05.02.2	2/2/05	Conference at Association of African Universities		3,444	1	Context of peace, democracy, higher education, and diseases of poverty
05.02.3	2/24/05	Hellenic Foundation for European and Foreign Policy King George Hotel Athens	Global power relations, global inequality, African development and economic issues	3,222	1	Along with TB, malaria, AIDS, mobilization for affordable drugs
05.04.4	4/21/05	26th Singapore Lecture - "Africa's Season of Hope: the Dawn of a new Africa-Asia partnership" in Singapore	History of racism in Africa, legacies of colonialism, development, transnational partnership	4,674	1	Mentions that the NEPAD (New partnership for African Development) is working towards critical development issues: telecommunications, water, energy, transport infrastructure, and Human resources development, which includes health and communicable diseases, which include AIDS and affordable drugs, though does not say specifically AIDS drugs.
05.08.5	8/15/05	Opening of the 3rd COSATU Central Committee Meeting			1	Quoting the alliance program of action, which aims to reduce incidence of TB, diabetes, malnutrition, maternal death, turn the tide against HIV/AIDS, and increase overall health.
05.12.6	12/1/05	Joint Sitting of Parliament, Brazzaville, Republic of Congo	African security, development, cooperation, and conservation	3,010	2	Between a paragraph talking about women's rights and a paragraph talking about poverty, says today is World AIDS

						Day and calls to recommit to address health issues like AIDS, TB, malaria, malnutrition "and so on."
06.02.1	2/3/06	State of the Nation Address	State of the Nation	7,866	1	In context of health infrastructure, saying the Operational Plan for Comprehensive Prevention, Treatment, and Care of HIV and AIDS resulted in upgraded facilities, over 100,000 receiving ARV therapy, and that South Africa has one of the largest ARV treatment programs in the world, counting the private sector.
06.04.2	4/1/06	Inaugural Lecture of Parliamentary Millennium Project	Global relations and the history of the "other" in Africa, global Africanisms	5,090	1	Quote from Michael Radu's "Does Africa Exist" which Mbeki calls "Afro-pessimism"; Radu says Africa has endemic issues of "tribalism, corruption, genocide, failing states, poverty, and HIV/AIDS."
06.06.3	6/16/06	Commemoration of the 30th Anniversary of the 1976 Youth Uprisings, Johannesburg	Youth issues, development	2,486	1	Asking youth to address modern challenges of poverty, unemployment, drug use, AIDS and other diseases, illiteracy, women and child abuse, and other issues that make life difficult for youth
07.02.1	2/9/07	State of the Nation Address	State of the Nation	7,823	2	Says government will intensify their campaign against HIV/AIDS and improve implementation, including prevention and home based care, and to strengthen partnerships to work on finalizing the AIDS plan soon.
07.06.2	6/1/07	Press comments by Mbeki and Tony Blair	South Africa/British relations and partnership	3,647	3	All three mentions are from Tony Blaire
07.06.3	6/12/07	Budget Vote of the Presidency	State of the nation, development	5,197	2	Once, says Deputy President will speak about the National AIDS Council; working on Home and Community

						Based Care especially HIV/AIDS
07.08.4	8/9/07	Women's Day Celebrations	Women's issues	2,111	1	Says the family unit needs to take an active role in education girls about teenage pregnancy, safe sex, and AIDS
07.12.5	12/16/07	52nd National Conference			1	Commends the Governments Comprehensive Plan to Combat HIV and AIDS and says there are more than 300,000 patients on ARVs.
08.02.1	2/8/08	State of the Nation Address	State of the nation	7,320	1	Says the goal to provide health to all means intensified implementation of National Strategic Plan Against HIV and AIDS
08.02.2	2/22/08	Annual Opening of National House of Traditional Leaders			1	Says the NHTL must continue to uphold sound morals and ethical practices, assisting government to raise awareness about challenges such as crime and HIV/AIDS
08.04.3	4/2/08	Response to Debate of the National House of Traditional Leaders			1	Commends the NHTL for its health work, including HIV/AIDS
08.06.4	6/11/08	Presidency budget vote			1	Says the Deputy President will address matters concerning a number of subjects and programs, including the South African National AIDS Council
08.06.5	6/12/08	Response to the Debate on the Presidency budget vote			1	Says there are students visiting from California present to interact with other students, street children, and those afflicted by HIV/AIDS
08.06.2	6/16/08	Youth Day Celebrations	Youth issues	1,962	1	Calling on youth (Young Lions) to maintain a healthy lifestyle, including practicing safe sex to prevent sexual infections and AIDS
08.08.3	8/16/08	26th Ordinary SADC Summit of Heads of State of Government	Infrastructure development, trade, social development	1,930	1	Says health is one of the biggest challenges of the region, including AIDS, TB, and malaria



## Appendix C: Kgalema Motlanthe and Jacob Zuma Speech Catalog

Speech	Date	Audience/Occasion	Topic	Length (in word count)	Number of times "AIDS" or "HIV" appears	Notes
08.09.1	9/28/08	Address to the Nation	Assuming the presidency	1,706	1	"To turn the tide against HIV and AIDS" as a part of the 2004 mandate
09.02.1	2/6/09	State of the Nation Address	South African social and economic politics	7,564	2	"HIV impacts most severely on young women" in context of rural unemployment and violence against women and children; saying that research into HIV suggests a decline in infection rates. Also cites the ARV program, saying it is largest in the world and continues to grow, with 690,000 people receiving drugs. Although says that health facilities lack supplies, staffing, running water, and appropriate medicines.
09.06.1	6/3/09	State of Nation Address	South African social and economic politics	4,730	3	"Scourge of HIV and AIDS," addressing inequalities in health care facilities, calls for improvement to implementation of the Comprehensive Plan to reduce infection rate by 50% by 2011, wants to reach 80% of those who need ARVs by 2011
09.06.2	6/9/09	Response to Debate on State of Nation Address	South African politics	2,921	4	Government action to create jobs that support social services for victims of HIV/AIDS, received criticism for not saying enough about HIV/AIDS, says government is committed to full implementation of the AIDS plan.

09.06.3	6/24/09	Budget Vote	Economics and social programs	3,641	2	Commends South African National AIDS Council (SANAC) and says that the fight against HIV/AIDS needs a strengthening of function and capacity, based on shared interests and partnerships.
09.07.4	7/18/09	Nelson Mandela Day	Nelson Mandela, apartheid, history, government support of social services	1,683	1	Acknowledging the phenomenon where elderly members of households resume position as head and care for grandchildren after their children succumb to HIV/AIDS
09.07.5	7/29/09	Youth Leaders Summit	Youth issues	1,481	1	Cites risky behaviors in youth that lead to HIV/AIDS and calls on leaders to set appropriate examples for youth.
09.08.6	8/9/09	53rd anniversary of Women's march to Union Buildings	Women's issues, apartheid legacy	2,306	1	Shortage of medicines at health facilities, and inability to access medicines at affordable prices, especially HIV and AIDS drugs
09.08.7	8/14/09	Progressive Women's Dinner	Women's rights, history	1,720	1	"We do not want mothers and fathers to have to bury their own children, cut down in their prime by HIV and AIDS and through manifestations of sexual violence and crime."
09.09.8	9/10/09	Dinner in honor of Prime Minister Fredrik Reinfeldt of Sweden	Partnership, human rights	683	1	Mentions Sweden and South Africa partnered to combat HIV and AIDS
09.10.9	10/29/09	Address to National Council of Provinces	Economic and social issues, government partnerships, HIV/AIDS	2363	18	Says despite their internationally recognized AIDS program, they are still not winning, everyone needs to understand they are at risk, everyone needs to know their status and break down stigma, etc.

09.10.10	10/29/09	National Teaching Awards gala	Education	1,252	2	Called on teachers to be open about the disease in the classroom, etc. in order for every individual to do their part in addressing HIV/AIDS and reach infection rate goals.
09.11.11	11/12/09	Question and Answer	South African politics	3,040	1	HIV/AIDS as a barrier to intra-African trade and economic prosperity that is preventing the AU from reaching its full potential
09.12.12	12/1/09	World AIDS Day	AIDS	1689	34	
09.12.13	12/10/09	Closing of 16 Days of Activism Campaign, No Violence Against Women and Children	Women's rights, gender equality, child abuse, violence	1,744	4	Link between sexual violence and HIV, abuse experienced by persons with disabilities, Cites government programs that allow a rape survivor to request compulsory HIV test for their perpetrators, says as the government they should make sure all rape survivors have access to ARVS. (This is all dependent on the victim taking action)
09.12.14	12/22/09	Funeral of Tshabalala-Msimang	Life and legacy	1768	9	Defends Manto and celebrates her achievements in creating a national AIDS program, rolling out ARV programs, and correctly addressing nutrition as a part of prevention and treatment
10.02.1	2/11/10	State of Nation	South African politics	4390	4	Low life expectancy, focus on immunization programs and reinstatement of health programs in schools, treatment, and prevention
10.02.2	2/16/10	Response to Debate on State of Nation Address	South African politics	3,805	1	Treatment and prevention program implementation, especially for youth and children.



10.03.3	3/5/10	Address at SA-UK Business Forum	Trade, investment, political partnership	2114	2	In context of bolstering health infrastructure as part of joint plan, focus on treatment and prevention, noted that government will change protocol for testing and beginning ARVs, citing another R8.4 billion allocated
10.03.4	3/24/10	Questions for Oral Reply National Assembly	Politics	3,213	1	UK reaffirmed commitment to partner with SA to decrease HIV infection by half and pledged 25 million pounds for prevention programs, largely aimed at MTCT
10.04.5	4/25/10	Launch of Government's HIV/AIDS Prevention and treatment program	AIDS	1733	40	Specific rollout of program based on CD4 level, prevention measures, etc.
10.04.6	4/27/10	Freedom Day Celebrations	Apartheid, legacy of oppression and racism	2,008	3	Encourages everyone to get tested and adjust their lifestyle accordingly, calls to end stigma and shame
10.05.7	5/8/10	Address at Tourism Indaba Opening ceremony	Tourism	1,316	2	Announcing Football of Hope campaign to establish centers for sports and education youth about HIV/AIDS
10.05.8	5/12/10	Presidency Budget Vote	Economics, South African politics	4,029	3	In context of treatment and prevention programs, revitalization of healthcare system, and testing campaign.
10.05.9	5/27/10	Replies for National Assembly	Politics	2,870	7	In context of bolstering healthcare system, speaks about treatment and prevention programs, ARV for pregnant women at 14 weeks and for co-infected with TB, merging of TB and HIV treatment and prevention, establishment of largest Home counseling program,

10.06.10	6/7/10	50th anniversary of Ingquza Hill Massacre	History of apartheid, oppression	1,767	1	Says youth are worst affected by HIV/AIDS and we need to bolster programs to protect them and women and children
10.06.11	6/25/10	Statement on behalf of AU on Maternal Health	Maternal health, MDG	659	2	Says child and maternal mortality are preventable, and therefore unacceptable, speaks in context of greater primary healthcare for mothers and children, including reproductive health, family planning, nutrition, resources for rural communities, speaks about 2015 MDG goals
10.08.12	8/9/10	National Women's Day Celebrations	Women's issues and rights	2609	4	In context of maternal health, mentions the new gel that can prevent HIV infection and ongoing treatment and prevention programs for mothers and children
10.08.13	8/12/10	Address to Parliament in Kingdom of Lesotho	Bilateral relations, economic benefits	2111	1	In context of education, specifically primary education. Says education reduces risk of a number of social ills, including HIV/AIDS
10.10.14	10/5/10	Welcome remarks on occasion of state visit by President of Botswana	Bilateral relations	642	1	In context of poverty, job creation, and human resource development as shared challenges to work on
10.12.15	12/2/10	Remarks at State Banquet in honor of president of Zambia	Bilateral relations and growth	1,437	2	Mentions shared challenge of HIV and fight against AIDS, says yesterday was World AIDS Day and promotes testing through awareness, treatment, and prevention
10.12.16	12/3/10	International Day of Persons with Disabilities	Violence, abuse, education, unemployment	1,084	4	Says HIV/AIDS programs need to include persons with disabilities, mentions counseling program

10.12.17	10/13/10	17th Festival of Youth and Students	Youth issues	1923	1	Asks youth to pay attention to their health to prevent diseases which are preventable today, including HIV and Malaria
10.12.18	10/31/10	New Years Message	Economic growth, healthcare, infrastructure, etc.	739	1	Thanks everyone for compliments about new HIV/AIDs prevention and treatment programs, acknowledges need for increased medicines and supplies to hospitals and clinics
11.02.1	2/10/11	State of the Nation Address	South African politics, social issues, economic growth	5,229	3	In context of health infrastructure, maternal care, STI, teenage pregnancy, says SA has revitalized prevention programs, including male circumcision, MTCT, and testing, saying over 5 million tests have been done since April when the program was launched
11.04.2	4/5/11	Address at the National Nursing Summit	Healthcare and government services	2,662	12	Says we experience most deaths due to HIV and TB, reminds of the goals to increase life expectancy and reduce MTCT, acknowledges the burden of AIDS on the health system and commends the role of nurses in circumcision, MTCT, testing, and general awareness, notes the government programs involving ARVS to pregnant women and co-infected with TB patients, etc.
11.04.3	4/16/11	Eulogy for Judge President of KwaZulu-Natal Division	Celebration of life, democratic principles, etc.	1632	1	Says the judge chaired the Board of Umngeni AIDS Centre

11.06.4	6/14/11	Budget Vote	Economic issues, fiscal, etc.	4903	9	Says Deputies will further highlight AIDS programs, says there is encouraging news about AIDS - that MTCT rate dropped 3.5% in all districts except for two, commends South Africans for answering to the call for campaigns, but reminds everyone not to relax now.
11.06.5	6/15/11	Response to Budget Debate	Fiscal policy, political criticism	2,753	5	Reminds everyone of continued effort needed for developing an AIDS plan for 2012-2016, commends everyone for international recognition of AIDS programs
11.10.6	10/3/11	Address on progress made since State of the Nation Business Breakfast	Progress of the state	1952	5	In context of healthcare, commends work and progress but reminds everyone there is more to do, says that 14.7 million people have been tested for HIV as a part of the national Testing and Counseling program
11.10.7	10/24/11	Oliver Tambo Memorial Lecture Series Inaugural Address	Oliver Tambo's life, leadership, apartheid	2601	1	Mentions launch of Oliver and Adelaide Tambo Foundation which focuses on socio-economic development including prevention of HIV/AIDS
11.11.8	11/8/11	5th National Congress of the Federation of Unions of South Africa	Government cooperation, job creation, socio-economic development	1484	1	Used as an example of where social dialogue has been successful
11.11.9	11/19/11	Farewell Gala Dinner in honor of Bishop Ivan Abrahams	Cooperation with faith-based organizations, legacies of apartheid and justice	1872	1	Commending the church for its role in HIV/AIDS

11.12.10	12/1/11	World AIDS Day and launch of National Strategic Plan	AIDS	1949	45	Specific goals and details of the national plan, speaks openly about progress in ceasing fighting over AIDS, speaks about the past of fear, denial, and stigma, addresses areas of progress and makes specific calls for action for the future, names specific demographics of people, etc.
12.02.1	2/9/12	State of the Nation Address	Growth, politics, social services	5296	2	Congratulates the success of South African National AIDS Council and Deputy President, calls for accelerated prevention efforts
12.03.2	3/21/12	Commemoration of National Human Rights Day	Human rights, economic growth, socio-economic problems	2478	2	Announces 29 hospitals and clinics in rural and urban areas under construction and 17 more in planning phase that will include HIV/AIDS programs
12.03.3	3/31/12	100 Year Celebration Conference of the Women's Organization of United Congregational Church of SA	History of the church, of women's rights, of colonial oppression	2165	1	Listed among poverty, inequality, unemployment, women and child abuse, (called a "scourge") as societal ills that continue that women must take action against
12.05.4	5/25/12	Opening Remarks at Opening Session of Global African Diaspora Summit	Diaspora, cooperation, African unity, Africa in global relations	1253	1	In context of writing a new narrative for Africa, including an end to HIV/AIDS and other preventable diseases
12.05.5	5/26/12	Keynote address at South African Hindu Maha Sabha centenary banquet	History of Indian relations, Indian issues	1355	1	Acknowledges role of faith-based sector in fight against HIV/AIDS, women and child abuse, and promoting unity and reconciliation
12.05.6	5/30/12	Presidency Budget Vote	Current events, fiscal policy, improvement of life	4389	5	In context of healthcare review, says 1.7 million people receive treatment, largest in the world, and 15 million have been tested

12.07.7	7/6/12	Second National Conference of Progressive Women's Movement of South Africa	Women's rights and issues	2729	1	Says the problems with the healthcare system are exacerbated by HIV/AIDs and results in increased maternal and child mortality, which the government is currently addressing
12.08.8	8/3/12	Address to Heads of Missions/Ambassadors and High Commissioners accredited to South Africa	International cooperation, economic growth,	2588	4	Commending strides in testing and MTCT programs, cites specific stats
12.08.9	8/9/12	National Women's Day	Women's issues, rights, health, violence, abuse	3579	7	Announces strides in women's health, citing universal access to ARVs for pregnant HIV women, babies born to HIV women, and anyone with CD4 count less or equal to 350, announces goal of 2.5 million SA's on ARVS by 2014, says MTCT rate dropped from 8% to 2.7% from 2008 to 2011, testing program resulted in increase from 55% tested in 2009 to 64% in 2012, priority health program targets increasing life expectancy
12.08.10	8/15/12	Handover of National Development Plan during joint sitting of National Assembly and National Council of Provinces	Poverty, inequality, development	2908	1	Said he is encouraged by proposals to improve health, especially HIV/AIDs and other diseases
12.08.11	8/16/12	Nonprofit Organizations Summit	History of nonprofit cooperation, justice, social issues	1869	2	Acknowledges role of nonprofits in helping to address HIV/AIDs
12.09.12	9/8/12	Eulogy for Sister Bernard Ncube	Social justice and cohesion, Sister Ncube's work, struggle for freedom and democracy, relations with the church	1464	1	Vocalizes his appreciation for the support of the faith-based and non-government community in promoting social causes like HIV/AIDs

12.09.13	9/18/12	Conference on the EU's Innovation for Poverty Alleviation programme on South Africa	Poverty, development, global inequality	1209	1	Talks about South Africa's focus on innovations related to neglected diseases, including HIV/AIDS and smartphones, pharmaceuticals and nanotechnology, etc.
12.09.14	9/25/12	67th Debate of General Assembly	History of apartheid, international cooperation, peace and conflict	2210	1	In context of MDGs
12.09.15	9/30/12	International Day of Older Persons	Social role of older persons	1335	2	Acknowledging the role of grandmothers in particular in providing care for households affected by HIV/AIDs before government programs increased access to treatment
12.10.16	10/11/12	Launch of School Health Program	Health education in schools	1493	7	States as fact that young people are at risk for HIV and explains the programs for education that will be implemented in schools including testing and counseling, in context of sexual and reproductive health education in one-on-one sessions with school nurses
12.12.17	12/28/12	Christmas Party for Older Persons	Commemorating role of older persons in society	883	2	Same thing as before in appreciating the role of grandmothers in AIDs care
13.1.1	1/27/13	High Level Event for Campaign for Accelerated Reduction of Maternal Mortality in Africa	Child and maternal health, life expectancy in Africa, HIV/AIDS	776	15	Crucial role of targeting HIV/AIDS in preventing child and maternal mortality in Africa. Strong language
13.2.2	2/14/13	State of Nation Address	South African politics, social concerns, socio-economic problems, development and growth	5709	4	Asks that we not become complacent in light of successes in healthcare. Integration of HIV and TB services, and research on HIV antibodies

13.3.3	3/2/13	Bongi Ngema-Zuma Foundation's sponsor dinner	Healthcare and diabetes, diseases	1368	3	Context of broader health concerns and addressing comprehensive needs
13.3.4	3/7/13	Opening of National House of Traditional leaders	Role of traditional leaders in social and economic growth	3322	1	Impact on family life, the triple challenge of poverty, inequality, and unemployment
13.3.5	3/11/13	Commonwealth Day	Innovation and development, youth	917	1	Specific challenges impacting youth including HIV/AIDSs, unemployment, and crime
13.5.6	5/23/13	Debate on National House of Traditional Leaders	History of oppression of blacks, cooperation, development	2400	1	Mentions HIV/AIDS circumcision in context of traditional circumcisions that are still killing children undergoing rituals
13.5.7	5/26/13	AIDS Watch Africa Heads of State Luncheon	HIV/AIDS reproductive health	1723	27	Access to medicines, TB and HIV merging, burden of disease, international and continental cooperation and support
13.06.8	6/16/13	National Youth Day	Youth issues, crime, unemployment, education, health	3025	1	Mentions the "zest" with which the community fights HIV/AIDSs today as needed to fight alcohol and drug abuse in youth
13.06.9	6/29/13	State Banquet in honor of US President Obama	Bilateral relations, economic growth, trade, investment	856	1	Issues a thanks for US support of HIV/AIDS programs through PEPFAR
13.08.10	8/1/13	African Union International Conference on maternal, newborn, and child health	Prenatal, antenatal, maternal care, health, HIV	1546	13	Target dates for MDGs, specific outline for AU level programs, CARMMA,
13.08.11	8/9/13	National Women's Day	Women's liberation, rights, health	2632	5	Commends the reduction in MTCT and women as 65% of the individuals HIV tested since the launch of the testing program, also recognizes Charlize Theron for her HIV/AIDS work among youth and mothers



13.08.12	8/22/13	12th National Congress of South African Clothing and Textile Workers Union	Economy, trade, industry	2142	2	Congratulates the industry on their HIV/AIDS programs that provide care and do not discriminate
13.09.13	9/3/13	Meeting with editors, bureau chiefs, political editors	Cross-sector cooperation, growth, development	1379	4	Commends the cooperation across sectors that led to the turnaround in the fight against HIV/AIDS
13.09.14	9/29/13	National Older Persons Luncheon	Role of older persons in society, social support	1866	3	Expressing gratitude that government AIDS programs are reducing burden on older persons
13.12.15	12/10/13	Memorial Service for Nelson Mandela	Life of Mandela	2309	1	Mentions Mandela's leadership on AIDS in office and in retirement
14.01.1	1/16/14	Opening of Ngidini Primary School	Education and youth	1138	1	Mentions children being taught the prevention of serious infections, including HIV
14.02.2	2/13/14	State of the Nation Address	State of nation	5642	8	Signifies HIV/AIDS as an achievement, commended by UNAIDS, mentions ARV programs, testing, MTCT rates, life expectancy increase, target being 4.6 million people on ARV for next administration, commends Charlize Theron for her work
14.02.3	2/27/14	Opening of National House of Traditional Leaders	Role of traditional leaders in social and economic growth and cooperation	2533	3	Says SA is a model due to their cooperation and hard work to promote treatment, prevent infection, and fight stigma, and commends them for their joint summit next month
14.03.4	3/2/14	Inaugural Presidential Youth Jobs and Skills Indaba	Youth development and issues	2638	4	Urges not to become complacent in face of success, SA are living longer, there is more testing and awareness and less stigma, etc.

14.03.5	3/11/14	Release of 20 Year Review	History of SA	2533	3	Mentions HIV epidemic as a challenge to democracy, that was turned around and resulted in longer life, lower maternal and child mortality, lower TB mortality, and international acclaim
14.03.6	3/12/14	Opening of National House of Traditional Leaders	Leadership, economic development	1510	4	Says he is encouraged that Traditional Leaders will assume HIV/AIDS ambassador responsibilities to tackle prevention and stigma, especially among youth, despite awareness campaigns and ARV programs
14.03.7	3/21/14	National Human Rights Day	Human rights, apartheid, development and growth	2463	6	Says HIV/AIDS is one of the best stories of the last 5 years, improving life and ARV accessibility, prevention of MTCT, testing, says SA will expand male circumcision and testing programs
14.03.8	3/24/14	Opening of De Hoop Dam	Development and progress	2044	2	Says he is proud that SA are living longer and healthier, due to success of HIV/AIDS programs, decreasing MTCT by 66% and increasing life expectancy
14.04.9	4/27/14	Freedom Day Celebrations	History of freedom and democracy	3089	4	Thousands are on ARVs, millions have been tested, and thousands saved by prevention of MTCT but calls for no complacency and for there to be 0 new infections
14.06.10	6/17/14	State of Nation Address	State of nation	4553	2	Says to expand HIV programs by expanding prevention communication campaigns
14.07.11	7/23/14	Budget Vote	Fiscal policy and development	3346	2	Mentions role of Deputy President and SANAC

14.08.12	8/9/14	National Women's Day	Women's issues	3131	4	Announces expansion of care to lifelong ARVs for all HIV pregnant women, and all persons at CD4 count 500 to increase life expectancy
14.08.13	8/15/14	National Interfaith Thanksgiving Ceremony	Role of religious leaders in social issues	1530	2	Acknowledges role of religious leaders in social issues like AIDS, substance abuse, violence against women and children, and creating partnerships
14.09.14	9/2/14	Opening of Harry Surtie Hospital	Health infrastructure and improvements	1378	7	Commends HIV/AIDS work and goals including MTCT and life expectancy, encourages continued prevention campaigns and mentions ABC model
14.10.15	10/17/14	Dinner for African First Ladies Peace Mission	African peace and solutions	531	1	Commends advocacy around HIV teen pregnancy, health issues, cancer, education
14.11.16	11/6/14	National Council of Provinces	Growth and achievements	2817	4	Commends HIV/AIDS work in context of achieving MDGs, garnered positive response from UNAIDS and increase life and longevity
14.12.17	12/1/14	South African Sports Confederation and Olympic Committee	Role of sports in liberation and development	1255	4	Says encouraging results in AIDS programs since 2009 but says there is still work to be done and encourages the sports community to continue participating in prevention and awareness
15.02.1	2/12/15	State of Nation Address	state of nation	5052	1	Says in the fight against the "scourge" of HIV/AIDS the state-owned pharm company Ketlaphela will provide ARVs to DoH

15.02.2	2/19/15	Response to Debate on State of nation address	Rebuilding post-apartheid, development	3906	4	In context of an accomplishment for the praise of the AIDS program, 67% reduction in MTCT, 20 million people tested, 2.7 million on ARV, 3,590 clinics offering treatment as opposed to 490 in 2/2010, stigma is being eradicated, and other health measures increasing
15.02.3	2/25/15	Warriors for Cancer Walk	Health challenges and government services	847	2	Wants cancer care and needs not to be seen in isolation but dovetailed with other existing services
15.03.4	3/5/15	Opening at National House of Traditional Leaders	Economic growth	3021	4	Commends work of traditional leaders with AIDS, says we achieve because we work together, says that they have visited some of the worst affected areas, participated in road shows for awareness, and signed onto a pledge with the Ministry of Health and SANAC to intensify their role
15.05.5	5/26/15	Budget Vote	Fiscal policy and economic growth, government programs	3473	3	Says drug use contributes to escalation of other conditions like HIV, hepatitis, and TB, in context of Operation Phakisa to bolster healthcare
15.08.6	8/9/15	National Women's Day	Women's issues, rights	2726	10	Mentions the UN report on reaching the MDG on AIDs ahead of schedule with 15 million on ARV, says SA was one of the countries to turn the tide of their epidemic, increased life expectancy from 51 in 2005 to 61 in 2014 on the tail of massive increase of ARV access, reduced new infections by 20%, of 15 million living with AIDS, 3.4 million are in SA

15.08.7	8/11/15	Presentation of credentials by new heads of missions accredited to SA	Reconstruction and development, SA's role in global governance	1125	3	Mentions increase in provision of health care as demonstrated by the UN report
15.09.8	9/27/15	70th Session of UN GA	Inequality, economic exclusion	952	1	In context of maternal and child mortality decline and MDGs, says AIDS programs have saved thousands of lives
15.11.9	11/25/15	Campaign for 16 Days for No Violence Against Women and Children	Violence, abuse, women's issues, children's issues	1896	1	Says sexual abuse of children can lead to spread of HIV, lost childhoods, education abandonment, physical and emotional problems
15.12.10	12/17/15	Christmas party for orphans and elderly	Serving vulnerable members of the community	896	2	Says due to HIV and other problems, we have a large number of orphans, but due to some of the successes of AIDS programs and increased life expectancy we have a larger proportion of older persons
16.02.1	2/11/16	State of Nation Address	State of Nation		3	Increased life expectancy due to health initiatives, including AIDS programs due to turnaround and massive rollout in 2009, commends work and partnerships of SANAC, says next step is revitalized prevention program among youth, mentions Ketrhaphela
16.03.2	3/18/16	COSAS Learn Without Fear Rally	Violence in schools, youth issues, politics	1492	1	In context of sexual health and abstinence for youth especially in schools
16.04.3	4/27/16	Freedom Day Celebrations	History of SA, Political justice	2737	1	Mentions SA are living healthier and longer lives, including those with HIV/AIDS who have free medicine
16.04.4	4/28/16	National Orders Awards Ceremony	Improved conditions in SA	2206	2	Order of Baobab award to Prof Helen Rees for her work with children and maternal health including HIV, founding Reproductive

						Health and HIV Institute of University of Witwatersrand
16.05.5	5/4/16	Presidency Budget Vote	Fiscal policy, government services	3657	3	Mentioning pride in hosting AIDS Conference in Durban and reflecting on AIDS progress since 2009
16.06.6	6/1/16	International Children's Day	Children's issue	1837	2	Healthier children due to 2009 AIDS programs, where children are on free ARVs
16.06.7	6/16/16	Youth Day	Youth issues	3375	1	Mavuso as impacting HIV/AIDS efforts dangerously