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Does failure of political will matter in the HIV/Aids fight in Africa?

As the world celebrates World Aids Day today, its prudent to review the fight against the scourge. Since the start of 21st Century, HIV/Aids has increasingly been labelled as an "African disease". The specter of HIV/Aids whenever mentioned invariably points in the direction of Africa probably because of prohibitive, almost unbelievable statistics on HIV/Aids. According to UNAIDS, since the epidemic began, more than 60 million people have been infected with the virus.

It is the fourth biggest killer worldwide with estimates of 28.1 million infected souls in Africa. If we believe the figures provided by Un-aids, the UN organisation that has assumed a hegemonic role with regards to HIV/Aids, then it will impact significantly on our socio-economic development and poverty alleviation. The epidemic feeds on existing economic and social problems and unleashes untold misery on millions of lives.

Africa entered the "HIV/Aids war" late. Nevertheless, by the end of the 20th Century, it had assumed control of the proceedings. The first HIV/Aids cases were identified among homosexuals in the United States in 1981. It was believed myopically as a 'Western disease' and throughout the 1980s, Africa stayed relatively quiet and a mere spectator while the "HIV/Aids war" raged on. The epidemic took a U-turn in the 1990s when suddenly, Aids became a "clear and present danger" to a majority of African nations south of the Sahara. By the time the

11th International Conference on Aids and STDs in Africa was launched in 1999, the World Bank was already claiming that the damage Aids had done, was incalculable, but mostly blamed on lack of political will on the part of African governments. Political will, another of those illusive words that often emanates from Western knowledge of development problems, has become a buzzword of the 21st Century. The Joint United Nations Programme on Aids has as its "holy creed"; the imperative of strong political will backed by concerted multi-sectoral effort as representing a panacea for HIV prevention in Africa.

However, the concern here has often been a stance of denial or alternatively, official acknowledgement of the need for an Aids policy coupled with a persistent failure to accept the depth of the crisis, much less to follow through on construction of a comprehensive policy. It is as if, having officially conceded the presence of HIV/Aids, governments then go about their business-fighting wars briefly put, Africa's response to the HIV/Aids pandemic has been phlegmatic.

However, one cannot ignore the dynamics of political economy and poverty of this problem on this continent. While there is no shortage of academic texts on the poverty of political will and democratic governance in Africa, the question is: Does the failure of political will matter? The answer is yes and no. Yes, because it is governments that must

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formulate national plans, manage large-scale programmes and coordinate efforts of NGOs and CBOs to make responses to HIV effective. There exists the need for governments to take charge of providing basic needs, which ensures a decent living standard crucial for preventive campaigns. Yet, this has to be considered in context.

Africa entered the 21st Century financially indebted, technologically backward, poor and the only continent experiencing negative economic growth. Under such distressing climate and the already limited role of the state as a result of Structural Adjustment Policies imposed by the IMF/World Bank, it seems almost impossible to shoulder the onus of responsibility expected when it comes to HIV/Aids. This can be likened to the analogy of, "the soul is willing, but the body is weak". Thus the validity and efficacy of such an approach is not without its critics.

Political will is but one part of a giant HIV jigsaw puzzle, but often the other parts of the jigsaw puzzle become 'sacred cows' that

cannot be slaughtered only left out in the analysis of Africa. Yet to understand the problem, we cannot discount the importance that debt servicing and its attendant problems pose to the governments. The debt problems have a historical setting and are entrenched in global market forces unleashed by the so-called "Washington consensus". Political will is important, but we must not forget that majority of countries faced with HIV/Aids threats are ill equipped due to poor economies, poverty and malnutrition which are deeply embedded in the dynamics of international political economy.

Therefore, the hypocrisy of donors must be called into question given their articulation of the huge gap in funding measures to combat the Aids crisis compared to the relatively paucity of their own contributions and the tendency for what is offered to be bound up in conditionalities, which merely exacerbate the situation. Debt is a drain on the ability of countries to direct resources to health needs.

Our Debt servicing is nearly 5 per cent of GDP, 15 per cent of export revenue. If 50 per cent of debt were cancelled, the funds would be used to mitigate HIV/Aids effects. Therefore, debt relief offers a window of hope to rehabilitate infrastructure for the delivery of both HIV/Aids prevention and mitigation in Africa where poverty creates a conducive environment for its spread. The increasing financial insecurity and vulnerability that poverty breeds and exists in many female-headed households makes "transactional" sex a "rational" means of making ends meet. Women entrenched in poverty are limited in their ability to make healthy choices when it comes to adopting prevention methods. While most prevention campaigns are premised on an equal distribution of power in sexual relationships, the reality is that low economic and social status of women in most parts of Africa implies that even when women have the intention and self-efficacy to adopt the use of condoms in sexual activities for instance, they cannot because it is men who hold the economic and social power.

Mr Okwaro is an analyst with Gravio Africa.
okwaro.consult@gmail.com