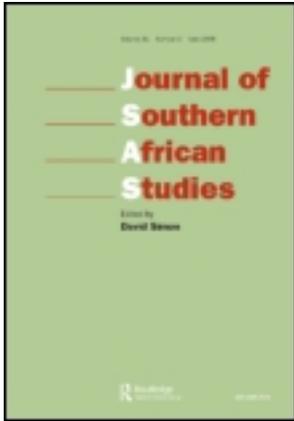


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Journal of Southern African Studies

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/cjss20>

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Available online: 11 Nov 2011

To cite this article: Eduard Grebe (2011): The Treatment Action Campaign's Struggle for AIDS Treatment in South Africa: Coalition-building Through Networks, *Journal of Southern African Studies*, 37:4, 849-868

To link to this article: <http://dx.doi.org/10.1080/03057070.2011.608271>

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*The Treatment Action Campaign's Struggle for AIDS Treatment in South Africa: Coalition-building Through Networks**

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The Treatment Action Campaign (TAC), South Africa's – and probably the world's – most prominent AIDS activist movement, emerged in the context of state-supported AIDS denialism and government resistance to evidence-based responses such as antiretroviral treatment. TAC's forceful campaigns against denialism and in favour of the provision of antiretroviral drugs are widely lauded and even credited with the dramatic policy turnaround in South Africa. This study draws on extensive interviews with TAC leaders and members to provide a detailed historical narrative of the emergence and impact of TAC, while employing a range of theoretical approaches to help explain its influence. It describes how TAC's founders drew on their experiences and networks from the anti-apartheid struggle to build the movement and construct new local and international support networks in order to gain influence. It concludes that TAC succeeded in leveraging 'networks of influence' (which also included scientists, bureaucrats and politicians) to contribute to the formation of a moral consensus on treatment access and the construction of an inclusive coalition that pursued policy change.

Introduction and Background

Judging by the prominence it later attained, it is hard to believe that the Treatment Action Campaign (TAC) was founded by a small group of friends in 1998. It is now widely considered the most important AIDS activist organisation in the world and certainly the most successful of South Africa's post-apartheid social movements.¹ This article provides an account of TAC's origins and its efforts to build a coalition around the moral salience of access to AIDS treatment. In order to build a coalition capable of challenging the power of multinational pharmaceutical companies and the intransigence of the South African government, TAC's founders drew on their experiences and networks from the anti-apartheid struggle and built an extensive transnational support network. My main contribution is to trace these old and new networks and show their significance for TAC's influence on AIDS policy in South Africa.

During the first five years of its existence, TAC came to embody the demand for access to antiretroviral drugs by poor South Africans. The fact that AIDS policy was highly politicised and hotly contested is perhaps not surprising, given then-President Thabo Mbeki's public questioning of conventional AIDS science and his government's resistance to using

*The author would like to acknowledge the contribution of Professor Nicoli Nattrass and the anonymous JSAS reviewers, who provided insightful comments on earlier drafts of this article. The research was funded through a generous grant from the aids2031 initiative (see <http://www.aids2031.org>).

1 S. Friedman and S. Mottiar, 'Seeking the High Ground: The Treatment Action Campaign and the Politics of Morality', in R. Ballard, A. Habib and I. Valodia (eds), *Voices of Protest: Social Movements in Post-Apartheid South Africa* (Durban, University of KwaZulu-Natal Press, 2006), p. 24.

antiretrovirals for either prevention or treatment. The scale of the human tragedy raised the temperature of public debate to a level not reached by 'everyday' political issues, and the moral imperative of an issue that is literally one of life or death emboldened social actors who may not otherwise have taken a stand.

Mbeki started publicly questioning the viral aetiology of AIDS, as well as the safety and efficacy of proven antiretroviral treatment, shortly after assuming the presidency in 1999. He had been in contact with a number of notorious AIDS dissidents and later established a Presidential AIDS Advisory Panel, inviting roughly equal numbers of conventional scientists and dissidents, even though the latter are seen as an insignificant fringe movement in AIDS science. The Minister of Health, Manto Tshabalala-Msimang, became his staunch ally in battles with activists and the medical and scientific establishments and promoted nutritional and other alternatives to scientifically tested medicines. Against the advice of South African and international clinicians and public health experts, the Mbeki government refused to implement a prevention of mother-to-child transmission (PMTCT) programme² until compelled to do so by the country's highest court in a case brought by the Treatment Action Campaign. South Africa came to be seen as the prime example of 'bad' political leadership with respect to AIDS during a period when policy was driven by 'AIDS denialism'.³

The cabinet finally decided to implement a national antiretroviral treatment programme in 2003 after a protracted struggle by activists. While this policy change cannot be attributed solely to TAC's campaign, the organisation is nevertheless widely credited with helping to shape the public debate and generating substantial pressure on the state, without which the change may have come much later. It did so despite being a small and young movement facing powerful vested interests and adversaries, notably the state and multinational pharmaceutical companies.

While mainly offering a historical narrative of the emergence and influence of TAC, I also draw on a range of theoretical approaches to explain its apparent success. The main theoretical anchor points are the ideas of 'transnational networks of influence'⁴ and of 'coalitions' in support of AIDS treatment access,⁵ both discussed extensively elsewhere. Both ideas are useful in illuminating the processes by which South African AIDS activists gained influence, framed the question of AIDS treatment politically and morally and helped generate the pressure that forced a change in policy. This includes the mobilisation of influence, both through narrow activist networks and broader networks in which a diverse set of actors participated, among them local and international activists, AIDS scientists and clinicians, individuals within allied civil society organisations, members of the South African political élite, as well as individuals within state institutions. This 'networks and coalitions' approach also serves to emphasise the inherently transnational character of both the policy context within which TAC operated (involving international organisations, multinational companies and a global epidemic) and the ways in which it mobilised.⁶

2 Administering a short course of one or more antiretroviral drugs can substantially reduce the risk of vertical transmission of HIV from a mother to her child. The simplest (though not most effective) PMTCT regimen involves a single dose of Nevirapine to the mother before, and to the infant after, delivery, which reduces the rate of transmission by about half. Other regimens are more complex but also more effective.

3 Detailed accounts of AIDS denialism and its consequences in South Africa can be found in two excellent books: N. Nattrass, *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* (Durban, University of KwaZulu-Natal Press, 2007) and N. Geffen, *Debunking Delusions: The Inside Story of the Treatment Action Campaign* (Johannesburg, Jacana, 2010).

4 E. Grebe, 'Networks of Influence: A Theoretical Review and Proposed Approach to AIDS Treatment Activism' (CSSR Working Paper 218, Centre for Social Science Research, University of Cape Town, July 2008).

5 E. Grebe, 'Leaders, Networks and Coalitions in the AIDS Response: A Comparison of Uganda and South Africa' (DLP Research Paper 03, The Developmental Leadership Program, February 2009).

6 See James Ferguson's persuasive critique of 'vertical topographies of power' in favour of recognition that both 'the state' and 'civil society' operate in a transnational space. J. Ferguson, 'Power Topographies', in D. Nugent and J. Vincent (eds), *A Companion to the Anthropology of Politics* (Oxford, Blackwell, 2004).

Origins of the Treatment Action Campaign

On 10 December 1998 (International Human Rights Day), Zackie Achmat and a handful of friends and comrades from the anti-apartheid struggle in Cape Town in the 1980s founded the Treatment Action Campaign. The group stood on the steps of St George's Cathedral in Cape Town, handing out pamphlets that called for greater access to antiretroviral treatment. Many of those who received the pamphlets told the group that they had never known AIDS was treatable: 'Passers-by were surprised. Not many of them knew that you could treat AIDS. They didn't realise that AIDS medications were freely available in Western Countries'.⁷

Shortly before, at the memorial service for anti-apartheid and gay rights activist Simon Nkoli in November 1998, Achmat had called for the creation of a campaign for access to antiretroviral treatment. In his speech he acknowledged that 'government cannot do everything', but appealed to the government to work with the new campaign to lower the cost of treatment so that it could be made available more widely.⁸ This statement reflected his expectation that the campaign would face strong opposition from the pharmaceutical industry, whose pricing policies (enabled by patent protection) presented the most salient obstacle to the wider availability of antiretroviral drugs.⁹ As it turned out, government intransigence became a larger obstacle.

It is significant that the initial announcement was made at the funeral of Nkoli, whose death the organisation later described as a 'defining moment'.¹⁰ Nkoli died of AIDS, unable to access appropriate treatment. He was considered especially courageous for having come out as gay to his ANC comrades at the time that he stood trial for his anti-apartheid activities.¹¹

Although they were not close, Achmat knew and worked with Nkoli, who became leader of the Gay and Lesbian Organisation of the Witwatersrand (GLO), in the early 1990s' gay-rights movement.¹² Nkoli's death shook his friends and colleagues and brought home to many the stark reality of the high cost and difficulty of obtaining correctly administered treatment. Achmat cites Nkoli's experience of 'having intermittent treatment and having tried Virodene¹³ and so on and [having] kidney failure and died as a consequence of not having proper medical treatment, not having medical treatment through a public healthcare programme', and the contrast with that of Edwin Cameron, whose health recovered rapidly after he started taking antiretroviral therapy (ART) in 1996, as crucial in his forming an understanding of what antiretroviral therapy could do.¹⁴

TAC's relatively inauspicious beginnings already reflected some of the most important characteristics of the movement: the critical role played by deeply committed activists

7 Treatment Action Campaign, 'Treatment Action Campaign: An Overview' (2001), p. 2, available at <http://www.tac.org.za/Documents/Other/tachist.pdf>, retrieved on 12 September 2007.

8 Part of the speech can be seen in the video documentary directed by J. Lewis, 'TAC: The First Five Years . . .' (Community Media Trust, 2003).

9 Z. Achmat, personal communication with the author.

10 Treatment Action Campaign, 'An Overview', p. 2.

11 In November 1986, a number of activists from the Vaal triangle – Nkoli among them – and senior United Democratic Front leaders were charged with treason in the so-called Delmas treason trial. J. Seekings, *The UDF: A History of the United Democratic Front in South Africa, 1983–1991* (Cape Town, David Philip, 2000), p. 145.

12 Interview, Z. Achmat (30 April 2008).

13 Virodene was a supposed anti-HIV agent, 'discovered' by a South African medical technician that was initially enthusiastically endorsed by Mbeki. Upon closer scrutiny by the Medicines Control Council (South Africa's medicines regulatory authority), the substance turned out to be an industrial solvent with no evidence for its safety or efficacy. The Council refused permission for clinical trials. See J. Myburgh, 'The Virodene Affair', available at <http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71619?oid=83156&sn=Detail>, retrieved on 12 December 2007.

14 Interview, Z. Achmat (30 April 2008).

schooled in the political lexicon of the anti-apartheid struggle, the ability to draw on experience gained during earlier political activities (including Trotskyist revolutionary activity and gay-rights activism), the reliance on personal relationships and strong ties of affection and trust, the centrality of moral appeals and strongly symbolic gestures, and the framing of its claims in terms of human rights discourse.¹⁵

I will argue, however, for a further crucial source of TAC's impact: its construction and leveraging of (transnational) networks of influence. These involve the effective mobilisation of international solidarity and influence through the building of activist and support networks, but also draw on individuals' informal networks. These informal networks can be surprisingly robust and are sometimes deliberately built up over time. Networks of influence connect the movement to individuals from diverse fields such as science, international organisations, foreign governments, state institutions and political parties (including the African National Congress). These connections allowed it to influence, gather information from and mobilise the support of many individuals who would not or could not openly support the organisation.

From the Struggle against Apartheid to Activism under Democracy

The Treatment Action Campaign cannot be understood without looking at its continuities with its historical precursors, in particular the anti-apartheid struggle (and the variety of Trotskyist agitation in which many of its founders engaged), gay activism and American AIDS activism. It does not merely passively reflect its political history, however: while consciously drawing upon its history, it also continually (and strategically) refashions that political legacy. This continuity has been fairly well covered in the existing literature, especially by Friedman and Mottiar, Robbins and Mbali.¹⁶ In order to properly situate my account of TAC's building and leveraging of networks, I will briefly review this literature and provide further depth (especially by highlighting the founders' history of Trotskyist organising), drawing on extensive 'key informant' interviews.

Many of TAC's early leaders were veterans of the anti-apartheid struggle. Several authors, as well as TAC's leaders themselves,¹⁷ have pointed to what one could term TAC's 'struggle heritage' as central to its self-conception, as well as to its engagement within the South African polity. The continuity with this history is evident in its political style and strategy and its use of symbolism and culture – what Robbins has called the 'creative re-appropriation of locally embedded political symbols, songs and styles of the anti-apartheid struggle'.¹⁸ TAC employs the political lexicon of the struggle: at political rallies of liberation movements such as the ANC-aligned United Democratic Front during apartheid, speakers at TAC events commonly start with the right-fisted salute and the cry 'Amandla!' (power), which the audience answers with 'Awethu!' (to the people). Members address each other as 'comrade', sing struggle songs (the words of which have been altered to refer to TAC's

15 See K. Johnson, 'Framing AIDS Mobilisation and Human Rights in Post-apartheid South Africa', *Perspectives on Politics*, 4, 4 (2006), pp. 663–70.

16 S. Friedman and S. Mottiar, 'A Rewarding Engagement? The Treatment Action Campaign and the Politics of HIV/AIDS', *Politics & Society*, 33, 4 (2005), pp. 511–65; Friedman and Mottiar, 'Seeking the High Ground'; S. Robbins, "'Long Live Zackie, Long Live": AIDS Activism, Science and Citizenship After Apartheid', *Journal of Southern African Studies (JSAS)*, 30, 3 (2004), pp. 651–72; M. Mbali, 'TAC in the History of Patient-driven AIDS Activism: The Case for Historicizing South Africa's New Social Movements', in N.C. Gibson (ed.), *Challenging Hegemony: Social Movements and the Quest for a New Humanism in Post-Apartheid South Africa* (Trenton, NJ, Africa World Press, 2006), pp. 129–55.

17 Friedman and Mottiar, 'A Rewarding Engagement?'; Robbins, 'Long Live Zackie, Long Live'; Interviews, Z. Achmat (16 June 2007) and M. Heywood (17 December 2007 and 10 January 2008).

18 Robbins, 'Long Live Zackie, Long Live', p. 665.

demands) and *toyi-toyi*¹⁹ at protest marches. Being situated within this tradition also provides TAC with a legitimacy that opposition politics in South Africa generally lacks.

Friedman and Mottiar point to the similarity between the tactics employed in the struggle against apartheid and those employed by TAC.²⁰ These include the use of the courts, international solidarity, broad alliances and (occasionally) civil disobedience. Its focus on mass mobilisation is arguably related to the involvement of key leaders in the campaigns of the United Democratic Front during the 1980s.

TAC has framed its struggle within a 'human rights discourse', arguing that access to life-saving treatment is a fundamental human right.²¹ That this is the primary framing of TAC's demands becomes apparent from even a cursory review of its pamphlets, posters, documents and public statements. This rights-based discourse also represents the intersection of what I call the 'politics of moral consensus'²² and a key TAC strategy, namely the use of litigation to enforce the legal rights conferred by the new South African Constitution. By frequently stating that the rights it insists upon are guaranteed by the Constitution, it both strengthens the moral force of its appeal by locating it within the trajectory of South Africa's liberation and makes clear that its challenge is not to the legitimacy of the government or the state, but to government policies.

TAC's appeals to the traditions of the ANC-led liberation struggle and to a universal human rights discourse were crucial to the legitimisation of its demands within the political context of post-apartheid South Africa. Zackie Achmat himself has acknowledged that TAC risked losing the support of its own members if it were 'seen to be threatening democratically elected leaders'.²³ This was especially important in order to withstand the direct attacks upon its legitimacy and credibility, fuelled by Mbeki and his circle's apparent view of TAC as a front for international pharmaceutical companies in a CIA-supported campaign to promote the view that HIV causes AIDS. In an infamous caucus meeting of ANC parliamentarians in September 2000, Mbeki is reported to have said, 'The Treatment Action Campaign is leading the statements and vitriol against one. They are funded by pharmaceutical companies in the US'.²⁴ This allegation has resurfaced repeatedly and was actively promoted by AIDS denialists like Matthias Rath and Antony Brink.

However, as Friedman and Mottiar point out, it is not merely a question of maintaining legitimacy; TAC strategically exploits its struggle heritage:

TAC's location, albeit in ambiguous fashion, in the ANC tradition also gives it an important asset: it enables it to use the imagery of the ANC's anti-apartheid struggle as an important 'discursive tool' in its attempt to achieve legitimacy and moral support. It has referred, for example, to its civil disobedience campaign as a 'Defiance Campaign', evoking a celebrated ANC campaign against apartheid laws in 1952.²⁵

The location of TAC within the ANC tradition is certainly ambiguous given the association of its founders with earlier 'entryist' attempts to influence the ANC and shift it towards revolutionary socialist politics. Zackie Achmat, Mark Heywood, Jack Lewis, Deena Bosch, Laddie Bosch, Sharon Ekambaram and Herman Reuter are early TAC activists who

19 An often-spontaneous dance, usually involving the stomping of feet accompanied by the chanting of political slogans or singing, traditionally used during political protests in South Africa.

20 Friedman and Mottiar, 'Seeking the High Ground', p. 25.

21 Mbali, 'TAC in the History of Patient-driven AIDS Activism'; Johnson, 'Framing AIDS Mobilisation and Human Rights in Post-apartheid South Africa'.

22 This formulation is derived from Achmat's own statement that TAC owes much of its impact to its success in constructing a moral consensus around access to treatment. Interview, Z. Achmat (16 June 2007).

23 Quoted in Friedman and Mottiar, 'A Rewarding Engagement?'.

24 A. Feinstein, *After the Party: A Personal and Political Journey Inside the ANC* (Johannesburg, Jonathan Ball, 2007).

25 Friedman and Mottiar, 'A Rewarding Engagement?', p. 522.

were members of the 'Marxist Workers' Tendency of the ANC' (MWT). The MWT was a Trotskyist group, closely associated with the Militant Tendency in the United Kingdom, active in exile and underground in South Africa during the 1980s.

According to Heywood, those early TAC cadres drew on their shared experience and, specifically, a common 'method of analysis and work' developed in the course of their revolutionary activity.²⁶ This included an analysis of the state and state power, derived to a significant extent from Marxist thinking²⁷ and a shared emphasis on the importance of mass mobilisation.

Arguably, TAC's loyalty to the ANC as the primary liberation movement, while at the same time not shying away from holding the party and the ANC government to account (including a willingness to engage in open conflict), also derives from the early cadres' experiences in the MWT. Lewis recalls the view that revolutionary activity had to be undertaken under the ANC umbrella, but that they also had an awareness of the 'problematic' ANC leadership.²⁸ Despite its attempt to operate within the ANC, the MWT was not tolerated by the ANC. While Achmat himself was never formally expelled from the ANC, almost the entire MWT leadership (including Rob Petersen, Martin Legassick and Paula Ensor) were. Many former members routinely refer to the attitude of the ANC's exiled leadership to left-wing dissent as 'Stalinist'.

Interestingly, TAC was not the first health-focused initiative of former MWT members. The Bellville Community Health Project (part of the Progressive Primary Healthcare Network), run by Achmat, Lewis and Deena Bosch in the early 1990s, provided experience with and knowledge of health policy questions and, more importantly, experience with health-focused community mobilisation.²⁹ Even the focus on drug prices and the use of generic competition to bring them down derives to some extent from this experience.³⁰

Mbali attempts to show how earlier traditions of both gay rights activism and anti-apartheid activism shaped TAC.³¹ This is an important corrective to the usual tendency of concentrating only on the struggle heritage. Taken together with the heritage of global AIDS activism in the American AIDS activist movement, which built on the gay rights struggles of the 1970s, this calls into question the radical separation of identity-based 'new social movements' and the 'new new social movements' such as contemporary AIDS activism. In any event, TAC's struggle is clearly not rooted in identity politics, and a nuanced historical perspective must acknowledge both continuities and discontinuities with identity-based struggles.

Mbali argues that 'the emergence of anti-apartheid, gay rights activism situated in universal rights-based discourse provided the basis for such gay rights activists to form broad-based, human rights-focused alliances, such as TAC, in the post-apartheid era'.³² Certainly it is true that some of the strategies that TAC employed with great success – such as constitutional litigation – can be traced to earlier gay rights activism. Achmat led the National Coalition for Gay and Lesbian Equality (NCGLE) at the time that it launched two landmark cases in the early post-apartheid period, successfully challenging – on the grounds of non-discrimination provisions in the new South African Constitution – the continued

26 Interview, M. Heywood (10 January 2008). Both Heywood and Achmat pay tribute to Rob Petersen (who later practised as an advocate in Cape Town, but who lived in exile in London at the time) as a political mentor to whom they owe much of their strategic thinking.

27 It should be noted that most of these former MWT members no longer pursue revolutionary socialist politics, although many still draw on Marxist conceptual tools (Interview, M. Heywood, 17 December 2007).

28 Interview, J. Lewis (24 November 2007).

29 Interviews, Z. Achmat (16 June 2007); J. Lewis (24 November 2007); D. Bosch (26 November 2007).

30 Interview, Z. Achmat (30 April 2008).

31 Mbali, 'TAC in the History of Patient-driven AIDS Activism'.

32 *Ibid.*, p. 134.

criminalisation of 'sodomy' and the unequal treatment of foreign same-sex partners of South Africans (compared with heterosexual spouses).³³

The anti-apartheid struggle, left-wing organising, gay rights activism and the new struggle for access to AIDS treatment were linked in the minds of the early TAC activists, and they relied both on the skills they had acquired and the relationships that had been established during the earlier struggles in embarking on the new.

Mobilising through Networks

I have already alluded to the critical role in AIDS activism of networks – both formal and informal – and of the individuals who engage in the relationships that make up the links in these networks. These relationships take many forms and range from personal ties of affection and loyalty to impersonal and formal working relationships and even to *ad hoc* strategic cooperation. In this section I explore how the personal and political networks of TAC's founders helped in establishing the new campaign, how the organisation grew beyond this initial circle and how local and international support networks (comprising, inter alia, other activists, civil society organisations and clinical and scientific communities) were built to augment local community mobilisation. I also present a preliminary analysis of how these networks were leveraged to build an AIDS treatment coalition.

A focus on transnational networks is helpful in explaining the influence of social movements – including their influence on domestic governments. According to Keck and Sikkink, *transnational advocacy networks* 'multiply channels of access' to the international system by creating new links among actors in civil societies, states and international organisations.³⁴ In this way, civil society actors are able to exercise greater influence over policy. Their main argument is that the impact of activism at the domestic level is, to a significant extent, a function of these transnational networks.

In my view, however, the network model should be expanded to include not only networks of activists and NGOs, but also other actors, so that we are describing webs of influence that may include scientific communities, international bureaucrats, and diplomats – even extending to individuals and institutions within the target state.³⁵

Personal Networks: A Resource for Movement Building

The interlinked networks of activists that early TAC leaders had built up prior to TAC's founding became an important resource in the building of TAC, particularly with respect to (1) a shared political outlook, (2) a network of people that could be drawn upon to mobilise resources for the new campaign, and (3) relationships of trust that could underpin leadership in the fledgling movement. Heywood explains it as follows:

I think the [MWT] experience was important, and I think part of the experience was that a group of us had already established a way of working together and a certain level of trust. And I think there was a kind of unconscious method that had been developed, a political method, a way of thinking about the government, about the state, about social organisations, about social mobilisation and so on. You know the [Marxist Workers'] Tendency people provided the initial

33 National Coalition for Gay and Lesbian Equality and Another v Minister of Justice and Others 1998 (12) BCLR 1517 (CC) (S. Afr.); National Coalition for Gay and Lesbian Equality and Others v Minister of Home Affairs and Others 2000 (1) BCLR 39 (CC) (S. Afr.).

34 M.E. Keck and K. Sikkink, *Activists Beyond Borders: Advocacy Networks in International Politics* (New York, NY, Cornell University Press, 1998).

35 See Grebe, 'Networks of Influence'.

cadre that was needed to get TAC up and running. Let me just say that it was never a deliberate plan; it wasn't as if we reconstructed the Tendency grouping for TAC. It was just the group of people whom Zackie, in particular, drew on when we started up TAC. That group of people and their connections, people like myself, Sharon [Ekambaram] came in early, Laddie Bosch, Deena Bosch, and other people ...³⁶

Achmat argues that the 'institutional memory of activism' is a resource that the organisation actively tapped: 'You require a body of educated activists ... a body with a knowledge that is institutionally transmitted'.³⁷ While he plays down the importance of individuals in making this knowledge available to the organisation ('not through any individual, but through our collective knowledge'³⁸), he nevertheless acknowledges the importance of certain key individuals:

... I think that we have a very powerful team of leaders and there is complexity in that team as it's operated over the years. You will have someone like me, who is probably a very domineering and dominating personality, who makes, who has a long experience, at the time of the start of TAC about twenty-five years experience in politics ... and you'd have Mark Heywood with also about twenty years of experience, and you'd have Theo Steele [senior trade union leader and early TAC activist] with thirty years of experience in politics, you'd have someone like Hermann Reuter with twenty years in politics, you'd have someone like Siphon Mthathi with about five years in student activism ... and then a serious history in TAC. So you'd have any number of people from Nonkosi Khumalo [now TAC chairperson], later Vuyiseka Dubula [now TAC general secretary], Nathan Geffen [now TAC treasurer] who did not have any political experience, but brought enormous scientific experience and technical capacity to TAC.³⁹

In addition to the skills and experience they bring, individuals can make available to the movement their established networks. The social networks of individuals are both a means by which the movement is initially launched (until it is established enough and has gained enough momentum to start drawing people in) and a strategic resource available to the movement. Both the history of TAC's origins and the reflections of the activists themselves point to trust as a critical element of the networks used to build up a movement. The high level of trust often derives from the blurring of personal and professional relationships. It is impossible to spend time with the TAC leadership without forming the impression that there exists genuine friendship between most of the individuals involved, and a number of key leaders are even present or former romantic partners.

Certainly the relationships of trust built up during MWT activities (particularly between Achmat and Heywood) were a key resource in building the new movement. While both play down this dimension, it is clear from what they do say that there is an unusual rapport between the two and a meeting of minds that resulted in their becoming the strategic and tactical 'masterminds' of TAC during its early years. Sharon Ekambaram, an early TAC activist and MWT member who is also married to Heywood, describes their relationship thus:

Mark and Zackie have an incredible connection, and it just cannot be explained. I think it's one of the strengths of TAC in that while they have disagreements, they can discuss almost everything, you know, it's just ... I don't know if it's the same now, but for a while they couldn't go without a day, talking three or four times, but work-related ...⁴⁰

For most of the first decade of TAC's existence, the leadership of the organisation (including senior staff members and elected officials) exhibited an exceptional degree of

36 Interview, M. Heywood (10 January 2008).

37 Interview, Z. Achmat (16 June 2007).

38 *Ibid.*

39 Interview, Z. Achmat (16 May 2008).

40 Interview, S. Ekambaram (11 January 2008).

deference to Achmat and Heywood on matters of political strategy.⁴¹ Significant strategic decisions, such as the initiation of legal action or civil disobedience, often resulted from ideas raised by either Achmat or Heywood with consensus rapidly emerging in the National Executive Committee (NEC) – the highest policy-making body of TAC between National Conferences, later renamed the National Council – and the Secretariat (elected officials who make day-to-day decisions). TAC leaders acknowledge the existence of an informal ‘core group’ of leaders around Achmat and Heywood that during the early years effectively made the important decisions. Later, this group generated most of the strategic thinking that informed important decisions of the formal structures. Nathan Geffen recounts how important decisions were usually made informally, often over the phone, by a small number of individuals who formed the core of the movement.⁴² (It should be noted that the character of leadership has shifted substantially in recent years with the transition to a new generation of leaders and Achmat’s withdrawal from TAC’s day-to-day work.)

While it may be tempting to characterise the leadership – especially that of Achmat – as emanating from a kind of ‘charismatic authority’,⁴³ it is perhaps more useful to think of the authority as emerging from a variety of factors, including individual charisma, a degree of ‘legal authority’, a track record built up during earlier struggles, and – perhaps most importantly – access to a rich network of relationships inside and outside the movement.

Both the trust that underpinned decision-making, and the fact that this did not necessarily imply unanimity is illustrated by the example of TAC’s decision in 2000 to import generic fluconazole from Thailand in defiance of Pfizer’s patent. Planning for this action (named the Christopher Moraka Defiance Campaign in honour of a TAC activist who died of AIDS-related cryptococcal meningitis, unable to afford the life-saving treatment⁴⁴) proceeded largely without Heywood’s involvement. Upon learning of it he was not convinced of its wisdom, fearing that neither TAC’s membership nor the general public would understand it.⁴⁵ He acknowledges that Achmat had to ‘push that through’, and cites it as one of a number of occasions where Achmat’s decisive leadership proved vital to TAC’s success.⁴⁶

As the organisation grew, however, structures became more formal, members organised in branches became more influential, new leaders rose through the ranks and a substantial number of staff were hired to manage an increasing number of formal programmes with large budgets. Opposition from the rank and file or in the NEC has overturned significant proposals put forward by Achmat and Heywood. For example, a proposal to accommodate a key ally, the Congress of South African Trade Unions (COSATU), during the 2003 civil disobedience campaign (by renaming the campaign a ‘mass protest campaign’) was rejected by members and NEC delegates during deliberations.⁴⁷

Despite the fact that the TAC leadership drew heavily on pre-existing networks, it became increasingly diversified, and what Achmat refers to as second- and third-generation leaders increasingly became part of the web of trust-based relationships that drove TAC’s strategic decision-making. Heywood acknowledges that the building of this second layer of leadership was a deliberate strategy of the earlier leaders, because ‘we realised that TAC

41 The author directly observed this, and it is confirmed by several interviews (J. Berger, 16 December 2007; D. Bosch, 26 November 2007; V. Dubula, 18 April 2008; S. Ekambaram, 11 January 2008; N. Geffen, 19 April 2008).

42 Interview, N. Geffen (19 April 2008).

43 See M. Weber, *The Theory of Social and Economic Organization* (London, The Free Press of Glencoe, 1947), pp. 324–86.

44 See E. Cameron and N. Geffen, “‘We are not the Red Cross’ – Patents, Profits and Death from AIDS”, in E. Cameron, *Witness to AIDS* (London, I.B. Tauris & Co., 2005), pp. 157–84.

45 Interview, N. Geffen (19 April 2008).

46 Interview, M. Heywood (17 December 2007).

47 Interviews, Z. Achmat (16 May 2008); N. Geffen (19 April 2008).

needed a local and black leadership, particularly HIV-positive persons'.⁴⁸ It was remarkably successful at pulling individuals such as Mandla Majola, Vuyiseka Dubula and many others into both formal and informal decision-making processes. Majola is an early TAC member recruited to its first branch in Gugulethu, who then helped organise its earliest branches in the African townships of Cape Town. Majola later became National Organiser and a very prominent leader before returning to local activities as a 'district organiser'. Dubula is a young TAC leader who only joined the organisation in 2002 and later joined the Western Cape provincial staff. She was elected general secretary – the most senior executive position in the organisation – at its 2008 National Conference and is now considered one of the most prominent AIDS activists in the world. That early leaders were serious about building a new generation of TAC leaders is illustrated by the fact that both Achmat and Heywood relinquished their senior positions (as chairperson and national treasurer respectively) and did not make themselves available for re-election at the 2008 Conference. Achmat stood unopposed for the position of deputy general secretary. Nonkosi Khumalo, a former TAC staff member who had later moved to the Heywood-led AIDS Law Project (now renamed Section27) was elected chairperson.

This is not to suggest that the growth of TAC and the bureaucratisation of the organisation did not produce tensions and difficulties. The tension between the requirements of an NGO bureaucracy administering formal programmes and accountable to donors, on the one hand, and a democratic membership-based political organisation, on the other, at times proved very difficult to manage. There have been tensions at the regional level between paid staff members and elected leaders serving on bodies such as the Provincial Executive Committees (now Provincial Councils).⁴⁹ Tensions also arose over salary differentials between national and regional staff or over what was perceived as unnecessary interference in the work of regional staff members by national managers.⁵⁰

While tensions within both the senior leadership and the national management team arose periodically, these have in the main been managed successfully.⁵¹ During 2007 a serious disagreement arose between the organisation's first elected general secretary (Sipho Mthathi) and members of her management team on the one hand, and other elected members of the secretariat, including Achmat, on the other. This led to a breakdown of trust that resulted in Mthathi and several other senior staff members leaving the organisation. In response to the crisis, an Organisational Review Commission was established, which recommended significant restructuring of the governance and management structures of the organisation, including a stronger oversight role for the national council and secretariat, aimed at preventing similar incidents.⁵² The organisation's national conference adopted these proposals in March 2008. Achmat has repeatedly blamed weak management systems for these problems,⁵³ and in his last report as chairperson to the organisation's 2008 National Congress he stated:

Historically, TAC leadership and management survived through trust and cohesion that was built through struggle and friendship. The dramatic growth of TAC and the new and complex political tasks, as well as the day-to-day permanent crisis of implementation of HIV prevention and treatment required a different approach.

... A skilled political leadership in TAC has managed many of these issues over more than nine years. ... To support skilled political leadership and a motivated membership, TAC

48 Interview, M. Heywood (10 January 2008).

49 Interviews, V. Dubula (18 April 2008); M. Majola (21 April 2008); P. Ramothwala (11 January 2008).

50 Interviews, V. Dubula (18 April 2008); P. Ramothwala (11 January 2008).

51 Interview, N. Geffen (18 April 2008).

52 Z. Achmat, 'Chairperson's Report to the 4th National Congress of the Treatment Action Campaign' (Johannesburg, 2008), p. 15.

53 Personal communication with the author.

requires a professional management and reliable systems that can function in the absence of individuals in leadership or staff.⁵⁴

The difficulties are arguably a result of a hybrid leadership model in which cohesion is maintained both through informal trust-based relationships and formal authority. Despite the difficulties, TAC has managed to make a relatively successful transition from a small and highly flexible activist grouping held together by trust and a strong commitment to common goals, to a formal and bureaucratised organisation that nevertheless retains many characteristics of the former. The hybrid model has therefore served it well, but difficulties are likely to persist as it tries to incorporate the strengths of both 'activist movement' and 'corporate NGO' leadership models. Many other AIDS activist organisations, including ACT UP⁵⁵ in the United States, failed to make similar transitions and as a result failed to sustain themselves.⁵⁶ Others, like Gay Men's Health Crisis, remain strong, but do not have the political and radical character of true activist organisations.

Mobilising Civil Society Alliances and International Solidarity Networks

It is clear that personal networks and relationships constituted a key resource in building the movement. This included the establishment of alliances with other civil society organisations. Heywood's position as director of the AIDS Law Project (ALP) – during TAC's first years a project within the respected Centre for Applied Legal Studies (CALS) at the University of the Witwatersrand – provided access to resources that the fledgling TAC could not mobilise on its own. The association with Wits and CALS also helped legitimise it, especially in the eyes of donors and scientists. Heywood had in fact been hired as a materials developer for the ALP by Achmat, who became its director in the early 1990s, before leaving to become director of the National Coalition for Gay and Lesbian Equality (NCGLE). Important relationships were formed during this time, including through participation in consultative structures established by the Department of Health after the new government came to power in 1994, such as an NGO funding committee and other regular meetings between then-director of HIV/AIDS Quarraisha Abdool Karim and civil society representatives.⁵⁷ Later, after Abdool Karim had left government service and returned to academic research at a prominent HIV/AIDS research centre at the University of KwaZulu-Natal, her relationship with TAC leaders remained useful to the organisation. She provided crucial expert testimony in TAC's litigation to compel the government to provide PMTCT. Some time after Achmat left the ALP, Heywood became its director and continued to develop its role as a major advocate for progressive legal reform and HIV/AIDS policy.

When TAC was founded, the intention was not to 'go it alone', but rather to build a broad front of progressive organisations pushing for access to AIDS treatment. It was envisaged that TAC would be a campaign operating within the National Association of People Living with HIV/AIDS (NAPWA) and supported by a range of organisations. Achmat attributes TAC's later split from NAPWA to entrenched interests that resisted its radicalisation and transformation into a mass-based movement. White middle-class gay men dominated NAPWA at the time, and the organisation's work reflected this bias.⁵⁸ Achmat and Heywood, supported

54 Achmat, 'Chairperson's Report', pp. 15–16.

55 The name ACT UP is sometimes explained as an acronym for AIDS Coalition To Unleash Power, but the movement is universally known simply as ACT UP.

56 See S. Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley, CA, University of California Press, 1996); R.A. Smith and P.D. Siplon, *Drugs into Bodies: Global AIDS Treatment Activism* (Westport, CT, Praeger Publishers, 2006).

57 Interview, Q. Abdool Karim (9 June 2008).

58 Interview, Q. Abdool Karim (9 June 2008).

by NAPWA members such as Mercy Makhamele and Prudence Mabele, attempted to gain political control of NAPWA. According to Achmat they met with fierce resistance from NAPWA leaders, including its director Peter Busse and the chair of its board, Mary Crewe.⁵⁹

Despite the failure to transform NAPWA, the campaign continued to make use of resources provided by existing civil society organisations and to build up a network of supporters. TAC operated largely from the NCGLE offices at first⁶⁰ and later made use of the resources of the AIDS Consortium, a consortium of HIV/AIDS organisations in Johannesburg.⁶¹ The founders took care to build relationships with the leaders of civil society organisations, in particular the labour movement, as well as religious leaders. This approach was clearly rooted in earlier political experience and echoed the activities of the NCGLE under Achmat's leadership. Says Achmat:

... that was also part of my training in the Marxist Workers' Tendency, of understanding that you need to construct the broadest coalition possible to deal with a particular issue. ... [W]e understood from Marxism and the 'united front' tactics of Marxism that you constructed the broadest possible alliance under the leadership of the working class, and that's where I learnt my politics from. But also from the UDF, and the days before the UDF, the same approach ...⁶²

Some of the new organisation's most reliable allies were drawn from Anglican and Catholic church leaders, the ANC-aligned Congress of South African Trade Unions (COSATU) – the largest trade union federation in South Africa – and a number of NGOs, such as the Children's Rights Centre. TAC has since been at great pains to cultivate and sustain its alliances. In fact, until recently, its constitution provided for representation on its National Executive Committee for various 'sectors', including labour, the faith-based sector, women's sector and people living with HIV/AIDS (PWAs).⁶³

It is unlikely that the activists would have been able to establish alliances with the labour movement had it not been for the Struggle background of many of the early TAC activists (who would otherwise have lacked credibility with trade union leaders). Heywood acknowledges this: 'Zackie in particular, and myself to a lesser extent, were known before TAC, so quite a lot of the people that we encountered in the early days through TAC didn't see us as Johnny-come-latelies who had suddenly arrived on the scene. They knew us from our involvement before, and trusted us from our basic credentials ...'.⁶⁴ Building these alliances was a deliberately executed strategy:

... from the very beginning we made a point of involving these organisations in TAC so that they could assess for themselves the bona fides of TAC because they had been involved in trying to put the thing together.

... And you have to invest in these relationships. Very deliberately I keep contact with Vavi [General Secretary of COSATU], with Madisha [President of COSATU at the time] and so on. Even when we don't need them or they don't need us, we talk to them, keep them in the picture so that there's a kind of thread that runs through the years.⁶⁵

This strategy of building alliances with other civil society organisations and making use of international solidarity networks was already evident in one of TAC's earliest major campaigns, namely against the pharmaceutical industry's efforts to undermine a piece of legislation designed to enable the government to force down the cost of medicines. The Medicines and Related Substances Amendment Act, passed in 1997, aimed at allowing the

59 Interview, Z. Achmat (30 April 2008).

60 Interview, Z. Achmat (30 April 2008).

61 Interview, S. Ekambaram (11 January 2008).

62 Interview, Z. Achmat (30 April 2008).

63 Treatment Action Campaign, 'Constitution of the Treatment Action Campaign', available at <http://www.tac.org.za/documents/constitution.htm>, retrieved on 1 November 2007.

64 Interview, M. Heywood (17 December 2007).

65 Interview, M. Heywood (17 December 2007).

government to reduce the cost of patented medicines by allowing for 'parallel importation' (import of the originator company's product by parties other than its designated distributor) and, depending on interpretation, compulsory licensing of pharmaceutical patents. Almost immediately, the Pharmaceutical Manufacturers' Association of South Africa (PMA) started opposing the Act, filing notice of motion in 1998, challenging the constitutionality of the Act, as well as its compliance with the Trade-Related Intellectual Property Rights (TRIPS) agreement that forms part of the World Trade Organisation-administered international trade regime, and of which South Africa is a signatory. Only in 2001 did the case come to Court, but after less than a month and a very vigorous campaign by TAC and its allies (both South African and international), the parties settled out of court in what is widely seen as a clear defeat for the pharmaceutical companies.⁶⁶ TAC actively solicited the support of its trade union and other civil society allies and also solicited support from international allies in the form of 'global days of action', and so on in order to bring pressure to bear on the multinational pharmaceutical companies in their home countries and on their supporters in the US government. Commentators have variously ascribed the retreat by the PMA to activist pressure⁶⁷ and to the public relations disaster the case became for the companies.⁶⁸

A key moment in the establishment of TAC's international solidarity network was the XIII International AIDS Conference, held in July 2000 in Durban. The conference is widely remembered as a turning point in the global AIDS response, with the moral imperative of wider availability of antiretroviral drugs taking centre stage at the conference.⁶⁹ A number of factors contributed to this: the impact of speeches by former South African President Nelson Mandela, teenage activist Nkosi Johnson and HIV-positive judge Edwin Cameron, the fact that the conference was held for the first time in a developing country, but also the visibility of activists and the appeal they made for treatment access.⁷⁰ In his speech, Cameron drew a sharp contrast between his own situation as a wealthy African who is able to purchase life-saving treatment and the millions of AIDS patients in Africa condemned to death by the fact that they cannot do so, saying:

Amidst the poverty of Africa, I stand before you because I am able to purchase health and vigour. I am here because I can pay for life itself. To me this seems a shocking and monstrous iniquity of very considerable proportions – that, simply because of relative affluence, I should be living when others have died; that I should remain fit and healthy when illness and death beset millions of others.⁷¹

Activists and increasing numbers of doctors and scientists echoed this strong moral appeal at the conference. TAC organised a 'Global March for HIV/AIDS Treatment', which was attended by several thousand protesters and actively supported by a wide range of local and international organisations. The march was the point where TAC started garnering wide international attention and was the most significant public action yet for the young movement.

TAC drew heavily on its civil society network, particularly its extensive links with South African trade unions, NGOs and CSOs, to mobilise support for the march and its demands.⁷² The marchers prominently carried banners of many organisations not directly involved in the

66 See S. Cleary and D. Ross, 'The Legal Struggle between the South African Government and the International Pharmaceutical Industry: A Game-Theoretic Analysis', in *The Journal of Social, Political and Economic Studies*, 27, 4 (2002), pp. 445–94.

67 Friedman and Mottiar, 'A Rewarding Engagement?'

68 A.A. Van Niekerk, 'Moral and Social Complexities of AIDS in Africa', in A.A. Van Niekerk and L.M. Kopelman (eds), *Ethics and AIDS in Africa: The Challenge to our Thinking* (Cape Town, David Philip, 2005), pp. 35–70.

69 Interviews, G. Gonsalves (20 December 2007); S. Abdool Karim (9 June 2008); H. Coovadia (10 June 2008).

70 Interview, S. Abdool Karim (9 June 2008).

71 E. Cameron, 'The Deafening Silence of AIDS' (First Jonathan Mann Memorial Lecture, delivered at the XIII International AIDS Conference, Durban, 10 July 2000), available from <http://www.actupny.org/reports/durban-cameron.html>, retrieved on 5 November 2007.

72 Interview, M. Heywood (10 January 2008).

field of AIDS.⁷³ While the principal focus of mobilisation was local,⁷⁴ the activists also drew on (relatively new) links with international activists to mobilise support for the march. It was endorsed by at least 258 organisations from across the world: activist organisations, NGOs, academic groupings and trade unions from countries such as the United States, Canada, the United Kingdom and Europe, Bolivia, Argentina, Chile, Brazil, Malaysia, Thailand, Bangladesh, Mexico, Senegal, Kenya, Zimbabwe and Namibia, as well as many from South Africa.⁷⁵ American activist organisations – principally Health GAP, ACT UP Philadelphia, Treatment Action Group (TAG) and Gay Men’s Health Crisis (GMHC) – actively mobilised for the Global March in the weeks leading up to the conference, issuing appeals for support, press releases and setting up a website with campaign materials in English, French and Spanish.⁷⁶ This international mobilisation helped enhance the legitimacy of the activists’ demands in the eyes of the world media and scientific community.

According to prominent international AIDS activist Gregg Gonsalves, working for the New York-based Treatment Action Group (TAG) at the time, the Durban conference was a galvanising moment for the international treatment access movement, with many US-based groups (such as the AIDS Healthcare Foundation) diversifying their programmes based on ‘political solidarity’ with TAC and patients in the developing world.⁷⁷ For American activists, the Global March explicitly linked back to the political marches at earlier conferences, like the Sixth International AIDS Conference held in San Francisco in June 1990 that was the site of substantial activist mobilisation.⁷⁸ American activists ‘reconnected to their own anger’ from earlier struggles, an anger that had been dissipating as treatment became widely available in the US. But Gonsalves attributes the greatest impact to the ‘vibrancy’ and ‘political culture’ of TAC, which ignited the international activist movement.⁷⁹

From this point onward, TAC and its leaders played an increasingly central role in the international network of activists at the heart of the global treatment access movement, as the African epidemic became a key focus for American and European activists. As Smith and Siplon have argued:

The protest march was notable not only in demonstrating the ability of the South African AIDS activist Treatment Action Campaign (TAC) to mobilise thousands of grassroots activists from deeply impoverished communities ... [but also to] work within the global treatment activist movement that had furnished organisations and individuals that had supported TAC in this project.⁸⁰

TAC’s most significant achievement in organising the action was perhaps its ability to connect the widely divergent social spheres of South African communities most affected by HIV/AIDS (its grassroots activists consist largely of poor and unemployed Africans, primarily women), the South African workers’ movement, transnational social justice movements, aid-oriented Western NGOs, such as *Médecins Sans Frontières* (MSF), and American AIDS activists rooted in the militant activism and service response mobilised in urban gay communities in the United States during the 1980s.

73 See <http://www.tac.org.za/photos/durb1.jpg>, retrieved on 7 July 2008.

74 Interview, M. Heywood (10 January 2008).

75 Health GAP Coalition, ‘Official Call: Global March for HIV/AIDS Treatment to the International Aids Conference 9 July 2000 in Durban, South Arica (Endorsements)’ (2000), available at <http://web.archive.org/web/20000816213056/durban2000march.org/endorsements.html>, retrieved on 19 September 2007.

76 The website is no longer active, but is archived on the Internet Archive at <http://web.archive.org/web/20000815095002/http://durban2000march.org/>, retrieved on 7 July 2008.

77 Interview, G. Gonsalves (20 December 2007).

78 See, for example, A. Orkin, ‘Boycott Casts Shadow Over San Francisco AIDS Conference’, *Canadian Medical Association Journal*, 142, 12 (1990), pp. 1,411–13.

79 Interview, G. Gonsalves (20 December 2007).

80 See Smith and Siplon, *Drugs Into Bodies*.

To be sure, TAC leaders like Achmat had recognised early on that a South African campaign for access to antiretroviral treatment could not succeed without a global campaign. This was partly necessary in order to exercise pressure on the South African state (through the so-called 'boomerang effect'), but more importantly, in order to address impediments that operate at the global level such as the intellectual property provisions of the international trade regime. Achmat credits Eric Goemaere of MSF with helping him see this.⁸¹ Goemaere came to South Africa in 1999 and later set up the first public sector antiretroviral treatment programme in Khayelitsha outside Cape Town in partnership with TAC. At Goemaere's instigation, Achmat attended an MSF conference on access to medicines in Amsterdam in late 1999 at which he met activists already involved with intellectual property rights issues, notably Jamie Love and Thiru Balasubramaniam of the Consumer Project on Technology (CPT, now Knowledge Ecology International) as well as American AIDS activists Asia Russell and Paul Davis from ACT UP Philadelphia.⁸² After the conference, Achmat and other TAC activists maintained contact with these international activists – principally by e-mail, including through the IP-Health mailing list moderated by Love.⁸³

TAC later made use of these contacts in mobilising international support during the PMA case described earlier. Activists, for example, targeted the Gore presidential campaign in an attempt to end the US government's measures against South Africa and in support of the pharmaceutical industry (which included placing South Africa on a so-called intellectual property 'watch list').⁸⁴ Love and CPT also assisted during a complaint laid by TAC with the South African Competition Commission for 'excessive pricing' practices by GlaxoSmithKline (GSK), which led to a settlement in which GSK agreed to voluntarily license its products to generic manufacturers.⁸⁵ The transnational activist network to which TAC leaders belonged was decisive in changing the intellectual property framework that was hampering access to antiretroviral drugs. In particular, the TRIPS (Trade Related Intellectual Property Rights) agreement, which required World Trade Organisation members to implement patent provisions, including on pharmaceuticals, was an impediment to the availability of generic ARVs. Generic drugs were seen as essential for greater access given the extremely high prices charged by originator companies at the time.⁸⁶ An important milestone was the Doha Declaration (adopted during the WTO Ministerial Meeting in Doha in November 2001), which recognised the right of developing countries experiencing public health emergencies to override intellectual property rights on pharmaceutical products.⁸⁷ While the Brazilian government took the lead in pushing for the adoption of the declaration, and MSF's international campaign was important in creating a climate in which developed countries could not oppose it, Achmat argues that the Doha declaration could not have

81 Interview, Z. Achmat (16 May 2008).

82 ACT UP Philadelphia is one of the few ACT UP chapters still active and its focus is much wider than was the case with most ACT UP activists during its 'golden age'.

83 Interview, Z. Achmat (16 May 2008). The IP-Health list has a public archive available at <http://lists.essential.org/pipermail/ip-health/>. A review of the archive confirms that Achmat was one of its more active members during this period.

84 Smith and Siplon, *Drugs Into Bodies*, pp. 81–2.

85 Interview, J. Berger (16 December 2007).

86 See J.M. Berger, 'Tripping Over Patents: AIDS, Access to Treatment and the Manufacturing of Scarcity', *Connecticut Journal of International Law*, 17, 2 (2002), pp. 157–248; and E. 't Hoen, 'TRIPS, Pharmaceutical Patents and Access to Essential Medicines: A Long Way from Seattle to Doha', *Chicago Journal of International Law*, 31, 1 (2002), pp. 27–46.

87 Specific measures available include compulsory licences and parallel importation. The full text of the declaration is available at <http://docsonline.wto.org/imrd/directdoc.asp?DDFDocuments/t/WT/Min01/DEC2.doc>, retrieved on 14 January 2008. An explanation of the declaration is available at http://www.wto.org/english/tratop_e/dda_e/dohaexplained_e.htm, retrieved on 14 January 2008.

occurred without the PMA case and the attention TAC and its allies' campaign focused on the relationship between intellectual property rights and access to AIDS treatment.⁸⁸

While the building of an international solidarity network was therefore driven by strategic considerations, personal connections were important even here. Early in 2000, Achmat visited the United States and was put in touch with Gregg Gonsalves and Mark Harrington of the Treatment Action Group (TAG) in New York by Loring McAlpin, a mutual friend who had met Gonsalves and Harrington through ACT UP New York.⁸⁹ Joint TAC/TAG 'treatment literacy' workshops were held early in 2000 in Johannesburg and Cape Town and included American and South African activists, as well as medical professionals such as Dr Herman Reuter.

According to Gonsalves, it is possible to distinguish between two 'generations' of American activists with whom TAC established links around the time of the Durban conference. The 'first generation' – activists who had been active in ACT UP and the American AIDS activism of the 1980s (including people such as Gonsalves and Harrington) – were at the time less active in international struggles. A 'second generation' of activists, which included people such as Asia Russell and Paul Davis of ACT UP Philadelphia and Alan Berkman of Health GAP, had a greater interest in global treatment access and a better understanding of the intellectual property and trade policy issues.⁹⁰ While TAC leaders had met the 'second generation' activists first, they ended up forming closer relationships with 'first generation' activists, mediated to a significant extent by Gonsalves. Gonsalves has remained the most important link between TAC leaders and American activists. More recently, he played a central role in forging relationships between TAC activists and Asian, African and Eastern European activists, for example organising the International Treatment Preparedness Summit in 2003, out of which the international activist alliances International Treatment Preparedness Coalition and Pan African Treatment Access Movement developed. He later moved to South Africa and helped organise the AIDS and Rights Alliance for Southern Africa.

The closer relationship with 'first generation' American activists may in part be explained by the strong personal bond that developed between, in particular, Achmat and Gonsalves. It is probably also related to greater personal identification resulting from shared experiences, including gay activism and first-hand experience of the HIV epidemic (like Achmat, Gonsalves and Harrington are HIV-positive).⁹¹

A further network that was significantly strengthened during and after the Durban AIDS Conference is the activist-scientist network that helped TAC activists establish their credibility in scientific debates and contributed to the politicisation of scientists. A key moment was when South African President Thabo Mbeki shocked delegates at the Conference by citing poverty (as opposed to HIV) as a leading cause of death and stating 'we cannot blame everything on a single virus',⁹² which prompted many scientists to align themselves with the activist movement.⁹³ For some scientists, such as Professor Hoosen Coovadia, the denialist attack on science and evidence-based health policy did more to politicise their thinking than the moral claims around treatment access.⁹⁴ Hundreds of leading AIDS scientists signed the Durban Declaration – addressed to President Mbeki and also published in *Nature*⁹⁵ – affirming

88 Interview, Z. Achmat (16 May 2008).

89 Interview, G. Gonsalves (20 December 2007).

90 Interview, G. Gonsalves (20 December 2007); also see Smith and Siplon, *Drugs into Bodies*.

91 Achmat himself mentions being personally affected by HIV as a factor in the rapport between 'first generation' American AIDS activists and TAC activists.

92 T. Mbeki (2000), cited in Natrass, *Mortal Combat*, p. 68.

93 Interview, S. Abdoool Karim (9 June 2008).

94 Interview, H. Coovadia (10 June 2008).

95 *Nature*, 406 (6 July 2000), pp. 15–16.

the scientific consensus on the viral aetiology of AIDS. Gonsalves points also to Cameron and Mandela's speeches at the conference as key moments in the 'radicalisation' of the scientific AIDS community.⁹⁶ But sustained political engagement by the scientific community from 2000 onwards is attributable to a significant extent to their participation in the emerging 'transnational network of influence' involving key South African and American activists (as well as, especially later, from elsewhere in Africa, Asia and Europe).

These activist-scientist networks (particularly with respect to North American scientists) drew on strong linkages established earlier between activists like Gonsalves and Harrington and the scientific community during the late 1980s and early 1990s, when new drug development, testing and registration, participation in clinical trials, and so on, were central to activist efforts to promote greater access to treatment (more so than pricing and intellectual property). Epstein⁹⁷ and Smith and Siplon⁹⁸ provide excellent overviews of this period of American treatment activism. Gonsalves, for example, was a member of ACT UP New York's Treatment and Data Committee from 1990 and Harrington from even earlier. The committee worked to open up scientific structures, with members, for example, 'crashing' an AIDS Clinical Trials Group Network (ACTG) meeting in 1989, prompting it to set up a Community Constituency Group.⁹⁹

Leveraging these international networks has become an important strategy in TAC's mobilisation since 2000, with international solidarity campaigns, including frequent calls for 'Global Days of Action', playing a significant role in its campaigns.¹⁰⁰ For example, TAC's complaint over GlaxoSmithKline's pricing policies and its campaign to get the South African government to commit to a public sector antiretroviral treatment programme drew heavily on its international solidarity network.

Influencing the State

In order to make sense of the networks described in this paper, they should be understood in a more inclusive and dynamic sense than that of 'transnational activist networks'.¹⁰¹ My alternative – 'transnational networks of influence' – includes the sort of networks that Keck and Sikkink describe, but expands the notion to include actors such as scientific communities, diplomats and bureaucrats active in international organisations and even extending into the institutions of the target state.¹⁰² When from these networks emerges a consensus on a set of moral or policy ideas and when they are deliberately employed to influence the broader society (in particular the state, as the embodiment of society's policy decision-making), it makes sense to think of them as the foundations of 'coalitions' in the sense used by Leftwich and Hogg (in other words, sets of actors or groups acting in accordance with shared goals).¹⁰³

The networks of influence that formed the basis of the emerging AIDS treatment coalition extended into the South African state and the ruling party. A number of ANC

96 Interview, G. Gonsalves (20 December 2007).

97 Epstein, *Impure Science*.

98 Smith and Siplon, *Drugs Into Bodies*.

99 Epstein, *Impure Science*, p. 286.

100 Interview, M. Heywood (10 January 2008).

101 Keck and Sikkink, *Activists Beyond Borders*.

102 Grebe, 'Networks of Influence'.

103 See A. Leftwich and S. Hogg, 'Leaders, Élites and Coalitions: The Case for Leadership and the Primacy of Politics in Building Effective States, Institutions and Governance for Sustainable Growth and Social Development' (DLP Background Paper 01, Developmental Leadership Program, November 2007), available at <http://www.dlprog.org>; and D. Yashar, *Demanding Democracy: Reform and Reaction in Costa Rica and Guatemala, 1870s–1950s* (Stanford, CA, Stanford University Press, 1997), p. 15.

parliamentarians were sympathetic to TAC (or at least open to its messages), even at the height of government denialism, including Barbara Hogan, Pregs Govender, Andrew Feinstein and Essop Jassat. Mark Heywood maintained a cordial relationship with Nono Simelela (Chief Director, HIV/AIDS during the period of greatest conflict between TAC and the government) and she even attended a conference organised by the organisation.¹⁰⁴ The president of the Medical Research Council (MRC), Malegapuru Makgoba, displayed a high degree of independence from the government, and at times aligned himself with TAC. For example, during a controversy over the MRC's 2001 report into mortality, which the government tried to suppress,¹⁰⁵ he refused to withdraw the report despite intense pressure.¹⁰⁶

Clearly, the South African state did not operate as a monolithic entity that simply resisted or yielded to external pressure. Confusion and reversals in South African AIDS policy may be explained in part by shifting patterns of power and influence within state, ruling party and civil service institutions. An example of policy confusion resulting from internal disagreement was when the Treasury increased the budget for HIV/AIDS programmes substantially in the 2003/2004 budget – apparently with a view to funding a national antiretroviral treatment programme – but well before the cabinet had agreed to such a roll-out and while the president and minister of health maintained their staunch opposition to such a programme. Even the decision to implement the programme taken in August of that year is widely considered a cabinet revolt¹⁰⁷ of which neither the minister nor the president was supportive. Despite the antiretroviral treatment programme, the minister continued to express scepticism about antiretroviral drugs and support for alternative and untested 'treatments'.¹⁰⁸

A rapprochement occurred between activists and the government in 2006 during the minister's prolonged illness. Under the leadership of Deputy Minister of Health Nozizwe Madlala-Routledge, with the support of Deputy President Phumzile Mlambo-Ngcuka, a new National Strategic Plan for HIV/AIDS – which included ambitious targets for the expansion of antiretroviral treatment and other policies to which the minister was known to be hostile – was adopted in what the media often described as a 'palace coup'. Following Tshabalala-Msimang's return, the progress was rapidly reversed and tensions flared up, culminating in the dismissal of the deputy minister by Mbeki.

The state mirrored within itself the complexities and tensions of the political battles surrounding the societal response to AIDS, and the emerging AIDS treatment coalition had both allies and opponents within state institutions at all levels. The extent of disagreement within the African National Congress with Mbeki and Tshabalala-Msimang's approaches became clear after Mbeki was removed from power and his successor immediately dismissed Tshabalala-Msimang from her post and replaced her with well-known TAC ally Barbara Hogan.

Conclusion: Towards Consensus on AIDS Treatment Access

I have argued that the unique personal histories, personalities and individual social networks of certain individuals are critical to understanding the achievements of the Treatment Action

104 Interviews, M. Heywood (18 December 2007 and 10 January 2008).

105 R. Dorrington, D. Bourne, D. Bradshaw, R. Laubscher and I. Timaeus, 'The Impact of HIV/AIDS on Adult Mortality in South Africa' (Report, Burden of Disease Research Unit, Medical Research Council, 2001).

106 See Natrass, *Mortal Combat*, pp. 92–3.

107 *Ibid.*, pp. 92–3.

108 See N. Geffen, 'Echoes of Lysenko: State-Sponsored Pseudo-Science in South Africa' (CSSR Working Paper 149, Centre for Social Science Research, University of Cape Town, 2006); and Geffen, *Debunking Delusions*.

Campaign. In addition, I have pointed to its embeddedness in the political traditions of South African liberation politics and the important role of the 'network of influence' that the organisation was able to build and sustain in explaining its success at fostering a wide consensus that treatment access is a moral right.

These arguments are supported by evidence from the history of AIDS activism in South Africa. I have shown that the founders of TAC drew extensively on personal networks to mobilise resources for the movement and also built activist and solidarity networks in order to mobilise support and influence. It is also clear that the history of AIDS activism is intimately tied to a number of key personalities and that even where 'structural' patterns can be discerned (such as the utilisation of transnational networks of influence), these were often made possible by the unique connectedness and unusual capabilities of those individuals.

In order to understand the impact of the Treatment Action Campaign, however, we must look beyond networks – which function mainly to mobilise resources (including symbolic and informational resources) – to the emergence of coalitions based on consensus. TAC's campaigns were informed by a desire to produce a 'moral consensus' on treatment access and, in my view, was instrumental in establishing an AIDS treatment coalition built on this emerging consensus.

Despite the visibility of mobilisation in the form of street protests and (on a limited number of occasions) direct action and civil disobedience, TAC's strategy was not primarily to compel a change of course through direct pressure but, rather, to drive home its moral claims. Protest action is then but one component in a larger strategy aimed at building a moral consensus in society and thereby exerting both direct and indirect pressure. This is evident from its tendency to pursue its campaigns through a variety of strategies, often aimed at legitimating a central moral claim rather than simply exerting pressure. For example, its campaigns against 'excessive pricing' and 'patent abuse' by pharmaceutical companies were anchored by strong moral appeals.

It mobilised alliances with other civil society actors – particularly those with a high degree of popular legitimacy – and framed its moral claims within a 'rights-based discourse' that enjoys wide legitimacy in South Africa and internationally. This discourse is particularly powerful in the South African context, where the human rights framework expressed in the post-apartheid constitution is the outcome of a long popular struggle. (This human rights orientation arguably found its most compelling expression in the litigation by which TAC forced the South African government to make PMTCT more widely available.) The fact that it could claim to speak for a broad social alliance, rather than simply on behalf of those living with HIV, significantly enhanced its moral authority. Its opponents' attacks on its legitimacy and credibility – most notably the Mbeki camp depicting TAC as controlled by pharmaceutical companies and inspired by racism – failed largely because TAC had successfully established its legitimacy by these means.

TAC's moral and symbolic victories in the 'the court of transnational public opinion',¹⁰⁹ and its building of an inclusive coalition in support of treatment access, may have been decisive in the defeat of state-supported AIDS denialism and the wide introduction of antiretroviral therapy in South Africa. The movement, however, is now faced with a new set of challenges: ensuring continued progress in antiretroviral treatment delivery, revitalising a weak public healthcare system and improving HIV prevention. Paradoxically, the end of state-supported denialism removes a source of public support and

109 T. Olesen, "'In the Court of Public Opinion": Transnational Problem Construction in the HIV/AIDS Medicine Access Campaign, 1998–2001', *International Sociology*, 21, 5 (2006), pp. 5–30.

attention for TAC, while the new generation of leaders must continue to deal with the difficulties of bureaucratisation. While it has a rich political repertoire and much goodwill to draw upon, TAC's continued success is by no means assured.

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